

Community Health Needs Assessment

Halifax County

2022

Contact Information

The 2022 Halifax County Community Needs Assessment will be available to the public in a variety of ways.

Electronically, the CHNA will be made available on the following websites:

Halifax County Health Department: <https://www.halifaxnc.com/documentcenter/index/43>

ECU Health North: <https://www.ecuhealth.org/about-us/community/health-needs-assessment/>

Health ENC: www.healthenc.org

Paper copies can be found at the following locations:

Library

Roanoke Rapids Graded School District Central Office

Weldon City School District Central Office

Halifax County School District Central Office

Halifax Community College

Roanoke Valley Chamber of Commerce

Halifax-Warren Smart Start

Roanoke Rapids Parks and Recreation Department

Halifax County Cooperative Extension Service

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Acknowledgements

This document is the result of collaboration between the Halifax County Health Department and ECU Health North partnering with Healthy Halifax Partners, Roanoke Valley Community Health Initiative, and Halifax County citizens to complete the assessment.

Many local organizations assisted the Halifax County Health Department and ECU Health North with the creation of this document. Among those were Roanoke Rapids Parks and Recreation Department, Halifax County Schools, Roanoke Rapids Graded School District, Weldon City Schools, Halifax-Warren Smart Start, Halifax Community College, Roanoke Valley Chamber of Commerce, Roanoke Valley Breast Cancer Coalition, Alice Aycock Poe Center for Health Education, Halifax/Northampton Cooperative Extension, Home Health and Hospice of Halifax, John 3:16, Department of Social Services, local faith-based organizations and churches.

Executive Summary

Leadership

The 2022 Halifax County Community Health Needs Assessment is a bi-sectoral partnership involving Halifax County Health Department, Health Director Bruce Robistow and ECU Health North Hospital, President Jason Harrell. Halifax County Health Department and ECU Health North Hospital also collaborated with Health ENC, Melissa Roupe, Chair for primary and secondary data analysis. The Community Health Needs Assessment team is comprised of many participants representing area agencies in Halifax County, North Carolina. Many local organizations assisted ECU Health North Hospital, the Halifax County Health Department, and Healthy Halifax Partners, with the creation of the assessment.

Organization	Chair
Healthy Halifax Partners	Magda Baligh, Executive Director, Halifax Warren Smart Start
Roanoke Valley Community Health Initiative	Kayla Taylor, Community Outreach Coordinator, ECU Health North
Halifax County Commissioners	Vernon Bryant, Chairman
Halifax County Board of Health	Justin Blackmon, Chairman
Halifax County Health Department	Bruce Robistow, MPH, Health Director
ECU Health North Board	Tom Lynch, Chairman
ECU Health North	Jason Harrell, President

Partnerships/Collaborations

Partnerships	Number of Partners
Public Health Agency	1
Hospital	1
Healthcare Providers	7
Behavioral Healthcare Providers	1
Behavioral Health Organization	1

Dental Health Provider	1
Smart Start	1
Government Agency	6
Community Organizations	15
Businesses	5
Educations Institutions – colleges, universities	2
Public School System	4
Faith Based Organizations	3
Public Members	2
Tribal Organization	1
Grant Funders	3
Library	6

Regional/Contracted Services

The 2022 Halifax County Community Health Needs Assessment was developed through a partnership between the Halifax County Health Department, ECU Health North and Health ENC, with ECU Health North and the Halifax County Health Department serving as the fiscal sponsors.

Theoretical Framework/Model

The Socioecological model was utilized throughout the development of the Community Health Needs Assessment process. The needs assessment engages all levels of community collaboration including primary data from surveys and focus groups as well as secondary data. Engagement was targeted from all levels of the model including interpersonal (families), individual (knowledge), organizations and community engagement to adapt public policy through successful implementation of programs.

Collaborative Process Summary

The Halifax County Health Department and ECU Health North collaborated with Health ENC to provide the community with a needs assessment survey opportunity. The survey was distributed through multiple outlets for community input from April 2021 - June 30, 2021 with 399 surveys completed for analysis. The top eight priorities identified in the assessment were prioritized by community members, selecting the top areas of health to focus on over the next three years.

Key Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data provided by the state of North Carolina and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for

Table 1. Significant Health Needs

Employment (Economy)
Obesity
Maternal, Fetal & Infant Health
Teen Pregnancy
Mental Health (Crisis Intervention)
Substance Abuse
Tobacco Use
Transportation

Health Priorities

ECU Health North, The Roanoke Valley Community Health Initiative and Healthy Halifax Partners participated in a prioritization activity to determine the three leading health concerns to be addressed between 2022 and 2025. The worksheet asked that each of the eight concerns be ranked according to three criteria: Magnitude of the Problem, Seriousness of the Consequences, and Feasibility of Correcting the Problem. During the Roanoke Valley Community Health Initiative and Healthy Halifax Partners meeting, the results from the prioritization process were reviewed and discussed. The following final health concerns were named as the focus for the next three-year cycle, 2022-2025.

1. Obesity
2. Maternal, Fetal and Infant Health
3. Substance Abuse (Mental Health Crisis Intervention)

Next Steps

This report describes the process and findings of a comprehensive health needs assessment for the residents of Halifax County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Halifax County. Following this process, Halifax County (Halifax County Health Department and ECU Health North) will each outline how they plan to address the prioritized health needs in their implementation plan.

Chapter 1 Introduction

Halifax County is pleased to present the 2022 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Halifax County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Halifax County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs, gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

Description of County

Historical Overview

The county seat, also named Halifax had been established in 1757 on the Roanoke River and was a focus of political activity, where wealthy planters, merchants, and lawyers gathered to debate the issues of the day. In the spring of 1776, the town of Halifax hosted the colony's Fourth Provincial Congress, which on April 12 unanimously approved the "Halifax Resolves" - the first action by an entire colony endorsing independence - a call echoed through 13 colonies that were instrumental in the action by the Continental Congress in declaring independence from Britain three months later. Throughout the county's history, the Roanoke River, which extends from Virginia to the Albemarle Sound, has played an important role in the region's development. At one time, ports were established along the river. Moreover, the Roanoke Canal allowed riverboats to bypass the river's rapids and travel to Virginia.

Background

Halifax County lies west of the fall line that separates the Piedmont from the coastal plain. It is a picturesque place where country roads wind through fields of cotton, peanuts, soybeans and tobacco. It is a place of great natural beauty and is fast becoming a center of economic development in northeastern North Carolina. The nearest city with a population above 50,000 is Rocky Mount - 40 miles south of Roanoke Rapids; the nearest with a population over 200,000 is Raleigh - 80 miles southeast of the County; and the nearest city with a population over one million is Philadelphia - 300 miles to the north.

Attractions

Halifax County has much in the way of history, recreation and sightseeing to offer its citizens and tourists. Major attractions include:

Lake Gaston in Littleton features over 350 miles of shoreline and is well stocked with game fish, 17 which include striped bass or rockfish, largemouth bass, crappie, sunfish and several varieties of catfish. Below Lake Gaston is Roanoke Rapids Lake, a smaller lake built in 1955 for hydroelectric power.

The Roanoke Canal Museum and Roanoke Trail contain some of the most impressive and best preserved early 19th century canal construction in the nation and feature a seven-mile trail along the old Canal in Roanoke Rapids.

Historic Halifax Visitors Center in Halifax offers an audio-visual presentation, exhibits, guided tours and displays depicting the history of the town. Several historic structures are open on the site including the Sally Billy House, the Burgess House, the Halifax County Jail and the Owens House. Medoc Mountain State Park in Hollister is granite outcropping with its highest point reaching 325 feet. It is the remains of the core of an ancient mountain range, where picnicking, hiking trails, canoeing, nature study, camping and fishing all await you at this North Carolina State Park.

Sylvan Heights Water Fowl Park & Eco System in Scotland Neck has the world's largest waterfowl collection of ducks, geese & swans. Also features other exotic birds such as crane, parrot, macaw, brush turkey, cockatoo, kookaburra, pheasant & curassow. (Halifax County Economic Development Commission)

Overview of Health ENC

Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

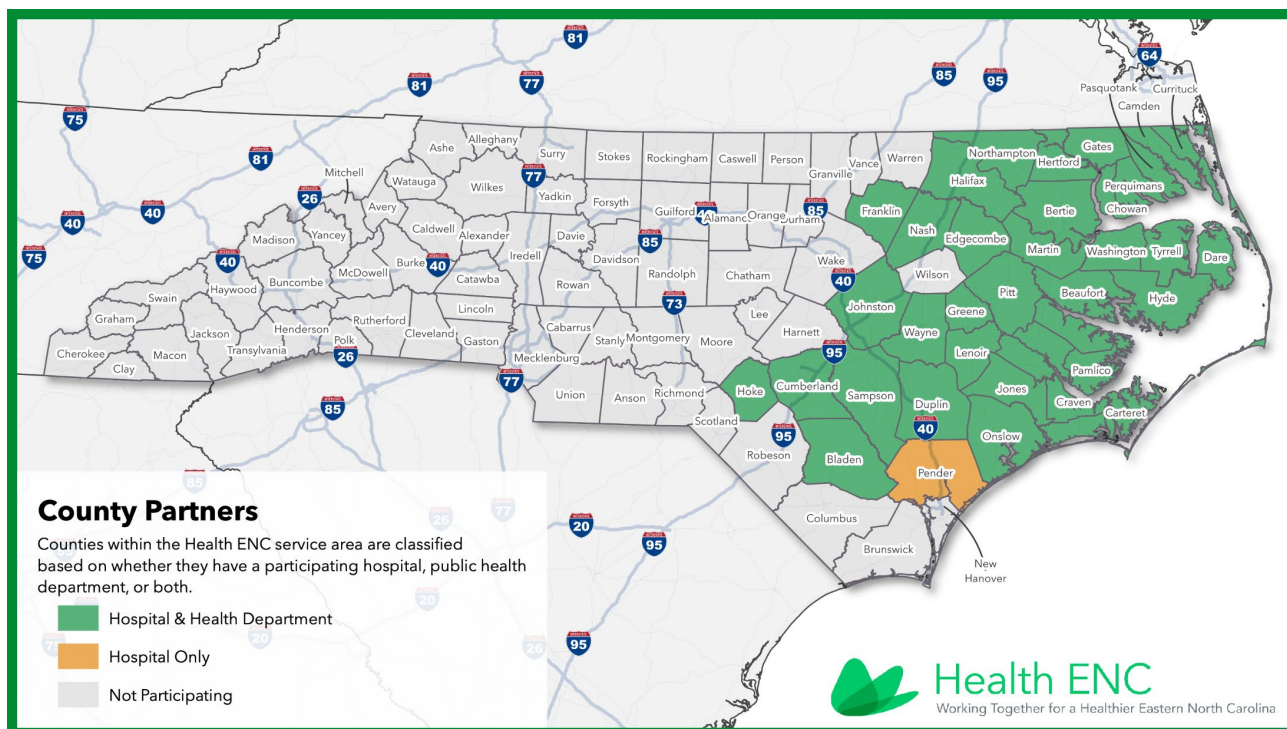
Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships and communication.

Participating Health ENC Counties

Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.



Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

Community input was collected by an online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC's entire survey area from April 1, 2021 – June 30, 2021.

Key Areas Examined

- Quality of life, health behaviors, health perceptions,
- Preventative services, exercise, and access to care

County Responses

- 397 Total English (Total in ENC survey =16,661)
- 2 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

The Community Health Needs Assessment analyzes secondary data to provide comprehensive breakdown of health concerns in Halifax County, NC. The main source of the secondary data for this assessment is the NC State Center for Health Statistics, Healthy North Carolina 2030 (HNC 2030) and Robert Wood Johnson County Health Rankings and Roadmaps.

- Healthy North Carolina 2030 (HNC 2030) - <https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm>
- N.C. State Center for Health Statistics - <https://schs.dph.ncdhhs.gov/>
- U.S. Census Bureau - <https://www.census.gov/>
- County Health Rankings and Roadmaps - <https://www.countyhealthrankings.org/Additional data/>

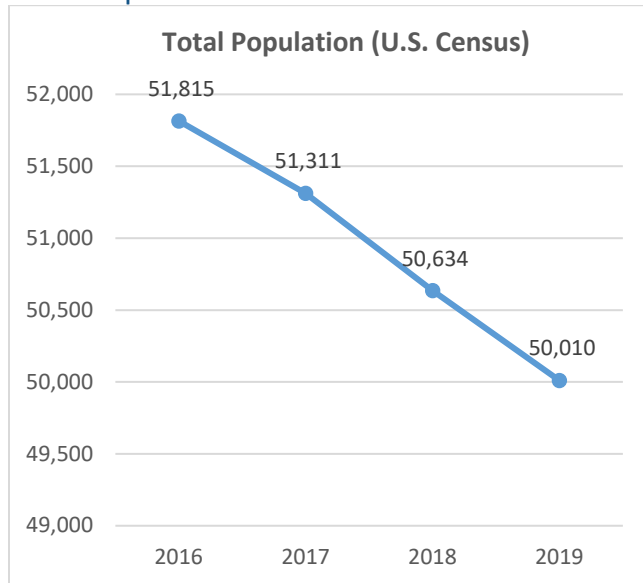
Data sources that were reviewed for this assessment can be found in the Appendices.

Limitations

- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

Chapter 2 Demographic Profile

Total Population

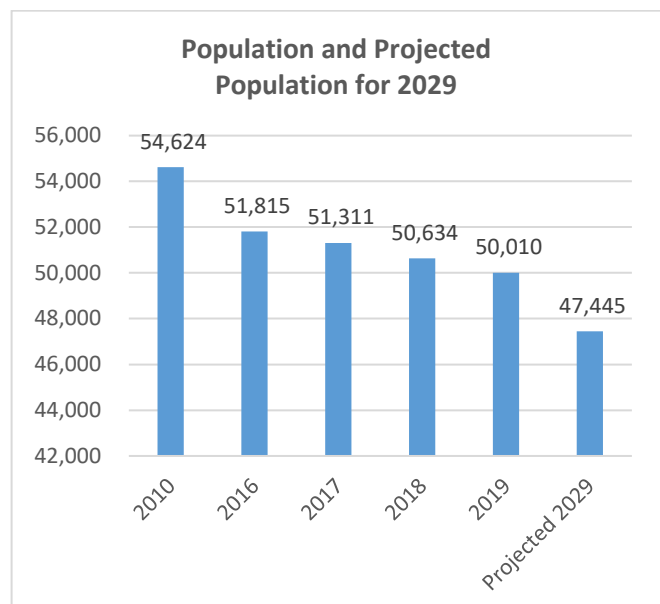


- In 2019, Halifax County had a population estimate of 50,010.
- From 2010 to 2019, the total population of Halifax County has decreased by 8.4%.

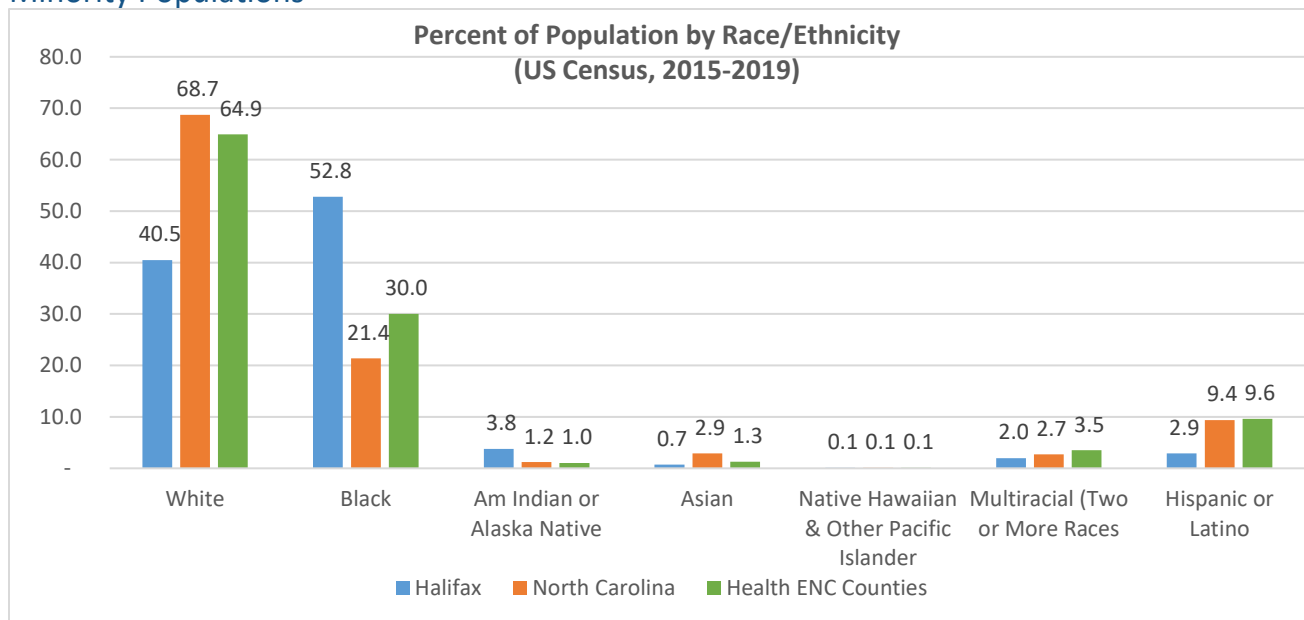
Population Growth

- The projected population decline for Halifax County for 2029 is estimated at 47,445 persons.
- From 2010 to 2019, the total population of Halifax County had decreased by an overall 8%.

Note: Population projection for 2029 comes from the NC Office of State Management and Budget Population Projections. All the other population data is from the Census

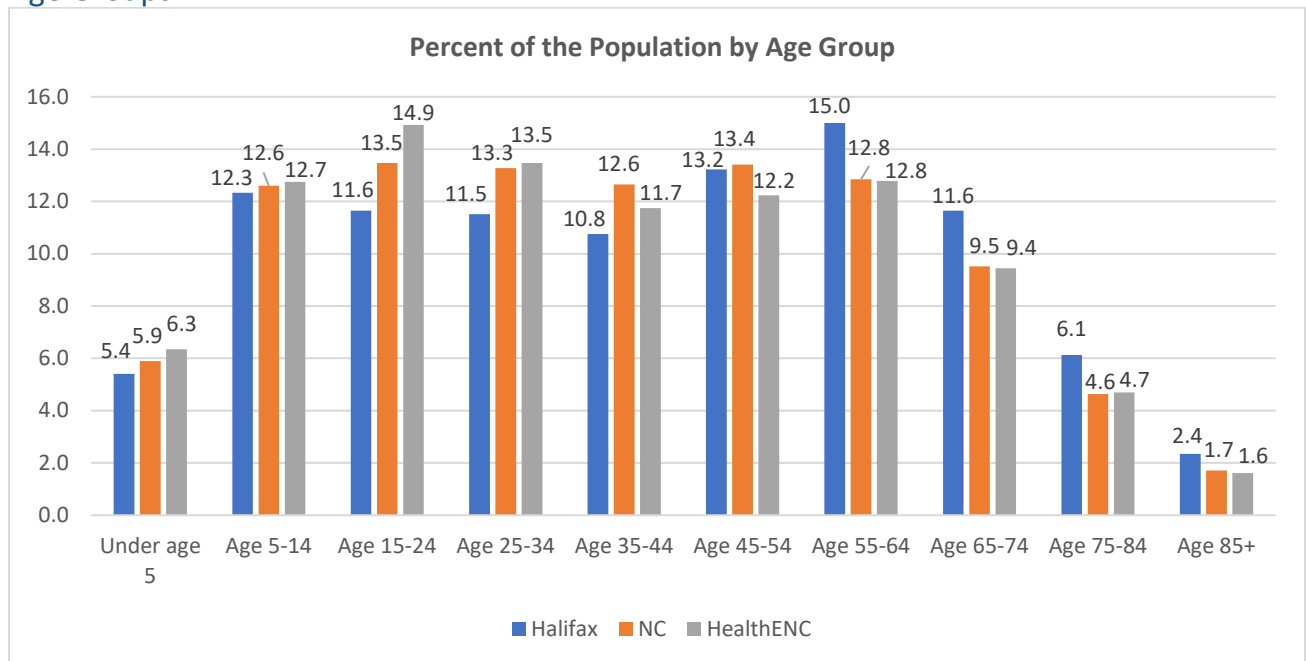


Minority Populations



The White population accounts for 40.5% of the total population in Halifax County, with the Black or African American population accounting for 52.8% of the total population. The White population in Halifax County (40.5%) is less than the White population in North Carolina (68.7%) and is lower than the Health ENC counties (64.9%). The Black or African American population in Halifax County (52.8%) is higher than the Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 2.9% of Halifax County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%)

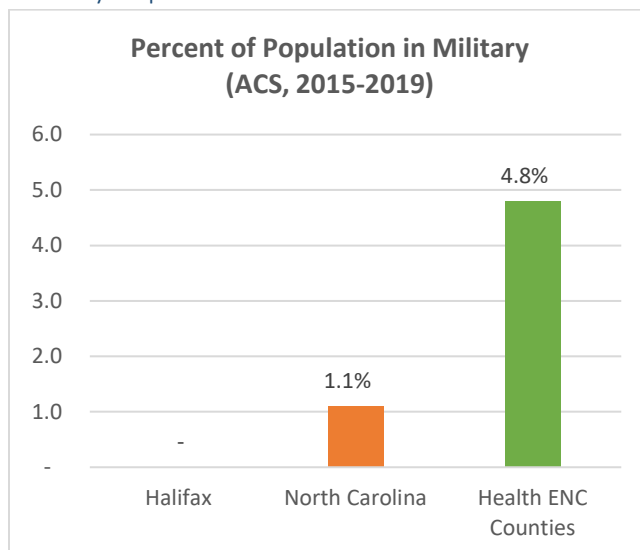
Age Groups



In Halifax County, the percent of people between the ages of 55-64 are higher (15.0%) than the Health ENC (12.8%) and N.C. (12.8%).

Military/Veteran Populations

Military Population

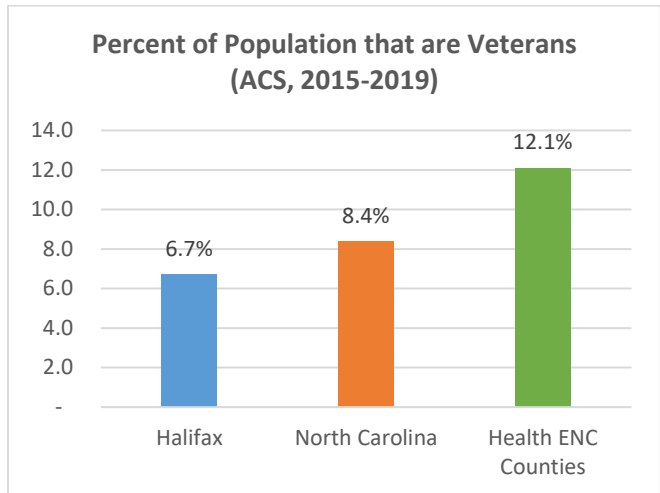


This figure shows the trend of the military population over the 4 most recent measurement periods. From 2015-2019, across four time periods, the percent of the population in the military for Halifax County was lower than North Carolina and the Health ENC region.

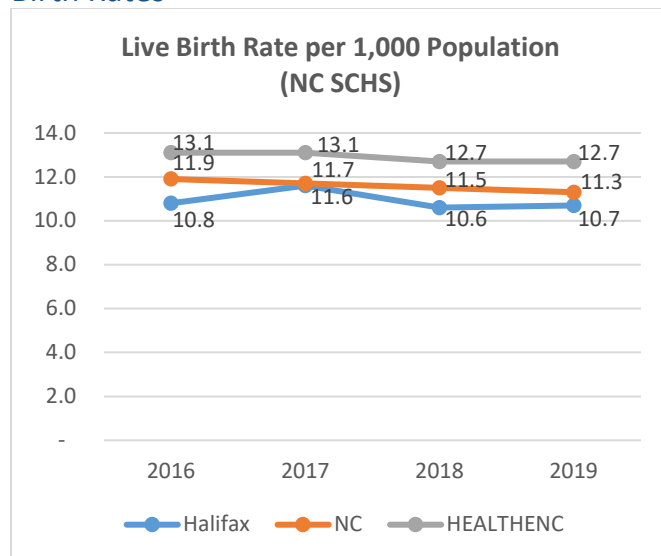
In fact, the Census did not report any military population in Halifax County during this period. North Carolina had an average of 1.1% in all counties, while the Health ENC region had 4.8% of the population.

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Halifax County has a veteran population of 6.7% in 2012-2016, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.



Birth Rates



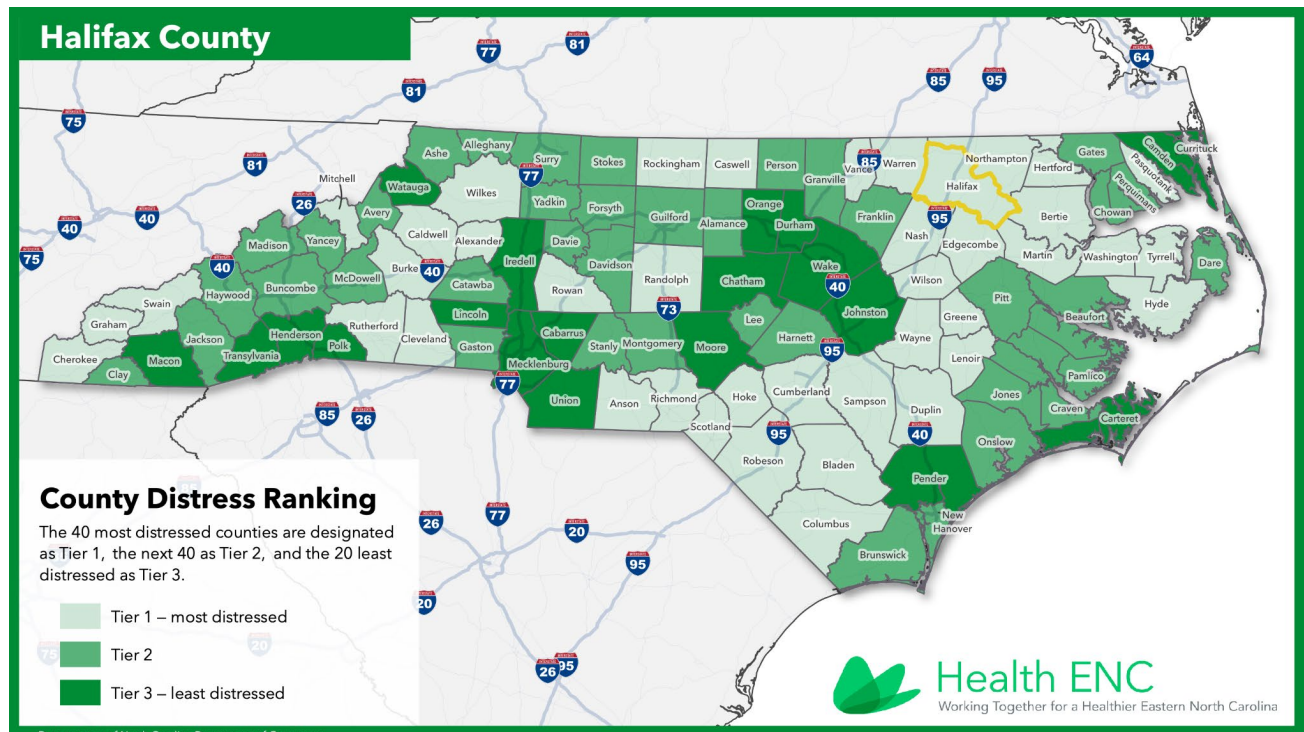
Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. This figure illustrates that the birth rate in Halifax County is lower than the birth rate in North Carolina and lower than the Health ENC Counties.

Analysis of Demographic Data

Halifax County had a population decrease from 2010 to 2019 of 8%. There is a relatively even distribution of the population by age group and the majority race/ethnicity for Halifax County is predominately African American which can exaggerate the health disparities faced in the county because a minority population represents the majority for our demographic region. The Black or African American population in Halifax County (52.8%) is higher than the Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties (30.0%). The Hispanic or Latino population comprises 2.9% of Halifax County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%) From 2015-2019, across four time periods, the percent of the population in the military for Halifax County was lower than North Carolina and the Health ENC region. In fact, the Census did not report any military population in Halifax County during this period.

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation



The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Halifax County has been assigned a Tier 1 designation for 2022.

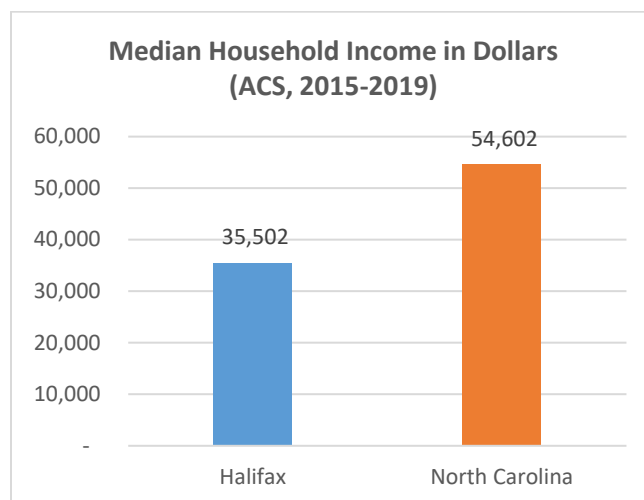
In 2022, Halifax County was assigned a Tier 1 designation.

County Tiers are calculated using four factors:

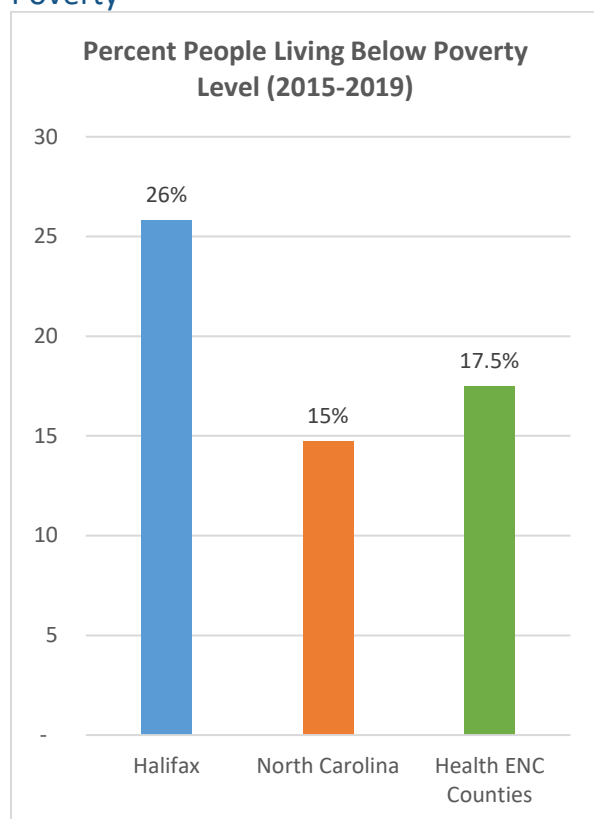
- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. This figure shows the median household income in Halifax County (\$35,502), which is much lower than the median household income in North Carolina (\$54,602).



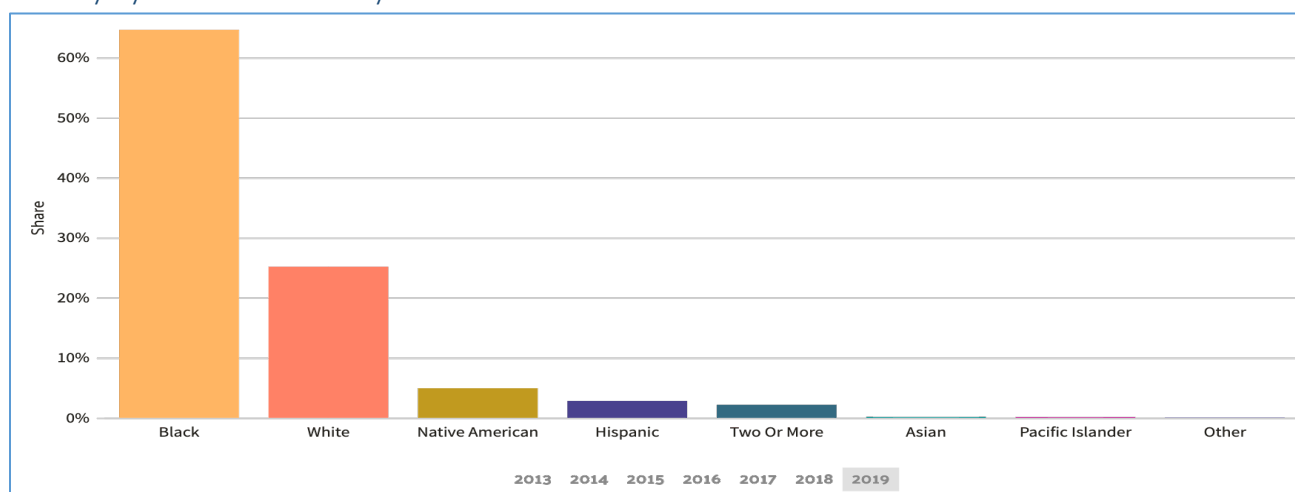
Poverty



Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in this figure, 26.0% percent of the population in Halifax County lives below the poverty level, which is much higher than the rate for North Carolina (15% of the population) and the Health ENC region (17.5%).

Poverty by Race and Ethnicity



Source: U.S. Census Bureau ACS 5-year Estimate

<https://datausa.io/profile/geo/halifax-county-nc#economy>

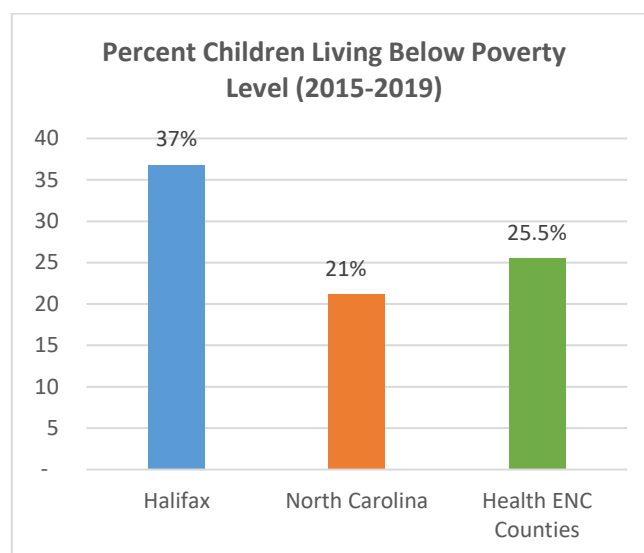
The most common racial or ethnic group living below the poverty line in Halifax County, NC is Black, followed by White and Native American.

The Census Bureau uses a set of [money income thresholds](#) that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

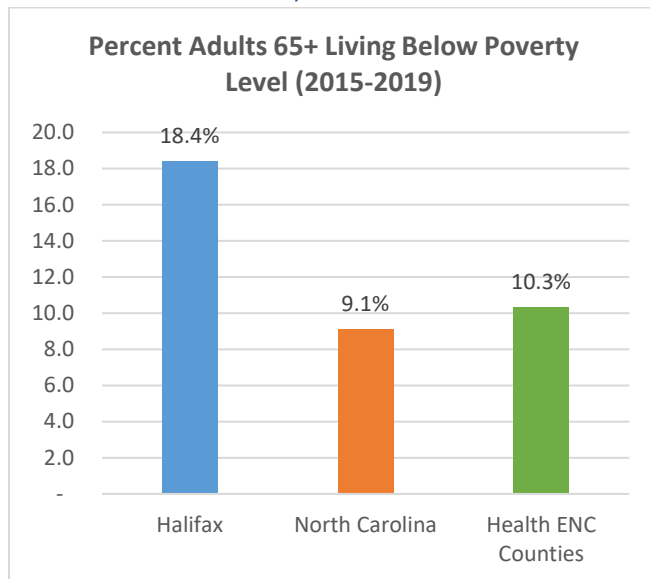
*Data from [the Census Bureau ACS 5-year Estimate](#).

Children in Poverty

The rate of both children and older adults below the poverty level is much higher for Halifax County when compared with N.C. and the Health ENC Counties.



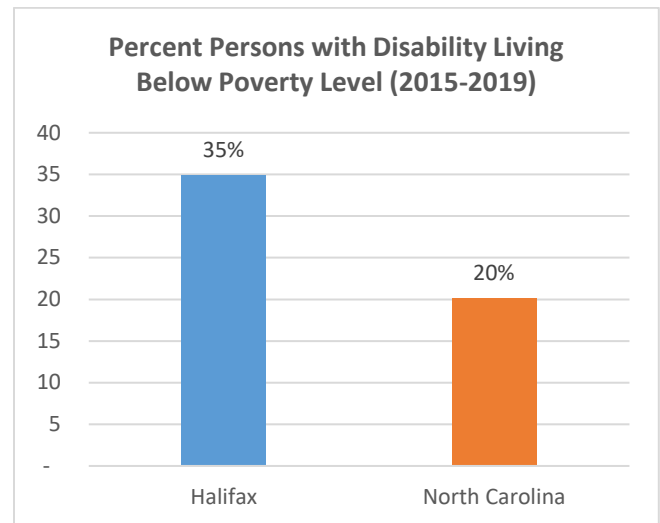
Older Adults in Poverty



The rate of adults age 65+ years living in poverty is 9.3% higher in Halifax County than North Carolina and 8.1% higher than Health ENC counties.

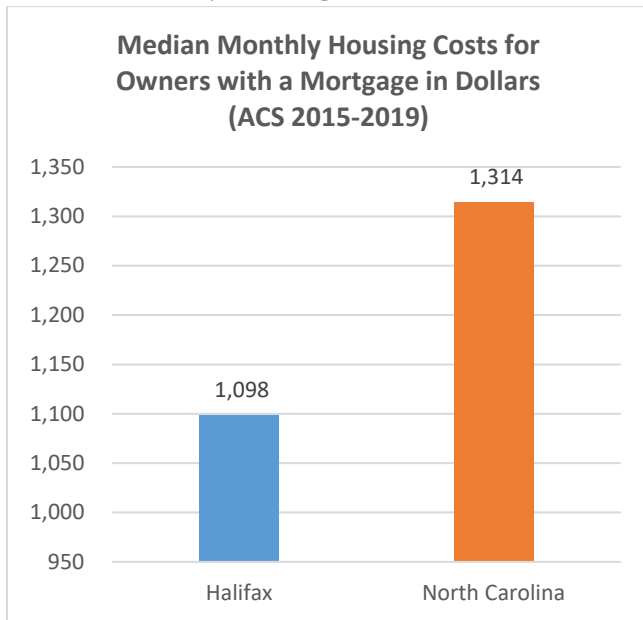
Disabled People in Poverty

The percent of disabled people living in poverty in Halifax County (35%) is higher than N.C. (20%)



Housing

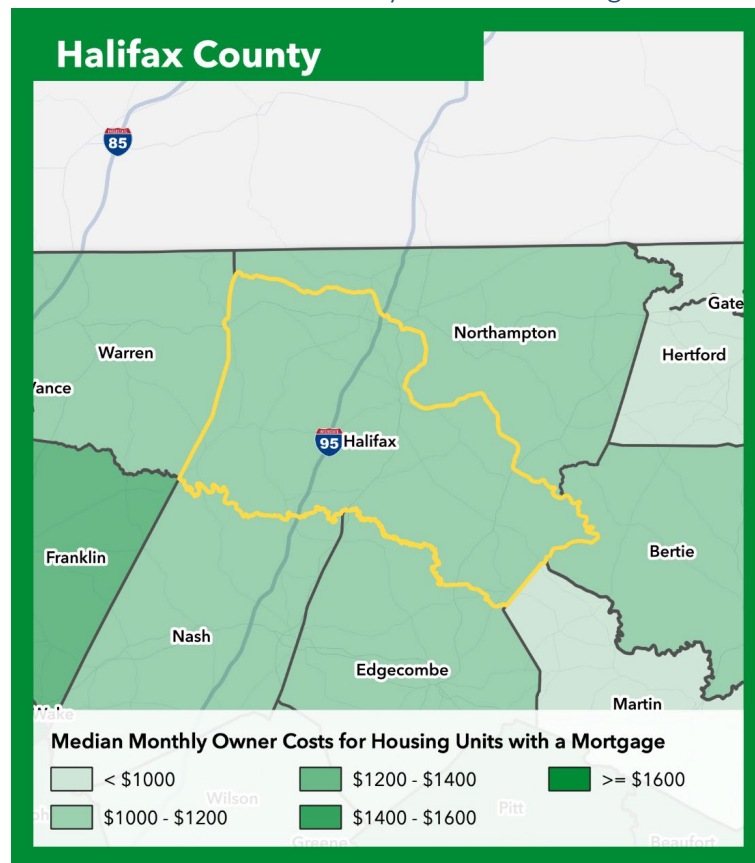
Median Monthly Housing Costs



The average household size in Halifax County is 2.36 people per household (owners) and 2.39 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) and for renters (2.43 people per household).

