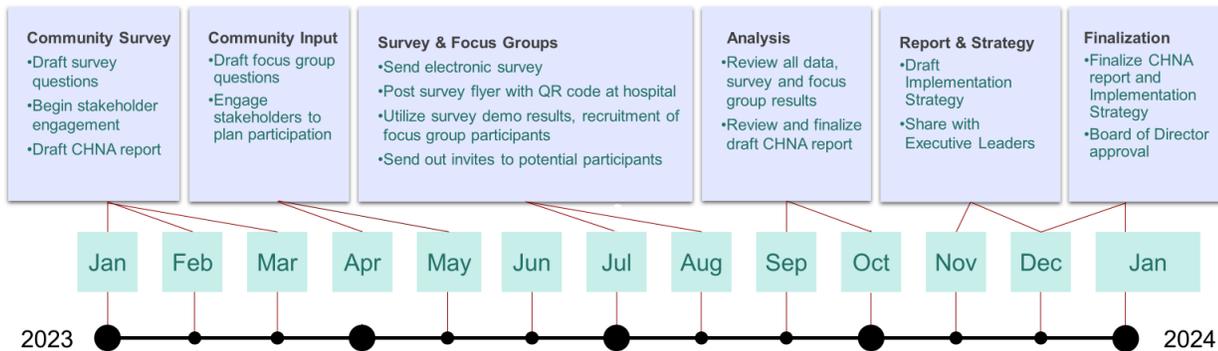


Appendices represent data and sources used in the Community Health Needs Assessment report.

CHNA Process and Timeline



[Appendix A: Community Demographics](#)

Demographics include geography, population change, age, gender, ethnicity, language, education, employment, poverty, and insurance.

[Appendix B: Community Health Indicators](#)

Indicators include county health rankings (health outcomes and health factors), access to health services, mortality, hospitalizations, risk factors, COVID-19, maternal and infant, aging adults, cancer, behavioral health, violent crimes, and gun violence.

[Appendix C: Community Input](#)

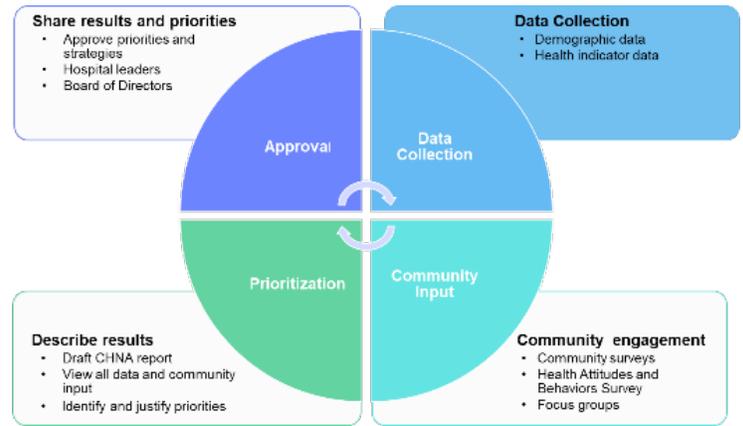
This includes the survey questions, survey answers, focus group demographics, questions and brief summary of results.

[Appendix D: Prioritization Process](#)

Data Limitations

- The data presented represents a snapshot of the population, economic and leading health, and wellness issues in the service area.
- 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 service area.
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities.

Appendix A: Demographics



Geography

2022 Population Density per Square Mile

	*Virginia	Charlotte County	Halifax County	Mecklenburg County
Population Density/Sq Mile	202.60	26.0	43.0	47.0

Source: Accessed May 2, 2023

[Virginia Population Density County Rank, http://www.usa.com/rank/virginia-state--population-density--county-rank.htm](http://www.usa.com/rank/virginia-state--population-density--county-rank.htm)

*World Population Review, <https://worldpopulationreview.com/states/virginia-population>

Population Change

2020-2040 Population Projections

Demographics	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Population estimates, July 2022*	8,683,619	75,627	11,475	33,644	30,508
Population, percent change - April 1, 2010, to April 1, 2020*	7.3%	-7.5%	-9.2%	-6.5%	-7.9%
Projected Population 2020 - 2030**	9,129,002	69,180	10,322	31,347	27,511
Projected Population 2030 - 2040**	9,759,371	65,038	9,705	29,243	26,090
Projected Population 2040 - 2050**	10,535,810	61,869	9,234	27,576	25,059
Projected Population Change 2020 - 2030**	5.5%	-9.7%	-11.7%	-8.5%	-10.2%
Projected Population Change 2030 - 2040**	6.9%	-6.0%	-6.0%	-6.7%	-5.2%
Projected Population Change 2030 - 2040**	8.0%	-4.9%	-4.9%	-5.7%	-4.0%

Sources: Accessed May 2, 2023

*United States Census Bureau: QuickFacts.

**Weldon Cooper Center for Public Services: Virginia Population Projections.

Green=increase

Red=decrease

Population Sex

2021 Population by Sex

Demographics	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Female	4,364,348	38,755	5,758	17,510	15,487
%	50.5%	51.4%	50.3%	51.9%	51.2%
Male	4,277,926	36,679	5,690	16,228	14,761
%	49.5%	48.6%	49.7%	48.1%	48.8%

Source: Accessed May 2, 2023

[United States Census Bureau: QuickFacts.](#)

Population Age

2021 Population by Age

Demographics	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Total Population, 2021	8,657,365	75,580	11,522	33,758	30,300
Persons under 5 years, percent	5.7%	5.2%	5.3%	5.4%	5.0%
Persons under 18 years, percent	21.8%	19.8%	21.4%	20.5%	18.5%
Persons 19 - 64 years, percent	56.2%	49.6%	50.9%	48.8%	49.9%
Persons 65 years and over, percent	16.3%	25.4%	22.4%	25.3%	26.6%

Source: Accessed May 2, 2023

[United States Census Bureau: QuickFacts.](#)

2017-2021 Population by Age

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Total Population	8,509,358	76,974	11,953	34,295	30,726
Persons under 0-19 years	24.8%	21.6%	23.7%	22.3%	20.6%
Persons under 20 -34 years	20.3%	15.9%	15.3%	16.3%	16.0%
Persons 35-54 years	26.3%	21.9%	23.0%	22.2%	21.8%
Persons 55-64 years	13.1%	15.5%	16.1%	15.0%	16.3%
Persons 65 years and over	15.5%	25.1%	21.9%	24.2%	25.4%

Sources: Accessed May 2, 2023

[US Census Bureau, American Community Survey. 2017-21.](#)

The Aging Population: Percent of Population Age 65+ by Age Class and Locality

2030 Age 65-74	10.4%	15.7%	15.5%	14.8%	16.9%
2030 Age 75-84	6.1%	9.8%	8.3%	9.8%	10.4%
2030 Age 85+	1.9%	3.1%	2.8%	3.1%	3.3%
2040 Age 65-74	9.5%	12.7%	12.2%	12.1%	13.5%
2040 Age 75-84	7.2%	9.9%	9.4%	9.5%	10.6%
2040 Age 85+	2.7%	3.6%	3.0%	3.6%	3.9%

[Weldon Cooper Center for Public Services: Virginia Population Projections.](#)

Racial Profile					
2021 Racial Profile					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
White	64.9%	63.3%	70.0%	60.7%	62.5%
Black	19.0%	33.6%	26.8%	35.0%	34.0%
American Indian	0.3%	0.2%	0.0%	0.1%	0.5%
Asian	6.7%	0.5%	0.4%	0.2%	0.9%
Other Pacific Islander	0.1%	0.0%	0.0%	0.0%	0.0%
Hispanic	9.8%	2.6%	2.4%	2.3%	3.0%
Not Hispanic	90.2%	98.2%	97.6%	97.7%	97.0%

Source: Accessed May 2, 2023

[United States Census Bureau, American Community Survey, 2021: ACS 5-Year Estimates](#)

2021 Racial Profile					
	Virginia	Charlotte County	Halifax County	Mecklenburg County	
American Indian and Alaska Native	0.3%	0%	0.1%	0.5%	
Cherokee tribal grouping	0%	0%	0.1%	0.1%	
Asian	6.7%	0.4%	0.2%	0.9%	
Asian Indian	1.8%	0%	0%	0.8%	
Chinese	0.9%	0%	0%	0%	
Filipino	0.9%	0%	0.1%	0.1%	
Japanese	0.1%	0%	0%	0%	
Korean	0.9%	0.2%	0%	0%	
Vietnamese	0.7%	0.1%	0%	0%	
Other Asian	1.4%	0%	0%	0%	
Other Pacific Islander	0.1%	0%	0%	0%	
Hispanic or Latino	9.8%	2.4%	2.3%	3.0%	
Puerto Rican	1.3%	1.8%	0.9%	0.5%	
Cuban	0.3%	0%	0%	0%	
Other Hispanic or Latino	6.0%	0.3%	0.5%	1.3%	

Source: Accessed May 2, 2023

[United States Census Bureau, American Community Survey, 2021: ACS 5-Year Estimates](#)

Spoken Languages (2017-2021)					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Language other than English spoken at home, persons aged 5 years+	1,428,465	2,383	161	979	1,242
Language other than English spoken at home, percent of persons aged 5 years+	16.5%	3.2%	1.4%	2.9%	4.1%

Source: Accessed May 2, 2023

[United States Census Bureau: QuickFacts.](#)

