



**SAMPSON COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA
December 2, 2019**

6:00 pm	Reconvene Regular Meeting (County Auditorium)	
	Invocation and Pledge of Allegiance	
	Approve Agenda as Published	
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Tab 2	Action Items	
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Adjournment	

OUR PUBLIC CHARGE

The Board of Commissioners pledges to the citizens of Sampson County its respect. The Board asks its citizens to likewise conduct themselves in a respectful, courteous manner, both with Board members and fellow citizens. At any time should any member of the Board or any citizen fail to observe this public charge, the Chair (or presiding officer) will ask the offending person to leave the meeting until that individual regains personal control. Should decorum fail to be restored, the Chair (or presiding officer) will recess the meeting until such time that a genuine commitment to this public charge is observed. All electronic devices such as cell phones, pagers, and computers should please be turned off or set to silent/vibrate.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 1

Meeting Date: December 2, 2019	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Organization of the Board

DEPARTMENT: Governing Body

PUBLIC HEARING: No

CONTACT PERSON(S): Edwin W. Causey, County Manager (for election of Chairman)
Chairman (for election of Vice Chairman)
Joel Starling, County Attorney

PURPOSE: To conduct annual election of officers

ATTACHMENTS: None

BACKGROUND:

North Carolina General Statutes require that the Board elect its officers during its first meeting in December each year. Customarily, the County Manager presides over the election of the Chairman. Then, the newly-elected Chairman presides over the election of Vice Chairman.

The person conducting the election should ask for nominations from the Board (nominations do not require a second). After all nominations have been made, the Board should vote (typically in the order received) on the candidates, with each member casting one vote. The Board should agree in advance on what procedure to follow if no candidate receives a majority of the votes cast on the first round of voting. County Attorney Joel Starling will advise the Board on options for this procedure.

RECOMMENDED ACTION OR MOTION:

Elect officers as prescribed by General Statutes

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2

Meeting Date: December 2, 2019	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue
	<input type="checkbox"/>		<input type="checkbox"/>	

SUBJECT: Appointments
DEPARTMENT: Governing Body
PUBLIC HEARING: No
CONTACT PERSON: Vice Chairperson Sue Lee
PURPOSE: To consider appointments to various boards and commissions

Health Advisory Board

Robert Butler (Engineer seat) – for 3rd term, ending 12/2022
Jacqueline Howard (General Public seat) – for 3rd term, ending 12/2022
Allie Ray McCullen (General Public seat) – for 2nd term, ending 12/2022
Yire Hernandez (General Public seat, replacing Paul Bradshaw) – for 1st term, ending 12/22
Cynthia Swindall (Veterinarian seat, replacing Beth Turner) – for 1st term, ending 12/22
Cassie Faircloth (Nurse seat, filling remainder of Linda Heath’s term) – 1st term, ending 12/21

SEDC, Executive Committee

Stephen Barrington should be appointed to fill the seat held by previous Economic Development Director John Swope.

Airport Advisory Board

Mr. Andy Jackson has resigned; Commissioner Jerol Kivett is recommended for appointment to the vacant seat.

Fire Commission

The newly adopted bylaws state that members serve until the first Monday in December. Current members are eligible for reappointment: Clark Wooten, Ronald Bass, Jerry Cashwell, Billy Lockamy, Chief Ken Jackson, Chief George McGill, and Anthony Troublefield.

Transportation Advisory Board

SAT Director Ro Oates has requested the addition of Ashley Honeycutt, Trey Godwin, Cliff Ireland and Becky Spruill- Vann to the Transportation Advisory Board.

(Continued next page)

JCPC

The JCPC Board has requested the appointment of Alicia Brophy, Mary Britt, Amy Drozda and Christina Dixon as new members and the appointment of Nicole Kornegay to replace Lynn Fields as the DSS representative.

MEMORANDUM

TO: Edward Causey, County Manager
FROM: Wanda Robinson, Health Director
DATE: November 18, 2019
SUBJECT: Re-Appointment of Advisory Committee Members expiring terms
Appointment of New Advisory Committee Members

This is being submitted to request appointments to the SCHED Advisory Committee.

The following SCHED Advisory Committee Members will soon be ending their first or second terms on the advisory committee. The members listed below are eligible to serve another three year term:

Robert Butler	Engineer	2 nd term ending 12/2019
Jacqueline Howard	General	2 nd term ending 12/2019
Allie Ray McCullen	General	1 st term ending 12/2019

The following are being submitted for approval as new appointments to the SCHED Advisory Committee:

Yire Hernandez	General	1 st term ending 12/22
Cynthia Swindall	Veterinarian	1 st term ending 12/22
Cassie Faircloth	Registered Nurse	1 st term ending 12/22 12/21 fulfilling remainder of term of Linda Heath, who resigned due to health reasons

Please call me if you have any questions concerning this matter.

Andrew Jackson Law P.C.

JACKSON LAW BUILDING
407 COLLEGE STREET

Clinton, North Carolina 28328

ANDREW M. "ANDY" JACKSON†
†DRC CERTIFIED SUPERIOR COURT MEDIATOR

3 KEEL STREET, #4
WRIGHTSVILLE BEACH, NC 28480

REPLY TO:
P.O. BOX 27
CLINTON, NC 28329-0027
TELEPHONE (910) 592-4121
FACSIMILE (910) 590-1012

November 19, 2019

W. Joel Starling, Jr., Esq.
Sampson County Attorney
406 County Complex Rd., Bldg. C
Clinton, NC 28328

Dear Joel,

Kindly allow this letter to serve as my official resignation from the Airport Advisory Board, effective immediately. I enjoyed my tenure on the board and am grateful for the opportunity to serve.

Regards,



Andrew M. Jackson

**RESOLUTION AMENDING
SAMPSON COUNTY FIRE COMMISSION RESOLUTION**

WHEREAS, N.C. Gen. Stat. § 153A-233 confers upon counties the authority to, *inter alia*, provide financial assistance to incorporated volunteer fire departments, contract with volunteer fire departments for the provision of fire-fighting and prevention services, designate fire districts, and prescribe the boundaries of said districts for insurance grading purposes; and

WHEREAS, in order to assist Sampson County in the exercise of the authority conferred upon it by N.C. Gen. Stat. § 153A-233, the Sampson County Board of Commissioners established the Sampson County Fire Commission by Resolution duly adopted July 6, 1964 and amended May 3, 2004 and November 7, 2011; and

WHEREAS, the Sampson County Board of Commissioners finds that it is necessary for the health, safety, and welfare of the citizens of Sampson County that the Sampson County Fire Resolution be further amended by replacing said Resolution in its entirety with the provisions set forth herein below;

NOW, THEREFORE, be it Resolved by the Board of Commissioners of Sampson County:

Section 1. There is hereby created the Sampson County Fire Commission (hereinafter, the "Fire Commission"), to be composed of seven (7) members as follows:

- (A) One member of the Sampson County Board of Commissioners (hereinafter, the "Board of Commissioners"), to be appointed by the Board of Commissioners to the Office of Fire Commissioner;
BOC Chairman Clark Wooten
- (B) The Director of Sampson County Emergency Services;
Ronald Bass
- (C) The Sampson County Fire Marshall;
Mr. Jerry Cashwell
- (D) One resident of Sampson County who works in the insurance industry, to be appointed by the Board of Commissioners;
Mr. Billy Lockamy
- (E) The President of the Sampson County Fireman's Association;
Chief Ken Jackson
- (F) One Sampson County fire department chief, to be appointed by the Sampson County Fireman's Association;
Chief George McGill
- (G) The President of the Sampson County Rescue Association.
Mr. Anthony Troublefield

As soon as possible after the adoption of this Resolution, the Board of Commissioners shall appoint the members of the Fire Commission. Those members shall serve until the first Monday in December following the adoption of this Resolution. Thereafter, on the first Monday of every December, appointments will be made to the Fire Commission for terms of one (1) year.



