



**HERTFORD COUNTY,
NORTH CAROLINA**

 **ALBEMARLE REGIONAL HEALTH SERVICES**
Partners in Public Health

 **Health ENC**
Working Together for a Healthier Eastern North Carolina





ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Dear Community Member,

Your partnership in the Community Health Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, Vidant Roanoke Chowan Hospital and numerous other community partners continue to work together to provide this comprehensive report which illustrates the health status, health needs and improvements, as well as health resources in our communities. This document represents much time and effort by local health department staff, hospital staff, Healthy Carolinians members, and community members like you.

Pasquotank
Perquimans

Factors such as the rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and learn, as well as create challenges in our systems of service delivery which drive the need for a continuum of programs. Through the Community Health Assessment process, we are allowed to analyze and prioritize our community's needs and strengths *with* the people of the eight counties.

Camden
Chowan
Currituck
Bertie
Gates
Hertford

Strategies are implemented to target needs identified in the 2021 Community Health Assessment priority health rankings selection in order to create increased opportunities for healthier outcomes in our communities. Relationships will continue to be formed and strengthened as we join together to address the needs. This document provides data and steps to ensure we empower our communities to seek available and potential resources.

Thank you for your continued interest in the health of our communities.

Sincerely yours,

R. Battle Betts, Jr., MPA
Health Director
Albemarle Regional Health Services



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Contact Information

Albemarle Regional Health Services plans to share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Albemarle Regional Health Services website at www.arhs-nc.org. Efforts will be made with other agencies and local government, including county website, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. Healthy Carolinians of the Albemarle members will have access to the information found in the CHNA at their disposal to use in the community including evidence-based strategies, grant proposals, and program planning and implementation.

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Appendices to the 2021 Community Health Needs Assessment

- Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)
- Appendix B. HNC 2030 State and County Data (December 2021)
- Appendix C. County Data Tables (Spring 2021)

Acknowledgements

This report is the culmination of significant work led by Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health, in conjunction with key stakeholders from the community.

Support of this document was also provided by many other entities. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health greatly appreciate the help of our vital community stakeholders.

Special thanks go to Tia Brown for proofing/editing this document.

Executive Summary

Albemarle Regional Health Services and community partners are pleased to present the 2021 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Hertford County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Hertford 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 or 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.

The 2021 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Sentara Albemarle Medical Center, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

Vision Statement

The Public Health professionals and programs of Albemarle Regional Health Services are dedicated to disease prevention and the promotion of a healthy environment to reduce morbidity, mortality, and disability through quality service, education, and advocacy.

Partnerships/Collaborations

Partners in the 2021 CHNA process for Albemarle Regional Health Services include:

- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Roanoke Chowan Hospital

Local Healthy Carolinians partnerships utilized grass root efforts to ensure community citizen's opinions were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate representation of each county as a whole.

Regional/Contracted Services

The 2021-2022 Hertford County CHNA was supported by Health ENC (HealthENC.org), a collaborative initiative of health departments and hospitals in eastern North Carolina that provides support for community needs assessments statewide.

Collaborative Process Summary

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team included county residents as well as representatives from various local agencies and organizations from throughout the eight-county service area. The CHA Leaders Team members brought a wealth of knowledge and expertise on a variety of issues and populations in the county, and the broad range of backgrounds ensured objectivity throughout the prioritization process. The CHA Leaders Team met three times between April 2021 and July 2021 to review strategies for conducting primary data collection for the CHNA, stay informed of the process, and provide feedback.

Collaboration between Albemarle Regional Health Services and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, collecting survey data, and attending presentations. These partners also played an active role in the priority selection process.

Key Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) 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 primary and secondary data, several significant health needs were identified for Hertford County, as displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Cancer
Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Behavioral Health
Substance Abuse

Health Priorities

For Hertford county, health priorities chosen were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

Next Steps

This report describes the process and findings of a comprehensive health needs assessment for the residents of Hertford County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Hertford County. Following this process, Albemarle Regional Health Services and community partners will outline how they plan to address the prioritized health needs in their community improvement plans.

Chapter 1 Introduction

Description of County

Hertford County is a rural agriculture county located in the Northeastern coastal plains of North Carolina. It is bordered on the North by Virginia, on the east by Gates County and Chowan County, on the South by Bertie County and on the west by Northampton County. The Chowan River is the boundary between Hertford County and Gates and Chowan Counties.

The soil and natural water resources of Hertford County sustained its early inhabitants. Three separate tribes called modern-day Hertford County home; the Tuscarora, Chowanoac and Meherrin all lived in the region. The Meherrin Tribe of Hertford County is recognized by the state, with more than 700 of the 900 tribal members residing around Winton near the Meherrin River. The first non-indigenous settlers came from Southside Virginia to take advantage of the more productive soil.

Hertford County was formed in 1759 from Chowan, Bertie and Northampton counties and was named in honor of Francis Seymour Conway, Earl of Hertford. The Chowan River serves as a boundary between Hertford and Gates Counties. The first court was held at Cotton's Ferry but nearby Winton, originally Wynntown, was incorporated in 1766 and replaced Cotton's Ferry as the county seat. The town's location on the Chowan River resulted in an affluent river port.

River Seaports, Townships and Economic Development

The Chowan River was a major shipping route from the mid 1600s to the late 1800s. Tobacco and cotton from area plantations were shipped from Winton and Murfreesboro to the Albemarle Sound where the products were then shipped abroad. The Hurricane of 1795 struck an economic blow to the river seaports in Northeastern North Carolina because it closed the Roanoke Inlet that was located between the present Kill Devil Hills and Nags Head townships. The Roanoke Inlet was the shortest and easiest route through the barrier islands to the Atlantic Ocean at that time. The further decline of Winton was hastened by two occurrences: the use of bigger ships and the coming of the railroad. Folklore has it that Winton failed to grow as fast as Ahoskie because a Winton landowner refused to sell land to the Railroad in 1839, thereby causing the Railroad to be routed around Winton and through Ahoskie, which became the county's center of commerce. Murfreesboro, located on the Meherrin River, is the second largest township. Old deeds indicate that settlers lived on the site of Murfreesboro as early as 1710. The site was initially a landing site where exports and imports were inspected by a representative of the English Crown.

During the 1900's much of the rest of the state progressed but the northeast lagged behind. Trucks eventually replaced railroads as the quickest and cheapest way to transport goods. Good roads that connect to major cities are an economic asset. Unfortunately, the roads in the northeast did not keep up with the road progress in much of the state, and travel into and out of the region is, for the most part, time consuming. All highways running through the county are two lanes, which is part of the blame for the high Motor Vehicle Accident mortality rate. The closest Interstate, Interstate 95, is an hour away. There are no metropolitan areas within Hertford County or any in the three North Carolina counties bordering the county.

Both Highway 13 (North/South) and Highway 158, (East/West) intersect in the County, and are to be upgraded to four-lane highways by act of the Highway Trust Fund of the 1989 Session of the NC General Assembly. Work has recently begun on Highway 158.

Winton still serves as the county seat. In August 1830, all of the town records were destroyed by a fire set by an arsonist. More records were destroyed in February 1862 when the courthouse was set on fire by Union soldiers; the first courthouse to have this distinction during the Civil War. The current courthouse was built in 1955.

According to local leaders, the public school system has been a deterrent for moving to the county by professionals with children. Getting and keeping teachers has been a problem since the late 1970s. The present land area is 360 square miles of which 353 is land and 7 is water. The average elevation is 45 feet above sea level with soil that poorly supports septic systems.

Overview of Health ENC

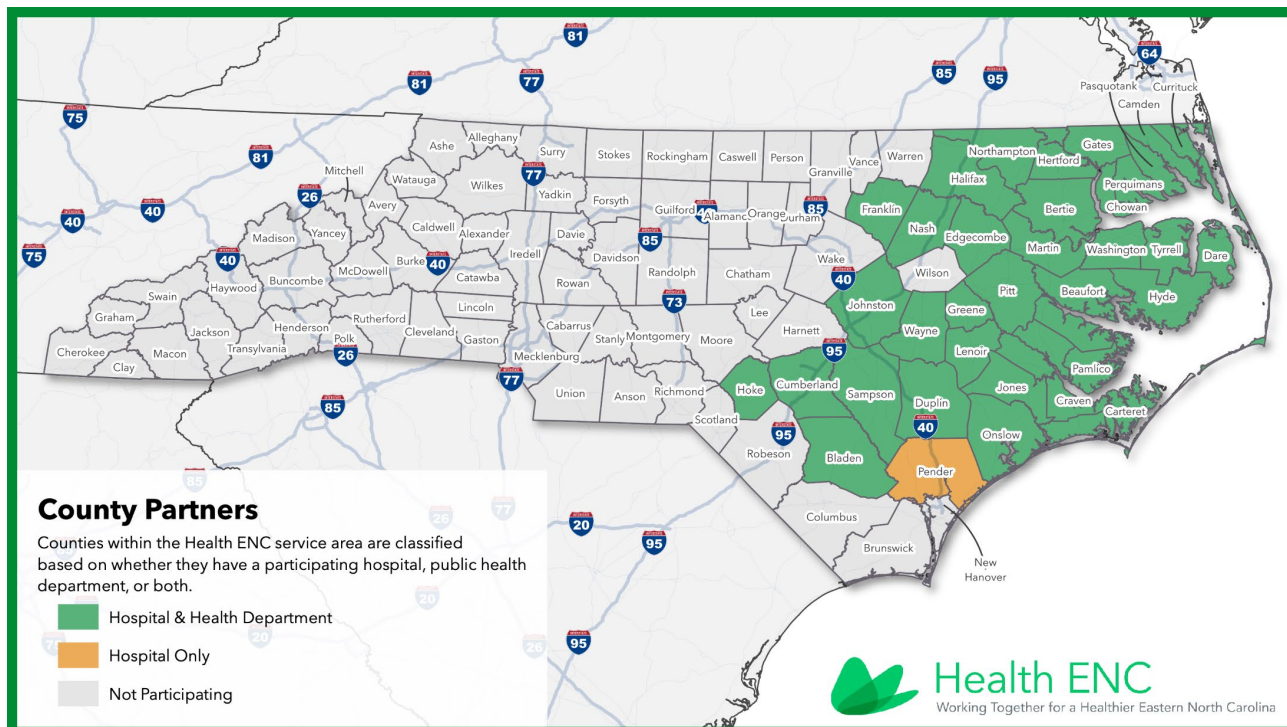
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce 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 2021-2022 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.

The Hertford County survey was comprised of 25 unique questions designed to collect information about key health and wellness areas indicated below. Surveys were made available publicly online and in paper format at a variety of community stakeholder locations between April 1 and June 30, 2021. Community locations for survey distribution were selected to enrich participation representation by historically underrepresented subgroups including minority populations, low income and elderly residents, and males. A total of 374 survey responses were received across Hertford County: 365 in English and 9 in Spanish.

Key Areas Examined

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

County Responses

- 365 Total English (Total in ENC survey =16,661)
- 9 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

The community health/community health needs assessment should provide a comprehensive source of the best available data to improve the lives of people. With a simple search from a smartphone, one can access

powerful data from reputable sources. The internet and broad-band connectivity have become essential tools for acquiring information and staying informed.

All data starts with a good data source and paying attention to the data sources is a critical factor in the decisions we make using data. Reputable data sources provide original data or complete transparency about the original source. The data source provides enough information about the data to provide context so that the data may be interpreted. The best data sources are current and reliable. Even if the data lag, and perhaps older than a year or more, data trends are often just as important for decision making as a single data point. Changes in definitions and methodology are documented and easily found with the data.

This assessment relies largely on data that are available from the following sources:

- 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/>

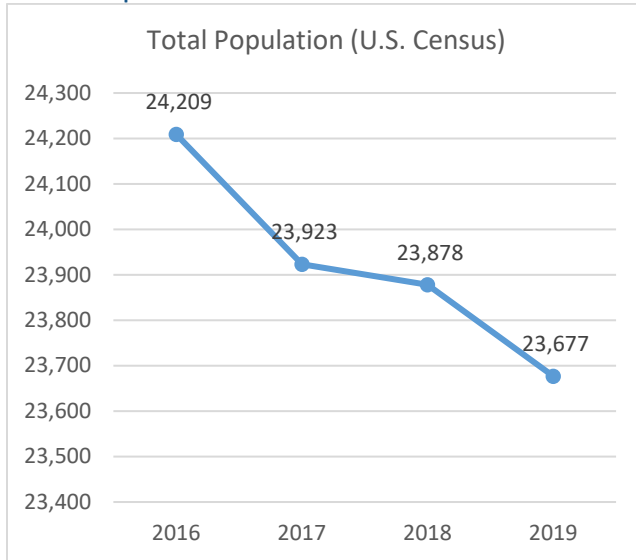
Additional data/data sources that were reviewed for this assessment can be found in the Appendices.

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.

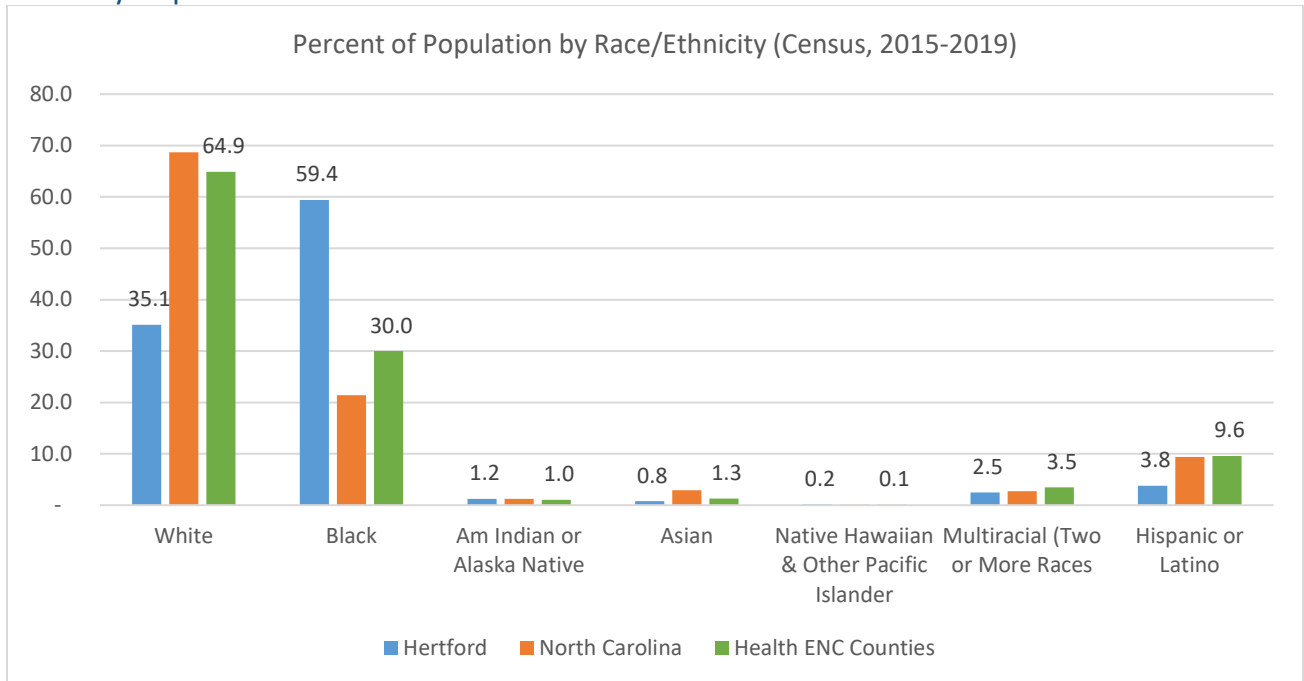
Chapter 2 Demographic Profile

Total Population



- In 2019, Hertford County had a population estimate of 23,677.
- From 2010 to 2019, the total population of Hertford County has decreased.

Minority Populations



The White population accounts for 35.1% of the total population in Hertford County, with the Black or African American population accounting for 59.4% of the total population. The White population in Hertford County (35.1%) is less than the White population in North Carolina (68.7%) and less than the Health ENC counties (64.9%). The Black or African American population in Hertford County (59.4%) is higher than the Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties

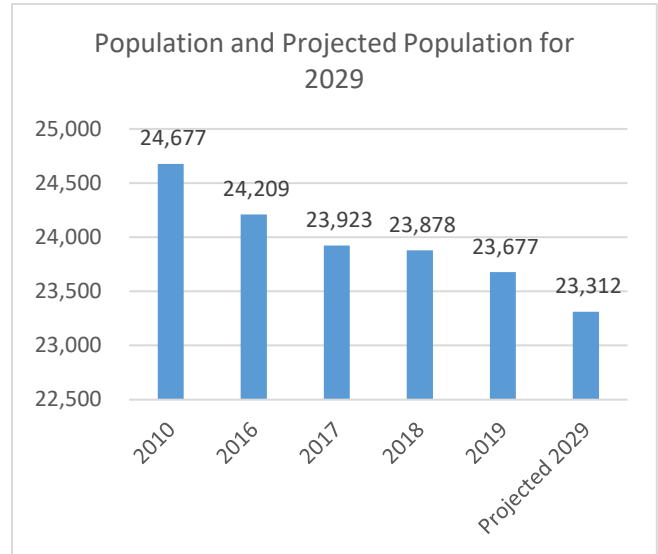
HERTFORD COUNTY 2021-2022 Community Health Needs Assessment

(30.0%). The Hispanic or Latino population comprises 3.8% of Hertford County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%)

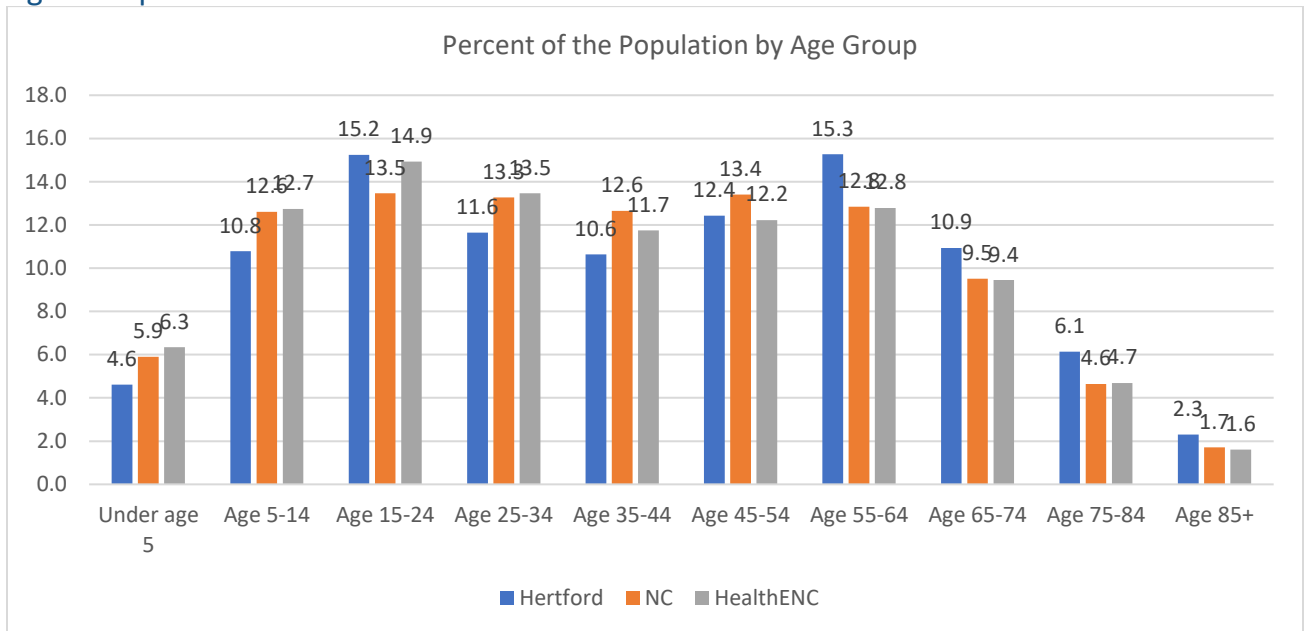
Population Growth

- The projected population decline for Hertford County for 2029 is estimated at 23,312 persons
- From 2010 to 2019, the total population of Hertford County has decreased by an overall 4%

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



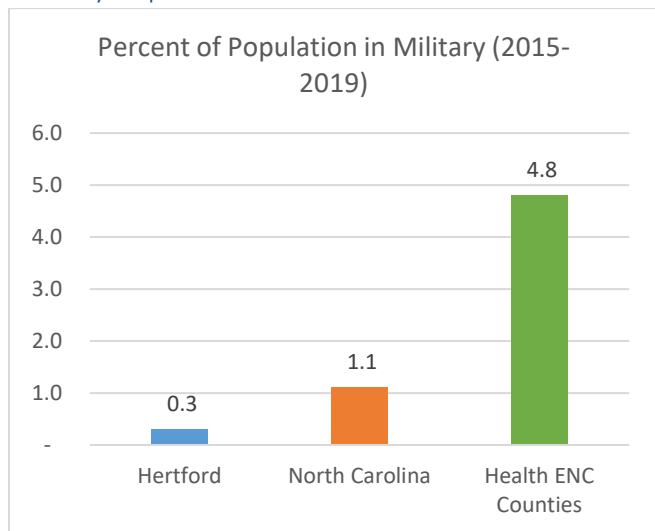
Age Groups



In Hertford County, the percent of people between the ages of 55-64 are higher (15.3%) than the Health ENC (12.8%) and N.C. (12.8%).

Military/Veteran Populations

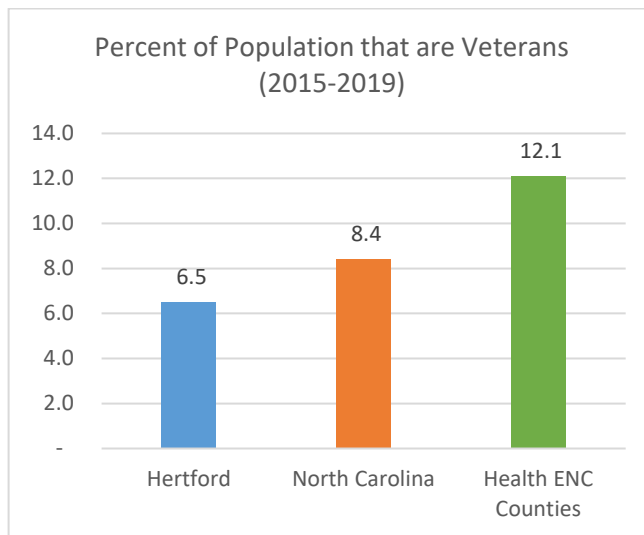
Military Population



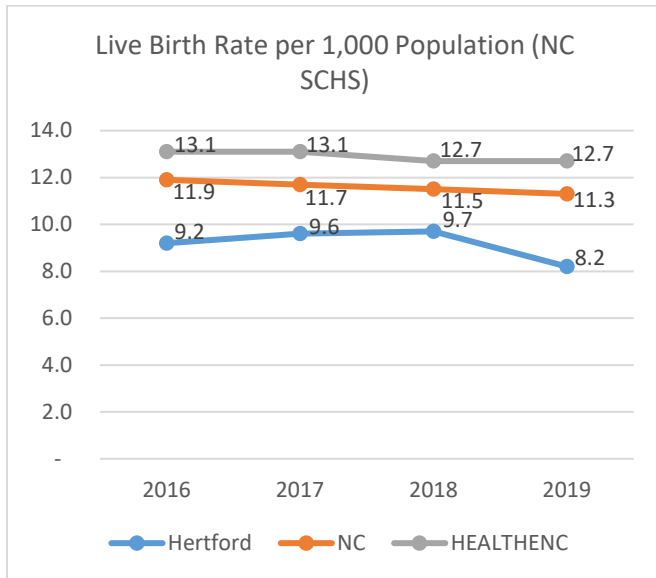
- The percentage of Military Population in Hertford County is 0.3%
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Hertford County has a smaller population

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. Hertford County has a veteran population of 6.5%, compared to 8.4% for North Carolina and 12.1% for Health ENC counties.



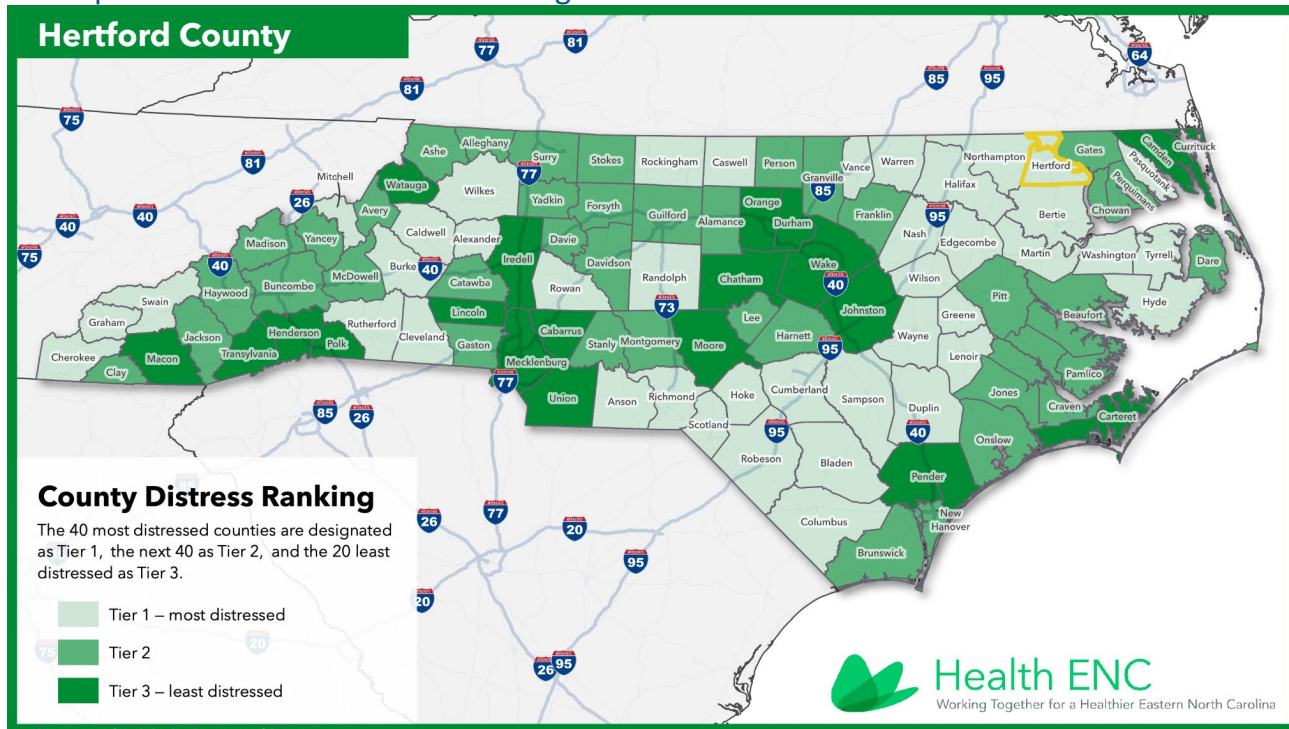
Birth Rates



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 Hertford County is lower than the birth rate in North Carolina and lower than the Health ENC Counties.

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. Hertford County has been assigned a Tier 1 designation for 2021.

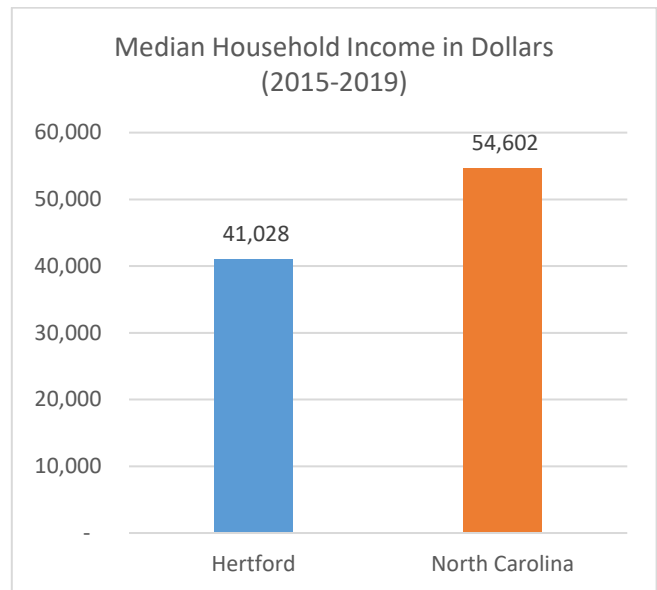
Hertford County has been assigned a Tier 1 designation for 2021

County Tiers are calculated using four factors:

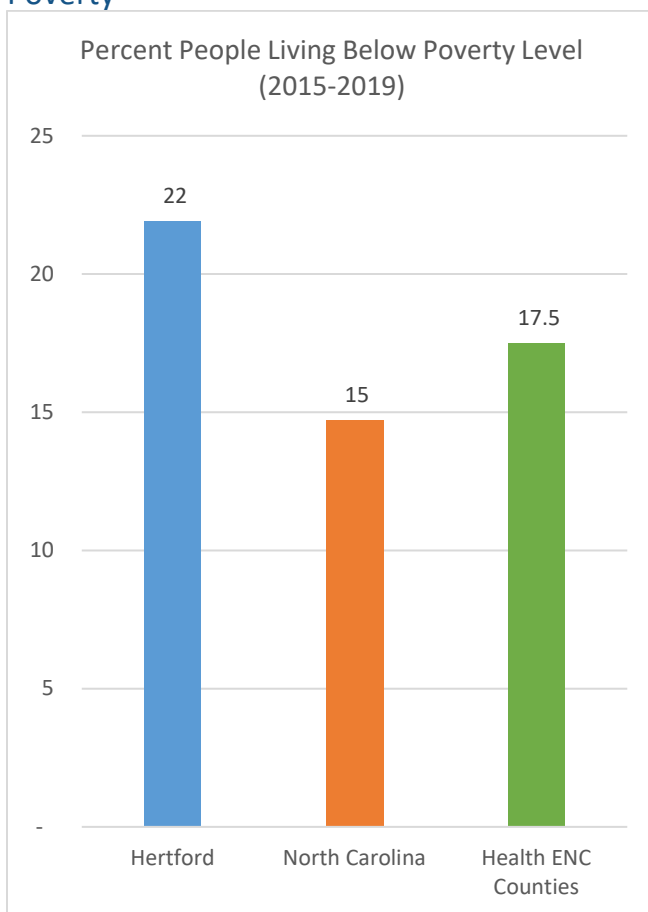
- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

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 Hertford County (\$41,028), which is lower than the median household income in North Carolina (\$54,602).



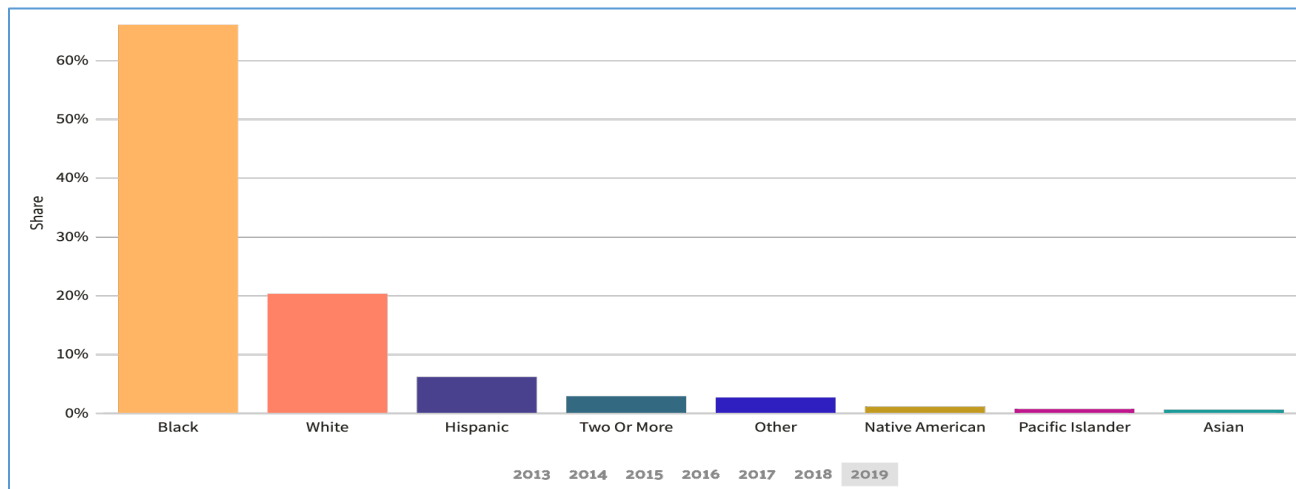
Poverty



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 the figure, 22.0% percent of the population in Hertford County lives below the poverty level, which is 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/hertford-county-nc#economy>

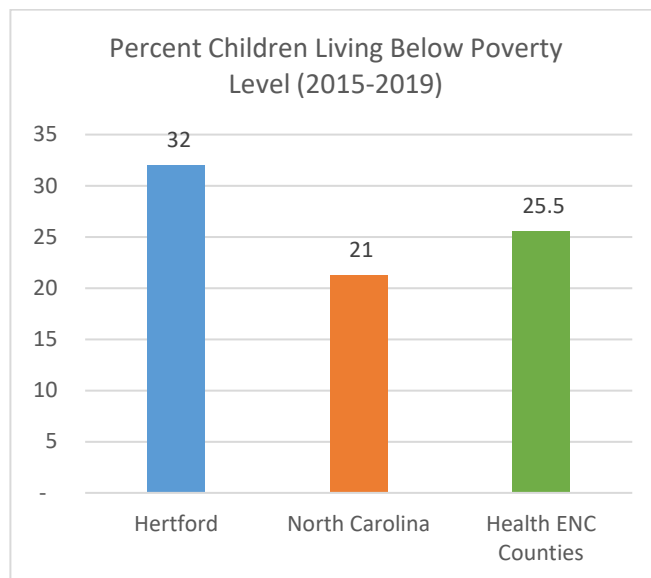
The most common racial or ethnic group living below the poverty line in Hertford County, NC is Black, followed by White and Hispanic.