Other Information					
Other Descriptive Information (2017-2021)					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Veterans	671,519	5,333	765	2,453	2,115
Veterans as a percent of population	7.8%	7.1%	6.6%	7.3%	7.0%
Owner-occupied housing	5,765,805	54,428	7,870	25,015	21,543
Owner-occupied housing unit rate, percentage	66.6%	72.0%	68.3%	74.1%	71.1%
Median value of owner-occupied housing units	\$295,500	\$130,333	\$124,500	\$120,300	\$146,200
Foreign born persons	1,082,171	1,690	104	405	1,182
Foreign born persons, percent	12.5%	2.2%	0.9%	1.2%	3.9%
Households with a computer	8,085,979	56,619	8,941	24,407	23,270
Households with a computer, percent	93.4%	74.9%	77.6%	72.3%	76.8%
Households with a broadband Internet subscription	7,583,852	49,996	7,800	21,470	20,725
Households with a broadband Internet subscription, percent	87.6%	66.1%	67.7%	63.6%	68.4%
With a disability, under age 65 years	709,904	11,426	2,016	4,895	4,515
With a disability, under age 65 years, percent	8.2%	15.1%	17.5%	14.5%	14.9%
Persons without health insurance, under age 65 years	692,589	7,725	1,314	3,139	3,272
Persons without health insurance, under age 65 years, percent	8.0%	10.2%	11.4%	9.3%	10.8%
Median household income (in 2021 dollars)	\$80,615	\$45,969	\$45,567	\$45,962	\$46,378
Per capita income in past 12 months (in 2021 dollars)	\$43,267	\$26,478	\$25,577	\$24,899	\$28,959
Source: Accessed May 2, 2023					
United States Census Bureau: QuickFacts.					

Poverty

2021 Poverty

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Poverty, percent, all ages	10.2%	16.2%	16.9%	16.0%	15.7%
Poverty, all ages	883,051	12,106	1,947	5,401	4,757
Poverty, percent, under age 18	247,264	3,420	619	1,533	1,268
Poverty, under age 18	13.3%	23.2%	25.8%	22.4%	22.9%
Children in Single-Parent Households*	447,623	5,550	840	2,881	1,829
Children in Single-Parent Households, percent*	23.7%	36.5%	33.0%	41.3%	32.2%

Source: Accessed April 28, 2023

[United States Census Bureau, Small Area Income and Poverty Estimates \(SAIPE\) 2021.](#)

[*United States Census Bureau, American Community Survey, 2021: ACS 5-Year Estimates](#)

Population with Income at or Below 200% FPL

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Population Percentage	23.59%	39.46%	39.03%	39.60%	39.47%

Source: Accessed May 2, 2023

[Virginia Well-Being Virginia Community Health Assessment: Data Source: US Census Bureau, American Community Survey. 2017-21.](#)

2021 Poverty by Race

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Black	16.7%	22.2%	17.7%	20.4%	25.8%
Hispanic	12.9%	31.6%	85.3%	4.8%	38.2%
American Indian	10.7%	0.0%	-	0.0%	0.0%
Asian	7.1%	9.5%	0.0%	10.8%	10.5%
Pacific Islander	10.5%	0.0%	-	-	0.0%
White	7.9%	14.1%	19.9%	11.9%	14.0%

Source: Accessed May 2, 2023

[United States Census Bureau, American Community Survey, 2021: ACS 5-Year Estimates](#)

(-) no data available

Unemployment

2021 Unemployed Estimates

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Population	8,657,365	75,580	11,522	33,758	30,300
Unemployed	202,807	1,368	202	722	444
Unemployed, percent of population age 16 years+	2.9%	2.3%	2.2%	2.6%	1.8%

Source: Accessed May 2, 2023

[United States Census Bureau, American Community Survey, 2021: ACS 5-Year Estimates](#)

Employment					
2017-2021 Employment Estimates					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
In civilian labor force, total, age 16 years+	5,549,371	39,130	6,107	17,419	15,605
In civilian labor force, total, percent of population age 16 years+	64.1%	51.8%	53.0%	51.6%	51.5%
In civilian labor force, female, age 16 years+	5,237,706	38,803	6,233	17,723	14,847
In civilian labor force, female, percent of population age 16 years+	60.5%	51.3%	54.1%	52.5%	49.0%
Source: Accessed May 2, 2023					
United States Census Bureau: QuickFacts.					

Education					
2017-2021 Education Attainment					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
High school graduate or higher, persons aged 25 years+	7,860,887	63,865	9,736	27,918	26,210
High school graduate or higher, percent of persons aged 25 years+	90.8%	84.5%	84.5%	82.7%	86.5%
Bachelor's degree or higher, persons aged 25 years+	3,488,918	14,022	1,740	5,536	6,757
Bachelor's degree or higher, percent of persons aged 25 years+	40.3%	18.6%	15.1%	16.4%	22.3%
Source: Accessed May 2, 2023					
United States Census Bureau: QuickFacts.					

Government Programs					
Medicaid and FAMIS (Below 138% FPL) Enrollment December 2022*					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Medicaid/FAMIS Enrollment	2,131,004	27,797	4,347	12,982	10,468
Medicaid/FAMIS Percentage	24.7%	36.8%	38.0%	38.5%	34.6%
65+ Enrolled in Medicaid/FAMIS Enrollment	86,938	1,555	256	762	537
65+ Enrolled in Medicaid/FAMIS Percentage	1.0%	2.1%	2.2%	2.3%	1.8%
Children Enrolled in Medicaid/FAMIS	856,443	9,975	1,581	4,602	3,792
Children Enrolled in Medicaid/FAMIS Percentage	9.9%	13.2%	13.8%	13.6%	12.5%
Persons with Disability Enrolled in Medicaid/FAMIS	153,172	2,720	424	1,298	998
Persons with Disability Enrolled in Medicaid/FAMIS Percentage	1.8%	3.6%	3.7%	3.8%	3.3%
Medicare Enrollment 2021**					
July 1, 2021, Census estimates	8,657,365	75,580	11,522	33,758	30,300
65+ Medicare	5,627,287	51,629	6,708	24,589	20,331
65+ Medicare Percentage	65.0%	68.3%	58.2%	72.8%	67.1%
65+ Medicare and Medicaid	409,493	6,648	1,575	3,025	2,048
65+ Medicare and Medicaid Percentage	4.7%	8.8%	13.7%	9.0%	6.8%
Persons in Poverty*	10.2%	16.2%	16.9%	16.0%	15.7%
Sources: May 2, 2023					
* Centers for Medicare & Medicaid Services Data (cms.gov), Mapping Medicare Disparities by Population					
** Virginia Medicaid, Department of Medical Assistance Services (DMAS) Data					

Appendix B: Community Health Indicators

2023 County Health Rankings

2023 County Health Rankings: Virginia			
	Charlotte	Halifax	Mecklenburg
Health Outcomes Rank	118	111	108
Health Factors Rank	121	107	104
Length of Life	111	108	106
Quality of Life	123	110	99
Health Behaviors	128	106	116
Clinical Care	127	92	69
Social & Economic Factors	104	102	98
Physical Environment	122	89	102

Source: Accessed April 18, 2023

[2023 County Health Rankings & Roadmaps.](#)

Access to Care

2020 Access to Care					
	Virginia	Total Service Area	Charlotte	Halifax	Mecklenburg
Preventable Hospital Stays Rate	2,902	3,393	3,451	4,156	2,572
Preventable Hospital Stays Rate, Black population	4,329	3,780	3,587	4,826	2,927
Preventable Hospital Stays Rate, White population	2,667	3,275	3,660	3,806	2,359
Avoidable Hospitalizations, Rate* (per 100,000 Population 18+)*	820.01	1,433.66	1,651.65	1,421.82	1,365.04
Adults Who Delayed Medical Care due to Cost, Percent**	10.4%	10.3%	10.3%	10.4%	10.2%

Sources: Accessed April 18, 2023

[2023 County Health Rankings & Roadmaps.](#)

*Virginia Well-Being Virginia Community Health Assessment: * Data Source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2020. **Data Source: Virginia Department of Health, Behavioral Risk Factor Surveillance Survey.