SAMPSON AREA TRANSPORTATION
311 COUNTY COMPLEX RD.
BUILDING H
CLINTON, NC 28328
PHONE: (910) 299-0127

ROSEMARIE OATES, DIRECTOR
Email: roates@sampsonnc.com

Memorandum:

TO: Mr. Ed Causey, County Manager
FROM: Rosemarie Oates, Director, Sampson Area Transportation
DATE: November 20, 2019
RE: Transportation Advisory Board

The Transportation Advisory Board is seeking approval to name the following individuals to said board for a term of three years, with the option to automatically renew for three additional years at the end of the first term. (Terms are limited to two consecutive terms).

Ms. Ashley Honeycutt, Fresenius Kidney Care-Social Worker

Mr. Trey Godwin, Smithfield Foods-Human Resources Manager

Mr. Cliff Ireland, Military Veteran's Representative

Ms. Becky Spruill-Vann, Tim's Gifts

Please let me know if you have any questions.

Thank you,

Rosemarie Oates
Director, Sampson Area Transportation

Sampson County
Juvenile Crime Prevention Council
406 County Complex Road
Clinton, North Carolina 28328

MEMORANDUM

TO: Board of Commissioners

FROM: Dudley Neal, Chairman

DATE: November 20, 2019

SUBJECT: Appointment to JCPC

The Juvenile Crime Prevention Council has voted unanimously to recommend the appointment of Alicia Brophy and Mary Britt from the Sampson County Schools, Amy Drozda and Christina Dixon from Easter Seals UCP as new members of the Council and Nicole Kornegay from Sampson County Department of Social Services to replace Lynn Fields.

We respectfully request that the Board appoint these individuals to the Council.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3

Meeting Date: December 2, 2019	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input checked="" type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Consent Agenda

DEPARTMENT: Administration/Multiple Departments

ITEM DESCRIPTIONS/ATTACHMENTS:

General Items

- a. Approve the minutes of the November 4, 2019 meeting
- b. Adopt a resolution supporting National Radon Action Month in January 2020
- c. Approve the Department of Aging's submission of an application for United Way funding in the amount of \$15,000 for construction of wheelchair ramps
- d. Approve the amended Sampson County Planning Board Rules of Procedure
- e. Approve the lease of agriculture tracts for the period December 1, 2019 - December 31, 2020 to Mac Sutton for farming purposes
- f. Approve the Conflicts of Interest and Gift Policy Governing Procurements Paid for by Federal and State Funds
- g. Adopt the Capital Project Ordinance Concerning Emergency Management Facilities Construction
- h. Authorize submission of an application for Essential Single Family Rehabilitation Program (ESFR20) Grant Funding
- i. Approve tax refunds and releases as submitted
- j. Approve budget amendments as submitted

Board of Health Related Items

- k. Approve the Sampson County Health Department Fiscal Policy
- l. Approve Clinical Fees revisions
- m. Approve Environmental Health Fees revisions
- n. Authorize submission of an application for United Way funding in the amount of \$5,000 for the Breast and Cervical Cancer Control Program (BCCCP)

RECOMMENDED ACTION OR MOTION:

Motion to approve Consent Agenda as presented

The Sampson County Board of Commissioners convened for their regular meeting at 6:00 p.m. on Monday, November 4, 2019, in the County Auditorium, 435 Rowan Road in Clinton, North Carolina. Members present: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners Thaddeus Godwin and Harry Parker. Absent: Commissioner Jerol Kivett.

Chairman Wooten called the meeting to order and acknowledged Vice Chairperson Lee who then called on Commissioner Parker for the invocation. Vice Chairperson Lee then led the Pledge of Allegiance.

Approval of Agenda

Upon a motion made by Commissioner Godwin and seconded by Vice Chairperson Lee, the Board voted unanimously to approve the agenda with the following changes: Item 1 (a) Retiree Recognition was removed due to the absence of the honoree.

The Chairman and Commissioner Godwin recognized Veterans Office Director Ann Knowles and Sampson County History Museum President Kay Raynor for their work towards the dedication of the Sampson County Military and Veterans Museum on Saturday, November 2, 2019.

Item 1: Reports and Presentations

Retiree Recognition Item was removed from the agenda due to the foreknown absence of honoree.

Item 2: Planning and Zoning Items

Zoning Ordinance Amendments: Request to amend Section 7.10 (Special Use Minimum Development Requirements) and Section 10.1 Board of Adjustment Establishment County Attorney Joel Starling reviewed the item, which was originally presented during the October 7, 2019 regular scheduled meeting. He noted that proposed changes to Section 7.10 regarding Special Use Minimum Development Requirements had been approved, following the duly advertised public hearing, and explained that consideration of amendments to Section 10.1, regarding membership of the Board of Adjustment (which is the same as the Planning Board membership) had been tabled until the November meeting. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Godwin, the Board voted unanimously to adopt the

resolution approving amendments to Section 10.1 of the Sampson County Zoning Ordinance as recommended by the Sampson County Planning Board.

Ordinance Reconstituting the Sampson County Planning Board Mr. Starling reviewed the proposal to repeal the Ordinance Establishing the Planning Board and to adopt the new Ordinance Establishing the Sampson County Planning Board, noting the newly reconstituted membership sizes for the Planning Board and the Board of Adjustment and clarification regarding certain instances when a majority or supermajority of members may decide matters of procedure. Upon a motion made by Commissioner Godwin and seconded by Commissioner Parker, the Board voted unanimously to repeal the Ordinance Establishing the Planning Board, previously adopted on July 2, 2007 and amended on April 3, 2017, and to adopt the Ordinance Reconstituting the Sampson County Planning Board. (Copy filed in Ordinance Book _____, Page _____).

Item 3: Action Items

Approval of Disaster Recovery Grant Agreement with State of North Carolina County Manager Ed Causey presented the Disaster Recover Grant Agreement to the Board informing the Board that a grant in the amount of \$3,500,000 is directed to Sampson County for the construction of a new Emergency Management Center as part of the 2019 Hurricane Florence Disaster Recovery Act's disaster assistance program. Mr. Causey noted that upon the approval and acceptance of the grant, the County would receive an advance of \$100,000 for planning costs by the end of November 2019. He also noted that there is a grant funding expenditure deadline of June 30, 2021, and that staff has traveled to visit other emergency management centers and were actively seeking additional funding for the project. Upon a motion made by Commissioner Parker and seconded by Commissioner Godwin, the Board voted unanimously to authorize the Manager and appropriate staff to execute the grant agreement and associated documents.

Public Hearing - Naming of Private Roads The Chairman opened the hearing and called upon Assistant County Manager Susan Holder who reviewed the recommendations for naming of certain private roads. The floor was opened for public comments, and none were received. The hearing was closed. Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Godwin, the Board voted unanimously to rename the private road as follows:

PVT 1256 3080	Pony Cart Ln
PVT 1007 8754	James Brothers Ln
PVT 1424 1864	Faircloth Farm Ln

Appointments - Planning Upon a motion made by Vice Chairperson Lee and seconded by Chairman Wooten, the Board voted unanimously to appoint Marilyn Brooks, Chip Crumpler, III, and Jay Darden (Terms Ending December 31, 2021), and Nancy Blackman and Steve Parker (Terms ending December 31, 2020) to the newly reconstituted Planning Board.