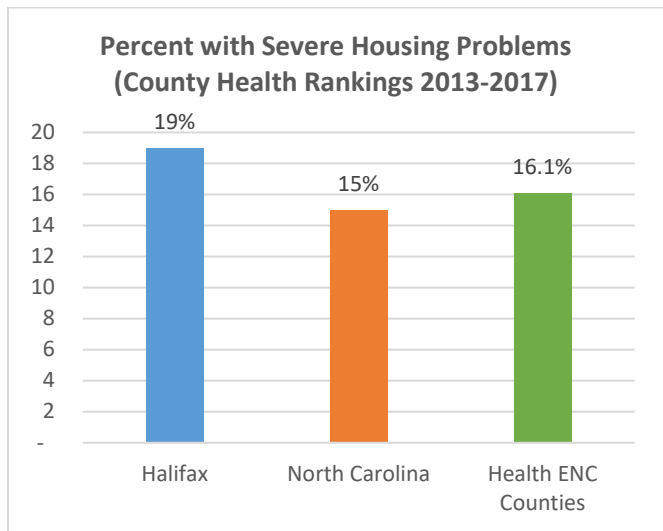
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Halifax County, the median housing costs for homeowners with a mortgage is \$1,098. This is lower than the North Carolina value of \$1,314, and lower than 25 counties in the Health ENC region.

Median Monthly Household Costs in Halifax County and Surrounding Counties



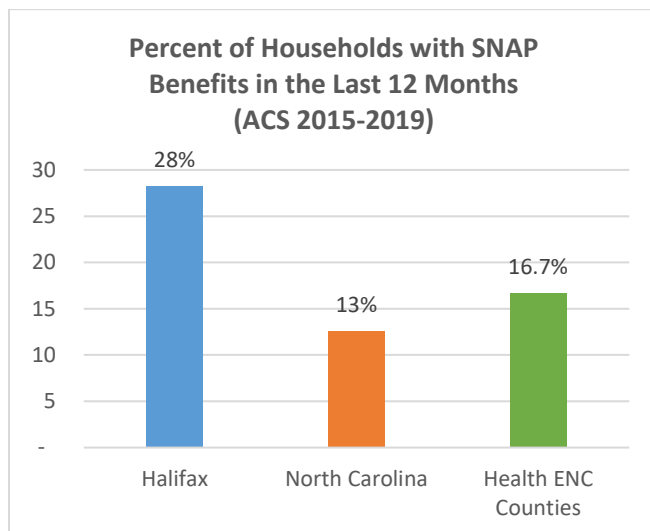
Severe Housing Problems

- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities
- Slightly more than 19.0% of households in Halifax County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.



Food Insecurity

Households with SNAP Benefits



The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

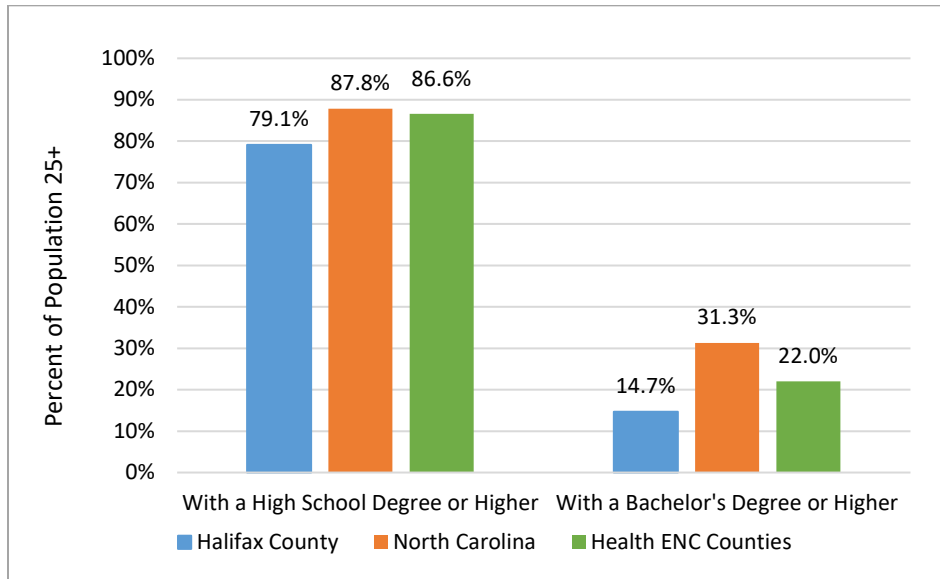
This figure shows the percent of households with children that participate in SNAP. The rate for Halifax County, 28%, is much higher than the state value of 13% and the Health ENC region value of 16.7%.

Education

Educational Attainment

Countywide, the percent of residents 25 or older with a high school degree or higher (79.1%) is lower than the state value (87.8%) and the Health ENC region (86.6%). Higher educational attainment in Halifax County is lower than both the state value and the Health ENC region. While 31.3% of residents 25 and older have a bachelor's degree or higher in North Carolina and 22.2% in the Health ENC region, only 14.7% of residents 25 and older have a bachelor's degree or higher in Halifax County.

People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2016-2020)



High School Graduation Rate

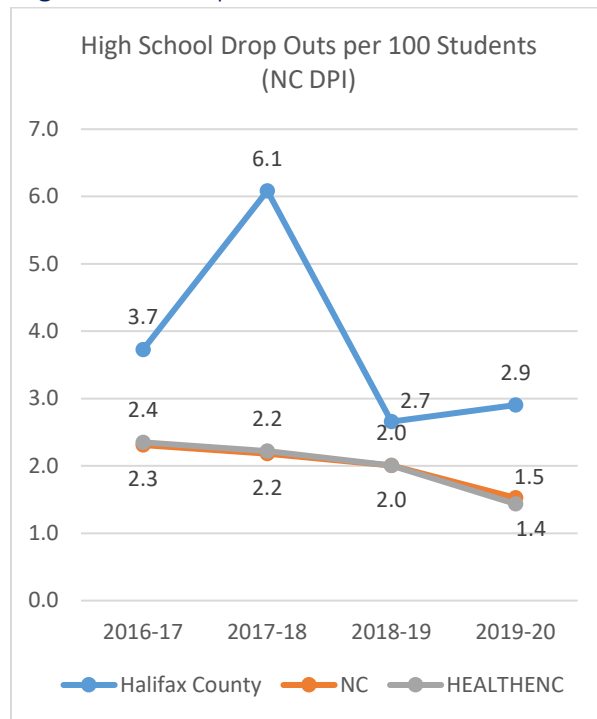
(North Carolina Department of Public Instruction)

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
North Carolina	86.5%	86.5%	86.5%	87.6%	87.0%
Halifax County Schools	74.3%	69.7%	77.8%	84.0%	83.7%
Roanoke Rapids Graded School District	84.2%	80.5%	87.6%	87.0%	80.2%
Weldon City Schools	85.9%	75.0%	81.7%	85.6%	80.9%

*Students entering high school since 9th grade

All three school districts in Halifax County have shown a decrease in graduation rates since 2019-2020.

High School Drop Out Rate

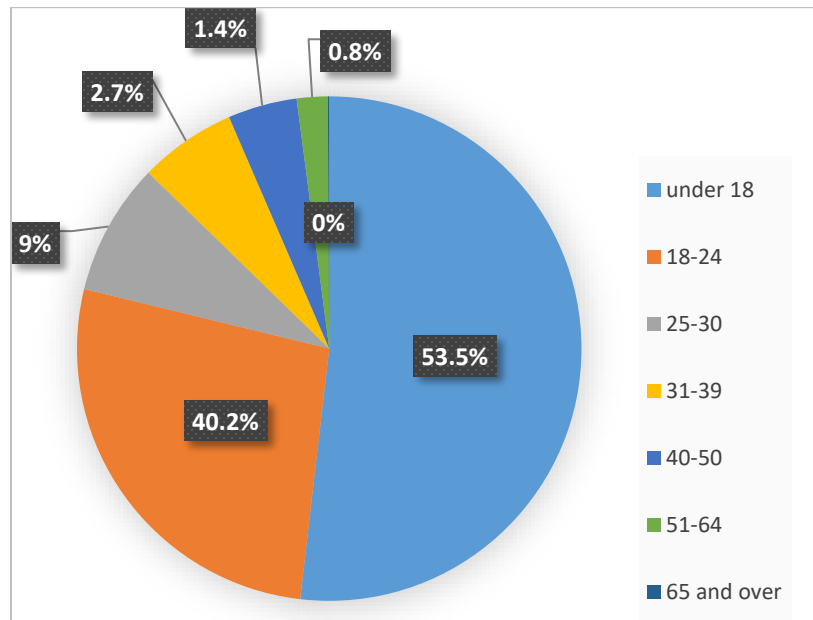


High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Halifax County's high school dropout rate was 2.9% in 2019-2020, which was higher than the rate in North Carolina (1.5%) and the Health ENC region (1.4%). Halifax County's high school dropout rate, given as a percent of high school students, was 3.7% in 2016-2017, which was higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Halifax County's high school dropout rate has been inconsistent over the past four measurements periods.

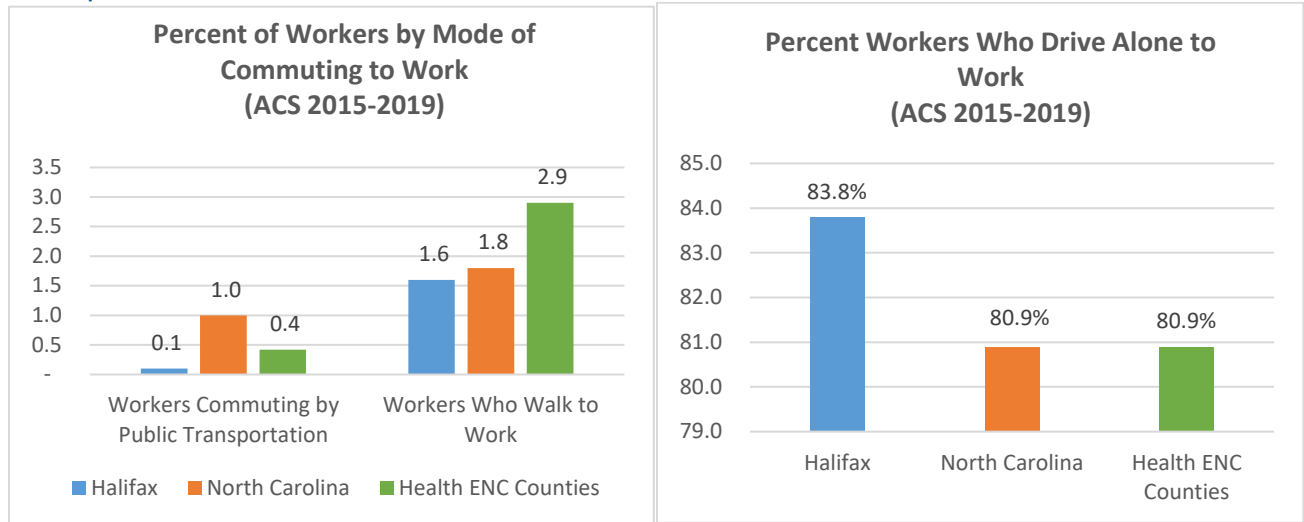
Halifax Community College

Halifax Community College Fall 2020 Curriculum Enrollment by Age



Halifax Community College (HCC) was established in 1967. A member of the North Carolina Community College System, HCC is a public two-year college governed by a local Board of Trustees located in Weldon, North Carolina. The institution offers Associates Degree programs and continuing education. Below is a breakdown of curriculum enrollment by age.

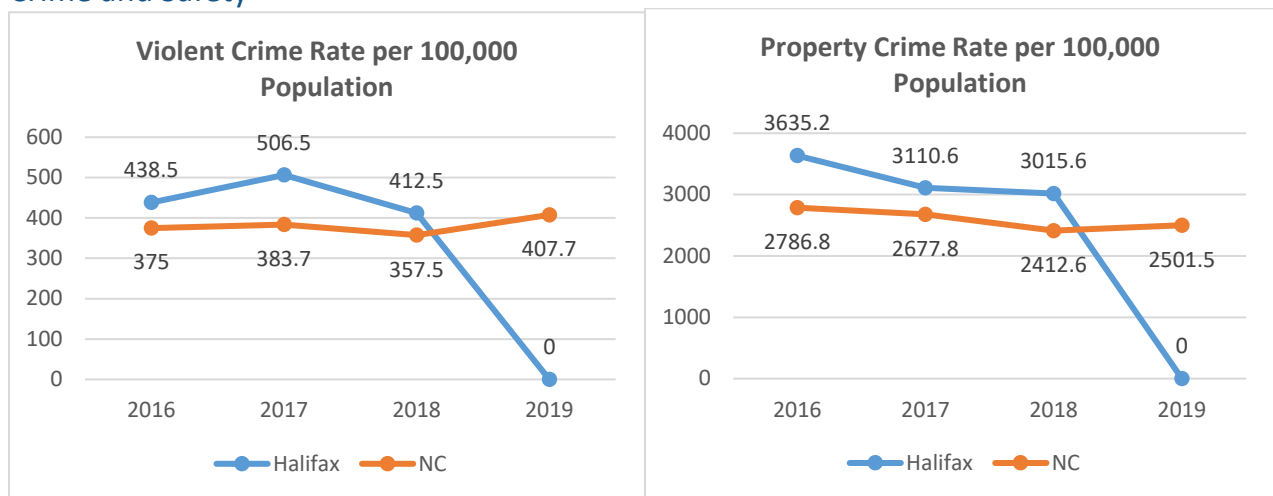
Transportation



Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

- In Halifax County, an estimated 0.1% of workers commuted to work by public transportation, compared to the state value of 1.0%.
- Approximately 1.6% of workers walked to work, which was lower than the state value of 1.8%.
- An estimated 83.8% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

Crime and Safety



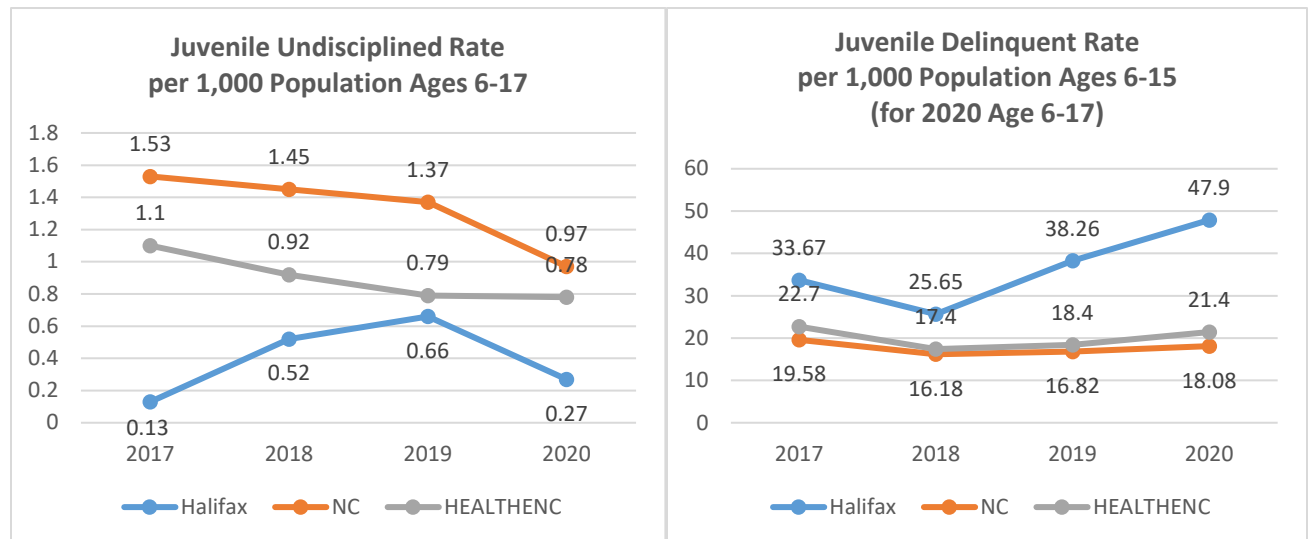
Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and

aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

The violent crime rate in Halifax County was 412.5 per 100,000 population, compared to 357.5 per 100,000 people in North Carolina in 2018. The property crime rate in Halifax County (3015.6 per 100,000 people) was higher than the state value (2412.6 per 100,000 people) in 2018. As shown, the violent crime rate is exhibiting a decrease, but property crime rate is exhibiting an increase in the county.

- From 2016 to 2018, the violent crime rate in Halifax County decreased from 438.5 to 412.5. Data for 2019 were unavailable
- During the same time period, the property crime rate increased from 3635.2 to 3015.6, which was higher than N.C. rate

Juvenile Crime



Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.

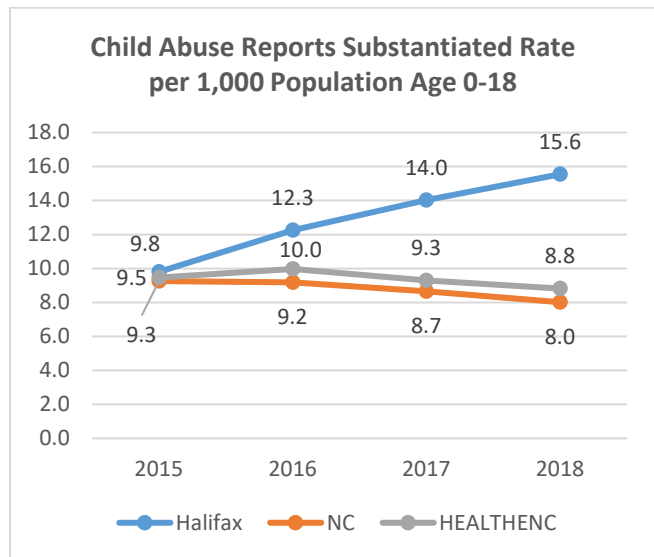
The 2017 juvenile undisciplined rate in Halifax County (0.13) was lower than the rate in North Carolina (1.53) and the Health ENC region (1.1).

- In 2020, the juvenile undisciplined rate in Halifax County (0.27) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Halifax County was higher (47.9) than N.C. (18.1) and the Health ENC region (21.4)

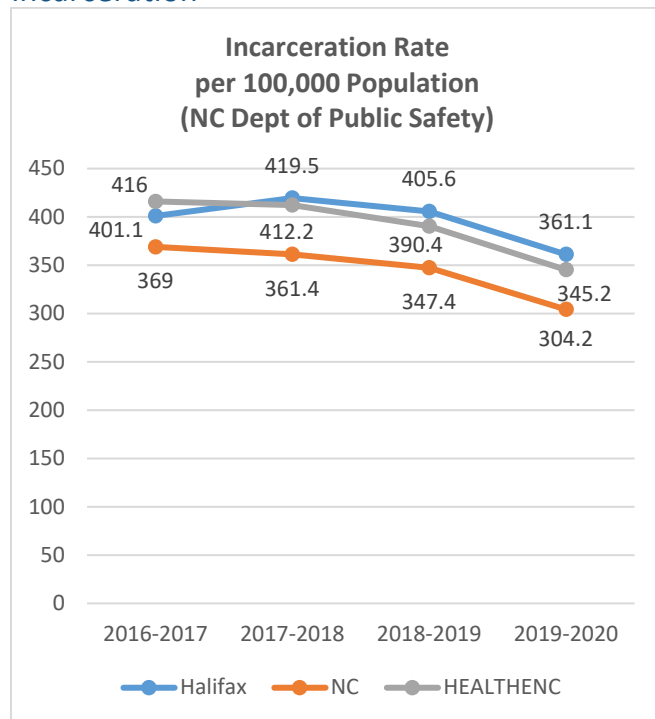
Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

The child abuse rate in Halifax County has increased over the past four measurement periods. The 2018 child abuse rate in Halifax County (15.6 per 1,000 population) was higher than North Carolina (8.0) and the health ENC (8.8)



Incarceration



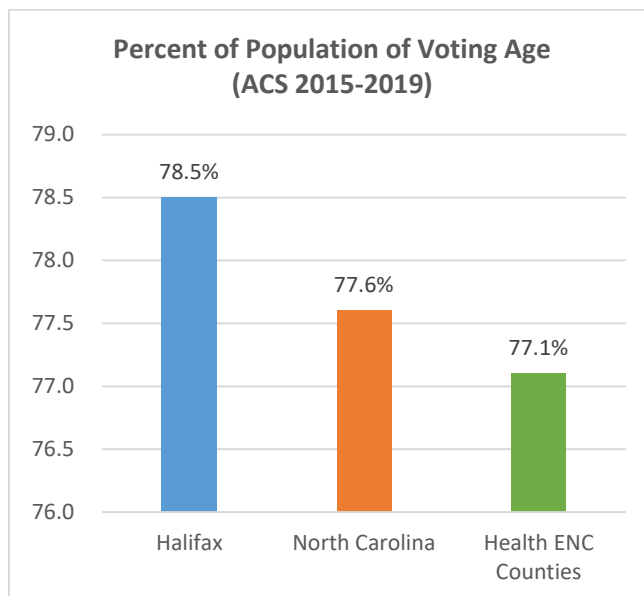
According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

- Over the past four measurement periods, the incarceration rate in Halifax County has decreased
- In 2019-2020, the incarceration rate in Halifax County was higher (361.1 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2)

Civic/Political Engagement

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Halifax County has a higher percent of residents of voting age (78.5%) than North Carolina (77.6%) and the Health ENC counties (77.1%).



Analysis of Socioeconomic Profile

In the same way the health disparities are exacerbated due to a majority minority population; the socioeconomic demographics have the same effect. Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions. Halifax County has been assigned a Tier 1 designation for 2022.

A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food. In Halifax County, 26% of the population lives below the poverty level, which is much higher than the rate for North Carolina (15% of the population) and the Health ENC region (17.5%).

The 2017 juvenile undisciplined rate in Halifax County (0.13) was lower than the rate in North Carolina (1.53) and the Health ENC region (1.1). That rate for 2021 is (.27).

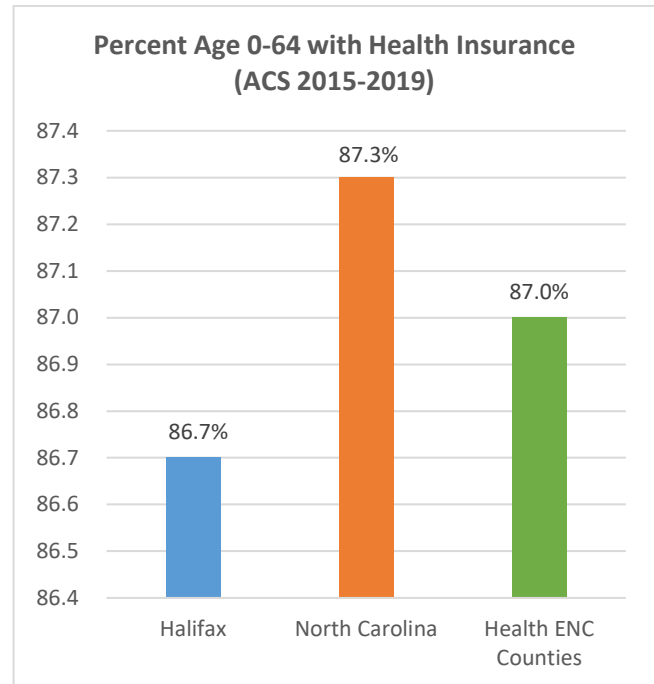
The juvenile crime rate in Halifax County increased from 2019 to 2020. The juvenile delinquent rate for Halifax County (47.9) in 2020 was higher than North Carolina (18.08) and the Health ENC region (21.4).

Chapter 4 Clinical Care Profile

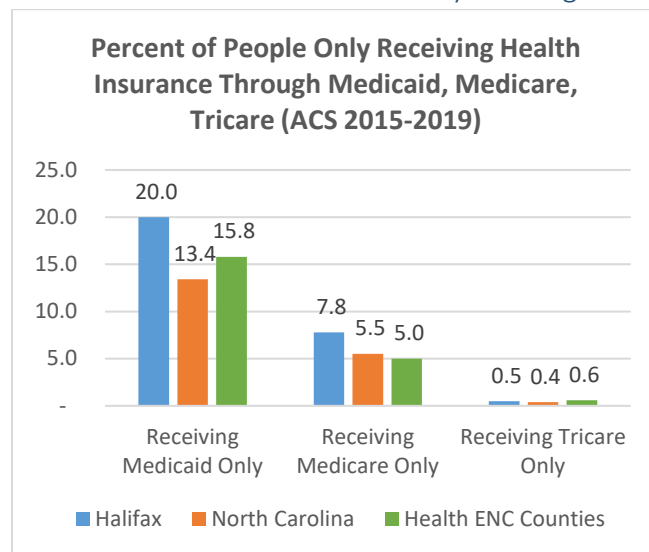
Health Insurance Coverage

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costlier to treat.

- Nearly 14% of the population 0-64 years of age in Halifax County are uninsured.
- The rate of individuals aged 0-64 years old that have health insurance coverage in Halifax County is 86.7%, which was lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%).



Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

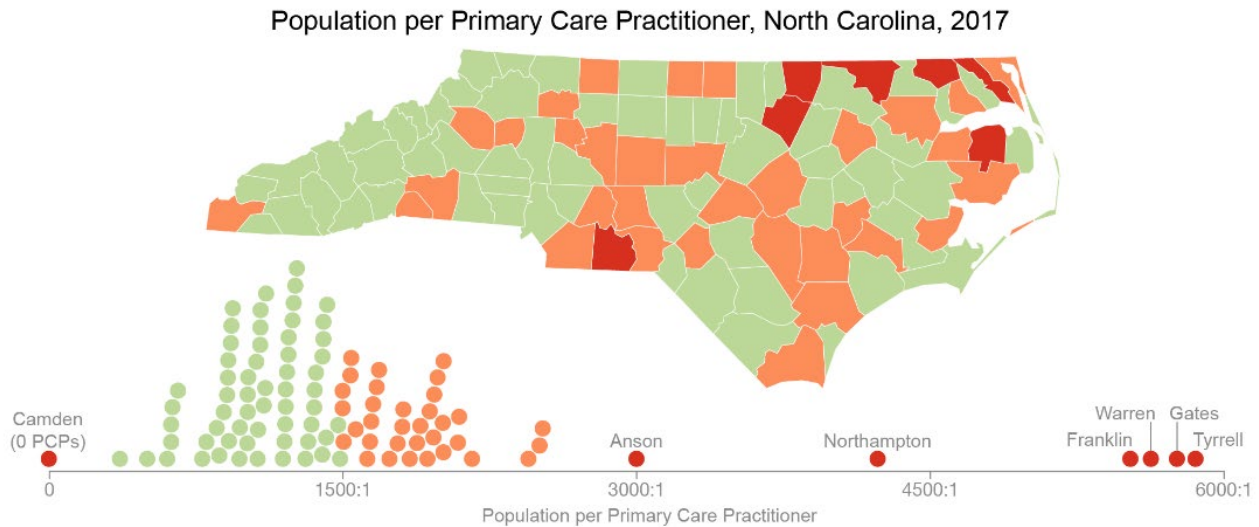


This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

Halifax County has a higher percent of people receiving Medicaid (20%) than North Carolina (13.4%) and the Health ENC counties (15.8%).

- In Halifax County, 20% of the population reports receiving health insurance coverage through Medicaid, 7.8% Medicare and 0.5% Tricare.

Primary Care Practitioners



Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management.

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Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel [coronavirus](#) in North Carolina, primary care is critical as an entry-point to further care.

Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

On the map above, green indicates the county is meeting the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people.

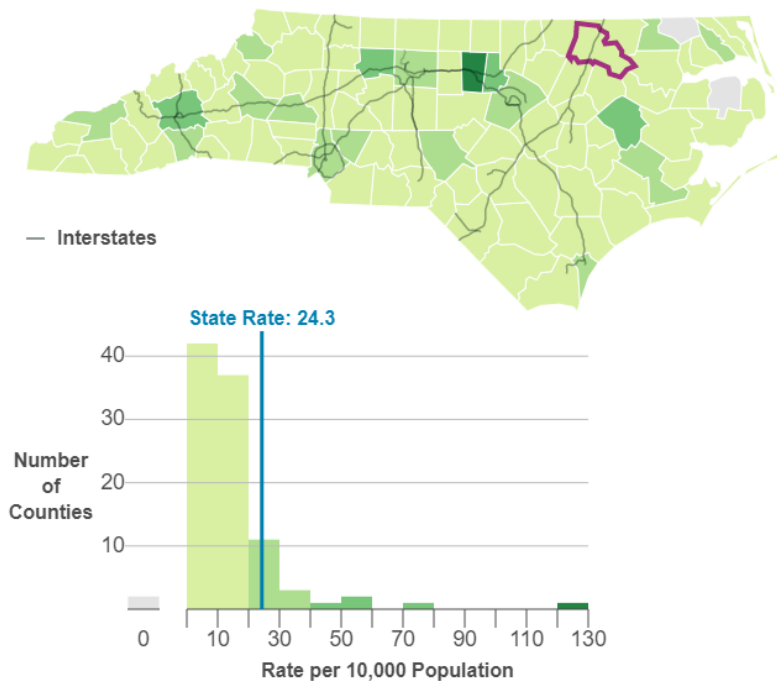
Halifax County is shaded green.

Currently, **60% of NC's 100 counties meet the NCIOM's target**. Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell and Camden. Camden has a population of just over 10,000, and no primary care providers.

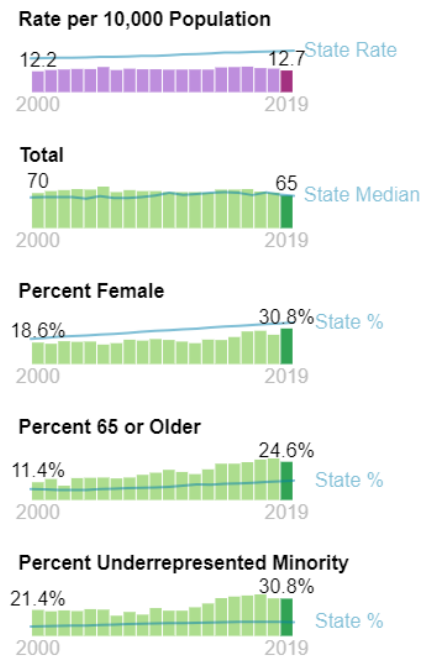
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Halifax County



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WORKFORCE NC**

Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 27, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Source: North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](#), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Analysis of Clinical Care Profile

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costlier to treat.

The rate for Halifax County, 86.7% was lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%). Nearly 14% of the population in Halifax County is uninsured.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. The tables below show the leading causes of mortality in Halifax County and North Carolina.

**2019 Leading Causes of Death
Halifax County**

Rank	Cause	Number	%
1	Cancer	151	21.5
2	Diseases of heart	133	18.9
3	Cerebrovascular diseases	40	5.7
4	Diabetes mellitus	38	5.4
5	Chronic lower respiratory diseases	35	5.0
6	All other unintentional injuries	31	4.4
7	Alzheimer's disease	26	3.7
8	Nephritis, nephrotic syndrome and nephrosis	19	2.7
9	Motor vehicle injuries	18	2.6
10	Chronic liver disease and cirrhosis	14	2.0
	All other causes (Residual)	197	28.1
Total Deaths -- All Causes		702	100

**2019 Leading Causes of Death
North Carolina**

Rank	Cause	Number	%
1	Cancer	19,963	20.8
2	Diseases of heart	19,661	20.5
3	Chronic lower respiratory diseases	5,411	5.6
4	Cerebrovascular diseases	5,203	5.4
5	All other unintentional injuries	4,683	4.9
6	Alzheimer's disease	4,508	4.7
7	Diabetes mellitus	3,127	3.3
8	Nephritis, nephrotic syndrome and nephrosis	2,121	2.2
9	Influenza and pneumonia	1,733	1.8
10	Motor vehicle injuries	1,608	1.7
	All other causes (Residual)	27,933	29.1
Total Deaths -- All Causes		95,951	100

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	52	1	Fall - Unintentional	559	1	Fall - Unintentional	7,321
2	Poisoning - Unintentional	43	2	MVT - Unintentional	196	2	Unspecified - Unintentional	5,947
3	Firearm - Assault	31	3	Poisoning - Unintentional	137	3	MVT - Unintentional	4,429
4	Fall - Unintentional	24	4	Unspecified - Unintentional	97	4	Struck By/Against - Unintentional	2,147
5	Firearm - Self-Inflicted	18	5	Poisoning - Self-Inflicted	59	5	Natural/Environmental - Unintentional	1,412
TOTAL		218	TOTAL		1,304	TOTAL		27,969

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
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Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

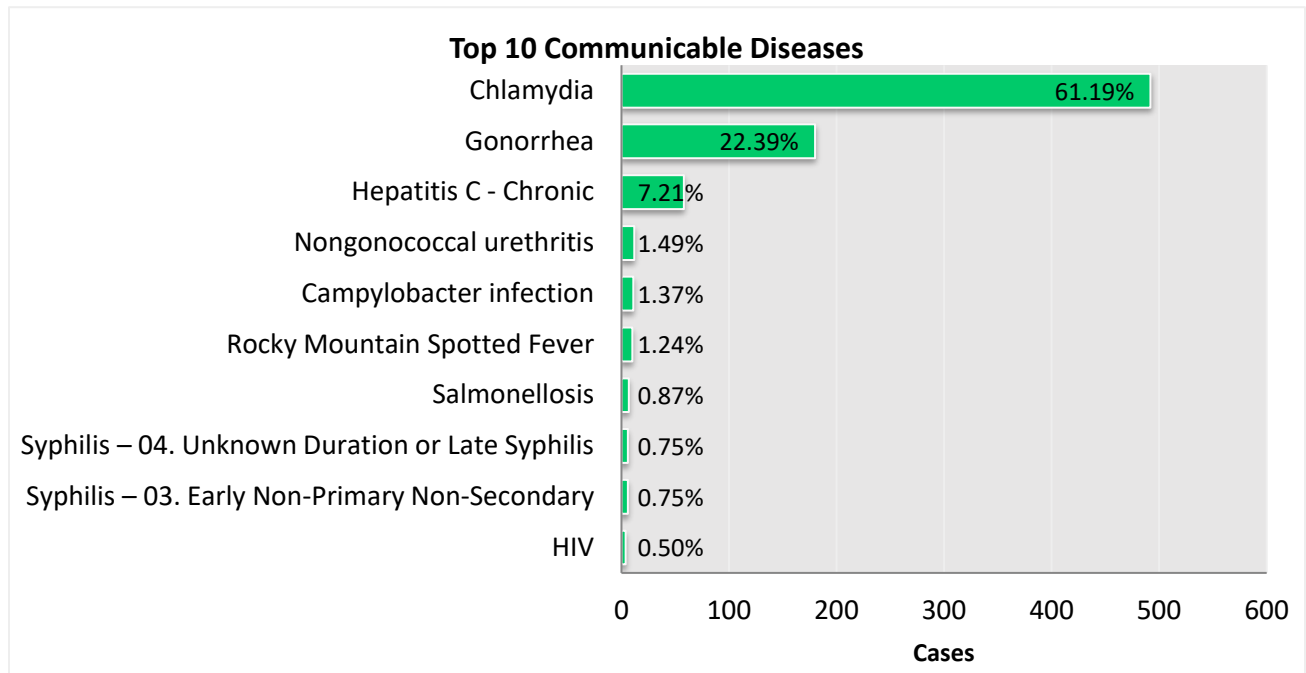
Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	52	1	Fall - Unintentional	559	1	Fall - Unintentional	7,321
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4	Fall - Unintentional	24	4	Unspecified - Unintentional	97	4	Struck By/Against - Unintentional	2,147
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TOTAL		218	TOTAL		1,304	TOTAL		27,969

MVT – motor vehicle traffic
(2016-2019, all ages)

Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>

Top Ten Reportable Communicable Diseases



Note: For NC State-wide rates and reported number of cases, refer to <https://public.tableau.com/app/profile/nc.cdb/viz/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends>
Data Source: NCDHHS, (latest available data, 2018).

Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard <https://NCD3NorthCarolinaDiseaseDataDashboard>

Preventing and controlling the spread of communicable diseases are a top concern among communities. The top communicable diseases as reported by NC DHHS in Halifax County in 2018 are shown above. Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

Analysis of Chronic and Communicable Disease Profile

Chronic disease management is imperative to cultivating a culture of health and intervention strategies for our rural community. Halifax County has the same top two causes of death as the state, Cancer and Heart disease. In addition to those leading causes of death, in 2019 Cerebrovascular diseases and Diabetes ranked 3 and 4 for Halifax County.

Cerebrovascular diseases, most commonly understood as Stroke and characterized by restricted blood flow to the brain, it could be caused by high cholesterol, inflammation of the arteries or the formation of blood clots. Diabetes is characterized by the body's unusual reaction to insulin causing blood sugar levels to be hard to regulate.

While all cancers may not be readily identified by a specific cause, or isolated to a specific issue, 30% to 50% of all cancers are preventable. Vaccines, not smoking and being mindful of your environment are all ways to protect yourself against certain types of cancer. The other three leading causes of death for the county can be combated through proper diet and regular exercise. These chronic conditions are often times associated with obesity which, as stated, is a continuous issue for the area. Our regional health care partners agree that promoting healthy eating and active living are just the basic ways we can continue to cultivate a culture of health.

Communicable diseases are classified as diseases that are spread person to person, through bodily fluids, breathing in air borne pathogens or being bit by an insect. The top two communicable diseases in Halifax County are Chlamydia and Gonorrhea, both are sexually transmitted. This means they are preventable when implementing safe sex practices such as abstinence and the use of condoms.

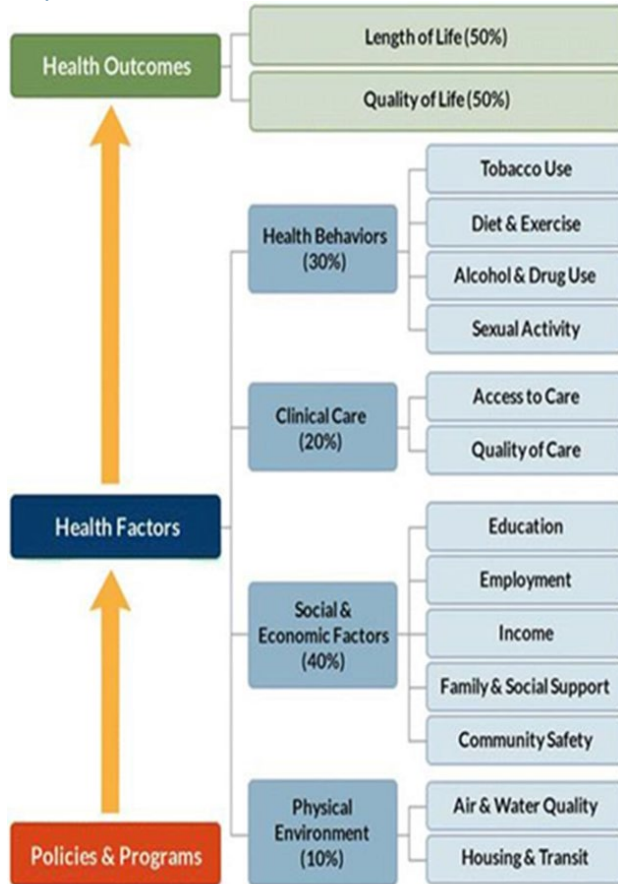
Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Halifax	NC
Health Outcomes		
Premature Death	11,400	7600
Low Birthweight	12%	9%
Health Factors		
Health Behaviors		
Adult Smoking	26%	18%
Adult Obesity	42%	32%
Food environment index	6.1	6.8%
Excessive drinking	15%	18%
Alcohol impaired driving deaths	37%	28%
Sexual Transmitted infections	955.00	647.80
Teen Births	40	22
Clinical Care		
Uninsured	13%	13%
Preventable hospital stays	5706	4539
Mammography Screening	45%	46%
Social & Economic Factors		
High School Completion	79%	88%
Some College	48.00%	67.00%
Unemployment	5.70%	3.90%
Children in Poverty	38.00%	19.00%
Children in single parent households	51.00%	28.00%
Violent crime	461	351.0
Physical Environment		
Severe Housing problems	19.00%	15%
Areas to Explore	Areas of Strength	

Source: County Health Rankings
<https://www.countyhealthrankings.org/>

Chapter 7 County Health Ranking Indicators

Population Health Model



The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health

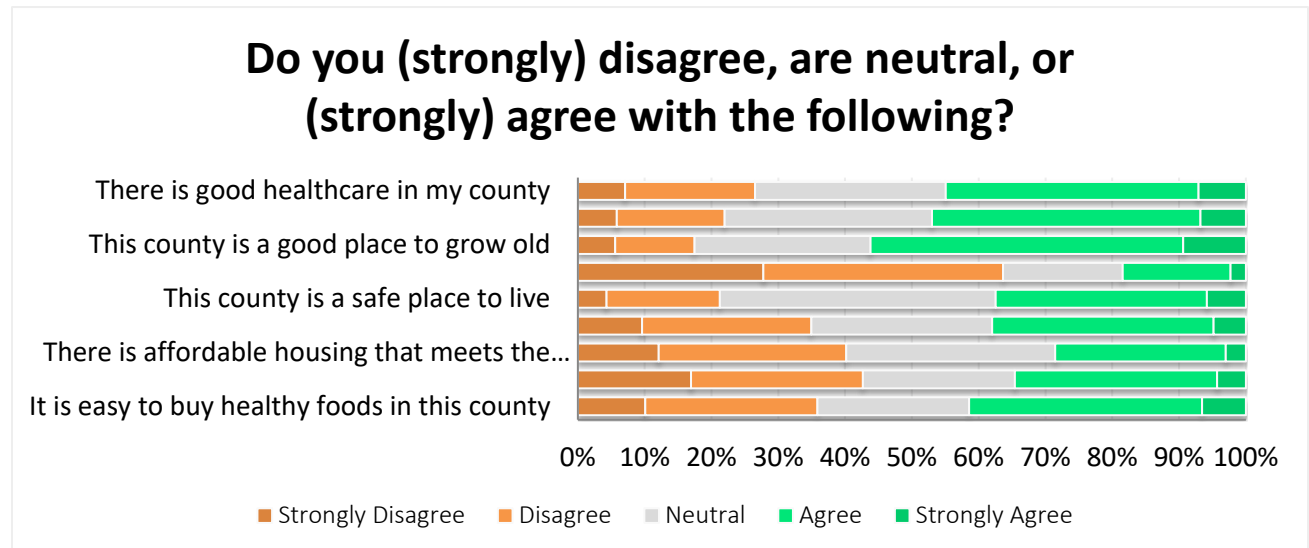
- There are many factors that influence how well and how long people live.
- The *County Health Rankings* model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provide county-level data on health behavior, clinical care, social and economic and physical environment factors.