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, then that family and every individual in it is considered to be living in poverty.

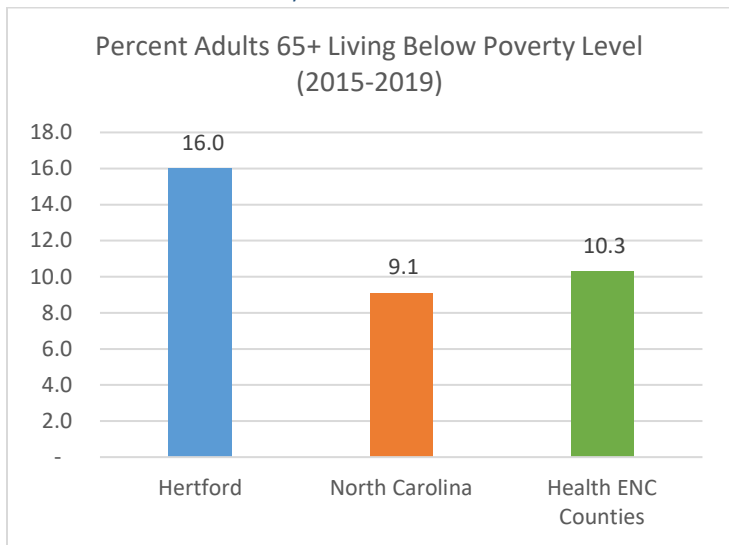
*Data from [the Census Bureau ACS 5-year Estimate](#).

Children In poverty

- The rate of children living below the poverty level is much higher for Hertford County when compared with N.C. and the Health ENC Counties



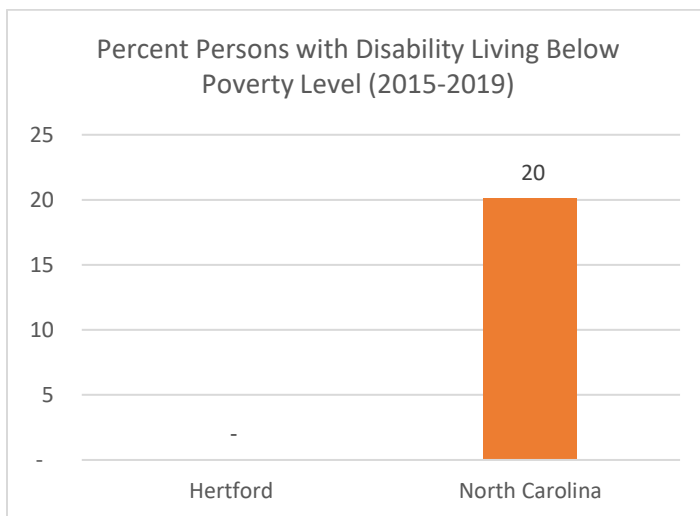
Older Adults in Poverty



- The rate of adults age 65+ years living in poverty is 6.9% higher in Hertford County when compared with NC and the Health ENC counties by 5.7%.

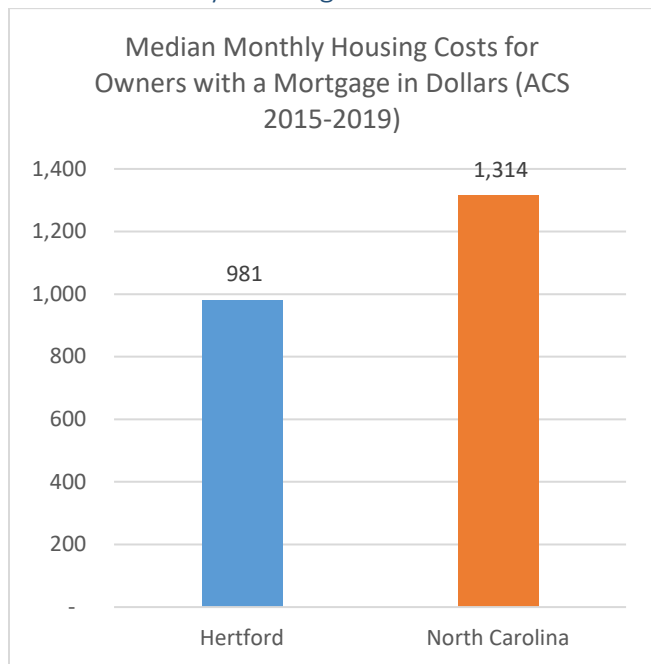
Disabled People in Poverty

The Census American Community Survey does not provide an estimate for the percent of disabled people living in poverty for Hertford County.



Housing

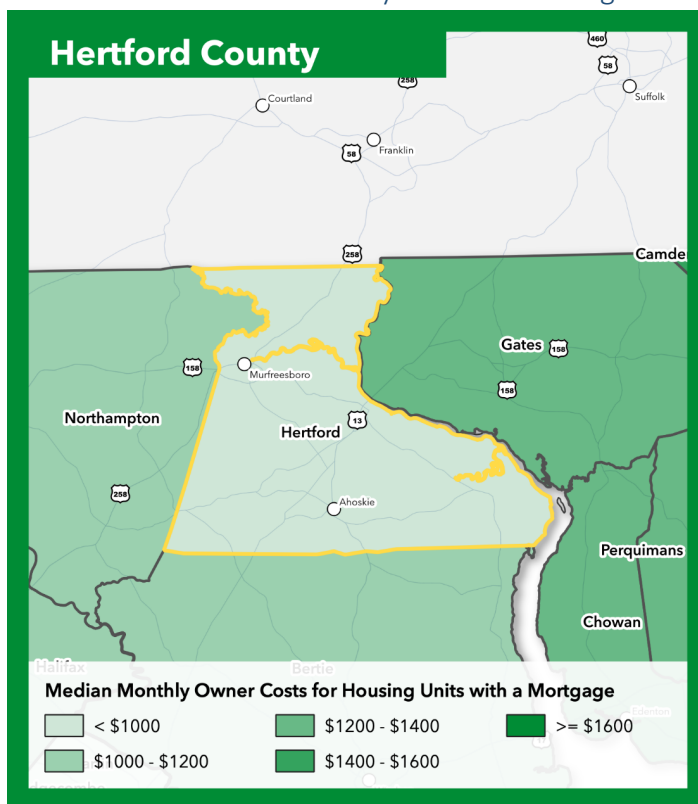
Median Monthly Housing Costs



The average household size in Hertford County is 2.4 people per household (owners) and 2.58 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) but slightly higher for renters (2.43 people per household).

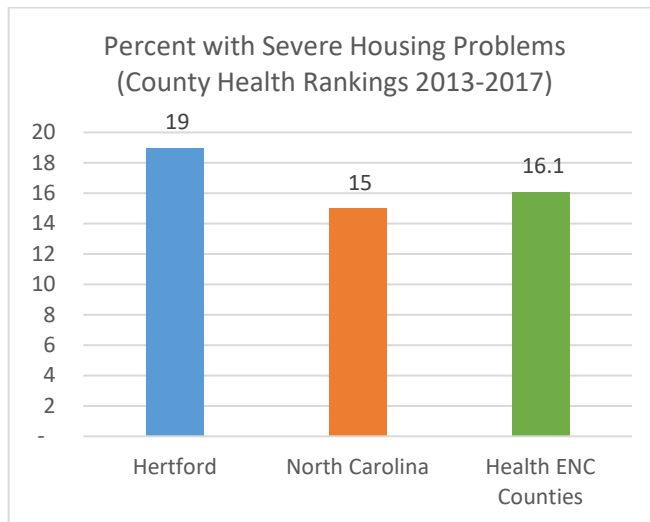
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This figure shows mortgaged owners median monthly household costs in the Health ENC region. In Hertford County, the median housing costs for homeowners with a mortgage is \$981. This is much lower than the North Carolina value of \$1,314, and is the lowest county for median monthly housing costs in the Health ENC region.

Median Monthly Household Costs in Hertford County and Surrounding Counties



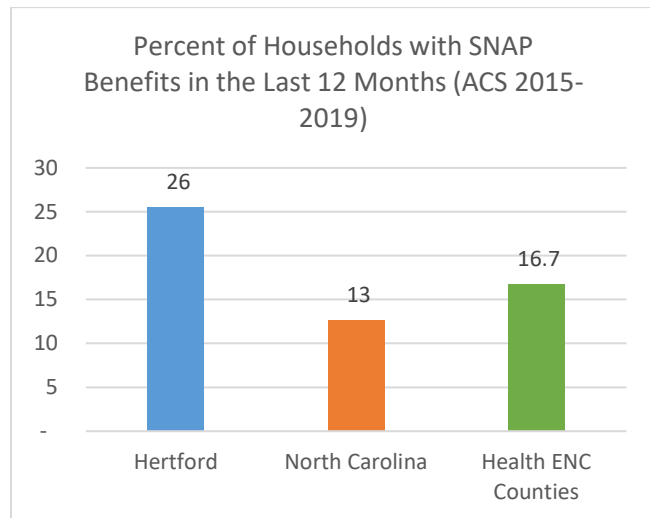
Severe Housing Problems

- 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 Hertford 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.

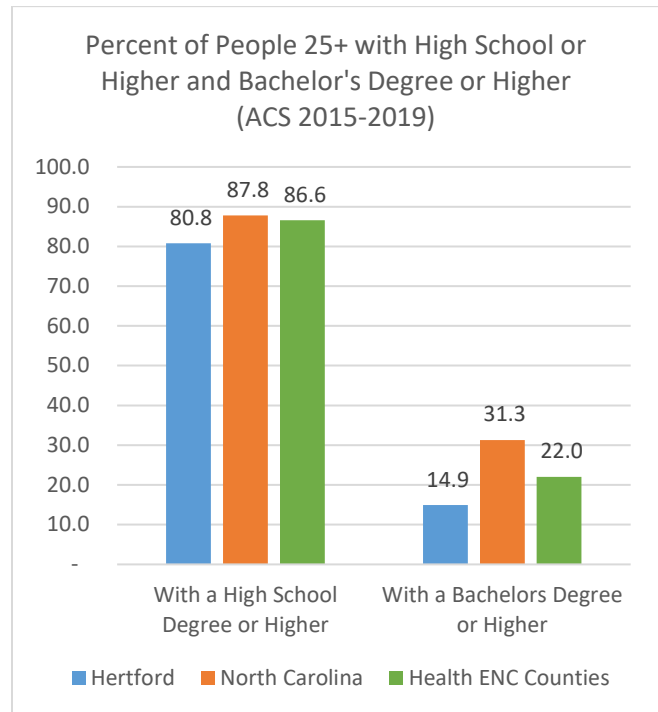
This figure shows the percent of households with children that participate in SNAP. The rate for Hertford County, 26%, is much higher than the state value of 13% and the Health ENC region value of 16.7%.

Education

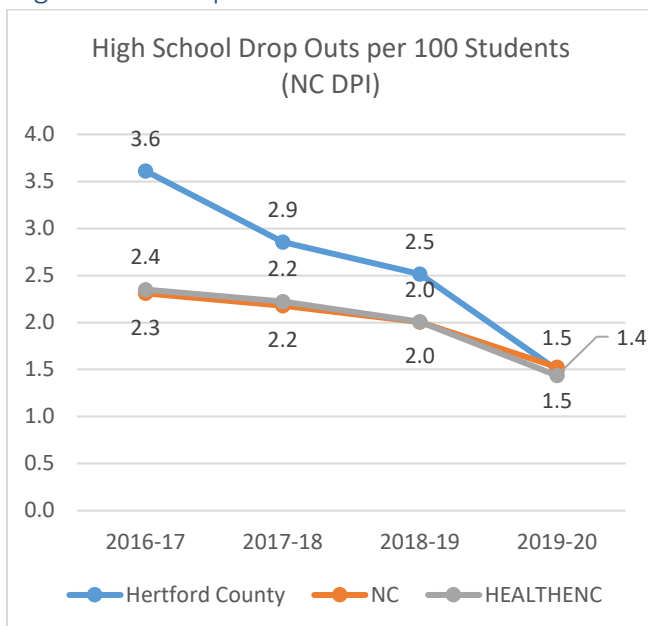
Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual’s social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor’s degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

- In Hertford County the percent of residents 25 or older with a high school degree or higher was lower (80.8%) than the state value (87.8%) and the Health ENC region (86.6%)
- Percent with a higher education attainment in Hertford County was lower (14.9%) compared to N.C. (31.3%) and Health ENC region (22.0%)



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.

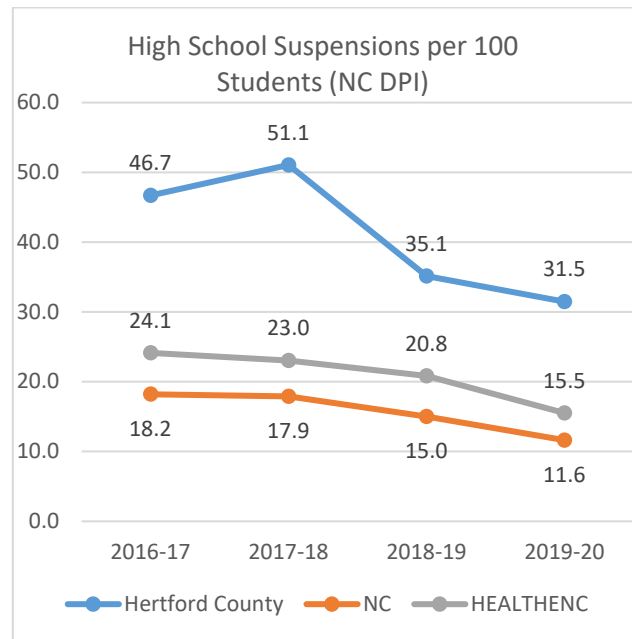
- Hertford County’s high school dropout rate was 1.5% in 2019-2020, which was same as the rate in North Carolina (1.5%) but slightly higher than the Health ENC region (1.4%)
- Hertford County’s high school dropout rate has been on a decline over the past four measurement periods.

HERTFORD COUNTY 2021-2022 Community Health Needs Assessment

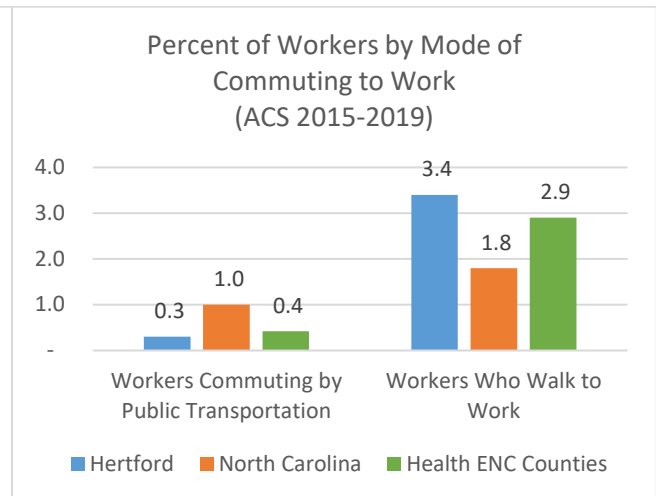
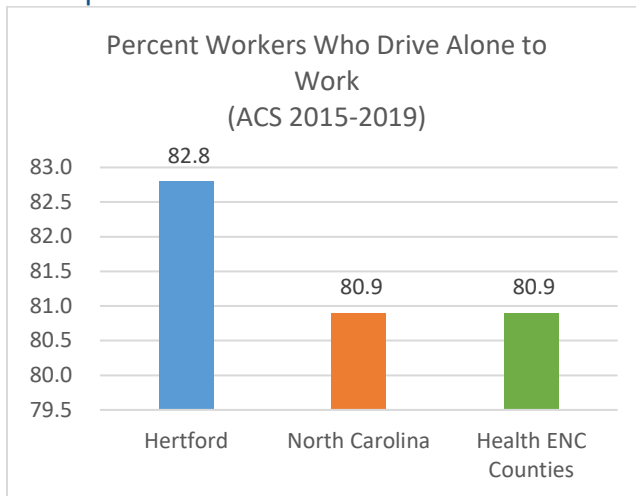
High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

- Hertford County’s rate of high school suspension (31.5 per 100 students) was higher than North Carolina’s rate (11.6) the Health ENC counties (15.5) in 2019-2020



Transportation

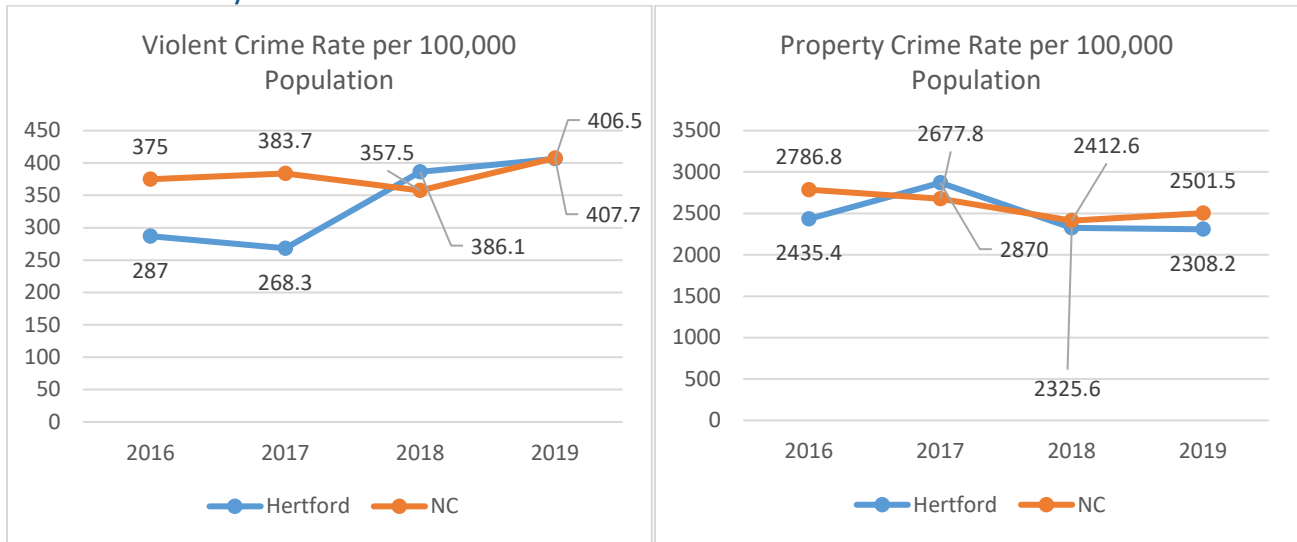


Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking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

- In Hertford County, an estimated 0.3% of residents commute to work by public transportation, compared to the state value of 1.0%.
- Approximately 3.4% of residents walk to work, which was higher than the state value of 1.8%. An estimated 82.8% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

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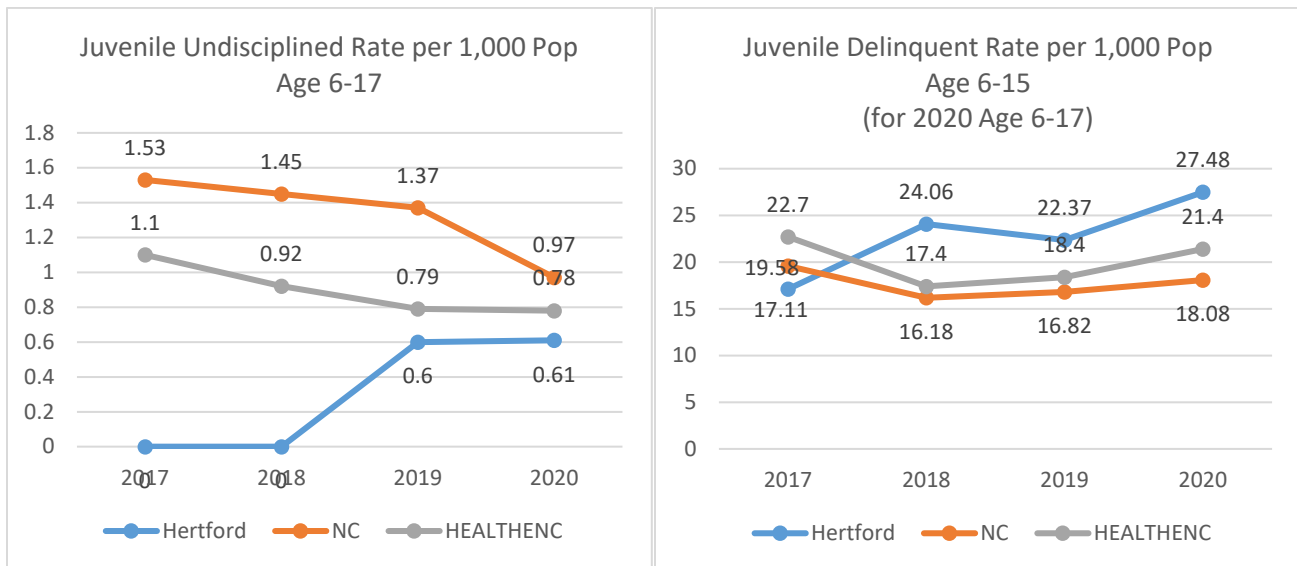
Crime and Safety



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.

- From 2016 to 2019, the violent crime rate in Hertford County increased from 287 to 406.5.
- During the same time period, the property crime rate decreased from 2435.4 to 2308.2, which was lower than the 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

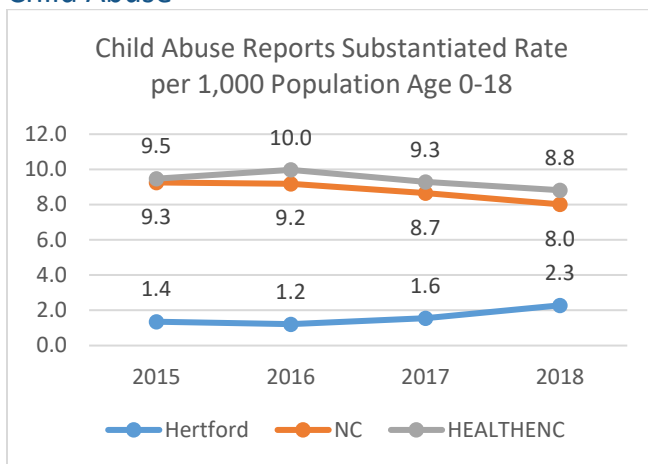
HERTFORD COUNTY 2021-2022 Community Health Needs Assessment

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.

- In 2020, the juvenile undisciplined rate in Hertford County (0.61) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Hertford County was higher (27.48) than N.C. (18.1) and the Health ENC region (21.4)

Child Abuse



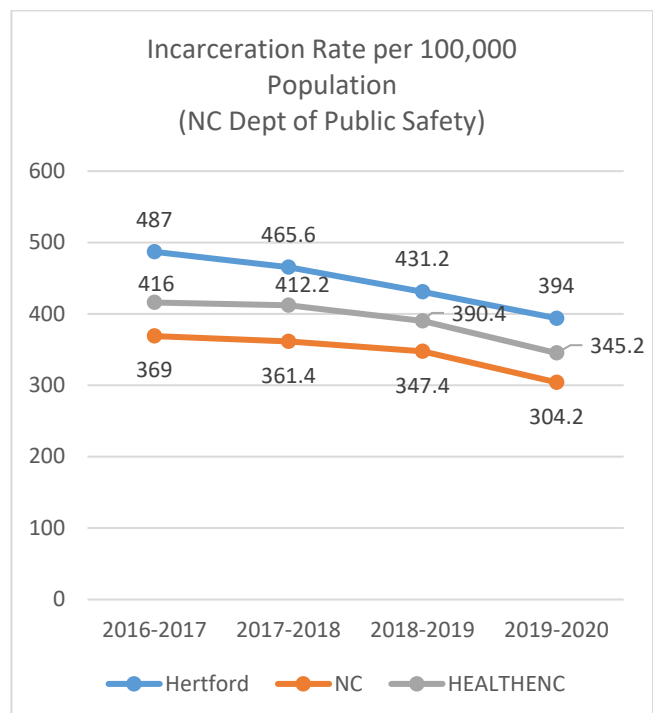
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

- The 2018 child abuse rate in Hertford County was lower (2.3 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.) and the Health ENC (8.8)

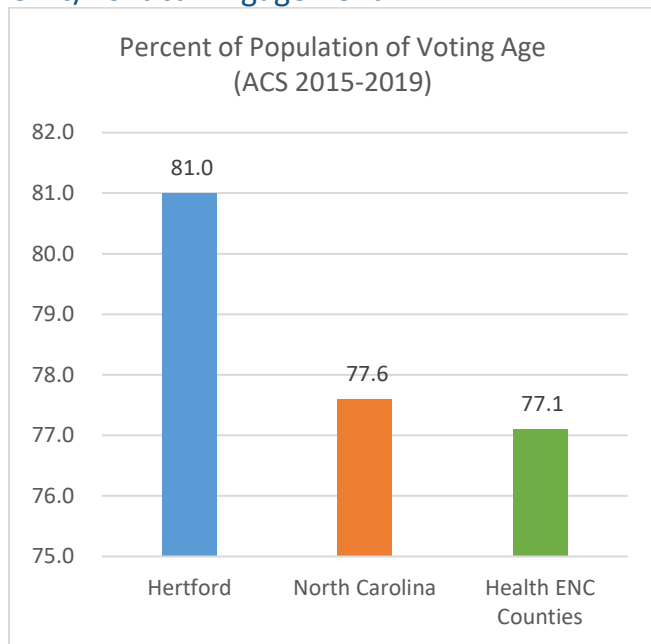
Incarceration

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 Hertford County has decreased
- In 2019-2020, the incarceration rate in Hertford County was higher (394 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.

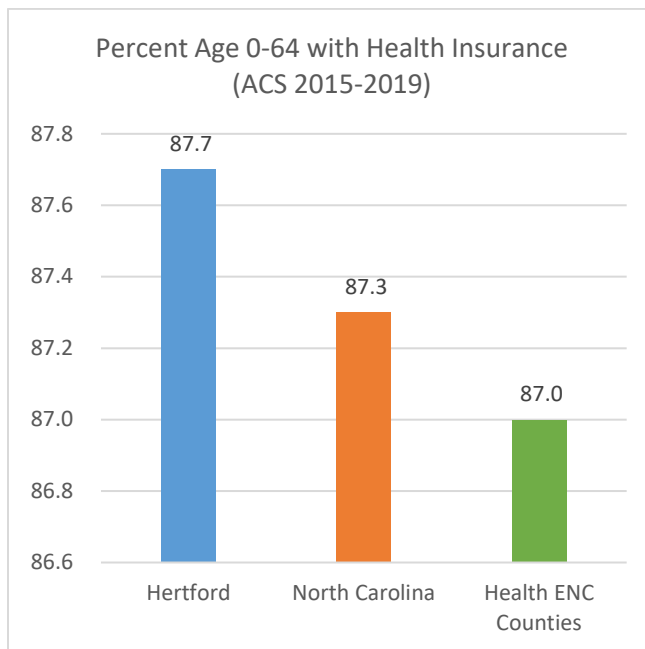
- Hertford County has a higher percent of residents of voting age (81%) than North Carolina (77.6%) and the Health ENC Counties (77.1%)

Chapter 4 Clinical Care Profile

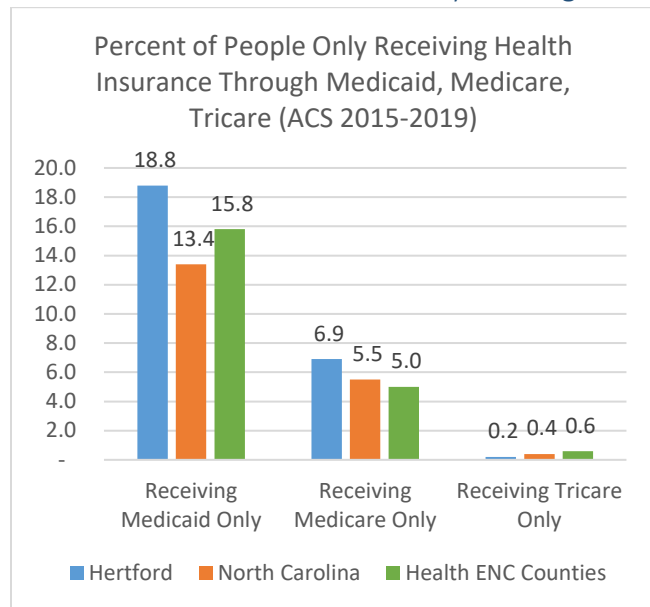
Health Insurance Coverage

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 costly to treat.

- Nearly 13% of the population 0-64 years of age in Hertford County are uninsured
- The rate of individuals aged 0-64 years old that have health insurance coverage in Hertford County is 87.7%, which was slightly higher than the rate for North Carolina (87.3%) and the Health ENC region (87.0%)



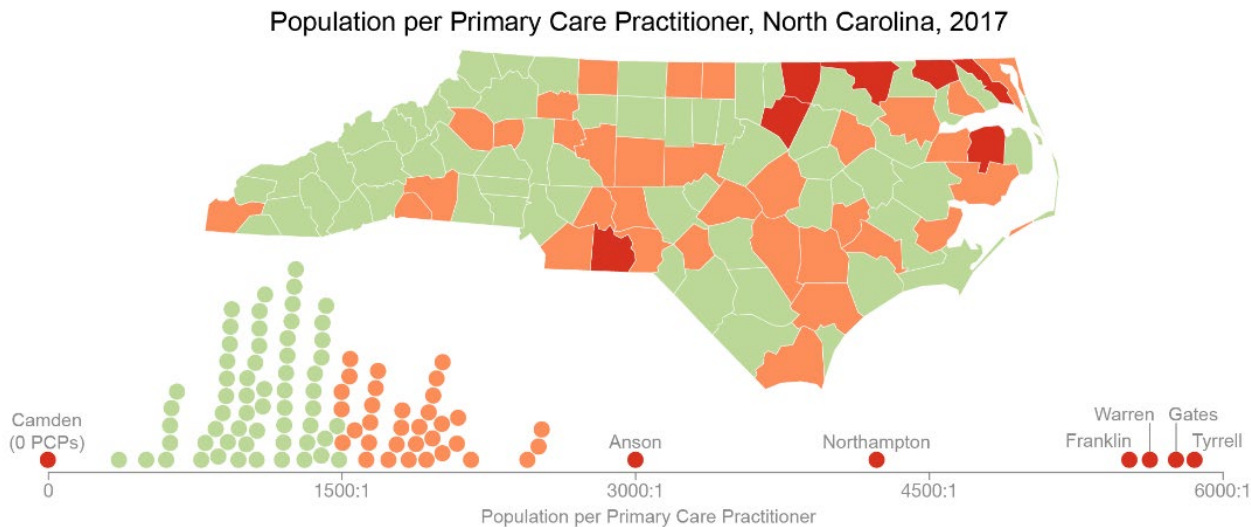
Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare



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

- In Hertford County, 18.8% of the population report receives health insurance coverage through Medicaid, 6.9% Medicare and 0.2% 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



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.

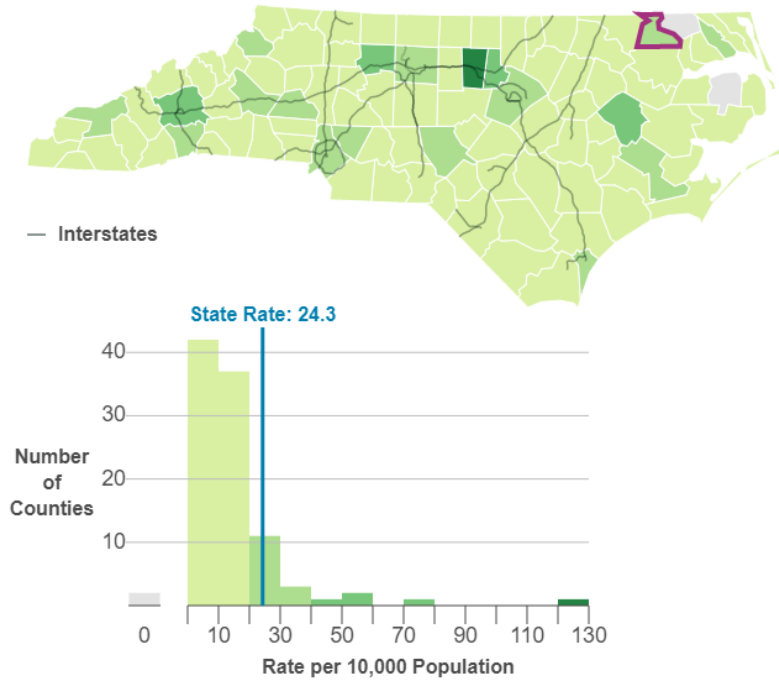
On the map above, green indicates the county is meeting the NC Institute of Medicine’s target ratio of 1 primary care provider to every 1,500 people. Currently, 60% of NC’s 100 counties meet the NCIOM’s target. Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, 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).

