

Sentara Albemarle Medical Center Community Health Needs Assessment 2016



Sentara Albemarle Medical Center 2016 Community Health Needs Assessment

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I. INTRODUCTION

Sentara Albemarle Medical Center has conducted a community health needs assessment of the area that we serve. The assessment provides us with a picture of the health status of the residents in our communities and provides us with information about health and health-related problems that impact health status.

This assessment was carried out in collaboration with Albemarle Regional Health Services (ARHS) in the area that we serve, including Camden, Currituck, Gates, Pasquotank, and Perquimans Counties. County level data and community findings for each county were provided from the Health Department. During the assessment process, these data and findings were explored to better understand the unique sociodemographic and health issues relevant to each county.

Our assessment includes a review of population characteristics such as age, educational level, and racial and ethnic composition because social factors are important determinants of health. The assessment also summarizes the Health Department findings to highlight risk factors like obesity and smoking and other health indicators. Community input is important so the assessment also includes findings from focus group discussions with key community members on health issues and barriers to achieving good health.

The needs assessment identifies numerous health issues that our communities face. Considering factors such as size and scope of the health problem, the severity and intensity of the problem, the feasibility and effectiveness of possible interventions, health disparities associated with the need, the importance the community places on addressing the need, and consistency with our mission “to improve health every day”, we have identified a number of priority health problems in our area to address in our implementation strategy:

- Lifestyle
- Behavioral Health
- Access

Our previous Community Health Needs Assessment also identified a number of health issues. An implementation strategy was developed to address these problems. The hospital has tracked progress on the implementation activities in order to evaluate the impact of these actions. The implementation progress report is available in the Appendix.

Sentara Albemarle Medical Center works with a number of community partners to address health needs. Information on available resources is available from sources like Sentara.com and ahrs-nc.org. Together, we will work to improve the health of the communities we serve.

Your input is important to us so that we can incorporate your feedback into our assessments. You may use our online feedback form available on the Sentara.com website. Thanks!

Sentara Albemarle Medical Center (SAMC) 2016 Community Health Needs Assessment

Community Description

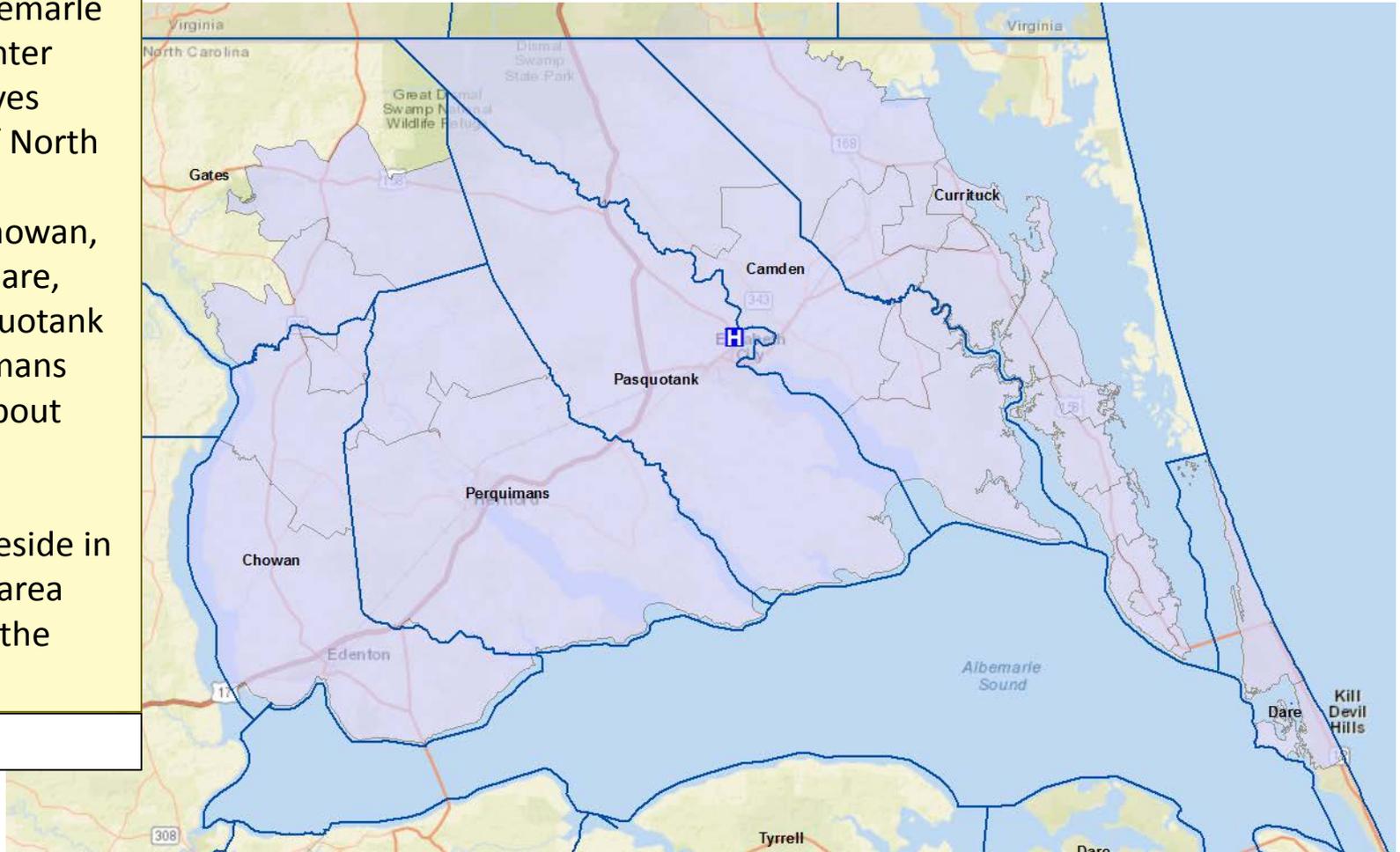
Community Description

Sentara Albemarle Medical Center Service Area

Sentara Albemarle Medical Center (SAMC) serves residents of North Carolina in Camden, Chowan, Currituck, Dare, Gates, Pasquotank and Perquimans counties. About 93% of the hospital's inpatients reside in the service area depicted in the map.



SAMC



Area-wide Key Demographic Characteristics

| DEMOGRAPHIC CHARACTERISTICS | | | | | | |
|------------------------------|----------------|---------------|----------------|----------------|-----------------------|------------------------|
| | | | Selected Area | North Carolina | USA | |
| 2010 Total Population | | | 120,512 | 9,535,483 | 308,745,538 | |
| 2016 Total Population | | | 122,012 | 10,089,413 | 322,431,073 | |
| 2021 Total Population | | | 124,917 | 10,586,960 | 334,341,965 | |
| % Change 2016 - 2021 | | | 2.4% | 4.9% | 3.7% | |
| Median Household Income | | | \$ 51,558 | \$ 47,647 | \$ 55,072 | |
| POPULATION DISTRIBUTION | | | | | | |
| Age Distribution | | | | | | |
| Age Group | 2016 | % of Total | 2021 | % of Total | NC 2016 % of Total | USA 2016 % of Total |
| 0-14 | 21,124 | 17.3% | 20,405 | 16.3% | 19.0% | 19.0% |
| 15-17 | 4,610 | 3.8% | 4,813 | 3.9% | 3.9% | 4.0% |
| 18-24 | 10,949 | 9.0% | 11,750 | 9.4% | 9.9% | 9.8% |
| 25-34 | 13,760 | 11.3% | 13,852 | 11.1% | 12.8% | 13.3% |
| 35-54 | 31,230 | 25.6% | 29,211 | 23.4% | 26.4% | 26.0% |
| 55-64 | 18,041 | 14.8% | 19,010 | 15.2% | 12.7% | 12.8% |
| 65+ | 22,298 | 18.3% | 25,876 | 20.7% | 15.3% | 15.1% |
| Total | 122,012 | 100.0% | 124,917 | 100.0% | 100.0% | 100.0% |
| EDUCATION LEVEL | | | | | | |
| Education Level Distribution | | | | | | |
| 2016 Adult Education Level | Pop Age | | NC 2016 | | USA | |
| | 25+ | % of Total | % of Total | % of Total | | |
| Less than High School | 3,769 | 4.4% | 5.6% | 5.8% | | |
| Some High School | 8,703 | 10.2% | 9.0% | 7.8% | | |
| High School Degree | 25,948 | 30.4% | 26.7% | 27.9% | | |
| Some College/Assoc. Degree | 28,923 | 33.9% | 30.7% | 29.2% | | |
| Bachelor's Degree or Greater | 17,986 | 21.1% | 28.0% | 29.4% | | |
| Total | 85,329 | 100.0% | 100.0% | 100.0% | | |

- The area's 2016 total population is **122,012** with projected growth of **2.4%** over the next five years.
 - North Carolina and the U.S. are expected to grow at a faster rate of 4.9 % and 3.7%.
- The median household income (**\$51,558**) is higher than the state, but less than the U.S. median income.
- The **55-64** and **65+** age cohorts combined (33.1%) is a greater percent of the total population compared to those age cohorts for North Carolina (28%) and the U.S (27.9%).
- **14.6%** of the population age 25+ has only some high school education or less, which is comparable to North Carolina (14.6%) and the U.S. (13.6%).

Area-wide Key Demographic Characteristics, Cont.