Red: worse than state

Length of Life

Length of Life, 2018-2020						
	United States	Virginia	Total Service Area	Charlotte	Halifax	Mecklenburg
Life expectancy (Average number of years a person can expect to live)	76.1*	79.1	74.6	74.4	74.8	74.8
Premature age-adjusted mortality (number of deaths among residents under age 75 per 100,000)	-	335	-	486	513	502
Length of Life: African American						
Life expectancy (Average number of years a person can expect to live)	70.8*	75.6	71.7	72.1	72.3	70.7
Age-Adjusted Death Rate (rate of deaths among residents under age 75 per 100,000)	-	475	-	620	634	716
Length of Life: White						
Life expectancy (Average number of years a person can expect to live)	76.4*	79.1	75.9	75.1	76.0	76.6
Age-Adjusted Death Rate (rate of deaths among residents under age 75 per 100,000)	-	329	-	440	455	410
Sources: Accessed April 18, 2023						
2023 County Health Rankings & Roadmaps.						
* Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021 (cdc.gov).						
(-) no data available						
Red: worse than state						

Causes of Death, 2019

Leading Causes of Death, 2019 (Annual Average Count)					
	Virginia	Total Service Area	Charlotte	Halifax	Mecklenburg
All Causes	70,242	1,117	171	492	454
Cancer	15,024	218	33	102	83
Heart Disease	15,035	248	37	117	94
Respiratory Disease	3,662	60	5	30	25
Accidents	3,993	60	15	24	21
Stroke	3,819	60	5	30	25
Alzheimer's Disease	2,626	43	7	20	16
Diabetes	2,351	61	11	21	29
Suicide	1,135	9	2	3	4
Chronic Liver Disease	1,037	15	4	5	6
Influenza and Pneumonia	816	26	1	12	13
Source: Received January, 2020					
Virginia Department of Health, VDH					

Substance Use

Substance Use					
	Virginia	Total Service Area	Charlotte	Halifax	Mecklenburg
*Drug Overdose Age-Adjusted Death Rate	19.3	25.8	-	22.5	29.5
*Drug Overdose Hospitalizations, Rate per 100,000 Population	89.92	84.06	93.06	53.52	114.09
*Substance Use Disorder (SUD) Hospitalizations, Rate per 100,000 Population	75.05	73.56	93.06	56.49	84.75
*Rate of Alcohol-Impaired Driving Deaths, per 100,000 Population	2.3	9.2	12.1	8.8	8.6
**Excessive Drinking, 2020	17%	-	16%	16%	16%
**Smokers, 2020	14%	-	24%	22%	21%
Sources: Accessed May 5, 2023					
* Virginia's Plan for Well-Being Community Health Improvement Data Portal. Data Sources: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Virginia Department of Health, Virginia Department of Health. Data directly obtained via email from Virginia Department of Health 2020.US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2016-2020.					
**2023 County Health Rankings & Roadmaps.					
Red: Worse than state					
(-) Data unavailable					

Mental Health

Mental Health					
	Virginia	Total Service Area	Charlotte	Halifax	Mecklenburg
*Deaths by Suicide, Age-Adjusted Death Rate per 100,000 Population	13.4	17	-	14.2	20.2
*Adults with Depressive Disorder, Percentage	17.2%	19.2%	17.8%	22.0%	17.8%
*Self-harm and Suicide-related ED Visits, Ages 5 Years and Over, 2021	680.9	-	1039.4	521.1	484.0
**Average poor mental health days, 2020	4.1	-	5.0	5.1	4.8
**Frequent mental distress, 2020	13%	-	16%	16%	15%
**Suicide rate (age-adjusted), 2020	13	-	24	14	20
Sources: Accessed April 18, 2023					
* Virginia's Plan for Well-Being Community Health Improvement Data Portal . Data sources: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Virginia Department of Health, Behavioral Risk Factor Surveillance Survey . Data directly obtained via email from Virginia BRFSS 2020. Virginia Department of Health, Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology - Virginia Department of Health . Data directly obtained via email from Virginia Syndromic Surveillance 2021 .					
** 2023 County Health Rankings & Roadmaps .					
Red: Worse than state					
(-) Data unavailable					

SHRH Emergency Department Behavioral Health Visits, Top 4 Diagnosis, 2022					
	Behavioral Health (Patient Frequency)	Suicidal Ideations	Anxiety/ Unspecified	Schizophrenia	Delusional Disorders
Adults, 18+	290	28.9%	5.5%	4.1%	4.1%
Adults, 18+ (White)	166	27.1%	5.4%	2.4%	3.0%
Adults, 18+ (Black)	118	33.1%	5.1%	6.7%	5.1%
Youth, 0-17	76	42.1%	1.3%	-	-
Youth, 0-17 (White)	43	44.1%	-	-	-
Youth, 0-17 (Black)	30	33.3%	3.3%	-	-
Sources: Accessed May 5, 2023					
Sentara Healthcare Behavioral Health Emergency Department Visits Summary, 2022 (December 16, 2021, through December 17, 2022)					

Cancer

Cancer Incidence Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2015-2019					
		Virginia	Charlotte	Halifax	Mecklenburg
Breast (Female)	Prevalence Rate	126.1	149.3	132.9	146.8
	Average Annual Count	6,558	14	35	37
Prostate (Male)	Prevalence Rate	100.3	94.1	130.1	130.2
	Average Annual Count	5,010	9	37	35
Lung and Bronchus	Prevalence Rate	53.6	75.9	64.2	72.0
	Average Annual Count	5,465	15	38	42
Colon & Rectum	Prevalence Rate	34.5	48.1	50.3	72.0
	Average Annual Count	3,380	8	28	42
All Sites	Prevalence Rate	409	476.6	447.1	503.8
	Average Annual Count	40,801	86	246	255
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Virginia Incidence Rates by Race, 2015-019 Annual Average Count / Rate Per 100,000, Age-adjusted					
Virginia		Prostate (Male)	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	85.5	129.3	55.7	34.3
	Average Annual Count	3,171	4,704	4,210	2,412
Black	Prevalence Rate	164.0	132.3	56.8	39.0
	Average Annual Count	1,365	1,274	978	666
Hispanic	Prevalence Rate	68.9	77.9	21.8	22.5
	Average Annual Count	122	209	76	102
Asian	Prevalence Rate	51.9	77.9	27.2	22.0
	Average Annual Count	122	258	139	120
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Cancer Death Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2016-2020					
		Virginia	Charlotte	Halifax	Mecklenburg
Breast (Female)	Prevalence Rate	20.6	-	34.9	22.1
	Average Annual Count	1,130	-	9	6
Prostate (Male)	Prevalence Rate	20	-	23.9	24.8
	Average Annual Count	806	-	6	6
Lung and Bronchus	Prevalence Rate	35.3	61.3	52.0	52.1
	Average Annual Count	3,646	13.0	32	31
Colon & Rectum	Prevalence Rate	13.2	18.1	21.7	16.3
	Average Annual Count	1,318	3	12	8
All Sites	Prevalence Rate	150	175.9	198.8	174.3
	Average Annual Count	15,156	35	115	98
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Virginia Death Rates by Race, 2016-020 Annual Average Count / Rate Per 100,000, Age-adjusted					
Virginia		Prostate (Male)	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	17.7	20	37.3	12.9
	Average Annual Count	551	794	2,864	945
Black	Prevalence Rate	37.4	27.9	37.4	17.6
	Average Annual Count	223	274	641	298
Hispanic	Prevalence Rate	11.6	9.0	10.2	6.4
	Average Annual Count	14	24	34	25
Asian	Prevalence Rate	9.2	10.4	17.6	8.3
	Average Annual Count	16	33	89	44
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			
(-) 3 or fewer					
Sources: Accessed March 1, 2023					
National Cancer Institute, State Cancer Profiles: Incident Rates Table					
National Cancer Institute, State Cancer Profiles: Mortality Rates Table					

COVID-19

COVID-19, 2022-2023				
	Virginia	Charlotte	Halifax	Mecklenburg
Total cases (December 2021 - December 2022)	-	770	1,841	1,359
Rates per 100,000 (December 2021 - December 2022)	-	6,514	5,474	4,430
Total deaths (December 2021 - December 2022)	-	5	19	14
Rates per 100,000 (December 2021 - December 2022)	-	42.3	56.5	45.6
Fully Vaccinated, as of December 27, 2022	74.0%	54.8%	58.1%	58.7%
Sources: Accessed July 14, 2023				
Virginia Department of Health, COVID-19 Data in Virginia, Dashboard				

Diabetes

Diabetes, 2020					
	Virginia	Total Service Area	Charlotte	Halifax	Mecklenburg
Adults with Prediabetes, Percent	9.3%	15.1%	15.1%	15.1%	15.1%
Adults with Diabetes, Percent	11.1%	24.2%	23.3%	25.5%	23.7%
Diabetes Hospitalizations, Rate per 100,000 population	1989.00	3509.69	4881.56	3000.03	3539.88
Sources: Accessed April 18, 2023					
Virginia's Plan for Well-Being Community Health Improvement Data Portal. Data Sources: Virginia Department of Health, Behavioral Risk Factor Surveillance Survey. Data directly obtained via email from Virginia BRFSS 2020. Source geography: County, Health District. Virginia Department of Health, Inpatient Discharge Dataset from Virginia Health Information (VHI). Data directly obtained via email from Virginia Department of Health 2020.					
Red: Worse than state					

Maternal

Births, Birthweight and Infant Death by Locality of Residence 2020				
	Virginia	Charlotte	Halifax	Mecklenburg
Total Births to Residents	94,666	151	355	265
Total Teen Births Below Age 18	3,514	4	33	17
Teen Births Ages 18 - 19	2,681	3	28	14
Non-Marital Births	33,906 / 35.8%	73 / 48.3%	186 / 52.4%	153 / 57.7%
Low Birthweight Births / percent of total births	7,850 / 8.3%	19 / 12.6%	38 / 10.7%	19 / 7.2%
Low Birthweight Births / percent of total births (Black Residents)	2,792 / 13.5%	10 / 27%	18 / 14.3%	12 / 10.9%
Low Birthweight Births / percent of total births (White Residents)	3,862 / 6.6%	9 / 8%	20 / 8.9%	7 / 4.7%
Very Low Birthweight Births / percent of total births	1,365 / 1.4%	4 / 2.6%	5 / 1.4%	5 / 1.4%
Very Low Birthweight Births / percent of total births (White Residents)	597 / 2.9%	3 / 8.1%	2 / 1.6%	1 / 0.9%
Very Low Birthweight Births / percent of total births (Black Residents)	591 / 1.0%	1 / 0.9%	3 / 1.3%	4 / 2.7%
Total Infant Deaths / Rate per 1,000 Births	497 / 5.3	-	1 / 2.8	-
Total Infant Deaths / Rate per 1,000 Births (Black Residents)	210 / 10.2	-	1 / 7.9	-
Total Infant Deaths / Rate per 1,000 Births (White Residents)	220 / 3.8	-	-	-
Source: Accessed April 18, 2023				
Virginia Department of Health Division of Health Statistics; data includes final recorded estimates of births received as of July 2020, occurring in Virginia for the time period January 1, 2019, to December 31, 2019.				
Red: Worse than state				
(-) Data unavailable				