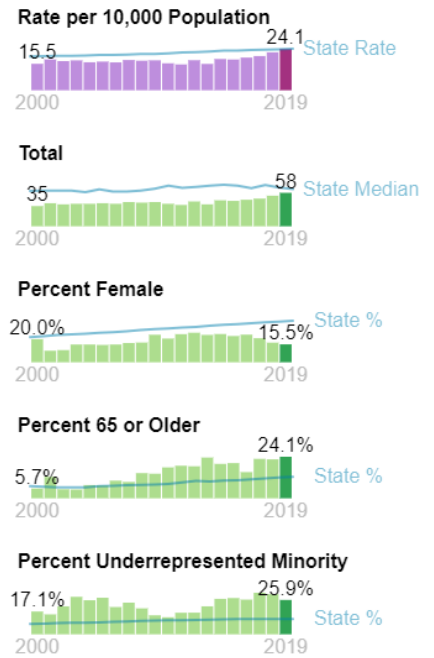
https://nhealthworkforce.unc.edu/blog/primary_care_nc/

HERTFORD COUNTY 2021-2022 Community Health Needs Assessment

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



Profession Demographics for Hertford County



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://nhealthworkforce.unc.edu/interactive/supply/>.

The number of physicians per 10,000 population in Hertford County has decreased from 15.5 physicians in 2000 to 24.1 in 2019.

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://nhealthworkforce.unc.edu/interactive/supply/>.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Hertford County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	69	291.42	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Cancer	55	232.29	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Alzheimers Disease	25	105.59	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Chronic Lower Respiratory Diseases	21	88.69	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Other Unintentional Injuries	13	54.91	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Diabetes Mellitus	12	50.68	6	Alzheimers Disease	4,508	42.98	6	Alzheimers Disease	918	42.45
7	Cerebrovascular Disease	9	38.01	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Nephritis Nephrotic Syndrome and Nephrosis	6	25.34	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Septicemia	6	25.34	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Pneumonia and Influenza	5	21.12	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in **2019**.

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

This table shows the leading causes of mortality in Hertford County, North Carolina, and Health ENC Counties in 2019.

Many of these chronic conditions death rates are higher than the state and the Health ENC County Region rates.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 HERTFORD		
Rank	Cause	#
1	MVT - Unintentional	24
2	Poisoning - Unintentional	17
3	Firearm - Assault	14
4	Firearm - Self-Inflicted	11
5	Fall - Unintentional	7
TOTAL		90

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 Hospitalization 2016 to 2019 HERTFORD		
Rank	Cause	#
1	Fall - Unintentional	205
2	MVT - Unintentional	58
3	Poisoning - Unintentional	43
4	Unspecified - Unintentional; Motor Vehicle-Nontraffic - Unintentional	14
5	Poisoning - Self-Inflicted	12
TOTAL		412

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

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

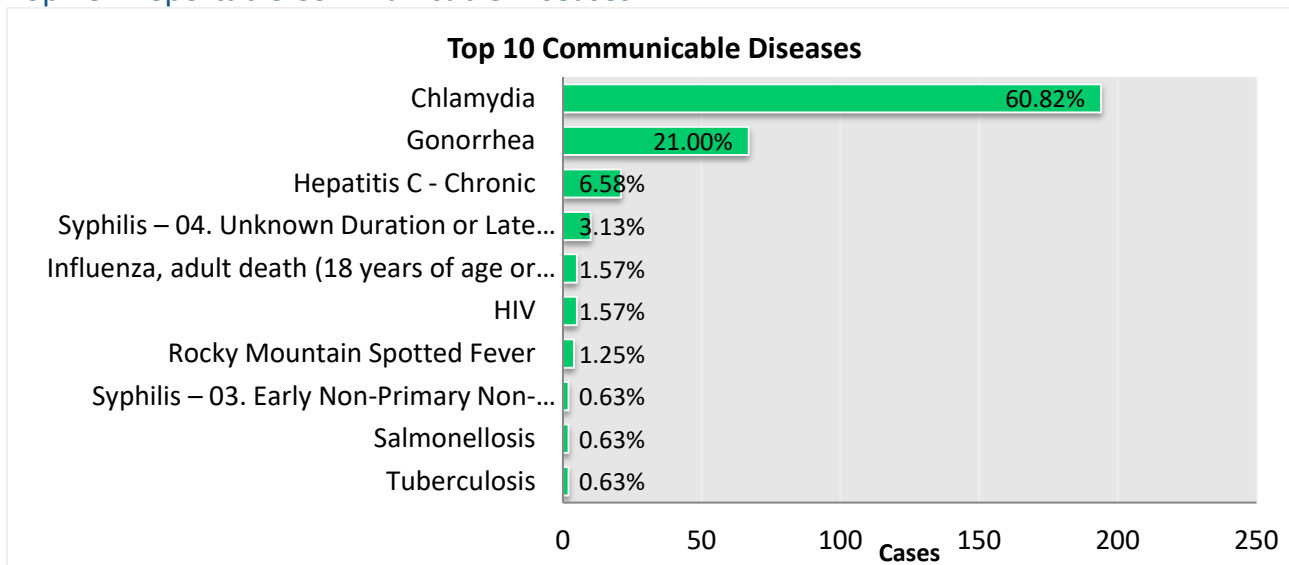
Leading Causes of Emergency Department Visits

Leading Causes of Injury ED Visits 2016 to 2019 HERTFORD		
Rank	Cause	#
1	Fall - Unintentional	2,428
2	Unspecified - Unintentional	1,596
3	MVT - Unintentional	1,489
4	Struck By/Against - Unintentional	778
5	Natural/Environmental - Unintentional	486
TOTAL		9,486

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

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

Top Ten Reportable Communicable Diseases



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>

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).

Preventing and controlling the spread of communicable diseases are a top concern among communities.

The top communicable diseases as reported by NC DHHS in Hertford 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.

Communicable case counts and rates at the state and county level can be found by following the weblink in the slide

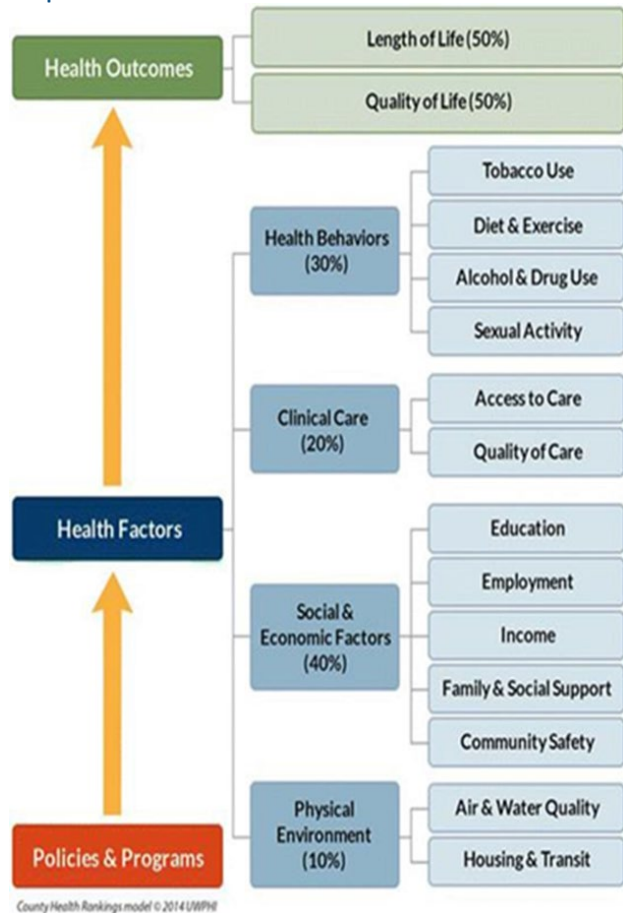
Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Hertford	NC
Health Outcomes		
Premature Death	9,600	7600
Low Birthweight	11%	9%
Health Factors		
Health Behaviors		
Adult Smoking	24%	18%
Adult Obesity	49%	32%
Physical Inactivity	42%	23%
Alcohol impaired driving deaths	44%	28%
Sexual Transmitted infections	881.50	647.80
Clinical Care		
Uninsured	12%	13%
Primary Care Physicians	1390 to 1	1400 to 1
Mammography Screening	47%	46%
Flu Vaccinations	44%	52%
Social & Economic Factors		
High School Completion	81%	88%
Some College	53.00%	67.00%
Unemployment	5.20%	3.90%
Children in single parent households	50.00%	28.00%
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 provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

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

Chapter 8 Survey Findings

Top 3 issues which have the highest impact on quality of life:

- Low income/Poverty
- Drugs/Alcohol
- Lack of Affordable Housing

Top 3 services that need the most improvement:

- More Affordable/Better Housing
- Positive Teen Activities
- Higher Paying Employment

Survey questions and responses in their entirety are located in Appendix A.

Chapter 9 Inventory of Resources

Childcare

Agency Name: ACC Child Care Center

Address: 309 Church Street West Ahoskie, NC 27910

Phone: (252) 209-0540

Service(s) Offered: Christian-based childcare center offering services for infants, toddlers, Pre-School, Pre-K, Afterschool care for ages 5-12, and summer camp.

Agency Name: Rehoboth Educational Services

Address: 415 Holloman Ave. Ahoskie, NC 27910

Phone: (252) 332-8700

Service(s) Offered: Childcare for pre-school aged children

Agency Name: CADA Hertford Co. Head Start

Address: 213 W Modlin Road Ahoskie, NC 27910

Phone: (252) 209-8569

Service(s) Offered: Childcare for pre-school aged.

Education/Training

Agency Name: Roanoke Chowan Community College

Address: 109 Community College Road, Ahoskie, NC 27910

Phone: (252)862-1200

Service(s) Offered: GED program, Continuing Education Program, HRD classes, key training and CRC Remediation and Testing

Employment

Agency Name: Hertford County NCWorks Career Center

Address: 109 Community College Road, Ahoskie, NC 27910

HERTFORD COUNTY 2021-2022 Community Health Needs Assessment

Phone: (252)862-1257

Contact Person: Tamara Cumbo

Email: tamara.cumbo@nccommerce.com

Website: www.ncworks.gov

Service(s) Offered: Employment, Unemployment, Training Services for Youth and Adults, Title V

Food

Agency Name: Ahoskie Food Pantry (First Presbyterian Church)

Address: 701 E. Church St. Ahoskie, NC 27910

Phone: (252) 332-2145

Service(s) Offered: Free food supplies- Monday-Friday (9:30am-12pm)

Home Health

Agency Name: Home Life Care

Corporate Address: 613 E Memorial Dr, Ahoskie, NC 27910

Mailing address: P.O. Box 1106 Ahoskie, NC 27910

Phone: (800) 819-8988

Service(s) Offered: Home Health Services

Agency Name: Quality Home Staffing, Inc.

Address: 1109 E. Memorial Dr. Ahoskie, NC 27910

Phone: (252)332-1651

Service(s) Offered: Home Health Services

Agency Name: Quality Home Staffing, Inc.

Address: 224 W Main St, Ahoskie, NC 27910

Phone: (252)332-7754

Service(s) Offered: Home Health Services

Agency Name: Accordius Health at Creekside Care

Address: 604 Stokes St. Ahoskie, NC 27910

Phone: (252) 332-2126

Email: accordiushealth.com

Service(s) Offered: Home Health Services

Legal Aid

Agency Name: Legal Aid of North Carolina - Ahoskie office

Address: 610 610 Church St E, Ahoskie, NC 27910

Phone: (252) 332-5124 or (866) 219-5262

Service(s) Offered: Free legal assistance to income eligible persons

Local/County Government

Agency Name: Hertford County

Address: 115 Justice Drive, Suite 1, Winton, NC 27986

Administrative Offices: (252) 358-7805

Public Office Information Line: 252-358-7885

Website: www.hertfordcounty.nc.gov

Service(s) Offered: Aging/Senior Center/ Administration/Economic Development/

Maintenance & Grounds/ Register of Deeds/ Sheriff's Department/ Social

Services/ Tax Services/ Veteran Services/ Elections/ Planning & Zoning

Agency Name: Town of Ahoskie

Address: 201 W. Main St. Ahoskie, NC 27910

Phone: (252) 332-5146

Service(s) Offered: Administration, Police Department, Wastewater Treatment Plant, Public Works (Water, Sewer, Garbage), Fire Department

HERTFORD COUNTY 2021-2022 Community Health Needs Assessment

Medical Care

Agency Name: Roanoke Chowan Community Health Center

Address: 120 Health Center Dr. Ahoskie, NC 27910

Phone: (252) 209-0237

Service(s) Offered: Primary care, pediatric care, seasonal agricultural worker care, school healthcare, and behavioral health services.

Agency Name: Vidant Roanoke Chowan Hospital

Address: 500 South Academy St. Ahoskie, NC 27910

Phone: (252) 209-3000

Service(s) Offered: Emergency medical services, specialist medical services, behavioral healthcare, and surgical care

Agency Name: Hertford County Health Dept.

Address: 828 South Academy Street, Ahoskie, NC

Phone: (252) 862-4054

Service(s) offered: Primary Care, family planning, infectious disease care/prevention, adult healthcare, general healthcare.

Agency Name: Vidant Behavioral Health - Ahoskie

Address: 113 Hertford County High School Rd., Suite B, Ahoskie, NC 27910

Phone: (252) 209-8161

Service(s) Offered: Behavioral health

Rent/Utility/Housing

Agency Name: CADA Community Services Center

Address: 105 N. Academy St. Ahoskie, NC 27910

Phone: (252) 332-2692

Contact person: Jacqueline Melton, Manager

Service(s) Offered: Housing, rent, and utility assistance for low income families

Support Groups

Agency Name: Roanoke Chowan S.A.F.E. Domestic Violence

Address: Ahoskie, NC

Phone: (252) 332-1933

Service(s) Offered: Domestic violence services

Transportation

Agency Name: Choanoke Public Transportation Authority (CPTA)

Address: 505 N. Main St., Rich Square, NC 27869

Phone: (252) 539-2022

Service(s) Offered: Public Transportation

Chapter 10 Community Prioritization Process

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2021 CHNA process. The data was presented by ARHS, Sentara Albemarle Medical Center, and Vidant Health through presentations geographically dispersed throughout the Albemarle Region.

The presentations were widely promoted through email invitations, newspaper announcements, the ARHS website, social media outlets, and by partnering organizations in an effort to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Below is the list of presentations:

Tuesday, November 2, 2021:

Presentation via Zoom for Hertford County

Wednesday, November 10, 2021:

Presentation via Zoom for Gates County

Friday, November 19, 2021:

ECPC Senior Center (Camden, Currituck, Pasquotank, & Perquimans Counties)

Friday, December 2, 2021:

Presentation via Zoom for Bertie and Chowan Counties

In addition to Community Members, Community Agencies in Attendance Include:

Alliance for Children and Families

Behavioral Health

Board of Education/School System

City Government

Community College/University

Community Health Centers

Cooperative Extension

County Government

County Commissioners

Hospital Foundations

Law Enforcement

Local Health Departments

Local Hospitals

Local Treatment Centers

NC Partnership for Public Health

Rescue/Emergency Management Services

Smart Start

United Way

The community health needs prioritization process involved a synthesis of many sources of secondary data, community surveys, and the results of the Healthy North Carolina 2030 Indicator Rankings. After reviewing the CHNA presentation for each county, the opinions of community stakeholders and organizations were considered in the analysis of the data and prioritization process. The highest ranked topics were distilled from and compared across these sources to create a shortened list of priorities that was representative of the community and could be acted upon as a community collective.

Considerations set forth in the Centers for Disease Control and Prevention's (CDC's) Healthy People 2030 document factors were considered in the development of the CHNA and in the selection of priority needs areas for Hertford County. These factors include the following:

- Consideration of upstream risk factors and behaviors in addition to disease outcomes
- High-priority health issues that have a big impact on specific segments of the community,
- Risk and contributing factors that can be modified in the short term such as through evidence-based interventions and strategies,
- Consideration of SDOH, health disparities, and health equity, and
- Consideration of additional data sources that should be included to inform health priorities.

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues. After the post-presentation results were collected, the health issues were tallied.

For Hertford County those were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

HERTFORD COUNTY 2021-2022 Community Health Needs Assessment

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 Woods 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 Databook	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 Woods 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

Appendix A Community Survey Tool

Appendix B Healthy North Carolina (HNC 2030) State and Local Data

Appendix C Additional Secondary Data for the Community Health Assessment

Community Health Needs Assessment 2021

PID 1535

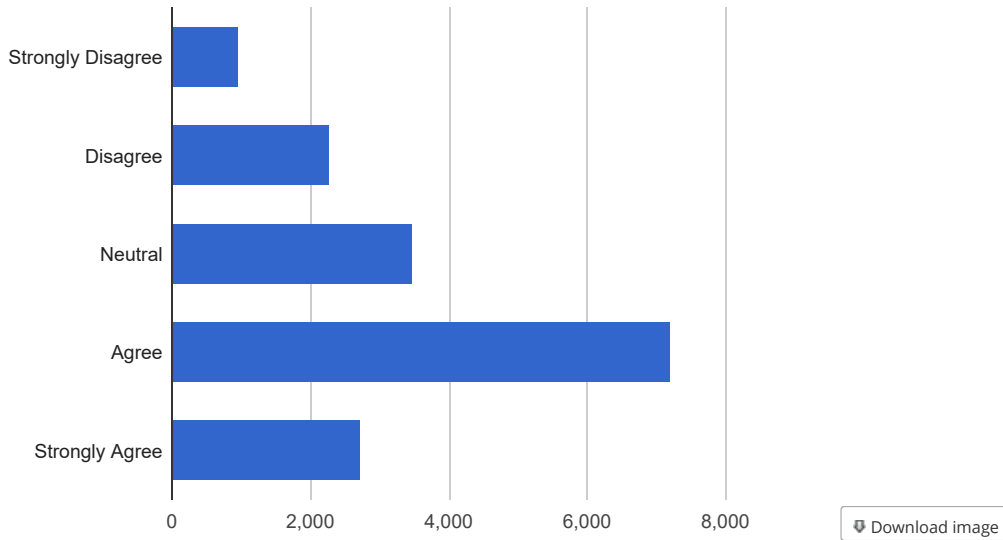
Data Exports, Reports, and Stats

Hertford County

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

Total Count (N)	Missing*	Unique
364	1 (0.3%)	5

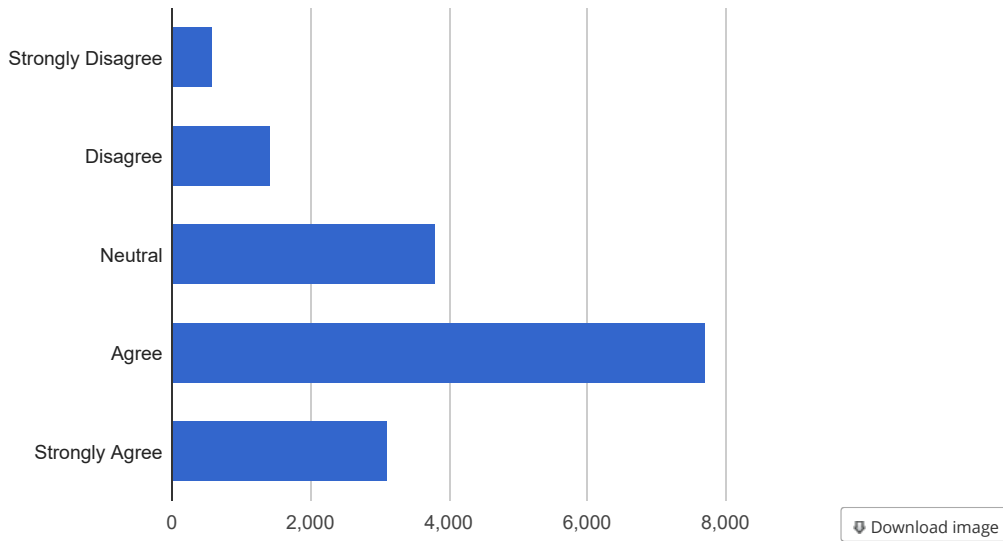
Counts/frequency: Strongly Disagree (11, 3.0%), Disagree (35, 9.6%), Neutral (66, 18.1%), Agree (172, 47.3%), Strongly Agree (80, 22.0%)



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

Total Count (N)	Missing*	Unique
364	1 (0.3%)	5

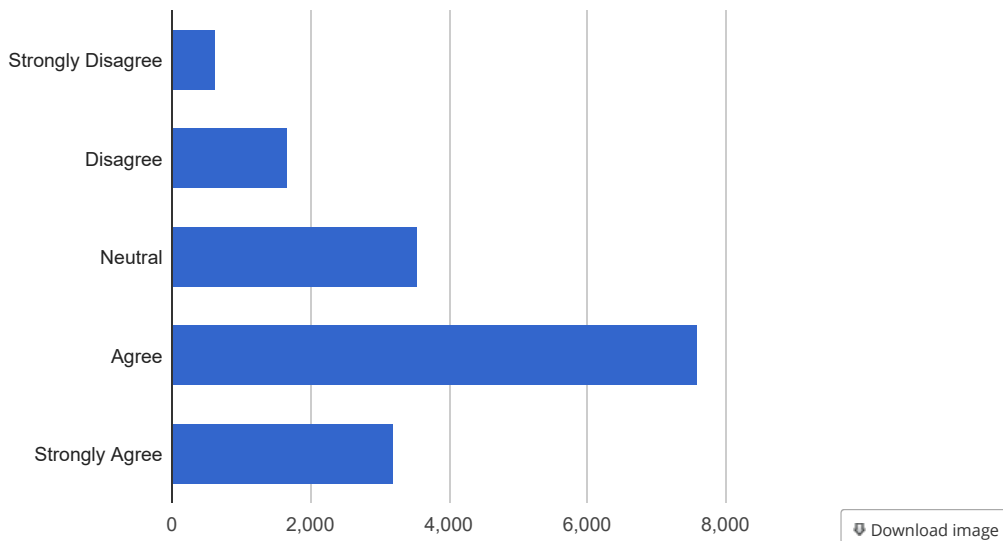
Counts/frequency: Strongly Disagree (17, 4.7%), Disagree (58, 15.9%), Neutral (118, 32.4%), Agree (126, 34.6%), Strongly Agree (45, 12.4%)



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

Total Count (N)	Missing*	Unique
363	2 (0.5%)	5

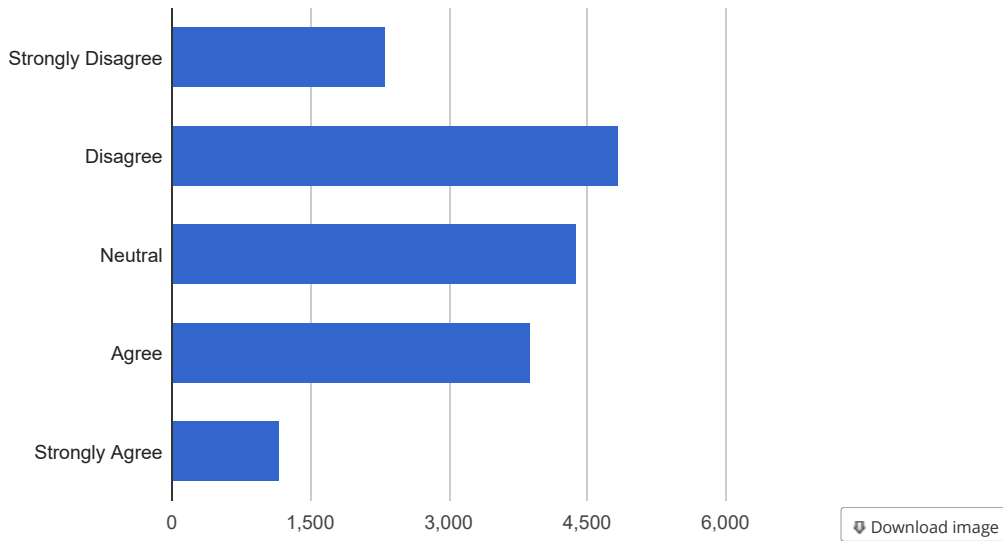
Counts/frequency: Strongly Disagree (17, 4.7%), Disagree (44, 12.1%), Neutral (99, 27.3%), Agree (144, 39.7%), Strongly Agree (59, 16.3%)



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

Total Count (N)	Missing*	Unique
363	2 (0.5%)	5

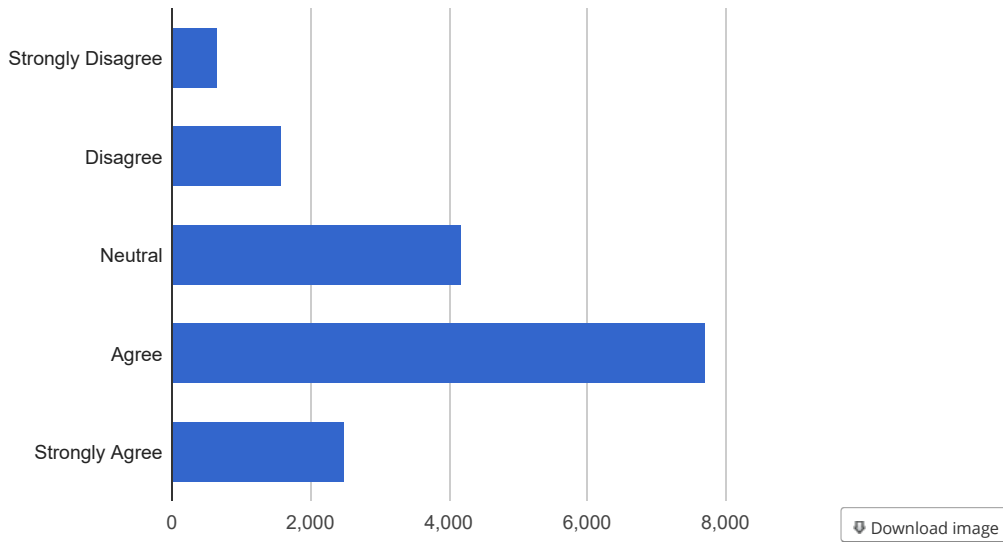
Counts/frequency: Strongly Disagree (70, 19.3%), Disagree (130, 35.8%), Neutral (79, 21.8%), Agree (59, 16.3%), Strongly Agree (25, 6.9%)



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

Total Count (N)	Missing*	Unique
364	1 (0.3%)	5

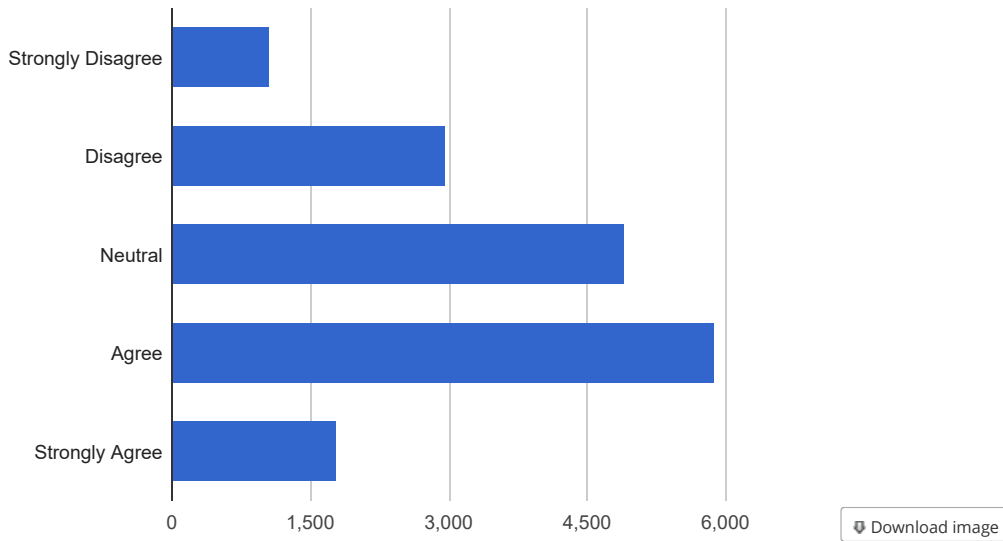
Counts/frequency: Strongly Disagree (14, 3.8%), Disagree (55, 15.1%), Neutral (135, 37.1%), Agree (134, 36.8%), Strongly Agree (26, 7.1%)



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

Total Count (N)	Missing*	Unique
363	2 (0.5%)	5

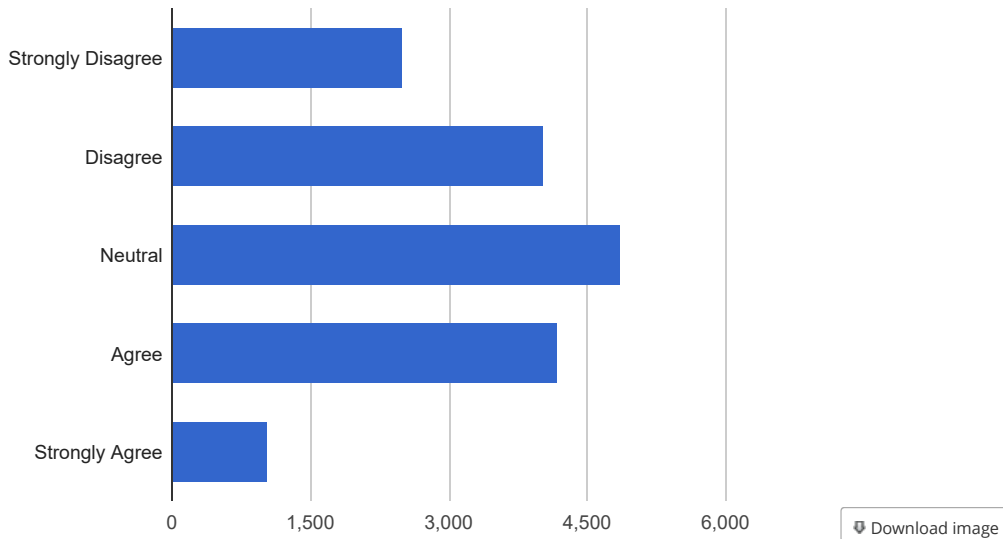
Counts/frequency: Strongly Disagree (24, 6.6%), Disagree (83, 22.9%), Neutral (102, 28.1%), Agree (120, 33.1%), Strongly Agree (34, 9.4%)



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

Total Count (N)	Missing*	Unique
364	1 (0.3%)	5

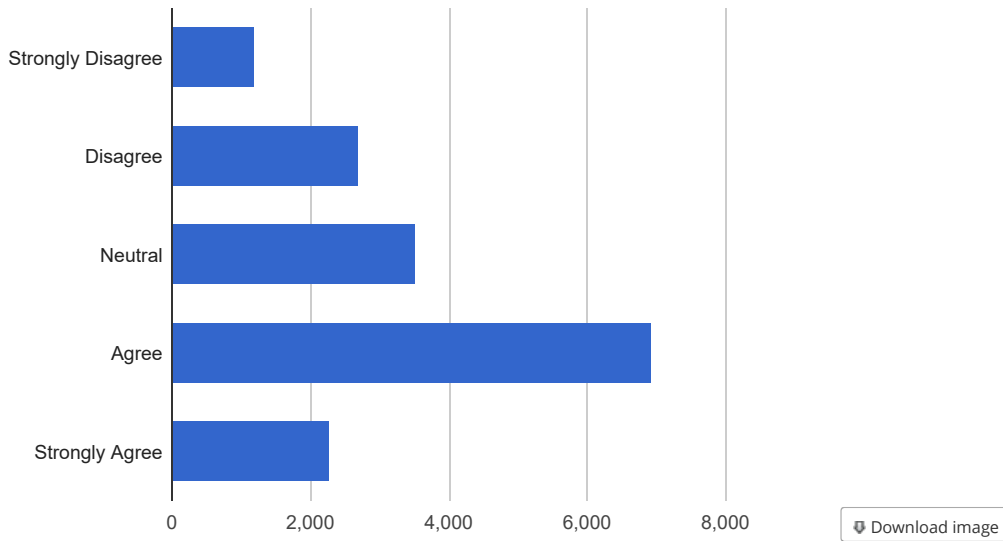
Counts/frequency: Strongly Disagree (26, 7.1%), Disagree (80, 22.0%), Neutral (131, 36.0%), Agree (104, 28.6%), Strongly Agree (23, 6.3%)