Chapter 8 Survey Findings

The Halifax County Health Department and ECU Health North collaborated with Health ENC to provide the community with a needs assessment survey opportunity. The survey was distributed through multiple outlets for community input from April 2021 - June 30, 2021 with 399 surveys completed for analysis.

To see the results to all community survey questions, please click below and select your county.

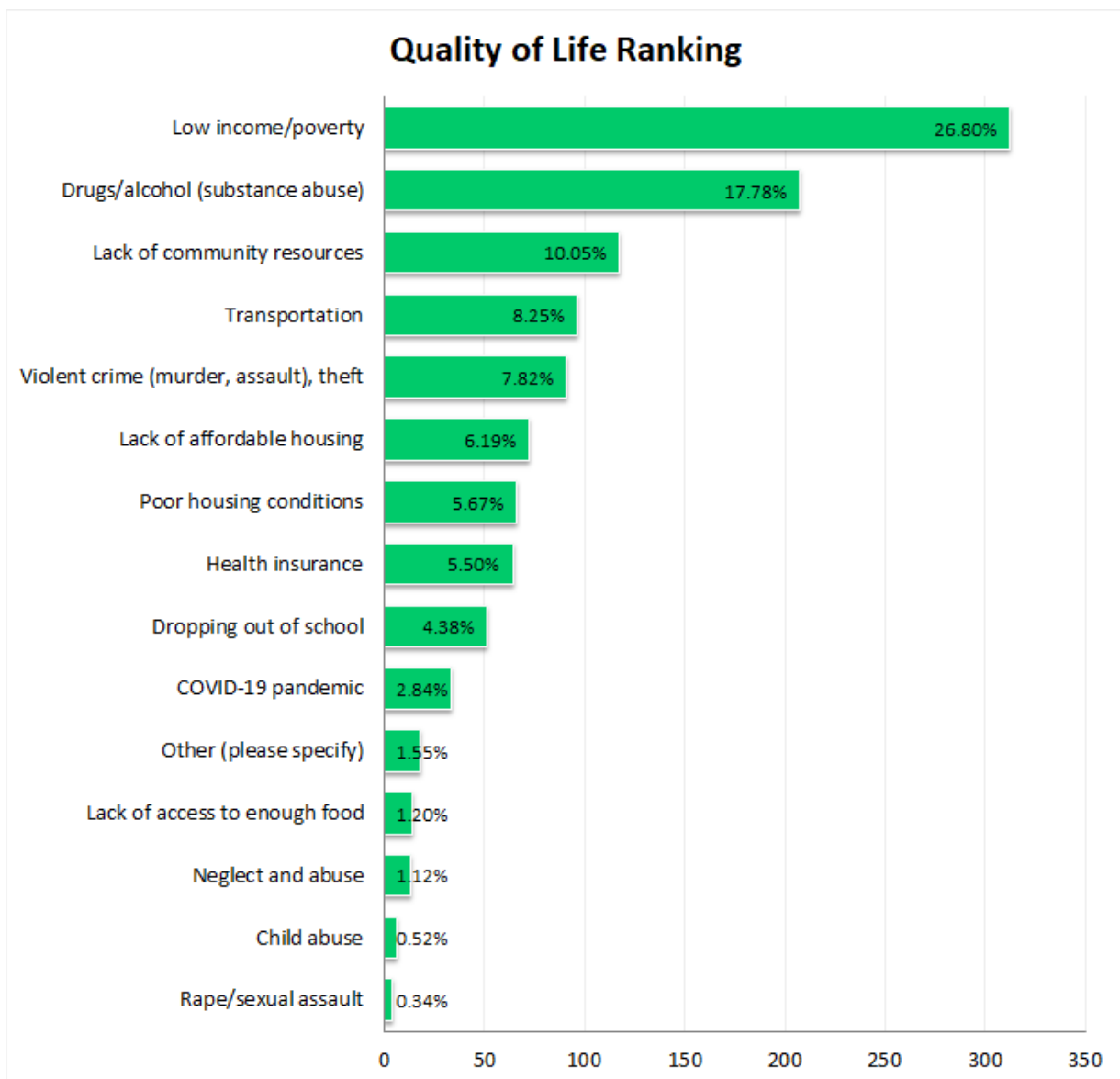
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap
[2021 North Carolina CHNA | Tableau Public](#)



This graph shows how people responded to certain questions when asked about how they feel or view issues that support a safe and healthy lifestyle in their county.

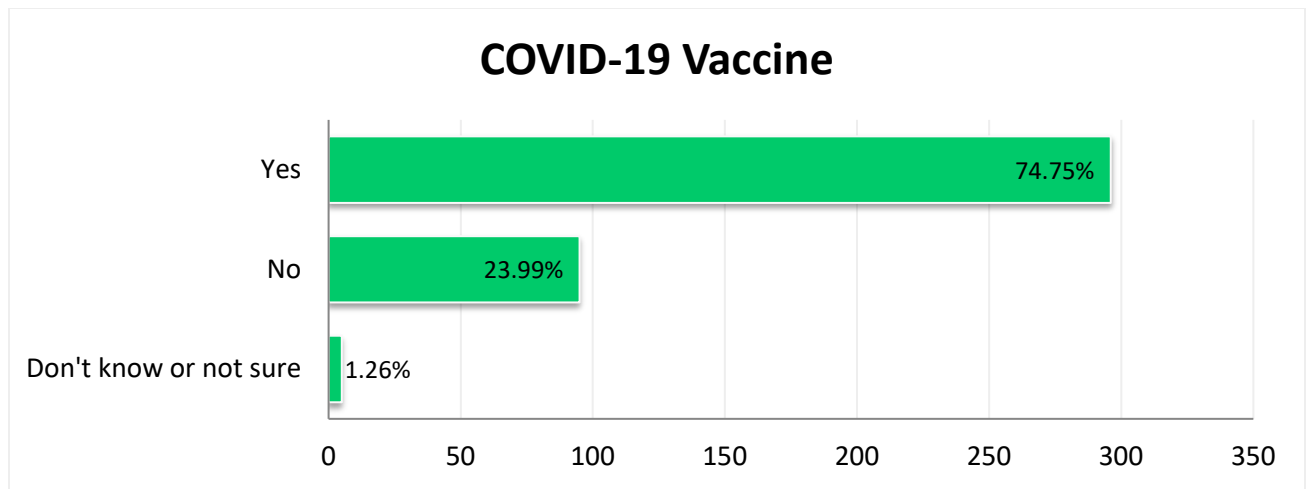
For example, in the first question, when asked, “there is good healthcare in my county,” more than 20% of people either strongly disagreed or disagreed, and more than 40% agreed and strongly agreed. Overall, far more people agreed than disagreed that Halifax County “is a good place to grow old.”

In a question, when asked, “there is plenty of economic opportunity in this county,” more than 60% of people either strongly disagreed or disagreed, while less than 20% agreed or strongly agreed.



This graph shows the list of community issues that were ranked by residents as most affecting the quality of life in Halifax County. Low income/ Poverty was the most frequently selected issue and was ranked by 26.80% of survey respondents, followed by Drugs (Substance abuse). Survey respondents ranked Lack of Community Resources as the third issue most affecting quality of life in Halifax County. Less than 1% of survey respondents selected Child abuse & Rape/sexual assault as issues most affecting the quality of life in Halifax County.

QUESTION: Have you had a COVID-19 vaccine?



This community survey question asked people if they had received a COVID-19 vaccine. Between April 1 and June 30, 2021, nearly 75% of participants reported being vaccinated for COVID-19 while 24% had not been vaccinated.

To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap

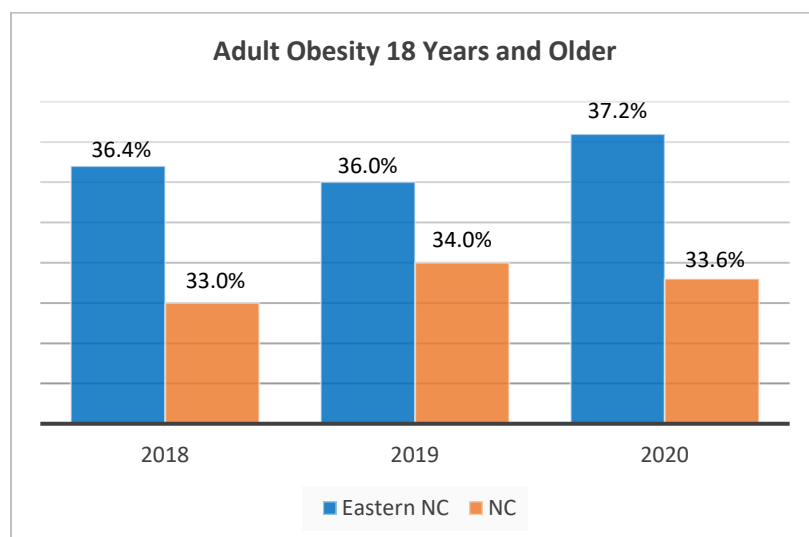
Chapter 9 Health Priorities

Halifax County selected the following final health concerns as the focus for the next three-year cycle, 2022-2025.

1. Obesity
2. Maternal, Fetal and Infant Health
3. Substance Abuse (Mental Health Crisis Intervention)

Obesity

Obesity is identified as a health concern in the Community Health Needs Assessment to be addressed over the next three years. Obesity is a contributing factor to heart disease, high blood pressure, diabetes, cancer as well as sleep disorders and joint problems. See charts below for obesity, physical activity, diabetes and cardiovascular disease trends in Halifax County.



In Eastern North Carolina, 37.2% of adults 18 years and older are classified as obese compared to 33.6% of North Carolina.

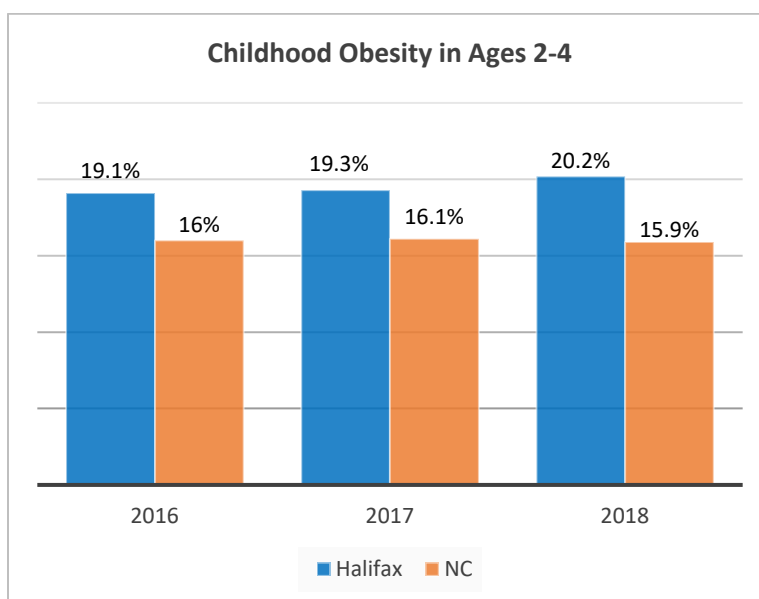
Over the past years, the obesity rate continues to climb in Eastern North Carolina.

[NC SCHS: Statistics and Reports: BRFSS: Survey Results \(ncdhhs.gov\)](#)

In Halifax County, 20.2% of children ages 2 to 4 enrolled in the WIC program classified as obese compared to 15.9% of North Carolina.

Over the past years, the obesity rate continues to climb in Halifax County among the children ages 2 to 4 who are enrolled in the county WIC program.

[The Facts - Eat Smart, Move More NC \(eatsmartmovemorenc.com\)](#)

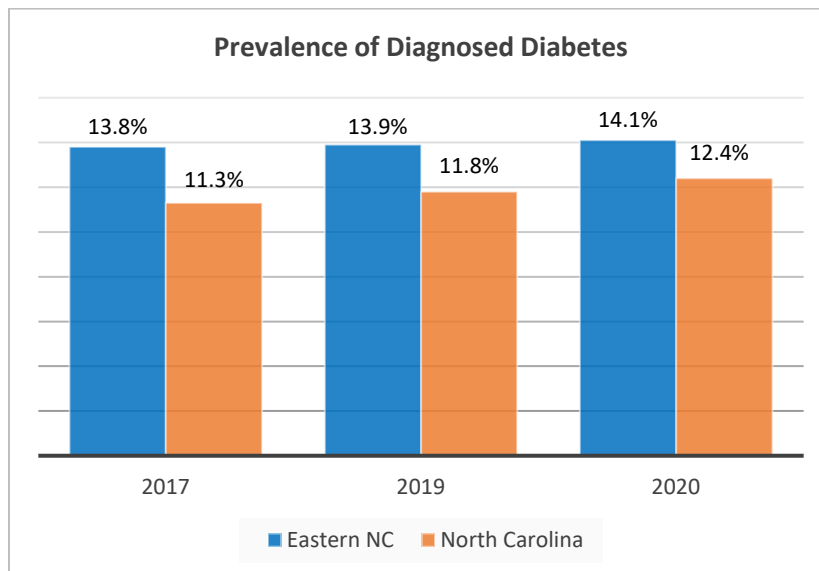


Physical Activity

Incorporating at least 30 minutes of physical activity in a day is important to reduce the risk of chronic health conditions including the reduction in obesity rates. 45.6% of Eastern North Carolina are classified as active or highly active compared to 49.2% North Carolina. Comparatively, 54.4% of Eastern North Carolina is inactive.

2019	Highly Active	Active	Insufficiently Active	Inactive
Eastern NC	27.4%	18.2%	20.2%	34.2%
North Carolina	29.7%	19.5%	21.2%	29.5%
2017	Highly Active	Active	Insufficiently Active	Inactive
Eastern NC	27.6%	17.3%	22.9%	32.2%
North Carolina	28.7%	19.5%	22.8%	29.1%

Diabetes



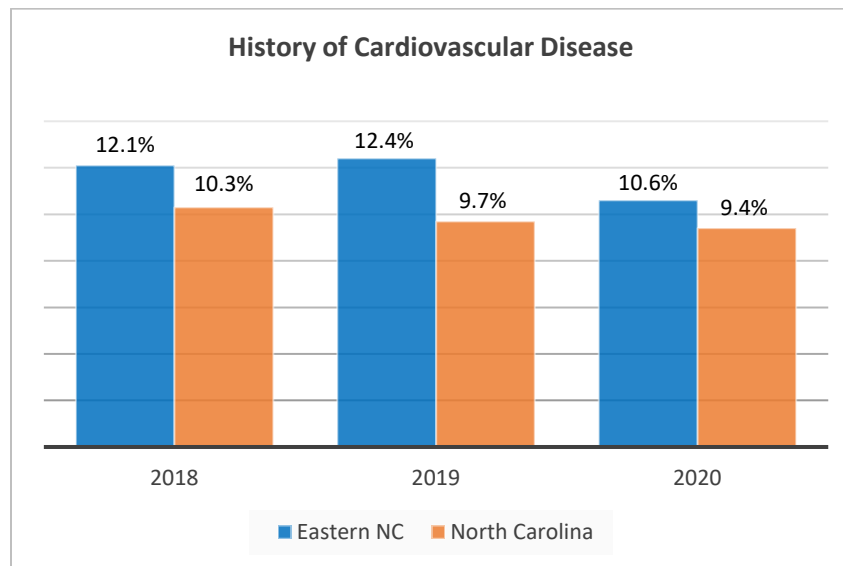
In Eastern North Carolina, 14.1% of the population has been diagnosed with diabetes compared to 12.4% of North Carolina.

Over the past years, the prevalence of diagnosed diabetes continues to climb in Eastern North Carolina and North Carolina.

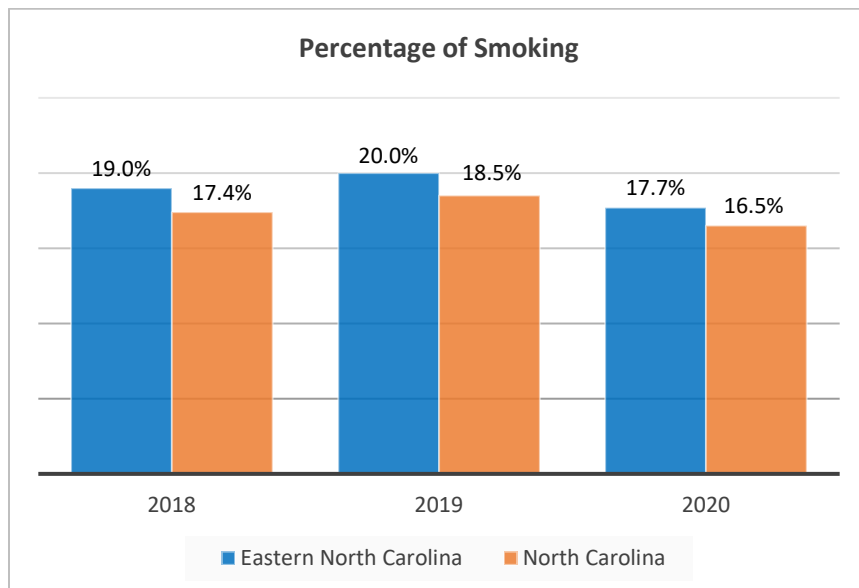
Cardiovascular Disease

In Eastern North Carolina, 10.6% of the population has a history of cardiovascular disease compared to 9.4% of North Carolina.

Over the past three years, the history of cardiovascular disease continues to decrease in Eastern North Carolina and North Carolina.

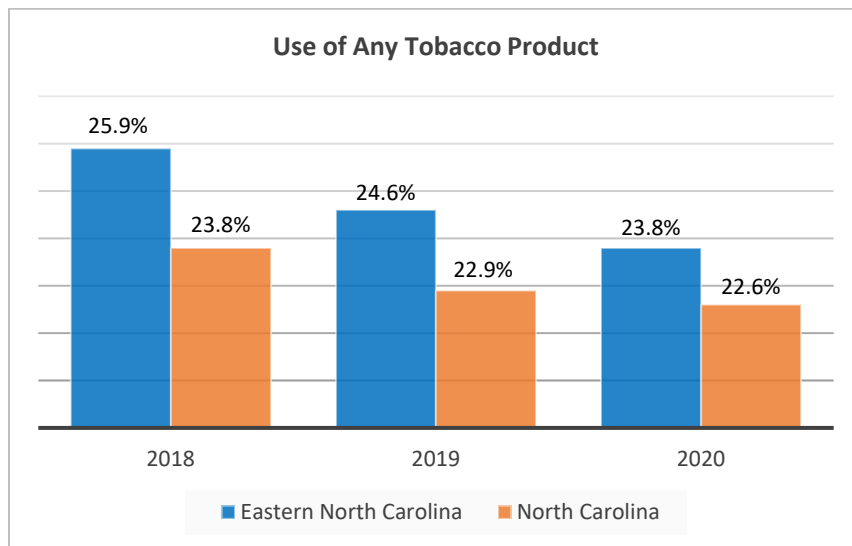


Substance Abuse and Mental Health



In Eastern North Carolina, 17.7% of the population has a history of smoking compared to 16.5% of North Carolina.

Since 2018 the percentage of those smoking in Eastern North Carolina and North Carolina has decreased by approximately one percent.

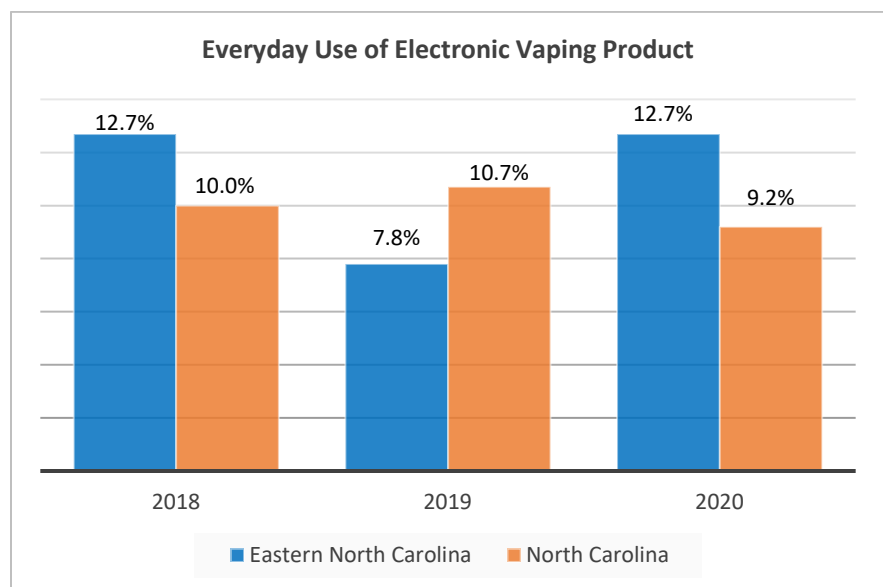


In Eastern North Carolina, 23.8% of the population has a history of using tobacco products compared to 22.6% of North Carolina.

Since 2018 the percentage of those using tobacco products in Eastern North Carolina and North Carolina has decreased.

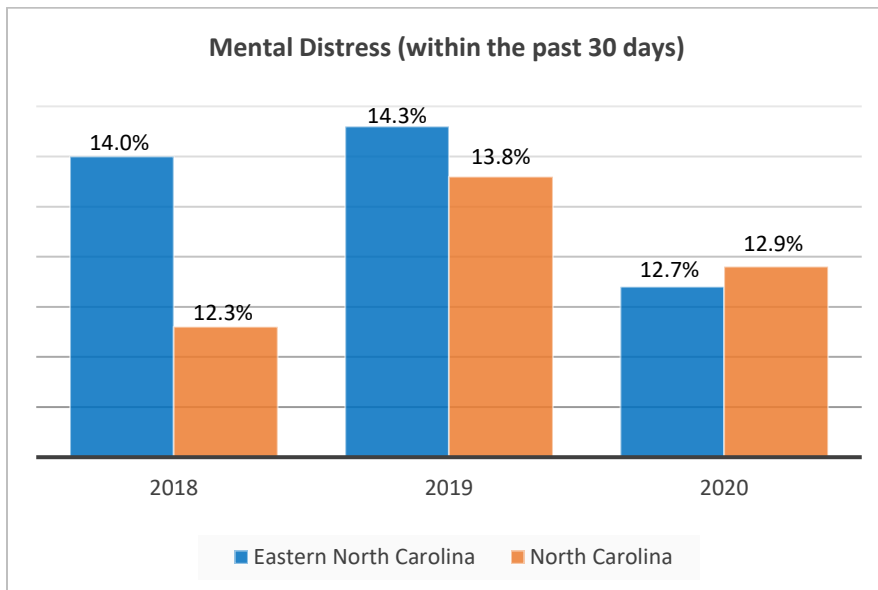
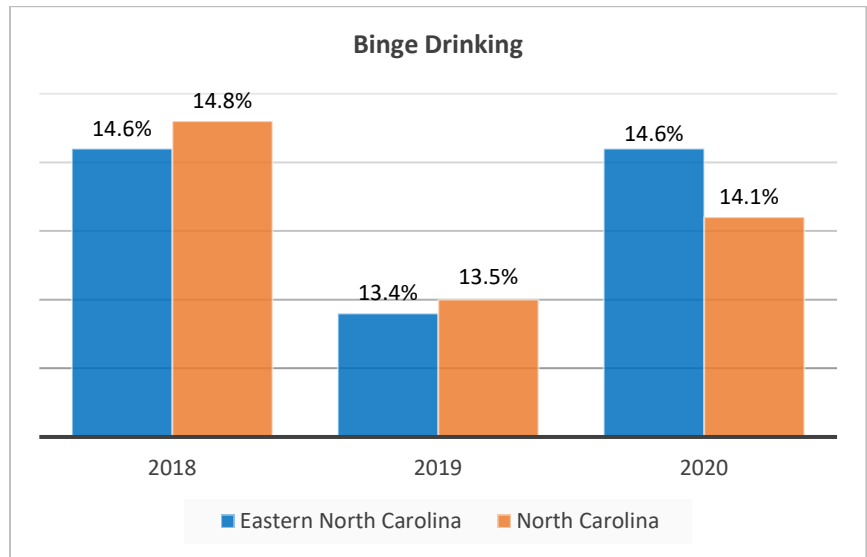
In Eastern North Carolina, 12.7% of the population uses electronic vaping products everyday compared to 9.2% of North Carolina.

Since 2018 the percentage of those using electronic vaping products has remained the same.



In Eastern North Carolina, 14.6% of the population reports binge drinking compared to 14.1% of North Carolina.

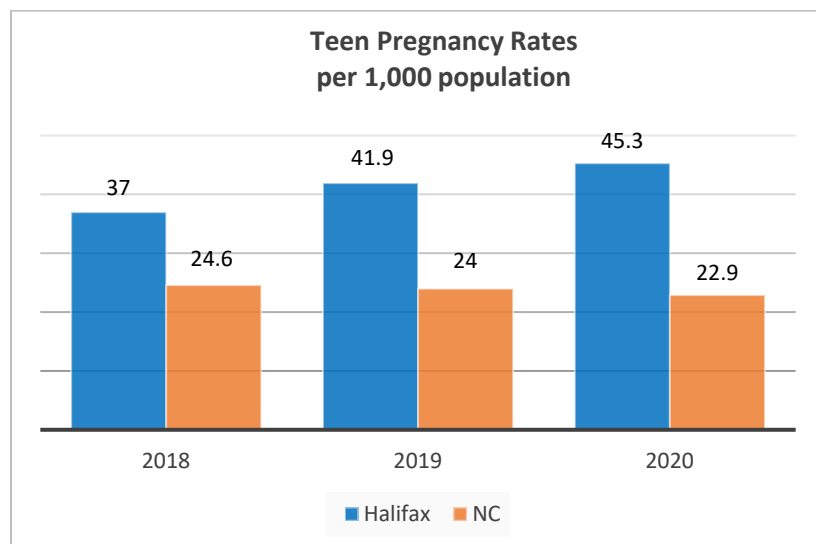
Since 2018 the percentage of those reporting binge drinking has remained the same.



In Eastern North Carolina, 12.7% of the population has experienced mental distress within the past 30 days compared to 12.9% of North Carolina.

Since 2018 the percentage of those experiencing mental distress in the past 30 days has decreased in Eastern North Carolina while North Carolina has seen an increase.

Maternal, Fetal and Infant Health

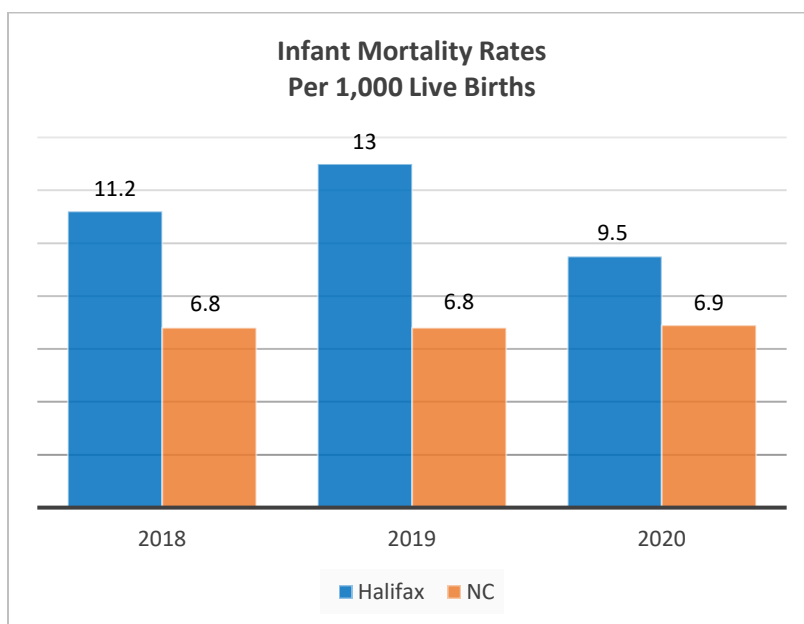


The teen pregnancy rate for Halifax County (45.3 births ages 15-19/1,000 population) has not met the Healthy NC 2030 target rate of (10.0 births ages 15-19/1,000 population).

Halifax County's teen pregnancy rate has increased since 2018 compared to North Carolina accounting for a decrease in the teen pregnancy rate.

The infant mortality rate for Halifax County (9.5 deaths/1,000 live births) has not met the Healthy NC 2030 target rate of (6.0 deaths/1,000 live births).

Halifax County has a higher proportion of babies who are born low birth weight (12.0%) or very low birth weight (2.8%) compared to the state average for those indicators of infant health (9.2% and 1.7%, respectively).



[NC SCHS: Statistics and Reports: Vital Statistics: Reported Pregnancies 2020 \(ncdhhs.gov\)](#)

[NC SCHS: Statistics and Reports: Vital Statistics \(ncdhhs.gov\)](#)

Chapter 10 Inventory of Resources

Employment (Economy)

According to the Community Survey data, employment constituted the greatest need for Halifax County Residents. Halifax County, according to secondary data is a Tier 1 economically distressed county and has been that way for some time. Halifax County is a large county, rural and not as densely populated as some other parts of the state. Agriculture is the number one specialized industry; however, it is not the industry that employs the most people. Education, transportation and other socioeconomic factors also contribute to the lack of employment opportunities in the area and this issue should be addressed at a county level.

Obesity

Obesity has been identified a problem area through community surveys and secondary data. Obesity is also a longstanding problem for Halifax County. It has been identified as a need in the Community Health Needs Assessment process for at least the past 10 years. Both childhood and adult obesity in Halifax affects a higher percentage of the population than the state average. As previously stated, Halifax County is rural, with agriculture as a huge part of the economy. During community-based research to address this need, we have identified several factors that may contribute to the on-going obesity problem. Most of the produce that is grown locally is not distributed locally. Land is often times leased to conglomerate farmers for a specific crop, collected and redistributed through the larger farm system. This contributes to lack of access to foods needed to lead a healthier lifestyle.

Fast Food restaurants are another contributing factor to the consistent obesity issue of Halifax County. The geographic location of Halifax County situated off a major interstate, connected to several state highways, equally distanced between Maine and Florida, makes this a popular stopping point for travelers. Economic development efforts in the area cater to this idea and thus the food choices are not the healthiest.

Obesity is not just a result of bad eating; obesity is also a result of lack of physical activity. Most obesity research pairs the two factors together. Halifax County, NC has a beautiful natural landscape; Lake Gaston, Medoc Mountain State Park, and the Roanoke River are all great destination points that offer some form of recreation. However, Halifax County does not have a countywide recreation department. There is no coordination at the county level for parks and resources that promote recreation and physical activity, most of the parks in the county are concentrated into the Roanoke Rapids region. The rest of the municipalities simply do not have the same resources to create, plan and implement a parks & recreation system.

Maternal Fetal & Infant Health

Teen pregnancy and Infant mortality rates in Halifax County are significantly higher than the states average. The African American community experiences a fetal death rate that is almost double that experienced in the white community. Halifax County has a higher rate of premature death and higher instances of lower birth weight than the state average. However, the live birth rate for Halifax County has remained relatively stable over the past three years.

Some health indicators for these outcomes involve smoking while pregnant, unintended pregnancy and being pregnant at a young age.

Substance Abuse & Mental Health

While mental health is a new health concern that surfaced from the community surveys, substance abuse is not. However, Halifax county plans to address them together because of similar health indicators and factors that have contribute to these negative health outcomes.

The COVID-19 pandemic, we believe is a huge factor that contributed to these health outcomes being a community concern. Increased isolation, lack of resources and lack of access to those resources have pushed communities to their limit.

The substance abuse and mental health concerns for the county will present some challenges in identifying the best treatment options available. Sometimes the two affect a person simultaneously and other times the two can be isolated instances. There are some identified resources in the area that can address opioid addiction cases from a physical and mental capacity with medicines that can reverse overdose effects and counseling to combat reasons for overdose.

Chapter 11 Community Prioritization Process

The Halifax County Community Health Needs Assessment is truly a collaborative process from start to finish. Between ECU Health North Hospital and the Halifax County Health Department there are a wealth of stakeholders, community leaders, organizations and residents that we seek to engage about the what the surveys tell us concerning the state of health care needs for our community. Community Health professionals from both entities have presented the findings at a number of meetings including hospital leadership, health department board, the Roanoke Valley Community Health Initiative Community Partners and faith-based groups. Our strategy was to get on the agenda of several existing community meetings as not to inconvenience the community for feedback. Due to COVID, these meetings were mostly virtual. At these meetings, the survey results were presented as well as the guidelines to set priorities. We created a priority ranking worksheet and asked community members to complete the survey and email it back to us. Because the meetings were used to go over the process of prioritizing and they were virtual, most participants were able to complete the worksheet and sent it right back to us in the same day, at the latest the following day.

The uniqueness of rural eastern North Carolina has given us a regional scope when addressing community health needs. A lot of the counties involved in the Community Health Needs Assessment face similar issues thus the development of a common set of public health indicators and targets seem like the next best approach when developing a health improvement plan. Most of the feedback we received agrees with this premise along with the idea that creating health equity for rural residents in eastern NC will require that collaborative approach more than ever.