Alzheimer's Disease

Alzheimer's Disease and Dementia Prevalence, 2017				
	Virginia	Charlotte	Halifax	Mecklenburg
Less than 65 years (%)	3.9%	2.9%	2.6%	2.7%
Less than 65 years (#)	5,026	14	35	28
65+ (%)	11.1%	11.0%	10.7%	12.0%
65+ (#)	100,034	242	694	689
Source: Accessed April 18, 2023				
Virginia Alzheimer's Commission, AlzPossible Initiative				
Red: Worse than state				

Medicare Chronic Conditions

Medicare Primary Chronic Conditions, 2021				
	Virginia	Charlotte	Halifax	Mecklenburg
Obesity	18%	24%	19%	27%
Depression	23%	15%	14%	19%
Hypertension	66%	71%	75%	73%
Diabetes	26%	30%	32%	30%
Kidney Disease	17%	20%	17%	20%
Ischemic Heart Disease	18%	19%	22%	22%
Heart Failure	11%	12%	13%	14%
Atrial Fibrillation	13%	13%	15%	14%
Obstructive Pulmonary Disease	19%	14%	14%	17%
Cancer (Colorectal, Breast, Prostate, Lung)	11%	11%	11%	12%
Asthma	7%	8%	8%	8%
Alzheimer's, Dementia	7%	7%	7%	8%
Source: Accessed April 18, 2023				
Centers for Medicare & Medicaid Services Data, Mapping Medicare Disparities by Population (cms.gov)				
Red: Worse than state				

Hospitalizations

Hospitalizations, rate per 100,000 population, 2020					
	Virginia	Total Service Area	Charlotte	Halifax	Mecklenburg
Asthma Hospitalizations	487.34	680.40	964.47	502.48	766.00
Diabetes Hospitalizations	1,989.00	3,509.69	4,881.56	3,000.03	3,539.88
Hypertension Hospitalizations	4,103.44	6,529.45	8,460.24	5,631.37	6,770.10
Stroke Hospitalizations	229.04	281.09	355.33	288.41	244.47
Source: Accessed April 18, 2023					
Virginia Well-Being Virginia Community Health Assessment: Data Source: Virginia Department of Health, Inpatient Discharge Dataset from Virginia Health Information (VHI).					
Red: worse than state					

Quality of Life

Quality of Life (County Health Rankings)				
	Virginia	Charlotte	Halifax	Mecklenburg
Food Insecure, 2020	8%	15%	12%	12%
Limited Access to Healthy Foods, 2020	4%	15%	10%	10%
Physical Inactivity, 2020	20%	28%	28%	27%
Access to Exercise Opportunities, 2022	83%	16%	46%	56%
Adults with Obesity, 2020	32%	41%	39%	38%
Poor or fair health, 2020	12%	20%	19%	18%
Average poor physical health days, 2020	2.7	3.9	3.8	3.6
Frequent physical distress, 2020	8%	12%	11%	11%
Diabetes prevalence, 2020	10%	13%	13%	12%
Number of HIV cases, 2020	331	179	280	311
Primary Care Physicians, 2020	6,486	6	12	15
Primary Care Physician ratio, 2020	1324:1	1970:1	2587:1	2045:1
Dentists, 2021	6,399	4	16	10
Dentist ratio, 2021	1351:1	2862:1	2109:1	3025:1
Mental Health Providers, 2022	19,342	5	40	31
Mental Health Provider ratio, 2022	447:1	2290:1	843:1	971:1
Firearm fatality rate, 2020	13	18	17	21
Firearm fatality rate, 2016-2020 (Black)	20	-	-	21
Firearm fatality rate, 2016-2020 (White)	13	-	-	21
Violent crime rate, 2016*	207	218	207	248
Injury death rate, 2020*	68	130	92	107
Source: Accessed April 18				
2023 County Health Rankings & Roadmaps.				
*2022 County Health Rankings & Roadmaps.				
Rates (per 100,000 population)				
Red: Worse than state, Green: Better than state				
(-) Data unavailable				

Appendix C: Community Input

Community Survey Questions

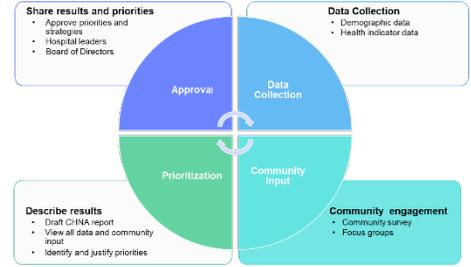
Pittsylvania-Danville and Southside Health Districts



Danville City - Pittsylvania
Halifax - Mecklenburg - Brunswick

Pittsylvania-Danville & Southside Health Districts Community Health Assessment Survey

Thank you in advance for responding to this brief survey as part of the Community Health Needs Assessment. The results of this survey will help us identify community health priorities, as well as possible opportunities to effect change.



1) Please select in which Virginia City or County you live: v
 * must provide value

2) Please choose which race you identify with the most (You may select up to two options):
 * must provide value

- American Indian or Alaska Native
- Asian American
- Black and African American
- Middle Easterners and North Africans
- Native Hawaiians and other Pacific Islanders
- White and European Americans
- Latino

3) Ethnicity:
 * must provide value

- Hispanic
- Non-Hispanic

4) Average household income per year:
 * must provide value

- \$0-30,000
- \$31,000-60,000
- \$61,000-90,000
- \$91,000-120,000
- \$120,000 and above

5) Number of people in household:
 * must provide value

- 1
- 2
- 3
- 4
- 5
- 6 or more

6) Which do you think are the most important issues that affect all of the people in your community? Please select ALL that apply:

* must provide value

- Access to Healthy Foods
- Accidents/Unintentional Injuries
- Alzheimer's/ Dementia
- Alcohol or Illegal Drugs
- Bullying
- Texting/Distracted Driving
- Child Abuse/Neglect
- Cancer
- Chronic Pain
- Dental/Oral Care
- Diabetes
- Environmental Health (Water Quality, Air Quality, Pollution)
- Domestic Violence
- Homicide
- Heart Conditions (Congestive Heart Failure, Heart Disease, Heart Attacks)
- Infectious Disease (Hepatitis, TB, MRSA, etc)
- Neurological Conditions (Stroke, Seizure, Multiple Sclerosis, TBI, etc)
- Physical Disabilities
- Respiratory Diseases (COPD, Asthma, Emphysema)
- Sickle Cell Disease
- Lack of exercise
- Obesity/Overweight
- Prescription Drug Misuse
- Sexual Assault
- Transportation
- Tobacco Use/Vaping
- Unsafe Sex
- Baby/Mother Care
- Suicide
- Blood Pressure/Diabetes
- Religious Freedoms
- Mental Health
- Access to Technologies
- Childcare
- Harm Reduction Resources
- English Second Language Services
- Homelessness Services
- Tax and Fee Relief Assistance
- Education
- Housing Affordability and Availability
- Re-Entry Programs
- Violence- Sexual and/or Physical
- Violence in the community (Gun injuries, Gangs, Human Trafficking, etc.)
- I prefer not to answer

7) What resources/ providers are hard to find in your community? Please select ALL that apply.

* must provide value

- Dental Care
- Mental Health Care
- Treatment for alcohol/substance use disorder
- End of Life Care/Hospice
- Alternative Therapy/ Massage/Yoga
- Ambulance Services
- Physical Therapy
- Primary Care Providers
- Cancer Care
- Chiropractic
- Dermatology
- Eldercare
- Baby/Mother care
- Immunizations
- Lab Work/X-rays
- Inpatient Hospital Procedures
- Medications/ Medical Supplies
- Treatment for Sexually Transmitted Diseases
- I prefer not to answer

8) When was the last time you saw a doctor or other healthcare provider for a well check/exam and not for a sick visit?

* must provide value

- Within the past year (1-12 months)
- Within the past 2 years (13-24 months)
- Within the past 5 years (25 months to 5 years)
- More than 5 years ago
- I only see a doctor or healthcare provider when I am sick not for routine well checks
- I prefer not to answer

9) Have you been told by a doctor or healthcare provider that someone in your household is a person with any of the following (Please select ALL that apply):

* must provide value

- Asthma
- Cancer
- Cerebral Palsy
- COPD/Chronic bronchitis/Emphysema
- Depression/Anxiety
- Drug or Alcohol Issues
- Heart Disease
- High Blood Pressure
- High Blood Sugar/Diabetes
- High Cholesterol
- HIV/AIDS
- Mental Health Issues
- Obesity/Overweight
- Stroke
- I have no health problems mentioned by doctor or healthcare provider
- I prefer not to answer

10) Below is an alphabetical list of issues that may affect the ability for adults to access care. Based on your experience, please check the five (5) most important issues in accessing healthcare for adults in your community.