- **The projected growth of females, child bearing age (15-44) is 1.6%**, which is less than the state (2.1%), but comparable to the U.S. (1.5%).
- **23.7% of the population has a household income below \$25,000.**
 - This is slightly higher than the U.S. (22.7%), but lower than North Carolina (25.9%).
 - 200% of the current Federal Poverty Level for a family of four is \$48,600.
- **21.8% of the population is Black Non-Hispanic and 70.6% White Non-Hispanic.**
 - The percent Black non-Hispanic population is slightly larger than that of the state (21.3%) and the US (12.3%).

| DEMOGRAPHIC CHARACTERISTICS | | | | | |
|------------------------------------|-----------------------------|------------|-------------|----------------|--------------|
| | 2016 | 2021 | % Change | NC % Change | USA % Change |
| Total Male Population | 59,737 | 61,149 | 2.4% | 5.0% | 3.8% |
| Total Female Population | 62,275 | 63,768 | 2.4% | 4.8% | 3.6% |
| Females, Child Bearing Age (15-44) | 21,595 | 21,943 | 1.6% | 2.1% | 1.5% |
| HOUSEHOLD INCOME DISTRIBUTION | | | | | |
| 2016 Household Income | Income Distribution | | | | |
| | HH Count | % of Total | NC % Change | USA % of Total | |
| <\$15K | 6,000 | 12.6% | 14.0% | 12.3% | |
| \$15-25K | 5,274 | 11.1% | 11.9% | 10.4% | |
| \$25-50K | 11,821 | 24.9% | 26.3% | 23.4% | |
| \$50-75K | 9,404 | 19.8% | 18.0% | 17.6% | |
| \$75-100K | 6,124 | 12.9% | 11.2% | 12.0% | |
| Over \$100K | 8,925 | 18.8% | 18.7% | 24.3% | |
| Total | 47,548 | 100.0% | 100.0% | 100.0% | |
| RACE/ETHNICITY | | | | | |
| Race/Ethnicity | Race/Ethnicity Distribution | | | | |
| | 2016 Pop | % of Total | NC % Change | USA % of Total | |
| White Non-Hispanic | 86,197 | 70.6% | 63.5% | 61.3% | |
| Black Non-Hispanic | 26,561 | 21.8% | 21.3% | 12.3% | |
| Hispanic | 5,018 | 4.1% | 9.3% | 17.8% | |
| Asian & Pacific Is. Non-Hispanic | 1,419 | 1.2% | 2.7% | 5.4% | |
| All Others | 2,817 | 2.3% | 3.2% | 3.1% | |
| Total | 122,012 | 100.0% | 100.0% | 100.0% | |

City and County Data

| ZIP | County | Area | Population and Age | | | | | | | |
|----------------|------------|------------------|--------------------|--|--------------------------------------|--|---------------------------------------|---|---|---|
| | | | 2016 Population | Projected 2016-2021 % Change in Total Pop. | 2016 % of Total Pop. that is age 65+ | Projected 2016-2021 % Change in Pop. age 65+ | 2016 % of Total Pop. that is age 0-17 | Projected 2016-2021 % Change in Pop. age 0-17 | 2016 % of Female Pop. that is age 15-44 | Projected 2016-2021 % Change in Female Pop. age 15-44 |
| 27909 | Pasquotank | Elizabeth City | 39,241 | -0.6% | 15.9% | 11.5% | 22.2% | -0.3% | 38.4% | -2.0% |
| 27916 | Currituck | Aydlett | 830 | 9.4% | 20.2% | 22.0% | 17.6% | -2.7% | 33.6% | 9.2% |
| 27917 | Currituck | Barco | 983 | 0.6% | 23.2% | 10.1% | 19.9% | -6.1% | 31.0% | -0.6% |
| 27919 | Perquimans | Belvidere | 1,206 | -0.2% | 20.3% | 11.4% | 20.1% | 1.2% | 31.2% | 5.2% |
| 27921 | Camden | Camden | 4,970 | 5.0% | 15.8% | 23.5% | 22.1% | -10.9% | 36.9% | 4.1% |
| 27923 | Currituck | Coinjock | 720 | 6.7% | 20.7% | 19.5% | 17.9% | -0.8% | 32.8% | 6.7% |
| 27929 | Currituck | Currituck | 1,338 | 7.3% | 18.5% | 28.7% | 20.2% | -3.0% | 29.5% | 9.6% |
| 27932 | Chowan | Edenton | 12,648 | 0.7% | 22.9% | 10.6% | 21.3% | -1.1% | 30.6% | 2.4% |
| 27939 | Currituck | Grandy | 2,499 | 8.5% | 20.2% | 21.8% | 20.9% | 9.9% | 32.7% | 8.6% |
| 27941 | Currituck | Harbinger | 805 | 5.2% | 19.1% | 26.6% | 19.8% | 2.5% | 32.6% | -0.8% |
| 27944 | Perquimans | Hertford | 12,206 | 2.7% | 25.3% | 12.9% | 19.7% | -2.7% | 30.0% | 4.5% |
| 27946 | Gates | Hobbsville | 1,097 | -2.4% | 22.7% | 9.6% | 18.9% | -7.2% | 30.7% | -2.9% |
| 27947 | Currituck | Jarvisburg | 707 | 3.8% | 17.1% | 23.1% | 21.9% | 3.2% | 31.9% | 6.1% |
| 27948 | Dare | Kill Devil Hills | 11,568 | 5.3% | 14.2% | 27.7% | 20.3% | 1.7% | 36.4% | 1.2% |
| 27949 | Dare | Kitty Hawk | 7,086 | 2.4% | 26.6% | 14.6% | 15.6% | -8.3% | 26.2% | 2.3% |
| 27956 | Currituck | Maple | 296 | 1.0% | 19.6% | 13.8% | 19.3% | -3.5% | 34.2% | -5.9% |
| 27958 | Currituck | Moyock | 11,098 | 8.0% | 12.9% | 31.7% | 23.0% | -3.2% | 36.9% | 6.3% |
| 27964 | Currituck | Point Harbor | 541 | 2.4% | 16.1% | 23.0% | 22.9% | 1.6% | 33.0% | 5.6% |
| 27965 | Currituck | Poplar Branch | 1,070 | 9.5% | 19.5% | 22.0% | 20.7% | 7.7% | 33.6% | 8.9% |
| 27966 | Currituck | Powells Point | 1,021 | 1.9% | 15.3% | 21.8% | 23.1% | 4.7% | 32.9% | 2.3% |
| 27973 | Currituck | Shawboro | 1,550 | 0.7% | 17.4% | 17.1% | 20.5% | -12.6% | 34.6% | 2.6% |
| 27974 | Camden | Shiloh | 1,197 | 1.9% | 18.4% | 19.1% | 20.8% | -11.2% | 36.2% | 5.1% |
| 27976 | Camden | South Mills | 3,676 | 5.0% | 14.3% | 23.2% | 23.3% | -7.8% | 37.4% | 3.8% |
| 27979 | Gates | Sunbury | 1,651 | -2.4% | 20.0% | 5.8% | 21.4% | -9.1% | 31.4% | -0.7% |
| 27980 | Chowan | Tyner | 2,008 | 1.1% | 21.0% | 13.8% | 19.3% | -7.5% | 33.3% | -0.3% |
| Total | | | 122,012 | 2.4% | 18.3% | 16.0% | 21.1% | -2.0% | 34.7% | 1.6% |
| North Carolina | | | 10,089,413 | 4.9% | 15.3% | 19.2% | 22.9% | 1.5% | 38.4% | 2.1% |
| United States | | | 322,431,073 | 3.7% | 15.1% | 17.6% | 23.0% | 0.9% | 38.7% | 1.5% |

- Total population growth for the service region is projected to be 2.4%, whereas 4 areas expected to grow at a pace of 8% or higher and 4 other areas expected to decline in total population by 2021.
- For the age 65+ residents, 60% of the service area is expected to grow at a faster rate than the total service area and the U.S. The top 3 areas are highlighted.
- Nearly 70% of the pediatric population for the service area is projected to decline. The overall service region is expected to decline at a rate of -2.0% over the next five years.
- For females of childbearing age (15-44), 7 areas in the service region are expected to decline by the year 2021.

City and County Data, Cont.

| ZIP | County | Area | Race and Ethnicity | | | Income and Education | |
|----------------|------------|------------------|-------------------------------------|-------------------------------------|---|--|---|
| | | | 2016 % of Pop.: Black, Non-Hispanic | 2016 % of Pop.: Asian, Non-Hispanic | 2016 % of Pop.: Hispanic Ethnicity (Any Race) | % of Households with Income Below \$25,000 | % of Pop age 25+ that did not Graduate from High School |
| 27909 | Pasquotank | Elizabeth City | 36.7% | 1.5% | 4.8% | 27.4% | 16.5% |
| 27916 | Currituck | Aydlett | 2.7% | 0.6% | 1.4% | 20.4% | 10.0% |
| 27917 | Currituck | Barco | 11.2% | 0.4% | 6.3% | 19.2% | 16.7% |
| 27919 | Perquimans | Belvidere | 17.7% | 0.2% | 2.3% | 25.0% | 19.8% |
| 27921 | Camden | Camden | 12.0% | 1.7% | 2.5% | 21.1% | 11.1% |
| 27923 | Currituck | Coinjock | 5.4% | 0.4% | 3.1% | 20.3% | 12.5% |
| 27929 | Currituck | Currituck | 1.7% | 0.7% | 3.2% | 10.0% | 10.3% |
| 27932 | Chowan | Edenton | 35.1% | 0.8% | 3.0% | 36.5% | 20.2% |
| 27939 | Currituck | Grandy | 3.8% | 0.4% | 3.4% | 21.4% | 15.3% |
| 27941 | Currituck | Harbinger | 7.5% | 0.4% | 3.2% | 18.6% | 16.5% |
| 27944 | Perquimans | Hertford | 24.5% | 0.5% | 2.6% | 27.5% | 16.0% |
| 27946 | Gates | Hobbsville | 38.3% | 0.6% | 1.9% | 32.2% | 18.0% |
| 27947 | Currituck | Jarvisburg | 9.1% | 0.1% | 4.0% | 17.0% | 17.1% |
| 27948 | Dare | Kill Devil Hills | 1.3% | 1.1% | 7.9% | 15.8% | 5.2% |
| 27949 | Dare | Kitty Hawk | 0.7% | 0.8% | 2.3% | 10.5% | 4.2% |
| 27956 | Currituck | Maple | 10.1% | 0.7% | 5.1% | 17.1% | 16.6% |
| 27958 | Currituck | Moyock | 6.5% | 1.0% | 4.3% | 15.3% | 16.0% |
| 27964 | Currituck | Point Harbor | 10.9% | 0.2% | 4.3% | 15.1% | 18.8% |
| 27965 | Currituck | Poplar Branch | 2.7% | 0.5% | 2.9% | 21.3% | 13.0% |
| 27966 | Currituck | Powells Point | 11.8% | 0.1% | 4.3% | 13.9% | 18.3% |
| 27973 | Currituck | Shawboro | 9.9% | 1.7% | 3.6% | 15.5% | 16.5% |
| 27974 | Camden | Shiloh | 5.4% | 8.8% | 2.4% | 17.8% | 20.2% |
| 27976 | Camden | South Mills | 16.1% | 2.1% | 3.4% | 16.9% | 15.1% |
| 27979 | Gates | Sunbury | 35.7% | 0.2% | 2.1% | 26.6% | 15.9% |
| 27980 | Chowan | Tyner | 26.6% | 0.6% | 4.2% | 33.4% | 21.1% |
| Total | | | 21.8% | 1.2% | 4.1% | 23.7% | 14.6% |
| | | | | | | | |
| North Carolina | | | 21.3% | 2.7% | 9.3% | 25.9% | 14.6% |
| | | | | | | | |
| United States | | | 12.3% | 5.4% | 17.8% | 22.7% | 13.6% |