Item 4: Consent Agenda

Upon a motion made by Commissioner Parker and seconded by Commissioner Godwin, the Board voted unanimously to approve the Consent Agenda as amended:

- a. Approved the minutes of the October 7, 2019 meeting
- b. Approved an amended Home and Community Care Block Grant Funding Plan for FY 2019-20 (Copy filed in Inc. Minute Book ____ Page ____.)
- c. Approved the Designation of Applicant’s Agent document for application for FEMA Public Assistance (Hurricane Dorian)
- d. Approved a revised Memorandum of Understanding Regarding Use of Facilities for Shelter and Mass Care (previously approved 9/2019) (Copy filed in Inc. Minute Book ____ Page ____.)
- e. Adopted an Investment Policy as recommended by Finance Officer (Copy filed in Inc. Minute Book ____ Page ____.)
- f. Adopted the Capital Project Ordinance concerning Johnston County Interconnect Phase 1 (Copy filed in Ordinance Book ____ Page ____.)
- g. Approved the Sampson County Local Government Holiday Schedule for Calendar Year 2020
- h. Approved the Board of Commissioners Meeting Schedule for Calendar Year 2020
- i. Approved the delinquent disabled veteran exclusion applications for Brian T. Stewart, Freddy Sawyer, and Oscar Lee Bennett
- j. Approved tax refunds and releases as submitted:

#9108	Ramiro Vera	\$265.77
#9109	Felishia McPherson	\$126.81
#9106	Jennifer Baggett	\$253.82
#9115	Sherry Jackson	\$139.67
#9083	Mary Wilson	\$479.61
#9131	Dwayne McNeil, Jr.	\$191.37
#9134	Michael Harrison	\$219.79
Tax Release	Cuyler Heath	\$122.10
Tax Release	Ronald Ezzell	\$405.85
Tax Release	Carroll and Barbara Underwood	\$873.21

Tax Release	Rivera Montevalvo	\$240.02
Tax Release	Jimmy Lockamy	\$217.95
Tax Release	Gary and Harry Naylor	\$214.16

k. Approved budget amendments as submitted:

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
12551670	512100	Salaries		\$12,902.00
12551670	512700	Longevity	\$133.00	
12551670	518100	FICA		\$800.00
12551670	518120	Medicare FICA		\$187.00
12551670	518200	Retirement	\$1,649.00	
12551670	518300	Group Insurance		\$960.00
12551670	518400	Dental Insurance		\$155.00
12551670	518901	401K	\$543.00	
12551670	532100	Telephone/Postage	\$500.00	
12551670	533000	Utilities	\$500.00	
12551670	543000	Rental Equipment	\$250.00	
12551670	544000	Contract Services	\$655.00	

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
12535167	404000	State Assistance		\$14,024.00

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
		Transportation		
1614500	535300	Maint/Repair of Vehicles	\$15,000.00	
1614500	525100	Gas, Oil, & Tires	\$10,000.00	

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
16134500	403611	State Arra Grant (5310)	\$25,000.00	

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
		Sheriff's		
11243100	555000	Capital Outlay – Other Equipment	\$6,495.00	

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310	408401	Donations	\$6,495.00	

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
		Finance – Johnston Co. Interconnect		
67981800	558100	Construction costs	\$690,000.00	
67981800	519500	Engineering	\$124,000.00	

67981800	519900	Other Professional Services	\$32,000.00	
67981800	509700	Contingency	\$69,000.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
67038180	403608	State Grant	\$232,500.00	
67038180	409100	State Loan	\$232,500.00	
67038180	403626	JC Capacity Assessment	\$450,000.00	
<u>EXPENDITURE</u>				
		Well Treatment Project		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
67981580	558100	Construction Costs	\$717,900.00	
67981580	509700	Contingency	\$165,700.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
67038158	409100	Loan Proceeds	\$883,000.00	
<u>EXPENDITURE</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
67981550	558011	Well Construction	\$1,114,000.00	
67981550	509700	Contingency	\$209,291.00	
67981550	519500	Engineering	\$178,865.00	
67981550	519900	Other Professional Services	\$30,000.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
67038155	403608	State Reserve Grant	\$766,078.00	
67038155	409100	State Reserve Loan	\$766,078.00	
<u>EXPENDITURE</u>				
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
61971000	555000	Capital Outlay Other	\$3,450.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
61937100	409800	Fund Balance Appropriation Encumb	\$3,450.00	
<u>EXPENDITURE</u>				
		Juvenile Justice Programs		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
05558310	581000	Transfer to State Agency	\$28,438.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
05435831	409906	FBA Youth Shelter Program	\$16,800.00	
05435831	409900	FBA JCPC A	\$1,545.00	
05435831	409905	FBA Innovations Program	\$4,000.00	

05435831	409903	FBA Youth Inspire Group	\$4,929.00
05435831	409902	<u>FBA Teen Court</u>	

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
29549470	519049	Administration	\$42,800.00	
29549470	519900	Other Professional Services	\$213,792.00	
29549470	562004	Acquisition Costs	\$961,430.00	

REVENUE

<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
29034947	403614	NCEM Grant Funds	\$1,218,022.00	

EXPENDITURE

<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11141200	526261	Census Supplies	\$5,000.00	
11999000	509700	Contingency		\$5,000.00

Item 5: Consideration of Tax Appeals

Upon a motion made by Chairman Wooten and seconded by Vice Chairperson Lee, the Board voted unanimously to adjust the penalty applied to the following tax accounts for failure to timely list business personal property by forgiving one-half of the assessed penalties.

Byrd Farms, Inc. (Tax \$4,838.16) **Assessed Penalty \$1,378.71 Adjusted by Half**

Carolina Custom Machine (Tax \$5,458.34) **Assessed Penalty \$1,453.37 Adjusted by Half**

J&W Swine Co, Inc. (Tax \$6,377.71) **Assessed Penalty \$2,066.27 Adjusted by Half**

County Manager's Reports

County Manager Ed Causey officially introduced newly hired Economic Development Director Stephen Barrington. He informed the Board that he, Vice Chairperson Lee, and Assistant County Manager Susan Holder were planning to attend the Mid-Carolina Council of Government member meeting on Wednesday, November 6, 2019, where they would each participate in the hiring of a new COG Director.

Public Comments

The Chairman opened the floor for comments and the following were received:

Tommy Tucker: Good evening. I'm here tonight to talk about establishing an animal advisory board in Sampson County. I gave you all a copy of a Duplin County, and a