* must provide value

- Childcare
- Costs
- Health Insurance
- Lack of Medical Providers
- Location of Health Services
- No/limited home support network
- No/Limited phone access
- Time off from work
- Transportation
- Understanding the use of Health Services

11) Please select ALL of the statements below that describe your lifestyle during the last 30 days.

* must provide value

- I have had 5 or more alcoholic drinks if male or 4 or more alcoholic drinks if female during one sitting or occasion
- I have used drugs like meth, cocaine, heroin, ecstasy, LSD or similar.
- I have used marijuana in any form.
- I have used prescription medications to get high or for purpose they were not prescribed.
- I have used tobacco products like cigarettes, smokeless tobacco, vaping devices etc.
- None of the above statements apply to my last 30 days.
- I prefer not to answer

12) Do you feel safe in your neighborhood to walk, find help and live?

* must provide value

- Yes
- No
- I prefer not to answer

13) What type of transportation do you typically use? (Please select ALL that apply.)

* must provide value

- I drive
- Taxi
- Bike
- Walk
- Ridesharing/Carpooling
- Friends/Family
- Uber/Lift
- I prefer not to answer

14) Describe how help is needed for any health issues in the community where you live?

Submit

Community Survey Responses

Organizations Survey Shared With			
Halifax County Chamber of Commerce	PATHS (Piedmont Access to Health Services)	Piedmont Health District	Southside Health District
Town of Halifax	Tri-County Community Action	VCU	YMCA of South Boston

Total Responses for SHRH Service Area				
	Total Service Area	Charlotte	Halifax	Mecklenburg
Number of Responses	100.0%	3.6%	78.6%	17.9%
Race				
American Indian/Alaska Native	1.2%	0.0%	1.5%	0.0%
Asian American	1.2%	0.0%	1.5%	0.0%
Black/African American	11.9%	0.0%	12.1%	13.3%
Middle Easterner/North African	0.0%	0.0%	0.0%	0.0%
Native Hawaiian/Other Pasific Islander	0.0%	0.0%	0.0%	0.0%
White/European American	85.7%	100.0%	84.8%	86.7%
Latino	0.0%	0.0%	0.0%	0.0%
Ethnicity				
Hispanic	0.0%	0.0%	0.0%	0.0%
Non-Hispanic	0.0%	0.0%	0.0%	0.0%
Average Household Income Per Year				
\$0-\$30,000	2.4%	0.0%	1.5%	6.7%
\$31,000-\$60,000	23.8%	0.0%	19.7%	46.7%
\$61,000-\$90,000	25.0%	100.0%	24.2%	13.3%
\$91,000-\$120,000	29.8%	0.0%	31.8%	26.7%
\$121,000 and above	17.9%	0.0%	21.2%	6.7%
Did not respond	1.2%	0.0%	1.5%	0.0%
Number of People in Household				
1	11.9%	0.0%	10.6%	20.0%
2	34.5%	33.3%	31.8%	46.7%
3	25.0%	66.7%	25.8%	13.3%
4	17.9%	0.0%	18.2%	20.0%
5	10.7%	0.0%	13.6%	0.0%
6 or more	0.0%	0.0%	0.0%	0.0%

Total Responses for SHRH Service Area				
	Total Service Area	Charlotte	Halifax	Mecklenburg
Which do you think are the most important issues that affect all of the people in your community? Please select ALL that apply.				
Alcohol or Illegal Drugs	50.0%	100.0%	43.9%	66.7%
Mental Health	48.8%	66.7%	54.5%	20.0%
Cancer	40.5%	66.7%	42.4%	26.7%
Obesity/Overweight	40.5%	66.7%	39.4%	40.0%
Diabetes	29.8%	33.3%	33.3%	13.3%
Heart Conditions (Congestive Heart Failure, Heart Disease, Heart Attacks)	26.2%	33.3%	25.8%	26.7%
Baby/Mother Care	21.4%	0.0%	24.2%	13.3%
Access to Healthy Foods	20.2%	33.3%	21.2%	13.3%
Alzheimer's/Dementia	20.2%	33.3%	16.7%	33.3%
Childcare	20.2%	66.7%	16.7%	26.7%
Transportation	19.0%	0.0%	21.2%	13.3%
Housing Affordability and Availability	19.0%	0.0%	19.7%	20.0%
Prescription Drug Misuse	15.5%	33.3%	15.2%	13.3%
Tobacco Use/Vaping	14.3%	33.3%	9.1%	33.3%
Education	14.3%	0.0%	15.2%	13.3%
Suicide	13.1%	0.0%	12.1%	20.0%
Homelessness Services	13.1%	0.0%	15.2%	6.7%
Chronic Pain	10.7%	0.0%	12.1%	6.7%
Respiratory Diseases (COPD, Asthma, Emphysema)	10.7%	0.0%	12.1%	6.7%
Violence in the Community (Gun Injuries, Gangs, Human Trafficking)	10.7%	0.0%	10.6%	13.3%
Dental/Oral Care	9.5%	33.3%	9.1%	6.7%
Blood Pressure/Diabetes	9.5%	0.0%	10.6%	6.7%
Access to Technologies	9.5%	33.3%	10.6%	0.0%
Bullying	8.3%	0.0%	7.6%	13.3%
Texting/Distracted Driving	8.3%	0.0%	6.1%	20.0%
Child Abuse/Neglect	8.3%	33.3%	7.6%	6.7%
Lack of Exercise	7.1%	0.0%	7.6%	6.7%
Neurological Conditions (Stroke, Seizure, Multiple Sclerosis, TBI)	6.0%	0.0%	7.6%	0.0%
Violence (Sexual, Physical)	6.0%	0.0%	7.6%	0.0%
Domestic Violence	4.8%	0.0%	6.1%	0.0%
Physical Disabilities	4.8%	0.0%	6.1%	0.0%
Accidents/Unintentional Injuries	3.6%	0.0%	1.5%	13.3%
Infectious Disease (Hepatitis, TB, MRSA)	3.6%	0.0%	3.0%	6.7%
Tax and Fee Relief Assistance	3.6%	0.0%	4.5%	0.0%
Environmental Health (Water Quality, Air Quality, Pollution)	2.4%	0.0%	3.0%	0.0%
Unsafe Sex	2.4%	0.0%	3.0%	0.0%
Re-Entry Programs	2.4%	0.0%	3.0%	0.0%
Prefer not to answer	2.4%	0.0%	3.0%	0.0%
Sickle Cell Disease	1.2%	0.0%	1.5%	0.0%
Sexual Assault	1.2%	0.0%	1.5%	0.0%
English Second Language Services	1.2%	0.0%	1.5%	0.0%
Homicide	0.0%	0.0%	0.0%	0.0%
Religious Freedoms	0.0%	0.0%	0.0%	0.0%
Harm Reduction Resources	0.0%	0.0%	0.0%	0.0%

Total Responses for SHRH Service Area				
	Total Service Area	Charlotte	Halifax	Mecklenburg
What resources/providers are hard to find in your community? Please select ALL that apply.				
Mental Health Care	60.7%	66.7%	66.7%	33.3%
Treatment for Alcohol/Substance Use Disorder	47.6%	66.7%	53.0%	20.0%
Dental Care	45.2%	66.7%	43.9%	46.7%
Baby/Mother Care	42.9%	66.7%	47.0%	20.0%
Elder care	36.9%	100.0%	33.3%	40.0%
Primary Care Provider	33.3%	33.3%	34.8%	26.7%
Cancer Care	27.4%	66.7%	28.8%	13.3%
Dermatology	25.0%	66.7%	19.7%	40.0%
Alternative Therapy/Massage/Yoga	16.7%	33.3%	18.2%	6.7%
Inpatient Hospital Procedures	15.5%	33.3%	18.2%	0.0%
Medications/Medical Supplies	14.3%	33.3%	15.2%	6.7%
Ambulance Services	11.9%	33.3%	13.6%	0.0%
Physical Therapy	11.9%	33.3%	10.6%	13.3%
End of Life Care/Hospice	4.8%	33.3%	3.0%	6.7%
Lab Work/X-Rays	4.8%	33.3%	3.0%	6.7%
Chiropractic	3.6%	0.0%	4.5%	0.0%
Treatment for Sexually Transmitted Diseases	3.6%	0.0%	4.5%	0.0%
Prefer not to answer	3.6%	0.0%	3.0%	6.7%
Immunizations	1.2%	0.0%	1.5%	0.0%
When was the last time you saw a doctor or other healthcare provider for a well check/exam and not for a sick visit?				
Within the past year (1-12 months)	79.8%	33.3%	81.8%	80.0%
Within the past 2 years (13-24 months)	11.9%	66.7%	10.6%	6.7%
Within the past 5 years (25 months to 5 years)	2.4%	0.0%	1.5%	6.7%
More than 5 years	0.0%	0.0%	0.0%	0.0%
I only see a doctor or healthcare provider when I am sick, not for routine well checks	4.8%	0.0%	4.5%	6.7%
Prefer not to answer	1.2%	0.0%	1.5%	0.0%