- This region has a comparable percent of African American, Non-Hispanic residents compared to North Carolina. Elizabeth City, Edenton, Hobbsville and Sunbury have over 35% African American, Non-Hispanic residents.
- The area is less diverse for the Asian, Non-Hispanic and Hispanic populations than the state and the U.S.
- The areas of Edenton, Hobbsville and Sunbury have over 32% of residents with lower income levels below \$25,000 as compared the region, the state and the U.S.
- Edenton, Shiloh and Tyner are the top 3 areas with the 20% or more of the population age 25 and older that has only an elementary school education within the region.

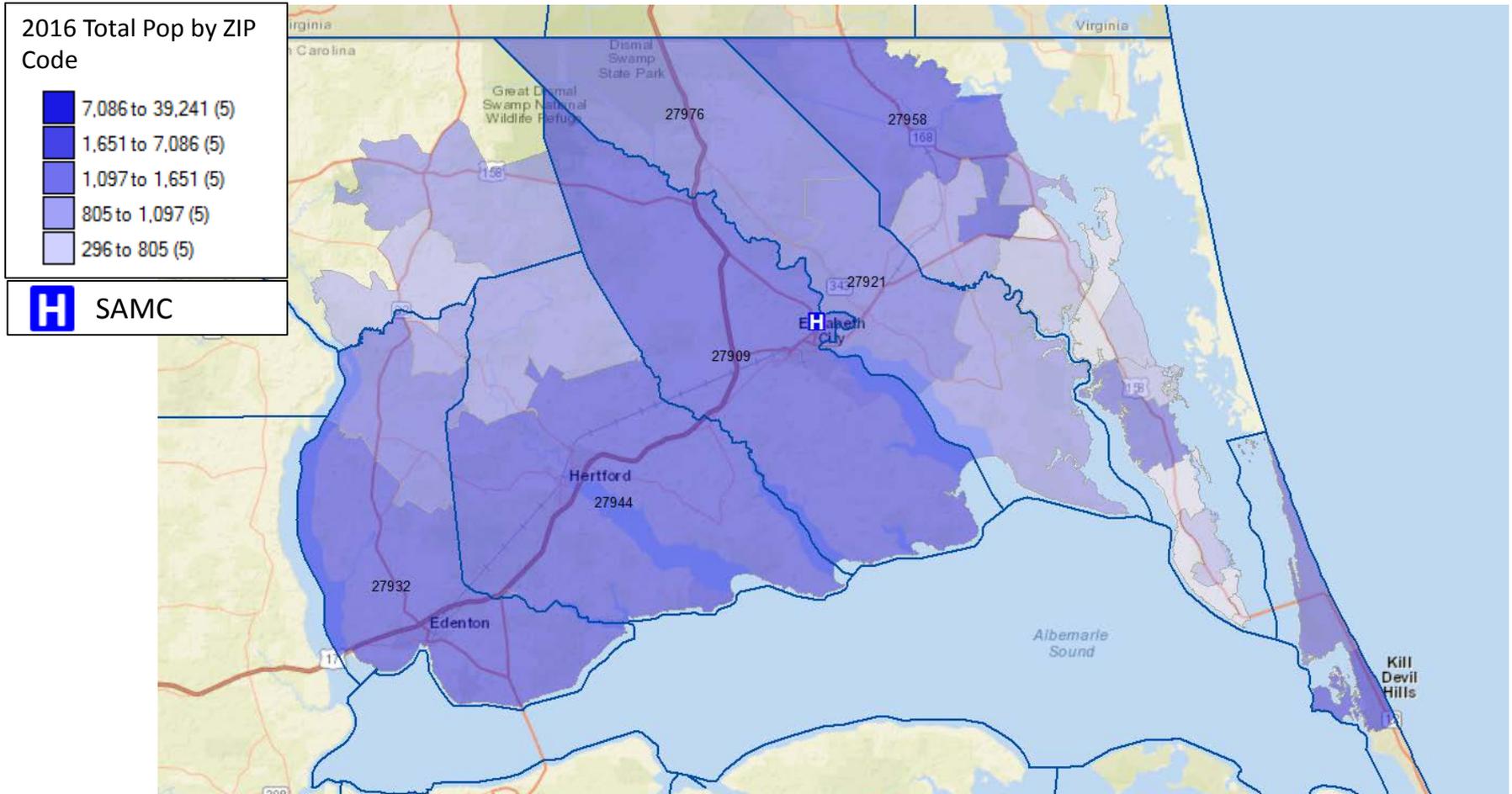
Key Demographic Data by ZIP

| City/County | Zip Code | Zip City | Total Pop | | % Change 2016-2021 | % 65+ | | Pop Density / Sq Mile | % of Households with Income Below \$25,000 | % of Pop age 25+ that did not Graduate from High School | % of Service Area Pop |
|-------------------------|----------|------------------|-------------|-------------|--------------------|-------|-------|-----------------------|--|---|-----------------------|
| | | | 2016 | 2021 | | 2016 | 2021 | | | | |
| Pasquotank | 27909 | Elizabeth City | 39,241 | 38,991 | -0.6% | 15.9% | 17.8% | 160 | 27.4% | 16.5% | 32.2% |
| Currituck | 27916 | Aydlett | 830 | 908 | 9.4% | 20.2% | 22.6% | 109 | 20.4% | 10.0% | 0.7% |
| Currituck | 27917 | Barco | 983 | 989 | 0.6% | 23.2% | 25.4% | 50 | 19.2% | 16.7% | 0.8% |
| Perquimans | 27919 | Belvidere | 1,206 | 1,204 | -0.2% | 20.3% | 22.7% | 18 | 25.0% | 19.8% | 1.0% |
| Camden | 27921 | Camden | 4,970 | 5,217 | 5.0% | 15.8% | 18.6% | 74 | 21.1% | 11.1% | 4.1% |
| Currituck | 27923 | Coinjock | 720 | 768 | 6.7% | 20.7% | 23.2% | 53 | 20.3% | 12.5% | 0.6% |
| Currituck | 27929 | Currituck | 1,338 | 1,436 | 7.3% | 18.5% | 22.1% | 221 | 10.0% | 10.3% | 1.1% |
| Chowan | 27932 | Edenton | 12,648 | 12,737 | 0.7% | 22.9% | 25.2% | 95 | 36.5% | 20.2% | 10.4% |
| Currituck | 27939 | Grandy | 2,499 | 2,712 | 8.5% | 20.2% | 22.7% | 165 | 21.4% | 15.3% | 2.0% |
| Currituck | 27941 | Harbinger | 805 | 847 | 5.2% | 19.1% | 23.0% | 109 | 18.6% | 16.5% | 0.7% |
| Perquimans | 27944 | Hertford | 12,206 | 12,532 | 2.7% | 25.3% | 27.8% | 58 | 27.5% | 16.0% | 10.0% |
| Gates | 27946 | Hobbsville | 1,097 | 1,071 | -2.4% | 22.7% | 25.5% | 32 | 32.2% | 18.0% | 0.9% |
| Currituck | 27947 | Jarvisburg | 707 | 734 | 3.8% | 17.1% | 20.3% | 106 | 17.0% | 17.1% | 0.6% |
| Dare | 27948 | Kill Devil Hills | 11,568 | 12,182 | 5.3% | 14.2% | 17.2% | 1199 | 15.8% | 5.2% | 9.5% |
| Dare | 27949 | Kitty Hawk | 7,086 | 7,257 | 2.4% | 26.6% | 29.7% | 471 | 10.5% | 4.2% | 5.8% |
| Currituck | 27956 | Maple | 296 | 299 | 1.0% | 19.6% | 22.1% | 99 | 17.1% | 16.6% | 0.2% |
| Currituck | 27958 | Moyock | 11,098 | 11,984 | 8.0% | 12.9% | 15.7% | 126 | 15.3% | 16.0% | 9.1% |
| Currituck | 27964 | Point Harbor | 541 | 554 | 2.4% | 16.1% | 19.3% | 522 | 15.1% | 18.8% | 0.4% |
| Currituck | 27965 | Poplar Branch | 1,070 | 1,172 | 9.5% | 19.5% | 21.8% | 190 | 21.3% | 13.0% | 0.9% |
| Currituck | 27966 | Powells Point | 1,021 | 1,040 | 1.9% | 15.3% | 18.3% | 153 | 13.9% | 18.3% | 0.8% |
| Currituck | 27973 | Shawboro | 1,550 | 1,561 | 0.7% | 17.4% | 20.2% | 44 | 15.5% | 16.5% | 1.3% |
| Camden | 27974 | Shiloh | 1,197 | 1,220 | 1.9% | 18.4% | 21.5% | 20 | 17.8% | 20.2% | 1.0% |
| Camden | 27976 | South Mills | 3,676 | 3,859 | 5.0% | 14.3% | 16.8% | 32 | 16.9% | 15.1% | 3.0% |
| Gates | 27979 | Sunbury | 1,651 | 1,612 | -2.4% | 20.0% | 21.7% | 25 | 26.6% | 15.9% | 1.4% |
| Chowan | 27980 | Tyner | 2,008 | 2,031 | 1.1% | 21.0% | 23.6% | 42 | 33.4% | 21.1% | 1.6% |
| Total SAMC Service Area | | | 122,012 | 124,917 | 2.4% | 18.3% | 20.7% | 95 | 23.7% | 14.6% | |
| North Carolina | | | 10,089,413 | 10,586,960 | 4.9% | 15.3% | 16.6% | 208 | 25.9% | 14.6% | |
| USA | | | 322,431,073 | 334,341,965 | 3.7% | 15.1% | 17.1% | 91 | 22.7% | 13.6% | |