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

Total Count (N)	Missing*	Unique
363	2 (0.5%)	5

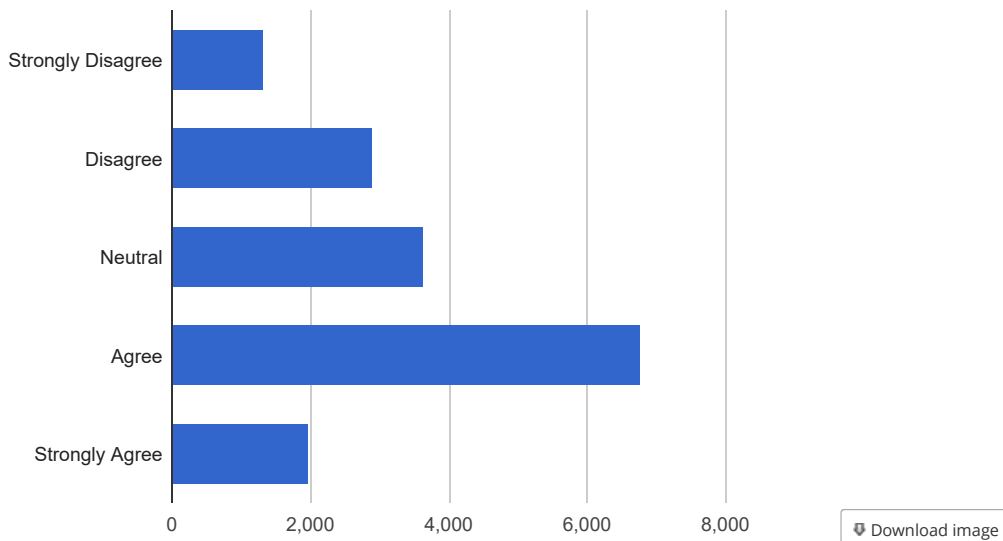
Counts/frequency: Strongly Disagree (48, 13.2%), Disagree (99, 27.3%), Neutral (84, 23.1%), Agree (110, 30.3%), Strongly Agree (22, 6.1%)



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

Total Count (N)	Missing*	Unique
364	1 (0.3%)	5

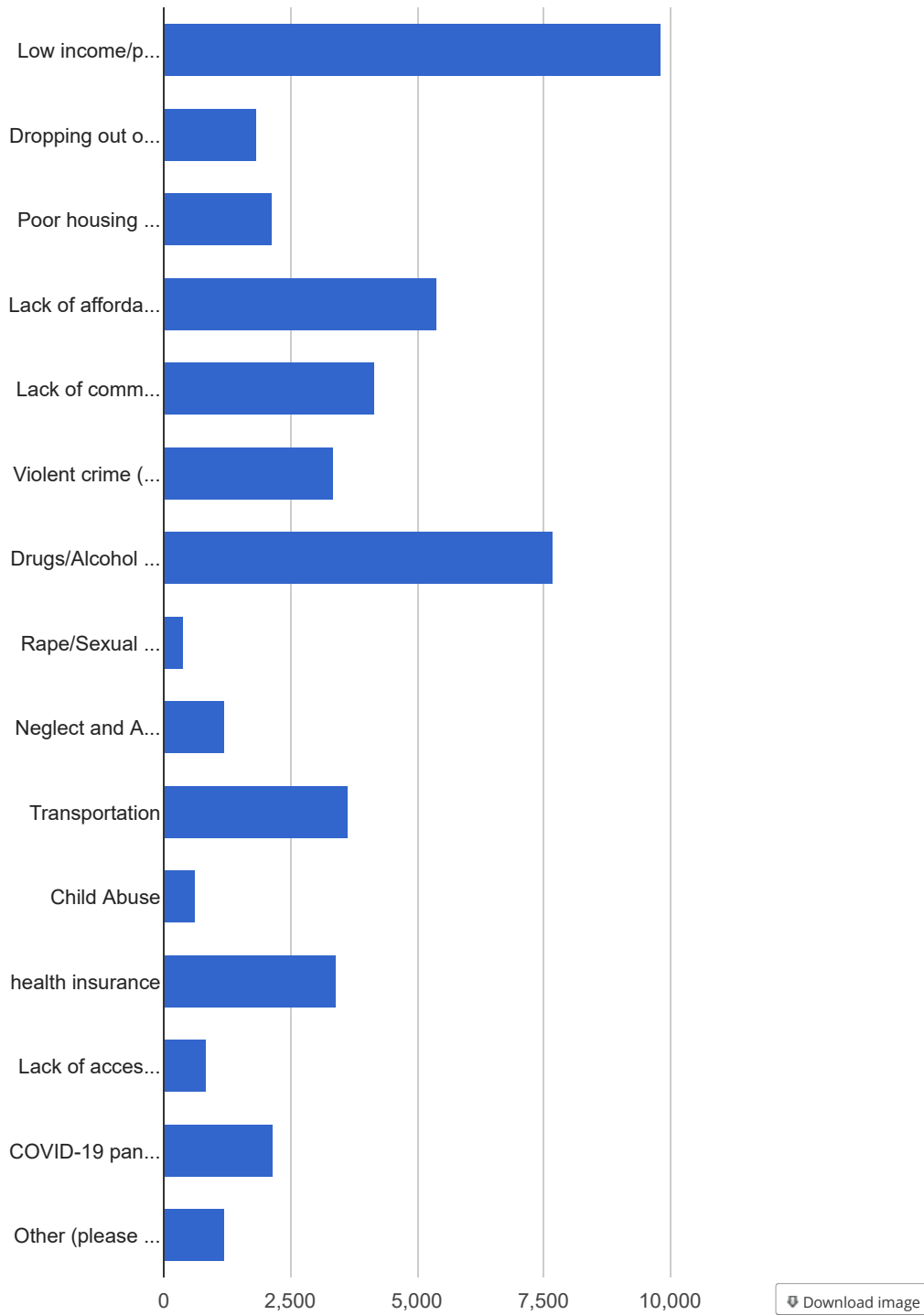
Counts/frequency: Strongly Disagree (29, 8.0%), Disagree (68, 18.7%), Neutral (81, 22.3%), Agree (148, 40.7%), Strongly Agree (38, 10.4%)



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

Total Count (N)	Missing*	Unique
363	2 (0.5%)	15

Counts/frequency: Low income/poverty (255, 70.2%), Dropping out of school (41, 11.3%), Poor housing conditions (41, 11.3%), Lack of affordable housing (76, 20.9%), Lack of community resources (125, 34.4%), Violent crime (murder, assault) Theft (128, 35.3%), Drugs/Alcohol (Substance Use) (165, 45.5%), Rape/Sexual Assault (7, 1.9%), Neglect and Abuse (16, 4.4%), Transportation (61, 16.8%), Child Abuse (10, 2.8%), health insurance (54, 14.9%), Lack of access to enough food (11, 3.0%), COVID-19 pandemic (50, 13.8%), Other (please specify) (17, 4.7%)



[Download image](#)

Other (*topthreeother1*)

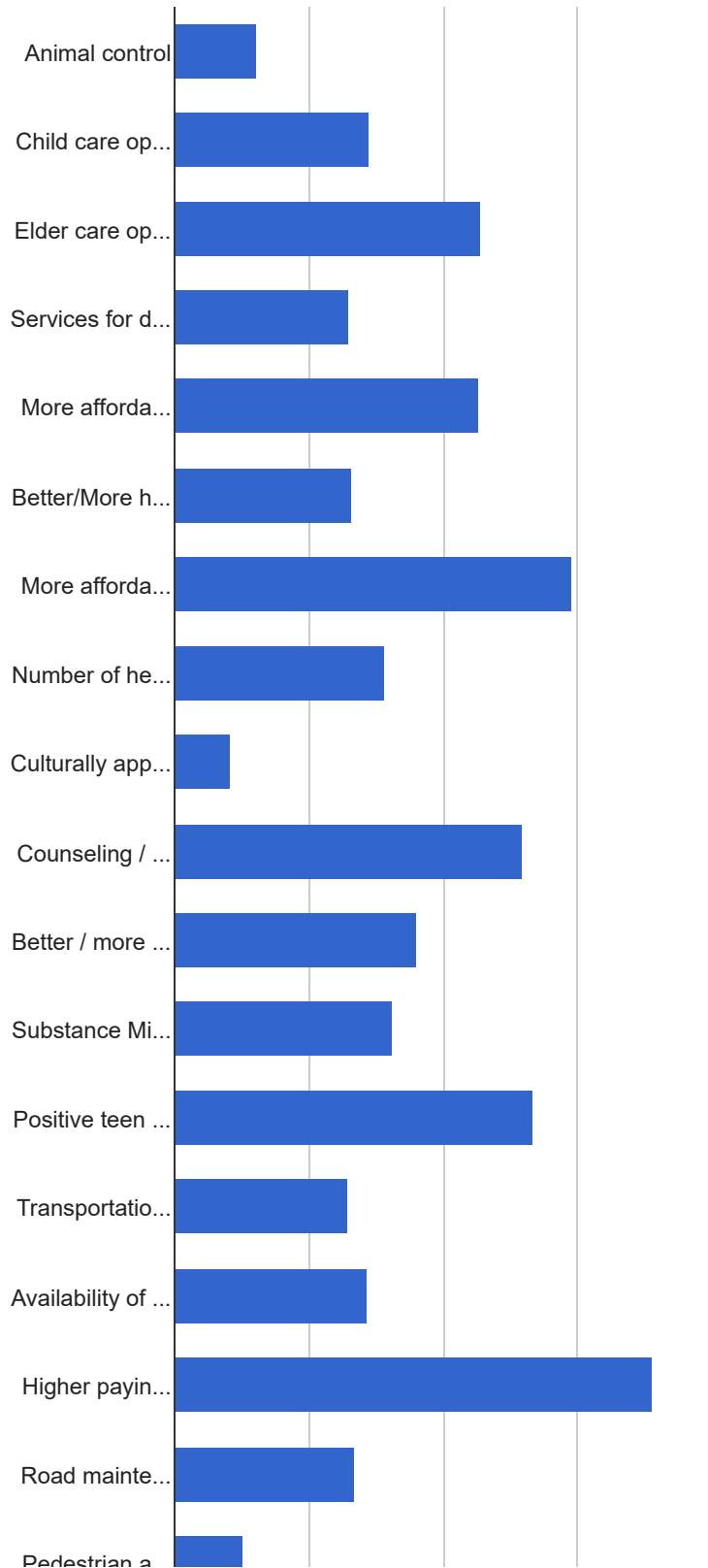
Total Count (N)	Missing*
13	352 (96.4%)

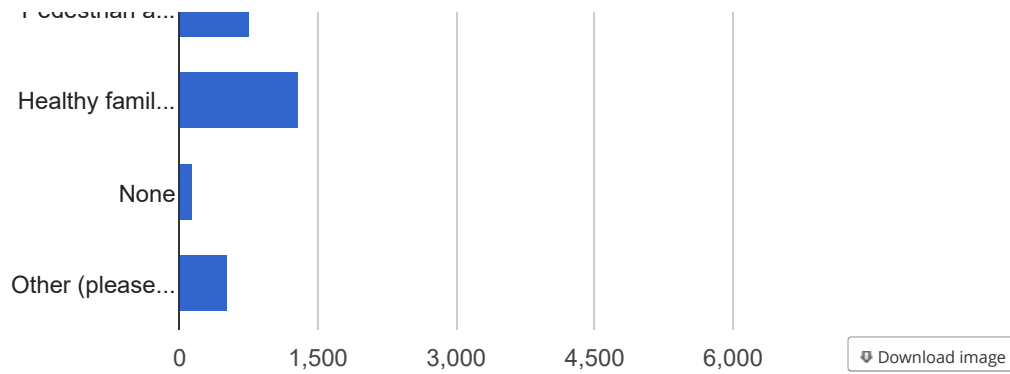
Please select what you feel are the top 3 services that need the most improvement in your community. (*improvements*)

Total Count (N)	Missing*	Unique

363	2 (0.5%)	21
-----	--------------------------	----

Counts/frequency: Animal control (12, 3.3%), Child care options (73, 20.1%), Elder care options (108, 29.8%), Services for disabled people (52, 14.3%), More affordable health services (66, 18.2%), Better/More healthy food choices (43, 11.8%), More affordable / better housing (72, 19.8%), Number of healthcare providers (44, 12.1%), Culturally appropriate health services (11, 3.0%), Counseling / mental and behavioral health / support groups (72, 19.8%), Better / more recreational facilities (parks, trails, community centers) (79, 21.8%), Substance Misuse Services/ Recovery Support (34, 9.4%), Positive teen activities (100, 27.5%), Transportation options (24, 6.6%), Availability of employment (58, 16.0%), Higher paying employment (130, 35.8%), Road maintenance (40, 11.0%), Pedestrian and cyclist road safety (6, 1.7%), Healthy family activities (30, 8.3%), None (3, 0.8%), Other (please specify) (10, 2.8%)





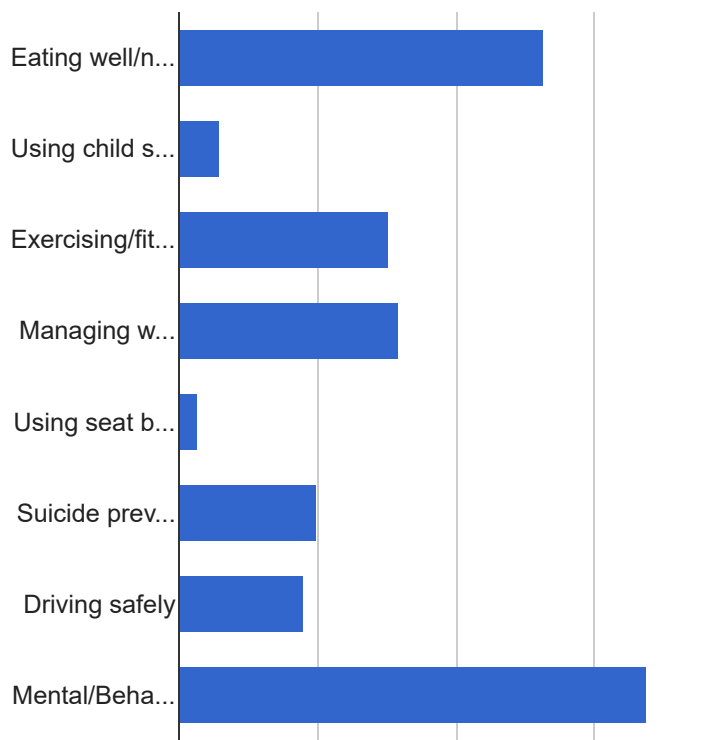
Other (*improvement_other*)

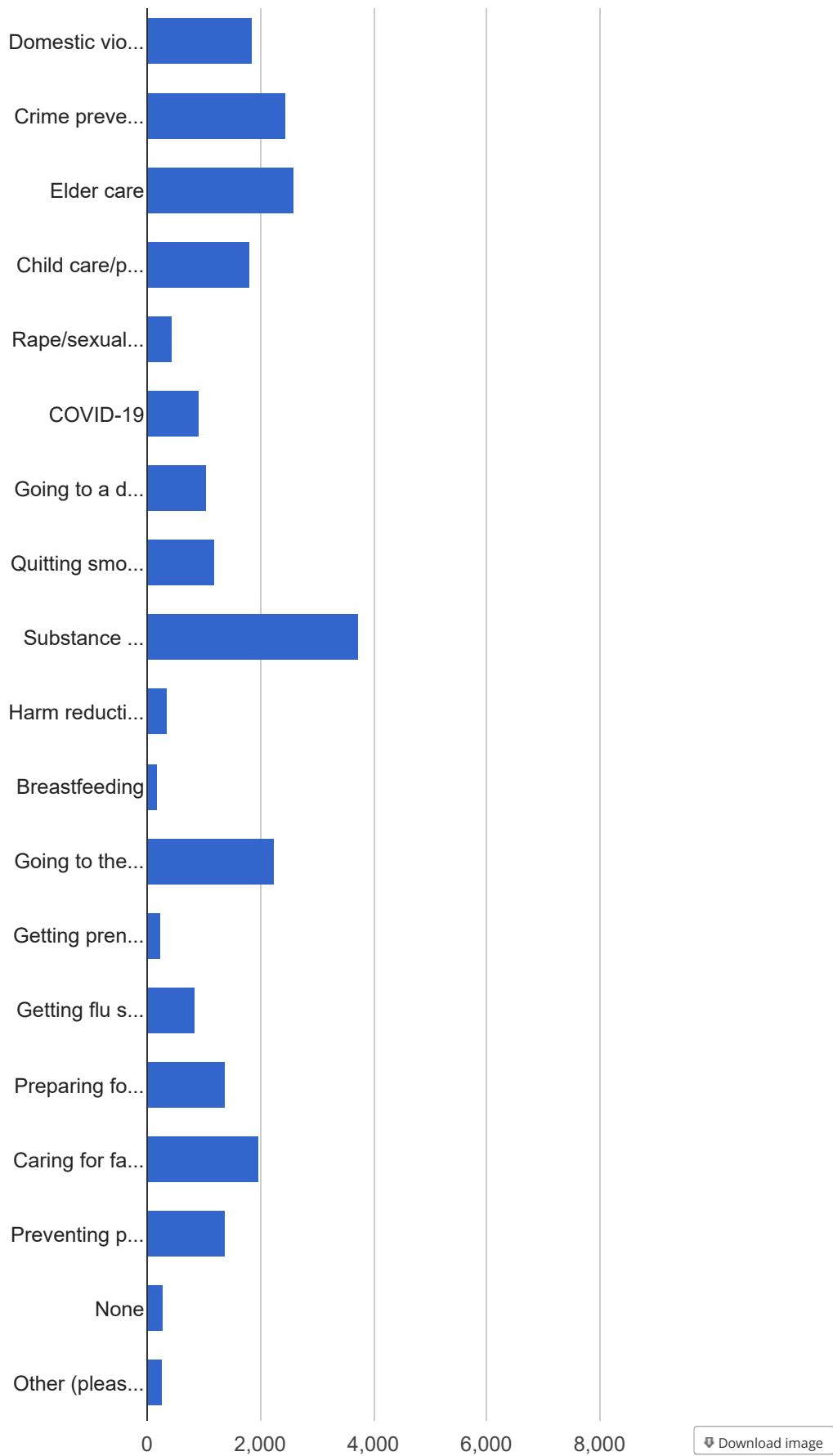
Total Count (N)	Missing*
8	357 (97.8%)

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

Total Count (N)	Missing*	Unique
363	2 (0.5%)	27

Counts/frequency: Eating well/nutrition (129, 35.5%), Using child safety car seats (12, 3.3%), Exercising/fitness (90, 24.8%), Managing weight (77, 21.2%), Using seat belts (5, 1.4%), Suicide prevention (36, 9.9%), Driving safely (35, 9.6%), Mental/Behavioral Health (122, 33.6%), Domestic violence prevention (29, 8.0%), Crime prevention (83, 22.9%), Elder care (60, 16.5%), Child care/parenting (37, 10.2%), Rape/sexual abuse prevention (9, 2.5%), COVID-19 (29, 8.0%), Going to a dentist for check-ups/preventive care (26, 7.2%), Quitting smoking/tobacco use prevention (21, 5.8%), Substance misuse prevention (56, 15.4%), Harm reduction (6, 1.7%), Breastfeeding (1, 0.3%), Going to the doctor for yearly check-ups and screenings (53, 14.6%), Getting prenatal care during pregnancy (4, 1.1%), Getting flu shots and other vaccines (11, 3.0%), Preparing for an emergency/disaster (24, 6.6%), Caring for family members with special needs / disabilities (38, 10.5%), Preventing pregnancy and sexually transmitted diseases (safe sex) (44, 12.1%), None (9, 2.5%), Other (please specify) (8, 2.2%)





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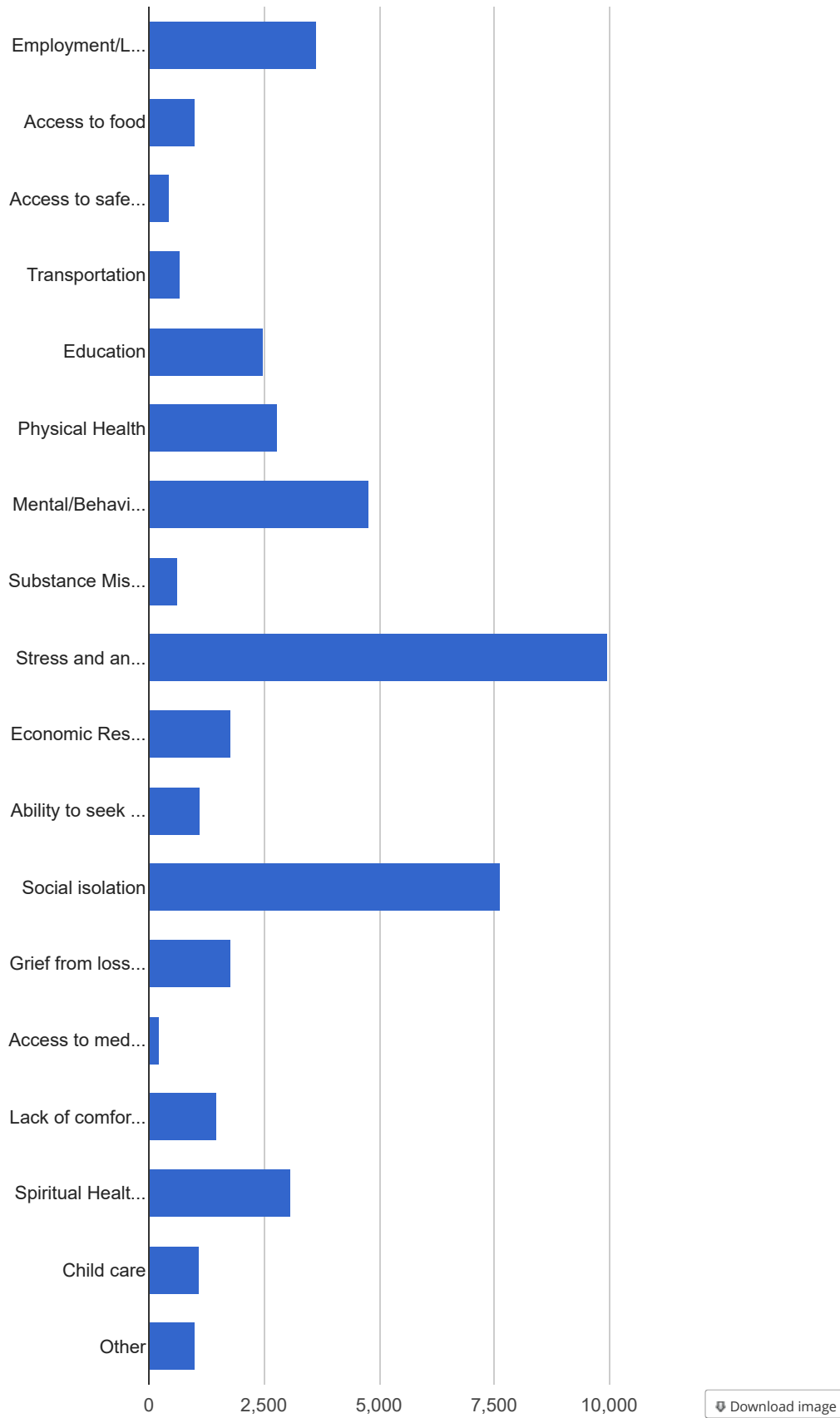
Other (*heath_behavin_other*)

Total Count (N)	Missing*
5	<u>360 (98.6%)</u>

Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? *(covid)*

Total Count (N)	Missing*	Unique
362	<u>3 (0.8%)</u>	18

Counts/frequency: Employment/Loss of Job (92, 25.4%), Access to food (21, 5.8%), Access to safe housing (7, 1.9%), Transportation (13, 3.6%), Education (75, 20.7%), Physical Health (66, 18.2%), Mental/Behavioral Health (82, 22.7%), Substance Misuse (14, 3.9%), Stress and anxiety (201, 55.5%), Economic Resources (34, 9.4%), Ability to seek medical care (23, 6.4%), Social isolation (148, 40.9%), Grief from loss of loved one (52, 14.4%), Access to medication (8, 2.2%), Lack of comfort in seeking medical care (32, 8.8%), Spiritual Health/Well-being (71, 19.6%), Child care (34, 9.4%), Other (23, 6.4%)



[Download image](#)

Other (*other_covid*)

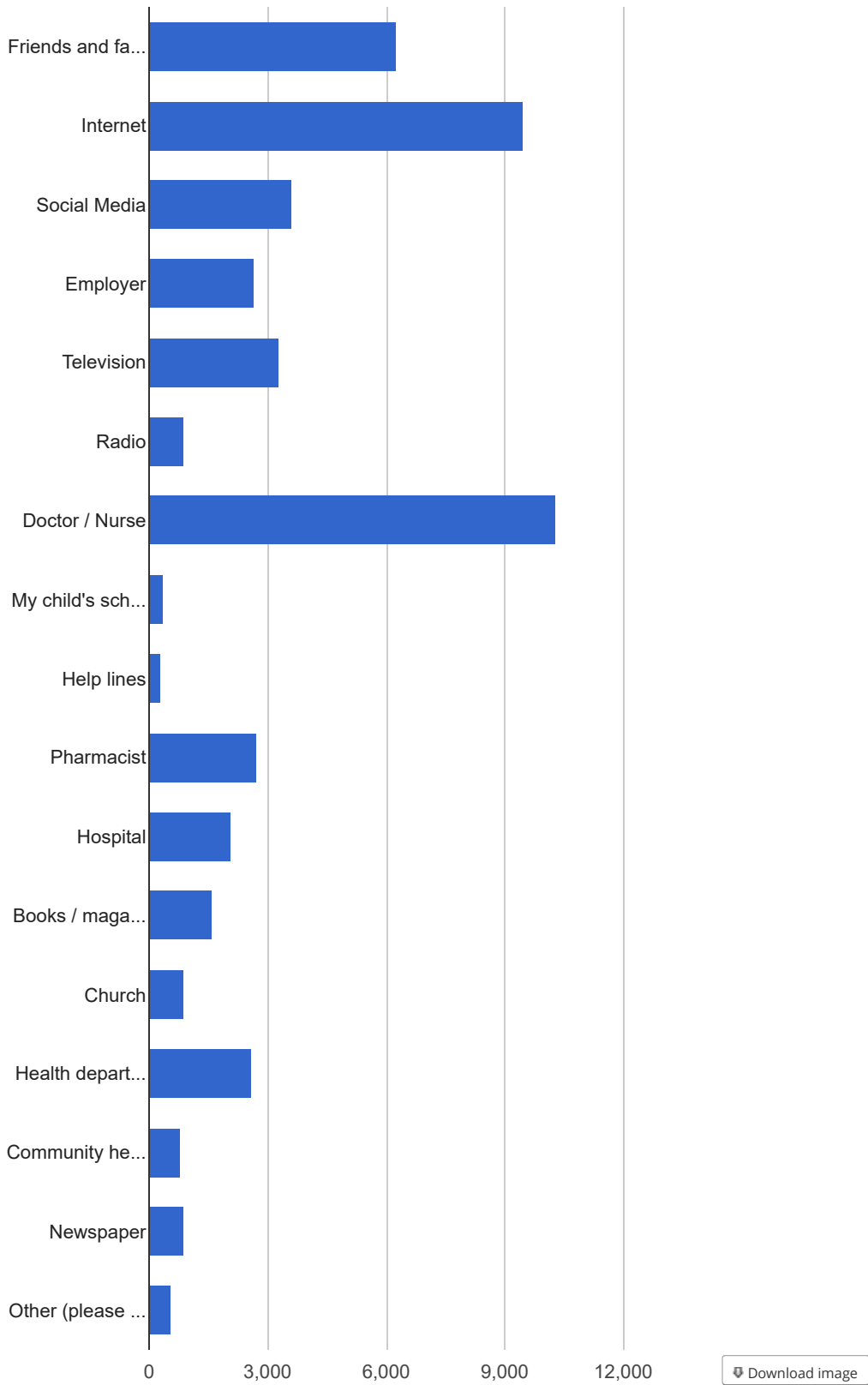
Total Count (N)	Missing*
15	350 (95.9%)

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

(health_info)

Total Count (N)	Missing*	Unique
362	<u>3</u> (0.8%)	16

Counts/frequency: Friends and family (141, 39.0%), Internet (179, 49.4%), Social Media (82, 22.7%), Employer (67, 18.5%), Television (86, 23.8%), Radio (11, 3.0%), Doctor / Nurse (211, 58.3%), My child's school (10, 2.8%), Help lines (0, 0.0%), Pharmacist (39, 10.8%), Hospital (59, 16.3%), Books / magazines (36, 9.9%), Church (24, 6.6%), Health department (28, 7.7%), Community health worker (22, 6.1%), Newspaper (24, 6.6%), Other (please specify) (8, 2.2%)



[Download image](#)

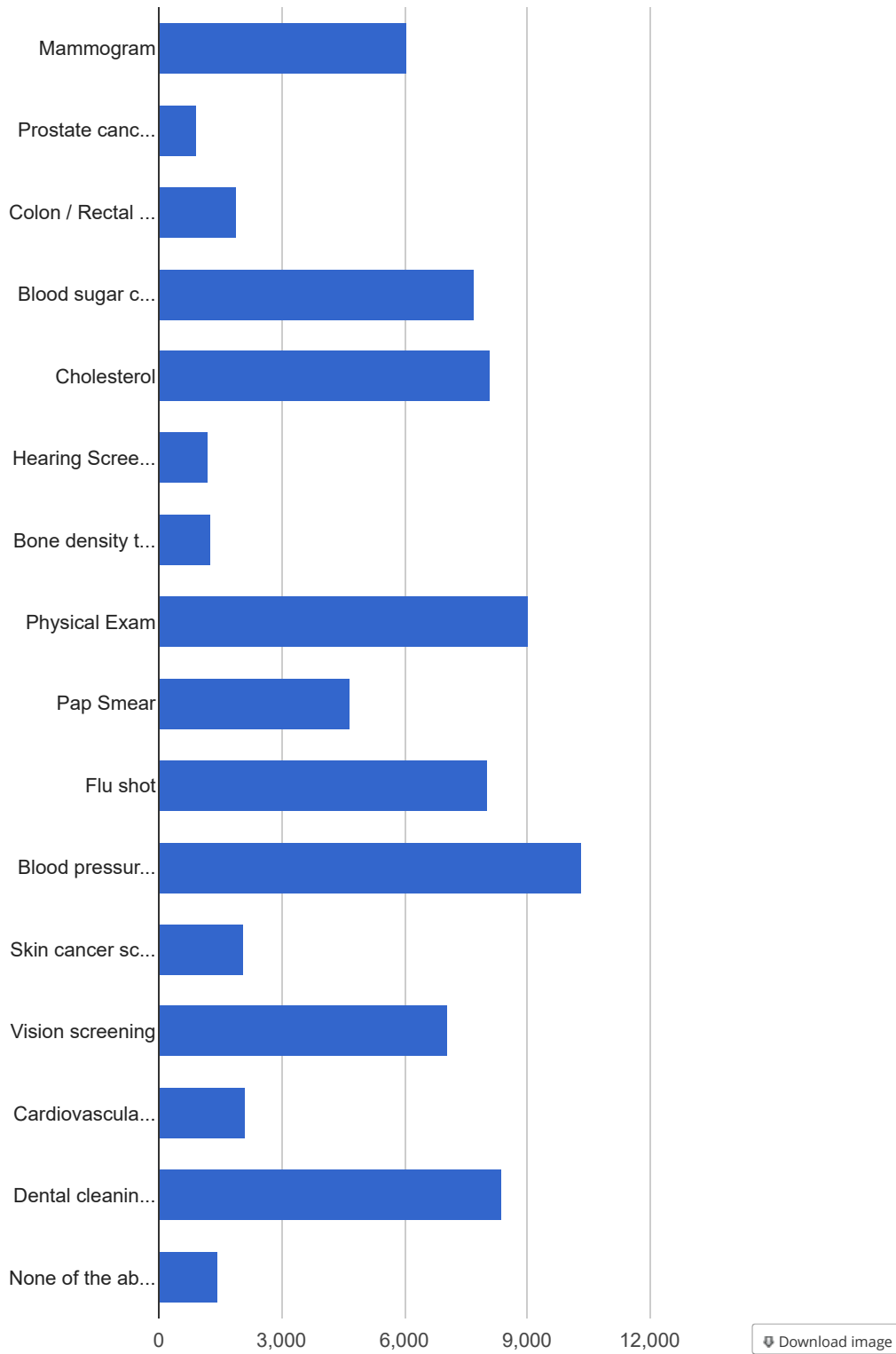
Other (*health_info_other*)

Total Count (N)	Missing*
6	359 (98.4%)