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Wood Johnson Foundation	Varies

Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county databk	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Wood Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set

Appendices to the 2022 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)	Pages 53-97
Appendix B. HNC 2030 State and County Data (December 2021)	Pages 98-101
Appendix C. County Data Tables (Spring 2021)	Pages 102-122
Appendix D. Community Resources	Pages 123-134

Community Health Needs Assessment

PID 1535

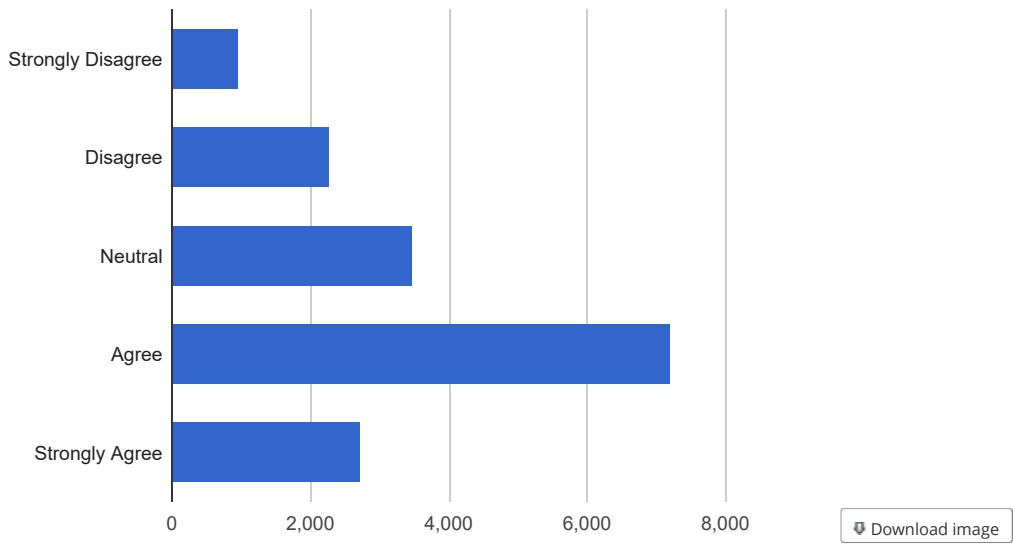
Data Exports, Reports, and Stats

Halifax County

There is good healthcare in my county. *(healthcare)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	5

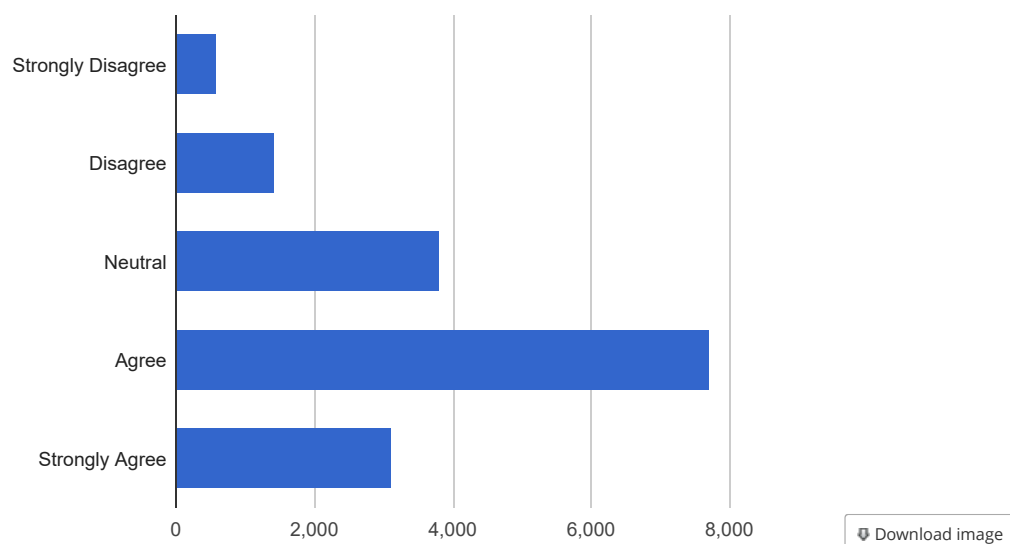
Counts/frequency: Strongly Disagree (28, 7.1%), Disagree (77, 19.4%), Neutral (113, 28.5%), Agree (150, 37.9%), Strongly Agree (28, 7.1%)



This county is a good place to raise children. *(raise_children)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	5

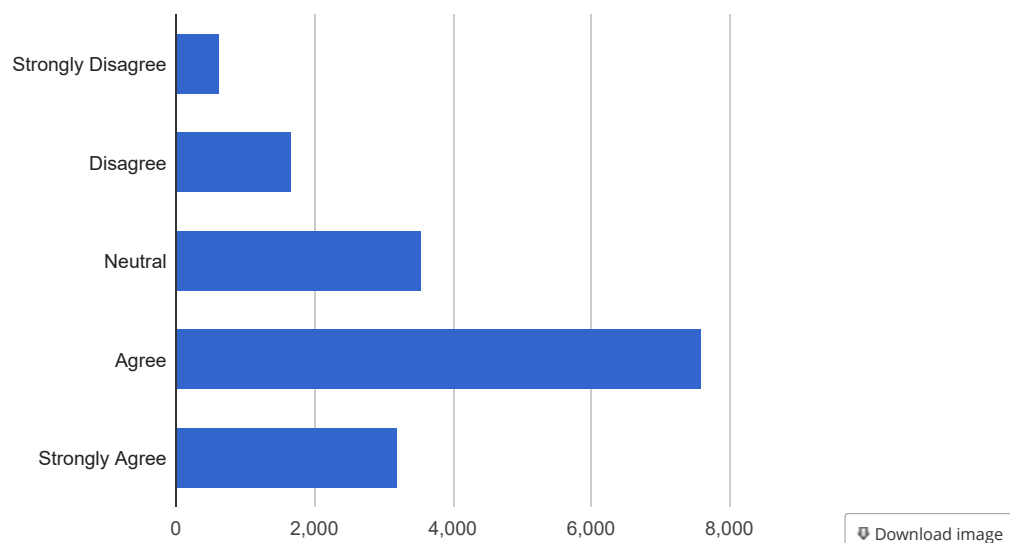
Counts/frequency: Strongly Disagree (23, 5.8%), Disagree (64, 16.2%), Neutral (123, 31.1%), Agree (159, 40.2%), Strongly Agree (27, 6.8%)


[Download image](#)

This county is a good place to grow old. (*grow_old*)

Total Count (N)	Missing*	Unique
395	2 (0.5%)	5

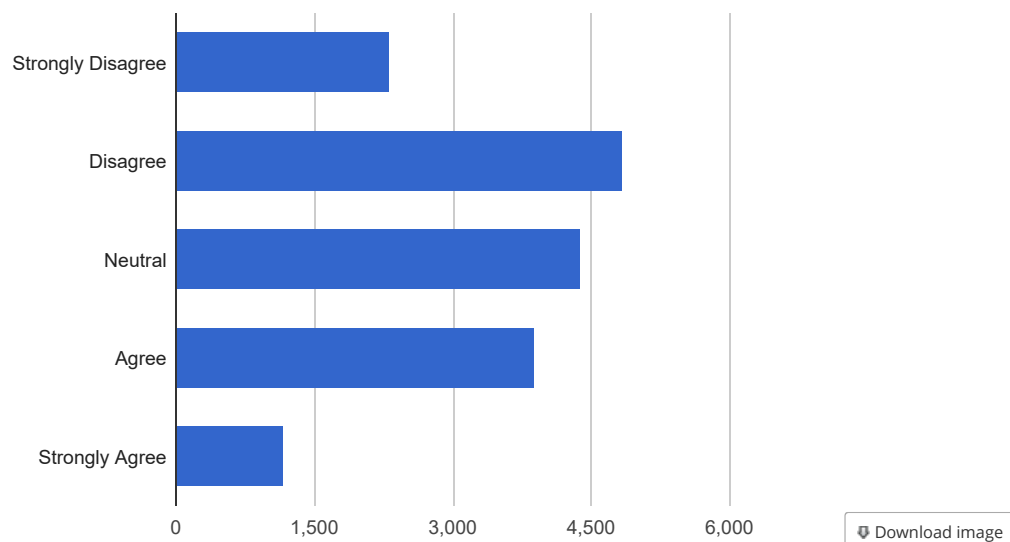
Counts/frequency: Strongly Disagree (22, 5.6%), Disagree (47, 11.9%), Neutral (104, 26.3%), Agree (185, 46.8%), Strongly Agree (37, 9.4%)


[Download image](#)

There is plenty of economic opportunity in this county. (*econ_opp*)

Total Count (N)	Missing*	Unique
396	1 (0.3%)	5

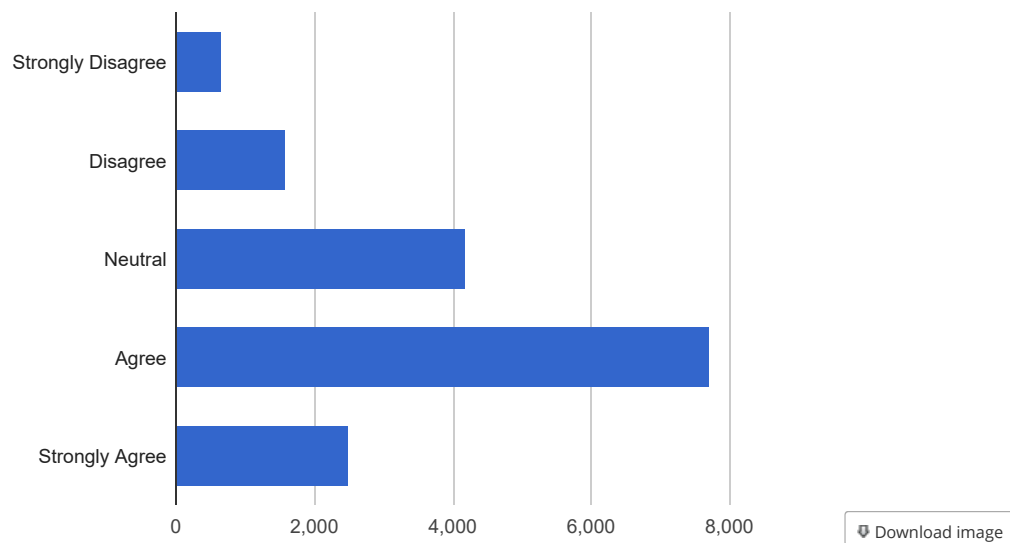
Counts/frequency: Strongly Disagree (110, 27.8%), Disagree (142, 35.9%), Neutral (71, 17.9%), Agree (64, 16.2%), Strongly Agree (9, 2.3%)



This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
395	2 (0.5%)	5

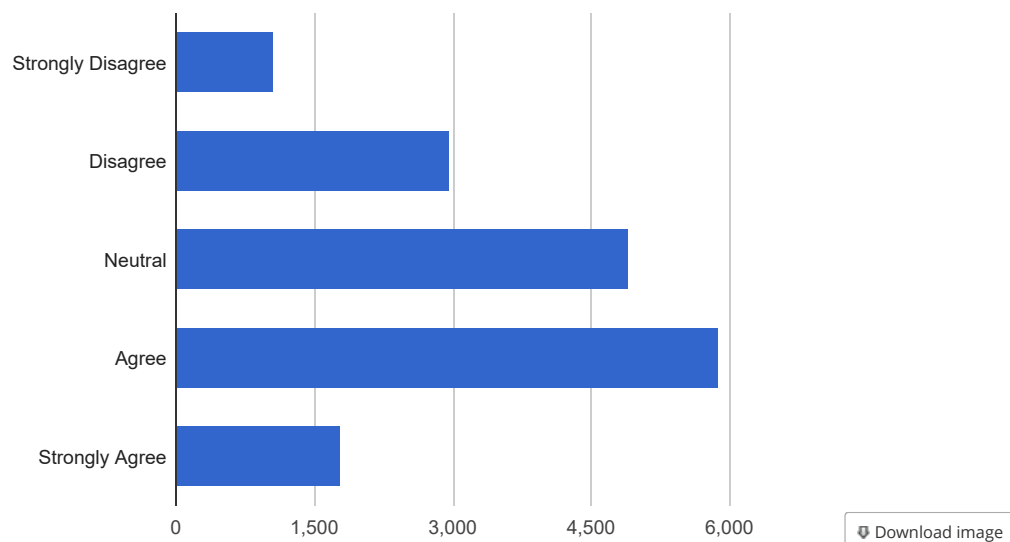
Counts/frequency: Strongly Disagree (17, 4.3%), Disagree (67, 17.0%), Neutral (163, 41.3%), Agree (125, 31.6%), Strongly Agree (23, 5.8%)



There is plenty of help for people during times of need in this county. *(help)*

Total Count (N)	Missing*	Unique
395	2 (0.5%)	5

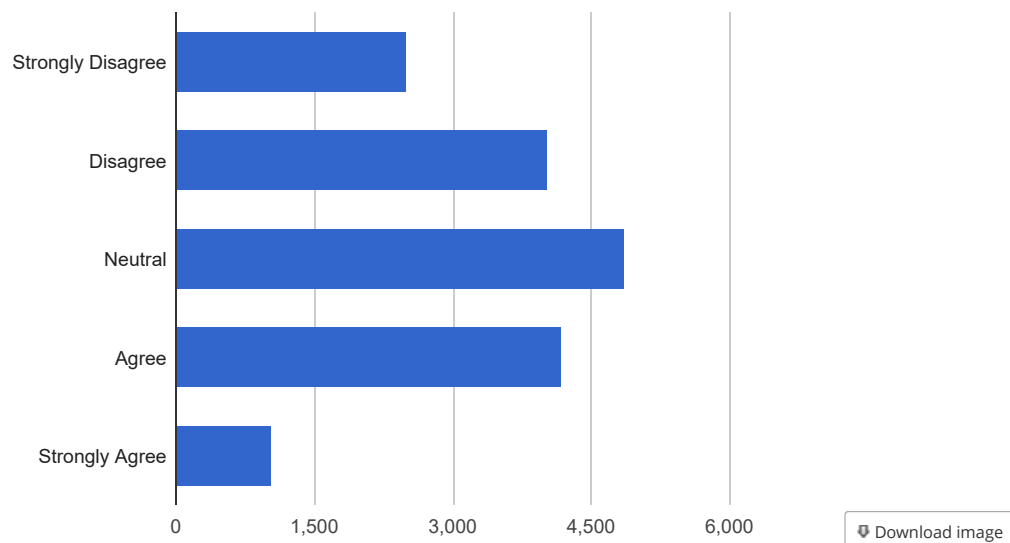
Counts/frequency: Strongly Disagree (38, 9.6%), Disagree (100, 25.3%), Neutral (107, 27.1%), Agree (131, 33.2%), Strongly Agree (19, 4.8%)



There is affordable housing that meets the needs in this county *(affordable)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	5

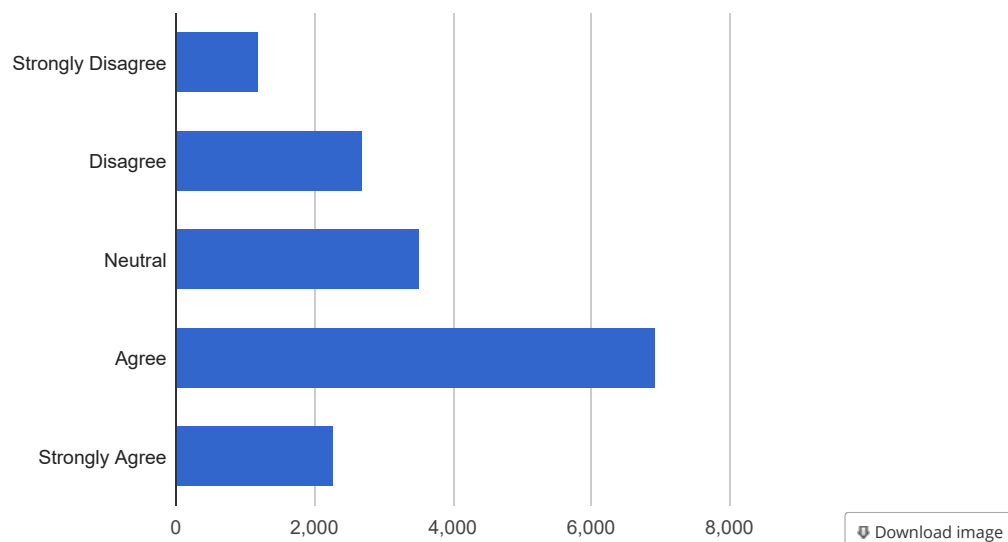
Counts/frequency: Strongly Disagree (48, 12.1%), Disagree (111, 28.0%), Neutral (124, 31.3%), Agree (101, 25.5%), Strongly Agree (12, 3.0%)



There are good parks and recreation facilities in this county. *(parks)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	5

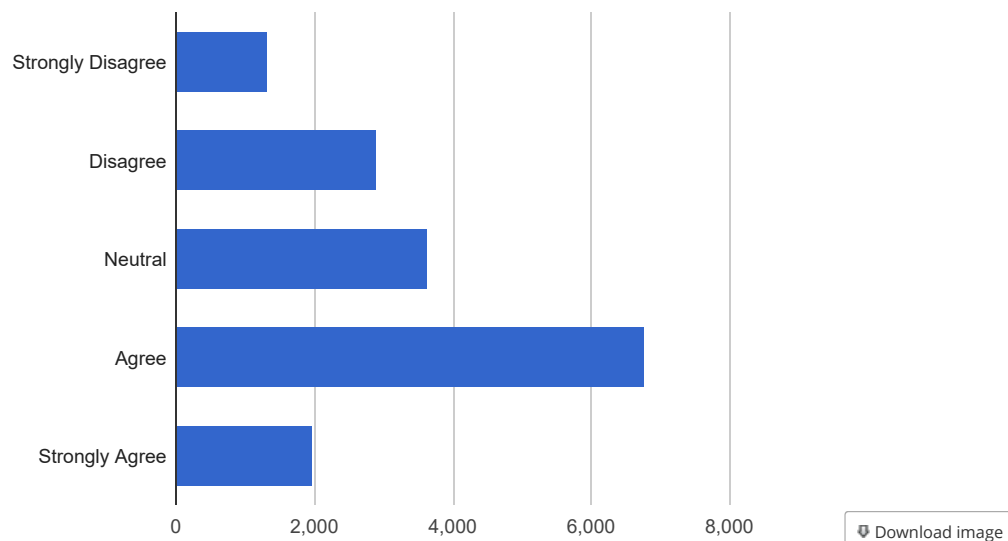
Counts/frequency: Strongly Disagree (67, 16.9%), Disagree (102, 25.8%), Neutral (90, 22.7%), Agree (120, 30.3%), Strongly Agree (17, 4.3%)



It is easy to buy healthy foods in this county. *(healthyfood)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	5

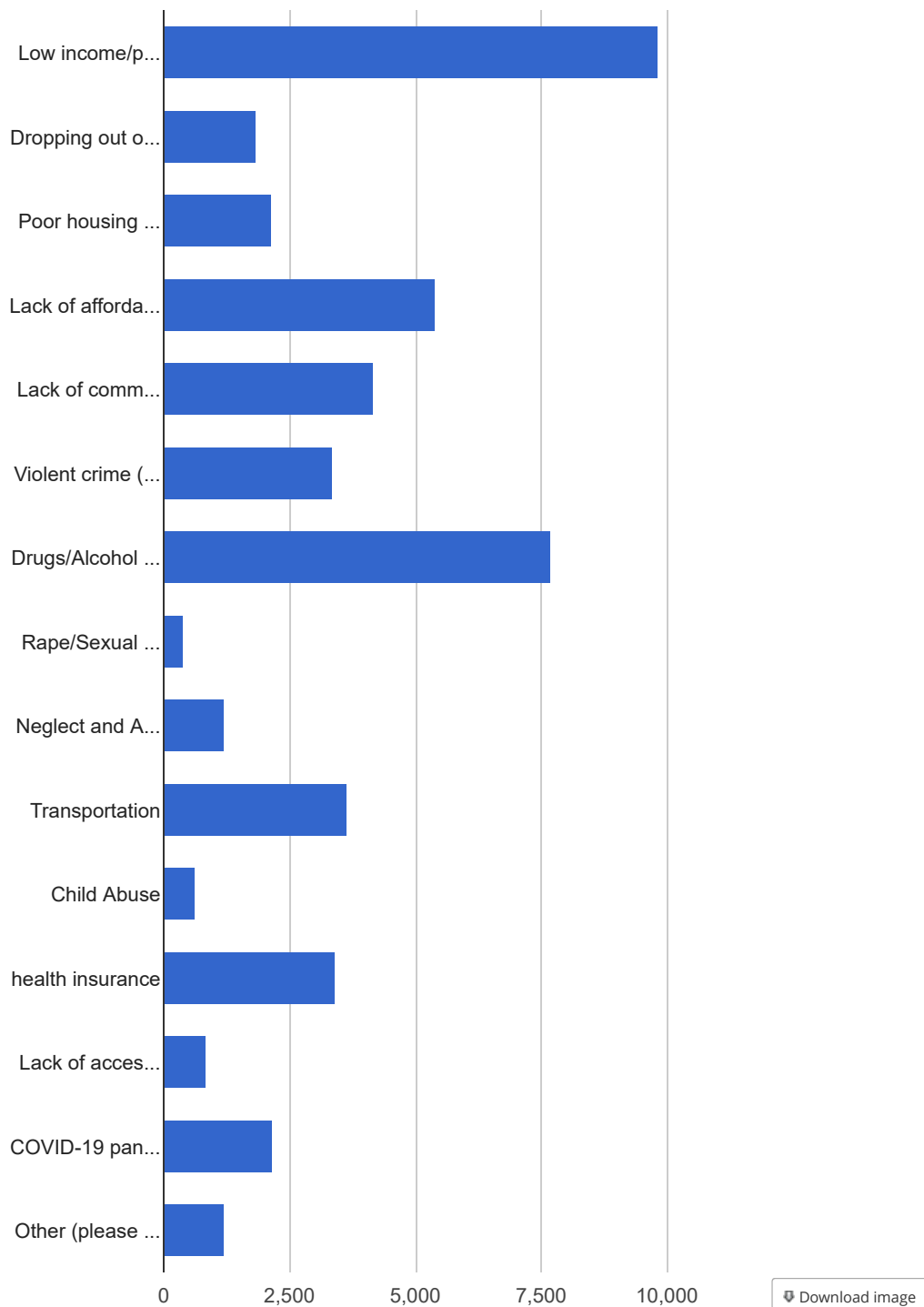
Counts/frequency: Strongly Disagree (40, 10.1%), Disagree (102, 25.8%), Neutral (90, 22.7%), Agree (138, 34.8%), Strongly Agree (26, 6.6%)



Please select the top 3 issues which have the highest impact on quality of life in this county. *(topissues)*

Total Count (N)	Missing*	Unique
394	3 (0.8%)	15

Counts/frequency: Low income/poverty (312, 79.2%), Dropping out of school (51, 12.9%), Poor housing conditions (66, 16.8%), Lack of affordable housing (72, 18.3%), Lack of community resources (117, 29.7%), Violent crime (murder, assault) Theft (91, 23.1%), Drugs/Alcohol (Substance Use) (207, 52.5%), Rape/Sexual Assault (4, 1.0%), Neglect and Abuse (13, 3.3%), Transportation (96, 24.4%), Child Abuse (6, 1.5%), health insurance (64, 16.2%), Lack of access to enough food (14, 3.6%), COVID-19 pandemic (33, 8.4%), Other (please specify) (18, 4.6%)



Other (topthreeother1)

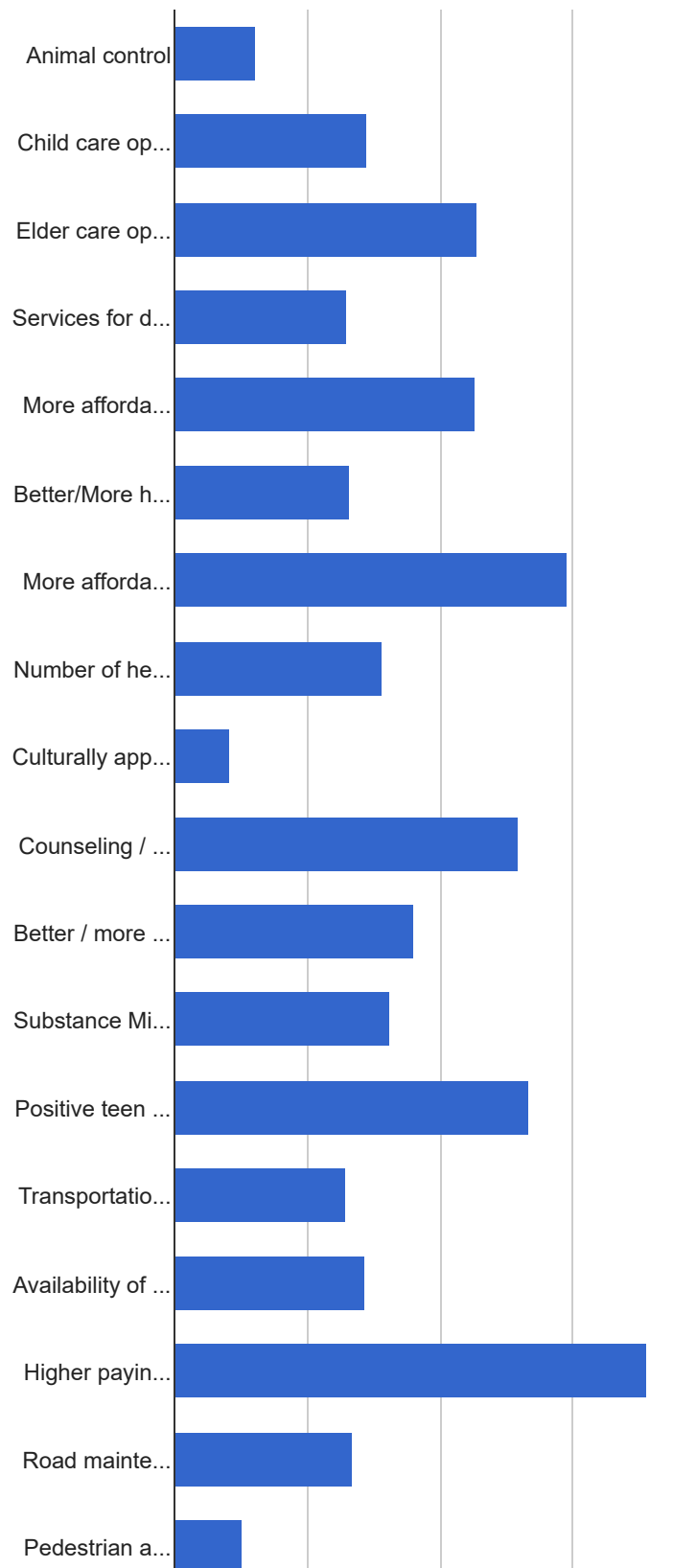
Total Count (N)	Missing*
17	380 (95.7%)

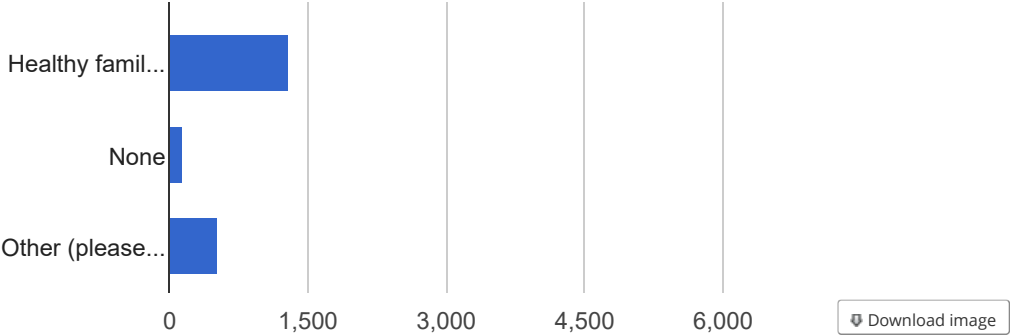
Please select what you feel are the top 3 services that need the most improvement in your community. (improvements)

Total Count (N)	Missing*	Unique

394	3 (0.8%)	21
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Counts/frequency: Animal control (16, 4.1%), Child care options (42, 10.7%), Elder care options (78, 19.8%), Services for disabled people (52, 13.2%), More affordable health services (81, 20.6%), Better/More healthy food choices (43, 10.9%), More affordable / better housing (84, 21.3%), Number of healthcare providers (47, 11.9%), Culturally appropriate health services (12, 3.0%), Counseling / mental and behavioral health / support groups (103, 26.1%), Better / more recreational facilities (parks, trails, community centers) (94, 23.9%), Substance Misuse Services/ Recovery Support (65, 16.5%), Positive teen activities (101, 25.6%), Transportation options (60, 15.2%), Availability of employment (54, 13.7%), Higher paying employment (154, 39.1%), Road maintenance (25, 6.3%), Pedestrian and cyclist road safety (5, 1.3%), Healthy family activities (19, 4.8%), None (4, 1.0%), Other (please specify) (17, 4.3%)





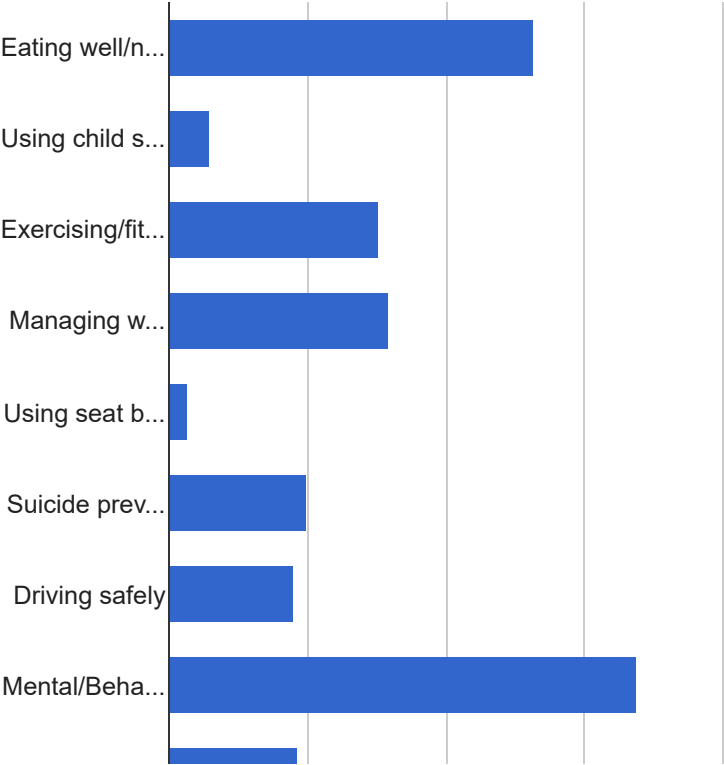
Other (improvement_other)

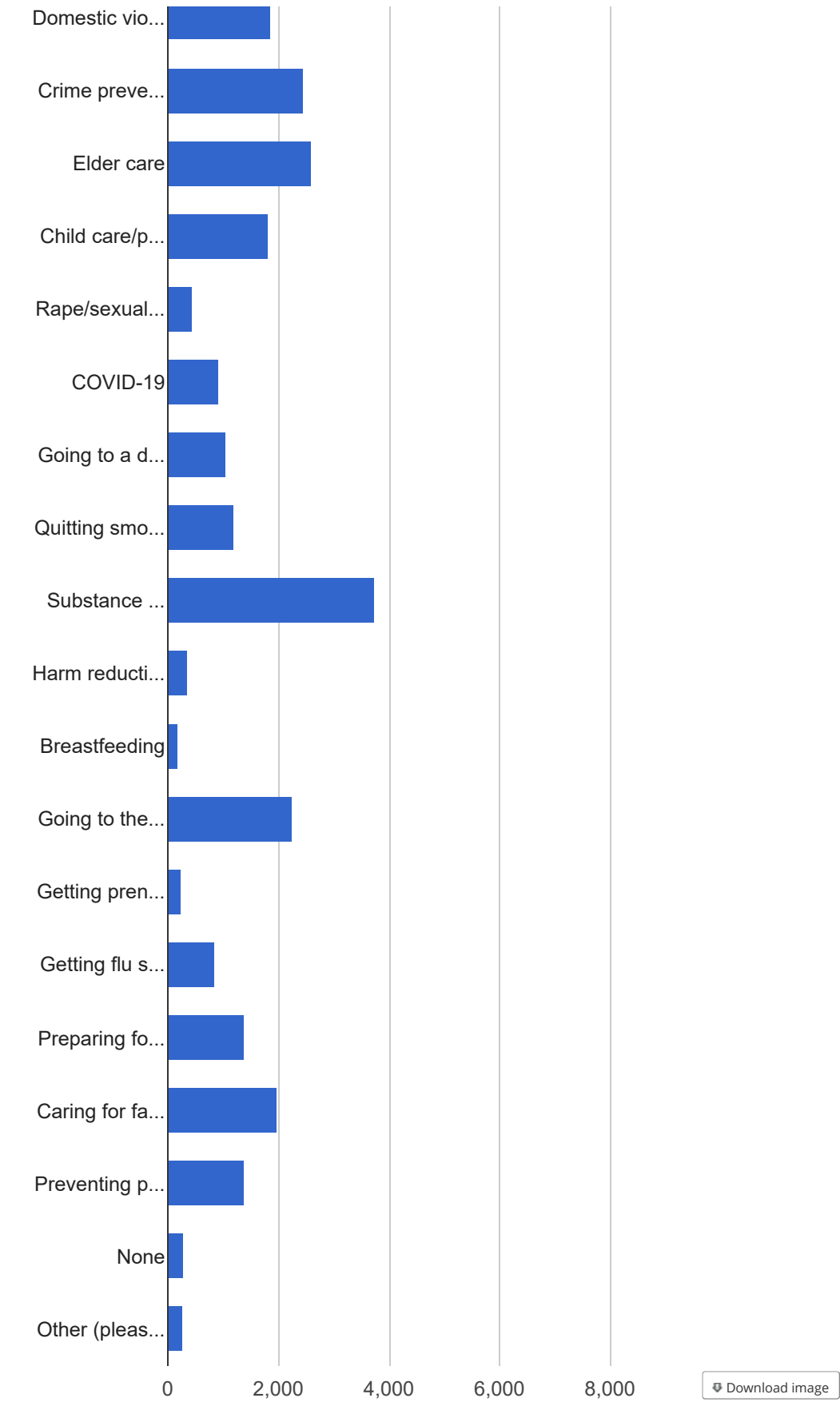
Total Count (N)	Missing*
17	380 (95.7%)

Please select the top 3 health behaviors that you feel people in your community need more information about. (health_behavin)

Total Count (N)	Missing*	Unique
396	1 (0.3%)	27

Counts/frequency: Eating well/nutrition (140, 35.4%), Using child safety car seats (13, 3.3%), Exercising/fitness (77, 19.4%), Managing weight (66, 16.7%), Using seat belts (7, 1.8%), Suicide prevention (43, 10.9%), Driving safely (20, 5.1%), Mental/Behavioral Health (164, 41.4%), Domestic violence prevention (51, 12.9%), Crime prevention (78, 19.7%), Elder care (51, 12.9%), Child care/parenting (44, 11.1%), Rape/sexual abuse prevention (8, 2.0%), COVID-19 (13, 3.3%), Going to a dentist for check-ups/preventive care (17, 4.3%), Quitting smoking/tobacco use prevention (27, 6.8%), Substance misuse prevention (102, 25.8%), Harm reduction (6, 1.5%), Breastfeeding (2, 0.5%), Going to the doctor for yearly check-ups and screenings (55, 13.9%), Getting prenatal care during pregnancy (5, 1.3%), Getting flu shots and other vaccines (25, 6.3%), Preparing for an emergency/disaster (17, 4.3%), Caring for family members with special needs / disabilities (56, 14.1%), Preventing pregnancy and sexually transmitted diseases (safe sex) (51, 12.9%), None (8, 2.0%), Other (please specify) (11, 2.8%)





Other (heath_behavin_other)

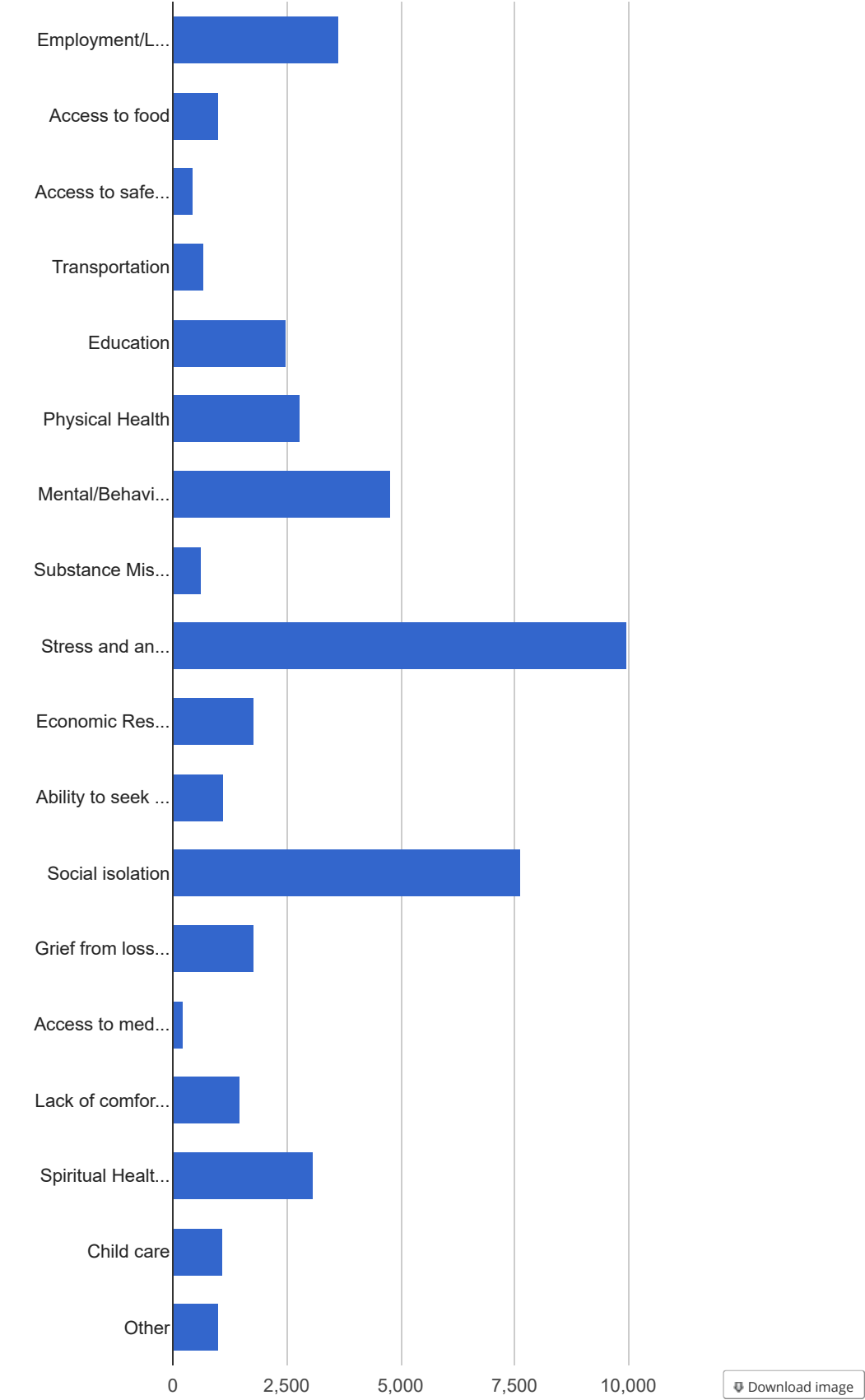
Total Count (N)	Missing*
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11	386 (97.2%)
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Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? *(covid)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	18

Counts/frequency: Employment/Loss of Job (82, 20.7%), Access to food (19, 4.8%), Access to safe housing (4, 1.0%), Transportation (13, 3.3%), Education (68, 17.2%), Physical Health (72, 18.2%), Mental/Behavioral Health (99, 25.0%), Substance Misuse (7, 1.8%), Stress and anxiety (233, 58.8%), Economic Resources (49, 12.4%), Ability to seek medical care (37, 9.3%), Social isolation (198, 50.0%), Grief from loss of loved one (61, 15.4%), Access to medication (4, 1.0%), Lack of comfort in seeking medical care (50, 12.6%), Spiritual Health/Well-being (85, 21.5%), Child care (24, 6.1%), Other (21, 5.3%)



Other (other_covid)

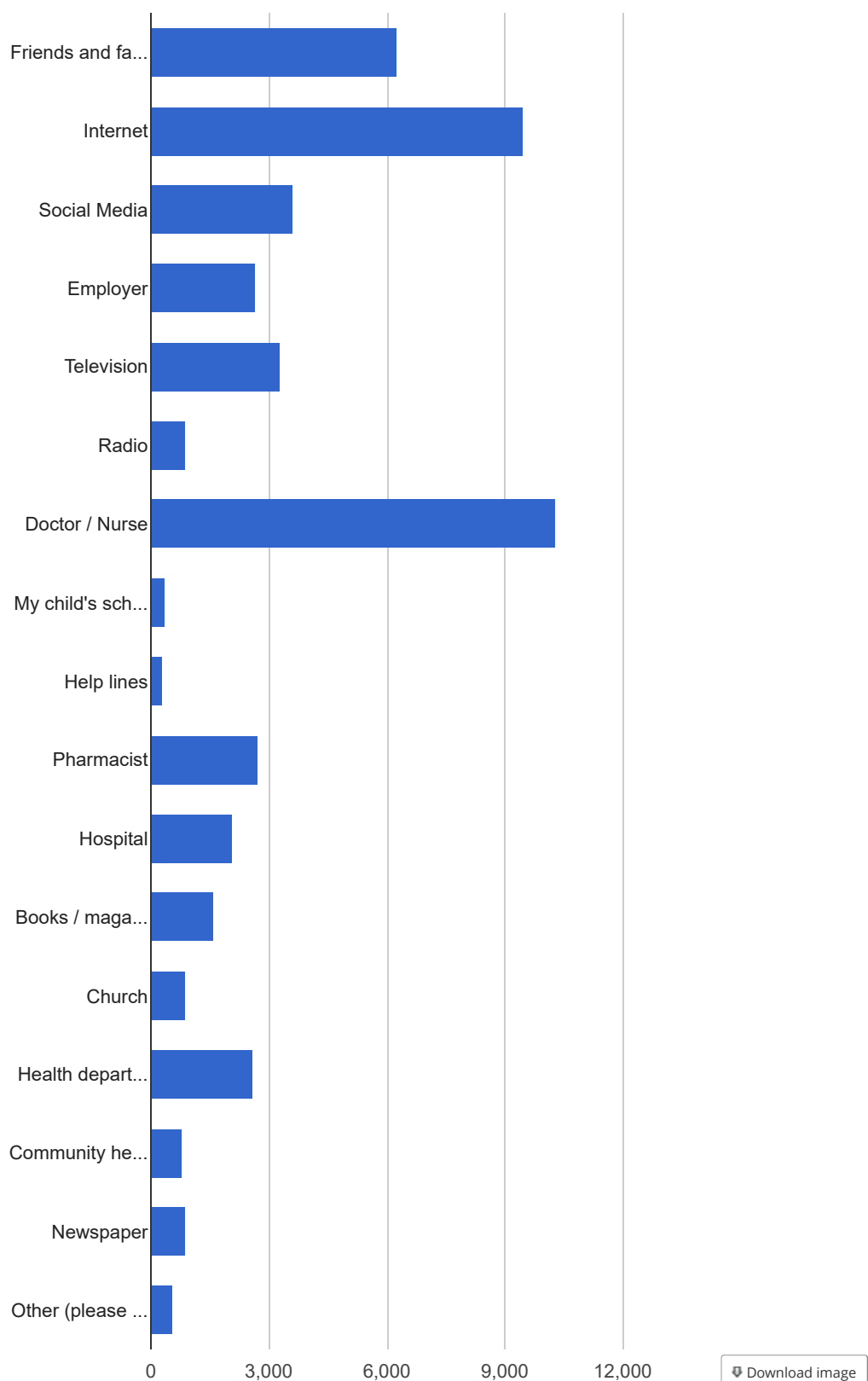
Total Count (N)	Missing*
13	384 (96.7%)

Where do you get most of your health-related information? (Please check all that apply)

(health_info)

Total Count (N)	Missing*	Unique
396	1 (0.3%)	17

Counts/frequency: Friends and family (153, 38.6%), Internet (215, 54.3%), Social Media (92, 23.2%), Employer (66, 16.7%), Television (106, 26.8%), Radio (24, 6.1%), Doctor / Nurse (265, 66.9%), My child's school (9, 2.3%), Help lines (4, 1.0%), Pharmacist (89, 22.5%), Hospital (29, 7.3%), Books / magazines (39, 9.8%), Church (20, 5.1%), Health department (85, 21.5%), Community health worker (21, 5.3%), Newspaper (24, 6.1%), Other (please specify) (8, 2.0%)