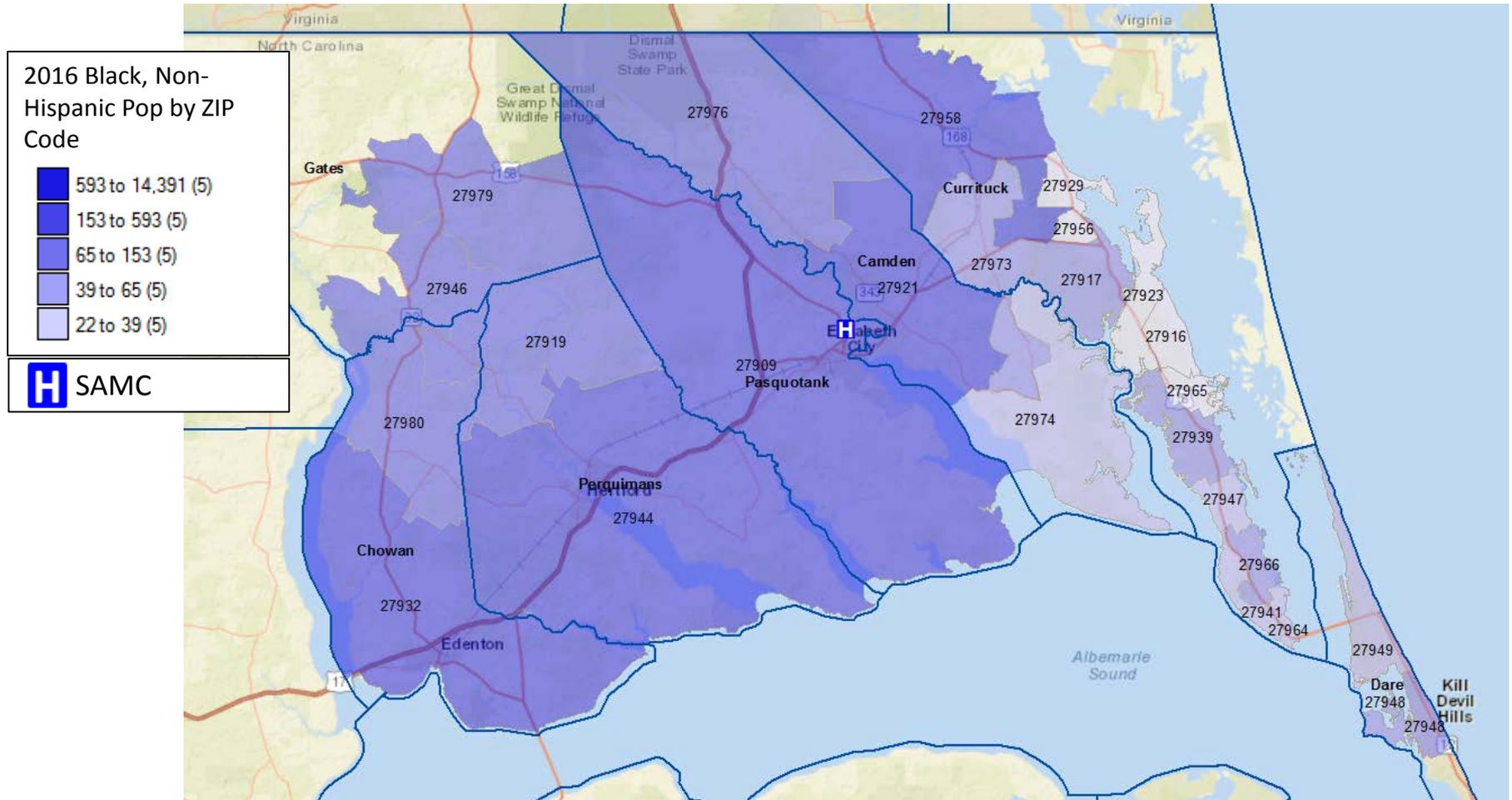
Race & Ethnicity by ZIP

| City/County | Zip Code | Zip City | Total Pop | | % White NonHispanic | % Black NonHispanic | % Hispanic | % Asian NonHispanic | % Other NonHispanic |
|--------------------------------|----------|------------------|----------------|----------------|---------------------|---------------------|-------------|---------------------|---------------------|
| | | | 2016 | 2021 | | | | | |
| Pasquotank | 27909 | Elizabeth City | 39,241 | 38,991 | 54.4% | 36.7% | 4.8% | 1.5% | 2.7% |
| Currituck | 27916 | Aydlett | 830 | 908 | 94.6% | 2.7% | 1.4% | 0.6% | 0.7% |
| Currituck | 27917 | Barco | 983 | 989 | 79.9% | 11.2% | 6.3% | 0.4% | 2.2% |
| Perquimans | 27919 | Belvidere | 1,206 | 1,204 | 78.4% | 17.7% | 2.3% | 0.2% | 1.3% |
| Camden | 27921 | Camden | 4,970 | 5,217 | 81.0% | 12.0% | 2.5% | 1.7% | 2.7% |
| Currituck | 27923 | Coinjock | 720 | 768 | 89.9% | 5.4% | 3.1% | 0.4% | 1.3% |
| Currituck | 27929 | Currituck | 1,338 | 1,436 | 92.1% | 1.7% | 3.2% | 0.7% | 2.2% |
| Chowan | 27932 | Edenton | 12,648 | 12,737 | 59.5% | 35.1% | 3.0% | 0.8% | 1.6% |
| Currituck | 27939 | Grandy | 2,499 | 2,712 | 89.8% | 3.8% | 3.4% | 0.4% | 2.6% |
| Currituck | 27941 | Harbinger | 805 | 847 | 86.0% | 7.5% | 3.2% | 0.4% | 3.0% |
| Perquimans | 27944 | Hertford | 12,206 | 12,532 | 70.5% | 24.5% | 2.6% | 0.5% | 1.9% |
| Gates | 27946 | Hobbsville | 1,097 | 1,071 | 56.7% | 38.3% | 1.9% | 0.6% | 2.5% |
| Currituck | 27947 | Jarvisburg | 707 | 734 | 84.0% | 9.1% | 4.0% | 0.1% | 2.8% |
| Dare | 27948 | Kill Devil Hills | 11,568 | 12,182 | 87.5% | 1.3% | 7.9% | 1.1% | 2.2% |
| Dare | 27949 | Kitty Hawk | 7,086 | 7,257 | 94.8% | 0.7% | 2.3% | 0.8% | 1.4% |
| Currituck | 27956 | Maple | 296 | 299 | 81.8% | 10.1% | 5.1% | 0.7% | 2.4% |
| Currituck | 27958 | Moyock | 11,098 | 11,984 | 85.5% | 6.5% | 4.3% | 1.0% | 2.7% |
| Currituck | 27964 | Point Harbor | 541 | 554 | 82.1% | 10.9% | 4.3% | 0.2% | 2.6% |
| Currituck | 27965 | Poplar Branch | 1,070 | 1,172 | 92.1% | 2.7% | 2.9% | 0.5% | 1.9% |
| Currituck | 27966 | Powells Point | 1,021 | 1,040 | 81.2% | 11.8% | 4.3% | 0.1% | 2.6% |
| Currituck | 27973 | Shawboro | 1,550 | 1,561 | 82.5% | 9.9% | 3.6% | 1.7% | 2.3% |
| Camden | 27974 | Shiloh | 1,197 | 1,220 | 81.7% | 5.4% | 2.4% | 8.8% | 1.7% |
| Camden | 27976 | South Mills | 3,676 | 3,859 | 74.9% | 16.1% | 3.4% | 2.1% | 3.6% |
| Gates | 27979 | Sunbury | 1,651 | 1,612 | 59.5% | 35.7% | 2.1% | 0.2% | 2.4% |
| Chowan | 27980 | Tyner | 2,008 | 2,031 | 66.5% | 26.6% | 4.2% | 0.6% | 2.0% |
| Total SAMC Service Area | | | 122,012 | 124,917 | 70.6% | 21.8% | 4.1% | 1.2% | 2.3% |
| North Carolina | | | 10,089,413 | 10,586,960 | 63.5% | 21.3% | 9.3% | 2.7% | 3.2% |
| USA | | | 322,431,073 | 334,341,965 | 61.3% | 12.3% | 17.8% | 5.4% | 3.1% ¹⁰ |