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
362	3 (0.8%)	16

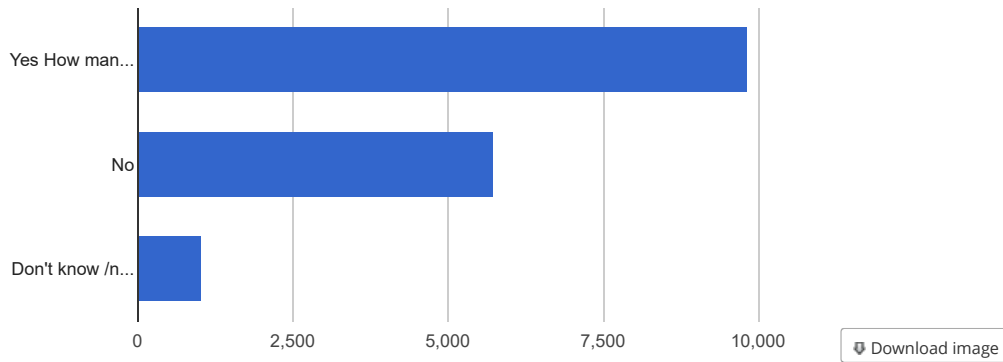
Counts/frequency: Mammogram (129, 35.6%), Prostate cancer screening (17, 4.7%), Colon / Rectal exam (37, 10.2%), Blood sugar check (168, 46.4%), Cholesterol (165, 45.6%), Hearing Screening (18, 5.0%), Bone density test (19, 5.2%), Physical Exam (169, 46.7%), Pap Smear (114, 31.5%), Flu shot (158, 43.6%), Blood pressure check (223, 61.6%), Skin cancer screening (21, 5.8%), Vision screening (140, 38.7%), Cardiovascular screening (31, 8.6%), Dental cleaning / x-rays (155, 42.8%), None of the above (34, 9.4%)



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
362	3 (0.8%)	3

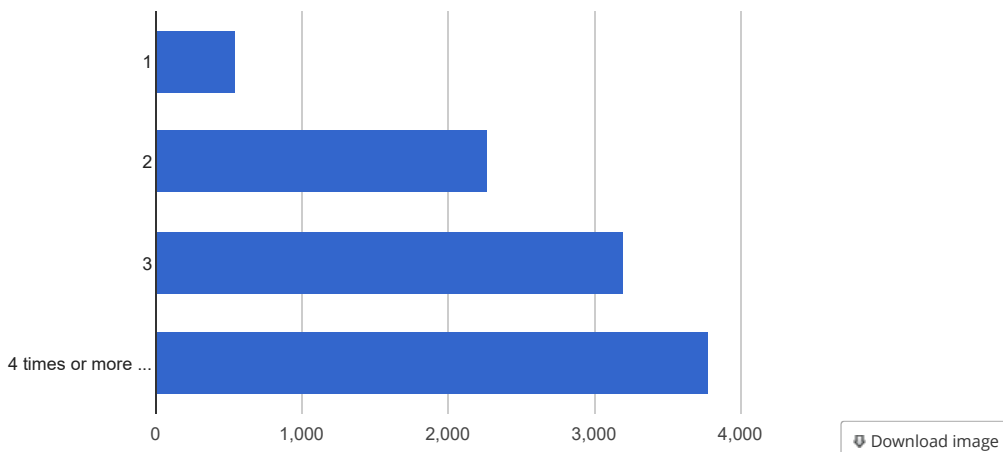
Counts/frequency: Yes How many times per week? (205, 56.6%), No (132, 36.5%), Don't know /not sure (25, 6.9%)



How many times per week? (*exercisetimesweek*)

Total Count (N)	Missing*	Unique
205	160 (43.8%)	4

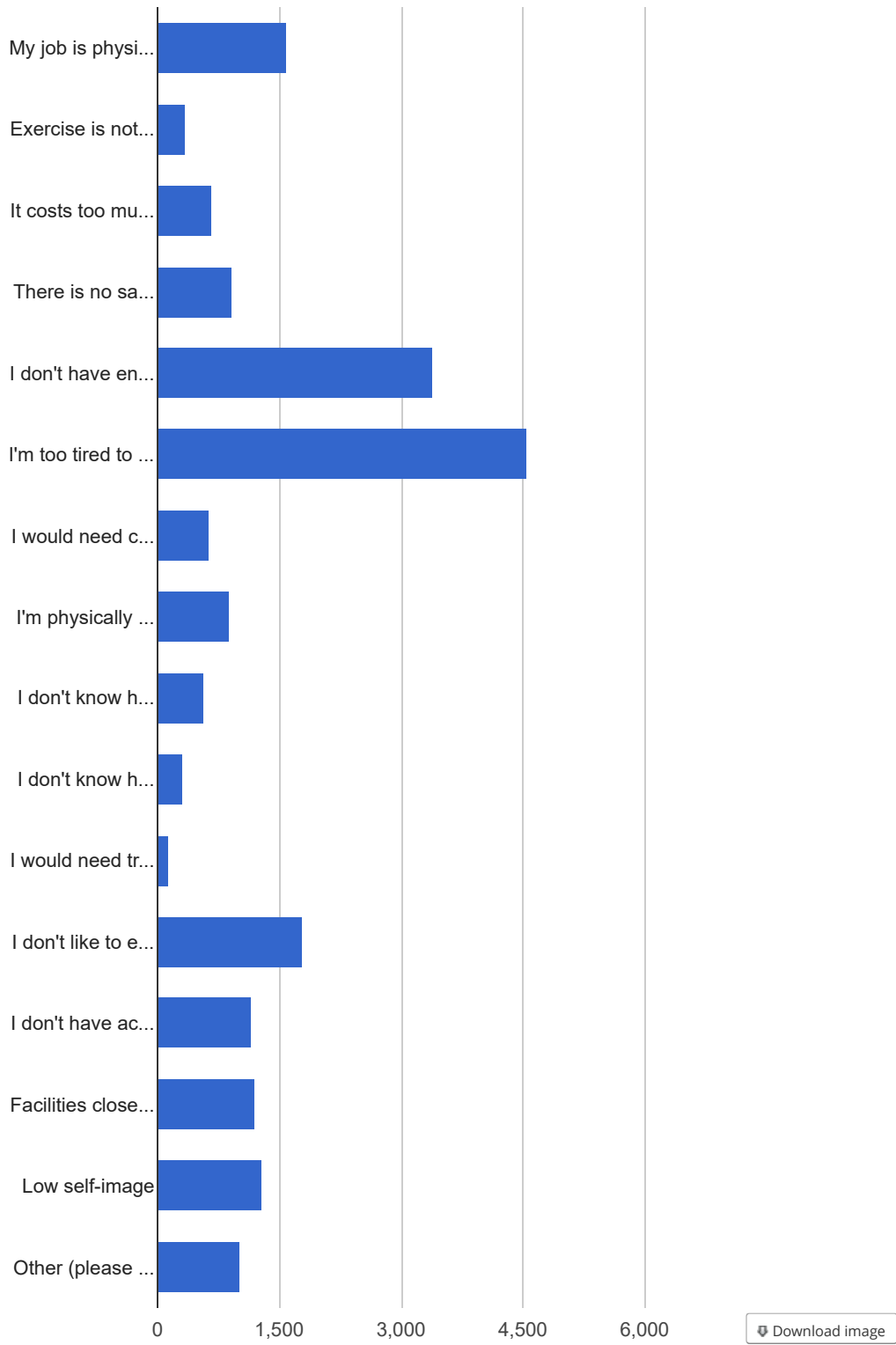
Counts/frequency: 1 (15, 7.3%), 2 (48, 23.4%), 3 (77, 37.6%), 4 times or more per week (65, 31.7%)



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
239	126 (34.5%)	16

Counts/frequency: My job is physical or hard labor. (49, 20.5%), Exercise is not important to me. (5, 2.1%), It costs too much to exercise. (19, 7.9%), There is no safe place to exercise. (21, 8.8%), I don't have enough time to exercise. (65, 27.2%), I'm too tired to exercise. (96, 40.2%), I would need child care and I don't have it. (9, 3.8%), I'm physically disabled. (23, 9.6%), I don't know how to find exercise partners. (9, 3.8%), I don't know how to safely (7, 2.9%), I would need transportation and I don't have it. (3, 1.3%), I don't like to exercise. (40, 16.7%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (27, 11.3%), Facilities closed due to COVID 19 (52, 21.8%), Low self-image (21, 8.8%), Other (please specify) (27, 11.3%)



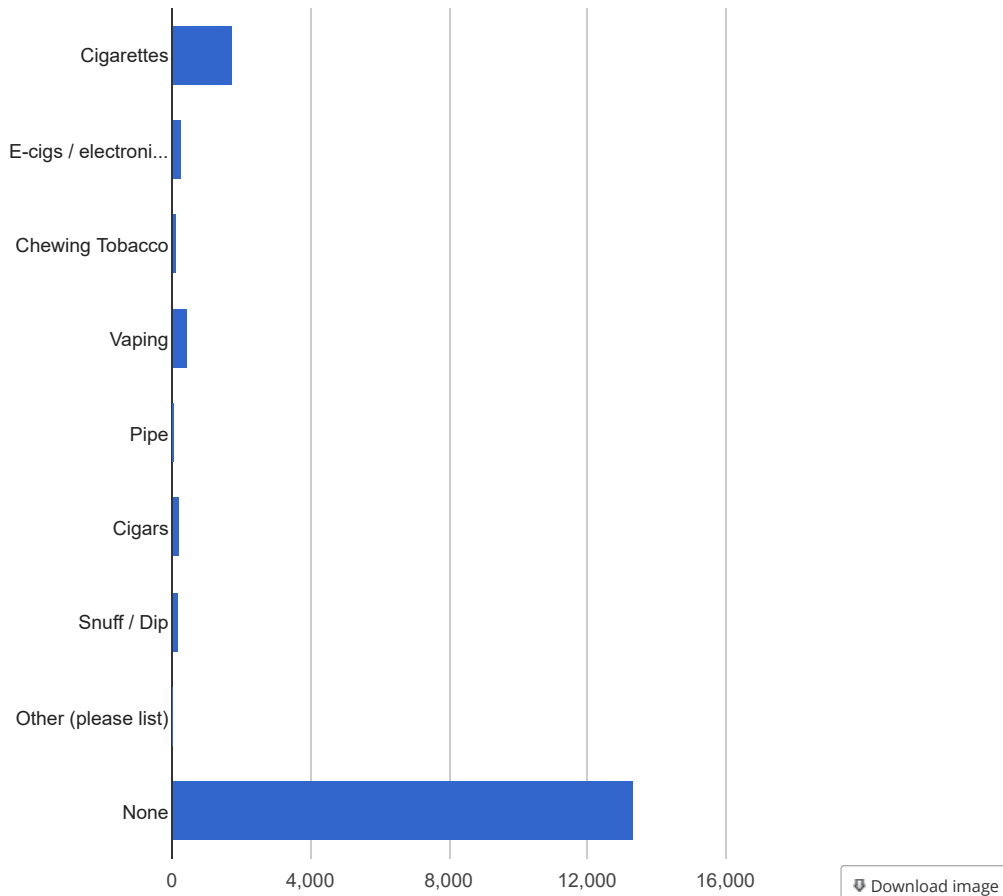
Other (*exercise_other*)

Total Count (N)	Missing*
21	344 (94.2%)

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

Total Count (N)	Missing*	Unique
354	11 (3.0%)	6

Counts/frequency: Cigarettes (40, 11.3%), E-cigs / electronic cigarettes (2, 0.6%), Chewing Tobacco (2, 0.6%), Vaping (3, 0.8%), Pipe (0, 0.0%), Cigars (0, 0.0%), Snuff / Dip (3, 0.8%), Other (please list) (0, 0.0%), None (309, 87.3%)



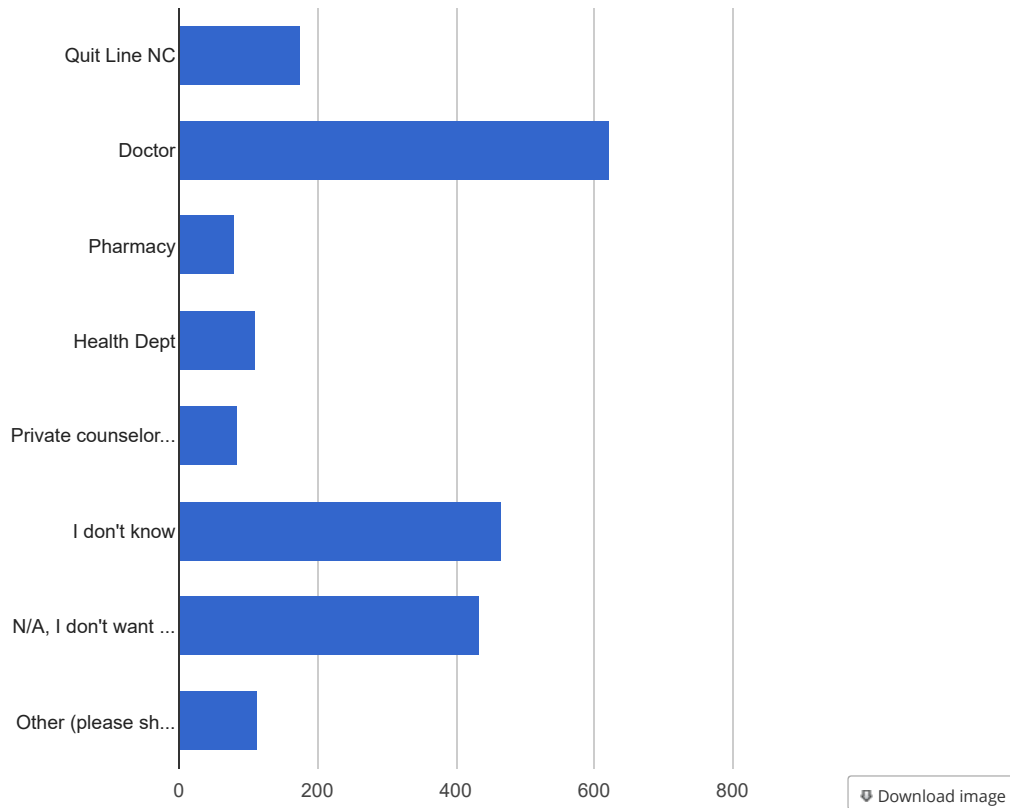
Other (please list) (*other_please_list*)

Total Count (N)	Missing*
0	365 (100.0%)

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

Total Count (N)	Missing*	Unique
25	340 (93.2%)	7

Counts/frequency: Quit Line NC (1, 4.0%), Doctor (9, 36.0%), Pharmacy (1, 4.0%), Health Dept (0, 0.0%), Private counselor / therapist (1, 4.0%), I don't know (6, 24.0%), N/A, I don't want to quit (6, 24.0%), Other (please share more) (1, 4.0%)



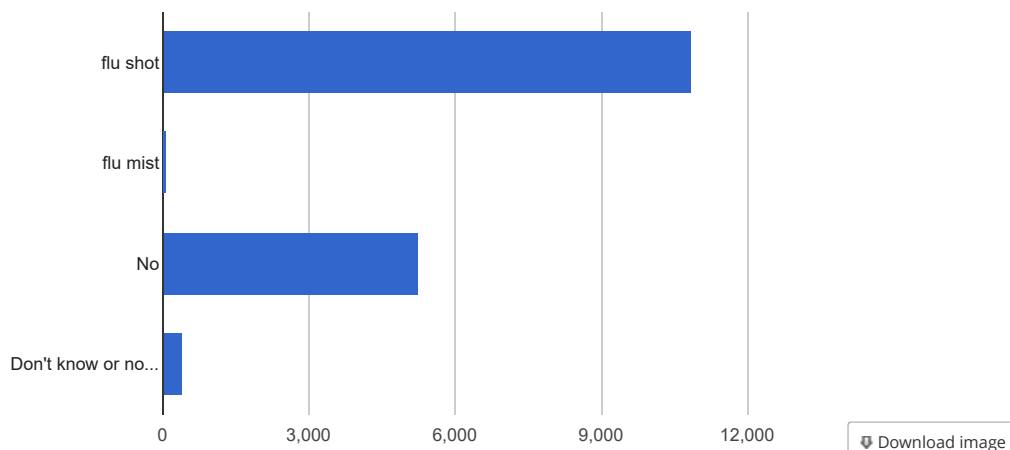
Other: (*quit_other*)

Total Count (N)	Missing*
1	364 (99.7%)

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
363	2 (0.5%)	3

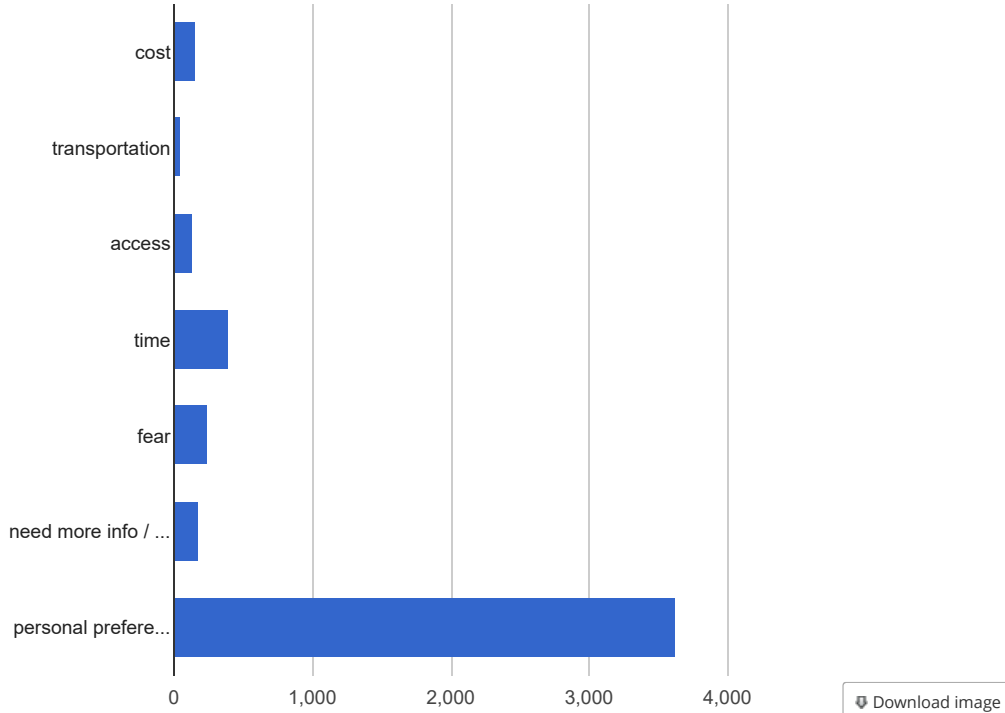
Counts/frequency: flu shot (248, 68.3%), flu mist (0, 0.0%), No (102, 28.1%), Don't know or not sure (13, 3.6%)



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

Total Count (N)	Missing*	Unique
95	270 (74.0%)	6

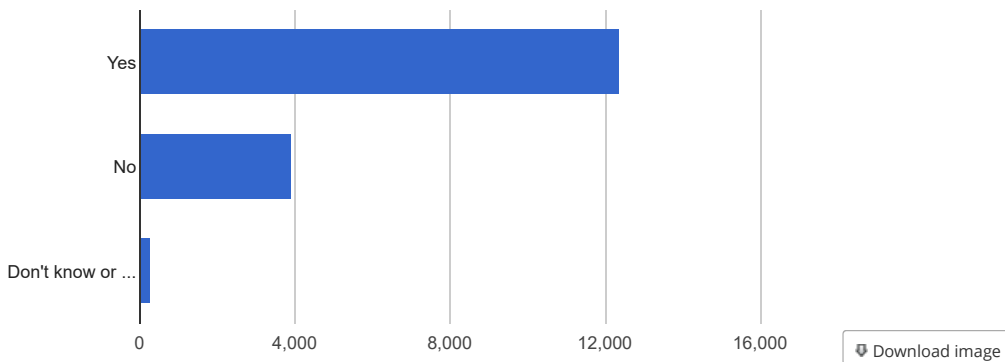
Counts/frequency: cost (4, 4.2%), transportation (1, 1.1%), access (0, 0.0%), time (8, 8.4%), fear (6, 6.3%), need more info / have questions (5, 5.3%), personal preference (71, 74.7%)



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

Total Count (N)	Missing*	Unique
362	3 (0.8%)	3

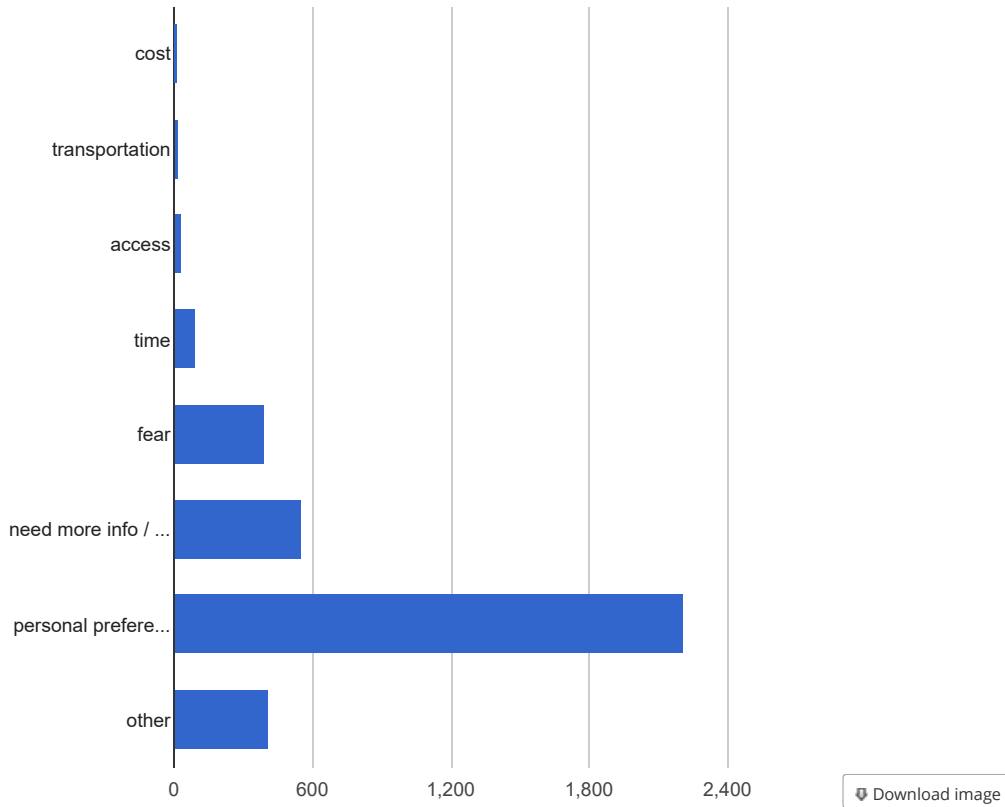
Counts/frequency: Yes (251, 69.3%), No (108, 29.8%), Don't know or not sure (3, 0.8%)



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

Total Count (N)	Missing*	Unique
103	262 (71.8%)	6

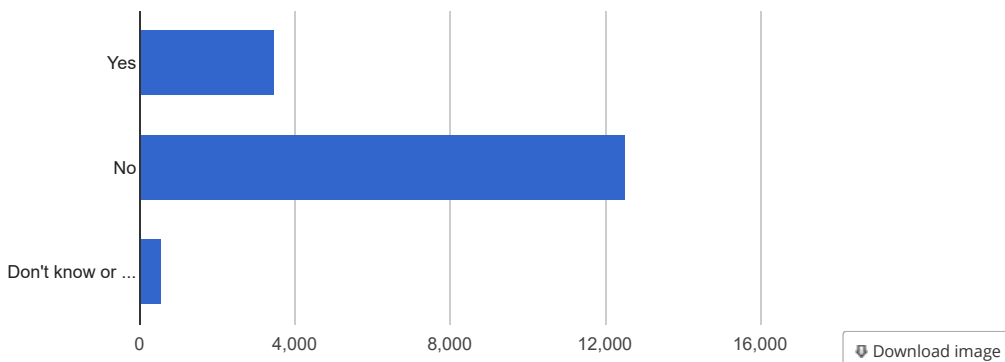
Counts/frequency: cost (0, 0.0%), transportation (0, 0.0%), access (1, 1.0%), time (4, 3.9%), fear (7, 6.8%), need more info / have questions (19, 18.4%), personal preference (57, 55.3%), other (15, 14.6%)



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
361	4 (1.1%)	3

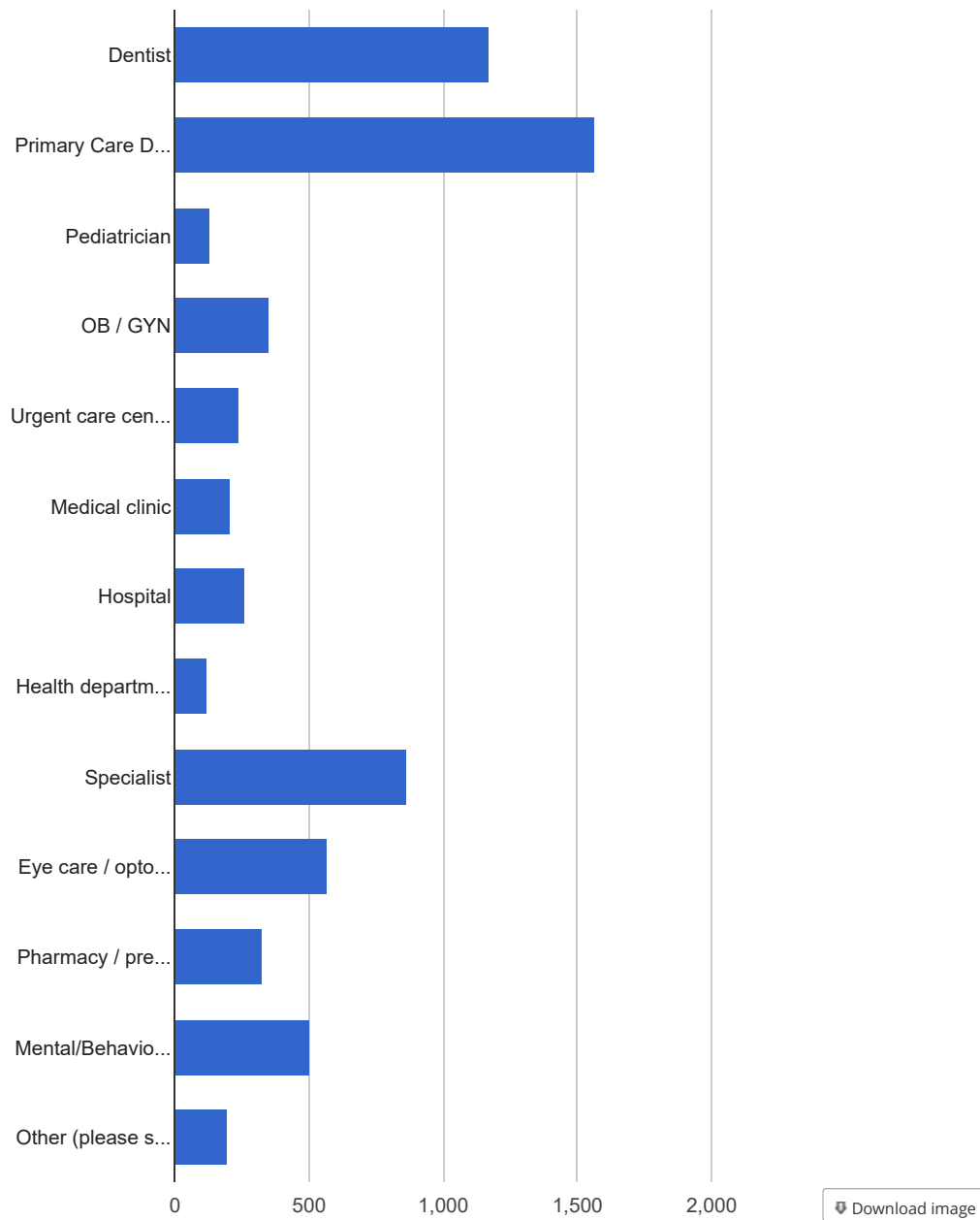
Counts/frequency: Yes (50, 13.9%), No (297, 82.3%), Don't know or not sure (14, 3.9%)



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
48	317 (86.8%)	11

Counts/frequency: Dentist (14, 29.2%), Primary Care Doctor (23, 47.9%), Pediatrician (0, 0.0%), OB / GYN (6, 12.5%), Urgent care center (1, 2.1%), Medical clinic (2, 4.2%), Hospital (5, 10.4%), Health department (0, 0.0%), Specialist (14, 29.2%), Eye care / optometrist / ophthalmologist (2, 4.2%), Pharmacy / prescriptions (3, 6.3%), Mental/Behavioral Health Providers (7, 14.6%), Other (please share more) (4, 8.3%)



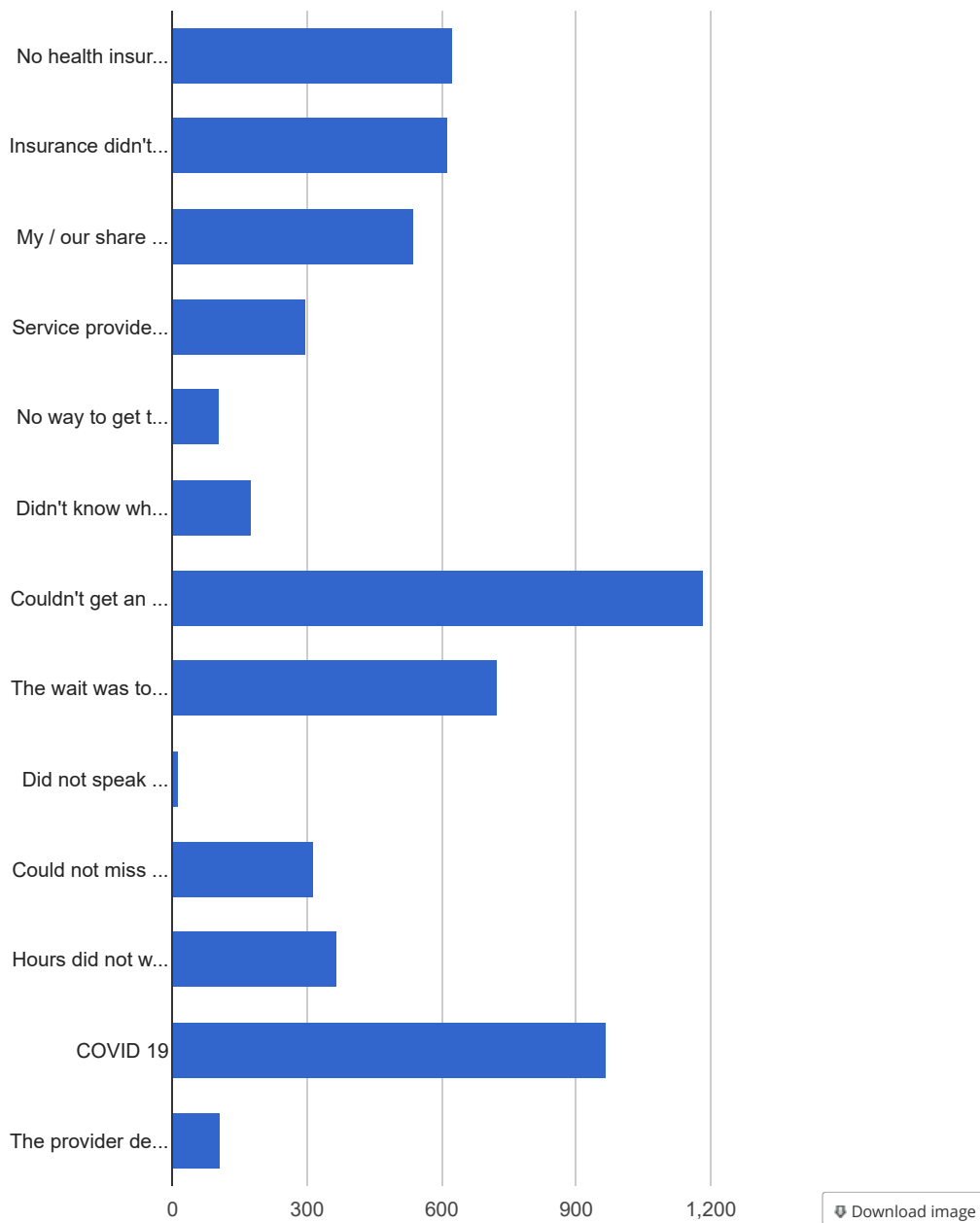
Other (*healthcareprovider_other*)

Total Count (N)	Missing*
4	361 (98.9%)