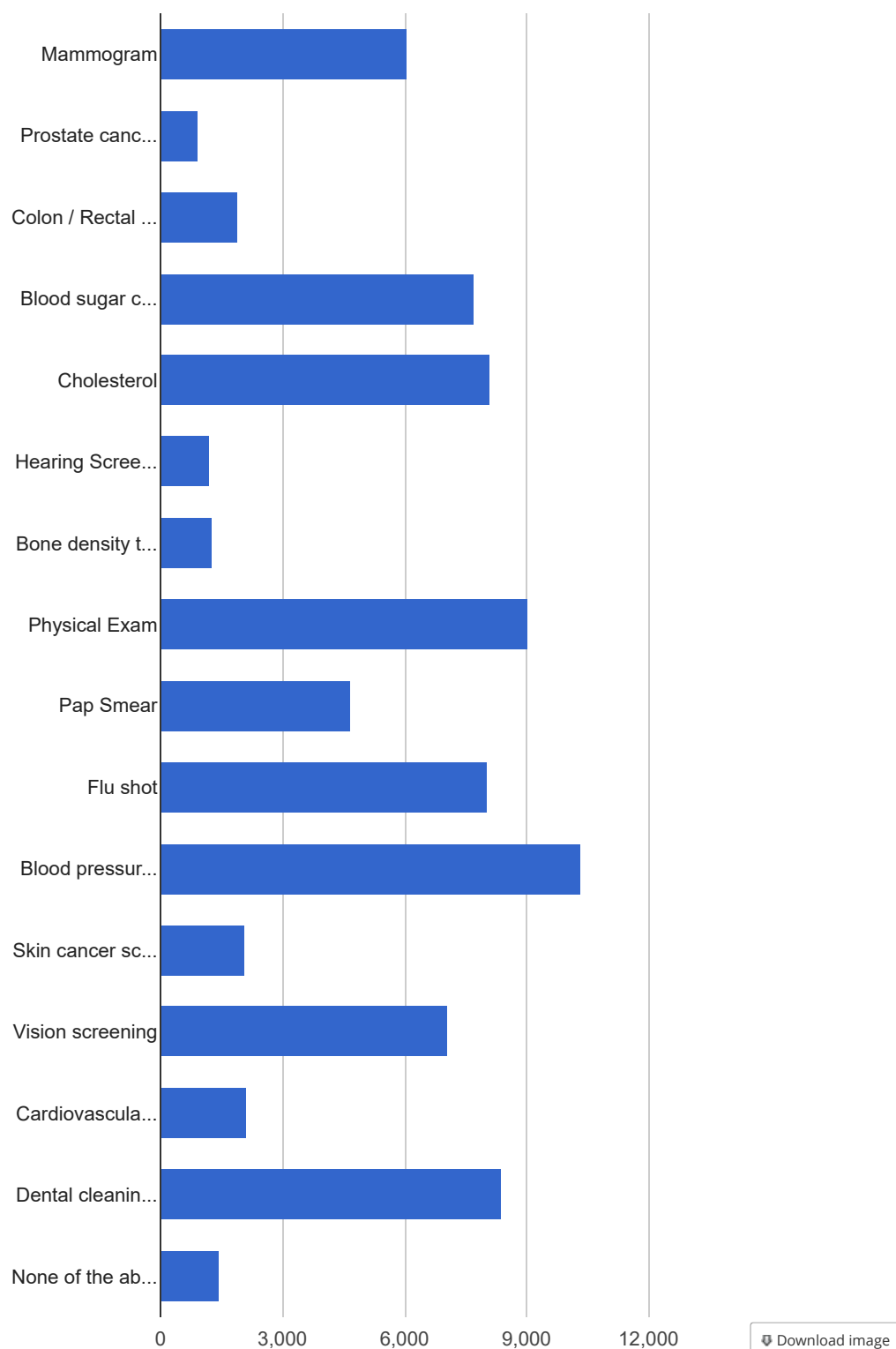
Other (*health_info_other*)

Total Count (N)	Missing*
6	391 (98.5%)

Which of the following preventative services have you had in the past 12 months? (Check all that apply) *(prevent_services)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	16

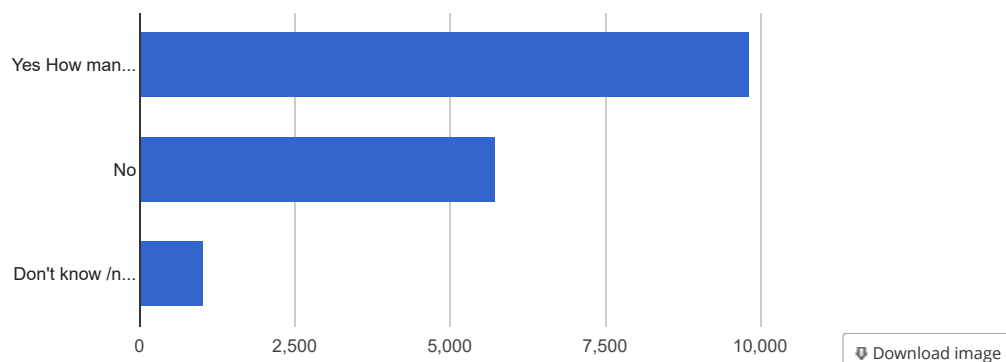
Counts/frequency: Mammogram (173, 43.7%), Prostate cancer screening (26, 6.6%), Colon / Rectal exam (53, 13.4%), Blood sugar check (205, 51.8%), Cholesterol (202, 51.0%), Hearing Screening (26, 6.6%), Bone density test (23, 5.8%), Physical Exam (207, 52.3%), Pap Smear (109, 27.5%), Flu shot (194, 49.0%), Blood pressure check (262, 66.2%), Skin cancer screening (35, 8.8%), Vision screening (177, 44.7%), Cardiovascular screening (52, 13.1%), Dental cleaning / x-rays (189, 47.7%), None of the above (22, 5.6%)



During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	3

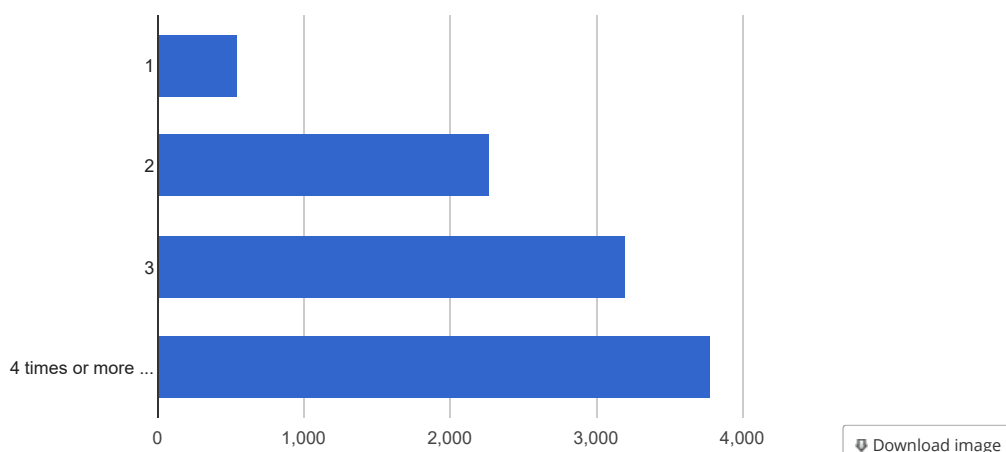
Counts/frequency: Yes How many times per week? (220, 55.6%), No (154, 38.9%), Don't know /not sure (22, 5.6%)



How many times per week? *(exercisetimesweek)*

Total Count (N)	Missing*	Unique
217	180 (45.3%)	4

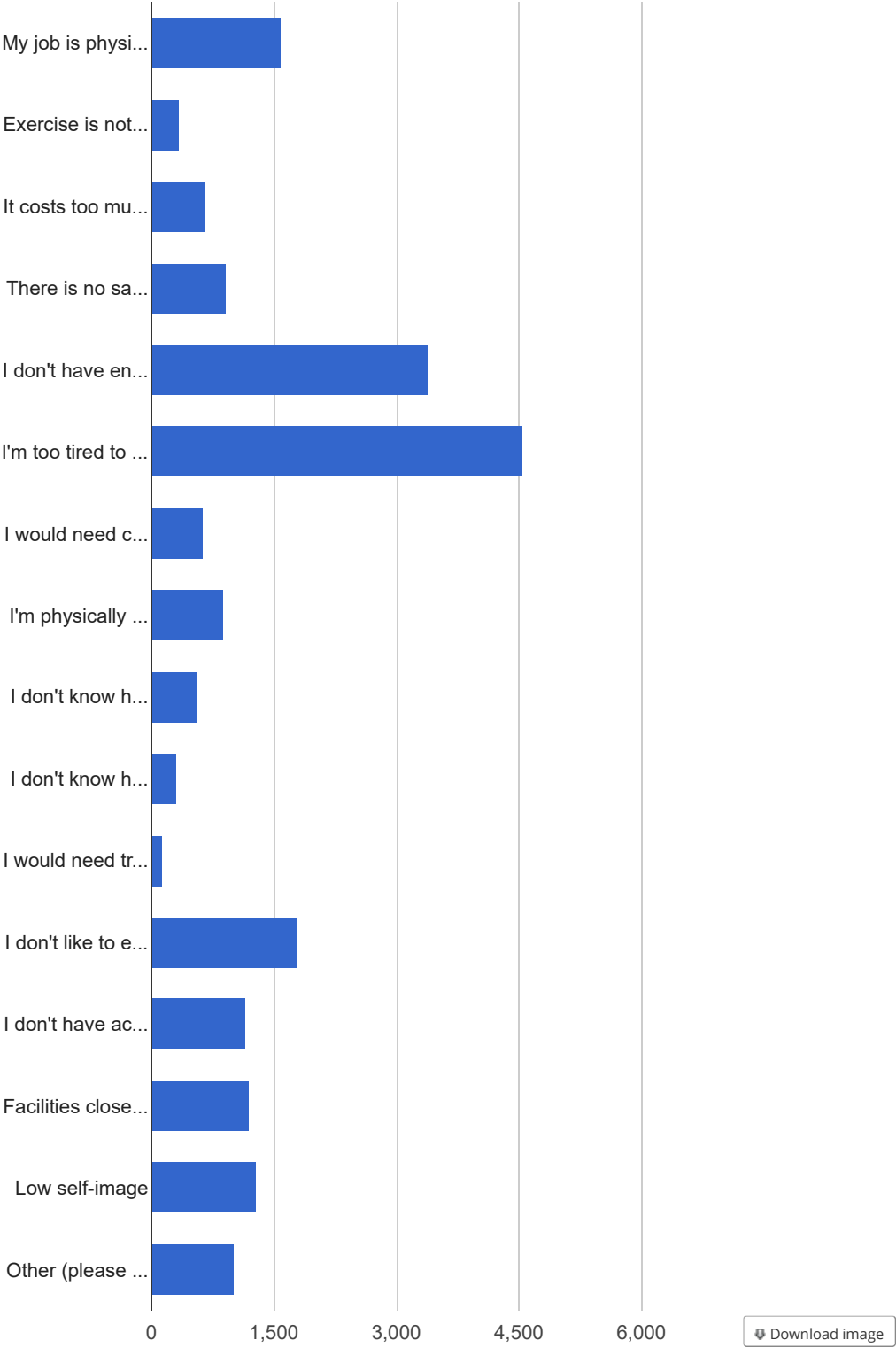
Counts/frequency: 1 (17, 7.8%), 2 (55, 25.3%), 3 (68, 31.3%), 4 times or more per week (77, 35.5%)



If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply) *(notexercise)*

Total Count (N)	Missing*	Unique
269	128 (32.2%)	16

Counts/frequency: My job is physical or hard labor. (30, 11.2%), Exercise is not important to me. (4, 1.5%), It costs too much to exercise. (11, 4.1%), There is no safe place to exercise. (19, 7.1%), I don't have enough time to exercise. (78, 29.0%), I'm too tired to exercise. (112, 41.6%), I would need child care and I don't have it. (9, 3.3%), I'm physically disabled. (29, 10.8%), I don't know how to find exercise partners. (15, 5.6%), I don't know how to safely (6, 2.2%), I would need transportation and I don't have it. (4, 1.5%), I don't like to exercise. (40, 14.9%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (34, 12.6%), Facilities closed due to COVID 19 (38, 14.1%), Low self-image (30, 11.2%), Other (please specify) (29, 10.8%)



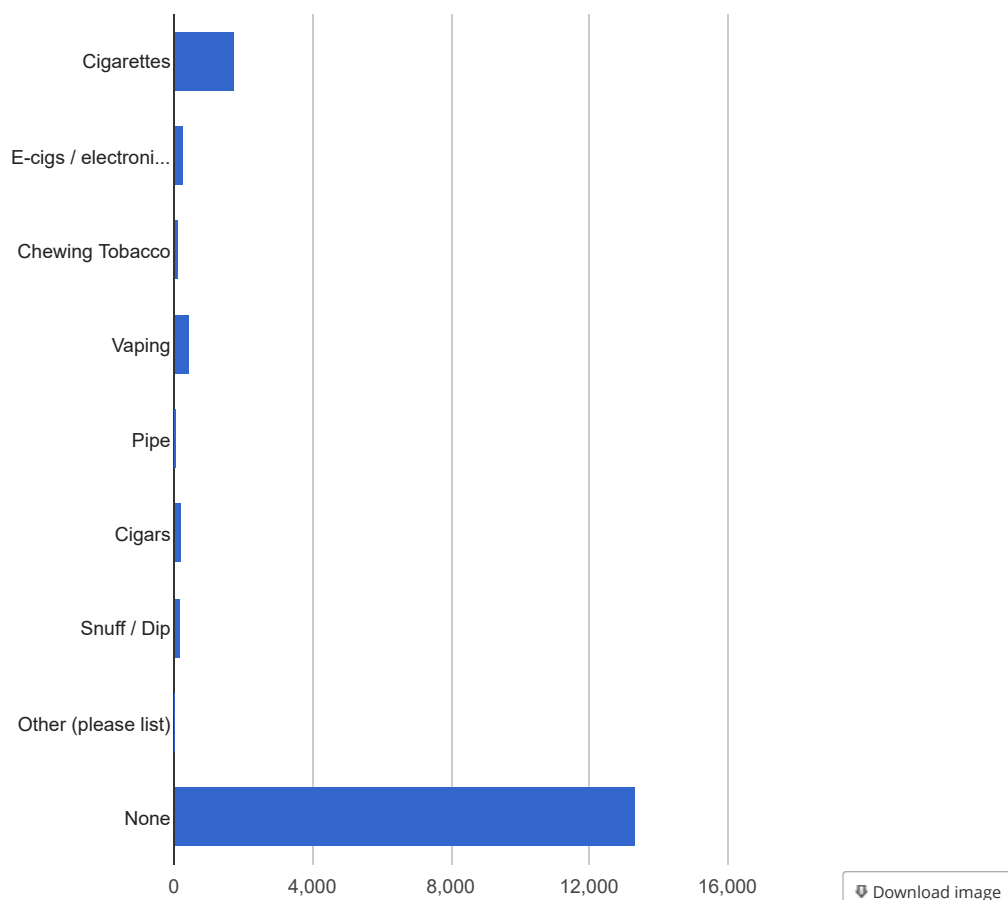
Other (*exercise_other*)

Total Count (N)	Missing*
27	370 (93.2%)

Please select any tobacco product you currently use, (*please_select_any_tobacco*)

Total Count (N)	Missing*	Unique
391	6 (1.5%)	9

Counts/frequency: Cigarettes (39, 10.0%), E-cigs / electronic cigarettes (5, 1.3%), Chewing Tobacco (3, 0.8%), Vaping (3, 0.8%), Pipe (1, 0.3%), Cigars (7, 1.8%), Snuff / Dip (3, 0.8%), Other (please list) (1, 0.3%), None (337, 86.2%)



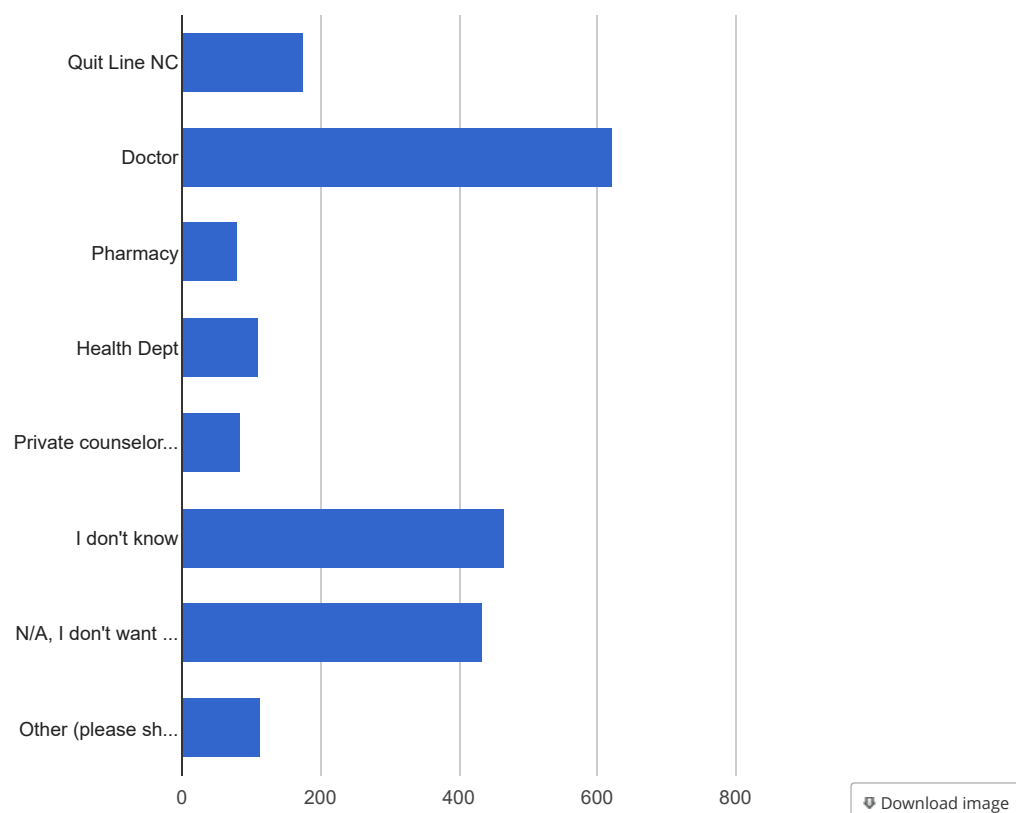
Other (please list) *(other_please_list)*

Total Count (N)	Missing*
0	397 (100.0%)

Where would you go for help if you wanted to quit? *(quit)*

Total Count (N)	Missing*	Unique
50	347 (87.4%)	7

Counts/frequency: Quit Line NC (3, 6.0%), Doctor (17, 34.0%), Pharmacy (2, 4.0%), Health Dept (0, 0.0%), Private counselor / therapist (1, 2.0%), I don't know (8, 16.0%), N/A, I don't want to quit (18, 36.0%), Other (please share more) (1, 2.0%)



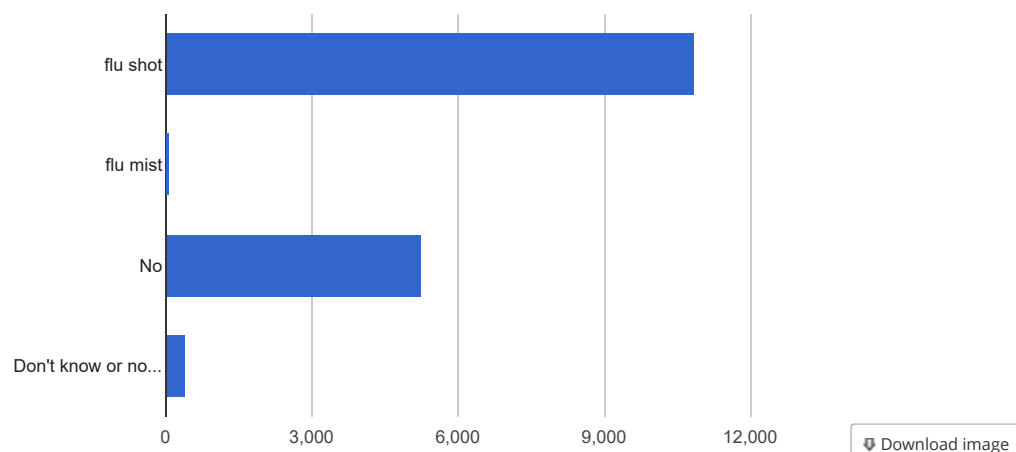
Other: (*quit_other*)

Total Count (N)	Missing*
0	397 (100.0%)

An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal flu vaccine? (Choose only one) (*flu*)

Total Count (N)	Missing*	Unique
396	1 (0.3%)	4

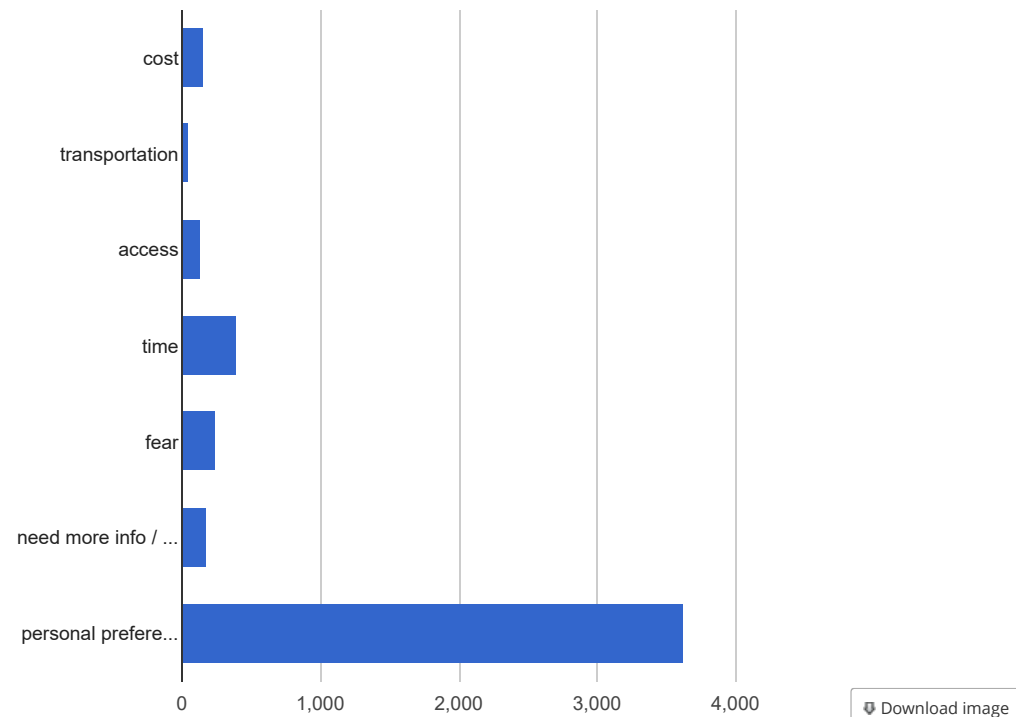
Counts/frequency: **flu shot** (272, 68.7%), **flu mist** (2, 0.5%), **No** (116, 29.3%), **Don't know or not sure** (6, 1.5%)



If you did not get your flu vaccine, why not? Please check any barriers. *(flu_barriers)*

Total Count (N)	Missing*	Unique
112	285 (71.8%)	7

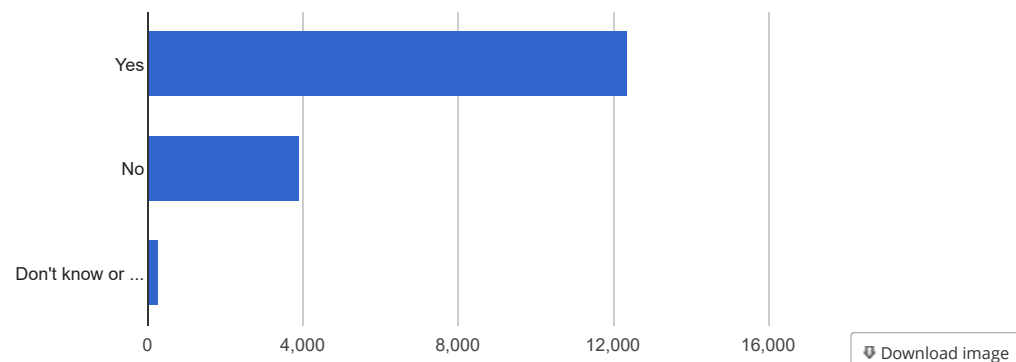
Counts/frequency: *cost* (1, 0.9%), *transportation* (2, 1.8%), *access* (3, 2.7%), *time* (7, 6.3%), *fear* (6, 5.4%), *need more info / have questions* (3, 2.7%), *personal preference* (90, 80.4%)



Have you had a COVID-19 vaccine? *(covidshot)*

Total Count (N)	Missing*	Unique
396	1 (0.3%)	3

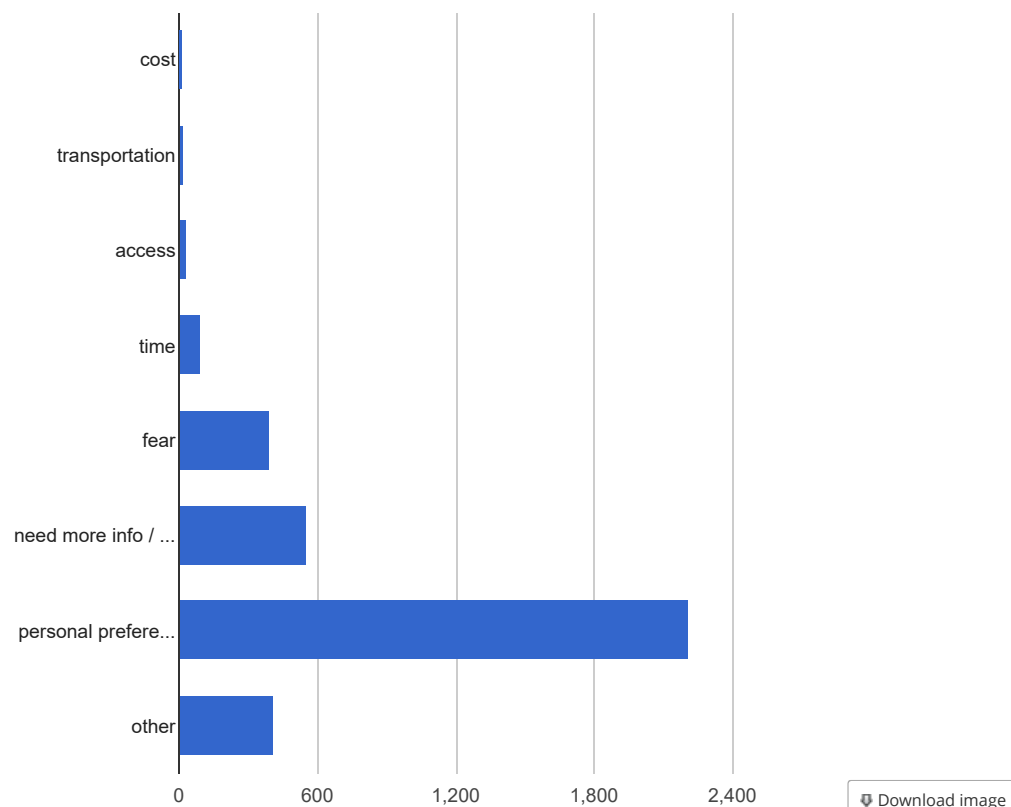
Counts/frequency: *Yes* (296, 74.7%), *No* (95, 24.0%), *Don't know or not sure* (5, 1.3%)



If you did not get your COVID-19 vaccine, why not? Please check any barriers. *(covidyesskip)*

Total Count (N)	Missing*	Unique
89	308 (77.6%)	7

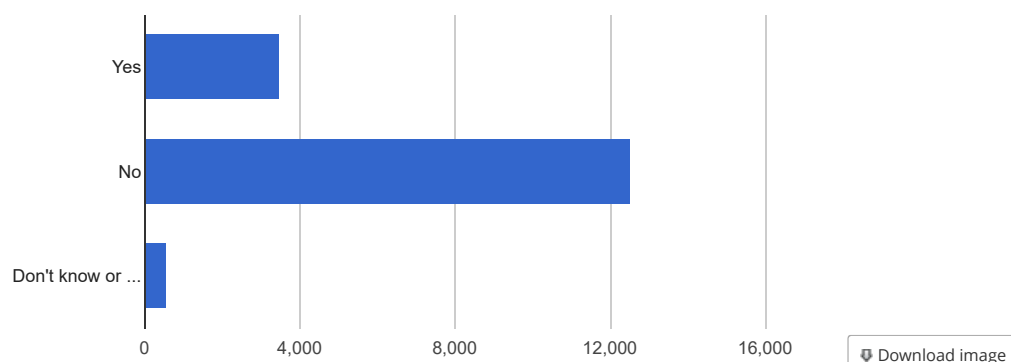
Counts/frequency: cost (0, 0.0%), transportation (1, 1.1%), access (3, 3.4%), time (2, 2.2%), fear (12, 13.5%), need more info / have questions (14, 15.7%), personal preference (46, 51.7%), other (11, 12.4%)


[Download image](#)

In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Please choose only one) *(healthcarehelp)*

Total Count (N)	Missing*	Unique
395	2 (0.5%)	3

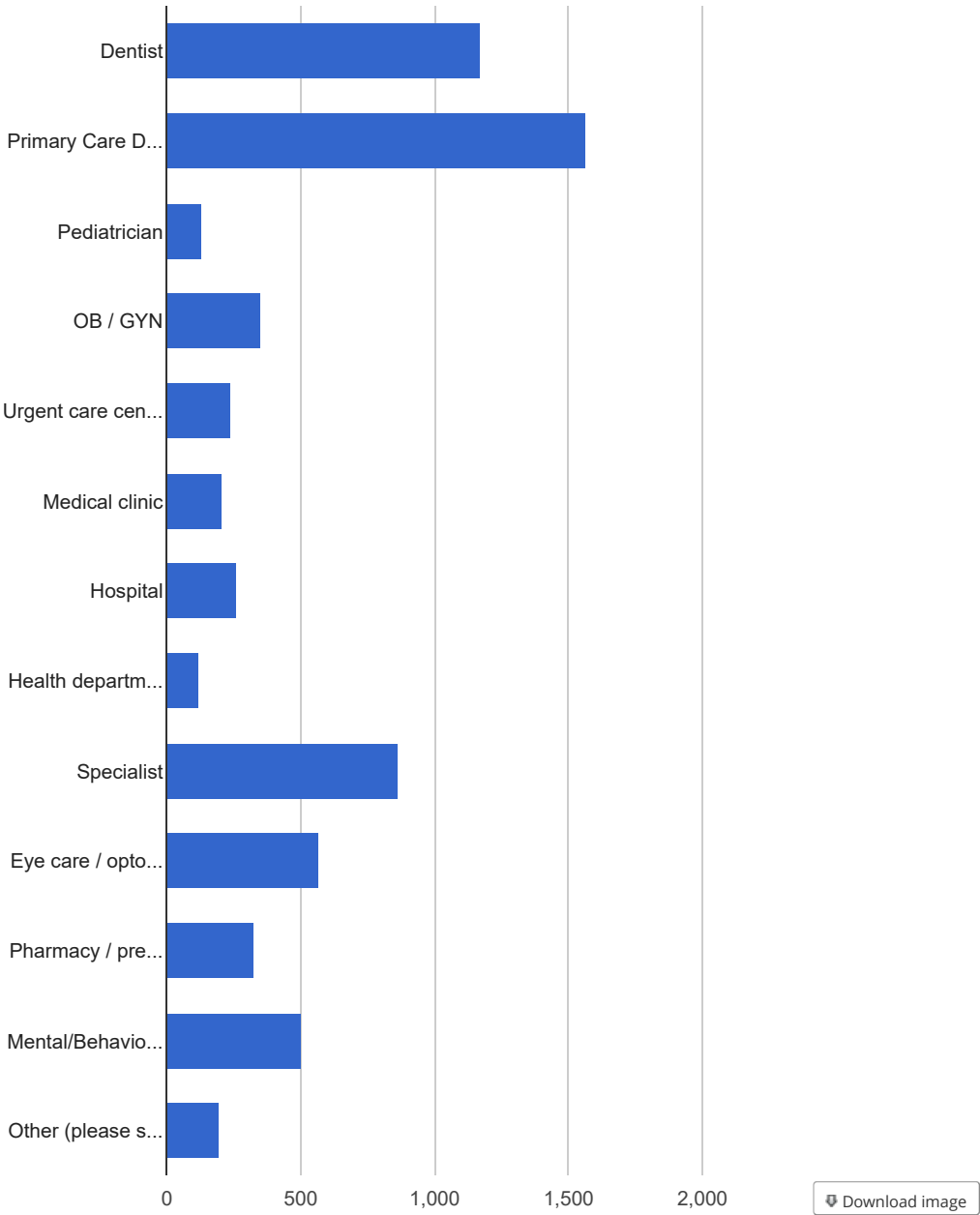
Counts/frequency: Yes (79, 20.0%), No (308, 78.0%), Don't know or not sure (8, 2.0%)


[Download image](#)

If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) *(healthcareproviderhelp)*

Total Count (N)	Missing*	Unique
78	319 (80.4%)	13

Counts/frequency: Dentist (23, 29.5%), Primary Care Doctor (44, 56.4%), Pediatrician (6, 7.7%), OB / GYN (4, 5.1%), Urgent care center (1, 1.3%), Medical clinic (8, 10.3%), Hospital (8, 10.3%), Health department (1, 1.3%), Specialist (19, 24.4%), Eye care / optometrist / ophthalmologist (11, 14.1%), Pharmacy / prescriptions (5, 6.4%), Mental/Behavioral Health Providers (6, 7.7%), Other (please share more) (1, 1.3%)



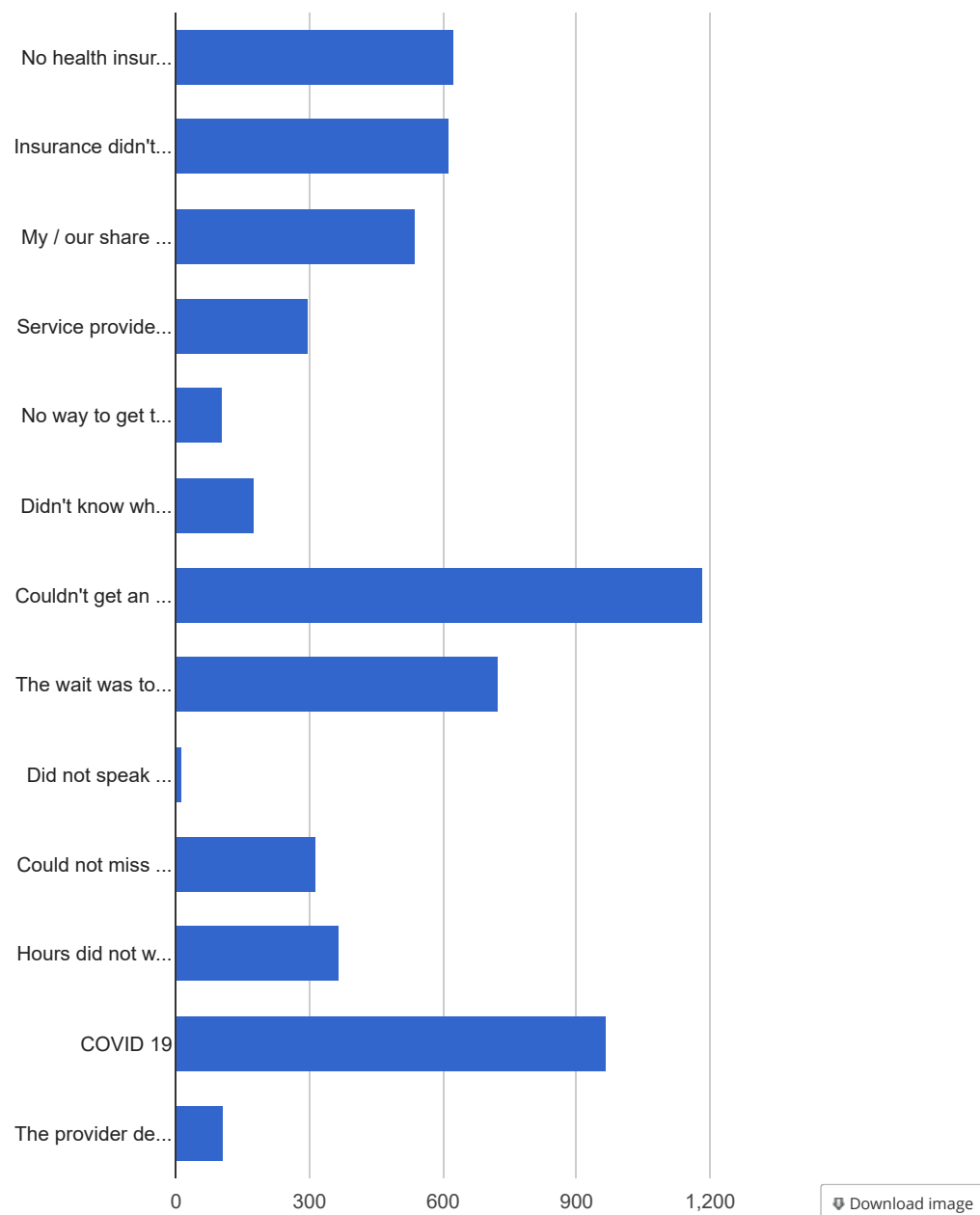
Other (healthcareprovider_other)

Total Count (N)	Missing*
0	397 (100.0%)

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply) (healthcarewhichproblems)

Total Count (N)	Missing*	Unique
76	321 (80.9%)	13

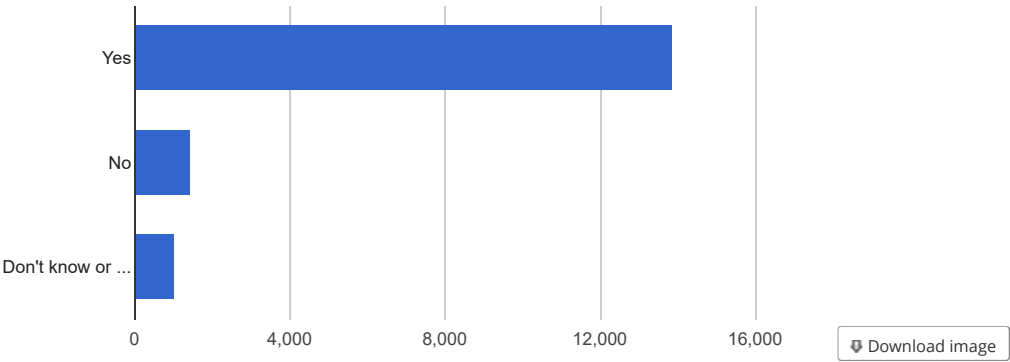
Counts/frequency: No health insurance (6, 7.9%), Insurance didn't cover what I / we needed. (13, 17.1%), My / our share of the cost (deductible / co-pay) was too high. (16, 21.1%), Service provider would not take my / our insurance or Medicaid. (6, 7.9%), No way to get there. (5, 6.6%), Didn't know where to go (6, 7.9%), Couldn't get an appointment (33, 43.4%), The wait was too long (19, 25.0%), Did not speak my language (1, 1.3%), Could not miss work to go (4, 5.3%), Hours did not work with my availability (6, 7.9%), COVID 19 (31, 40.8%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (2, 2.6%)



In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? (*naturaldisasteraccess*)