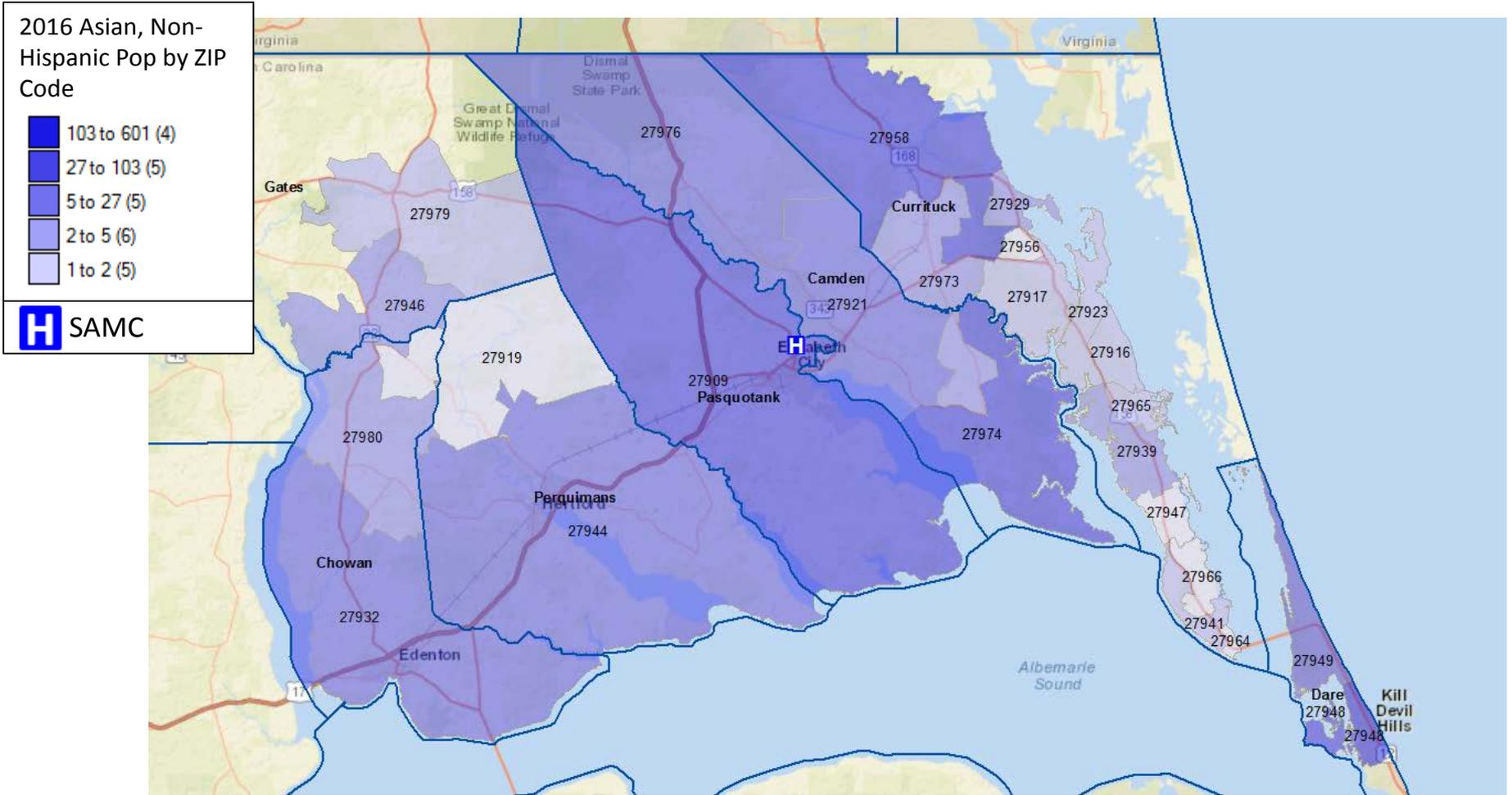
2016 Total Population by ZIP Code



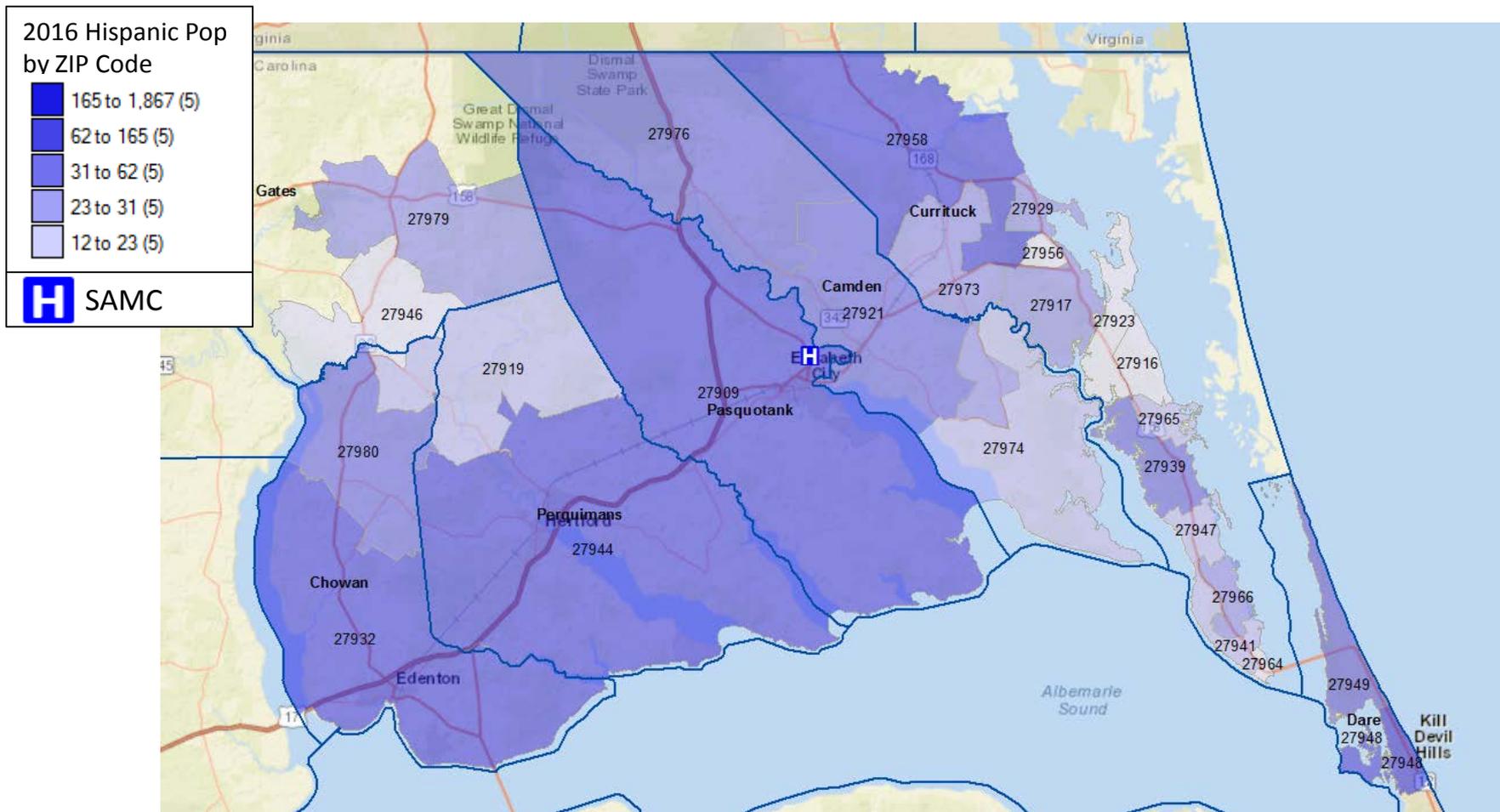
2016 Black, Non-Hispanic Population by ZIP Code