picture of the Kuranda bed that we raised the money for. Have you all got that? I gave you all one just for them (the Board) to share. I want to read what it says about Advisory Boards on the Sampson County website. I can't hardly read it because its so small, but It is the philosophy of Sampson County Local Government that providing our citizens with adequate information and managed and fair opportunities to have their ideas, opinions and concerns addressed fosters and maintains trust in the government process, encourages public participation in this process, and allows us to develop and implement programs and services which are responsive to the specific needs of the community. As you all know, we were fined \$5,000 in April of 2018 for not following state policies. There is no doubt about it that the situation has improved a lot. We came before the Board in May of 2018, one and a half years ago, and requested that we have an advisory board for the Shelter and Animal Control. We were told that we would find out when the state inspection report was completed. We have not been made aware of any decision a year and a half later. I don't know why this is so contentious. It seems like everyone should be working for the benefit of the animals. Even without a board we were able to raise \$2,000 to partner with Anna Ellis so that all the kennels would have a kuranda bed that keeps the dogs off the floor. That's what the bed looks like. Y'all have got a copy of the bed too. It's really a great bed. We worked with Mrs. Holder and Anna to have a Clear the Shelter event. It was a great success thanks to Susan and Anna. We also worked with the radio station and newspaper to promote a pet of the week. Sampson County is bordered by six counties. All but one has an animal advisory board. I have spoken at great length to a member of the Duplin County board. That's where I got that information at, and she says that they are really appreciated by their County Manager. Sampson County has a plethora of advisory board on it's departments. Why not the animals? Even though we have had an improvement here, I know that an advisory board can greater reduce the euthanasia rate of the animals, which is my greatest concern and should be everybody else's too. And we can have an expert of Facebook, Twitter, and Instagram to advertise it the animals. We can improve our relations with the rescue groups and also get some new rescue groups. Maybe we can have a code red to identify animals when their time is running out and we could all work real hard to try to save them. We could brainstorm and come up with ways to raise money that can be used to lower adoption rates, adoption fees, among other things. There are also grants. Y'all got a grant for how much? \$3,000,000, is that what you said? \$3,500,000. Maybe we could get \$30,000. We could visit other shelters and find out what they're doing to lower euthanasia rates. We could even visit the no-kill shelter in Fayetteville. Wouldn't that be something if we could have a no-kill shelter. Again, the reason I'm here is to help the dogs and cats, and especially to lower the euthanasia rate. Mahatma Gandhi, Martin Luther King's role model, said that the greatness of a nation and its moral progress can be judged by the way its animals are treated. In closing, could you please tell us if and when you'll approve an animal advisory board? It's been a long time coming and thanks for listening to me.

Nancy Gump: I just want to say that I wholeheartedly will support Tommy and I have been very active in that. Just within the past year and 1/2, myself, individually, I have saved 176 dogs. And have built a 6,000 square foot extension at my sanctuary. So it can be done. Collectively we can do it together. We have a very warm and supportive relationship with Anna, and we are able to connect the dots, but I need more people like me, more people like Tommy, and having an advisory board would be very beneficial in our efforts in saving more animals and getting the word out. Even an educational piece with the spay and neuter, finding grants, giving money to people who can't afford spay and neuters. Because the bottom line is that I am the one that is out there getting the puppies off the road, getting the moms and dads spayed and neutered, and I just need help. So, with that advisory board supportive efforts, let alone with the fundraising aspect of it, like building out the play yard, getting behaviorist in there to help with the socialization of the animals. It's really a win-win situation. We don't necessarily have to wait for the eagle scout - we can include him in these efforts - but we can get someone in there within three weeks and do that, because you just have to tweak it. I saw it seven years ago and it just needs a little bit of tweak. So, we're right there on the cusp, helping anyone that is in there and Anna to make it rock.

Adjournment

Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Godwin, the Board voted unanimously to adjourn.

Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board



Proclamation In Support of National Radon Action Month

WHEREAS, radon is a colorless, odorless, radioactive gas that may threaten the health of our citizens and their families; and

WHEREAS, radon is the second leading cause of lung cancer in the U.S. and is the leading cause of lung cancer in non-smokers; and

WHEREAS, the National Academy of Sciences estimates that up to 21,000 lung cancer deaths occur in the United States each year; and

WHEREAS, radon is found in one in 15 homes across the U.S. have elevated radon levels; and

WHEREAS, any home may have elevated levels of radon, even if neighboring homes do not, and living in a home with an average radon level of 4 picocuries per liter of air poses a similar risk of developing lung cancer as smoking half a pack of cigarettes a day; and

WHEREAS, testing for radon is simple and inexpensive and radon problems can be fixed; and

WHEREAS, the U.S. Surgeon General, the U.S. Environmental Protection Agency, the NC Department of Health and Human Services' NC Radon Program and the North Carolina Advisory Committee on Cancer Coordination and Control and Sampson County support efforts to encourage homeowners to test their homes for radon, have elevated levels of radon reduced;

WHEREAS, many residents in Sampson County don't know about radon, yet need to know, for the safety and health of their families and a proclamation of National Radon Action Month is an opportunity to educate individuals on the available measures to reduce radon.

NOW, THEREFORE, the Sampson County Board of Commissioners do hereby proclaim JANUARY 2020 as National Radon Action Month in Sampson County.

ADOPTED this 2nd day of December, 2019.

Clark H. Wooten, Chairman

ATTEST:

Susan J. Holder, Clerk to the Board

Safe at Home: Preventing Lung Cancer

BY REDUCING RADON IN THE HOME

What is radon? Radon is a gas that you cannot see, smell or taste. It comes from the decay of radioactive elements (such as uranium, thorium and radium) in soil and groundwater.



Why should I be concerned about radon?

Breathing in radon is the second leading cause of lung cancer after smoking. Radon is the likely cause of more than 21,000 lung cancer deaths each year in the U.S. In 2015, lung cancer was the leading cause of cancer deaths in N.C.

What are your chances for getting lung cancer from radon? Each one of the following influences your risk:

1. Level of radon in your home;
2. The amount of time you spend in your home;
3. If you are a smoker of tobacco or have ever smoked tobacco; and
4. If you are exposed to secondhand smoke.



How does radon cause lung cancer?

Radon gas decays into radioactive particles that can get trapped in your lungs when you breathe. These particles break down and release small bursts of energy. This can damage lung tissue and lead to lung cancer over the course of your lifetime. Not everyone exposed to high levels of radon will develop lung cancer, however the risk for lung cancer is increased.

How does radon get into a home?

Radon can rise from the rocks in the ground, through the soil, and to the air above. It comes into your home through cracks and holes in the foundation. The radon becomes trapped in your home. This can happen in new and old homes, homes with or without basements, and in high-rise and multi-family buildings. Underground well water can transport radon from the soil into the house.



Where is radon found in N.C.?

Nearly one out of every 15 homes in the U.S. is likely to have a high level of radon. Homes in all 100 counties of N.C. have tested at high levels for radon. The only way to know if your home has a radon problem is to test it. *(continued)*

Is radon only measured in homes?

No. Radon can get into any type of building. You and your family are most likely to be exposed at home because you spend most of your time there.

What is considered a high level of radon in the home?

The amount of radon in the air is measured in "picocuries per liter of air," or "pCi/L." A radon level in the home between 2 and 4 pCi/L is considered moderate risk and over 4 pCi/L is considered high risk for your health.

I am buying/selling a home. How do I get a property tested for radon?

There are no laws in N.C. regarding radon testing. The N.C. Radon Program recommends that you hire a certified radon contractor. This will give you reliable test results quickly. If you get your water from a well, you can test your groundwater for radon with a certified laboratory. Visit www.ncradon.org to find a certified radon tester.

What if the radon levels are high in my home? Can my home be fixed?

The EPA (U.S. Environmental Protection Agency) recommends fixing homes that have an average radon level over 4 pCi/L. The EPA suggests you consider fixing your home if it tests between 2 and 4 pCi/L. Most homes can easily be fixed to bring the radon levels below 4 pCi/L. Lowering high radon levels requires special knowledge and skills. Pick a contractor who is trained to fix radon problems. The National Radon Proficiency Program or the National Radon Safety Board certifies trained contractors. Visit www.ncradon.org for links.

How do I fix my home if the test shows there is a high level of radon in water?

The N.C. Division of Public Health recommends testing well water for radon. Its experts say you should fix well water that tests high for radon. If the radon level is high in the well water, a second test for other types of radioactive particles like uranium and radium should be done. Select a contractor who is trained to fix radon problems. Contact your county health department's environmental health program for more information.

What will fixing my home cost me?

In 2017, the average cost for fixing a radon problem in an existing home was \$1,500. The average cost to include a radon reduction system when building a new home was \$800. The cost for a private well water radon treatment system ranges between \$1,500 - \$5,000. Visit www.ncradon.org to learn more about building Radon Resistant New Construction.

Will a radon reduction system impact the sale of my home?