Total Count (N)	Missing*	Unique
394	3 (0.8%)	3

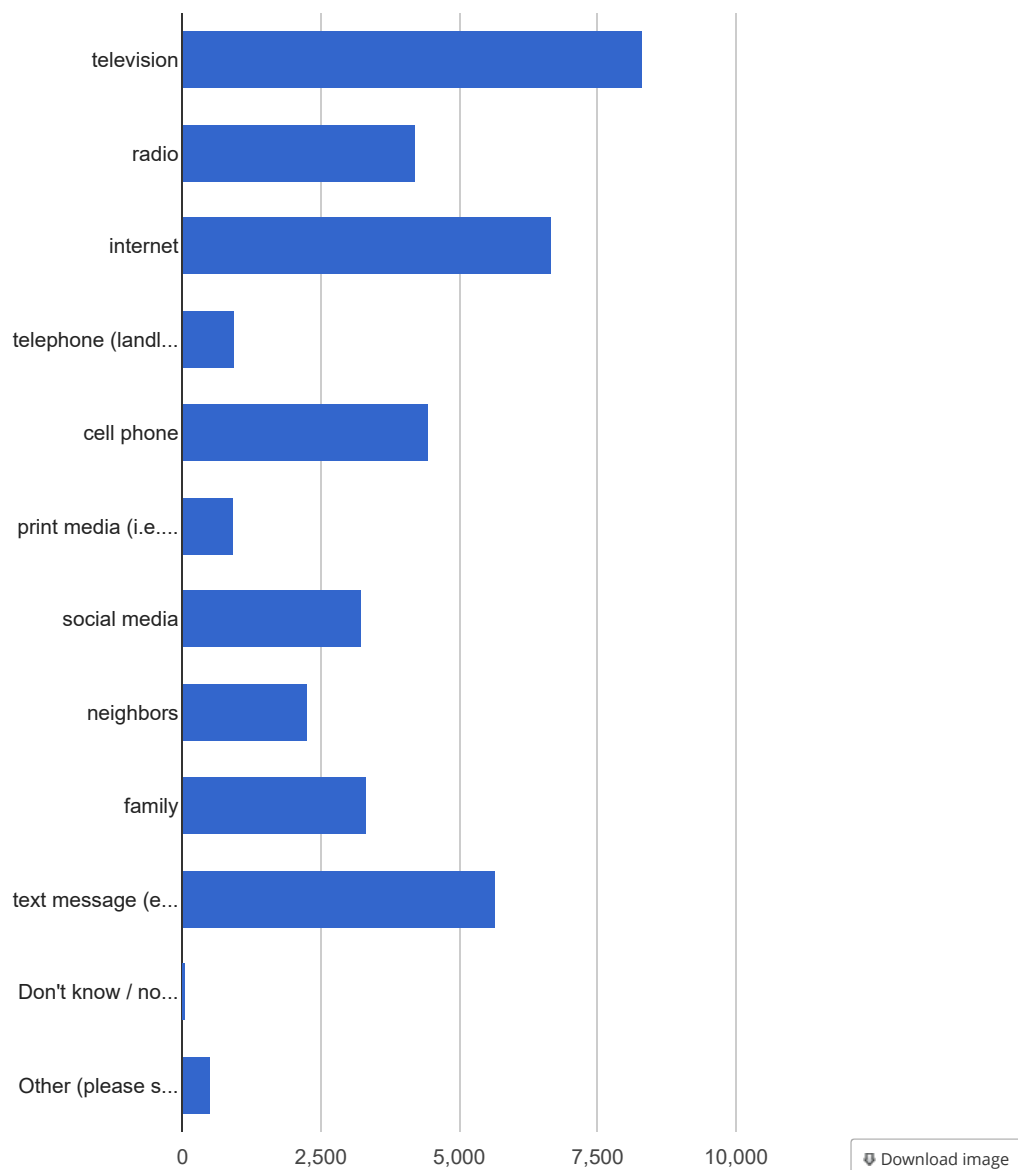
Counts/frequency: Yes (345, 87.6%), No (32, 8.1%), Don't know or not sure (17, 4.3%)



If so, where do you get your information to stay safe? (naturaldisasterinfo)

Total Count (N)	Missing*	Unique
342	55 (13.9%)	12

Counts/frequency: television (248, 72.5%), radio (139, 40.6%), internet (192, 56.1%), telephone (landline) (29, 8.5%), cell phone (142, 41.5%), print media (i.e.. newspaper) (34, 9.9%), social media (94, 27.5%), neighbors (63, 18.4%), family (117, 34.2%), text message (emergency alert system) (184, 53.8%), Don't know / not sure (1, 0.3%), Other (please specify) (18, 5.3%)



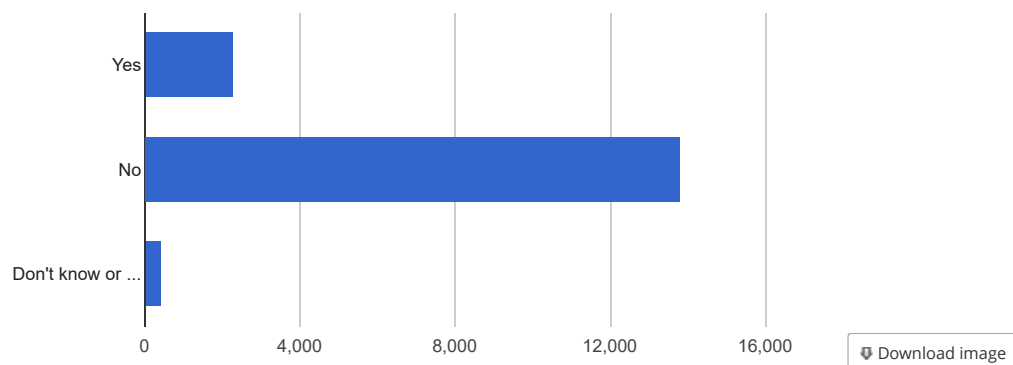
Other (natural_disaster_other)

Total Count (N)	Missing*
18	379 (95.5%)

In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one) (foodworried)

Total Count (N)	Missing*	Unique
396	1 (0.3%)	3

Counts/frequency: Yes (69, 17.4%), No (318, 80.3%), Don't know or not sure (9, 2.3%)



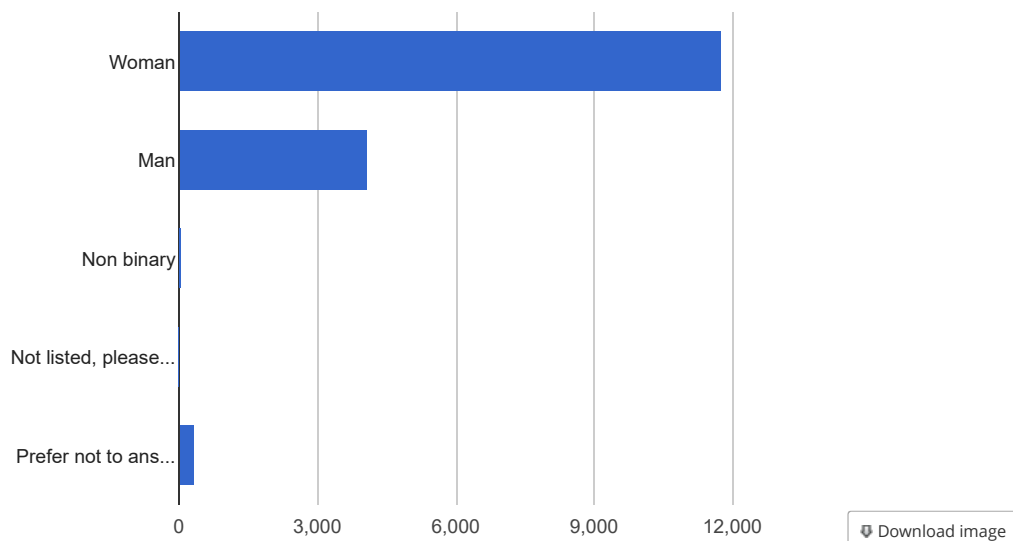
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
71	326 (82.1%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
393	4 (1.0%)	4

Counts/frequency: Woman (303, 77.1%), Man (75, 19.1%), Non binary (1, 0.3%), Not listed, please share more: _____ (0, 0.0%), Prefer not to answer (14, 3.6%)



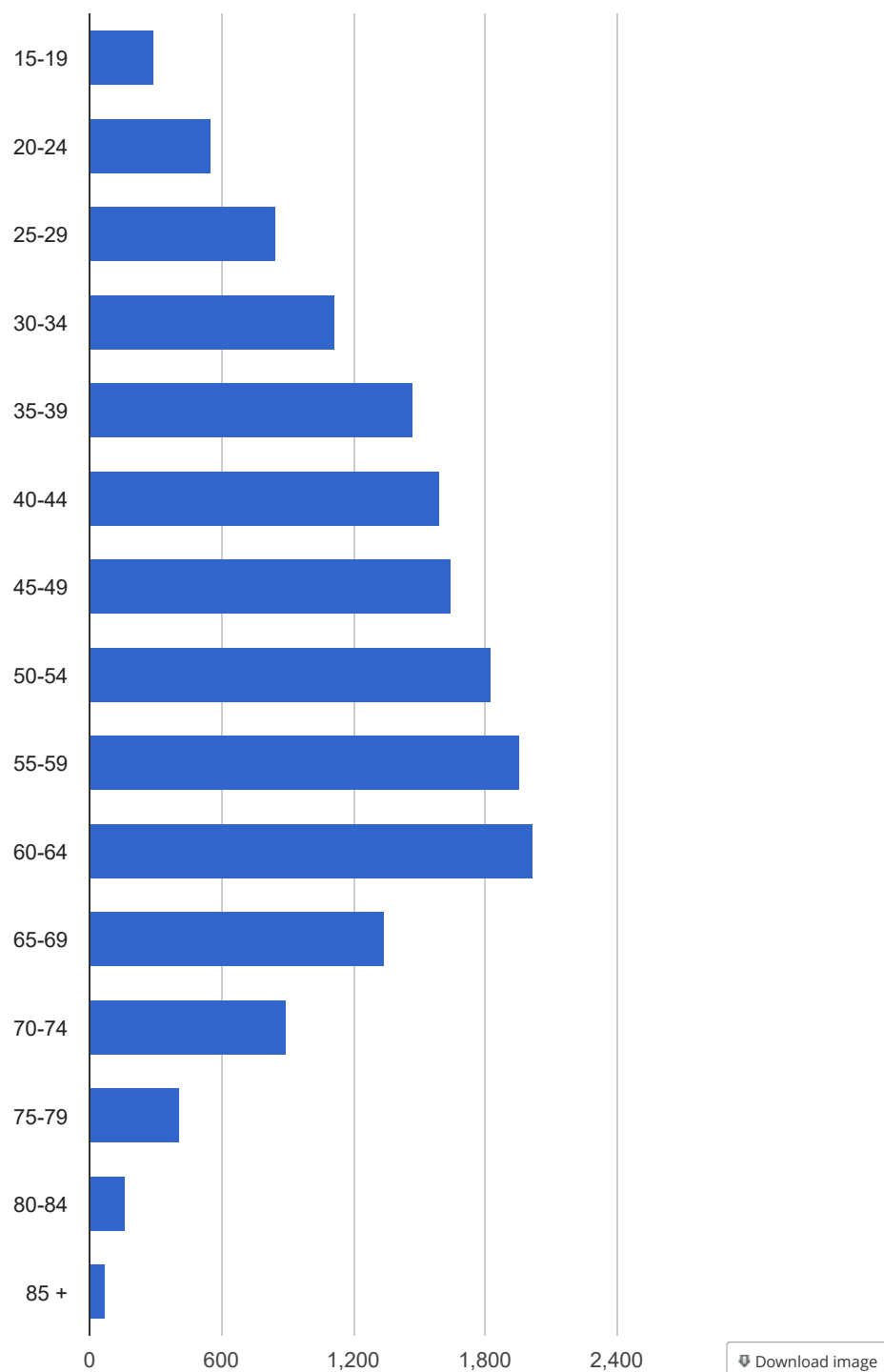
Please share more. *(gender_other)*

Total Count (N)	Missing*
0	397 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
391	6 (1.5%)	15

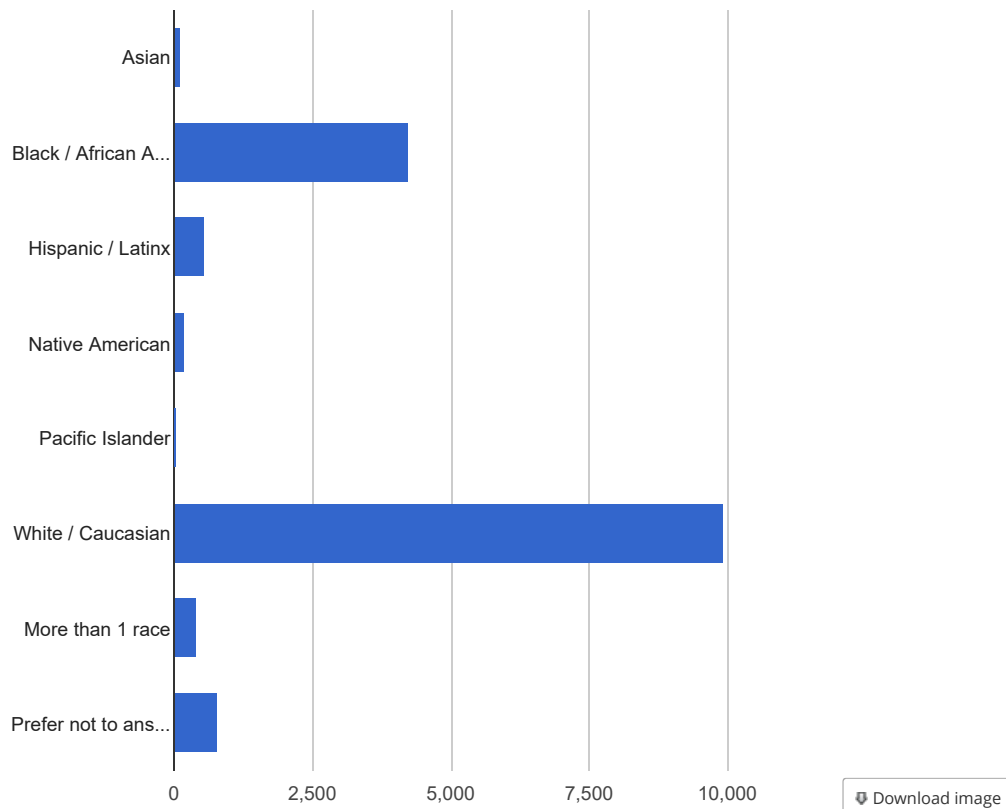
Counts/frequency: 15-19 (23, 5.9%), 20-24 (6, 1.5%), 25-29 (8, 2.0%), 30-34 (16, 4.1%), 35-39 (27, 6.9%), 40-44 (29, 7.4%), 45-49 (38, 9.7%), 50-54 (42, 10.7%), 55-59 (59, 15.1%), 60-64 (56, 14.3%), 65-69 (37, 9.5%), 70-74 (28, 7.2%), 75-79 (16, 4.1%), 80-84 (3, 0.8%), 85 + (3, 0.8%)



How do you describe your race/ethnicity? *(raceethnicity)*

Total Count (N)	Missing*	Unique
387	10 (2.5%)	7

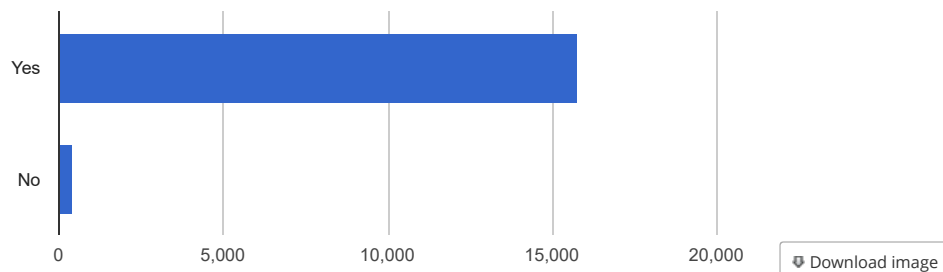
Counts/frequency: Asian (1, 0.3%), Black / African American (171, 44.2%), Hispanic / Latinx (2, 0.5%), Native American (10, 2.6%), Pacific Islander (0, 0.0%), White / Caucasian (162, 41.9%), More than 1 race (8, 2.1%), Prefer not to answer (33, 8.5%)



Is English the primary language spoken in your home? *(language)*

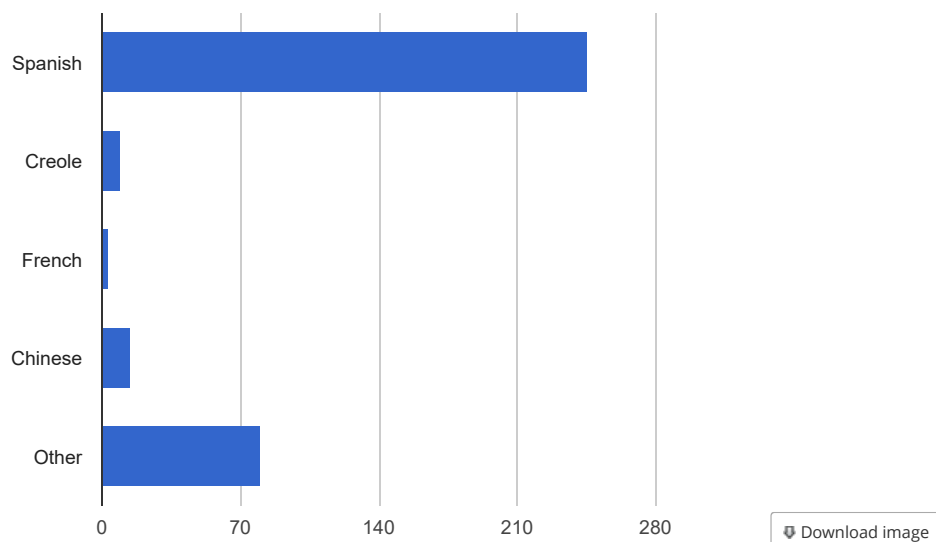
Total Count (N)	Missing*	Unique
394	3 (0.8%)	1

Counts/frequency: Yes (394, 100.0%), No (0, 0.0%)



If no, please share which primary language *(languageno)*

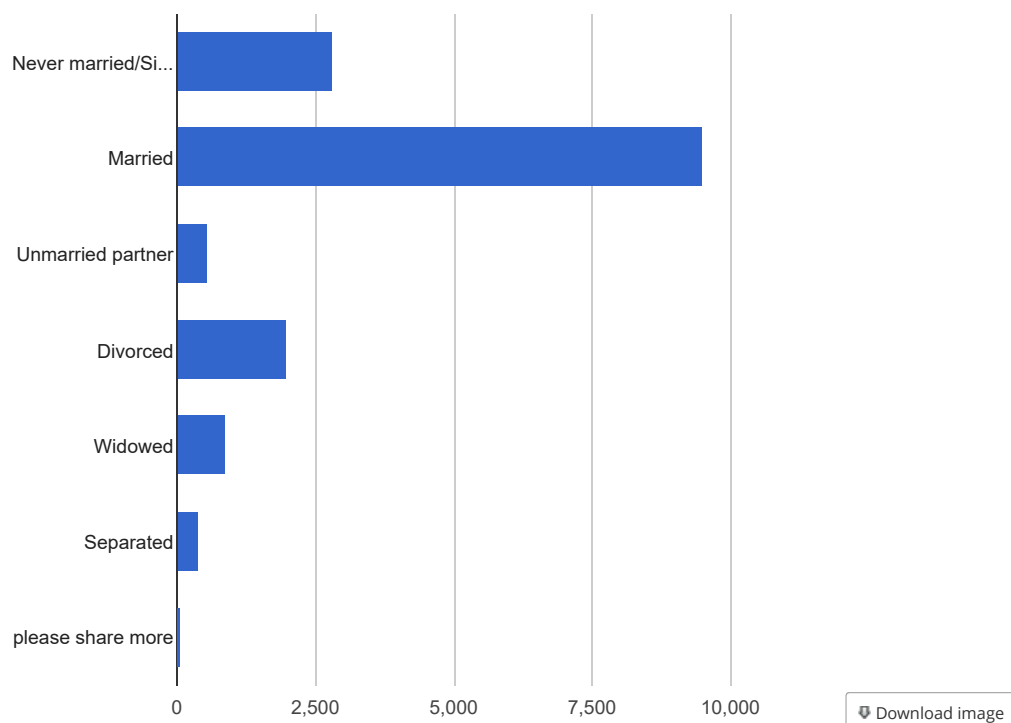
Total Count (N)	Missing*
0	397 (100.0%)



What is your marital status? *(marriagestatus)*

Total Count (N)	Missing*	Unique
391	6 (1.5%)	7

Counts/frequency: Never married/Single (79, 20.2%), Married (212, 54.2%), Unmarried partner (8, 2.0%), Divorced (58, 14.8%), Widowed (25, 6.4%), Separated (8, 2.0%), please share more (1, 0.3%)



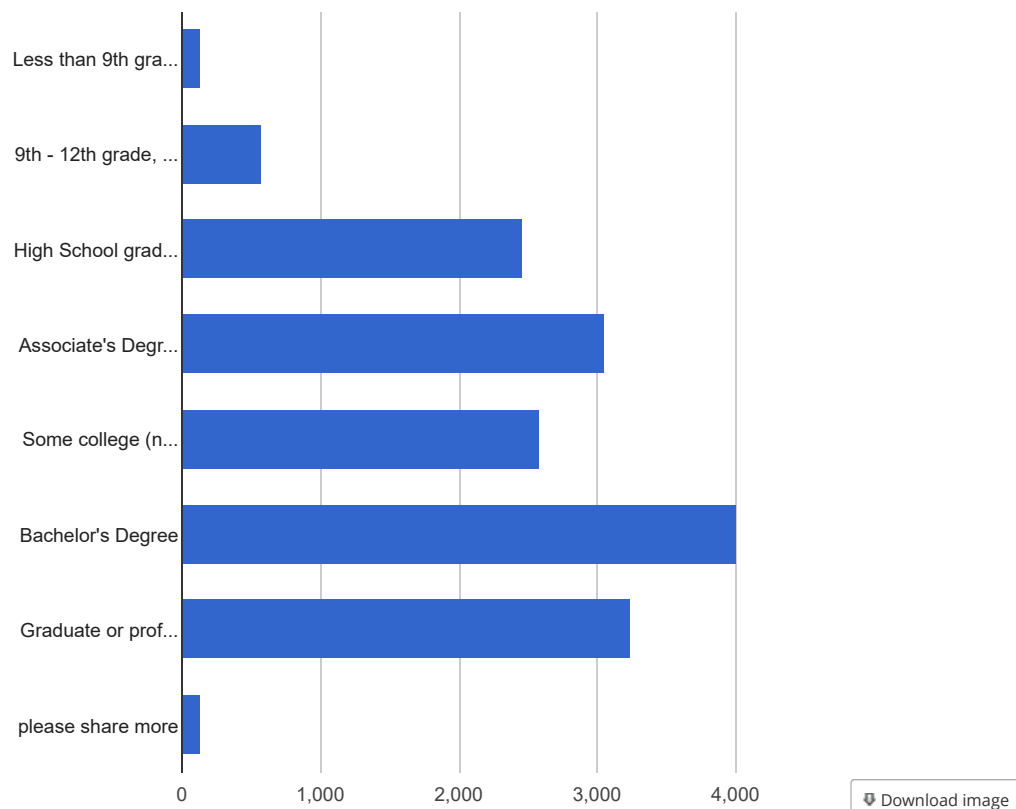
please share more. *(marital_other)*

Total Count (N)	Missing*
1	396 (99.7%)

What is the highest level of education you have completed? *(education)*

Total Count (N)	Missing*	Unique
393	4 (1.0%)	8

Counts/frequency: Less than 9th grade (6, 1.5%), 9th - 12th grade, no diploma (20, 5.1%), High School graduate (or GED/equivalent) (66, 16.8%), Associate's Degree or Vocational Training (85, 21.6%), Some college (no degree) (67, 17.0%), Bachelor's Degree (83, 21.1%), Graduate or professional degree (58, 14.8%), please share more (8, 2.0%)



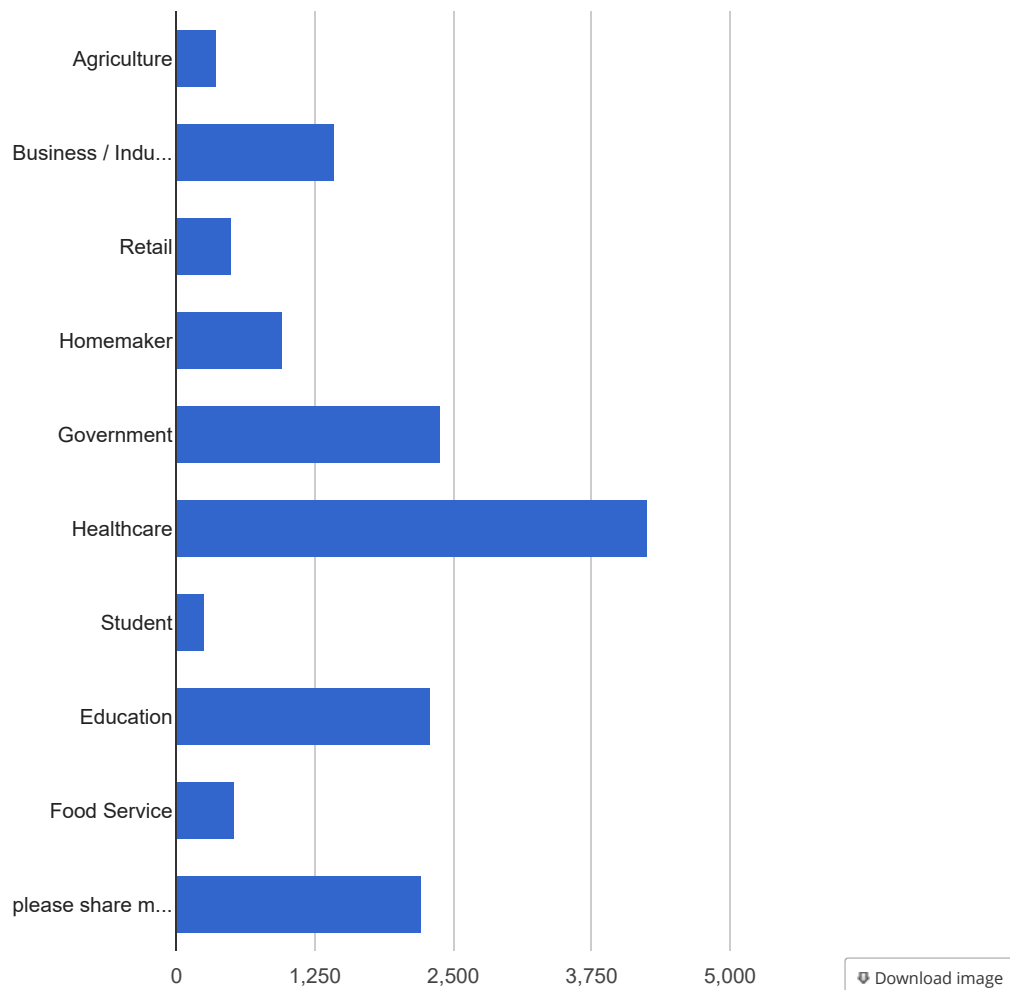
Please share more *(please_share_more)*

Total Count (N)	Missing*
8	389 (98.0%)

How is your current job best described? *(job)*

Total Count (N)	Missing*	Unique
355	42 (10.6%)	10

Counts/frequency: Agriculture (10, 2.8%), Business / Industry (16, 4.5%), Retail (8, 2.3%), Homemaker (27, 7.6%), Government (132, 37.2%), Healthcare (72, 20.3%), Student (13, 3.7%), Education (33, 9.3%), Food Service (7, 2.0%), please share more (37, 10.4%)



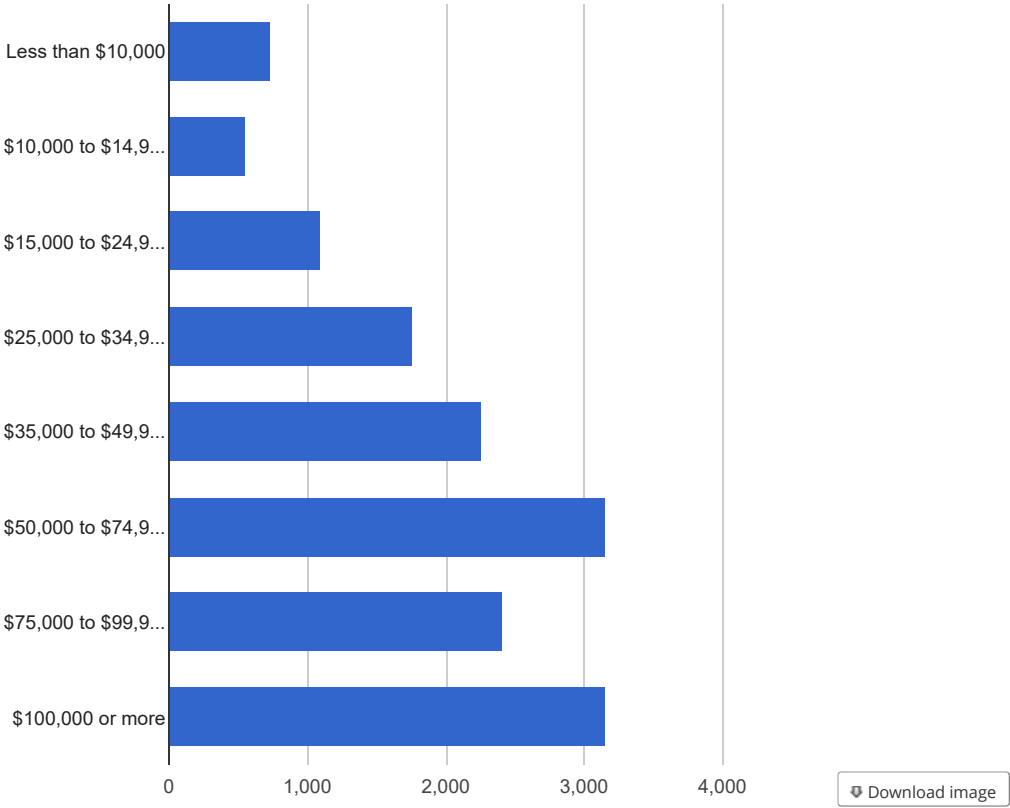
Please share more (job_other)

Total Count (N)	Missing*
33	364 (91.7%)

What is your total household income? (income)

Total Count (N)	Missing*	Unique
357	40 (10.1%)	8

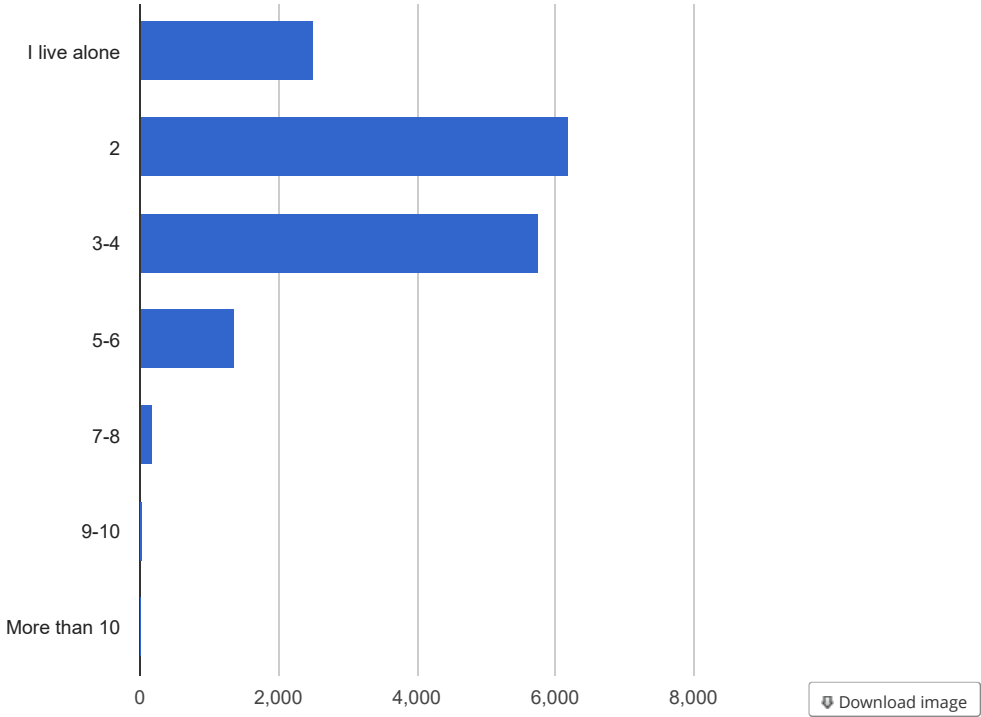
Counts/frequency: Less than \$10,000 (28, 7.8%), \$10,000 to \$14,999 (16, 4.5%), \$15,000 to \$24,999 (22, 6.2%), \$25,000 to \$34,999 (48, 13.4%), \$35,000 to \$49,999 (74, 20.7%), \$50,000 to \$74,999 (73, 20.4%), \$75,000 to \$99,999 (49, 13.7%), \$100,000 or more (47, 13.2%)



How many people live in your household? *(householdnumber)*

Total Count (N)	Missing*	Unique
386	11 (2.8%)	6

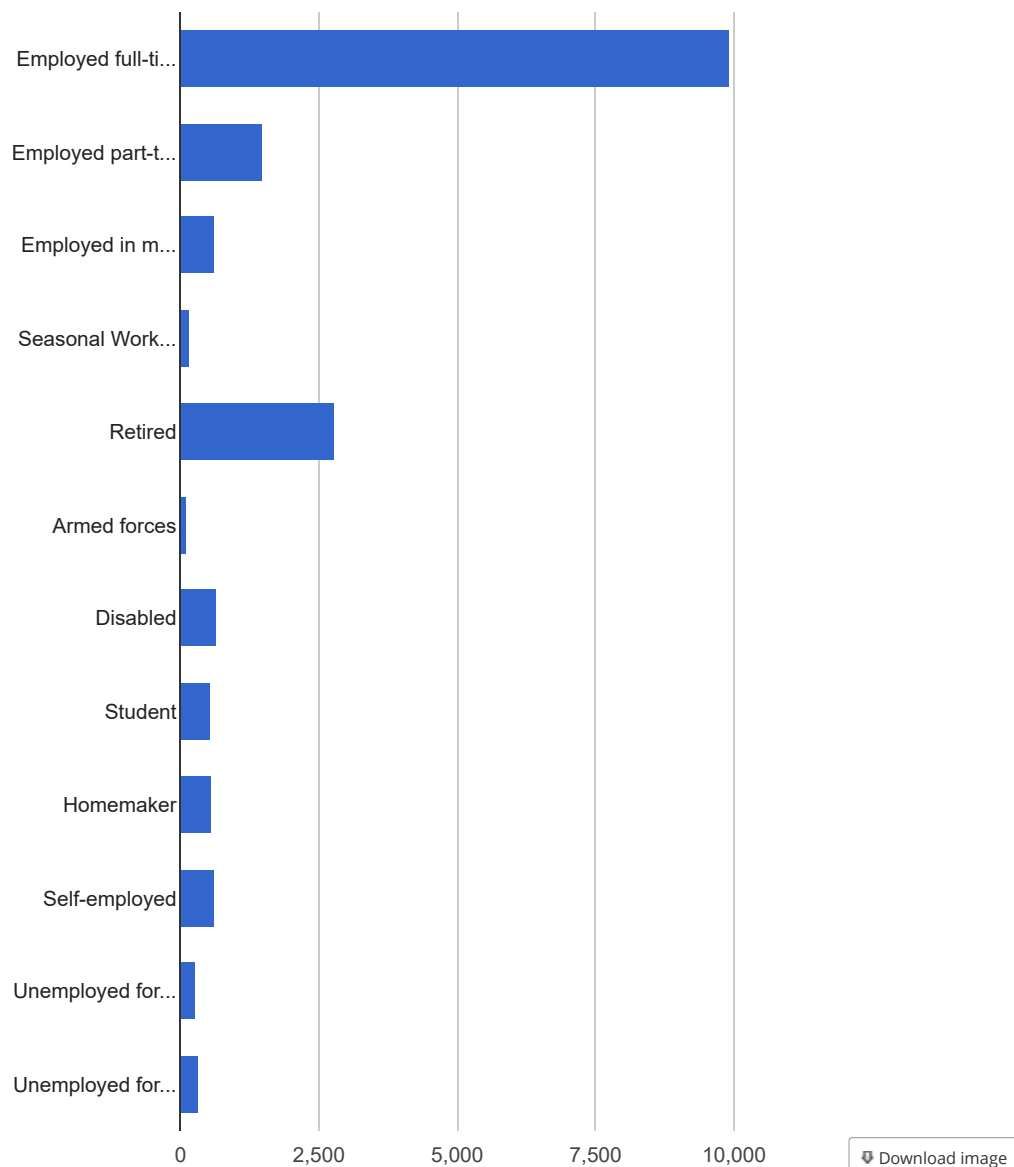
Counts/frequency: **I live alone** (58, 15.0%), **2** (176, 45.6%), **3-4** (116, 30.1%), **5-6** (25, 6.5%), **7-8** (10, 2.6%), **9-10** (0, 0.0%), **More than 10** (1, 0.3%)



What is your employment status? Please check all that apply. *(employment)*

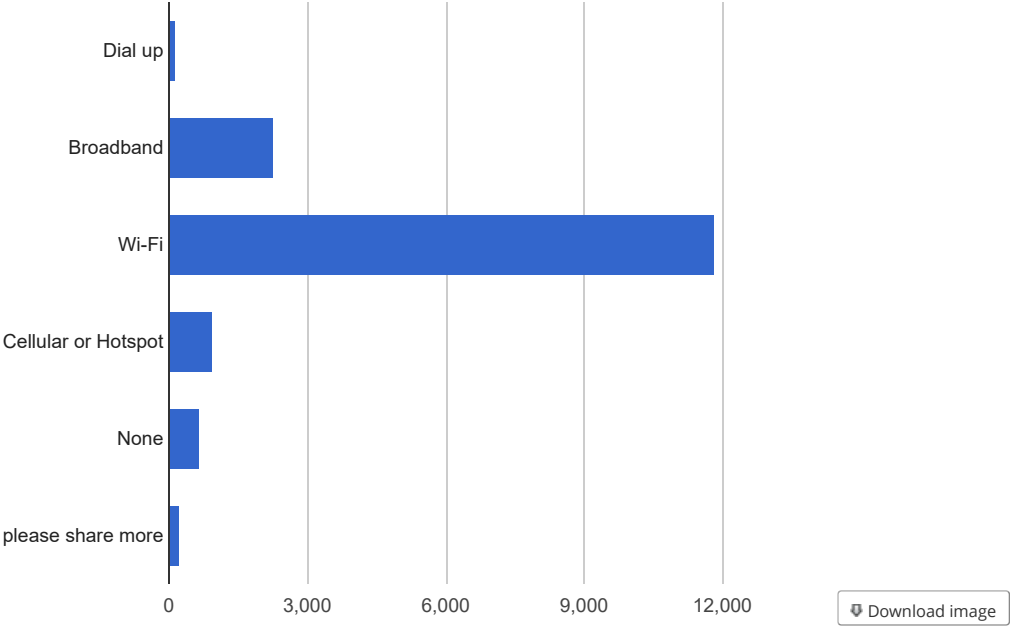
Total Count (N)	Missing*	Unique
385	12 (3.0%)	12

Counts/frequency: **Employed full-time** (240, 62.3%), **Employed part-time** (36, 9.4%), **Employed in multiple jobs** (12, 3.1%), **Seasonal Worker/Temporary** (9, 2.3%), **Retired** (77, 20.0%), **Armed forces** (1, 0.3%), **Disabled** (18, 4.7%), **Student** (12, 3.1%), **Homemaker** (7, 1.8%), **Self-employed** (13, 3.4%), **Unemployed for 1 year or less** (4, 1.0%), **Unemployed for more than 1 year** (6, 1.6%)

**What type of internet access do you have at your home?** *(internet_or_wifi)*

Total Count (N)	Missing*	Unique
389	8 (2.0%)	6

Counts/frequency: **Dial up** (4, 1.0%), **Broadband** (39, 10.0%), **Wi-Fi** (290, 74.6%), **Cellular or Hotspot** (27, 6.9%), **None** (22, 5.7%), **please share more** (7, 1.8%)



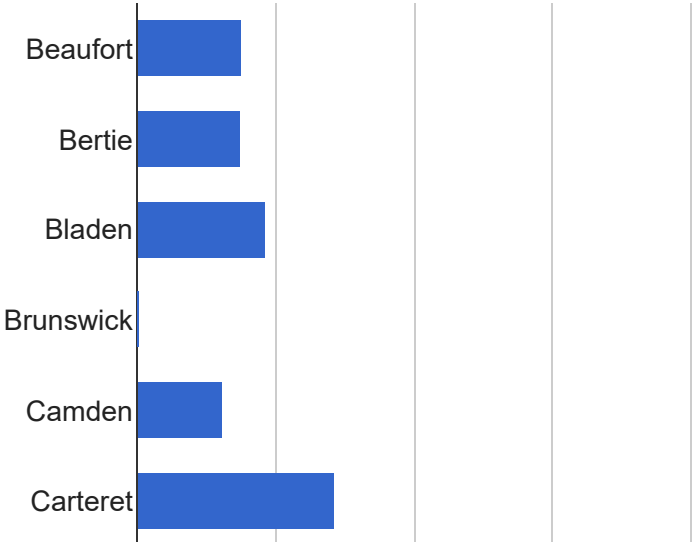
Other (internet_or_wifi_other)