2016 Asian, Non-Hispanic Population by ZIP Code

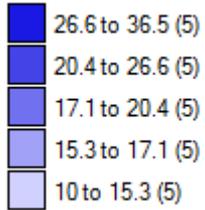


2016 Hispanic Population by ZIP Code

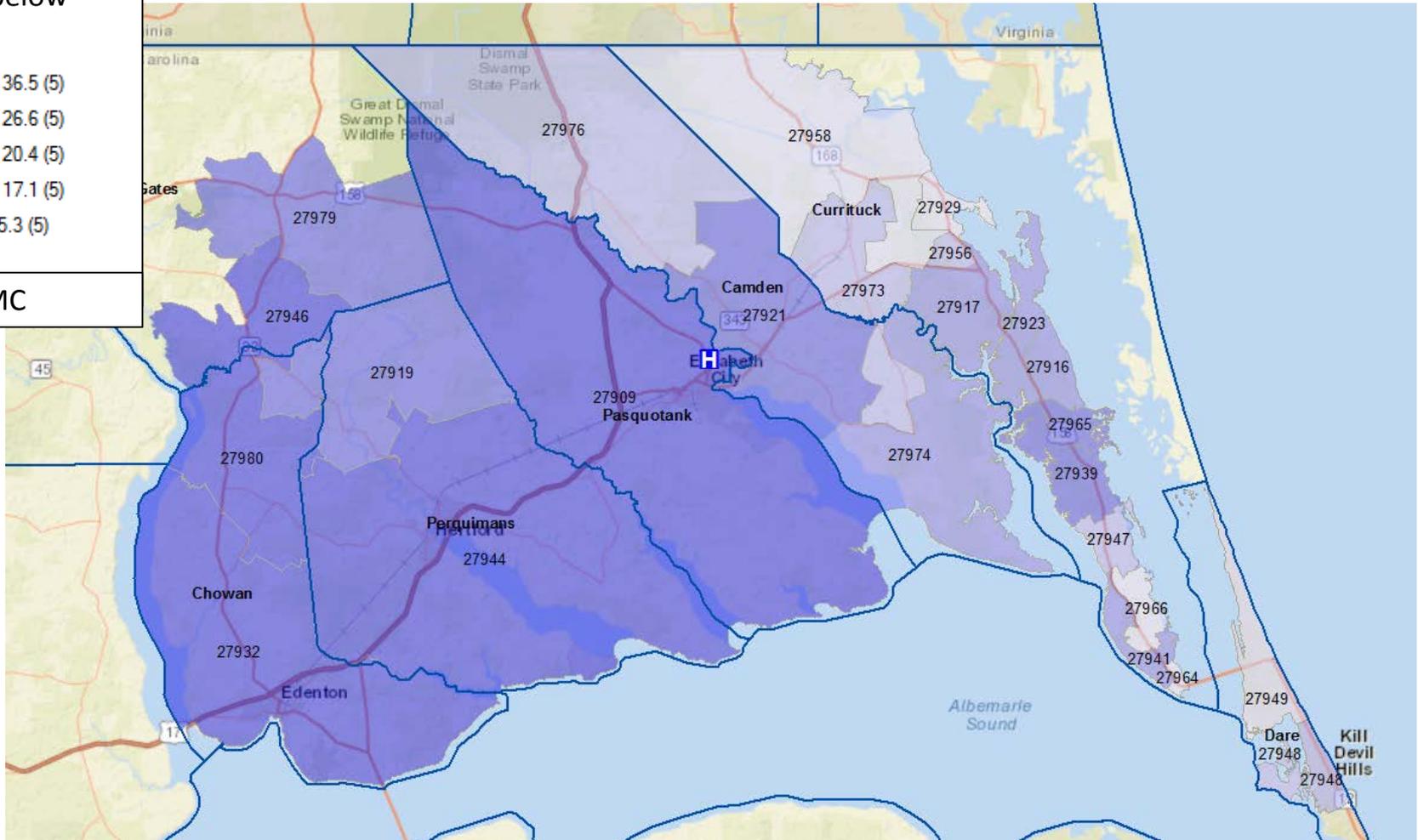


2016 % of Households with Income below \$25,000

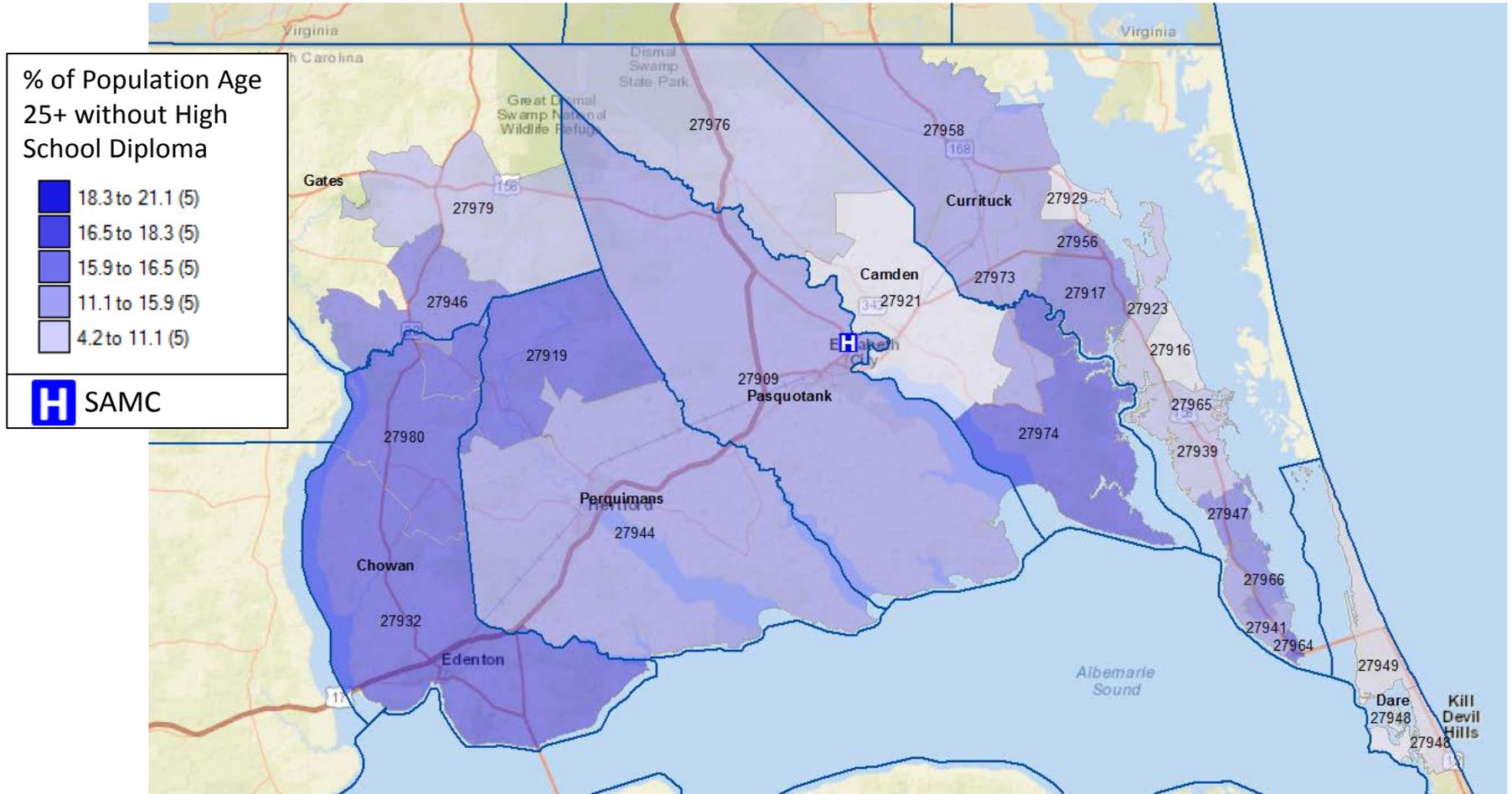
Household Income below \$25,000



 SAMC



2016 % of Population Age 25+ without a High School Diploma



ZIP Codes Included in SAMC Service Area

| ZIP | City/County | ZIP Common Name |
|-------|-------------|------------------|
| 27909 | Pasquotank | Elizabeth City |
| 27916 | Currituck | Aydlett |
| 27917 | Currituck | Barco |
| 27919 | Perquimans | Belvidere |
| 27921 | Camden | Camden |
| 27923 | Currituck | Coinjock |
| 27929 | Currituck | Currituck |
| 27932 | Chowan | Edenton |
| 27939 | Currituck | Grandy |
| 27941 | Currituck | Harbinger |
| 27944 | Perquimans | Hertford |
| 27946 | Gates | Hobbsville |
| 27947 | Currituck | Jarvisburg |
| 27948 | Dare | Kill Devil Hills |
| 27949 | Dare | Kitty Hawk |
| 27956 | Currituck | Maple |
| 27958 | Currituck | Moyock |
| 27964 | Currituck | Point Harbor |
| 27965 | Currituck | Poplar Branch |
| 27966 | Currituck | Powells Point |
| 27973 | Currituck | Shawboro |
| 27974 | Camden | Shiloh |
| 27976 | Camden | South Mills |
| 27979 | Gates | Sunbury |
| 27980 | Chowan | Tyner |

Sentara Albemarle Medical Center (SAMC) 2016 Community Health Needs Assessment

Health Status Indicator Analysis Summary

To access full primary and secondary data reports for each county, please visit
www.arhs-nc.org/community-health-assessments/

Health Insurance

(% of Uninsured by Age Group)

| Location | 2011 | | | 2012 | | | 2013 | | |
|-------------------|------|-------|------|------|-------|------|------|-------|------|
| | 0-18 | 19-64 | 0-64 | 0-18 | 19-64 | 0-64 | 0-18 | 19-64 | 0-64 |
| Pasquotank County | 7.2 | 21.7 | 17.6 | 7.0 | 23.0 | 18.5 | 6.0 | 21.4 | 17.1 |
| Perquimans County | 8.5 | 21.1 | 17.8 | 9.2 | 21.8 | 18.5 | 7.3 | 20.7 | 17.1 |
| Gates County | 8.4 | 19.9 | 16.6 | 8.3 | 20.3 | 17.1 | 8.0 | 19.9 | 16.7 |
| Currituck County | 9.8 | 20.8 | 17.7 | 8.6 | 21.3 | 17.9 | 8.8 | 21.0 | 17.8 |
| Camden County | 9.0 | 18.8 | 15.9 | 8.8 | 18.3 | 15.5 | 8.6 | 18.7 | 15.7 |
| Regional Average | 8.2 | 21.0 | 17.4 | 8.0 | 21.2 | 17.6 | 7.4 | 20.7 | 17.1 |
| State of NC | 7.9 | 23.0 | 18.7 | 7.9 | 23.4 | 19.0 | 6.9 | 22.5 | 18.1 |

Medicaid Eligibility

| | Eligible for Medicaid, 2014 | Children eligible for NC Health Choice Enrolled, 2013 | Eligible for Carolina ACCESS Enrolled, 2013 |
|------------|-----------------------------|---|---|
| Pasquotank | 21% | 92% | 91% |
| Perquimans | 19% | 95% | 88% |
| Gates | 17% | 61% | 87% |
| Currituck | 11% | 75% | 85% |
| Camden | 9% | 85% | 81% |

Source: NC Division of Medical Assistance

See county-level Sociodemographic Data Workbook for details on Medicaid Eligibility, NC Health Choice and Carolina ACCESS.