Total Responses for SHRH Service Area				
	Total Service Area	Charlotte	Halifax	Mecklenburg
Have you been told by a doctor or healthcare provider that someone in your household is a person with any of the following (Please select ALL that apply):				
Asthma	15.5%	33.3%	13.6%	20.0%
Cancer	4.8%	0.0%	3.0%	13.3%
Cerebral Palsy	4.8%	0.0%	3.0%	13.3%
COPD/Chronic Bronchitis/Emphysema	4.8%	0.0%	6.1%	0.0%
Depression/Anxiety	31.0%	0.0%	34.8%	20.0%
Drug or Alcohol Issues	0.0%	0.0%	0.0%	0.0%
Heart Disease	8.3%	0.0%	6.1%	20.0%
High Blood Pressure	46.4%	0.0%	42.4%	73.3%
High Blood Sugar/Diabetes	25.0%	0.0%	25.8%	26.7%
High Cholesterol	32.1%	0.0%	34.8%	26.7%
HIV/AIDS	0.0%	0.0%	0.0%	0.0%
Mental Health Issues	11.9%	0.0%	12.1%	13.3%
Obesity/Overweight	38.1%	0.0%	43.9%	20.0%
Stroke	1.2%	0.0%	0.0%	6.7%
I have no health problems mentioned by doctor	26.2%	66.7%	25.8%	20.0%
Someone in my home has health problem	16.7%	0.0%	21.2%	0.0%
Prefer not to answer	2.4%	0.0%	0.0%	13.3%
Below is an alphabetical list of issues that may affect the ability for adults to access care. Based on your experience, please check the five (5) most important issues in accessing healthcare for adults in your community.				
Costs	82.1%	100.0%	80.3%	86.7%
Health Insurance	63.1%	66.7%	59.1%	80.0%
Lack of Medical Providers	59.5%	66.7%	63.6%	40.0%
Transportation	54.8%	66.7%	59.1%	33.3%
Time Off From Work	47.6%	66.7%	47.0%	46.7%
Childcare	36.9%	33.3%	40.9%	20.0%
Location of Health Services	34.5%	100.0%	28.8%	46.7%
Understanding the Use of Health Services	34.5%	0.0%	34.8%	40.0%
No/Limited Home Support Network	15.5%	0.0%	19.7%	0.0%
No/Limited Phone Access	2.4%	0.0%	1.5%	6.7%
Do you feel safe in your neighborhood to walk, find help and live?				
Yes	95.2%	100.0%	93.9%	100.0%
No	4.8%	0.0%	6.1%	0.0%
Prefer not to answer	0.0%	0.0%	0.0%	0.0%

Total Responses for SHRH Service Area				
	Total Service Area	Charlotte	Halifax	Mecklenburg
Please select ALL of the statements below that describe your lifestyle during the last 30 days.				
I have had 5 or more alcoholic drinks (male) or I have had 4 or more alcoholic drinks (female) in one sitting or occasion.	7.1%	33.3%	7.6%	0.0%
Or, on occasion	3.6%	33.3%	3.0%	0.0%
I have used drugs like meth, cocaine, heroin, ecstasy, LSD or similar.	0.0%	0.0%	0.0%	0.0%
I have used marijuana in any form.	1.2%	0.0%	1.5%	0.0%
I have used prescription medications to get high or for purpose they were not prescribed.	0.0%	0.0%	0.0%	0.0%
I have used tobacco products like cigarettes, smokeless tobacco, vaping devices.	13.1%	33.3%	12.1%	13.3%
None of the above statements apply to my last 30 days.	79.8%	66.7%	80.3%	80.0%
Prefer not to answer.	1.2%	0.0%	0.0%	6.7%
What type of transportation do you typically use? (Please select ALL that apply)				
I drive	98.8%	100.0%	98.5%	100.0%
Taxi	0.0%	0.0%	0.0%	0.0%
Bike	0.0%	0.0%	0.0%	0.0%
Walk	2.4%	0.0%	3.0%	0.0%
Ridesharing/Carpooling	1.2%	33.3%	0.0%	0.0%
Friends/Family	7.1%	33.3%	7.6%	0.0%
Uber/Lift	0.0%	0.0%	0.0%	0.0%
Prefer not to answer.	0.0%	0.0%	0.0%	0.0%

Describe how help is needed for any health issues in the community where you live.	
Charlotte County	Charlotte county needs Primary care providers. We have 3 offices that do not service the community properly.
	Mental health care is greatly needed, with the rising cost of living the stress to provider is becoming very overwhelming to our communities who were already struggling before.
Mecklenburg County	I work in healthcare. There are no primary healthcare providers
	OB care that is near by in network Dermatologist near by in network Podiatrist Interventional Cardiologist
	Drugs are a huge issue in this area. I feel like law enforcement officers do what they can but more help is needed. The EDs see overdoses daily.

Describe how help is needed for any health issues in the community where you live.	
Halifax County	Childhood mental health services, tutoring services, homeless shelters, and public transportation are all a huge need in the area.
	Primary care docs leave the practices, and you are made to reestablish yourself with a new PCP within that same practice. It can take long periods of time to get a new patient appointment because those appointment times are set longer. It seems if you're already an established patient at that practice you shouldn't need to reestablish yourself and wait forever for a new patient appointment. It's very frustrating and can cause delay in care with well visits and screenings. Sentara clinics need to do better with being able to set a walk-in appointment online similar to velocity. Velocity can get you in and out quickly.
	Not having a place to deliver a baby in Halifax is a huge issue. People are having to take a lot of time off work because appointments are no longer available in Halifax. Having to take as little time as possible off work is very important to people.
	Transportation and cost of care are what I see as the biggest obstacles to our community for getting medical help. We also have a lack of providers, specifically for mental health and child birth services, that are desperately needed in our county. I could only choose 5 issues in question number 6, but there are so many more issues facing our county and the surrounding areas. We need comprehensive care across many different areas.
	We need more physicians in our area. Primary care, orthopedics, surgeons, ENT
	Labor and delivery care for rural population some without transportation especially our large Amish population
	Halifax County needs to have local OB providers that can deliver babies at our local hospital and provide healthcare to pregnant mothers.
	There is a drug problem in the community. The school system is not able to teach students because of the children's behavior. poverty is an issue in this community also, which leads to lack of proper nutrition for the families.
	More specialty care and services available at local hospital
	Transportation. Affordable health plans that cover prescription drugs (especially the newer high dollar drugs). Medicare recipients do not get the same advantage as privately insured who have access to copay cards, etc. yet the Medicare recipients are some of the main people who need the assistance as they are on limited income. Availability of services needs to be in the community. We should have a full array of services to offer our community so they do not have to travel out of town. Hard to recruit physicians to a small rural area.
	Patients need help with registering at appointments. All do not understand computers. Also need someone here on site to help patients with their bills.
	Our community has no doctors you can only see a nurse practitioner or physician assistant but never a doctor even in the hospital setting and insurance wants to dictate who you can see then.
	There is no longer obstetric care in our region.
	The reduction in services and lack of specialists will be a strain on individuals in my community as they age. I'm not sure how people age well in Halifax County as we continue seeing a decrease in the number of providers/services available.
	This county needs mental health services really bad. This is very important and we must get help soon.
	Need more options for transportation, need more specialty health services (ENT, OB, more dental providers, general practice), more ambulances and EMTs.
	Need women's clinic, and more dentists, neurologists, ophthalmologist for cataract surgery.
I find It very difficult to help manage diabetes	
We need OB care.	

Appendices

Halifax County, continued	We no longer offer obstetrical services at this time in our community. This is alarming as many citizens of Halifax county do not have reliable means to get to other tertiary care centers for obstetrics. Our emergency department is not equipped for emergency deliveries and I worry injury or worse for expecting mothers and neonates.
	Faster access for appointments with healthcare providers, especially specialists; there is often 6-12 month waiting time to get referral to specialists outside of our area.
	Need more intensive short til long term rehab for alcohol/drug abuse. inpatient. Suicide facility instead of a contained room in the E.R. for months with no windows, no freedom. ex. Help homeless get off drugs alcohol, not just treat them and send them back to the streets because of no insurance. Mental Illness is more advanced in Halifax County then Cancer is.
	We need Obstetricians and the return of labor and delivery in our hospital!
	We need patient education available to pt that is more in-depth than in the doctor's office. pt need more education to stick to and understand better health practices.
	It is a very large county geographically and the Hospital in our community cut Obstetrics. This will dramatically affect the poor and African American population. It unjustly puts patients and unborn children at risk due to a company placing profits over patients.
	There are not enough mental health providers in this community. The homeless/ low economic population also do not have enough resources and when they try to reach out for help the answer is almost always we don't have the funds or resources right now. The hospital nor community are equipped to deal appropriately with either of these populations.
	We need more primary care providers and education on prevention of disease.
	No maternal care for obstetric care in the county. Have to commute 45 min to an hour for closest regular appointments and delivery. Very difficult for some with lack of proper transportation and childcare if this happens outside normal business hours and if extended hospitalization is needed.
	Not near enough health care providers. Lack of Family medicine, IM and specialty physicians. Lack of QUALITY care!