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

Total Count (N)	Missing*	Unique
59	306 (83.8%)	12

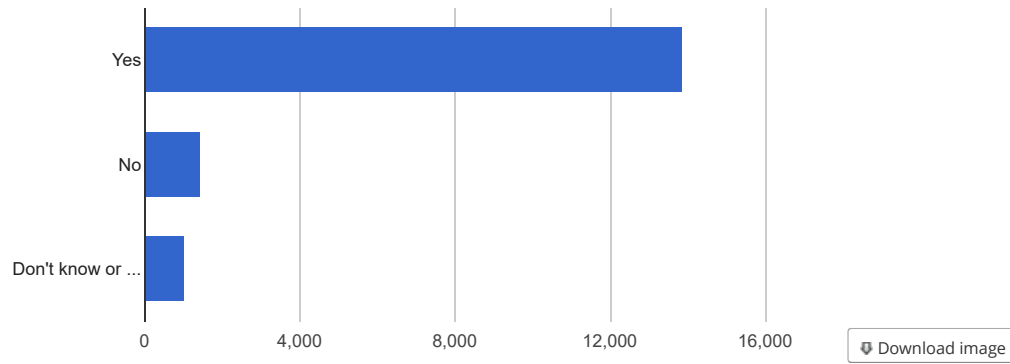
Counts/frequency: No health insurance (8, 13.6%), Insurance didn't cover what I / we needed. (9, 15.3%), My / our share of the cost (deductible / co-pay) was too high. (4, 6.8%), Service provider would not take my / our insurance or Medicaid. (4, 6.8%), No way to get there. (1, 1.7%), Didn't know where to go (2, 3.4%), Couldn't get an appointment (17, 28.8%), The wait was too long (11, 18.6%), Did not speak my language (0, 0.0%), Could not miss work to go (7, 11.9%), Hours did not work with my availability (7, 11.9%), COVID 19 (17, 28.8%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (1, 1.7%)



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
361	4 (1.1%)	3

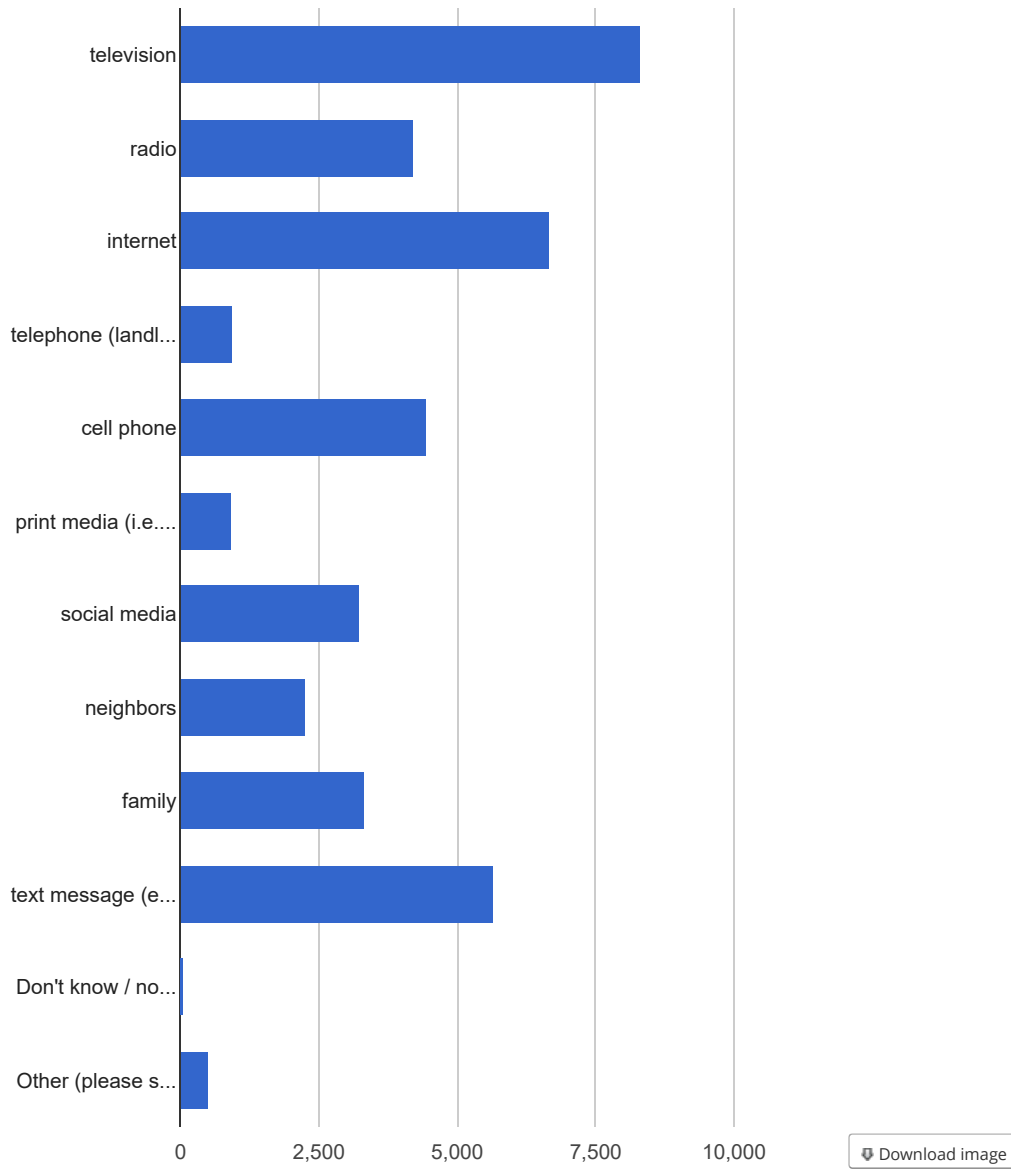
Counts/frequency: Yes (303, 83.9%), No (37, 10.2%), Don't know or not sure (21, 5.8%)



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

Total Count (N)	Missing*	Unique
295	70 (19.2%)	12

Counts/frequency: television (170, 57.6%), radio (55, 18.6%), internet (78, 26.4%), telephone (landline) (13, 4.4%), cell phone (68, 23.1%), print media (i.e.. newspaper) (13, 4.4%), social media (32, 10.8%), neighbors (20, 6.8%), family (39, 13.2%), text message (emergency alert system) (74, 25.1%), Don't know / not sure (1, 0.3%), Other (please specify) (10, 3.4%)



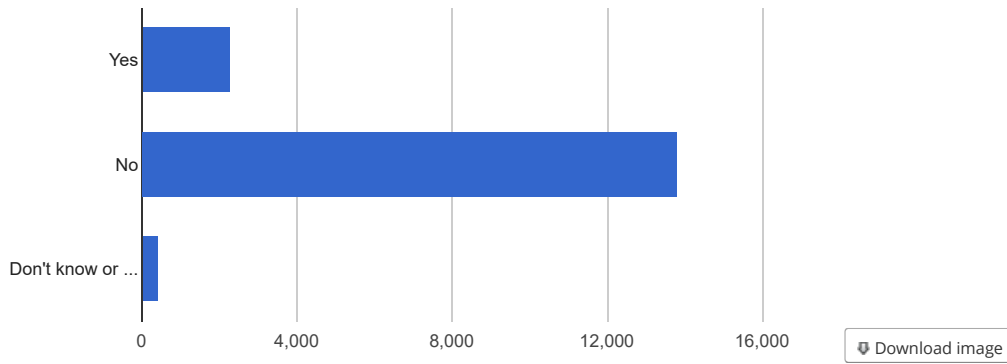
Other (*natural_disaster_other*)

Total Count (N)	Missing*
7	358 (98.1%)

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
362	3 (0.8%)	3

Counts/frequency: Yes (53, 14.6%), No (303, 83.7%), Don't know or not sure (6, 1.7%)



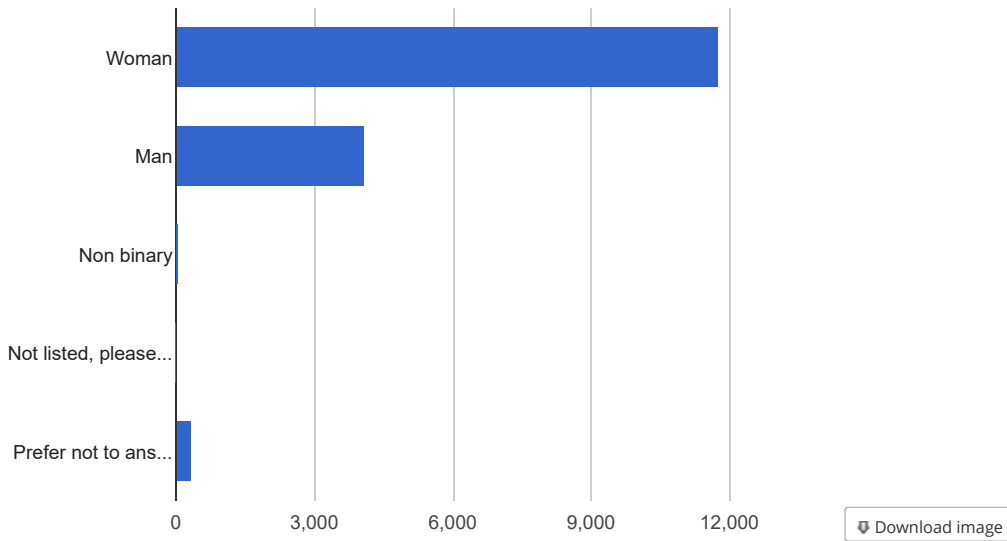
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
49	316 (86.6%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
354	11 (3.0%)	3

Counts/frequency: **Woman** (267, 75.4%), **Man** (77, 21.8%), **Non binary** (0, 0.0%), **Not listed, please share more:** _____ (0, 0.0%), **Prefer not to answer** (10, 2.8%)



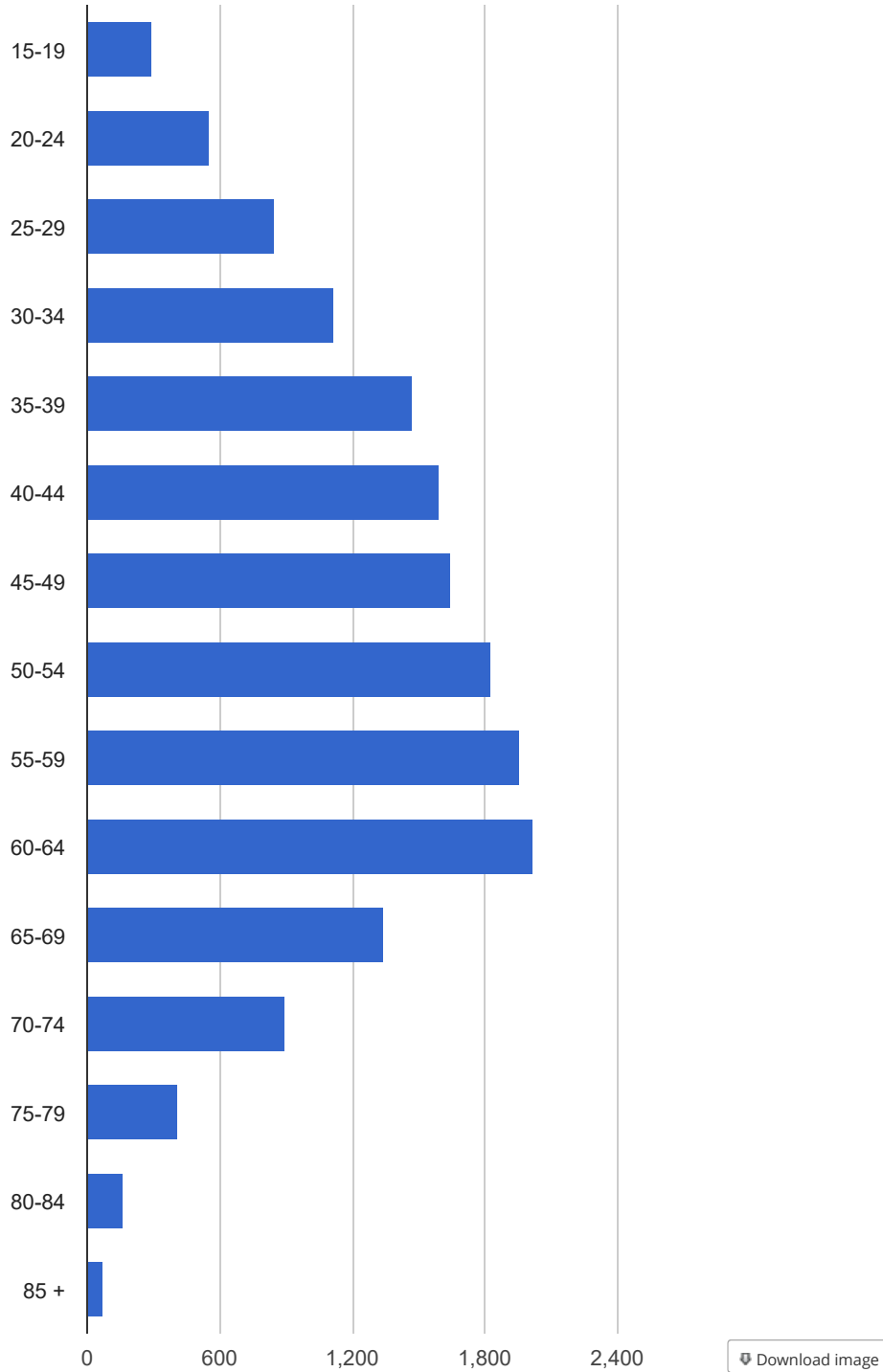
Please share more. *(gender_other)*

Total Count (N)	Missing*
0	365 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
358	7 (1.9%)	15

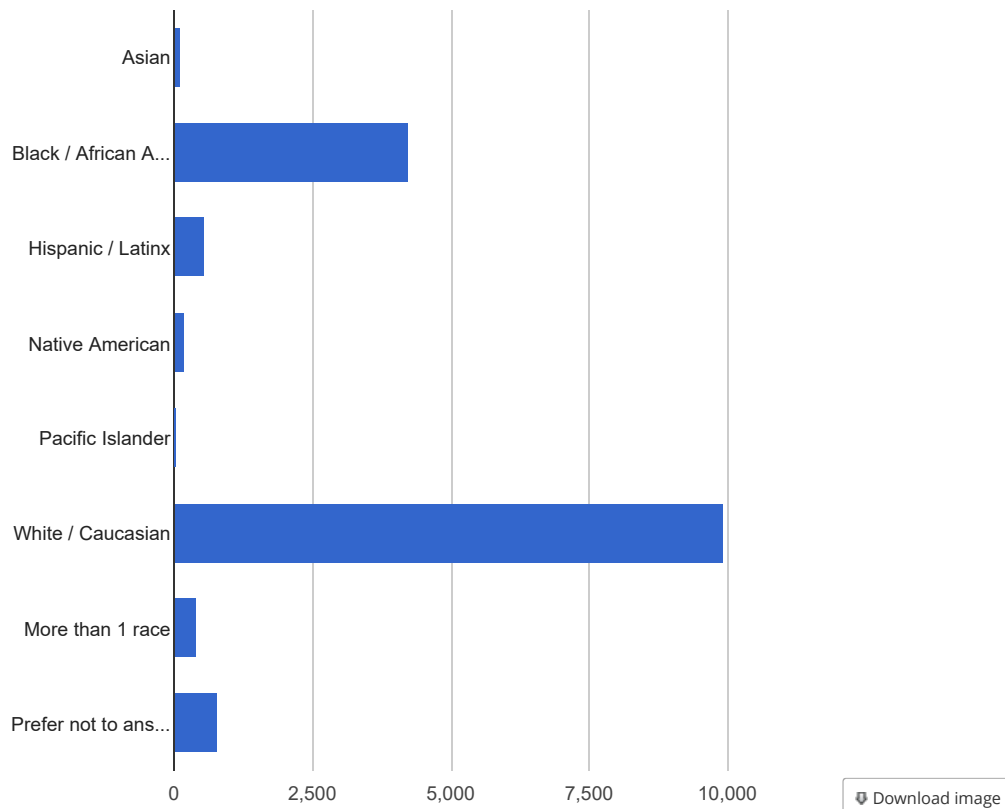
Counts/frequency: 15-19 (4, 1.1%), 20-24 (6, 1.7%), 25-29 (24, 6.7%), 30-34 (32, 8.9%), 35-39 (43, 12.0%), 40-44 (37, 10.3%), 45-49 (33, 9.2%), 50-54 (31, 8.7%), 55-59 (44, 12.3%), 60-64 (51, 14.2%), 65-69 (27, 7.5%), 70-74 (14, 3.9%), 75-79 (8, 2.2%), 80-84 (2, 0.6%), 85 + (2, 0.6%)



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

Total Count (N)	Missing*	Unique
358	7 (1.9%)	7

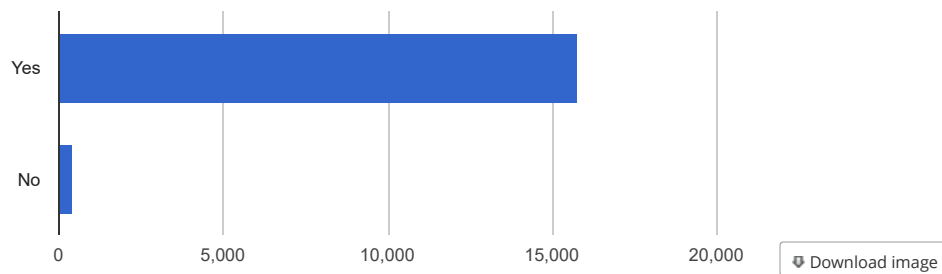
Counts/frequency: Asian (3, 0.8%), Black / African American (168, 46.9%), Hispanic / Latinx (6, 1.7%), Native American (3, 0.8%), Pacific Islander (0, 0.0%), White / Caucasian (151, 42.2%), More than 1 race (10, 2.8%), Prefer not to answer (17, 4.7%)



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

Total Count (N)	Missing*	Unique
358	7 (1.9%)	2

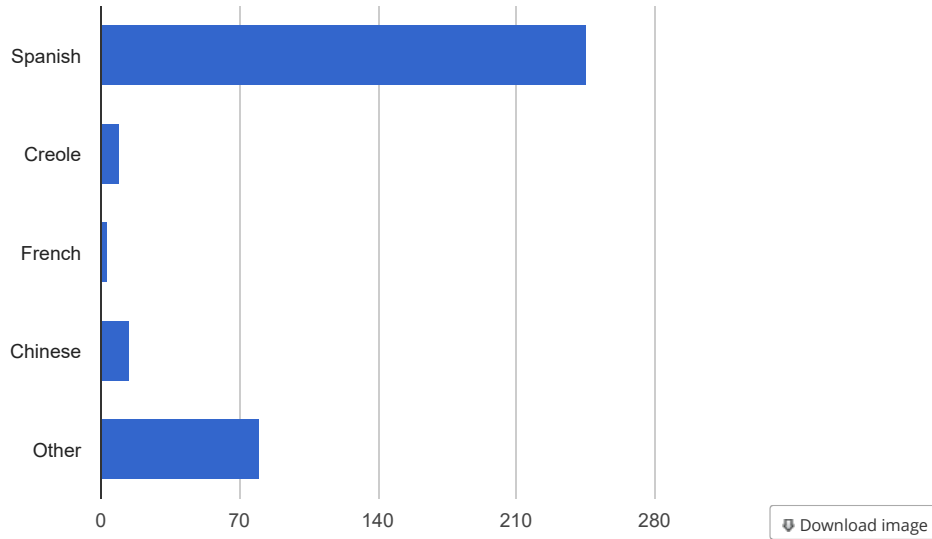
Counts/frequency: Yes (355, 99.2%), No (3, 0.8%)



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

Total Count (N)	Missing*	Unique
3	362 (99.2%)	3

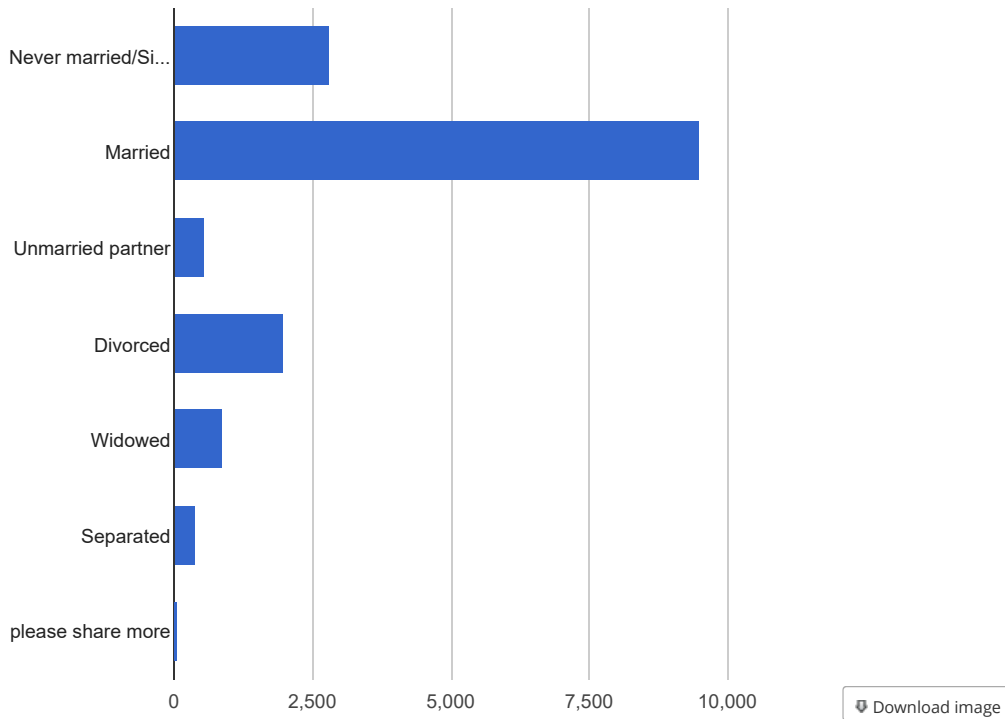
Counts/frequency: Spanish (1, 33.3%), Creole (0, 0.0%), French (0, 0.0%), Chinese (1, 33.3%), Other (1, 33.3%)



What is your marital status? (*marriagestatus*)

Total Count (N)	Missing*	Unique
352	13 (3.6%)	7

Counts/frequency: Never married/Single (86, 24.4%), Married (191, 54.3%), Unmarried partner (12, 3.4%), Divorced (35, 9.9%), Widowed (19, 5.4%), Separated (8, 2.3%), please share more (1, 0.3%)



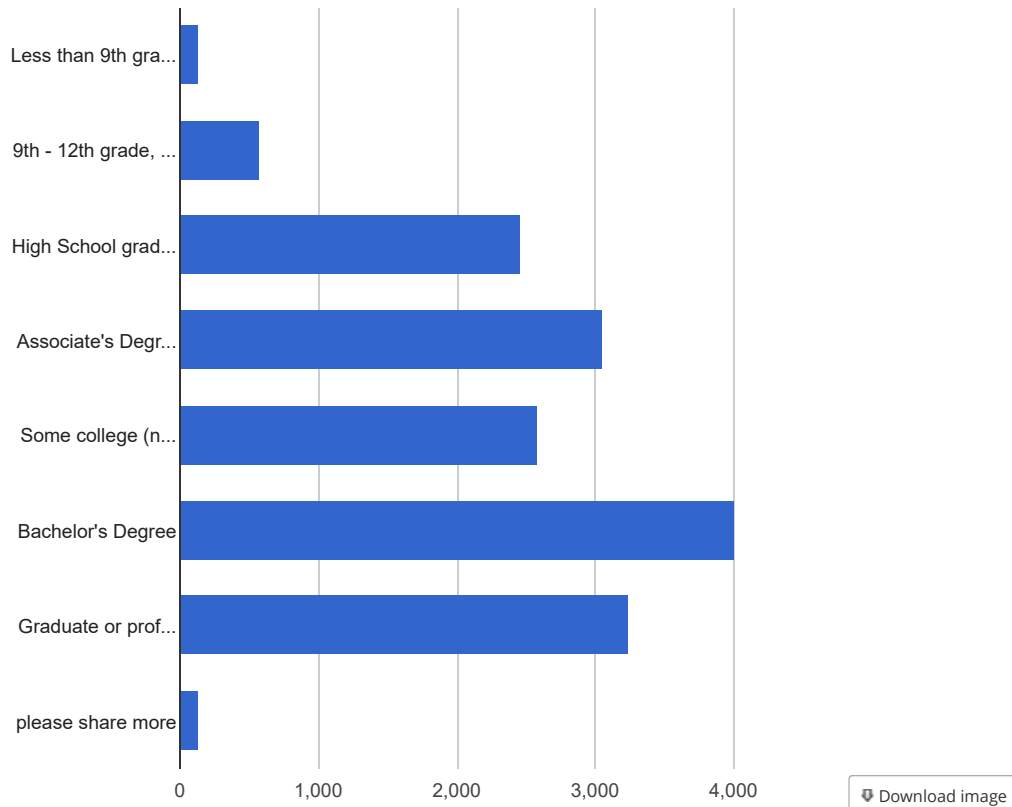
please share more. (*marital_other*)

Total Count (N)	Missing*
1	364 (99.7%)

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

Total Count (N)	Missing*	Unique
352	13 (3.6%)	8

Counts/frequency: Less than 9th grade (5, 1.4%), 9th - 12th grade, no diploma (22, 6.3%), High School graduate (or GED/equivalent) (72, 20.5%), Associate's Degree or Vocational Training (89, 25.3%), Some college (no degree) (68, 19.3%), Bachelor's Degree (59, 16.8%), Graduate or professional degree (36, 10.2%), please share more (1, 0.3%)



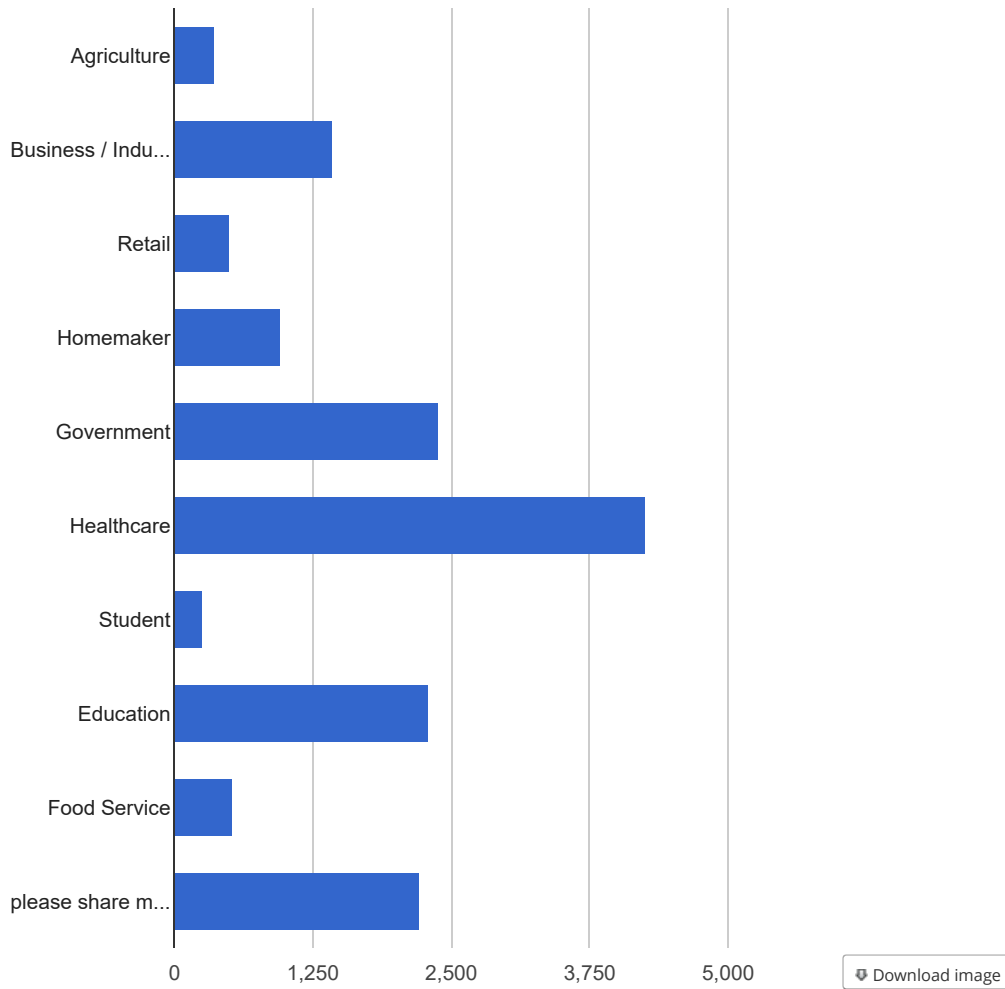
Please share more *(please_share_more)*

Total Count (N)	Missing*
1	364 (99.7%)

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

Total Count (N)	Missing*	Unique
308	57 (15.6%)	10

Counts/frequency: Agriculture (7, 2.3%), Business / Industry (23, 7.5%), Retail (10, 3.2%), Homemaker (20, 6.5%), Government (20, 6.5%), Healthcare (155, 50.3%), Student (2, 0.6%), Education (17, 5.5%), Food Service (27, 8.8%), please share more (27, 8.8%)



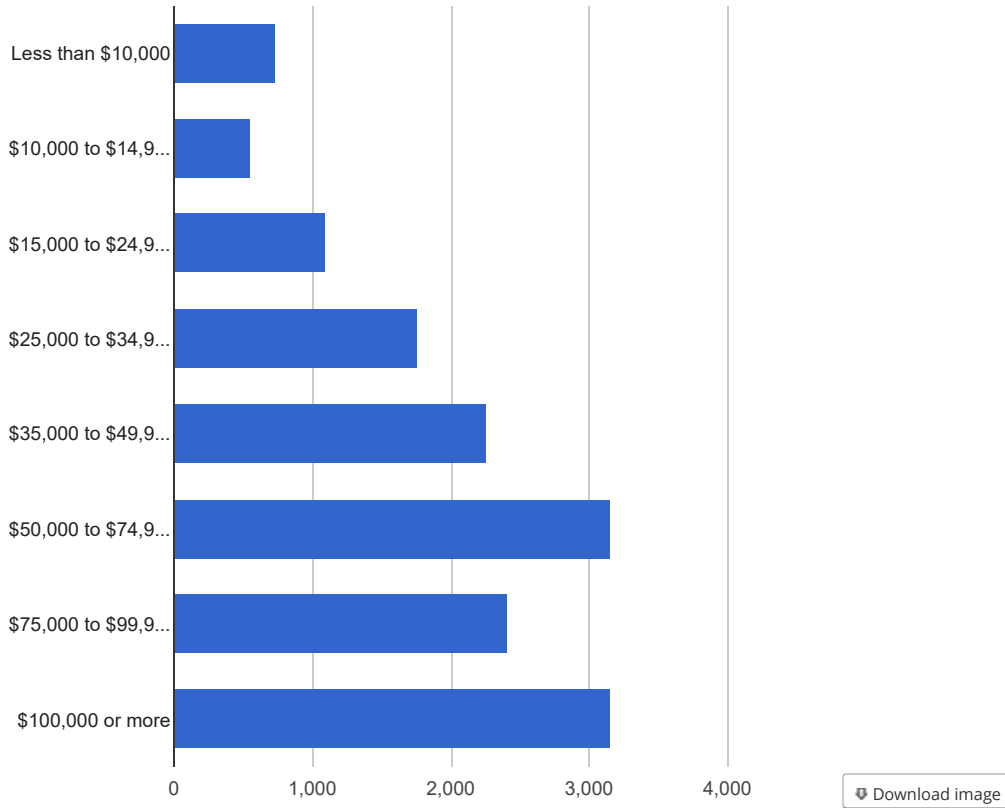
Please share more (*job_other*)

Total Count (N)	Missing*
26	339 (92.9%)

What is your total household income? (*income*)

Total Count (N)	Missing*	Unique
323	42 (11.5%)	8

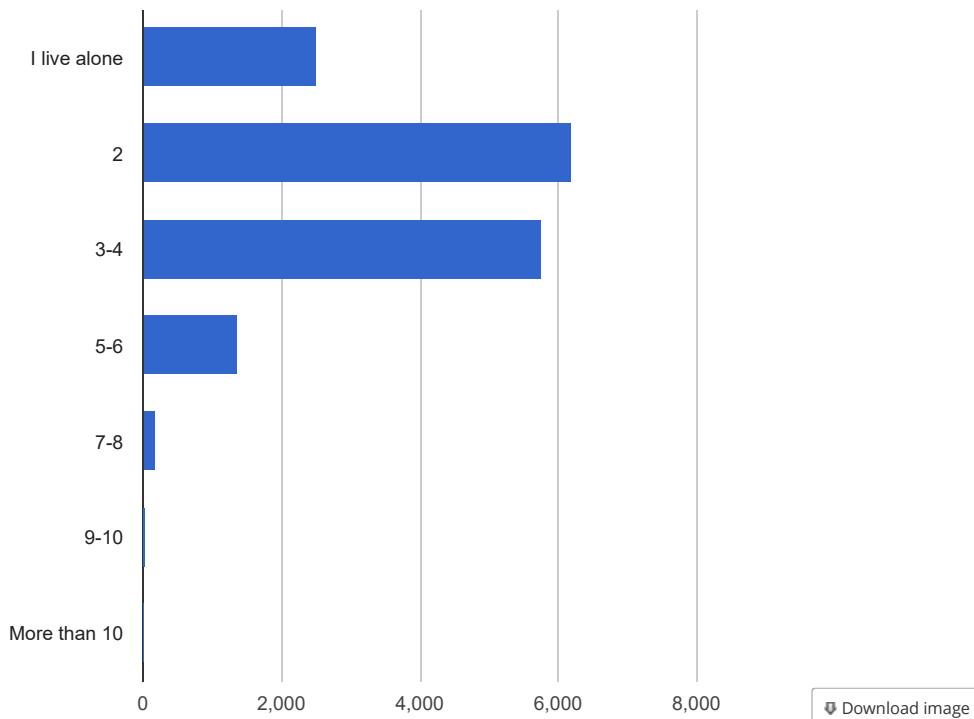
Counts/frequency: Less than \$10,000 (28, 8.7%), \$10,000 to \$14,999 (18, 5.6%), \$15,000 to \$24,999 (24, 7.4%), \$25,000 to \$34,999 (38, 11.8%), \$35,000 to \$49,999 (42, 13.0%), \$50,000 to \$74,999 (68, 21.1%), \$75,000 to \$99,999 (47, 14.6%), \$100,000 or more (58, 18.0%)