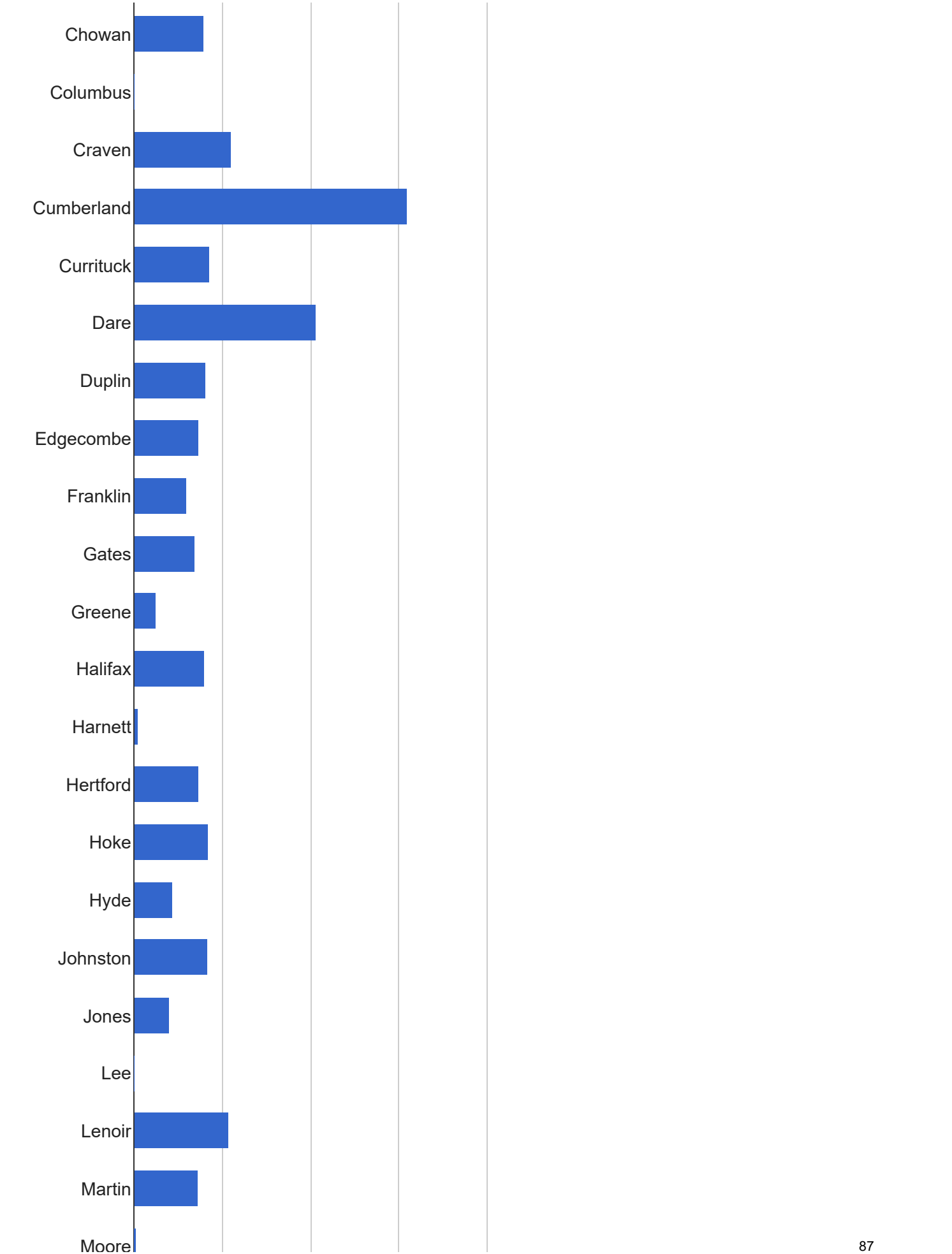
Total Count (N)	Missing*
6	391 (98.5%)

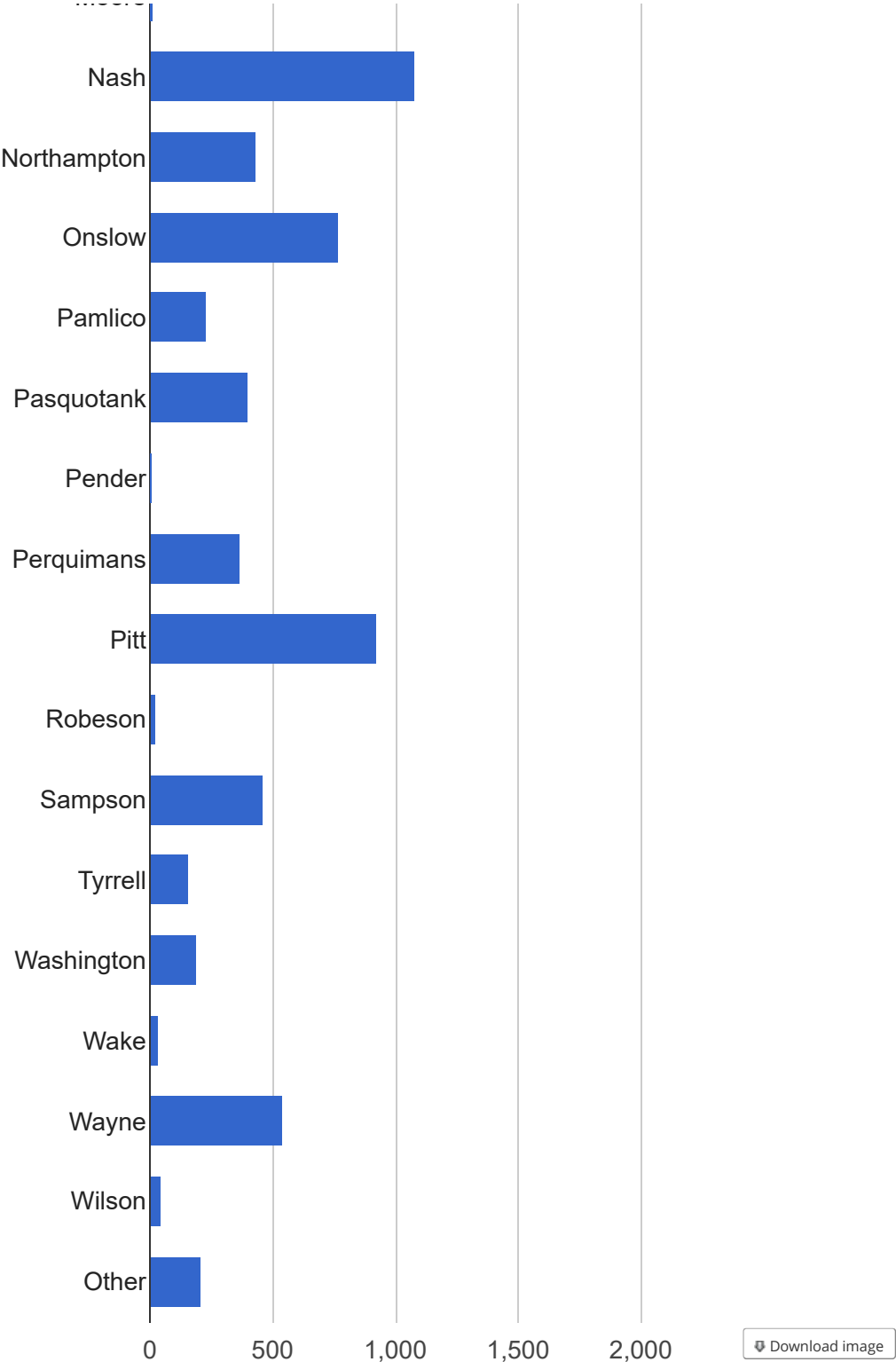
Which county do you live in? (county)

Total Count (N)	Missing*	Unique
397	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (397, 100.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)







Other (county_other)

Total Count (N)	Missing*
0	397 (100.0%)

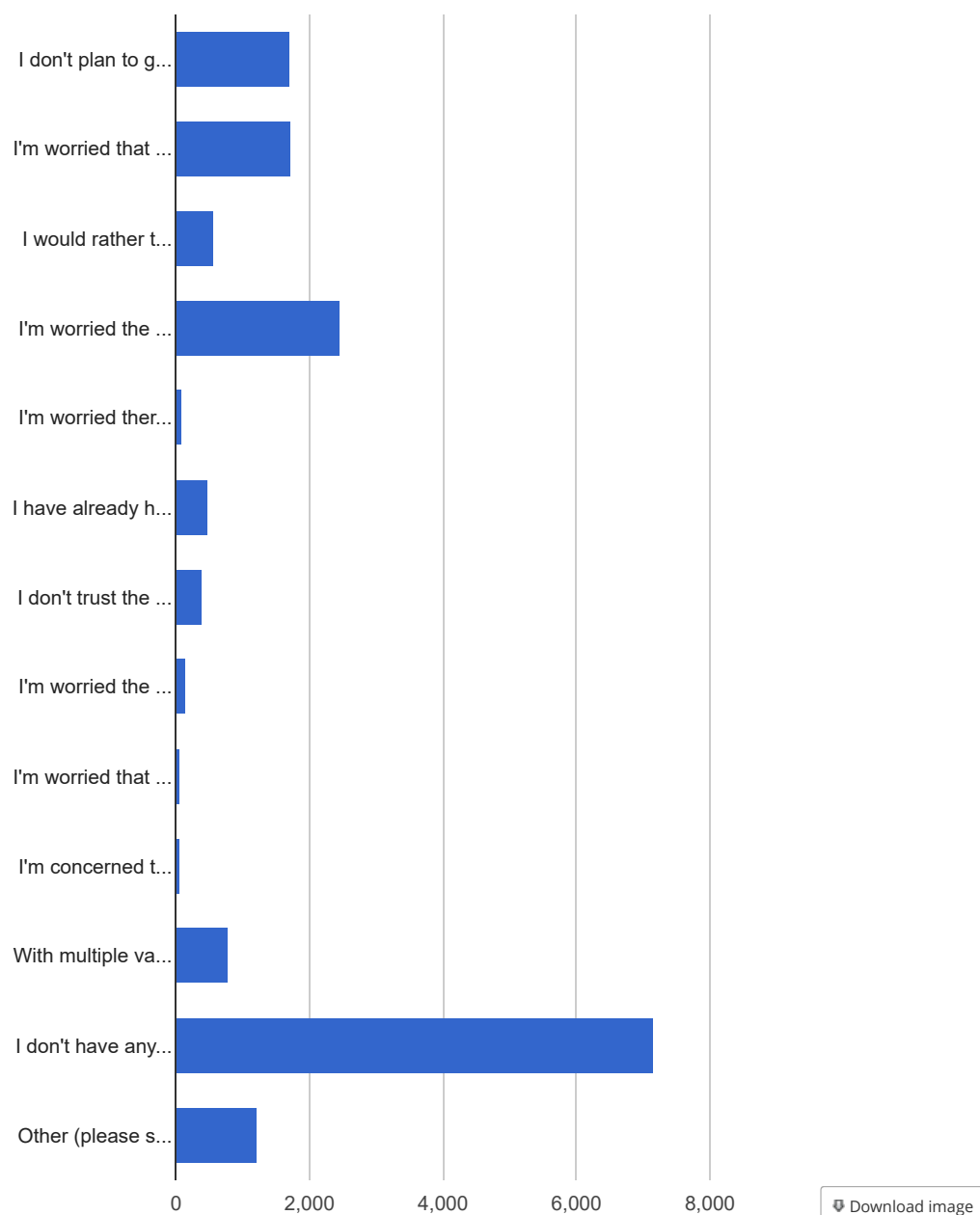
What is your 5 digit zip code? (zip_code)

Total Count (N)	Missing*
266	131 (33.0%)

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine?
(Please select all that apply) *(covidconcerns)*

Total Count (N)	Missing*	Unique
319	78 (19.6%)	13

Counts/frequency: I don't plan to get a vaccine. (40, 12.5%), I'm worried that the COVID-19 vaccine isn't safe. (48, 15.0%), I would rather take the risk of getting sick with COVID-19. (11, 3.4%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (62, 19.4%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (1, 0.3%), I have already had COVID-19 so I don't believe a vaccine is necessary. (10, 3.1%), I don't trust the distribution process of the COVID-19 vaccine. (10, 3.1%), I'm worried the COVID-19 vaccine has not been distributed fairly. (3, 0.9%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (1, 0.3%), I'm concerned that I won't have time to get the COVID-19 vaccine. (1, 0.3%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (17, 5.3%), I don't have any concerns about getting the COVID-19 vaccine. (177, 55.5%), Other (please specify) (40, 12.5%)



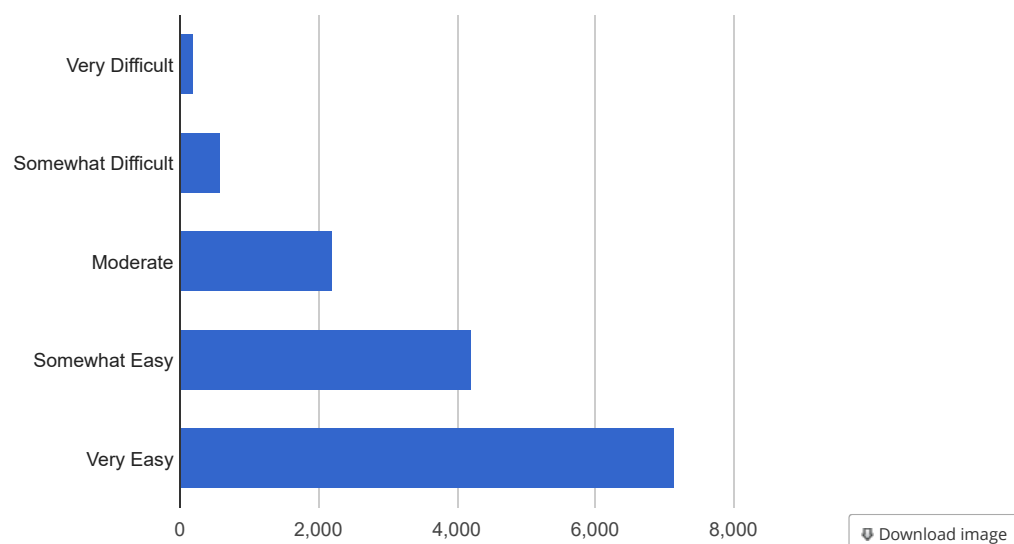
Other (*covid_concerns_other*)

Total Count (N)	Missing*
37	360 (90.7%)

Find the information you need related to COVID-19? (*covideasy*)

Total Count (N)	Missing*	Unique
366	31 (7.8%)	5

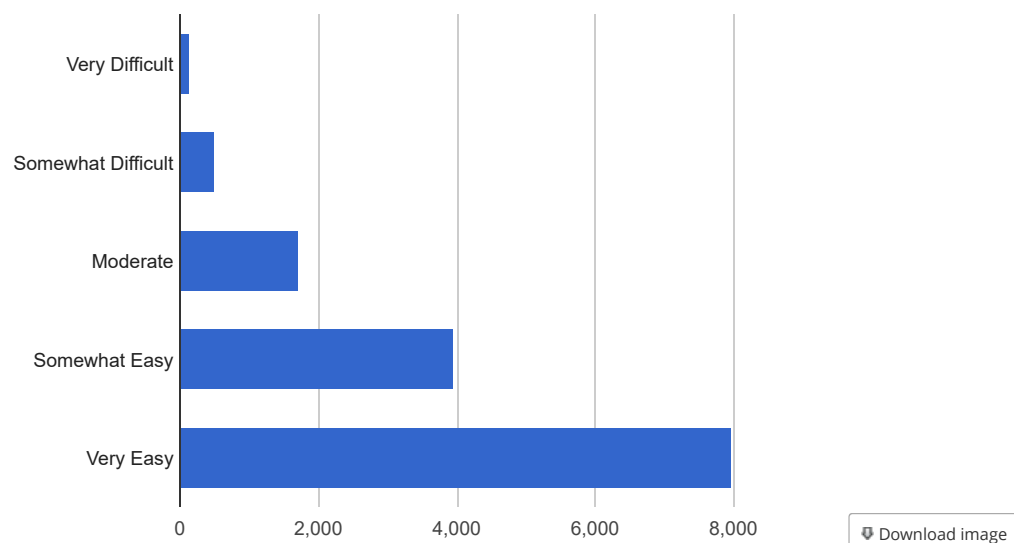
Counts/frequency: **Very Difficult** (6, 1.6%), **Somewhat Difficult** (12, 3.3%), **Moderate** (67, 18.3%), **Somewhat Easy** (115, 31.4%), **Very Easy** (166, 45.4%)



Find out where to go to get a COVID-19 vaccine? *(covidwhere)*

Total Count (N)	Missing*	Unique
364	33 (8.3%)	5

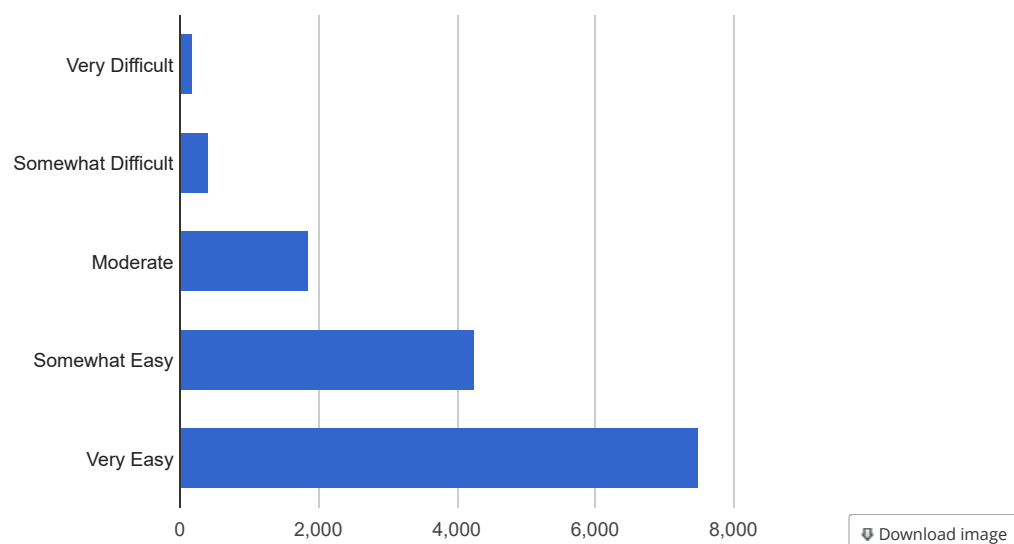
Counts/frequency: **Very Difficult** (9, 2.5%), **Somewhat Difficult** (16, 4.4%), **Moderate** (49, 13.5%), **Somewhat Easy** (100, 27.5%), **Very Easy** (190, 52.2%)



Understand information about what to do if you think you have COVID-19? *(covidunderstand)*

Total Count (N)	Missing*	Unique
362	35 (8.8%)	5

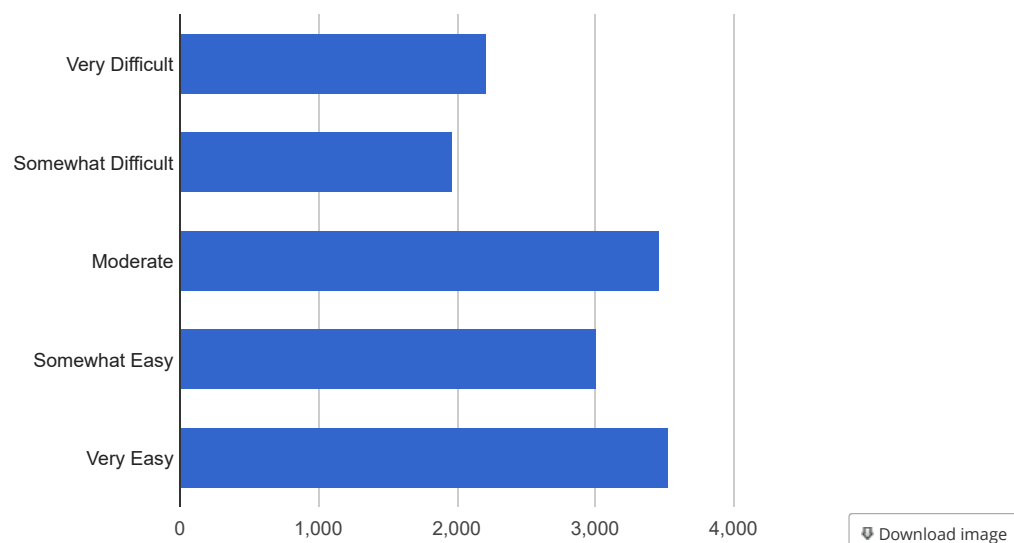
Counts/frequency: **Very Difficult** (4, 1.1%), **Somewhat Difficult** (10, 2.8%), **Moderate** (55, 15.2%), **Somewhat Easy** (119, 32.9%), **Very Easy** (174, 48.1%)



Trust if the information about COVID-19 in the media is reliable? *(covidtrust)*

Total Count (N)	Missing*	Unique
363	34 (8.6%)	5

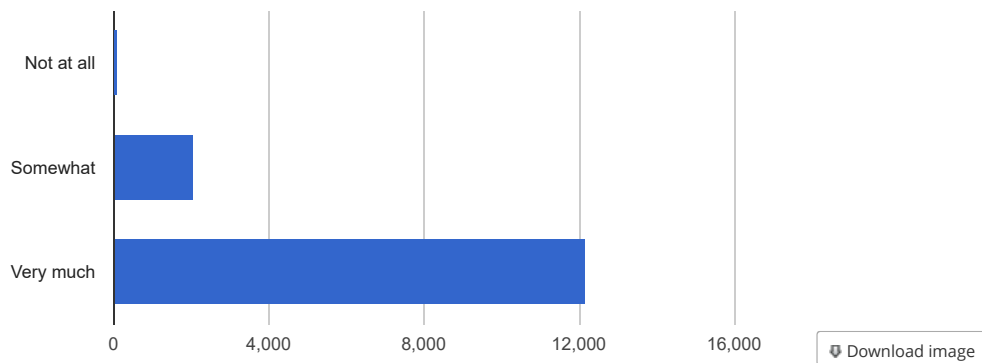
Counts/frequency: **Very Difficult** (62, 17.1%), **Somewhat Difficult** (55, 15.2%), **Moderate** (98, 27.0%), **Somewhat Easy** (73, 20.1%), **Very Easy** (75, 20.7%)



I know how to protect myself from coronavirus. *(covidprotect)*

Total Count (N)	Missing*	Unique
371	26 (6.5%)	3

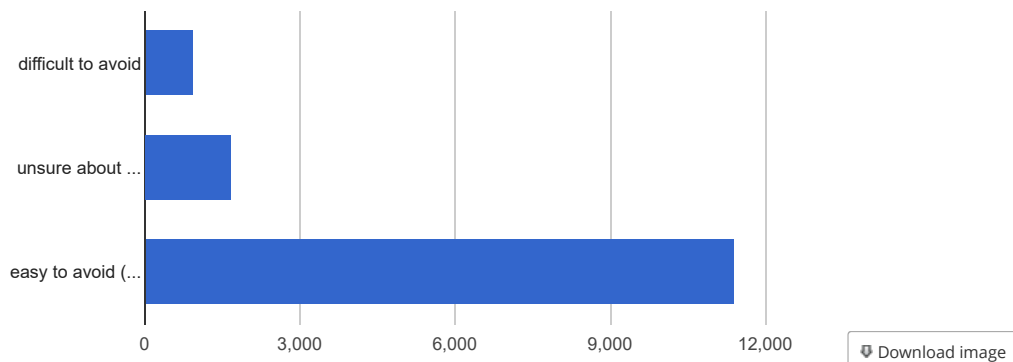
Counts/frequency: **Not at all** (1, 0.3%), **Somewhat** (49, 13.2%), **Very much** (321, 86.5%)



For me avoiding an infection with COVID-19 in the current situation is... (covidavoid)

Total Count (N)	Missing*	Unique
368	29 (7.3%)	3

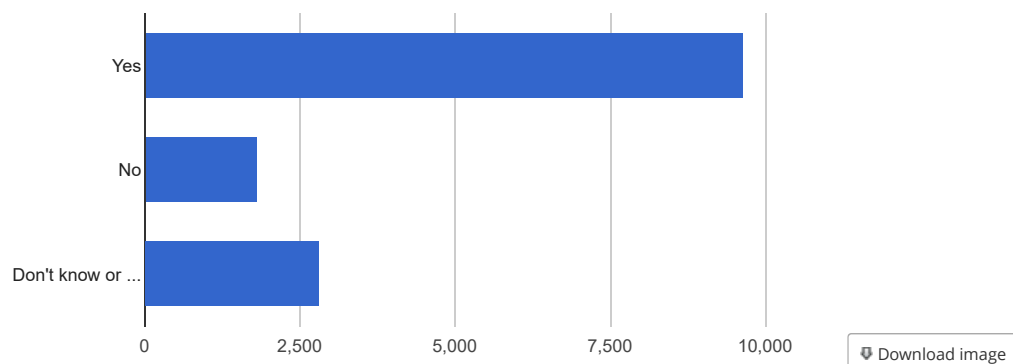
Counts/frequency: difficult to avoid (24, 6.5%), unsure about how to avoid (40, 10.9%), easy to avoid (I have no problem) (304, 82.6%)



Do you think that global warming is happening? (warmingyesno)

Total Count (N)	Missing*	Unique
374	23 (5.8%)	3

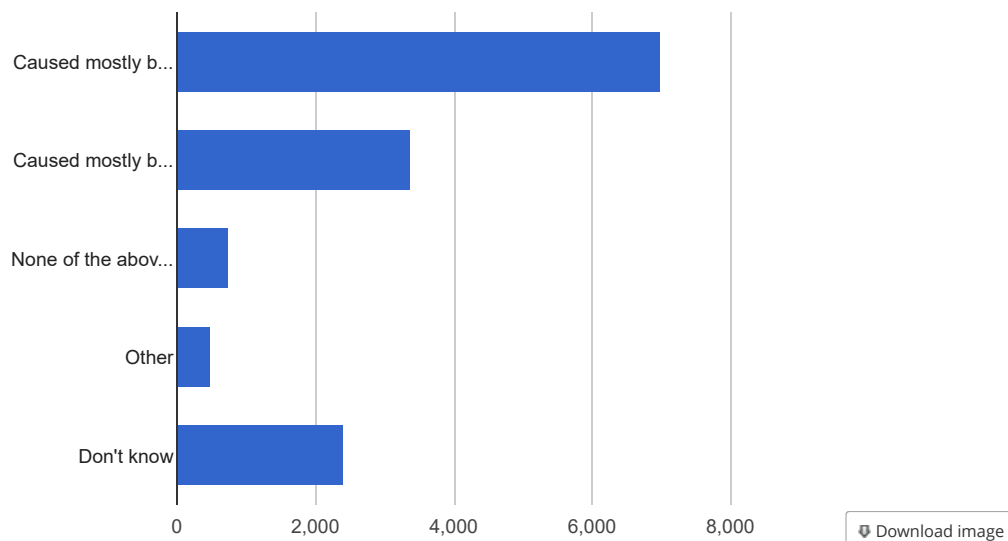
Counts/frequency: Yes (242, 64.7%), No (45, 12.0%), Don't know or unsure (87, 23.3%)



Assuming global warming is happening, do you think it is... ? (warmingdoyouthink)

Total Count (N)	Missing*	Unique
364	33 (8.3%)	5

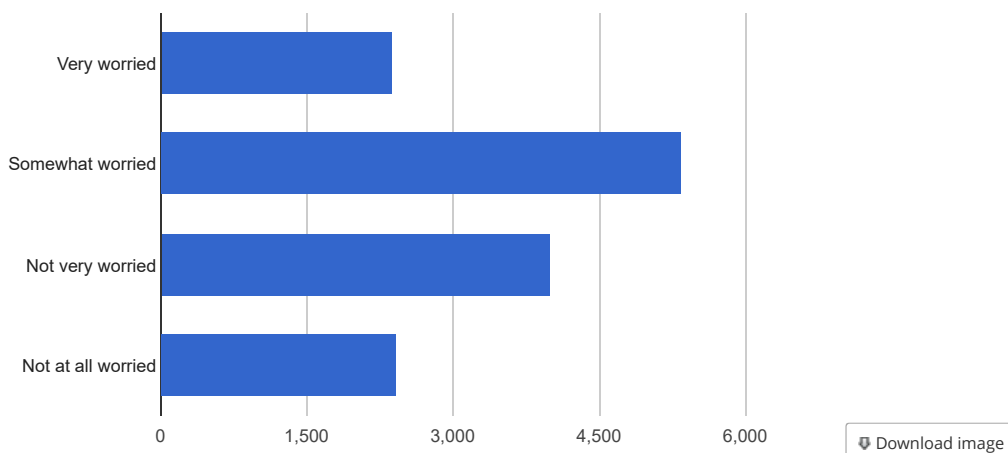
Counts/frequency: Caused mostly by human activities (152, 41.8%), Caused mostly by natural changes in the environment (106, 29.1%), None of the above because global warming isn't happening (19, 5.2%), Other (8, 2.2%), Don't know (79, 21.7%)



How worried are you about global warming? (*warmingworried*)

Total Count (N)	Missing*	Unique
370	27 (6.8%)	4

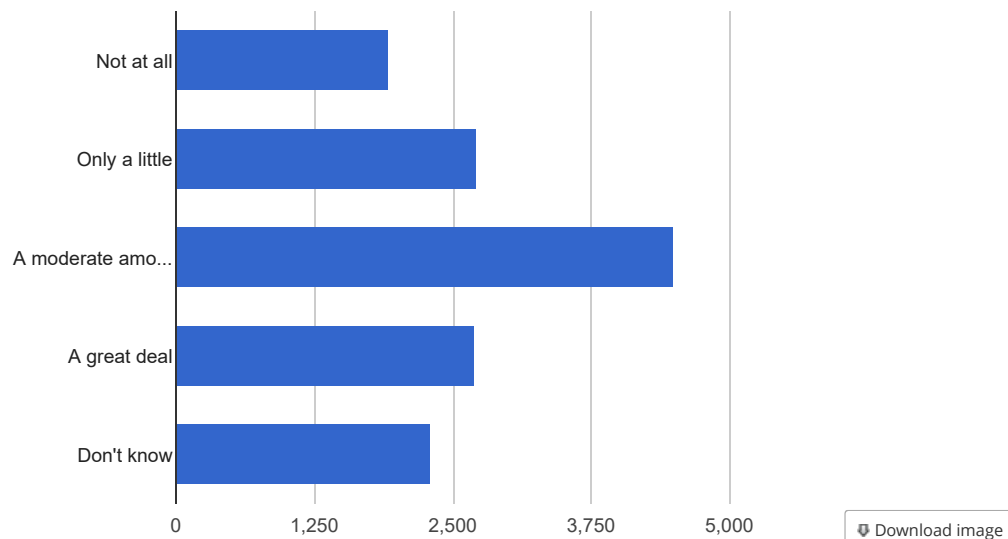
Counts/frequency: Very worried (49, 13.2%), Somewhat worried (128, 34.6%), Not very worried (122, 33.0%), Not at all worried (71, 19.2%)



How much do you think global warming will harm you personally? (*warmingharm*)

Total Count (N)	Missing*	Unique
371	26 (6.5%)	5

Counts/frequency: Not at all (42, 11.3%), Only a little (58, 15.6%), A moderate amount (111, 29.9%), A great deal (74, 19.9%), Don't know (86, 23.2%)

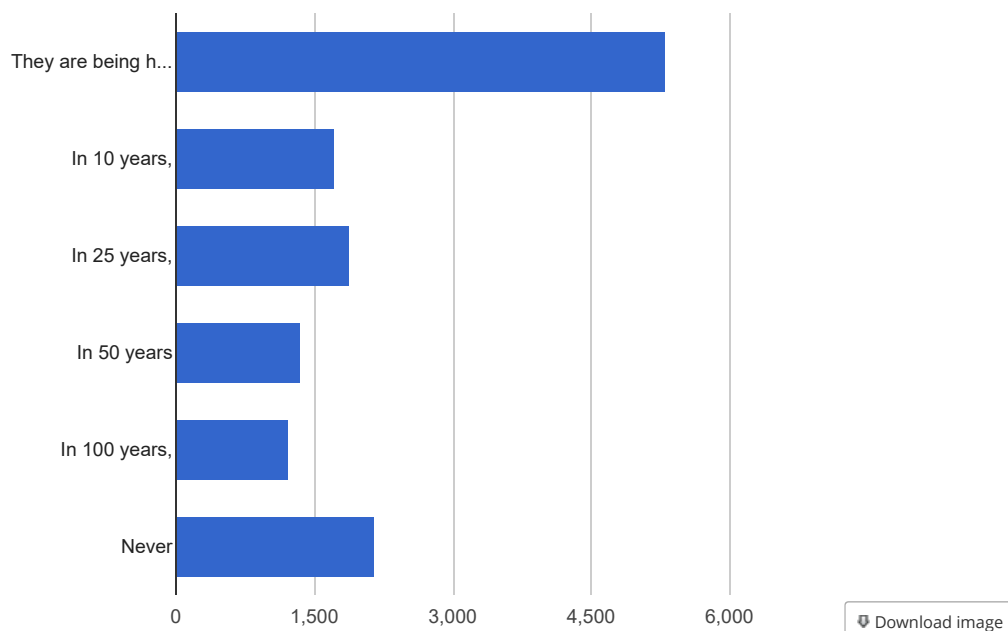


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

Total Count (N)	Missing*	Unique
350	47 (11.8%)	6

Counts/frequency: They are being harmed right now, (144, 41.1%), In 10 years, (60, 17.1%), In 25 years, (45, 12.9%), In 50 years (28, 8.0%), In 100 years, (25, 7.1%), Never (48, 13.7%)

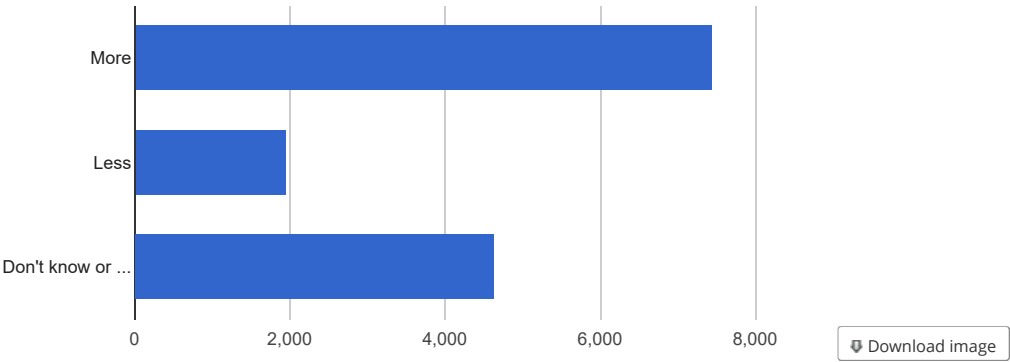


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

Total Count (N)	Missing*	Unique
367	30 (7.6%)	3

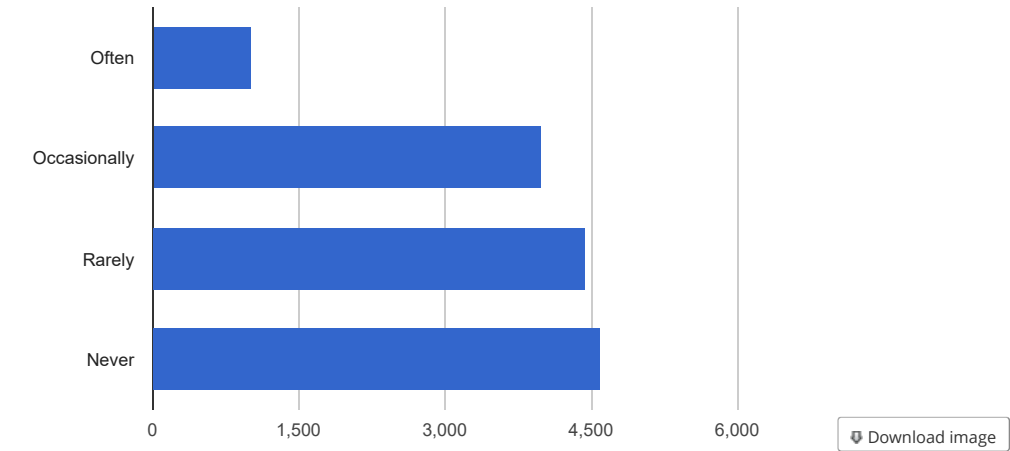
Counts/frequency: More (198, 54.0%), Less (45, 12.3%), Don't know or not sure (124, 33.8%)



How often do you discuss global warming with your friends and family? (warmingfriends)

Total Count (N)	Missing*	Unique
368	29 (7.3%)	4

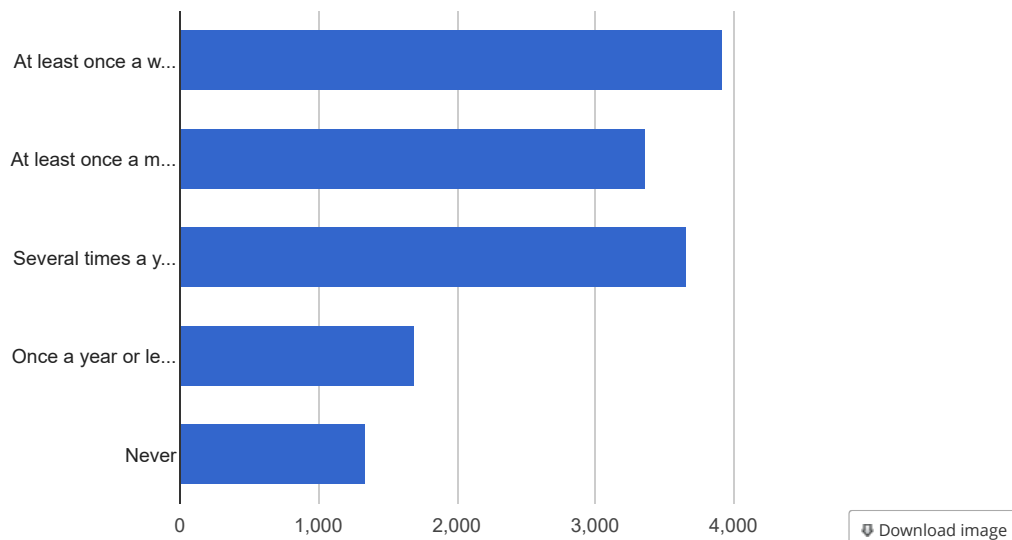
Counts/frequency: Often (18, 4.9%), Occasionally (83, 22.6%), Rarely (130, 35.3%), Never (137, 37.2%)



How often do you hear about global warming in the media? (warmingmedia)

Total Count (N)	Missing*	Unique
368	29 (7.3%)	5

Counts/frequency: At least once a week (92, 25.0%), At least once a month (87, 23.6%), Several times a year (103, 28.0%), Once a year or less often (44, 12.0%), Never (42, 11.4%)



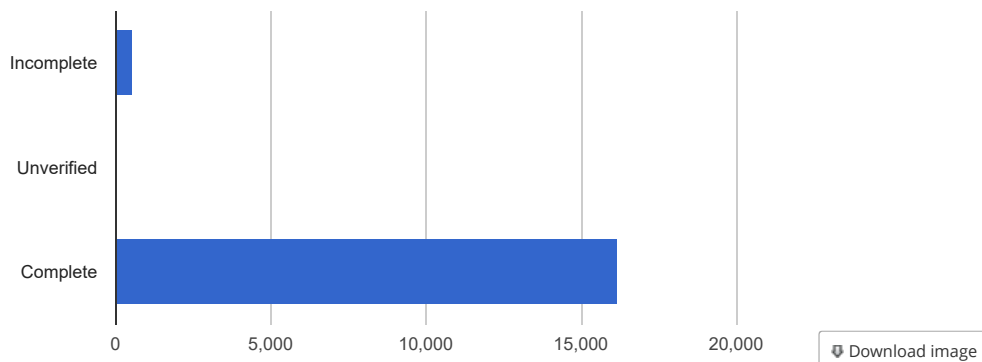
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
18	379 (95.5%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
397	0 (0.0%)	2

Counts/frequency: **Incomplete** (6, 1.5%), **Unverified** (0, 0.0%), **Complete** (391, 98.5%)



* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B

HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Halifax County	North Carolina	HNC 2030 Target
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	No data available	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	No data available	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	333 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	Desired Result	Definition	Halifax County	North Carolina	HNC 2030 Target
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	54% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	9% (2015)	7% (2015)	5.0%
Food Insecurity**			20% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	19% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:

* The U.S. Department of Agriculture last updated this measure in 2015.

** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Halifax County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	56.10 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	15.9% (2020)	HS: 27.3% (2019) 22.6% (2020)	9.0% 15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	15.8% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	33.0% (2019)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	21.4 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	35.2 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

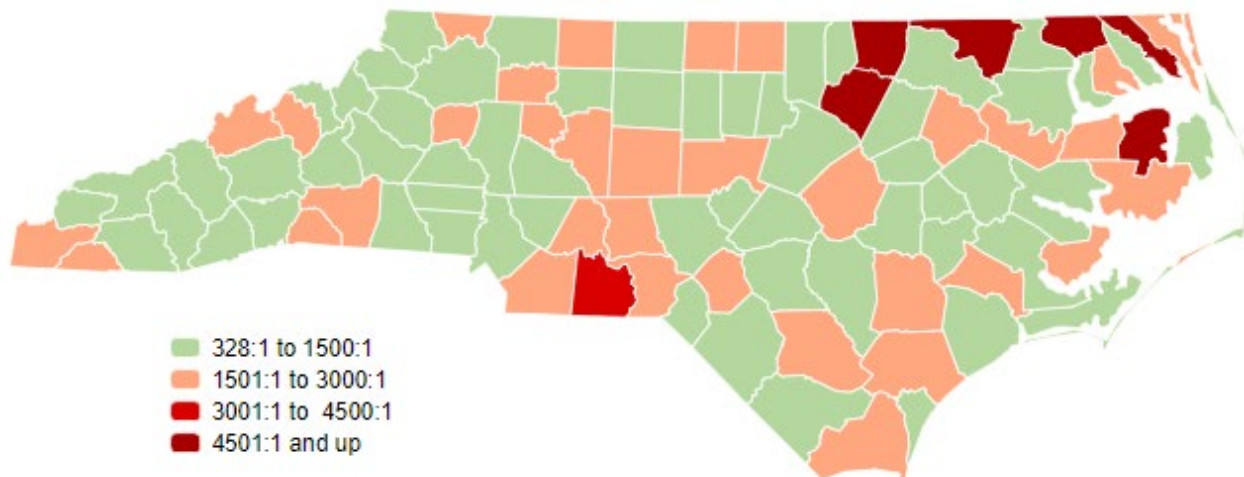
Health Outcomes					
Health Indicator	Desired Result	Definition	Halifax County	North Carolina	HNC 2030 Target
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	9.5 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	1.70 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	73 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.

<https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html>

Clinical Care					
Health Indicator	Desired Result	Definition	Halifax County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	No data available	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	78.5% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self-harm per 100,000 population	15.7 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ratio of the number of full-time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population



Appendix C

County Data Tables (Spring 2021)

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Table 1. Population Estimate, Halifax County, North Carolina, and United States (2019)					
Halifax County		North Carolina		United States	
50,010		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	-8.4%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/halifaxcountynorthcarolina/RHI825219					

Table 2. Age Distribution, Halifax County and North Carolina (2019)		
Age Group	Halifax County (%)	North Carolina (%)
Persons under 5 years	5.5%	5.8%
Persons under 18 years	21.2%	21.9%
Persons 65 years and over	21.4%	16.7%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/halifaxcountynorthcarolina/RHI825219		

Table 3. Age Distribution by Age Group, Halifax County (2015-2019)		
Age Group	Estimate	Percent
Total population	51,190	100%
Under 5 years	2,767	5.4%
5 to 9 years	2,893	5.7%
10 to 14 years	3,422	6.7%
15 to 19 years	3,073	6.0%
20 to 24 years	2,888	5.6%
25 to 34 years	5,894	11.5%
35 to 44 years	5,504	10.8%
45 to 54 years	6,772	13.2%
55 to 59 years	3,897	7.6%
60 to 64 years	3,779	7.4%
65 to 74 years	5,962	11.6%
75 to 84 years	3,135	6.1%
85 years and over	1,204	2.4%
Median age (years)	43.4	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Data are based on a sample and are subject to sampling variability. Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37083&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Halifax County and North Carolina (2019)		
Gender	Halifax (Percent)	North Carolina (Percent)
Female	51.8%	51.4%
Male	48.2%	48.6%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones). https://www.census.gov/quickfacts/fact/table/halifaxcountynorthcarolina/RHI825219		

Table 5. Veterans, Halifax County (2015-2019)		
	Number	Percent of population 18 years and older
Veterans	2,701	6.7%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2101 https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37083&tid=ACSS T5Y2019.S2101&moe=false&hidePreview=true		

Table 6. Race/Ethnicity, Halifax County and North Carolina (2015-2019)				
Race	Halifax County		North Carolina	
	Number	Percent	Number	Percent
White	20,721	40.5%	7,049,919	68.7%
Black or African American	27,013	52.8%	2,200,761	21.4%
American Indian and Alaska Native	1,930	3.8%	123,952	1.2%
Asian	374	0.7%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	74	0.1%	7,213	0.1%
Hispanic or Latino (of any race)	1,475	2.9%	962,665	9.4%
Some other race	77	0.2%	316,763	3.1%
Two or more races	1,001	2.0%	273,276	2.7%
Total	51,190		10,264,876	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?text=DP05&g=0500000US37083&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false				

Table 7. Hispanic or Latino Origin and Race, Halifax County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Halifax County	38.4%	52.6%	3.5%	0.7%	0.1%	0.0%	1.7%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37083&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 8. Limited English-Speaking Households, Halifax County (2015-2019)

All households	21,017	
Limited English-speaking households	117 ± 67	0.6%
Households Speaking:	Number	Percent
Spanish	425 ± 104	2.0%
Other Indo-European languages	167 ± 83	0.8%
Asian and Pacific Island languages	79 ± 40	0.4%
Other languages	50 ± 41	0.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37083&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ years, Halifax County and North Carolina (2015-2019)

	Halifax County	North Carolina
High School Graduate or Higher	78.6%	87.8%
Less than 9 th Grade	7.2%	4.5%
High School, No Diploma	14.2%	7.7%
High School Graduate or Equivalency	37.2%	25.7%
Some College, No Degree	18.6%	21.2%
Associate degree	8.3%	9.7%
Bachelor's Degree	9.7%	20.0%
Graduate or Professional Degree	4.7%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
<https://data.census.gov/cedsci/table?q=S1501&g=0500000US37083&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

Table 10. SAT scores for Halifax County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Halifax County	900	951	933	819
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Halifax>

Table 11. ACT Scores for Halifax County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Halifax County	11.7%	38.5%	38.2%	36.7%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
<https://ncreports.ondemand.sas.com/src/?county=Halifax>

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Halifax County and North Carolina (2015-2019)

Income Level	Halifax County	North Carolina
Below \$10,000	11.9%	6.4%
\$10,000-\$14,999	9.3%	5.0%
\$15,000-\$24,999	15.1%	10.3%
\$25,000-\$34,999	13.2%	10.3%
\$35,000-\$49,999	15.1%	13.9%
\$50,000-\$74,999	15.6%	18.0%
\$75,000-\$99,999	8.6%	12.4%
\$100,000-\$149,999	7.2%	13.1%
\$150,000-\$199,999	2.8%	5.1%
\$200,000 or more	1.4%	5.4%
Median household income	\$35,502	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1901
<https://data.census.gov/cedsci/table?q=income&g=05000000US37083&tid=ACST5Y2019.S1901&moe=false&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Halifax County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Halifax County	44.2%	34.3%	31.2%	20.6%	18.0%	18.4%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1701
<https://data.census.gov/cedsci/table?q=Halifax%20county%20north%20carolina%20poverty%20status&tid=ACST5Y2019.S1701&hidePreview=true&moe=false>

Table 14. Means of Transportation to Work by Age, Halifax County (2015-2019)

Label	Estimate
Total:	18,597
Car, truck, or van:	17,600
Drove alone	15,584
Carpooled:	2,016
In 2-person carpool	1,696
In 3-person carpool	244
In 4-person carpool	58
In 5- or 6-person carpool	13
In 7-or-more-person carpool	5
Public transportation (excluding taxicab):	11
Bus	11
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar or trolley (carro público in Puerto Rico)	0
Ferryboat	0
Taxicab	0
Motorcycle	6
Bicycle	6
Walked	304
Other means	175
Worked from home	495

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1701

<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37083&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>

Table 15. Financial Characteristics for Housing Units with a Mortgage in Halifax County (2015-2019)

	Halifax County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	6,101	6,101
Less than \$50,000	684	11.2%
\$50,000 to \$99,999	2,135	35.0%
\$100,000 to \$299,999	2,673	43.8%
\$300,000 to \$499,999	446	7.3%
\$500,000 to \$749,999	112	1.8%
\$750,000 to \$999,999	25	0.4%
\$1,000,000 or more	26	0.4%
Median (dollars)	\$108,600	\$108,600
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	746	12.2%
Second mortgage only	73	1.2%
Home equity loan only	673	11.0%
Both second mortgage and home equity loan	37	0.6%
No second mortgage and no home equity loan	5,318	87.2%
Household Income in the Past 12 Months (in 2019 Inflation-Adjusted Dollars)		
Less than \$10,000	148	2.4%
\$10,000 to \$24,999	832	13.6%
\$25,000 to \$34,999	639	10.5%
\$35,000 to \$49,999	855	14.0%
\$50,000 to \$74,999	1,234	20.2%
\$75,000 to \$99,999	919	15.1%
\$100,000 to \$149,999	966	15.8%
\$150,000 or more	508	8.3%
Median household income (dollars)	\$60,655	\$60,655
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1701 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37083&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true		

Table 16. Financial Characteristics for Housing Units without a Mortgage in Halifax County (2015-2019)

	Halifax County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units Without a Mortgage	7,061	7,061
Less than \$50,000	2,501	35.4%
\$50,000 to \$99,999	2,304	32.6%
\$100,000 to \$199,999	1,526	21.6%
\$200,000 to \$299,999	313	4.4%
\$300,000 to \$499,999	299	4.2%
\$500,000 to \$749,999	97	1.4%
\$750,000 to \$999,999	10	0.1%
\$1,000,000 or more	11	0.2%
Median (dollars)	\$69,800	\$69,800
Household Income in the Past 12 Months (In 2019 Inflation-Adjusted Dollars)		
Less than \$10,000	469	6.6%
\$10,000 to \$24,999	1,908	27.0%
\$25,000 to \$34,999	999	14.1%
\$35,000 to \$49,999	1,121	15.9%
\$50,000 to \$74,999	1,305	18.5%
\$75,000 to \$99,999	507	7.2%
\$100,000 to \$149,999	424	6.0%
\$150,000 or more	328	4.6%
Median Household Income (Dollars)	\$37,272	\$37,272
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1701 https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37083&tid=ACST5Y2019.S2507&moe=false&hidePreview=true		

Table 17. Live Births, Halifax County and North Carolina (2018)

County/ State	Total Births	Total Rate	White- non- Hispanic number	White non- Hispanic rate	Black, non- Hispanic number	Black non- Hispanic rate	Hispanic number	Hispanic rate
Halifax County	537	10.6	186	9.5	307	11.3	15	9.7
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Halifax.html>**Table 18. Halifax County Live Births by Sex, Halifax County (2018)**

County/State	Total	Total Rate	White, non- Hispanic	White, non- Hispanic rate	Black, non- Hispanic	Black, non- Hispanic rate	Hispanic	Hispanic rate
Male	267	5.3	97	5.0	145	5.3	7	4.5
Females	270	5.3	89	4.6	162	6.0	8	5.2

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Halifax.html>**Table 19. Low Birth Weight, Halifax County and North Carolina (2014-2018)**

		Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
County of Residence	Birth Weight	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Halifax	Low	342	12.0	332	12.1	83	8.6	231	13.9	18	15.5	10	8.8
	Very Low	80	2.8	80	2.9	15	1.6	64	3.9	1	0.9	0	0.0

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>**Table 20. Fetal Death Rates per 1,000 Deliveries, Halifax County and North Carolina (2014-2018)**

	Total Fetal Deaths	Total Fetal Death Rate	White Non- Hispanic Fetal Deaths	White Non- Hispanic Fetal Death Rate	Af. Am. Non- Hispanic Fetal Deaths	Af. Am. Non- Hispanic Fetal Death Rate	Other Non- Hispanic Fetal Deaths	Other Non- Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Halifax	31	10.7	10	*	19	*	2	*	0	*

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Halifax County and North Carolina (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Halifax	149	42.9	282	73.5	311	164.5	221	129.2	1,782	494.1

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

Table 22. Neonatal (<28 Days) Death Rates, Halifax County and North Carolina (2014-2018)

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. non-Hispanic neonatal deaths	Af. Am. non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Halifax County	20	7.0	4	*	14	*	0	*	2	*

Prepared by N.C. DHHS State Center for Health Statistics

Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"

<https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

Table 23. Age-Adjusted Death Rates for Halifax County (2014-2018)

	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	1,545	900.1	1,647	958.5	99	864.9	18	N/A	11	N/A	1,670	1,131.9	1,650	756.6	3,320	924.4
Diseases of Heart	311	166.5	326	183.8	20	178.5	2	N/A	3	N/A	331	219.1	331	144.3	662	176.3
Acute Myocardial Infarction	56	30.0	56	31.8	4	N/A	0	N/A	0	N/A	62	40.8	54	24.3	116	30.8
Other Ischemic Heart Disease	123	65.9	118	66.2	11	N/A	1	N/A	3	N/A	145	95.0	111	47.9	256	68.2
Cerebrovascular Disease	86	45.7	93	54.5	9	N/A	2	N/A	0	N/A	77	51.0	113	49.1	190	50.8
Cancer	335	183.5	388	214.3	19	N/A	2	N/A	1	N/A	399	247.2	346	161.0	745	196.6
Colon, Rectum, and Anus	35	21.7	46	25.4	2	N/A	0	N/A	0	N/A	40	25.2	43	20.3	83	22.5
Pancreas	29	16.1	30	16.1	1	N/A	0	N/A	0	N/A	22	13.6	38	16.3	60	15.5
Trachea, Bronchus, and Lung	92	49.3	95	50.5	8	N/A	1	N/A	0	N/A	121	72.1	75	33.8	196	50.2
Breast	17	N/A	33	33.8	0	N/A	0	N/A	0	N/A	0	N/A	50	25.3	50	25.3
Prostate	19	N/A	36	52.7	1	N/A	0	N/A	0	N/A	56	36.0	0	N/A	56	36.0
Diabetes Mellitus	79	43.0	86	50.4	5	N/A	1	N/A	1	N/A	92	58.4	80	37.6	172	46.5
Pneumonia and Influenza	40	21.4	26	15.8	4	N/A	1	N/A	0	N/A	33	25.3	38	16.4	71	19.3
Chronic Lower Respiratory Diseases	92	50.3	72	38.8	8	N/A	2	N/A	0	N/A	94	63.6	80	33.7	174	45.5
Chronic Liver Disease and Cirrhosis	24	16.7	19	N/A	0	N/A	2	N/A	0	N/A	30	19.1	15	N/A	45	13.2
Septicemia	23	13.4	33	18.2	1	N/A	0	N/A	0	N/A	31	19.5	26	11.5	57	15.3
Nephritis, Nephrotic Syndrome, and Nephrosis	27	15.6	54	31.5	5	N/A	0	N/A	0	N/A	39	28.0	47	20.6	86	23.6
Unintentional Motor Vehicle Injuries	24	24.2	34	26.1	3	N/A	0	N/A	1	N/A	43	35.8	19	N/A	62	25.4
All Other Unintentional Injuries	64	60.3	48	30.1	2	N/A	2	N/A	0	N/A	69	55.7	47	27.0	116	40.9
Suicide	25	20.7	6	N/A	2	N/A	1	N/A	1	N/A	26	19.9	9	N/A	35	12.4
Homicide	5	N/A	28	21.6	2	N/A	0	N/A	1	N/A	32	27.6	4	N/A	36	14.8
Alzheimer's disease	55	27.9	36	21.4	3	N/A	0	N/A	0	N/A	21	15.7	73	29.7	94	24.9
Acquired Immune Deficiency Syndrome	3	N/A	13	N/A	0	N/A	0	N/A	0	N/A	13	N/A	3	N/A	16	N/A

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis, Halifax County (2018-2020)

	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
County	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar
Halifax	128	134	75	38	56	32	0	0	7	3	1	1

Source: N.C. State Center for Health Statistics

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Halifax County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Halifax	25	49.4	116	44.8	40.9
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Halifax County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014- 2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Halifax	14	27.7	62	24.0	25.4
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

Table 27. Crime Rate per 100,000 persons, Halifax County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Halifax County	404.7				2,933.9		

Source: N.C. Bureau of Investigation

‘-’ indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Halifax County and North Carolina (2015-2019)

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Halifax County	44	17.01	19.40

Source: N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 6	503	159	31.9	27.3-36.9	344	68.1	63.1-72.7
GENDER							
Male	233	75	30.5	23.9-37.9	158	69.5	62.1-76.1
Female	270	84	33.3	27.1-40.0	186	66.7	60.0-72.9
RACE							
Non-Hispanic White	313	96	29.2	23.9-35.1	217	70.8	64.9-76.1
Non-Hispanic Black	103	***	***	***	***	***	***
Other	87	18	15.7	9.5-25.0	69	84.3	75.0-90.5
AGE							
18-44	216	29	13.4	9.0-19.5	187	86.6	80.5-91.0
45-64	179	72	42.6	34.1-51.5	107	57.4	48.5-65.9
65+	98	***	***	***	***	***	***

Source: N.C. State Center for Health Statistics

https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/_RFHYPE.html

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 6	507	29	5.6	3.8- 8.3	478	94.4	91.7-96.2

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/cvdhist.html>

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 6	500	53	10.7	7.8-14.4	447	89.3	85.6-92.2
GENDER							
Male	235	21	8.9	5.1-15.1	214	91.1	84.9-94.9
Female	265	32	12.5	8.7-17.6	233	87.5	82.4-91.3
RACE							
Non-Hispanic White	309	29	10.4	6.8-15.7	280	89.6	84.3-93.2
Non-Hispanic Black	102	12	10.7	6.0-18.4	90	89.3	81.6-94.0
Other	89	12	12.4	6.9-21.5	77	87.6	78.5-93.1
AGE							
18-44	215	34	13.5	9.4-19.0	181	86.5	81.0-90.6
45-64	178	15	12.3	6.4-22.1	163	87.7	77.9-93.6
65+	97	***	***	***	93	96.1	89.0-98.7

Source: N.C. State Center for Health Statistics

<https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region6/FMD.html>

Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Halifax County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	52	1	Fall - Unintentional	559	1	Fall - Unintentional	7,321
2	Poisoning - Unintentional	43	2	MVT - Unintentional	196	2	Unspecified - Unintentional	5,947
3	Firearm - Assault	31	3	Poisoning - Unintentional	137	3	MVT - Unintentional	4,429
4	Fall - Unintentional	24	4	Unspecified - Unintentional	97	4	Struck By/Against - Unintentional	2,147
5	Firearm - Self-Inflicted	18	5	Poisoning - Self-Inflicted	59	5	Natural/Environmental - Unintentional	1,412
TOTAL		218	TOTAL		1,304	TOTAL		27,969

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Halifax County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	3	1	Poisoning - Unintentional; Fire/Burn - Unintentional	11	1	Fall - Unintentional	1,190
2	Suffocation - Unintentional; Firearm - Assault	1	2	Fall - Unintentional	9	2	Unspecified - Unintentional	919
3		0	3	Other Specified/Classifiable - Unintentional	7	3	Struck By/Against - Unintentional	551
4		0	4	MVT - Unintentional	5	4	MVT - Unintentional	496
5		0	5	Other Specified/Classifiable - Assault	4	5	Natural/Environmental - Unintentional	309
TOTAL		5	TOTAL		61	TOTAL		4,190

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Halifax County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	16	1	MVT - Unintentional	70	1	MVT - Unintentional	1,911
2	Poisoning - Unintentional	15	2	Firearm - Assault	31	2	Unspecified - Unintentional	1,850
3	Firearm - Assault	10	3	Poisoning - Self-Inflicted	27	3	Fall - Unintentional	1,059
4	Firearm - Self-Inflicted	3	4	Poisoning - Unintentional	24	4	Struck By/Against - Unintentional	731
5	Drowning/Submersion - Unintentional	2	5	Unspecified - Unintentional	18	5	Struck By/Against - Assault	492
TOTAL		48	TOTAL		234	TOTAL		8,564

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Halifax County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	27	1	Fall - Unintentional	106	1	Fall - Unintentional	2,285
2	MVT - Unintentional	23	2	MVT - Unintentional	83	2	Unspecified - Unintentional	2,202
3	Firearm - Assault	15	3	Poisoning - Unintentional	74	3	MVT - Unintentional	1,636
4	Firearm - Self-Inflicted	8	4	Unspecified - Unintentional	42	4	Struck By/Against - Unintentional	599
5	Poisoning - Self-Inflicted; Fall - Unintentional	5	5	Poisoning - Self-Inflicted	28	5	Natural/Environmental - Unintentional	561
TOTAL		98	TOTAL		446	TOTAL		9,815

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Halifax County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 HALIFAX			Leading Causes of Injury Hospitalization 2016 to 2019 HALIFAX			Leading Causes of Injury ED Visits 2016 to 2019 HALIFAX		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	19	1	Fall - Unintentional	427	1	Fall - Unintentional	2,787
2	MVT - Unintentional	10	2	MVT - Unintentional	38	2	Unspecified - Unintentional	976
3	Unspecified - Unintentional; Firearm - Self-Inflicted	7	3	Unspecified - Unintentional	35	3	MVT - Unintentional	386
4	Suffocation - Unintentional; Firearm - Assault; Fire/Burn - Unintentional	5	4	Poisoning - Unintentional	28	4	Struck By/Against - Unintentional	266
5	Natural/Environmental - Unintentional	3	5	Struck By/Against - Unintentional	17	5	Natural/Environmental - Unintentional	148
TOTAL		67	TOTAL		563	TOTAL		5,400

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

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Appendix D

Community Resources

Physical Activity and Nutrition Resources

Enfield

Enfield – Town Hall 252-445-3146

Parks/Recreation/Fitness/Gyms/Walking Trails

- Meyer Oakview Park- Bell Street, Enfield, NC 27823 (playground equipment, basketball court)
- Enfield Park and Recreation – 6030 South McDaniel Street, Enfield, NC 27823
Contact 252-904-6176 (playground and exercise equipment, summer camps, ball fields, Senior walking group, walking trail
 - Soccer
 - Volleyball
 - Basketball
 - Baseball
 - Softball

Senior Center

- Senior citizens meet for one hour every Monday and Thursday. Contact 252-904-6176

Farmers Market/Vegetable/Fruit Stands

- Umbrella Market- Just Save Parking Lot (Highway 301 & S. McDaniel Street) Every Thursday

Nutrition Services

- WIC Satellite Office – 200 Whitfield Street, Enfield, NC 27823. Contact 252-535-4845

Tillery

Tillery – Fire Department – 252-826-2434

Senior Center

- Meetings held at Tillery Community Center 321 Community Center Road, Halifax, NC 27839.
Contact 252-826-2234. Mild exercises and stretching.

Halifax

Halifax – Town Hall 252-583-6571

Parks/Recreation/Fitness/Gyms/Walking Trails

- Halifax Jr. Women's Club Park – Prussia Street, Halifax, NC 27839 (shelter and playground equipment) Contact 252-583-6571
- Walking trail. Mapped course through the town of Halifax. Contact 252-583-6571
- 4-H Rural Life Center – 13763 NC Highway 903, Halifax, NC 27839. Contact Jerry Edmonds IV 252-583-5161

Farmers Market/Vegetable/Fruit Stands

- Oak Grove Orchard – Hwy 301 North between Halifax and Weldon (Seasonal fruit and vegetables). Contact 252-583-7661

Senior Center

- Council on Aging. Contact Rose Lewis, 252-583-1688.

Nutrition Services

- Halifax County Health Department – 19 North Dobbs Street, Halifax, NC 27823. Contact 252-583-5021. Services provided to high risk, child health, and maternity patients.
- Halifax County WIC – 116-A W. 3rd Street Roanoke Rapids, NC 27870. Nutrition education and food supplemental program provides healthy foods, healthcare referrals, and breastfeeding support. Contact 252-535-4845.

Hobgood

Hobgood – Town Hall 252-826-4573

Parks/Recreation/Fitness/Gyms/Walking Trails

- Friendship Park – West Commerce Street, Hobgood, NC 27843. Contact 252-826-4573
- Hobgood Community Park – West Commerce Street, Hobgood, NC 27843. Contact 252-826-4573
- Thomas Shields Community Center – 401 North Beech Street, Hobgood, NC 27843 (basketball court, exercise equipment, weights, men's weight program). Healthy Lifestyle Classes. Contact 252-907-3785

Senior Center

- Senior citizens meet at Thomas Shields Community Center for classes, meetings, and exercise. Senior citizens meet monthly. Community exercise classes are held every Tuesday. Contact 252-907-3785

Nutrition Services

- Food bank services from Raleigh are provided at the Thomas Shields Community Center on the first Friday
- morning of each month. Contact 252-907-3785.
- The Emergency Food Assistance Program (TEFAP) holds a food drive on the third Saturday of each month at the Thomas Shields Community Center. Contact 252-907-3785
- Healthy Lifestyle Classes are provided at Thomas Shields Community Center. Contact 252-907-3785

Hollister

Hollister – Haliwa-Saponi Indian Tribe 252-586-4017

Parks/Recreation/Fitness/Gyms/Walking Trails

- Medoc Mountain State Park – 1541 Medoc State Park, Hollister, NC 27844 (Camping, Hiking/Walking Trails, Shelter). Contact 252-586-6588
- Haliwa-Saponi Multipurpose Center – 228 Capps Farm Road, Hollister, NC 27844 (Exercise Equipment, Weights)

Farmer's Market/Vegetable/Fruit Stands

- Haliwa-Saponi Farmer's Market – 39021 Hwy 561, Hollister, NC 27844 (Beside Haliwa-Saponi Indian Tribe) Contact 252-586-4017

Nutrition Services

- Halifax County WIC– 204 Evans Road, Hollister, NC 27844 Contact 252-586-1709

Pleasant Grove Baptist Church

- Prayer Walk Trail - from sunrise to sunset (Cement Walkway Around the Church)

Scotland Neck

Scotland Neck – Town Hall – 252-826-3152

Parks/Recreation/Fitness/Gyms/Walking Trails

- Scotland Neck Recreation Department, East 11th Street Scotland Neck, NC 27874, Contact Curtis Shields 252-826-3152
- Scotland Neck Education & Recreation Foundation (Youth Program), 617 East 11th Street, Scotland Neck, NC 27870, Contact Mildred Moore 252-826-2080
 - Activities offered: softball, basketball court, exercise, jump rope, various healthy lifestyle classes
- Bryan Health and Rehabilitation, 921 Junior High School Road, Scotland Neck, NC 27874, Contact 252-826-4144

Senior Center

- Scotland Neck Senior Center, 1403 Church Street, Scotland Neck, NC 27874, Contact 252-826-3891
 - Exercise classes, activities, health screenings, community supplemental food program

Littleton

Littleton – Town Hall 252-586-2709

Parks/Recreation/Fitness/Gyms/Walking Trails

- Walking trail along the old rail road tracks by North Main Street, Littleton, NC 27850. Contact 252-586-2709
- Littleton Community Center – 225 Oak Street, Littleton, NC 27850 (playground equipment and weights). Contact 252-586-6773
- John 3:16 Center – 407 East End Avenue, Littleton, NC 27850 (playground equipment and basketball court). Contact 252-586-1800
- Pocket Park - 107 Church Street, Littleton, NC (playground equipment, (picnic tables and shelter in progress)

Senior Center

- Meet at the Community Center for classes, meetings, and exercise. 225 Oak Street, Littleton, NC 27850. Contact 252-586-6773.

Farmer's Market/Vegetable/Fruit Stands

- Hawkins Farm 11842 Hwy 48, South Littleton, NC 27850. Contact 252-586-3223
- Isles Farm 12246 Hwy 48, South Littleton, NC 27850. Contact 252-586-5257

Nutrition Services

- Emergency Food Bank at John 3:16 Center, 407 East End Avenue, Littleton, NC 27850. Contact 252-586-1800.

Weight Loss Programs

- Weight Watchers Lake Gaston – Gaston Pointe Conference Center 147 Gaston Pointe Road, Littleton, NC 27850

Roanoke Rapids

Roanoke Rapids – *Town Hall*- 252-533-2800

Parks/Recreation/Fitness/Gyms/Walking Trails

- Roanoke Rapids Lake Park 100 Oakwood Avenue, 252-410-6318 (Walking Trails, Playground)
- Sonic Playground, 1045 E 10th St, Roanoke Rapids, 252-535-9983 - Playground
- Emory Park – corner of 9th and Cleveland Street 252-533-2847 (Walking Trail)
- Chockoyotte Park – Chockoyotte Street 252-533-2847 (Walking Trail)
- C.W. Davis Park – Cedar Street 252-533-2847
- Edward George Park – Virginia Avenue 252-533-2847
- Ledgerwood Park – 11th and Vance Street 252-533-2847
- Long Park – 400 Block of 4th and 5th Street 252-522-2847
- Martin Luther King Park – Wyche Street and Virginia Avenue 252-533-2847
- Melody Park – Cedar Street 252-533-2847
- Rochelle Park – 5th and Vance Street 252-533-2847, (Walking Trail)
- Smith Park – 600 Block of 4th and 5th Street
- Southgate Park – Charles Circle 252-533-2847
- Tinsley Park – corner of Arbutus and 6th Street 252-533-2847
- Wheeler Park – Shell and Oak Street 252-533-2847
- Manning School Track – hours vary, contact Mike Ferguson 252-519-7400
- Roanoke Canal Trail- 7.5-mile nature trail. 51 Jackson Street, Roanoke Rapids, NC 27870. 252-537-2769. (Running, Walking, Hiking, and Biking)

- TJ Davis Recreation Center – 400 East 6th Street, Roanoke Rapids, NC 27870. Contact 252-533-2847. <http://www.roanokerapidsnc.com/parkrec>

Activities Offered

- Fridays in the park (May to September @ Centennial Park)
 - Summer Camps
 - Sports Leagues – youth basketball, t-ball, flag football, tackle football, baseball, softball, soccer, swim team,
 - Wellness room
 - 2 indoor basketball courts
 - Skate park
 - Outdoor pool
 - Ping pong
 - Indoor walking track
 - Outdoor pool
 - Youth and Adult basketball leagues
 - Youth Flag Football
 - Aquatic Center – swimming lessons, fitness classes, open or lap swim
 - City Parks – tennis courts, basketball court, baseball/softball fields, horseshoe pits
 - Free summer lunch site (children 0-18)
- JA Chaloner Recreation Center – 200 Dixie Street, Roanoke Rapids, NC 27870. Contact 252-533-2855.

Activities Offered

- Multipurpose court for basketball, tennis, pickle ball, and volleyball
 - Playground equipment
 - Wii with physical activity games
 - Adult exercise equipment
 - Splash Pad
 - Walking trail
 - Free lunch site (children 0-18)
- Key Fitness Center – 171 NC Hwy 125, Roanoke Rapids, NC 27870 (exercise equipment, trainers). Contact 252-537-5639 www.keyfitness.us
 - New Day Fitness – 1388 Gregory Drive, Roanoke Rapids, NC 27870 (exercise equipment, trainers, aerobic classes, weights). Contact 252-537-1402
 - The Attic – 24-hour gym. 1054 East 10th Street, Roanoke Rapids, NC 27870. Contact 252-676-0210
 - Iron Works II- 24-hour Gym. 1001 Roanoke Avenue, Roanoke Rapids, NC 27870. 252-538-2145
 - Spartan Elite 365 – 43 W 11th St, Roanoke Rapids, NC 252-533-9348
 - Upwards Basketball - Calvary Baptist Church, 1405 Bolling Rd, 252-537-9828

- Looking Up Soccer – Good News Baptist Church, 714 NC 125 Hwy, 252-537-7389

Senior Center

- Jo Story Senior Center (ages 55 and older) 701 Jackson, Street, Roanoke Rapids, NC 27870. 252-533-2849. (Bingo, Weight loss support group, quilting, Wii bowling, mall walking, knitting, Tai-Chi Meditation, Exercise, Meals on Wheels/Congregate Meals)

Farmer's Market/Vegetable/Fruit Stands

- Roanoke Valley Farmer's Market 378 Hwy 158, Roanoke Rapids, NC 27870. Contact 252-583-5161
- Windy Acres Farm- corner of Zoo Rd and Hwy 158, Roanoke Rapids, NC 27870. Contact 252-673-6931
- Dunlow Farms Produce Stand 250 Premier Blvd, Roanoke Rapids, NC 27870
- Small private vegetable/fruit stands located throughout the county

Nutrition Services

- Halifax Regional 250 Smith Church Road, Roanoke Rapids, NC 27870 (252-535-8011). Registered Dietitians provide medical nutrition therapy. Group nutrition classes provided upon request for civic groups, organizations, restaurants, and schools.
- WIC Roanoke Rapids Office 116A West 3rd Street, Roanoke Rapids, NC 27870. Contact 252-535-4845. Free lunch sites for children age 0-18 at TJ Davis and JA Chaloner Recreation Centers.

Weight Loss Programs

- Weight Watchers held at First Presbyterian Church 16 East 5th Street, Roanoke Rapids, NC 27870

Other Physical Activities

- Ms. Bonnie's School of Dance 501 E 10th Street, Roanoke Rapids, NC 27870 School of dance plus line dancing and zumba. www.msbonniesschoolofdance.com. 252-532-6613 or 919-418-1473.
- Progressions 710 E 10th Street, Roanoke Rapids, NC 27870. 252-532-7100. www.progressionsdancecenter.com
- Given's Dance Studio 1033 Roanoke Avenue, Roanoke Rapids, NC 27870. 252-537-7296. www.givensdancestudio.com. Children and adult dance classes.

- THE ROCK 539 Becker Drive, Roanoke Rapids, NC 27870. Home of Myrick School of Dance and Valley Cheer. 252-537-3071. www.rvdanceandcheer.com. Children and adult dance classes plus competition cheer, tumbling, zumba, yoga, and karate.
- Bounce and Bounce Party Zone 1620 E 10th Street, Roanoke Rapids, NC 252-535-3400
- Hangtime 1203 E 19th St, 252-541-4232
- Concrete Rose Dance Academy, 936 Roanoke Ave., Roanoke Rapids, NC 27870, 252-260-0028

Weldon

Weldon – Town Hall – 252-536-4836

Parks/Recreation/Fitness/Gyms/Walking Trails

- River Falls Park 100 Rockfish Drive, Weldon, NC 27890, Contact 252-536-4836. Playground equipment, shelters, walking trail.
- Roanoke Canal Trail – 7.5-mile nature trail. Contact 252-537-2769.
- Jasad’s Boxing Club 207 Washington Avenue, Weldon, NC 27890. Roy Edmonds 718-744-8614. Boxing Instructions and Weight Loss Boxing.
- Halifax Community College Fitness Trail – Weldon, NC. Contact 252-536-2551.

Nutrition Services

- Rural Health Group Clinic-open to anyone 252-578-8685 (located at Halifax Community College)

Additional Resources

- **Roanoke Valley Community Health Initiative (RVCHI)**
A group of diverse institutions and organizations from Halifax and Northampton Counties that have come together to promote healthy living through education, empowerment, and health access for families and individuals of the Roanoke Valley.
Contact information: Kayla Taylor, Community Outreach Coordinator
kayla.taylor@vidanthealth.com 252-535-8771
- **Nurse Family Partnership (NFP)**
An evidenced-based community health program that partners first-time mothers with a registered nurse. The program goals focus on better pregnancy outcomes, healthy child development, and economic self-sufficiency of the parent. This program serves Halifax, Northampton, Edgecombe, and Bertie counties.
Contact information: Blair Creekmore, NFP Program Nurse Supervisor
blair.creekmore@nhcnc.net 252-534-5841

- **NC Foundation for Health Leadership and Innovation**
 A resource for communities focused on building leadership, shaping practices, affecting policy, and driving innovation.
Contact information: Will Broughton, Program Director Health ENC
will.broughton@foundationhli.org 919-821-0485
- **MDC, Inc.**
 MDC believes in a South where all people thrive. That vision for our region requires racial equity.
Contact information: Phillip Sheldon, Partnership Manager
phillip.sheldon@mdcinc.org 336-269-5386
- **Halifax County NC Cooperative Extension**
 Educational programming for agricultural interests, youth development, family, and consumer issues. EFNEP Expanded Food & Nutrition Education Program for Adults.
Contact Information: Jerry Edmonds, jeedmond@ncsu.edu 252-583-5161
- **Halifax Warren Smart Start**
 A partnership to enhance child care services delivered to children birth to age five, so that they may enter school healthy and ready to learn.
Contact information: Magda Baligh, Executive Director
mbaligh@hwss.org 252-537-5621
- **Progressive Resources and Opportunities** – Contact information: Mike Scott
mike.scott.pro@gmail.com 252-537-9050

Rural Health Group..... (252)536-5440

- Internal Medicine, Cardiology, Infectious Disease, Pulmonary Medicine, Sleep Disorders, Hematology, Family Medicine, Women's Health

Cardiology

ECU Health Heart & Vascular Care..... (252) 537-9268

Dentistry

Arthur and Nicholson, DDS, PA (252) 537-1054
Bhagwant's, A. R. "Raj" BDS, DMD (252) 537-4141
Brown, Doris B. DDS..... (252) 537-1412
Crenshaw, James E. Jr., DDS..... (252) 586-4059
Drew, Thomas C., DDS, PA..... (252) 445-5998
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Howard, Yee DMD, PA..... (252) 537-8822
Rural Health Group Dental Center (252) 536-5880
Creekside Dental-Vu, Herbert, DDS..... (252) 533-9300

Dermatology

Polly Clinic of Dermatology (800) 243-0566

Emergency Medicine

ECU Health North Hospital..... (252) 535-8425

Family Practice

Roanoke Clinic (252) 537-9176
Rural Health Group at Enfield (252) 445-2332
Rural Health Group at Hollister (252) 586-5151
Rural Health Group at Jackson..... (252) 534-1661
Rural Health Group at Lake Gaston (252) 586-5411
Rural Health Group at Rich Square..... (252) 539-2082
Rural Health Group at Roanoke Rapids..... (252) 536-5000
Rural Health Group at Scotland Neck (252) 826-3143

Gastroenterology

Halifax Gastroenterology..... (252) 535-6478

General Surgery

Rao, Shiva MD (252) 537-2254
ECU Health North General Surgery (Ketoff, Weir, Muller)..... (252) 537-1933

Hospital

ECU Health North Hospital..... (252) 535-8011
Duke Medical Center..... (919) 684-8111

- OBGYN..... (919)-681-5741
- Financial Assistance..... (919)-620-4555

UNC Hospital..... (984)974-1000
ECU Health North Medical Center..... (252)847-4100

Internal Medicine

Roanoke Valley Internal Medicine..... (252) 535-1082
Halifax Medical Specialists, PA..... (252) 535-3001
Halifax-Northampton Internal Medicine, PA.....(252) 537-0077
Rural Health Group at Roanoke Rapids.....(252) 536-5000
Valley Hypertension-Nephrology Associates, PA.....(252) 535-2111

Mental Health

Trillium Health Resources.....866-998-2597
Edwards Assessments & Counseling.....252-535-1070
Statewide Mental Health & Disability Services, PLLC.....252-308-1247

Obstetrics/Gynecology

Dr. Lawrence Singer and Assoc..... (252) 535-4343
Rural Health Group at Women's Health (252) 535-1414

Ophthalmology

Mid-Atlantic Eye Physicians(252) 537-8193
Rocky Mount Eye(252) 443-1006

Optometry

Mebane, Thomas A. Dr.....(252) 537-3401
Pro-Vision Optometric Center, PA(252) 519-9401
Optometric Eye Care Center..... (252) 537-6101

Orthodontics

Aman, Courtney, DDS, MS..... (252)365-4234
Miller, Kenneth Jr. DDS, M.Sc..... (252) 537-6115

Orthopedics

Nash Orthopedics.....(252) 443-8830
Northern Carolina Orthopedics.....(252) 537-5631

Otolaryngology

Carolina Otolaryngology Consultants.....(252) 535-2311

Pain Management

Roanoke Valley Pain Center.....(252) 410-0001

Pediatrics

Halifax Pediatrics.....(252) 537-1400
Park Avenue Pediatrics.....(252) 537-6465

Rural Health Group at Roanoke Rapids.....(252) 536-5000

Pharmacies

CVS Pharmacy (252) 537-7011
Drago Pharmacy (252) 537-7010
Drago – Littleton..... (252) 586-3836
Drug Care Pharmacy (Drums)..... (252) 445-3155
Rite Aid Pharmacy (252) 535-4681
Spears Pharmacy (252) 537-1146
Futrell Pharmacy of Littleton (252) 586-3414
McDowell's Pharmacy Scotland Neck (252) 826-4137
Walgreens Pharmacy (252) 535-4037
Walmart Pharmacy..... (252) 535-1170

Primary Care

Fast Med..... (252) 537-5600
Roanoke Rapids Express Care..... (252) 308-0686

Physical Therapy

Northeastern Carolina Physical Therapy Inc..... (252) 535-4809
ECU Health North Outpatient Rehabilitation..... (252) 535-3028

Podiatry

Bjarnason, Gary F., DPM (252) 535-2004

Psychiatry

Roanoke Valley Psychiatric Associates..... (252) 537-8400

Urology

Sai Urology..... (252) 308-6889