Health Rankings

According to *America's Health Rankings* (2015), NC ranked 31st overall out of 50 (where 1 is “best”)

According to *County Health Rankings* (2016) for NC:

| | Pasquotank | Perquimans | Gates | Currituck | Camden |
|-------------------------|------------------|------------------|------------------|------------------|------------------|
| Health Outcomes | 44 th | 53 rd | 26 th | 10 th | 4 th |
| Length of Life | 34 th | 53 rd | 11 th | 29 th | 6 th |
| Quality of Life | 68 th | 50 th | 55 th | 1 st | 4 th |
| Health Factors | 49 th | 42 nd | 45 th | 19 th | 4 th |
| Health Behaviors | 67 th | 34 th | 56 th | 25 th | 7 th |
| Clinical Care | 34 th | 38 th | 79 th | 67 th | 53 rd |
| Social/Economic Factors | 68 th | 59 th | 22 nd | 11 th | 2 nd |
| Physical Environment | 16 th | 17 th | 30 th | 23 rd | 22 nd |

Life Expectancy

| | Life Expectancy in Years | | | | | | | | | |
|------------------|--------------------------|------|--------|-------|------------------|-----------------------|------|--------|-------|------------------|
| | Person Born in 1990-1992 | | | | | Person Born 2012-2014 | | | | |
| | Overall | Male | Female | White | African-American | Overall | Male | Female | White | African-American |
| Pasquotank | 74.1 | 69.6 | 78.4 | 75.5 | 71.8 | 77.5 | 76.0 | 78.9 | 78.4 | 75.9 |
| Perquimans | 74.6 | 69.6 | 80.2 | 74.8 | 74.3 | 78.6 | 75.1 | 82.5 | 79.9 | 75.0 |
| Gates | 73.1 | 71.0 | 75.1 | 75.4 | 69.9 | 79.4 | 76.8 | 82.1 | 78.6 | 80.6 |
| Currituck | 73.1 | 69.9 | 76.7 | 74.4 | 62.9 | 77.2 | 74.7 | 79.8 | 77.3 | 76.4 |
| Camden | 75.8 | 71.6 | 80.5 | 77.5 | 71.0 | 80.3 | 77.7 | 83.2 | 81.2 | 75.5 |
| Regional Average | 73.7 | 69.8 | 77.7 | 75.1 | 70.3 | 78.3 | 75.8 | 81.0 | 79.0 | 76.5 |
| State of NC | 74.9 | 71.0 | 78.7 | 76.4 | 69.8 | 78.3 | 75.8 | 80.7 | 79.1 | 75.9 |

Leading Causes of Death: Overall

| | #1 - Diseases of the Heart | | | # 2 Total Cancer | | |
|------------|----------------------------|----------------|-------------------------|------------------|----------------|-------------------------|
| | # of Deaths | Mortality Rate | Rate Difference from NC | # of Deaths | Mortality Rate | Rate Difference from NC |
| Pasquotank | 521 | 226.3 | 36.4% | 464 | 201.2 | 17.1% |
| Perquimans | 198 | 194.5 | 17.2% | 168 | 155.3 | -9.6% |
| Gates | 125 | 170.8 | 3.0% | 128 | 165.4 | -3.7% |
| Currituck | 246 | 199.4 | 20.2% | 264 | 197.8 | 15.1% |
| Camden | 95 | 187.8 | 13.2% | 89 | 154.8 | -9.9% |

Note: mortality rate is calculated per county population

Mental Health

| | Year | No. Emergency Department Discharges | No. In-Patient Hospitalization Discharges |
|------------|------|-------------------------------------|---|
| Pasquotank | 2013 | 602 (2.3% of all ED discharges) | 112 (3.4% of all IP discharges) |
| | 2014 | 583 (2.2%) | 77 (2.3%) |
| Perquimans | 2013 | 164 (2.3% of all ED discharges) | 23 (2.2% of all IP discharges) |
| | 2014 | 179 (2.4%) | 27 (2.6%) |
| Gates | 2013 | 76 (3.1% of all ED discharges) | 33 (7.8% of all IP discharges) |
| | 2014 | 108 (4.6%) | 44 (10.0%) |
| Currituck | 2013 | 213 (4.1% of all ED discharges) | 26 (3.8% of all IP discharges) |
| | 2014 | 177 (3.5%) | 32 (4.1%) |
| Camden | 2013 | 70 (2.0% of all ED discharges) | 5 (1.0% of all IP discharges) |
| | 2014 | 85 (2.5%) | 1 (0.2%) |

Source: NC Office of State Budget and Management

Sentara Albemarle Medical Center (SAMC) 2016 Community Health Needs Assessment

Community Insight

Community Insight

In addition to the online Community Stakeholder Survey for community insight, Sentara Albemarle Medical Center carried out a series of more in-depth Community Focus Groups to obtain greater insight from diverse stakeholders.

Focus groups were often drawn from existing community groups or sought from other populations in the community, including representatives of underserved communities and consumers of services. The questions below were utilized at each focus group sessions.

- Tell us what you think is the best thing about living in this community?
- What do people in this community do to stay healthy?
- In your opinion, what are the serious health-related problems in your community?
- What keeps people in your community from being healthy?
- What could be done to solve these problems?
- Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?
- Are there any home remedies you use in place of traditional healthcare and/or medicine?
- What are the strengths related to health in your community?
- Cancer and heart disease are the leading causes of death in your county. In your opinion, what makes these the leading causes of death in your county?
- How does living in a rural area affect health?

There were 10 focus group sessions held in each county throughout the year of 2015. The number of participants ranged from 3-15.

The focus groups were conducted by the hospital and health department personnel who were trained to lead the discussions.

Community Focus Group Sessions

There were 10 focus group sessions held in each county throughout the year of 2015. The number of participants ranged from 3-15.

The focus groups were conducted by the hospital and health department personnel who were trained to lead the discussions.

| | | | | |
|---|---------------------------------|----------------------------------|---------------------------------|-------------------------------------|
| Camden Senior Center | Sawyer's Creek Baptist Church | Camden Senior Center | Camden Open Door Church | Ebenezer Baptist Church |
| South Mills Fire Department | Sleepy Hollow Neighborhood | Camden Library | Grandy Primary Media Center | Camden County Schools |
| Knotts Island Senior Center | Currituck Cooperative Extension | Currituck Chamber of Commerce | NAACP | Shawboro Ruritan Club |
| Barco Senior Center | Powells Point Senior Center | Currituck County YMCA | Currituck County Schools | Currituck Parks and Recreation |
| Gates County School System | Gates Partners For Health Board | Eure Christian Women's Club | Cancer Support Group | Gatesville Ruritan Club |
| Gates Department of Social Services Staff | Hall Ruritan Club | Sandy Cross Baptist Church | First Baptist Roduco | Merchants Millpond State Park Staff |
| Perquimans Board of Education | Perquimans Health Department | Hertford United Methodist Church | Perquimans Senior Center | Albemarle Plantation |
| New Bethel Missionary Baptist Church | Snug Harbor | Perquimans County Library | Gregory & Associates | Perquimans County Employees |
| Community Care Clinic | Knobbs Creek Senior Center | PORT Human Services | Memorial Missionary Church | Pasquotank/Camden EMS |
| College of the Albemarle | City Road Methodist | EC Downtown Business | Elizabeth City State University | Hugh Cale Center |

Focus Group Findings

| Topic | Key Findings | |
|---|--|--|
| Q1: Tell us what you think is the best thing about living in this community? | <ul style="list-style-type: none"> • Sense of community • Physical environment • Strong church presence • Low crime, little traffic • Low cost of living | <ul style="list-style-type: none"> • Good local school system • Safe environment • Rural landscape • Close to other desirable areas • History of the community • Quality of life |
| Q2: What do people in this community do to stay healthy? | <ul style="list-style-type: none"> • Physical activity • Youth recreational sports • Programs at senior center and YMCA • Fresh produce • Utilize local health resources • Gates County Community Center • Sponsored health events • Preventative care (annual check-ups, dental care) | <ul style="list-style-type: none"> • Physical education in schools • People grow their own produce/utilize farmers markets • Zumba classes • Nutrition classes • School system promotes exercise • Healthy eating habits • Preventative healthcare • Monitor salt intake |

Focus Group Findings

| Topic | Key Findings | |
|--|--|--|
| <p>Q3: In your opinion, what are the serious health-related problems in your community?</p> | <ul style="list-style-type: none"> • Poor nutrition • Diabetes • Heart disease • Cancer • Asthma • Joint pain • Arthritis • Stress • Depression • Substance Abuse • Alzheimer's/Dementia • Health related apathy • Stroke | <ul style="list-style-type: none"> • Obesity • High blood pressure • High cholesterol • Tobacco use • Substance Abuse • Body pain • Poverty • Availability of doctors • Lack of sidewalks • Suicide • Allergies • ADHD • COPD |
| <p>Q4: What keeps people in your community from being healthy?</p> | <ul style="list-style-type: none"> • Healthy food access and poor eating habits • Lack of healthcare facilities • Lack of transportation • Technology overindulgence • Hormones, chemicals, antibiotics, and preservatives in our food | <ul style="list-style-type: none"> • Lack of knowledge about healthy behaviors and available resources • Lack of motivation to be healthy • Lack of time to prepare healthy meals • Portion control • Cultural foods (southern fried foods) |