Community Focus Group Questions and Responses

SHRH 2023 Focus Groups			
Four focus groups: 33 participants	Sex	Female	23
		Male	9
		Nonbinary	1
	Age	17-25	2
		26-30	1
		31-50	5
		51-60	9
		61+	9
		Prefer Not to Answer	7
		Race	White
	Black		21

Brief Summary of Key Findings			
Topic: What are the top three most serious health problems in our community?			
Findings			
aging health	dementia	medication access	self-care
allergies	diabetes	mental health	substance use
ambulance services	health education	nutrition	transportation
cancer	heart health	pediatric health	wait lists
counseling for LGBTQ+	maternity health	prevention	
Priority Focus			
Charlotte County	<ul style="list-style-type: none"> • Diabetes, number 1: We have had a lot of students with type 1 diabetes in the school system, education is limited for parent and child, making disease out of control. Educators in school must go on health plan only. Hard to explain to children why they can't eat cupcake. Older adults, type 2, again, limited diabetes education and unhealth eating. • Allergies: Children having allergy to food, understanding why, as well as peers, understanding allergies, harm from eating certain foods, not understanding epi pen, or even having access to epi pen • Education around healthy eating, healthier food options: Including ADHD, red dyes and sugar make students hyper. Lack of nutrition education • Cancer • Mental Health: Number of people coming into Tri County office with some type of mental health issue. Caregivers with mental health, takin care of elderly parents or child with mental health. No services available, send to other area. Self-care: we are so busy, we as a whole, busy taking care of others and not ourselves, until we have to go to doctor. Not focus on preventative stuff. 		
Halifax County	<ul style="list-style-type: none"> • Substance abuse, mental health, heart health, pediatric health, nutrition, Issues with elderly starting education with youth. • Diabetes, Lack of case management, Lack of Physicians in the Area, More Nurse Practitioners and losing physicians / Competency of the providers in the ED. • Maternity. Several meetings at the board of supervisors with members stating concerns of no OB services. One particular member stated she didn't feel the services offered by Sentara were adequate. Sentara pediatric dentistry isn't accepting patients. • Drug addictions other than opioids. One member stated the ED has rent a nurse. 		
Mecklenburg County	<ul style="list-style-type: none"> • Cancer, #1: Breast cancer survivor, multiple family members either survivors or died from cancer. Lung, breast, pancreatic. Touched all participants lives. • Quick access to emergency services. A husband with heart attack, over 45 minutes for emergency services, 15 minutes to load into ambulance, still had to advocate for person to receive care over others with less health needs at the time at clinic. Went to Sentara, closer, but still length of transit long. The clinic did not have confidentiality, open space. Good care at Sentara. • Diabetes. Prevalent in area. Appears to be prevalent. We need to ask ourselves what we need to do to be healthier, are we doing good things health wise. • Dementia, either have dementia, or hearing about resident missing due to dementia 		
LGBTQ+	<ul style="list-style-type: none"> • Cancer, mental health, addiction, heart health. Addiction and mental health issues are typically linked. Mental health appointments have long wait lists and people can't pay for their medications. People can't access medications, so they utilize illegal substances to help with mental issues. The community doesn't know what resources are available to them in regard to mental and behavioral health. • Transportation to appointments and especially to specialty appointments. • Refuse to Brunswick County for therapy because they don't know how to treat queer people. • Mecklenburg therapy was even worse because I had to teach them queer terminology. 		

Topic: What keeps people from being healthy? What are the barriers you and our community face with taking care of our health and accessing care?			
Findings			
affordability	doctors not seeing new patients	knowledge	PCP left, can't get preventative services
availability of doctors	eating habits	lack of specialists	poor housing conditions
availability of services	food desert	lack of trust	transportation
copay	insurance	not motivated	
Discussions			
Charlotte County	<ul style="list-style-type: none"> • Can't afford it. Lack of knowledge and education. Not having the means of transportation. If you have insurance, have to make sure you stay within your network. Or pay a higher amount of insurance, but still have co-pays, transportation. Limited in Charlotte County for doctors and access. We have no choice. If we can't get to another area, have to go to one doctor, which may not have access due to being so booked. Might have to go to other doctor with no knowledge of patient, can't get care needed to work on medical concern or preventative care. Why have primary care if you can't see them. • Lived in Richmond, moved to Charlotte, but doctors access limited, extended out for months. Doctors in other cities take forever to be seen. • Have doctors in multiple locations to increase access but travel to see doctors. Some couple of hours away. No specialty doctors in area. • Family member with dementia, was able to receive prescription from doctor, but now needs higher medication from specialty doctor, non in area to address health concern. • There are transportation services for Medicaid, but not others, such as those unable to or not wanting to drive. • Self-care, typically ignore yourself and your body, because busy working, demanding jobs, can't afford time to take care of themselves, and some don't know how, how to listen to their body. Taking care of others, families with health concerns. Life be life. Self-care for caregivers, no time for themselves. • Eating healthy is expensive, soda and junk. Shop at Dollar Store, Dollar Tree, only 1 Food Lion but higher priced due to lack of competition. Will drive 45 minutes for good grocery store. Chase City and/or South Boston for good quality food. No transportation, go to dollar general or pay someone to drive you. Food dessert. • Housing and health. Pay rent, mortgage, utilities more important than health and healthy food. Slum lords, conditions terrible. Limited housing options. What is here, not affordable, or not healthy, falling apart, not safe housing to say roof over head to keep children without child services. Some no bathrooms or falling apart floor. No electricity, share with neighbor with extension cords, not safe! 		
Halifax County	<ul style="list-style-type: none"> • Transportation, insurance. • Copay, lack of physicians, • The Heart bus stays in Halifax and South Boston but they may not have availability. • Doctors not listening to their patients and gas lighting. Patients get frustrated. • A lot of people don't have a PCP and don't go to the doctor until something is wrong. • One member stated she had a PCP, but they left and couldn't get a mammogram. Issues with keeping physicians here. Running tests with no follow up. 		

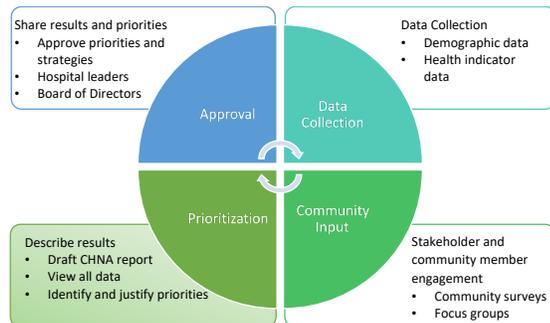
<p>Mecklenburg County</p>	<ul style="list-style-type: none"> • Eating habits, • Money, no money, can't buy healthier foods, cost of healthier food is high. School has community garden and Feed More for kids, but if you don't have kids, you don't have access. Only 1 Food Lion. Convenience stores, Dollar General. Transportation and cost of gas to get to good store is barrier. • Preventative care is not accessible, price of care and prescription, people go with high deductibles for lower premium barrier to preventive care due to cost of copays. • Lack of exercise, laziness, and cost of gym, take money from other necessary resource. Not a safe environment for walking. YMCA has sliding scale for membership, but still costs if not qualify for free. Paperwork to complete is a barrier, too much time to complete, • 2 clinics, but if new can't be seen as new patient, no walk ins,
<p>LGTBQ+</p>	<ul style="list-style-type: none"> • No motivation means no desire to be healthy. Transportation, insurance coverage, not wanting to be outed in the community. • I will only see providers in big cities. every therapist or doctor here is outdated in queer issues and I'm not paying to teach someone basic queer issues. total lack of training. • Insurance and availability of providers based on the type of insurance that I may have. • Hearing "you're the first patient I've seen like this," doesn't make you feel very confident in the treatment you will get with that provider. • I have a rare neurological disorder and I've never once had a therapist know what I'm talking about or being able to help me. "oh, I've never had someone with x condition before!" makes me feel like a guinea pig. • I have trust issues, so I never know who to actually speak to about my problems. Which makes my mental health even harder to deal with. • Unavailability of Insurance providers. • I echo that about trust! Not having providers, you can trust especially around queer people/health is definitely a barrier. • How impactful affirming spaces are. Queer youth homelessness, queer youth addiction.

Topic: What resources would you need to make lifestyle change to be healthier?			
Findings			
access to health care	employment resources/education	lifestyle change resources/education	improved living environments
affordable gyms	food banks	meals on wheels	transportation access
affordable healthy foods	healthcare careers for LGBTQ+	phones for aging communities	updated EMR for LGBTQ+
case management	social support	safe outdoor activities	walking trails
Discussions			
Charlotte County	<ul style="list-style-type: none"> • Kids eating healthier, free lunch, but at home either not healthy or no food. Parent may not be able to afford food. Parent with substance use, may not take care of children. Do not have Feed More, food box from schools for weekends. Do have some options, but very limited. • Educational resources. If parents are educated, ones that want to be, can learn, plus live in healthier, safe environment, will be willing to make lifestyle change. Resources need to be more than paper education. People resources to assist families in learning lifestyle changes. Safe, healthy environment will help people feel good and want to live healthier. • Some housing moldy, cold, not heat, place for people with no housing options. The health of the people living in these conditions are not good, or healthy, due to living arrangement. Not educated, where can they go that they can afford. Some are complacent, since only place they know. Some, no resources to leave. Unaware of resources to help them leave. • Set up a walk-in clinic, free or low cost for people to get health help. Need more than just walk in clinic. Mobile clinic to go to where people are, live. Work with transportation companies in the county to help get people where they need to go to receive health care. Come into schools, connect with school nurses and provide resources and education to parents. Help parents understand how to care for their health and their student's health. • Food banks, locally accessible. 		
Halifax County	<ul style="list-style-type: none"> • Walking trails, shaded walking, splash park, more activities for young people. • Quality housing and decent priced rent. Having to work multiple jobs and losing self-care because housing is so expensive. • Meals on wheels. 		
Mecklenburg County	<ul style="list-style-type: none"> • Money • Affordable gyms • Events, some cost a fee, or are out 5-10 miles with transportation barriers. • Some free screenings, not many • Need healthy eating/cooking/gardening resources, Cooking demos. • Mobile clinics are needed. Community members can go together, be seen together, or carpool to the location of mobile clinic. Consistent, set schedule. • Transportation, phones for aging community members. Doctors' communication is fast and elderly people do not understand what is being communicated. Need to check in on elderly due to being isolated, living alone, no family around to make sure they are okay, healthy. 		
LGBTBQ+	<ul style="list-style-type: none"> • Use of case management is underutilized to help with mental health resources. • My psychiatrist wants me to do therapy again, but I feel as though I just want to escape my issues rather than experiencing them all over again. • Healthcare facilities hiring more LBGTQ literate providers. • Better use of the EMR system making sure gender identity is immediately known. • Before my legal name and sex change literally everything medical was humiliating. • Having things in the chart that doesn't identity things specific as male or female. • Some folks can be very judgmental to people's sexuality and our own preferences it can be very difficult and it's not just in this area it's all over the world. • More social support, groups, community events that show support. 		