Radon reduction systems have been installed in homes across N.C. since 1996. It is commonplace for national home building companies to install Radon Resistant New Construction in their new homes. Having a radon system in your home has not caused any problems for home sales.



NC Real Estate Commission



RADIATION PROTECTION



Cancer Prevention and Control Branch

NORTH CAROLINA'S
SAMPSON COUNTY
Department of Aging and In-Home Services

MEMORANDUM

TO: Susan Holder, Assistant County Manager
FROM: Lorie Sutton, Aging Services Director
DATE: November 19, 2019
RE: 2020 United Way Funding Application

Attached is the 2020 United Way Funding Application for our Wheelchair Ramp Program for disabled people under 60 years of age. I am requesting permission from the Board of Commissioners to allow me to request funding for the year 2020.

If we are permitted to submit the application, I will need the Chairman's signature on the top page of the application.

Please let me know if you need further information.

Thank you.

/ls

Attachment: United Way Program Funding Application

Program Funding

Request Application



United Way of Sampson County

Sponsoring Agency: _____
Program Name: _____
Mailing Address: _____
Phone/email _____

Funding Request for 2020 Program Funding \$ _____

CERTIFICATION

The requested amount herein was considered and approved for submission by the

_____ Board of Directors at a meeting on _____
(Sponsoring Agency) (date)

Our fiscal year is _____ to _____
(date) (date)

Management and the Board of Directors have read and are prepared to discuss this Funding Request.

We acknowledge that funds allocated by United Way are contributed dollars and that fair and full disclosure is required in the completion of this Funding Request Application and all other requested information.

Executive Director ~ Name

Board President or Authorized person Name

Volunteer Title

Signature - Executive Director

Signature ~ Board President or Authorized Person

Date

Date

REQUIRED: Specific use of UWSC funding. (Use only space provided)

Organization's Governance & Oversight

Organizations *not currently* receiving UWSC funding *must* complete the following.

Board Meetings

1. How many meetings were scheduled during the last fiscal year?
2. How many times did the Board meet during the last fiscal year?
3. At how many of the Board meetings did you have a quorum during the last fiscal year?
4. Are detailed reports of agency activities provided to the board on a regular basis? (Y/N)

Current Demographics of Board of Directors

Male	_____	Black	_____	_____
Female	_____	White	_____	_____
Hispanic	_____	Other	_____	

Fiscal Oversight

1. Briefly describe the system used for safeguarding against unauthorized or improper disbursement of funds, (i.e. two signatures required on checks).

National/State Affiliations

1. Are you nationally and/or state affiliated? (Y / N)? _____ YES _____ NO
2. Does the organization adhere to national standards? _____ YES _____ NO

Please briefly describe those national standards.

ORGANIZATION OVERVIEW

Organizations *not currently* receiving UWSC funding *must* complete the following.

1. Describe the organization's mission.

2. List any organizations or programs with whom your organization has collaborated to provide joint programming, and briefly describe the type(s) of collaboration (co-sponsorship of events, seminars, community issues, etc.) and the results of those collaborations.

5. Does the organization employ paid staff?

_____ YES _____ NO

6. Does the organization have job descriptions for all staff?

_____ YES _____ NO

PROGRAM OVERVIEW

Program Name: _____

Program Director's name: _____

1. Provide a *brief* program description and goals.

2. What social/human welfare issue(s) does this program address?

3. What is the program's targeted population, capacity, and number of people to be served? Is it at capacity?

4. Do you have a waiting list for this program? If so, how many are on the waiting list, and what is the expected waiting time before your program will be able to provide services to them?

5. What are the eligibility requirements for participating in this program?

6. What fees are charged for services, and what percent of participants pay fees?

7. What is the long range plan for insuring financial stability for the program?

8. What impact would UWSC funding have on this program's outcomes?

9. To what extent are volunteers utilized in this program?

10. Are reference/background checks complete on all volunteers? _____ YES _____ NO

11. What type of training do volunteers receive? Are they evaluated on a regular basis?

MEASURING PROGRAM EFFECTIVENESS

OUTCOMES LOGIC MODEL

**PROGRAM
NAME** _____

Please submit a logic model for the program for which UWSC funding is being requested. **Do Not** report on program outcomes in this model. Present in narrative format.

INPUTS	ACTIVITIES	OUTPUTS

**MEASURING PROGRAM EFFECTIVENESS
OUTCOMES FRAMEWORK**

**PROGRAM
NAME:** _____

Complete an outcome measurement framework for the program for which UWSC funding is being requested.

OUTCOMES	INDICATORS	DATA SOURCE	DATA COLLECTION METHOD

OUTCOMES MEASUREMENT RESULTS

Program Name: _____

1. Viewing your outcomes as your program's goals, how many participants do you estimate will achieve the outcome results that you have targeted for the funding cycle requested?
2. How often do you measure this program's outcome results? (Daily, Monthly, Quarterly, Semi-Annually, etc)
3. Who is responsible for implementing, collecting, and reviewing the outcomes/program effectiveness information for this program? (i.e. Committee, individuals with specific responsibilities, etc.)
4. What level of involvement does the Board of Directors have in the process of program outcome measurements and implementation?
5. What changes have been planned or made to the program as a result of the outcome measurements?

**SAMPSON COUNTY PLANNING BOARD
RULES OF PROCEDURE**

I. Purpose

These Rules of Procedure are intended to establish procedures ensuring that the Sampson County Planning Board performs its responsibilities in an efficient, effective, and fair manner.

II. Governing Statutes and Ordinances

The Sampson County Planning Board shall be governed by the North Carolina General Statutes as well as the Ordinance ~~Establishing~~ Reconstituting the Sampson County Planning Board, the Zoning Ordinance of Sampson County, North Carolina, the Subdivision Regulations of Sampson County, North Carolina, and these Rules of Procedure, as each may be amended from time to time. Although referred to throughout these Rules of Procedure as a “planning board,” the Planning Board serves the dual roles of a planning board and a board of adjustment pursuant to Chapter 153A, Article 18 of the North Carolina General Statutes.

III. Membership

The Planning Board shall consist of ~~seven (7)~~ five (5) members appointed by the Sampson County Board of Commissioners. Each member shall be a resident of Sampson County. The Zoning Administrator or his or her designee as well as the County Manager shall be *ex officio*, non-voting members of the Planning Board. ~~Members shall serve terms of three (3) years.~~ Two (2) members shall be appointed for an initial term expiring December 31, 2020. Three (3) members shall be appointed for an initial term expiring December 31, 2021. Upon the expiration of these terms, all subsequent terms shall be for three (3) years, except in the case of a partial term created by vacancy. A member may only be appointed for two consecutive three (3) year terms, after which he or she shall be ineligible for reappointment for one (1) year. For purposes of reappointment ~~With the exception of the initial terms set forth above, which shall be treated as full terms hereunder,~~ a partial term of more than eighteen (18) months shall be regarded the same as a full term, whereas a partial term of less than eighteen (18) months shall not be considered a term for purposes of the two (2) consecutive terms limit set forth above. A member’s term of office shall continue until such time as his or her successor is appointed and takes the oath of office.

Each Planning Board member is responsible for faithfully attending all regular Planning Board meetings. Any Planning Board member who expects to be absent at an upcoming meeting shall so notify the Chair or Secretary as soon as possible.