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

Total Count (N)	Missing*	Unique
347	18 (4.9%)	6

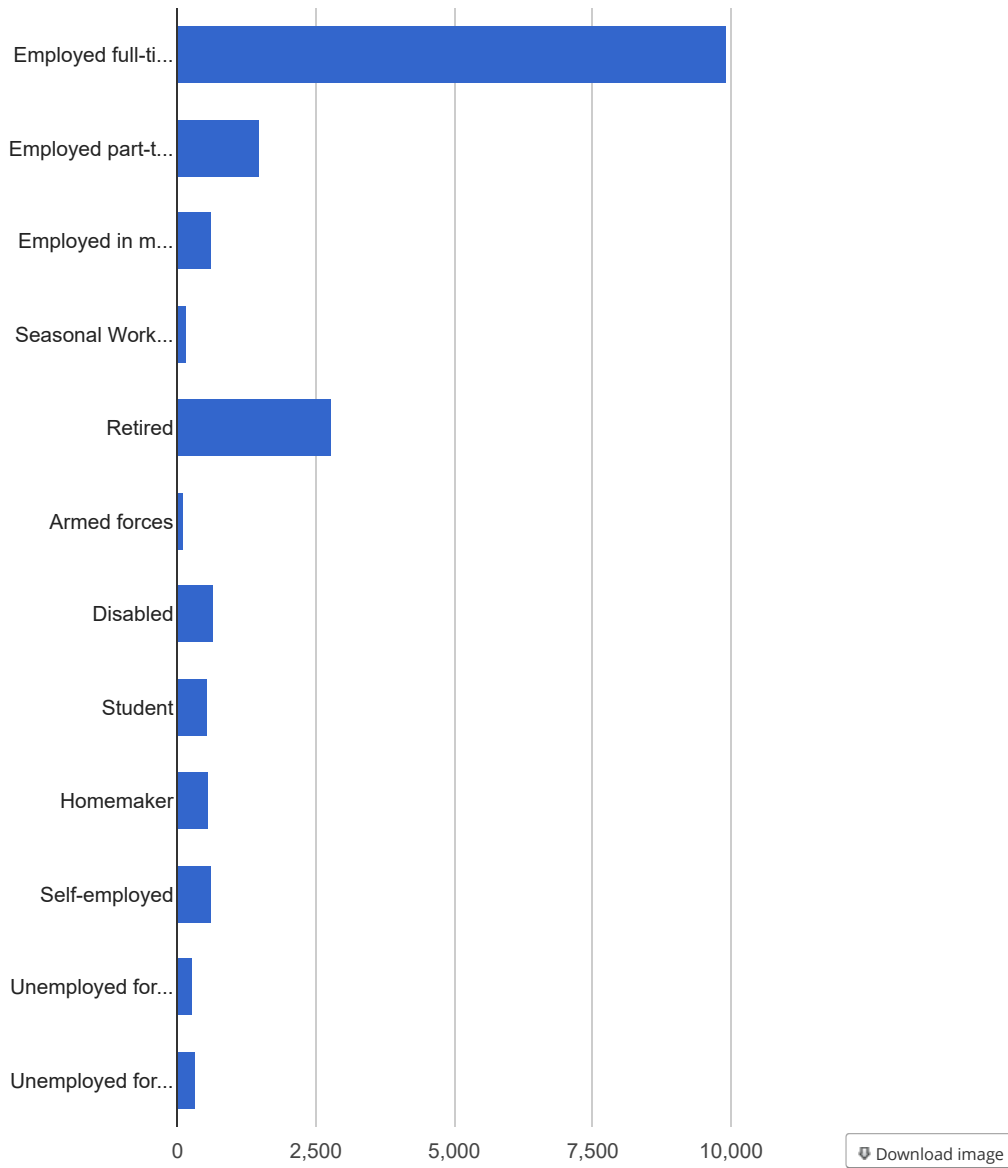
Counts/frequency: **1** live alone (52, 15.0%), **2** (146, 42.1%), **3-4** (112, 32.3%), **5-6** (32, 9.2%), **7-8** (4, 1.2%), **9-10** (0, 0.0%), **More than 10** (1, 0.3%)



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

Total Count (N)	Missing*	Unique
351	14 (3.8%)	11

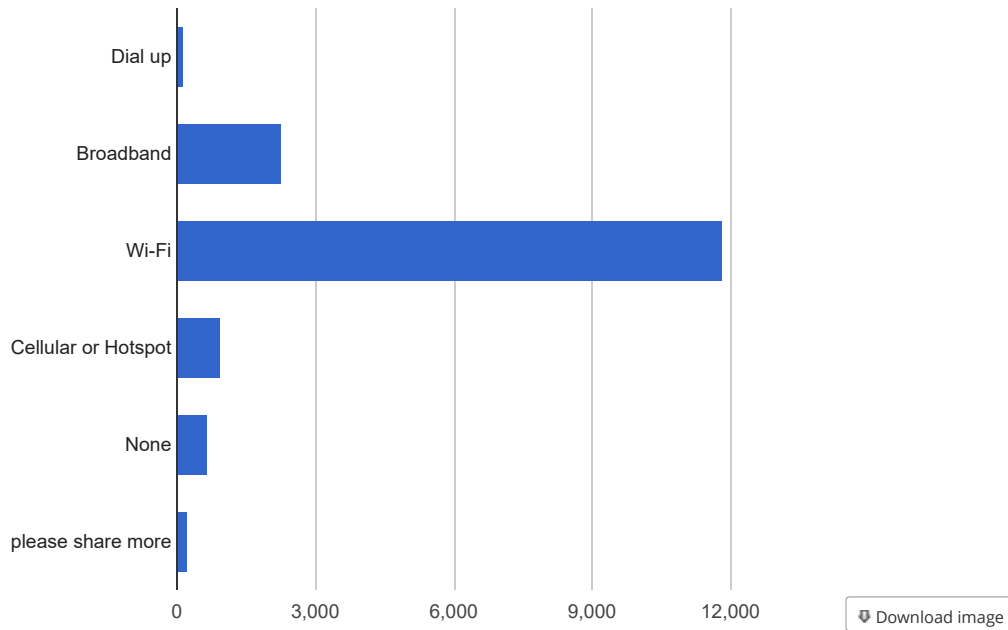
Counts/frequency: Employed full-time (236, 67.2%), Employed part-time (29, 8.3%), Employed in multiple jobs (6, 1.7%), Seasonal Worker/Temporary (2, 0.6%), Retired (50, 14.2%), Armed forces (0, 0.0%), Disabled (18, 5.1%), Student (11, 3.1%), Homemaker (13, 3.7%), Self-employed (9, 2.6%), Unemployed for 1 year or less (3, 0.9%), Unemployed for more than 1 year (4, 1.1%)



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

Total Count (N)	Missing*	Unique
345	20 (5.5%)	6

Counts/frequency: Dial up (1, 0.3%), Broadband (31, 9.0%), Wi-Fi (253, 73.3%), Cellular or Hotspot (26, 7.5%), None (26, 7.5%), please share more (8, 2.3%)



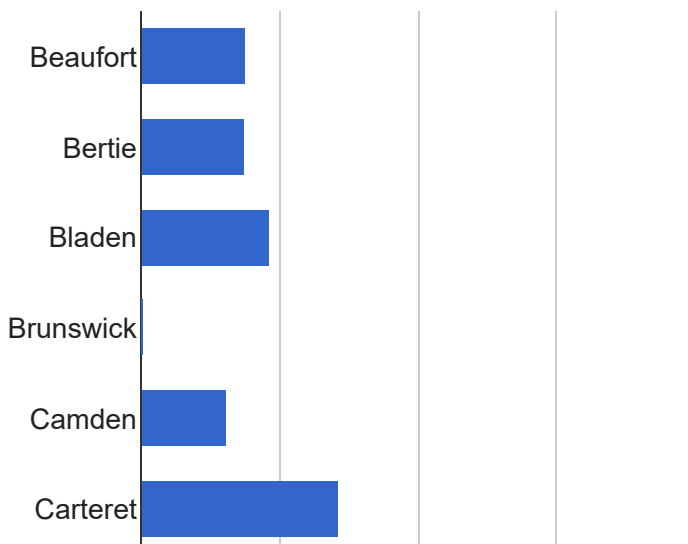
Other (*internet_or_wifi_other*)

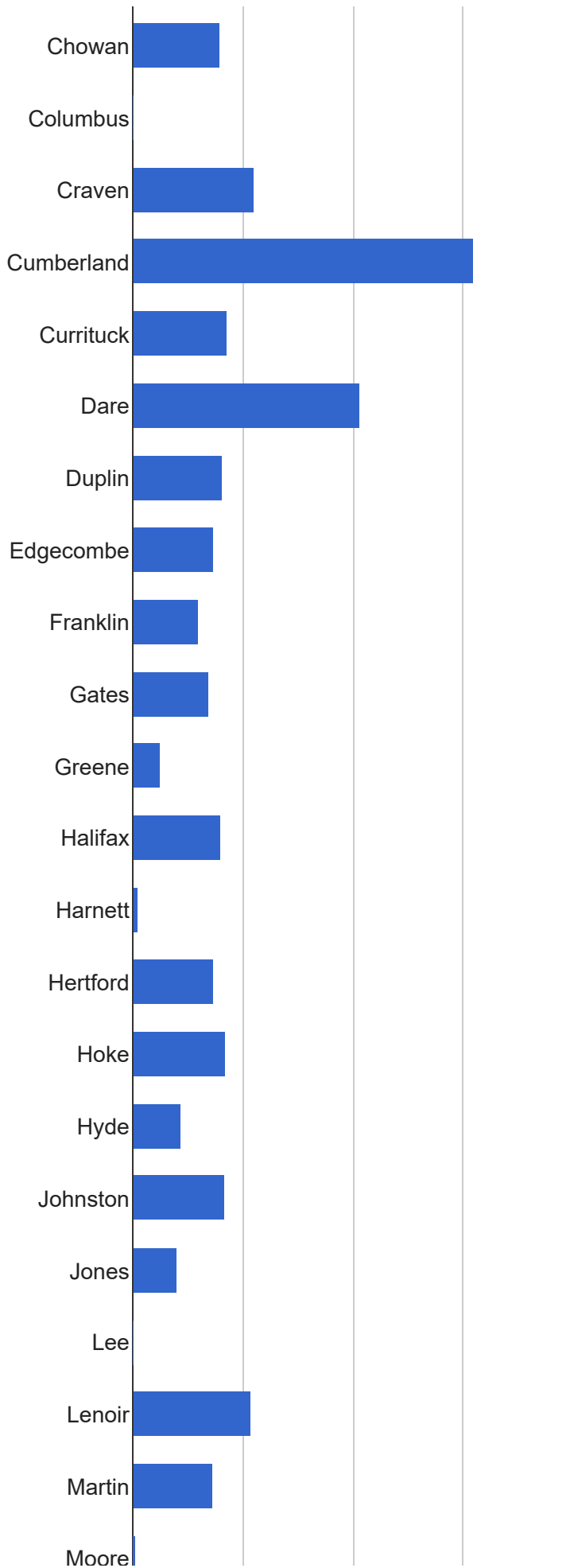
Total Count (N)	Missing*
8	357 (97.8%)

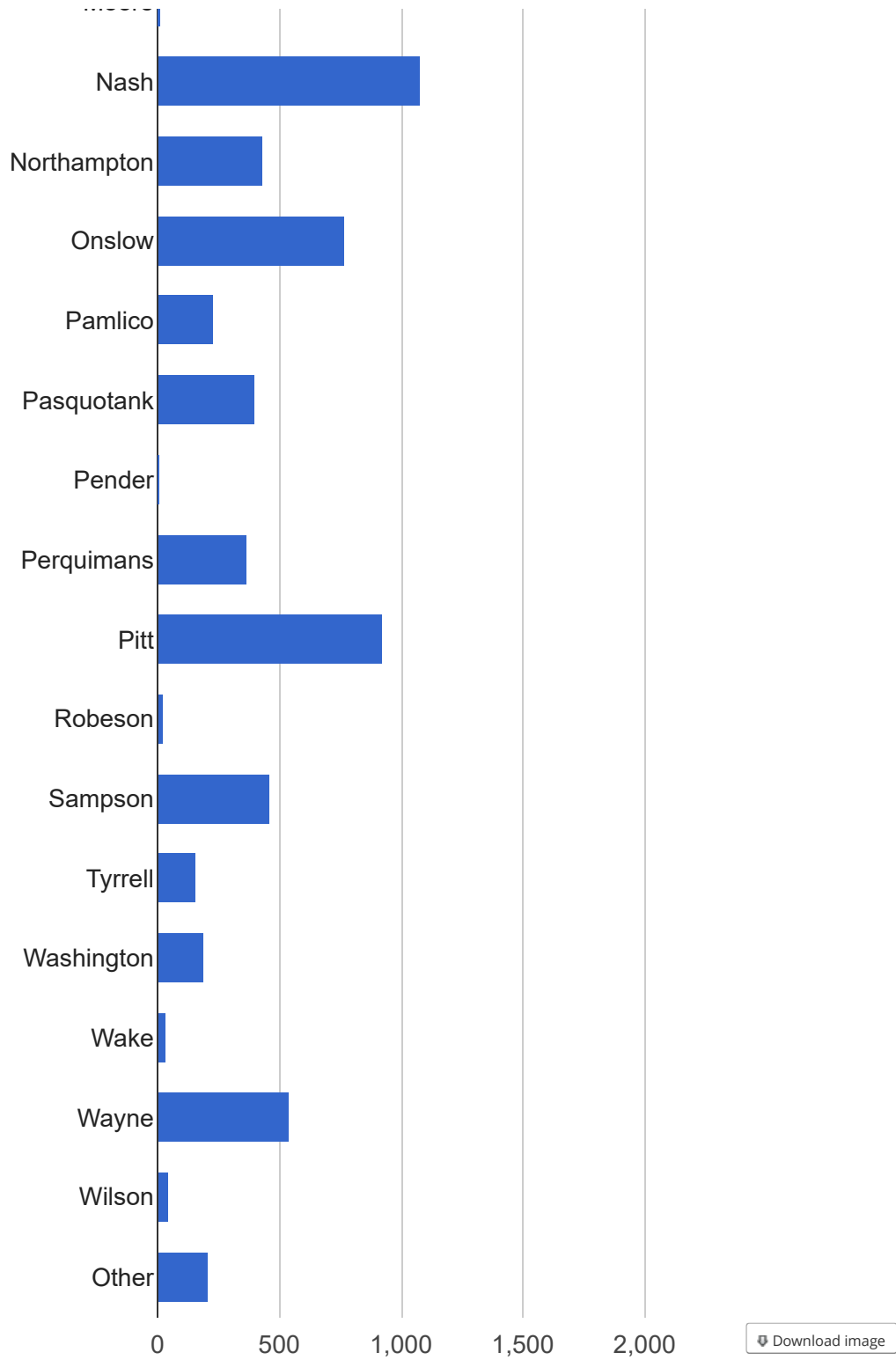
Which county do you live in? (*county*)

Total Count (N)	Missing*	Unique
365	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 (0, 0.0%), Harnett (0, 0.0%), Hertford (365, 100.0%), 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	365 (100.0%)

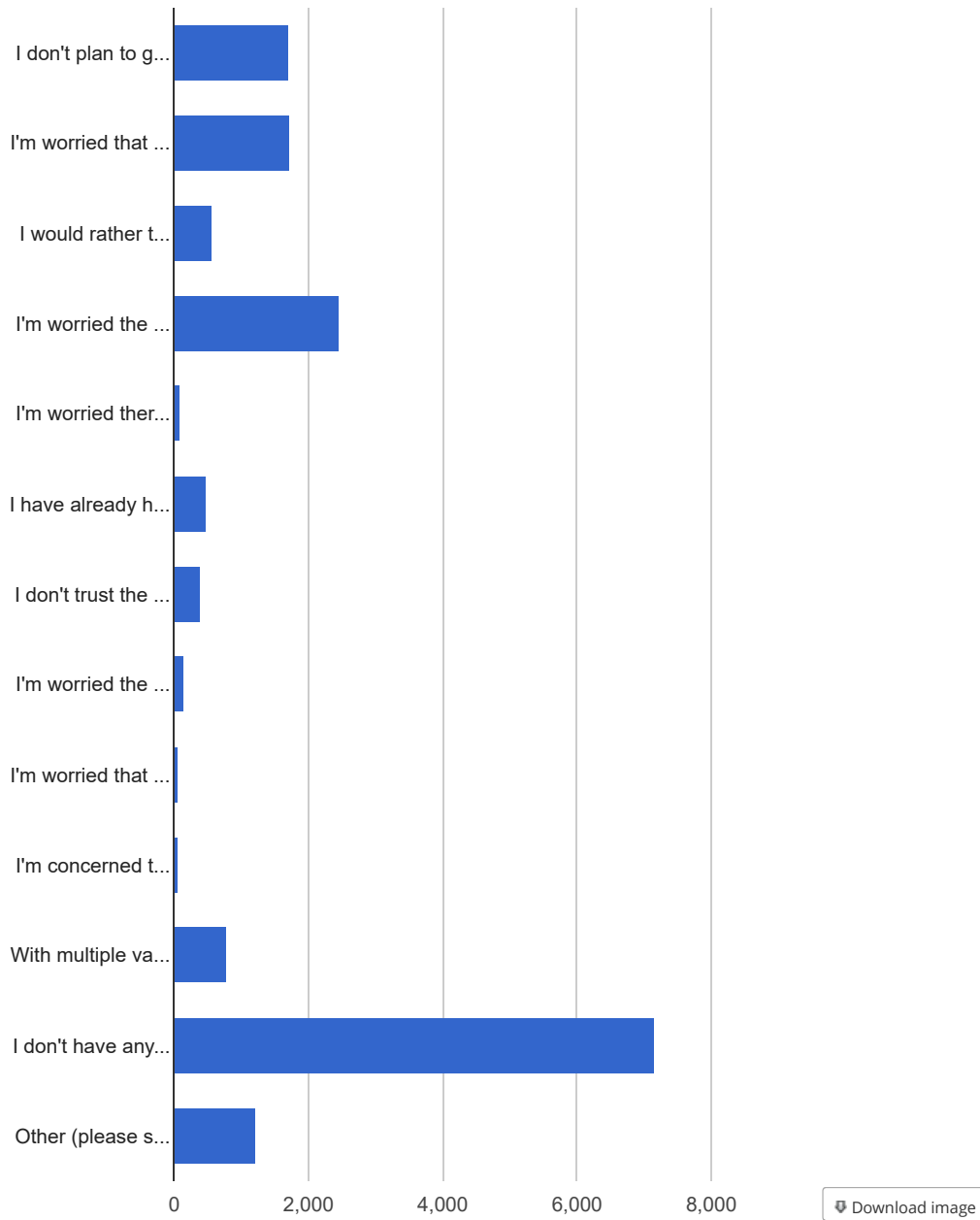
What is your 5 digit zip code? (zip_code)

Total Count (N)	Missing*
109	256 (70.1%)

**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
242	123 (33.7%)	11

Counts/frequency: I don't plan to get a vaccine. (47, 19.4%), I'm worried that the COVID-19 vaccine isn't safe. (36, 14.9%), I would rather take the risk of getting sick with COVID-19. (13, 5.4%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (54, 22.3%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (0, 0.0%), I have already had COVID-19 so I don't believe a vaccine is necessary. (9, 3.7%), I don't trust the distribution process of the COVID-19 vaccine. (7, 2.9%), I'm worried the COVID-19 vaccine has not been distributed fairly. (1, 0.4%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (2, 0.8%), I'm concerned that I won't have time to get the COVID-19 vaccine. (0, 0.0%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (19, 7.9%), I don't have any concerns about getting the COVID-19 vaccine. (116, 47.9%), Other (please specify) (24, 9.9%)



[Download image](#)

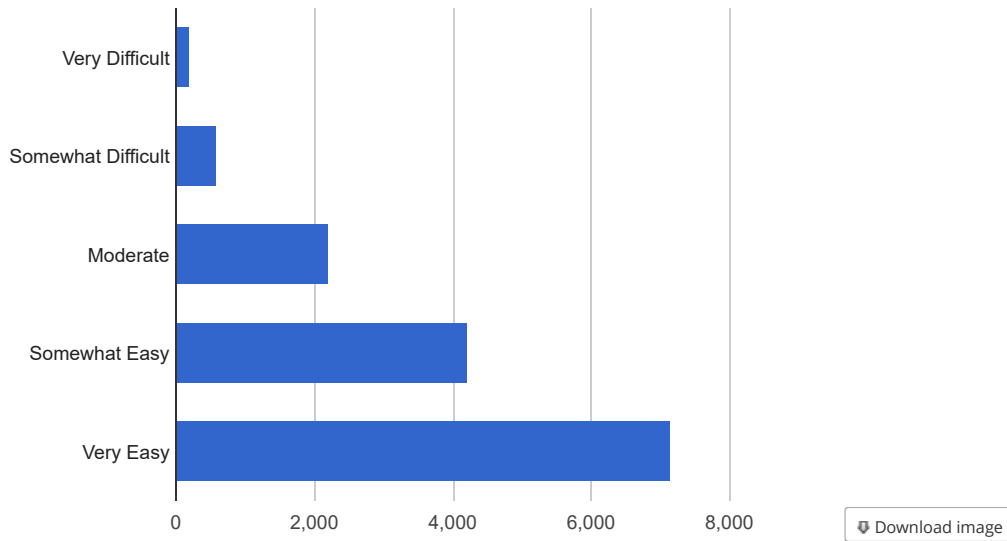
Other (*covid_concerns_other*)

Total Count (N)	Missing*
17	348 (95.3%)

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

Total Count (N)	Missing*	Unique
279	86 (23.6%)	5

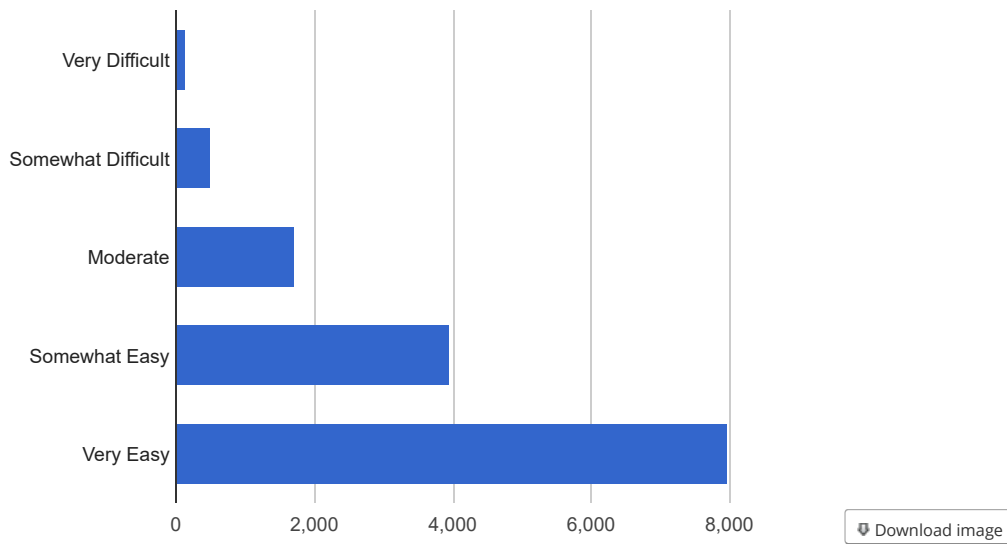
Counts/frequency: **Very Difficult** (3, 1.1%), **Somewhat Difficult** (9, 3.2%), **Moderate** (59, 21.1%), **Somewhat Easy** (80, 28.7%), **Very Easy** (128, 45.9%)



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

Total Count (N)	Missing*	Unique
277	88 (24.1%)	5

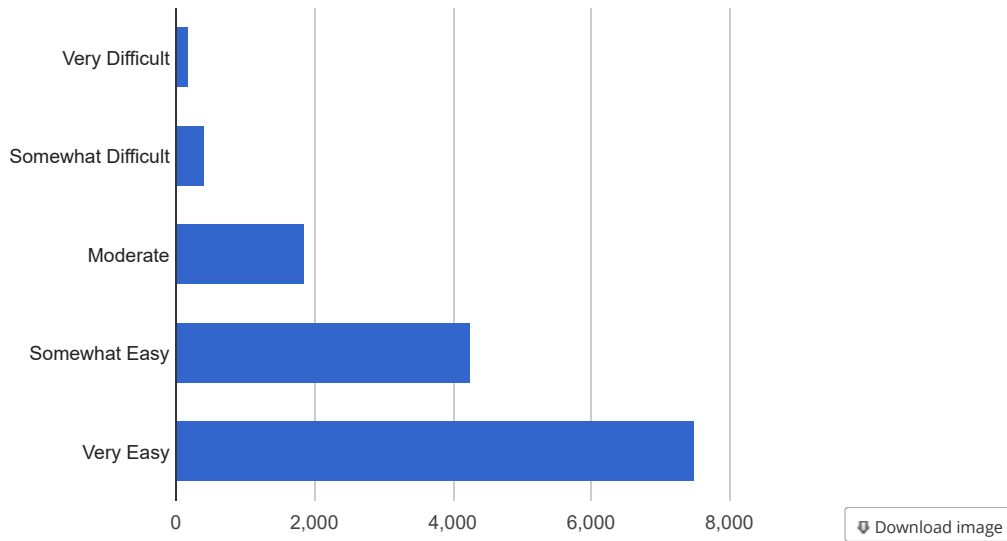
Counts/frequency: Very Difficult (1, 0.4%), Somewhat Difficult (15, 5.4%), Moderate (44, 15.9%), Somewhat Easy (75, 27.1%), Very Easy (142, 51.3%)



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

Total Count (N)	Missing*	Unique
274	91 (24.9%)	5

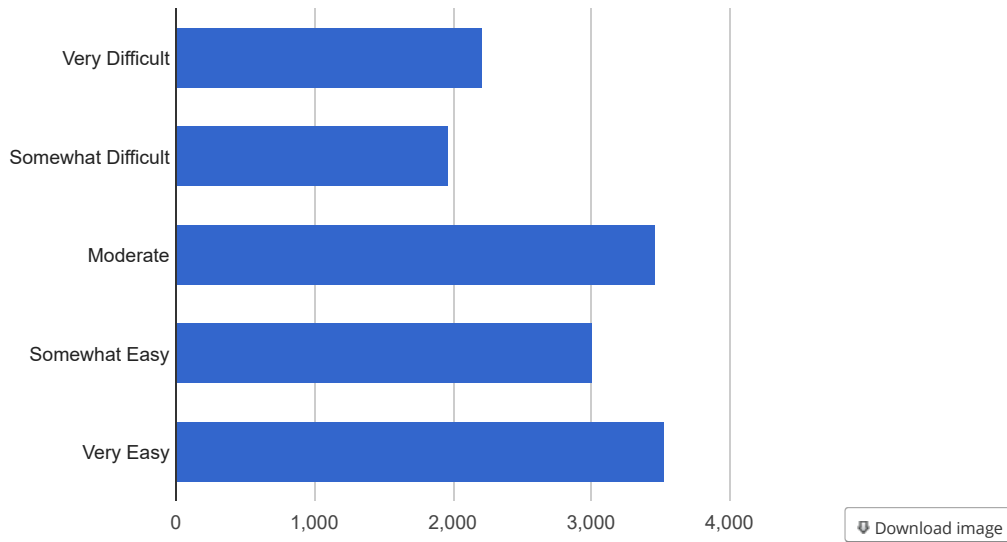
Counts/frequency: Very Difficult (5, 1.8%), Somewhat Difficult (6, 2.2%), Moderate (44, 16.1%), Somewhat Easy (69, 25.2%), Very Easy (150, 54.7%)



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

Total Count (N)	Missing*	Unique
277	88 (24.1%)	5

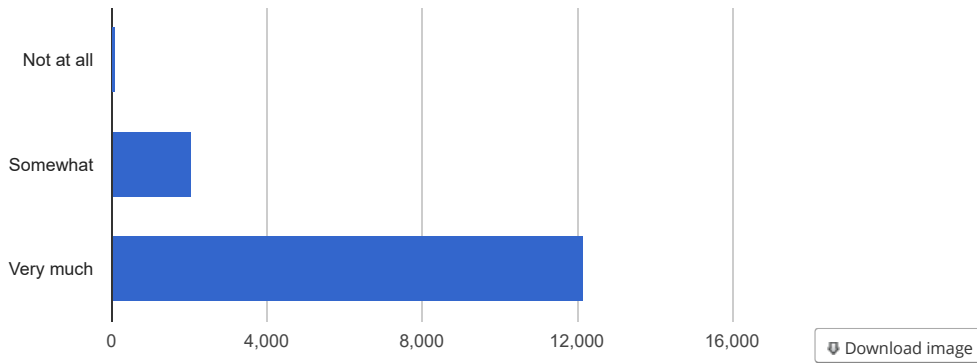
Counts/frequency: Very Difficult (39, 14.1%), Somewhat Difficult (34, 12.3%), Moderate (66, 23.8%), Somewhat Easy (63, 22.7%), Very Easy (75, 27.1%)



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

Total Count (N)	Missing*	Unique
281	84 (23.0%)	3

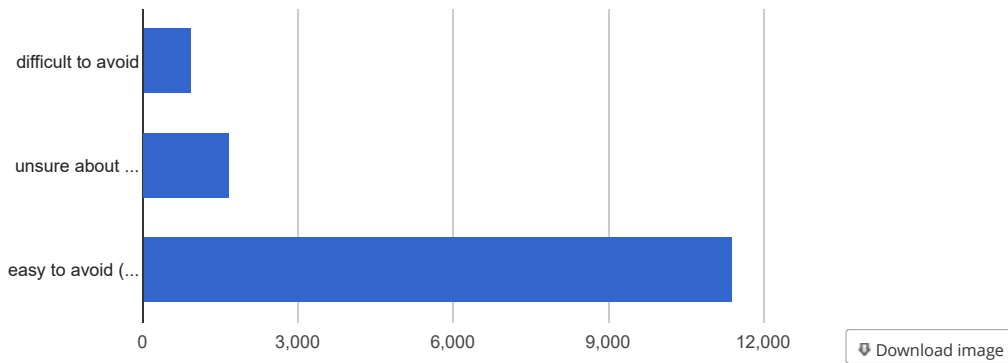
Counts/frequency: Not at all (1, 0.4%), Somewhat (45, 16.0%), Very much (235, 83.6%)



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

Total Count (N)	Missing*	Unique
272	93 (25.5%)	3

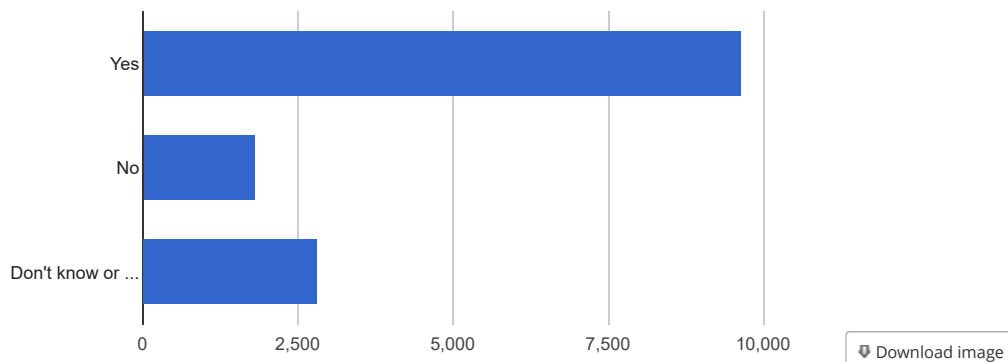
Counts/frequency: difficult to avoid (21, 7.7%), unsure about how to avoid (31, 11.4%), easy to avoid (I have no problem) (220, 80.9%)