Topic: What is being done in our community to improve health and reduce barriers?			
Findings			
crisis mobile clinics for mental health emergencies	exercise classes	nurses in schools	trainings for non-nursing staff
	financial assistance	senior programs	
	mobile clinics	community gardens	YMCA programs
Discussions			
Charlotte County	<ul style="list-style-type: none"> Sitting here talking about it. Good start. Nurses in each school, but still have inequity, due to size of school with 1 nurse needed for hundreds of students. No substitute nurse, or if they have one, they don't always show. Students with diabetes get preference. Training for non-nurse is limited and overwhelming. 		
Halifax County	<ul style="list-style-type: none"> Financial assistance, mobile clinics, community garden, tri-county activities, paths, YMCA programs, TJM Community Center Senior Group and Exercise Classes, Senior Walk Class at Armory 		
Mecklenburg County	<ul style="list-style-type: none"> There is more walking around community. Mobile clinic coming soon 		
LGTBQ+	<ul style="list-style-type: none"> DEI Workgroup at Sentara / Lean in Project / Tri-County Comparatively we are moving in a better direction. Having something like this is such a great start and would be great to see more of and again. I think mobile clinics could be great to explore. Especially crisis mobile clinics for mental health emergencies. 		
Topic: What more can be done to improve health, particularly for those individuals and groups most in need? Are there specific opportunities or actions our community could take?			
Findings			
affordable preventative services	care for children with disabilities	meet people where they are	support groups for families with autism
ambulance services	health screenings	more discussions	social activities
health education	hotline for available services	Mammovan	transportation resources
collaborative partnerships	more inclusive documentation	recruiting of doctors, specialists	trauma-informed care training
doctor support, burnout	meal planning on a budget	resource fair	
Discussions			
Charlotte County	<ul style="list-style-type: none"> Some doctors need help. Too much going on, overwhelming for doctors. Sickness cycles through due to kids seeing one doctor. If 100 students are sick, seeing same doctor, too much for one doctor to handle. More focus groups, and discussion, to figure out ways to address health concerns. Show community we care through open discussions. People are used to being promised stuff, but no follow through. People don't forget broken promises. Sentara being present, in community, at schools, provide services where people work, live, play. 1 Middle School and 1 high school. Or go to each elementary school to reach more people in the County to provide health screenings. Resource fair: at bacon district elementary or middle school on a weekend. If need an ER, go to a certain area, call 911 to get an ambulance to preferred ER. Depending on health concern, will determine which ER to go to. If heart condition, know will be transferred to specific ER, so go to area where ambulance/rescue squad/fire dept. will get them there. Ambulance staff are not medical professionals, but ambulance squad volunteers. Sometimes do not get what volunteers captured in ambulance ride, so when going to different hospital, records may not be shared, or available. Actual Hospital ambulance can take over 45 minutes, so rely on volunteer services, depend on where you live. Rescue squad, volunteers not living in area, called in, and then come to rescue squad, then goes to get patient. Lost a lot of teens due to lack of emergency services, 4-wheel accidents. 		

<p>Halifax County</p>	<ul style="list-style-type: none"> • Meeting young people where they are. More social activities. • More support groups for autism. Primary Care. After school care for children with disabilities. • Resources for care takers. Knowing the resources. • Someone suggested a hotline number where people could call to get information on what's available in the area.
<p>Mecklenburg County</p>	<ul style="list-style-type: none"> • Mammovan needed in the community. Some are scared of screening, some hesitant. Need education, trust built for members to complete screening. No insurance will not see doctor or screening, due to cost, or fear of diagnosis. • Internet connection, and local paper does not share resources effectively. • Educate on importance of health, lifestyle changes, small changes, • Make health affordable, less costly, access and copays, cost effective, to reach a lot of people needs to be affordable. Price of medicine is costly. • Recruiting and retaining doctors that will stay in community, not leave rapidly. Recruit the right people who want to live in a small community. Dealing with poverty and issues, no shows, doctors have a hard time staying. Recruiters need to be upfront with community and outdoor activities, so doctors and spouses understand the community moving to. • Had a good doctor, once established, they leave. Then have to find another doctor to be comfortable, then they leave. Then you don't want to go see a doctor. • Some people are intimidated by doctors available. Some doctors screen, but no one calls patient with results. If you want results, pay to get medical records, found out stage 3 cancer, calls doctor, and then go in to see doctor. Sentara Xray dept. was unprofessional, talked about patient to others, patient over heard and left Sentara due to lack of confidentiality. • Poverty stops healthy behaviors, do not see preventative care, lack of education around prevention and preventative care, can't afford dentists/doctors. You don't see it as a child, you don't know it is the norm. Insurance coverage is challenging to understand. • Many people eat at convenience stores instead of cooking meals at home. Budgeting for meals. • Some family members charge for driving to store. • Transportation resources • Some walking trails, but not close to Chase City, but Microsoft bought a farm and will be developing a nice walking trail and pond, building low-income housing and jobs to community.
<p>LGTBQ+</p>	<ul style="list-style-type: none"> • More inclusive documentation, recruiting of providers who are representative of people in the community, regular trauma-informed care training for medical/clinical staff, more focus groups. • Intentional training of medical professionals, additional financial support resources. • Collaborative partnerships between the medical community and other services providers, i.e.: homelessness. • I have a mental health counselor I believe people should have more of them more accessibility to consultancy by community members.

Appendix D: Prioritization



The process to determine whether each health issue qualified as a CHNA health need drew upon both secondary and primary data, as follows:

1. A health need category was identified as high need based on secondary data collected if it met any of the following conditions:
 - Overall severity: at least one health indicator need was much worse or worse than the state.
 - Disparities: at least one health indicator need was much worse or worse than the state for any defined racial/ethnic group.
 - External benchmark: health indicator data showed worse than an external goal (e.g., state average, county data, and Healthy People 2030).
2. A health need category was identified as high need based on primary data if it was identified as a theme in a majority of community survey responses and focus groups.
3. Classification of primary and secondary data was combined into the final health need category using the following criteria:
 - True Health Need Priority: High need indicated in both secondary and across all types of primary data. SHRH and CHNA partners confirm these health needs.
 - Possible Health Need: High need indicated only in secondary data and/or some primary data. These health issues were further discussed with SHRH and CHNA partners to determine final status.
 - Not a High Priority: High need indicated in only one or fewer sources.

Description of the Community Needs Identified

For each priority concern that has been identified, the related threats and opportunities are listed.



Behavioral Health	
<p>Threats Posed to the Community</p> <ul style="list-style-type: none"> • Increased substance use • Perception of fear and stigma • Increase in health care needs • Not enough services available • Emergency Room overutilization • Impacts both youth and adults, increasing suicidal thoughts 	<p>Opportunities Created for Community</p> <ul style="list-style-type: none"> • Increase access to mental health services and education • Education for community, families, teachers, youth, parents • Opportunity to provide more resources and opportunities for providers to make better referrals • Collaboration on all fronts to make a difference • Telepsych services within the hospital
Chronic Disease	
<p>Threats Posed to the Community</p> <ul style="list-style-type: none"> • Chronic disease utilizes a lot of resources (doctors, time, costs) • Hard to get PCPs to refer clients • Emergency room admissions • Less physical activity among youth and adults • Lack of physical activity in schools • Access to healthy food • Higher healthcare costs • Alzheimer's will have a large effect on the aging population 	<p>Opportunities Created for Community</p> <ul style="list-style-type: none"> • Opportunity to provide more education and opportunities in the community (diabetes programs, screening events, health fairs) • Opportunities for education on physical health, YMCA partnerships • Opportunities to collaborate with community partners to educate and provide services • Aging in place, healthy lifestyles for aging communities in rural areas • Mammography services, no PCP required for referral • Community garden, healthy food education • Mobile clinic services
Social Drivers of Health	
<p>Threats Posed to the Community</p> <ul style="list-style-type: none"> • Reduced opportunity for low- and middle-income families to graduate college • Less educated society • Less access to medications • Increase of Emergency Room visits vs. primary/preventive care • Making choices of healthcare versus dinner 	<p>Opportunities Created for Community</p> <ul style="list-style-type: none"> • Grant funding for partners to provide trade school opportunities and education • Identify programs that help with payments for bills/Medicaid, Medicare specialist to assist with insurance applications • Provide education for patients to talk about true healthcare costs • Providing education to address healthcare programs for prevention • Utilizing diverse Community Health Workers • Better connections with nonprofits and community health centers to identify and address health needs