IV. Removal

A member of the Planning Board may be removed from office upon a majority vote of the Sampson County Board of Commissioners for any of the following causes:

- A. Absence from any four (4) meetings during a calendar year, unless such absences have been excused by a majority of the members of the Planning Board only upon a showing of good cause with the reason constituting good cause being entered in the minutes of the Planning Board for each of the meetings from which such member was absent.
- B. Knowing participation in the consideration of any matter brought before the Planning Board under circumstances that would violate the constitutional right of any person to an impartial decision maker.
- C. Conviction of any crime that is classified as a Class 1 or Class 2 misdemeanor, with the exception of violations of offenses codified in Chapter 20 of the General Statutes of North Carolina which do not constitute crimes of moral turpitude, or a felony under the laws of North Carolina or the equivalent thereof if such conviction is under the laws of another state or the United States.
- D. Engaging in any personal conduct that is detrimental to the reputation and integrity of the Planning Board.
- E. Any other cause for which there is a legal basis for removal from office under the statutory or common law of North Carolina or the United States.

V. Officers

A. Chair

The Planning Board shall elect one of its members as Chair at its November 2019 regular meeting to serve until the Planning Board's first meeting of 2020. Thereafter, the Planning Board shall elect one of its members as Chair at the first meeting of the Planning Board during even-numbered years, to serve a two-year term, and until the Planning Board elects a successor. The Chair shall be eligible to serve successive terms without limitation, subject, however, to the general limitation that a Planning Board member may only serve for two successive ~~three~~ (3)-year terms. The Chair has the following powers and duties:

- 1. Preside at all meetings of the Planning Board;
- 2. Appoint any committees found necessary to investigate any matters before the Planning Board;
- 3. Decide all points of order and procedure, subject to these Rules of Procedure, unless directed otherwise by a majority of the Planning Board in session at the time;
- 4. Administer oaths and affirmations to witnesses testifying before the Planning Board;

5. Call a brief recess at any time;
6. Call special meetings in accord with these Rules of Procedure;
7. Sign documents on behalf of the Planning Board or authorize the Secretary to do so;
8. Present the Planning Board's officially-adopted recommendations concerning Planning Board business to the Sampson County Board of Commissioners;

B. Vice Chair

The Planning Board shall elect another of its members as Vice-Chair at its November 2019 regular meeting to serve until the Planning Board's first meeting of 2020. Thereafter, the Planning Board shall elect one of its members as Vice-Chair at the first meeting of the Planning Board during even-numbered years, to serve a two-year term, and until the Planning Board elects a successor. The Vice-Chair shall serve as acting chair if the Chair is absent or the office of Chair becomes vacant, in which case the Vice-Chair shall succeed to the office of Chair for the remainder of the unexpired term. During such times, the Vice-Chair shall have the same powers and duties as the Chair. The Vice-Chair shall be eligible to serve successive terms without limitation, subject, however, to the general limitation that a Planning Board member may only serve for two successive ~~three (3) year~~ terms.

In the event the Vice-Chair is required to fill such a vacancy in the Office the Chair, the members of the Board shall appoint a successor Vice-Chair by majority vote, and said successor Vice-Chair shall succeed to that office for the remainder of the unexpired two-year term set forth above.

C. Secretary

A person designated by the Sampson County Manager shall serve as Secretary to the Planning Board. The Secretary shall be eligible for reappointment for successive terms without limitation subject, however, to the general limitation that a Planning Board member may only serve for two successive ~~three (3) year~~ terms in the event that the Secretary is also an appointed member of the Planning Board. If the Secretary is chosen from outside the appointed membership of the Planning Board, he or she shall not be eligible to vote upon any matter. The Secretary, subject to the direction of the Planning Board, shall have the following powers and duties:

1. Keep all Planning Board records and act as custodian thereof;
2. Record minutes of all Planning Board meetings (including committee meetings);
3. Conduct all correspondence of the Planning Board;

4. Arrange for all public notices required to be given;
5. Generally supervise the clerical work of the Planning Board;
6. Notify Planning Board members and interested parties of pending meetings and their agenda;

VI. Meeting Schedule

A. Regular Meetings

The Planning Board shall hold a regular meeting on the third Monday of each month at 6:00 p.m. in the County Auditorium, located in Building A of the County Complex, 435 Rowan Road, Clinton, North Carolina, unless otherwise advertised, with the ability to call a second or special meeting at other times. The Planning Board may hold its regular meeting at some other convenient place in the county.

B. Special Meetings

On determining that delaying Planning Board consideration of a matter until the next regular meeting would be contrary to the public interest, the Chair may call a special meeting of the Planning Board at any time and place within Sampson County to consider that matter.

C. Cancellation and Rescheduling of Meetings

The Chair may cancel or reschedule a scheduled regular meeting on determining that there will be no business for the Planning Board to consider at the meeting, or that so many members have indicated their probable absence at the meeting that a quorum will not be present.

VII. Meeting Notice

A. Regular Meetings

The Secretary shall ensure that a current schedule specifying the time and place of the Planning Board's regular meetings for the calendar year is kept on file with the Clerk to the Sampson County Board of Commissioners in the Sampson County Manager's office. The Secretary shall send any revision to that schedule to the Clerk at least seven (7) calendar days before the first meeting to be held under the revised schedule.

When distributing agendas for an upcoming regular meeting to Planning Board members, the Secretary shall also mail or deliver the meeting's agenda to representatives of the news media and any other persons who have filed a written request for Planning Board meeting notices with the Secretary, and to the Clerk to

the Sampson County Board of Commissioners.

B. Special Meetings

For any Planning Board meeting to be held at a time or place other than those shown on the filed schedule of the Planning Board's regular meetings, the Secretary shall send a written notice of the time, place, and purpose of the meeting to the Clerk to the Sampson County Board of Commissioners at least three (3) calendar days before the meeting. At least forty-eight (48) hours before the time of the meeting, the Secretary shall mail or deliver the meeting's agenda (or other written notice of the meeting's time, location, and purpose) to all Planning Board members and to representatives of the news media and any other persons who have filed a written request for Planning Board meeting notices with the Secretary.

C. Meeting Cancellations

For cancellation of any regular meeting, the Secretary shall notify all Planning Board members of the cancellation, and send notice of the cancellation to the Clerk to the Sampson County Board of Commissioners, at least twenty-four (24) hours before the scheduled meeting time.

D. No Notice for Continuation of Recessed Meetings

If the Planning Board recesses a regular or special meeting for which proper notice was given, after the Chair has announced in open session the time and place at which the meeting will be continued, no further notice need be given for the continued meeting.

E. Written Requests for Meeting Notice

To receive notice of Planning Board meetings, representatives of the news media and other persons must have a valid written request for meeting notice on file with the Secretary. A notice request remains valid for the current calendar year, and must be renewed annually to remain valid. Persons other than representatives of the news media must pay an annual administrative fee of \$10.00 when filing or renewing a request for meeting notice with the Secretary.

VIII. Meeting Agenda

A. Preparation of the Agenda

At least seven (7) calendar days before the Planning Board's next scheduled regular meeting, the Planning Director shall prepare the meeting's agenda. A Committee Chair who wishes to make a committee report at an upcoming Board meeting, or any Planning Board member who wishes the Board to consider a particular matter at the upcoming meeting, should notify the Planning Director of that wish well

before the meeting date. This will allow the Planning Director to consider the request when determining the meeting's agenda.

The Planning Director shall, subject to Planning Board approval and timing requirements imposed by statute and ordinance, set a schedule of application deadlines by which complete applications must be received from applicants in order for an application to be included on the Planning Board's agenda for a given month. The Planning Director is also authorized, subject to Planning Board approval, to develop rules regarding the form and content of applications submitted for consideration by the Planning Director and the Planning Board. Failure on the part of an applicant to comply with any such rule shall constitute grounds for refusal to place the application on the Planning Board's agenda and/or denial of the non-conforming application.