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

Total Count (N)	Missing*	Unique
278	87 (23.8%)	3

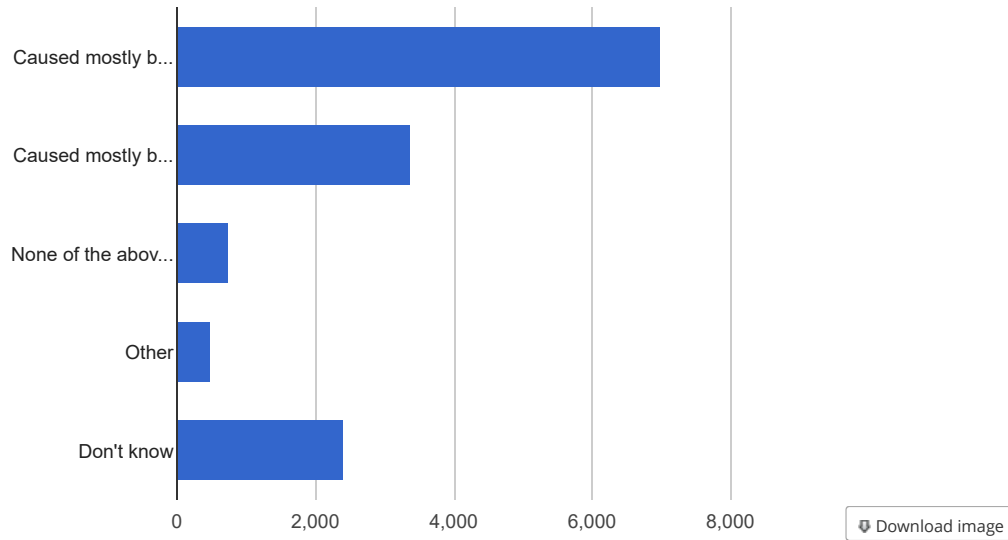
Counts/frequency: Yes (172, 61.9%), No (44, 15.8%), Don't know or unsure (62, 22.3%)



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

Total Count (N)	Missing*	Unique
275	90 (24.7%)	5

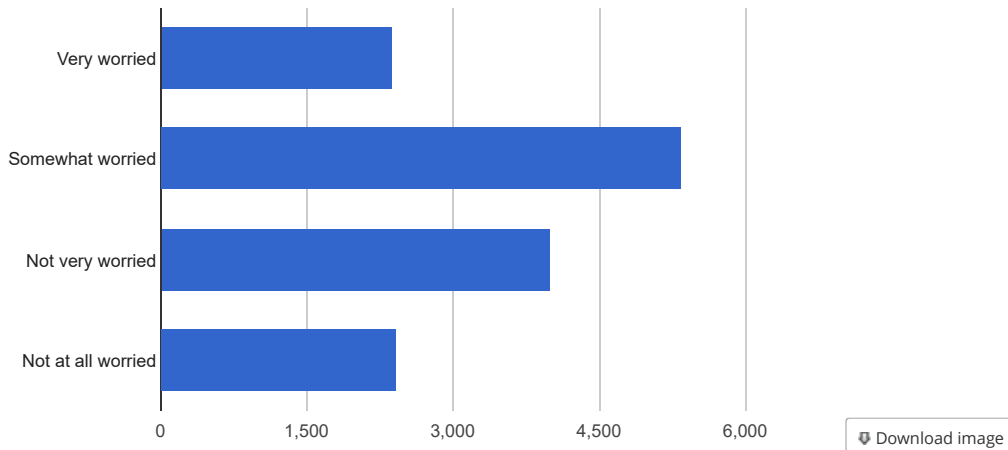
Counts/frequency: Caused mostly by human activities (99, 36.0%), Caused mostly by natural changes in the environment (80, 29.1%), None of the above because global warming isn't happening (24, 8.7%), Other (9, 3.3%), Don't know (63, 22.9%)



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

Total Count (N)	Missing*	Unique
280	85 (23.3%)	4

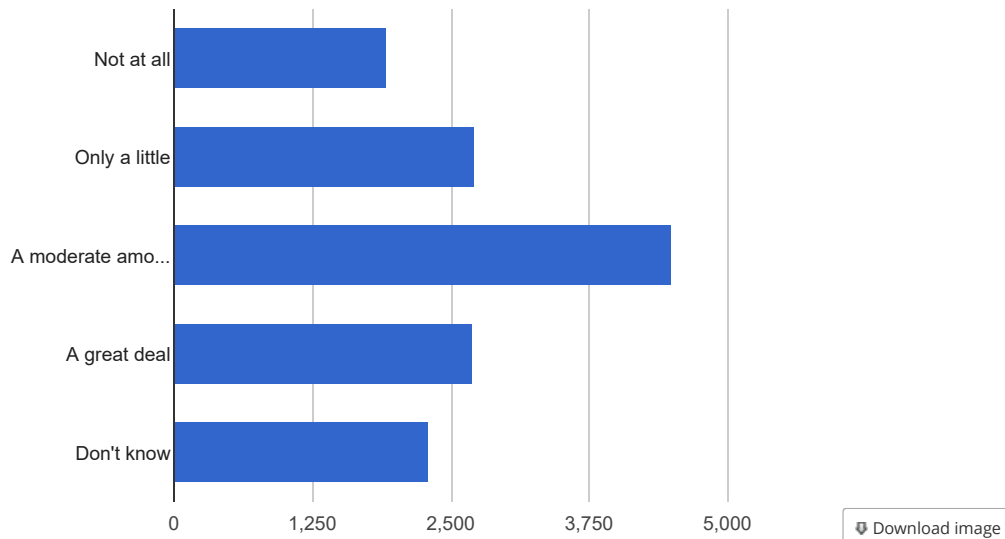
Counts/frequency: Very worried (27, 9.6%), Somewhat worried (111, 39.6%), Not very worried (74, 26.4%), Not at all worried (68, 24.3%)



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

Total Count (N)	Missing*	Unique
278	87 (23.8%)	5

Counts/frequency: Not at all (43, 15.5%), Only a little (58, 20.9%), A moderate amount (76, 27.3%), A great deal (42, 15.1%), Don't know (59, 21.2%)

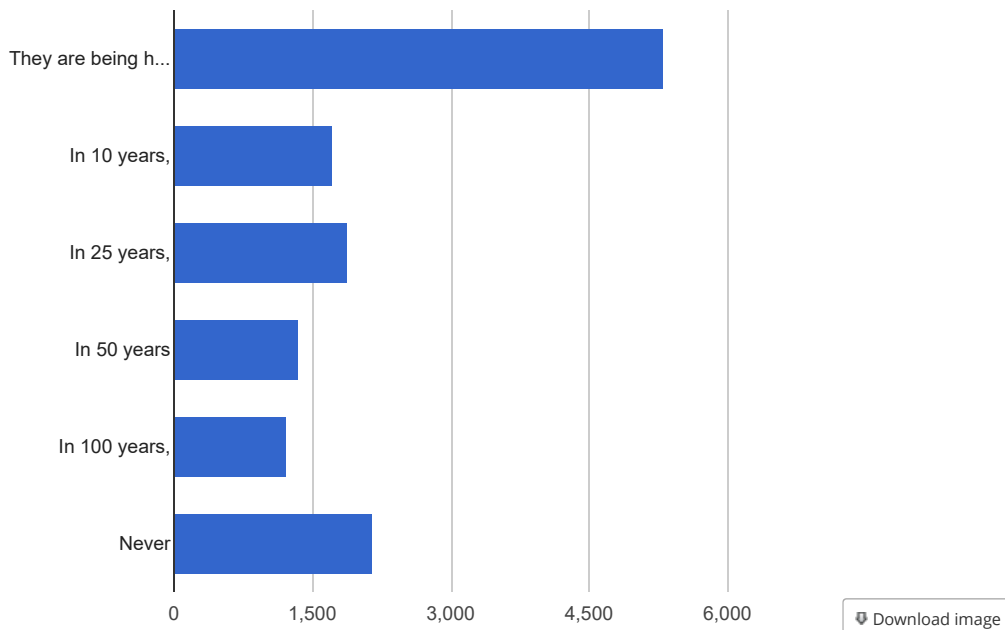


When do you think global warming will start to harm people in the United States?

(warmingwhenharm)

Total Count (N)	Missing*	Unique
269	96 (26.3%)	6

Counts/frequency: They are being harmed right now, (102, 37.9%), In 10 years, (36, 13.4%), In 25 years, (34, 12.6%), In 50 years (18, 6.7%), In 100 years, (22, 8.2%), Never (57, 21.2%)

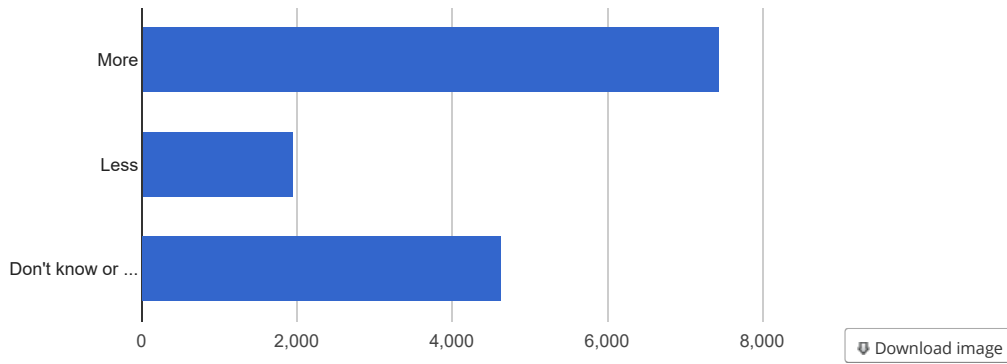


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

Total Count (N)	Missing*	Unique
277	88 (24.1%)	3

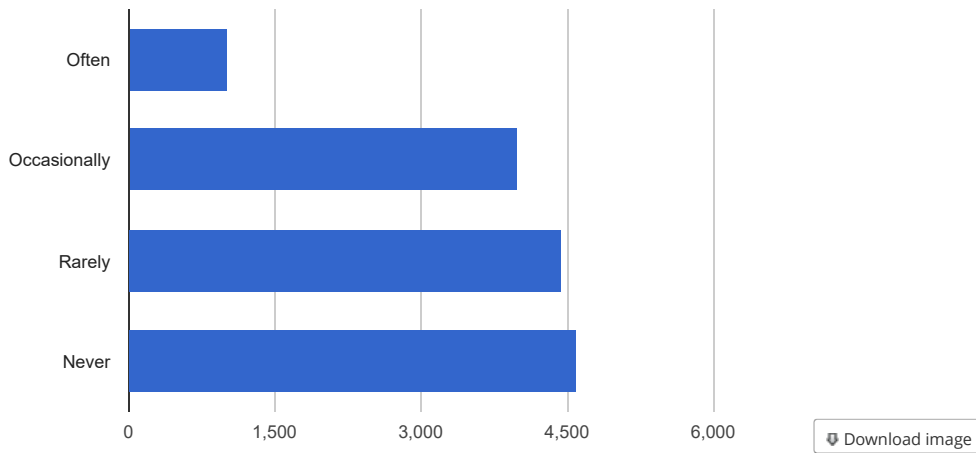
Counts/frequency: More (126, 45.5%), Less (41, 14.8%), Don't know or not sure (110, 39.7%)



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

Total Count (N)	Missing*	Unique
277	88 (24.1%)	4

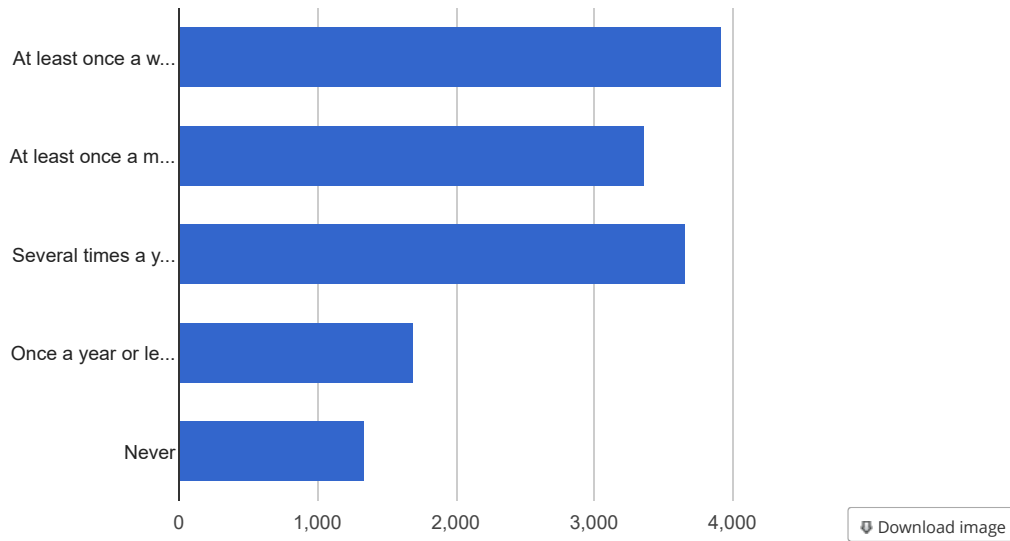
Counts/frequency: Often (12, 4.3%), Occasionally (48, 17.3%), Rarely (90, 32.5%), Never (127, 45.8%)



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

Total Count (N)	Missing*	Unique
276	89 (24.4%)	5

Counts/frequency: At least once a week (54, 19.6%), At least once a month (57, 20.7%), Several times a year (79, 28.6%), Once a year or less often (41, 14.9%), Never (45, 16.3%)



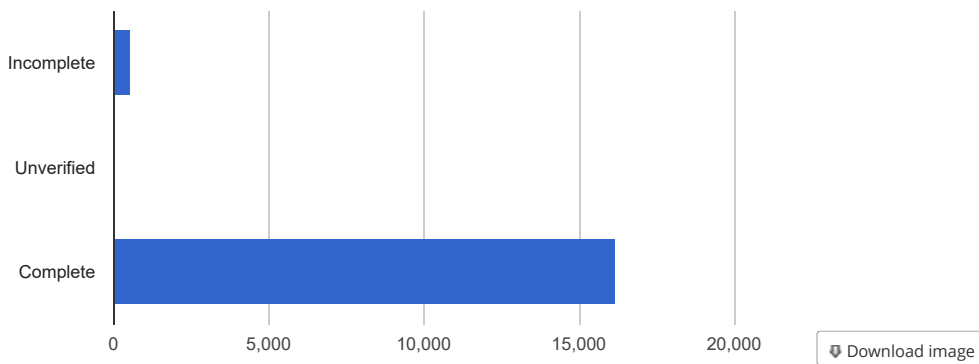
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
15	350 (95.9%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
365	0 (0.0%)	2

Counts/frequency: Incomplete (10, 2.7%), Unverified (0, 0.0%), Complete (355, 97.3%)



* 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	Hertford 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	311 (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	Hertford 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	59% (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	5% (2015)	7% (2015)	5.0%
Food Insecurity**			19% (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	Hertford 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)	31.10 (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) HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	24.8% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	17.3% (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	39.5% (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	5.0 (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	9.5 (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.

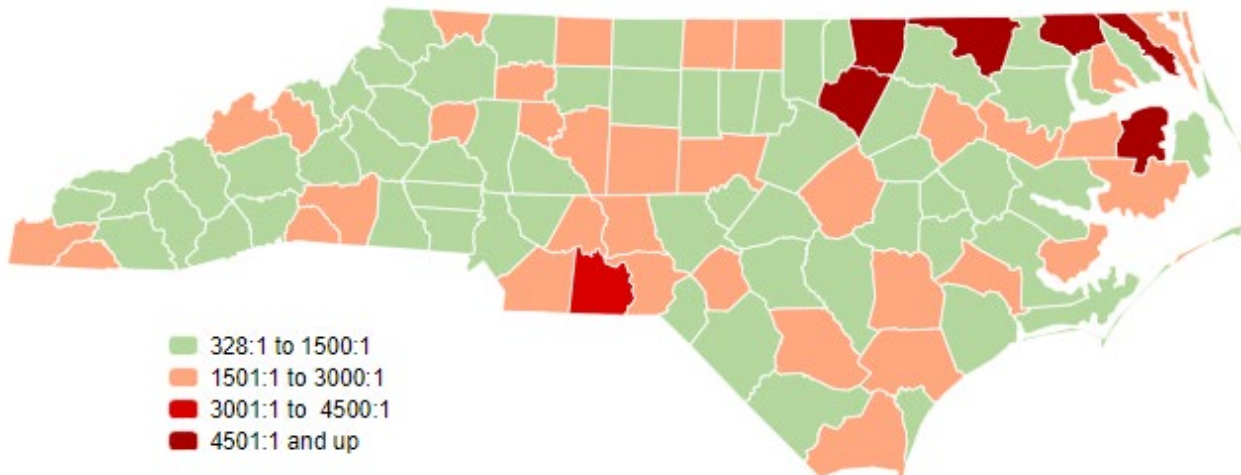
Health Outcomes					
Health Indicator	Desired Result	Definition	Hertford County	North Carolina	HNC 2030 Target
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	19.2 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	4.88 (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	74.8 (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	Hertford 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	81.7% (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	4.9% (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 ration 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

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Table 1. Population Estimate, Hertford County, North Carolina, and United States (2019)					
Hertford County		North Carolina		United States	
23,677		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	-4.1%	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/hertfordcountynorthcarolina/RHI825219					

Table 2. Age Distribution, Hertford County and North Carolina (2019)		
Age Group	Hertford County (%)	North Carolina (%)
Persons under 5 years	4.5%	5.8%
Persons under 18 years	18.5%	21.9%
Persons 65 years and over	20.4%	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/hertfordcountynorthcarolina/RHI825219		

Table 3. Age Distribution by Age Group, Hertford County (2015-2019)		
Age Group	Estimate	Percent
Total population	24,012	100%
Under 5 years	1,109	4.6%
5 to 9 years	1,018	4.2%
10 to 14 years	1,571	6.5%
15 to 19 years	2,018	8.4%
20 to 24 years	1,641	6.8%
25 to 34 years	2,796	11.6%
35 to 44 years	2,554	10.6%
45 to 54 years	2,984	12.4%
55 to 59 years	1,883	7.8%
60 to 64 years	1,785	7.4%
65 to 74 years	2,625	10.9%
75 to 84 years	1,475	6.1%
85 years and over	553	2.3%
Median age (years)	42.2	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37091&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Hertford County and North Carolina (2019)

Gender	Hertford County (Percent)	North Carolina (Percent)
Female	50.2%	51.4%
Male	49.8%	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/hertfordcountynorthcarolina/RHI825219>

Table 5. Veterans, Hertford County (2015-2019)

	Number	Percent of population 18 years and older
Veterans	1,268	6.5%

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=0500000US37091&tid=ACSS T5Y2019.S2101&moe=false&hidePreview=true>

Table 6. Race/Ethnicity, Hertford County and North Carolina (2015-2019)

Race	Hertford County		North Carolina	
	Number	Percent	Number	Percent
White	8,422	35.1%	7,049,919	68.7%
Black or African American	14,263	59.4%	2,200,761	21.4%
American Indian and Alaska Native	289	1.2%	123,952	1.2%
Asian	184	0.8%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	38	0.2%	7,213	0.1%
Hispanic or Latino (of any race)	921	3.8%	962,665	9.4%
Some other race	220	0.9%	316,763	3.1%
Two or more races	596	2.5%	273,276	2.7%
Total	24,012		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=0500000US37091&tid=ACSDP5Y2019.D P05&hidePreview=true&moe=false>

Table 7. Hispanic or Latino Origin and Race, Hertford 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
Hertford County	33.3%	58.7%	1.1%	0.8%	0.2%	0.0%	2.1%
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=0500000US37091&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

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

All households	8,845	
Limited English-speaking households	62 ± 33	0.7%
Households Speaking:		
	Number	Percent
Spanish	295 ± 113	3.3%
Other Indo-European languages	39 ± 18	0.4%
Asian and Pacific Island languages	41 ± 21	0.5%
Other languages	11 ± 12	0.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37091&tid=ACSST5Y2019.S1602&hidePreview=true>

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

	Hertford County	North Carolina
High School Graduate or Higher	80.8%	87.8%
Less than 9 th Grade	6.5%	4.5%
High School, No Diploma	12.8%	7.7%
High School Graduate or Equivalency	32.7%	25.7%
Some College, No Degree	24.3%	21.2%
Associate Degree	8.9%	9.7%
Bachelor's Degree	9.1%	20.0%
Graduate or Professional Degree	5.8%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
<https://data.census.gov/cedsci/table?q=Hertford%20county%20north%20carolina%20educational%20attainment&g=0500000US37091&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

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

	SAT Scores			
	2019	2018	2017	2016
Hertford County	902	908	878	779
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=Hertford>

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

	ACT Proficiency			
	2019	2018	2017	2016
Hertford County	28.1%	33.7%	34.0%	26.8%
North Carolina	55.8%	57.9%	58.8%	59.9%

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

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

Income Level	Hertford County	North Carolina
Below \$10,000	10.2%	6.4%
\$10,000-\$14,999	8.8%	5.0%
\$15,000-\$24,999	12.4%	10.3%
\$25,000-\$34,999	13.0%	10.3%
\$35,000-\$49,999	17.5%	13.9%
\$50,000-\$74,999	18.0%	18.0%
\$75,000-\$99,999	8.4%	12.4%
\$100,000-\$149,999	9.5%	13.1%
\$150,000-\$199,999	1.1%	5.1%
\$200,000 or more	1.0%	5.4%
Median household income	\$41,028	\$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=0500000US37091&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Hertford 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
Hertford County	48.6%	26.6%	27.8%	16.6%	16.3%	16.0%
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=Hertford%20county%20north%20carolina%20poverty%20status&tid=ACST5Y2019.S1701&hidePreview=true&moe=false>

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

Label	Estimate
Total:	9,314
Car, truck, or van:	8,655
Drove alone	7,715
Carpooled:	940
In 2-person carpool	590
In 3-person carpool	146
In 4-person carpool	22
In 5- or 6-person carpool	9
In 7-or-more-person carpool	173
Public transportation (excluding taxicab):	27
Bus	27
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	2
Motorcycle	0
Bicycle	49
Walked	313
Other means	103
Worked from home	165

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=0500000US37091&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>

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

	Hertford County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	2,860	2,860
Less than \$50,000	242	8.5%
\$50,000 to \$99,999	1,201	42.0%
\$100,000 to \$299,999	1,294	45.2%
\$300,000 to \$499,999	65	2.3%
\$500,000 to \$749,999	40	1.4%
\$750,000 to \$999,999	18	0.6%
\$1,000,000 or more	0	0.0%
Median (dollars)	\$99,300	\$99,300
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	347	12.1%
Second mortgage only	39	1.4%
Home equity loan only	308	10.8%
Both second mortgage and home equity loan	8	0.3%
No second mortgage and no home equity loan	2,505	87.6%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	150	5.2%
\$10,000 to \$24,999	366	12.8%
\$25,000 to \$34,999	281	9.8%
\$35,000 to \$49,999	406	14.2%
\$50,000 to \$74,999	548	19.2%
\$75,000 to \$99,999	416	14.5%
\$100,000 to \$149,999	553	19.3%
\$150,000 or more	140	4.9%
Median household income (dollars)	\$59,713	\$59,713
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37091&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true		

Table 16. Financial Characteristics for Housing Units without a Mortgage in Hertford County (2015-2019)		
	Hertford County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units With a Mortgage	2,961	2,961
Less than \$50,000	1,002	33.8%
\$50,000 to \$99,999	945	31.9%
\$100,000 to \$199,999	693	23.4%
\$200,000 to \$299,999	182	6.1%
\$300,000 to \$499,999	105	3.5%
\$500,000 to \$749,999	31	1.0%
\$750,000 to 999,999	3	0.1%
\$1,000,000 or more	0	0.0%
Median (dollars)	\$71,000	\$71,000
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	212	7.2%
\$10,000 to \$24,999	574	19.4%
\$25,000 to \$34,999	423	14.3%
\$35,000 to \$49,999	721	24.3%
\$50,000 to \$74,999	603	20.4%
\$75,000 to \$99,999	178	6.0%
\$100,000 to \$149,999	219	7.4%
\$150,000 or more	31	1.0%
Median household income (dollars)	\$42,218	\$42,218
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2507 https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37091&tid=ACSST5Y2019.S2507&hidePreview=true&moe=false		

Table 17 Live Births, Hertford 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
Hertford	230	9.7	76	9.6	146	10.1	7	7.7
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/Hertford.html>

Table 18. Live Births by Sex, Hertford County (2018)

	Total	Total Rate	White, non-Hispanic	White, non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	112	4.7	35	4.4	72	5.0	5	5.5
Females	118	5.0	41	5.2	74	5.1	2	2.2

Source: N.C. State Center for Health Statistics
<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Hertford.html>

Table 19. Low Birth Weight, Hertford 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
Hertford County	Low	123	10.7	119	11.0	16	5.2	101	13.3	2	12.5	4	6.8
	Very Low	36	3.1	33	3.0	1	0.3	32	4.2	0	0.0	3	5.1

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, Hertford 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
Hertford County	8	*	4	*	4	*	0	*	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, Hertford 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
Hertford County	69	41.8	97	56.1	111	129.4	109	136.8	666	409.4

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, Hertford 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
Hertford County	15	*	2	*	13	*	0	*	0	*

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, Hertford County (2014-2018)

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	544	769.6	766	870.5	23	1,002.9	1	N/A	6	N/A	667	994.5	673	680.3	1,340	818.8
Diseases of Heart	124	173.2	143	152.9	4	N/A	0	N/A	0	N/A	142	205.3	129	124.3	271	159.6
Acute Myocardial Infarction	23	32.3	23	23.8	0	N/A	0	N/A	0	N/A	25	32.8	21	20.5	46	26.7
Other Ischemic Heart Disease	61	83.7	71	74.3	1	N/A	0	N/A	0	N/A	70	102.3	63	57.7	133	76.6
Cerebrovascular Disease	27	35.8	46	49.1	2	N/A	0	N/A	1	N/A	35	49.3	41	37.6	76	43.4
Cancer	108	142.3	146	163.3	4	N/A	0	N/A	0	N/A	144	200.6	114	119.8	258	151.1
Colon, Rectum, and Anus	11	N/A	19	N/A	0	N/A	0	N/A	0	N/A	16	N/A	14	N/A	30	17.9
Pancreas	10	N/A	8	N/A	1	N/A	0	N/A	0	N/A	8	N/A	11	N/A	19	N/A
Trachea, Bronchus, and Lung	33	43.3	35	37.8	0	N/A	0	N/A	0	N/A	47	66.7	21	20.2	68	38.5
Breast	6	N/A	14	N/A	0	N/A	0	N/A	0	N/A	0	N/A	20	20.9	20	20.9
Prostate	3	N/A	14	N/A	1	N/A	0	N/A	0	N/A	18	N/A	0	N/A	18	N/A
Diabetes Mellitus	29	38.3	64	73.0	2	N/A	0	N/A	0	N/A	52	75.1	43	43.5	95	56.6
Pneumonia and Influenza	10	N/A	14	N/A	1	N/A	0	N/A	0	N/A	10	N/A	15	N/A	25	14.1
Chronic Lower Respiratory Diseases	32	41.0	16	N/A	0	N/A	1	N/A	0	N/A	29	43.1	20	18.5	49	27.3
Chronic Liver Disease and Cirrhosis	8	N/A	4	N/A	0	N/A	0	N/A	0	N/A	7	N/A	5	N/A	12	N/A
Septicemia	7	N/A	14	N/A	0	N/A	0	N/A	0	N/A	9	N/A	12	N/A	21	12.2
Nephritis, Nephrotic Syndrome, and Nephrosis	9	N/A	16	N/A	0	N/A	0	N/A	0	N/A	13	N/A	12	N/A	25	15.2
Unintentional Motor Vehicle Injuries	9	N/A	18	N/A	0	N/A	0	N/A	1	N/A	20	33.7	8	N/A	28	24.8
All Other Unintentional Injuries	20	42.7	19	N/A	2	N/A	0	N/A	0	N/A	19	N/A	22	26.3	41	29.4
Suicide	8	N/A	6	N/A	1	N/A	0	N/A	0	N/A	11	N/A	4	N/A	15	N/A
Homicide	1	N/A	12	N/A	1	N/A	0	N/A	0	N/A	12	N/A	2	N/A	14	N/A
Alzheimer's disease	39	50.6	44	48.4	2	N/A	0	N/A	0	N/A	23	38.0	62	53.0	85	49.1
Acquired Immune Deficiency Syndrome	0	N/A	3	N/A	0	N/A	0	N/A	0	N/A	1	N/A	2	N/A	3	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, Hertford County (2018-2020)

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	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
Hertford	41	59	47	17	23	9	0	1	0	0	2	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, Hertford 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
Hertford County	7	29.6	41	34.0	29.4
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, Hertford 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
Hertford County	4	16.9	28	23.2	24.8
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, Hertford 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
Hertford County	386.1				2,325.6		

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, Hertford County and North Carolina (2015-2019)			
County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Hertford County	12	9.94	11.30

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, Hertford County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 HERTFORD			Leading Causes of Injury Hospitalization 2016 to 2019 HERTFORD			Leading Causes of Injury ED Visits 2016 to 2019 HERTFORD		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	24	1	Fall - Unintentional	205	1	Fall - Unintentional	2,428
2	Poisoning - Unintentional	17	2	MVT - Unintentional	58	2	Unspecified - Unintentional	1,596
3	Firearm - Assault	14	3	Poisoning - Unintentional	43	3	MVT - Unintentional	1,489
4	Firearm - Self-Inflicted	11	4	Unspecified - Unintentional; Motor Vehicle-Nontraffic - Unintentional	14	4	Struck By/Against - Unintentional	778
5	Fall - Unintentional	7	5	Poisoning - Self-Inflicted	12	5	Natural/Environmental - Unintentional	486
TOTAL		90	TOTAL		412	TOTAL		9,486

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, Hertford County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 HERTFORD			Leading Causes of Injury Hospitalization 2016 to 2019 HERTFORD			Leading Causes of Injury ED Visits 2016 to 2019 HERTFORD		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	1	1	MVT - Unintentional	3	1	Fall - Unintentional	465
2		0	2	Struck By/Against - Assault; Poisoning - Unintentional; Other Specified/Classifiable - Assault; Fire/Burn - Unintentional; Fall - Unintentional; Cut/Pierce - Unintentional	1	2	Unspecified - Unintentional	314
3		0	3		0	3	MVT - Unintentional	217
4		0	4		0	4	Struck By/Against - Unintentional	212
5		0	5		0	5	Other Specified/Classifiable - Unintentional	126
TOTAL		1	TOTAL		8	TOTAL		1,766

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, Hertford County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 HERTFORD			Leading Causes of Injury Hospitalization 2016 to 2019 HERTFORD			Leading Causes of Injury ED Visits 2016 to 2019 HERTFORD		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Firearm - Assault	11	1	MVT - Unintentional	17	1	MVT - Unintentional	650
2	MVT - Unintentional	9	2	Motor Vehicle-Nontraffic - Unintentional	9	2	Unspecified - Unintentional	487
3	Poisoning - Unintentional; Firearm - Self-Inflicted	3	3	Firearm - Assault	7	3	Fall - Unintentional	337
4	Fire/Burn - Unintentional; Cut/Pierce - Assault	1	4	Fall - Unintentional	5	4	Struck By/Against - Unintentional	307
5		0	5	Poisoning - Self-Inflicted; Machinery - Unintentional; Cut/Pierce - Unintentional; Cut/Pierce - Assault	3	5	Cut/Pierce - Unintentional	160
TOTAL		28	TOTAL		61	TOTAL		3,002

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, Hertford County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 HERTFORD			Leading Causes of Injury Hospitalization 2016 to 2019 HERTFORD			Leading Causes of Injury ED Visits 2016 to 2019 HERTFORD		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	14	1	Fall - Unintentional	54	1	Fall - Unintentional	705
2	MVT - Unintentional	11	2	Poisoning - Unintentional	27	2	Unspecified - Unintentional	588
3	Firearm - Self-Inflicted	5	3	MVT - Unintentional	25	3	MVT - Unintentional	494
4	Poisoning - Self-Inflicted; Firearm - Assault	2	4	Poisoning - Self-Inflicted	7	4	Struck By/Against - Unintentional	195
5	Unspecified - Unintentional; Fire/Burn - Unintentional	1	5	Unspecified - Unintentional; Motor Vehicle-Nontraffic - Unintentional; Firearm - Assault	4	5	Natural/Environmental - Unintentional	154
TOTAL		36	TOTAL		142	TOTAL		3,023

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, Hertford County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 HERTFORD			Leading Causes of Injury Hospitalization 2016 to 2019 HERTFORD			Leading Causes of Injury ED Visits 2016 to 2019 HERTFORD		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall - Unintentional	7	1	Fall - Unintentional	145	1	Fall - Unintentional	921
2	Fire/Burn - Unintentional	4	2	Poisoning - Unintentional	14	2	Unspecified - Unintentional	207
3	Unspecified - Unintentional; MVT - Unintentional; Firearm - Self-Inflicted	3	3	MVT - Unintentional	13	3	MVT - Unintentional	128
4	Suffocation - Unintentional; Poisoning - Self-Inflicted; Other Specified/Classifiable - Unintentional; Firearm - Assault; Cut/Pierce - Assault	1	4	Unspecified - Unintentional	9	4	Struck By/Against - Unintentional	64
5		0	5	Struck By/Against - Unintentional	7	5	Natural/Environmental - Unintentional	53
TOTAL		25	TOTAL		201	TOTAL		1,695

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

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

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