Focus Group Findings

| Topic | Key Findings | |
|--|--|--|
| <p>Q5: What could be done to solve these problems?</p> | <ul style="list-style-type: none"> • Additional transportation services • Increased community collaboration • Health-related education in schools and healthier food choices • Increased education • More opportunities to be active • A grocery store in Gates County • Teach financial literacy | <ul style="list-style-type: none"> • Increase number of local healthcare providers • Provide children with more opportunities to be active • Healthier lunch choices at school • Healthcare providers need to strengthen relationship with the community • Need more medical providers, dentists especially • Increased employment opportunities with benefits |
| <p>Q6: Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?</p> | <ul style="list-style-type: none"> • Too few doctors, specialists, 24-hour pharmacies • Community travels to VA for care • Lack of transportation • Dissatisfaction with local doctors • Difficult to establish medical home • Poor communication between provider and patient | <ul style="list-style-type: none"> • Lack of health insurance • Long wait times for medical care • High costs • Lack of resources for children with special needs • Physician turnover • Understaffed EMS |

Focus Group Findings

| Topic | Key Findings | |
|---|--|---|
| <p>Q7: Are there any home remedies you use in place of traditional healthcare and/or medicine?</p> | <ul style="list-style-type: none"> • Vicks VapoRub – congestion, toe fungus • Bar of soap – cramps • Kerosene – sore throat, head lice, congestion • Tobacco – bee stings • Epsom salt – inflammation • Horse Liniment – joints • Warm salt water – sore throat • Cranberry juice – kidney infection • Black tea – pink eye • Fennel tea – Indigestion • Alcohol – sore joints • Menthol – colds • Baking soda/salt water or oatmeal– eczema, sore throat • Deodorant – bug bites, itching • Urine – ear problems • Garlic – blood pressure, foot fungus • Sugar – hiccups • Coconut oil – cholesterol • Vicks VapoRub – chest cold, restless leg syndrome • Beech tree leaves – diabetes • Turmeric – arthritis • Saline solution – allergies • Coffee – digestion • Marijuana - pain • Green tea – cholesterol • Iodine – poison ivy • Peppermint – IBS, headaches, nausea • Horse Liniment – aches and pains • Cherries - gout | <ul style="list-style-type: none"> • Potatoes – boils • Iodine – sore throat • Baking soda – heart burn • Cherry Juice – arthritis • Yogurt – upset stomach • Bourbon, lemon, honey – cough or sore throat • Vinegar – blood pressure, bee stings • Bacon – cuts • Raw onion – warts, sore throat, ear infections • Salve – skin cracks • Local honey – allergies • Castor oil & baking soda – warts • Cloves – toothaches • Nail polish – red bugs/chiggers • Essential oils – various/everything • Milk and bread – skin infections • Rubbing alcohol – fever • Apple cider vinegar – blood pressure • Lemon – heartburn • Mustard – muscle cramps • Wine – upset stomach • Fish oil – joint health and cholesterol • Sweet oil – ear aches • Bar of soap – leg cramps • White potatoes – burns • Orajel – chiggers • Super glue - cuts • WD40 – arthritis • Moonshine - cough |

Focus Group Findings

| Topic | Key Findings | |
|---|---|--|
| <p>Q8: What are the strengths related to health in your community?</p> | <ul style="list-style-type: none"> • Access to outdoor activities • Access to fresh produce from home gardens and farmers markets • Fresh air, less pollution • Gates County Community Center • Food Bank • Gates County Volunteer Fire Department • Hospital • EMS (although under resourced) • Senior Centers • Transportation services | <ul style="list-style-type: none"> • Local health-related facilities and programs • Overall sense of community • The people • Gates County Medical Center • Merchants Millpond State Park • Gates Partners for Health • Community health screenings • 5K races • Health education talks • Health Departments |
| <p>Q9: Cancer and heart disease are the leading cause of death in your county. In your opinion, what makes these the leading causes of death in your county?</p> | <ul style="list-style-type: none"> • Exposure to harmful substances in food and farming • Sedentary lifestyle (Overindulgence in technology) • Genetics • Ignoring health problems | <ul style="list-style-type: none"> • Unhealthy lifestyle habits • Lack of healthcare resources and information • Diet • Gates County poor proximity to emergency services |

Focus Group Findings

| Topic | Key Findings | |
|--|---|--|
| Q10: How does living in a rural area affect health? | <ul style="list-style-type: none">• Benefits:<ul style="list-style-type: none">Favorable climateAccess to outdoor activitiesLimited number of fast food restaurantsLocally grown foodsLess pollutionSlower pace of lifeLess stressStrong community supportProximity to waterHealthcare providers know patients personallyStrong church community | <ul style="list-style-type: none">• Weaknesses:<ul style="list-style-type: none">Limited transportation optionsHard to attract physicians to areaLack of sidewalks and safe places to walkLimited healthcare resourcesPovertyLack of programs for physical activityLack of representation to get resourcesFewer funding sources for programs |

Resources

- Data sources are cited rudimentarily among these slides, but are thoroughly cited in the County Health Department supporting Data Workbooks.
- Most secondary data originated from authoritative sources in the public domain NC Center for Health Statistics
 - US Census Bureau
 - NC Office of State Budget and Management
 - NC Department of Commerce and NC Department of Revenue
 - NC Employment Security Commission
- Most data for the target county is compared to the average of data for the seven counties in the ARHS Region, and to data for North Carolina as a whole.
- All secondary data were mined at a point in time in the recent past, and may not represent present circumstances. That is, numbers, entity names, program titles, etc. that appear in the data may no longer be current.
- Please note: Bold typeface indicates the higher value of a pair, or the highest value among several.

V. APPENDIX

An evaluation of the progress toward the implementation strategies is included in the following pages.

Sentara Community Health Needs Assessment Implementation Strategy

Jan-Dec 2015 Progress Report

Hospital: Sentara Albemarle Medical Center

Quarter (please indicate): First Quarter Second Quarter Third Quarter Year End

In support of Sentara’s 2014 goal to “demonstrate community benefit in the communities we serve”, Sentara will measure the progress toward the community health needs assessment implementation strategies selected by each hospital on a quarterly basis.

To complete this quarterly progress report, the health problems and implementation strategies can be pasted into this document from the hospital’s existing Three Year Implementation Strategy document. The quarterly progress should be identified in the third column below.

The quarterly report should include only key actions taken during the quarter; the report does not need to include all activities. Where possible the actions should be quantified, with outcomes measurements if available.

Reports should be emailed to Deb Anderson at dkanders@sentara.com within 15 days of the close of each quarter.

| Health Problem | Three Year Implementation Strategies | Progress |
|--|---|--|
| Chronic Disease Prevention and Treatment | Strategies to address multiple health problems include: A) Collaborate with local partners to conduct programming for chronic disease (heart disease, diabetes, and cancer). This programming includes community-based health screenings, health education, support groups, and promotion of chronic disease self-management programs. B) Organize events during the months when chronic disease prevention is promoted from a national level (i.e. National Diabetes Month in November). | A) Serve on Healthy Carolinians task force; Host monthly DEAL with Diabetes education and support group serving 10-15 people per month; Conducted the Sweet Life Diabetes prevention six week program April-May including education on reading food labels, making healthy choices, and meal planning. B) We conducted asthma camp for twenty 7-9 year olds in June. Children were able to learn how to |

| Health Problem | Three Year Implementation Strategies | Progress |
|------------------------|---|---|
| | <p>C) Provide and promote early cancer detection services (digital mammography, colonoscopy, nurse navigator program).</p> <p>D) Participate in local charity events to help combat chronic disease, such as Relay for Life or “Passport to Fitness” events.</p> <p>E) Continue to provide “Health and Beauty” blood pressure program for select local beauty salons and barber shops.</p> | <p>manage their asthma while enjoying many activities children without asthma enjoy effortlessly.</p> <p>C) Breast cancer awareness posters placed throughout facility during month of October.</p> <p>D) Supported with Kids First Turkey Trot and participated and supported Walk for Hunger, March for Babies, and Color Run</p> <p>E) Blood pressure machines and materials are placed in local beauty salons and barber shops to raise awareness of high blood pressure.</p> |
| Lifestyle Modification | <p>A) Provide programming for nutrition and exercise to promote healthy lifestyles. This programming includes community-based health screenings, health education, and support groups.</p> <p>B) Partner with community agencies to promote current community based self-management programs such as “Eat Smart, Move More, Weigh Less.”</p> <p>C) Provide and participate in health fair to promote healthy lifestyles.</p> <p>D) Collaborate with churches to program programs to address inactivity, nutrition, and/or substance abuse.</p> <p>E) Promote telepsychiatry to help combat substance abuse/mental health.</p> | <p>A/C) Provided screening and health counseling at more than 8 facilities/health fairs throughout the region reaching nearly 200 people.</p> <p>B) Helped to promote Passport to Fitness to support active families</p> <p>C) Participated in</p> <p>D) Provided church program to educate on the importance of diet and exercise. Thirty people were in attendance.</p> <p>E) Continue to offer telepsychiatry in our ED</p> |
| Lack of Medical Home | <p>A) Promote the physician referral line through newspaper advertising, billboards, and publications.</p> <p>B) Utilize case management and transitional care nurse to help patients navigate the health system.</p> <p>C) Conduct community health education programs to share the importance of a medical home.</p> <p>D) Continue physician recruitment efforts for a primary care physician.</p> | <p>A) Transitioned physician referral line to 800-Sentara in October</p> <p>B) Case management maintains a community resource list to ensure patients get available area resources</p> <p>C) Provided a community education session on primary and continuity of care</p> <p>D) Nine new providers were recruited in 2015, 6 of which are primary care. Physicians continue to be promoted through physician referral line, 800-Sentara.</p> |