B. Distribution of Agenda and Materials to Board Members

At least five (5) calendar days before the meeting, the Secretary shall send each Board member a meeting agenda and all materials related to items on the agenda (e.g., applications, plans, staff report, and written comments received).

C. Distribution of Agenda and Materials to Interested Parties

When distributing the agenda to Planning Board members, the Secretary shall send an agenda to those persons entitled to meeting notice and shall send an agenda and all materials related to any application scheduled to be considered at the meeting to the contact person designated on that application. The Secretary shall also distribute the agenda to any other interested party who has filed a written request for Planning Board meeting notices with the Secretary, and shall include materials related to an agenda item if the notice request so asks. The Secretary shall also ensure that a reasonable number of copies of the agenda are available at the meeting for meeting attendees.

IX. Quorum

A majority of the full membership of the Planning Board must be present at a meeting if the Planning Board is to transact any business other than to adjourn. The Chair may not call a meeting to order until such a quorum is present unless, after waiting a reasonable time past the meeting's scheduled starting time, the Chair determines that there is no hope of obtaining a quorum. In that case, the Chair shall call the meeting to order, note the lack of a quorum, and adjourn the meeting. Once a member is present for any purpose at a duly called meeting, that member shall be deemed present for quorum purposes for the remainder of the meeting and for any adjournment thereof.

X. Conduct of Meetings

A. Open Meetings

In accordance with North Carolina's open meetings law, all official meetings of the Planning Board shall be open to the general public. An official Planning Board meeting is any gathering together of, or simultaneous communication between, a majority of Planning Board members for the purpose of considering the public business of the Planning Board. Informal gatherings and communications such as site visits and conference telephone calls may, therefore, constitute an official meeting. A purely social gathering or communication, however, does not constitute an official meeting. The Planning Board may exclude the public from its meetings only in certain limited cases identified in the open meetings law.

B. Control by Presiding Officer

The Chair shall preside over all Planning Board meetings and shall take whatever action is necessary to enforce compliance with these Rules of Procedure, provide a full opportunity for public comments, focus comments and discussion on issues directly related to the item being considered, ensure polite and orderly proceedings, and otherwise promote the efficient and effective disposition of matters before the Planning Board. Such actions may include providing for the selection of one or two spokespersons to represent groups of persons with common interests, interrupting unnecessary repetition of statements and opinions, interrupting personal attacks or digressions into immaterial issues, and ordering an end to disorderly conduct. If the Chair is absent, the Vice-Chair shall preside over the meeting. If both the Chair and Vice-Chair are absent, the Planning Board members present shall elect a temporary Chair from among them to preside over the meeting.

C. Order of Business

The Planning Board shall conduct business in accord with the distributed agenda. Otherwise, the Planning Board must adopt a motion to suspend the rules before it may take up an item of business out of its proper order, remove an item from the agenda, or add a new item to the agenda. Planning Board members are encouraged to make any such motions at the beginning of the meeting whenever feasible.

D. Procedure for Legislative Determinations

When the Planning Board is making a determination that is legislative in nature (e.g., rezoning requests and text amendments), it shall follow the following procedure:

1. Chair's Introduction

The Chair shall begin the Planning Board's consideration of each

agenda item that is legislative in nature by announcing the title of the item, identifying the nature of the decision involved, and briefly explaining the steps in Planning Board consideration of the item. In doing so, the Chair shall note the opportunity for public comments and briefly note the circumstances under which the Planning Board will receive public comment.

2. Staff Report and Recommendation

Most items considered by the Planning Board will involve prior review by County staff. After announcing such an agenda item, the Chair shall then ask County staff to describe the nature of the matter being considered and to present the staff's findings and recommendation for Board action. Following the staff report, Planning Board members may ask staff members for more information about the item and request clarification or explanation of the reasons for the staff's findings and recommendation.

3. Presentation or Comments from the Applicant

The Chair shall then provide the applicant an opportunity to make a presentation and respond to staff and committee findings and recommendations. The applicant, however, is not required to make a presentation. The applicant shall have five (5) minutes within which to make his or her presentation (excluding the time period required to answer any questions posed to the applicant), unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time. Following the applicant's presentation (or the Chair's solicitation of applicant comments, where the applicant declines to make a presentation), Board members may ask the applicant for more information about the proposal or request the applicant's response to staff recommendations, and may ask the staff to clarify their recommendations in light of the applicant's comments.

4. Comments from Other Interested Persons

The Chair shall then solicit comments on the item from persons attending the meeting, asking them to first state their name and address. Any person attending the meeting shall have five (5) minutes within which to speak (excluding the time period required to answer any questions posed to the person), unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time. If the number of persons attending the meeting indicates that a large number of persons may wish to comment on an item, the Chair may first ask those wishing to comment to raise

their hands. If a large number of persons wish to comment, the Chair may encourage those with common interests to select a spokesperson to represent them, and a majority of the members of the Planning Board present may vote to take whatever other action may be necessary to ensure a full opportunity for public comments to be heard in an efficient manner. The Chair shall determine the order in which persons may speak. Following each interested person's presentation, Planning Board members may ask the person about the nature of his or her interest and to clarify his or her comments.

5. Questions from Non-Board Members

Persons other than Planning Board members who have questions related to previous presentations and comments, shall direct them to the Chair, who may then redirect them to the appropriate persons. A majority of the members of the Planning Board present may vote not to redirect questions that are immaterial, simply rhetorical, misleading, or unreasonably biased, or that have already been answered, or that constitute a personal attack.

6. Board Discussion

If the item involves a request for specific Planning Board action (as with items involving an application or a staff or committee recommendation), the Chair shall invite Planning Board members to formally discuss the item and recommended action, without the need for a prior motion. Otherwise, the Chair shall state that a motion is in order, and Planning Board members may discuss the item only in response to a motion for specific Planning Board action.

The Chair shall determine the order in which Planning Board members are recognized to comment on the pending item or motion and shall ordinarily give each member present an opportunity to comment before allowing one member to comment a second time. Only Planning Board members may participate in the Planning Board's discussion of an item. If, however, the discussion raises requests for more information or questions about the previously heard presentations and comments, the Chair may relay those requests and questions to the appropriate persons and invite their response in the context of the Planning Board discussion.

7. Board Action

The Planning Board shall act on a substantive item by voting on a proper motion for action.

8. Reasons for Decisions

The Planning Board's action on any matter before it should not only be rational, but should also be perceived as rational. Therefore, any final action by the Board on substantive matters shall be based on express conclusions that reflect a logical connection between the information available to the Planning Board and the standards, policies, and considerations applicable to the particular type of decision being made. These conclusions may be expressed in the motion for action, either directly or indirectly (by reference to adoption of a resolution, or concurrence with a staff report, that includes appropriate conclusions). Or they may have been expressed during the Planning Board discussion that immediately preceded the Planning Board's final action. If, when restating a motion before taking a vote, the Chair is uncertain whether the reasons for the moved action are explicit to all persons attending the meeting, the Chair shall ask the member making the motion to clarify the reasons for the moved action.

E. Procedure for Quasi-Judicial Determinations

When the Planning Board is making a determination that is quasi-judicial in nature (e.g., special use permit applications), it shall follow the following procedure; provided, however, that failure to comply with this sequence in hearing a matter shall not invalidate any action taken by the Planning Board with respect to the matter:

1. Chair's Introduction

The Chair shall begin the Planning Board's consideration of each agenda item that is quasi-judicial in nature by opening the matter for hearing, announcing the title of the item, identifying the nature of the decision involved, and briefly explaining the steps in Planning Board consideration of the item. In doing so, the Chair shall note that anyone who wishes to offer evidence to be considered by the Planning Board must testify under oath and require all persons wishing to testify to be sworn or give their solemn affirmation prior to the presentation of evidence, explicitly stating that any person that is not sworn at that time shall not be permitted to later testify or offer evidence during the hearing; provided, however, that legal counsel who are representing an applicant or some other party and not offering evidence shall be permitted to address the Planning Board without making an oath or affirmation.

2. Evidence by Staff

County staff shall offer testimony, describing the nature of the matter being

considered and presenting the staff's findings and recommendation for Planning Board action. Following the staff report, Planning Board members may ask staff members for more information about the item and request clarification or explanation of the reasons for the staff's findings and recommendation.

3. Evidence by the Applicant

The Chair shall then provide the applicant an opportunity to offer evidence in support of the application. The applicant and any witnesses testifying on behalf of the applicant shall have five (5) minutes each within which to present evidence (excluding the time period required to answer any questions posed to the applicant or witness), unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time. Planning Board members may ask the applicant or any witnesses testifying on behalf of the applicant for more information about the proposal or request the applicant's response to staff recommendations, and may ask the staff to clarify their recommendations in light of the applicant's comments. Persons other than Planning Board members who have questions related to the evidence presented by the applicant or any witness for the applicant shall direct them to the Chair, who may then redirect them to the applicant or witness. A majority of the members of the Planning Board present may vote not to redirect questions that are immaterial, objectionable from an evidentiary standpoint, simply rhetorical, misleading, or unreasonably biased, or that have already been answered, or that constitute a personal attack. The Chair may allow cross-examination of the applicant and any witness testifying on behalf of the applicant by a licensed North Carolina attorney at law. The attorney shall have five (5) minutes within which to cross-examine each witness, unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time.

When an applicant who has been sent proper notice of the hearing fails to attend, the Planning Board may decide the matter before it in the applicant's absence. Upon a showing of excusable neglect, the Planning Board may reconsider applications decided in the absence of the applicant. Deliberate or willful conduct cannot constitute excusable neglect, nor does inadvertent conduct that does not demonstrate diligence on behalf of the applicant or his or her legal representative. What constitutes excusable neglect depends upon what, under all the surrounding circumstances, may be reasonably expected of an applicant and his or her legal representative in paying proper attention to his or her case and taking proper care to be prepared for any necessary hearing before the Planning Board.

4. Evidence by Other Proponents of the Application

The Chair shall then allow testimony by other persons in attendance in support of the application, provided that said persons presented themselves to be sworn at the conclusion of the Chair's introduction. Any person attending the meeting shall have five (5) minutes within which to speak (excluding the time period required to answer any questions posed to the person), unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time. If a large number of persons wish to offer testimony, the Chair may encourage those with common interests to select a spokesperson to testify, and a majority of the members of the Planning Board present may vote to take whatever other action may be necessary to ensure that the matter may be heard in an efficient manner, subject, however, to constitutional limitations such as procedural due process. The Chair shall determine the order in which persons may testify. Following each interested person's testimony, Planning Board members may ask the person questions. Persons other than Planning Board members who have questions related to the evidence presented by any such witness shall direct them to the Chair, who may then redirect them to the witness. A majority of the members of the Planning Board present may vote not to redirect questions that are immaterial, objectionable from an evidentiary standpoint, simply rhetorical, misleading, or unreasonably biased, or that have already been answered, or that constitute a personal attack. The Chair may allow cross-examination of any other proponent of the application by a licensed North Carolina attorney at law. The attorney shall have five (5) minutes within which to cross-examine each witness, unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time.

5. Evidence by Opponents of the Application

After all evidence has been presented in favor of the application, the Chair shall allow testimony by persons in attendance in opposition to the application, provided that said persons presented themselves to be sworn at the conclusion of the Chair's introduction. Any person attending the meeting shall have five (5) minutes within which to speak (excluding the time period required to answer any questions posed to the person), unless a four-fifths (4/5) majority of the members of the Planning Board vote to extend this time. If a large number of persons wish to offer testimony, the Chair may encourage those with common interests to select a spokesperson to testify, and a majority of the members of the Planning Board may vote to take whatever other action may be necessary to ensure that the matter may be heard in an efficient manner, subject, however, to constitutional limitations such as procedural due process. The Chair shall determine the order in which persons may testify. Following each interested person's testimony, Planning Board members may ask the person questions. Persons

other than Planning Board members who have questions related to the evidence presented by any such witness shall direct them to the Chair, who may then redirect them to the witness. A majority of the members of the Planning Board present may vote not to redirect questions that are immaterial, objectionable from an evidentiary standpoint, simply rhetorical, misleading, or unreasonably biased, or that have already been answered, or that constitute a personal attack. The Chair may allow cross-examination of witness by a licensed North Carolina attorney at law or, in the case of an applicant who is a natural person acting *pro se*, by the applicant. The attorney shall have five (5) minutes within which to cross-examine each witness, unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time.

6. Rebuttal Evidence by the Applicant

The Chair shall then provide the applicant an opportunity to offer rebuttal evidence. The applicant and any witnesses testifying on behalf of the applicant shall have three (3) minutes each within which to present rebuttal evidence (excluding the time period required to answer any questions posed to the applicant or witness), unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time. Planning Board members may ask the applicant or any witnesses testifying on behalf of the applicant for more information about their testimony, and may ask the staff to clarify their recommendations in light of the applicant's comments. Persons other than Planning Board members who have questions related to the evidence presented by the applicant or any witness for the applicant shall direct them to the Chair, who may then redirect them to the applicant or witness. A majority of the members of the Planning Board present may vote not to redirect questions that are immaterial, objectionable from an evidentiary standpoint, simply rhetorical, misleading, or unreasonably biased, or that have already been answered, or that constitute a personal attack. The Chair may allow cross-examination of the applicant and any witness testifying on behalf of the applicant by a licensed North Carolina attorney at law. The attorney shall have three (3) minutes within which to cross-examine each witness, unless a four-fifths (4/5) majority of the members of the Planning Board present vote to extend this time.

7. Board Discussion

At the conclusion of all of the evidence, the Chair shall close the hearing and invite Planning Board members to formally deliberate the item and recommended action, without the need for a prior motion. Members must confine their deliberation to matters that were properly introduced and received as evidence during the quasi-judicial hearing. Otherwise, the Chair shall state that a motion is in order, and Planning Board members may discuss the item only in response to a motion for specific Planning Board

action.

The Chair shall determine the order in which Planning Board members are recognized to comment on the pending item or motion and shall ordinarily give each member present an opportunity to comment before allowing one member to comment a second time. Only appointed members of the Planning Board may participate in the Planning Board's discussion of an item. If, however, the discussion raises requests for more information or questions about the previous testimony or evidence, the Chair may reopen the hearing for the limited purpose of obtaining clarification.

8. Board Action

The Planning Board shall act on a substantive item by voting on a proper motion for action.

9. Reasons for Decisions

The Planning Board shall determine contested facts and make its decision within a reasonable time. Every quasi-judicial decision shall be based upon competent, material, and substantial evidence in the record.

10. Decision Reduced to Writing

Each quasi-judicial decision shall be reduced to writing and reflect the Planning Board's determination of contested facts and their application to the applicable standards. The written decision shall be signed by the Chair or other duly authorized member of the Planning Board. A quasi-judicial decision is effective upon filing the written decision with the Secretary. The decision of the Planning Board shall be delivered by personal delivery, electronic mail, or by first-class mail to the applicant, property owner, and to any person who has submitted a written request for a copy, prior to the date the decision becomes effective. The Secretary shall certify that proper notice has been made.

F. Planning Board Action by Vote

A Planning Board action is adopted by vote only after:

1. A Planning Board member makes a proper motion for action;
2. Another Planning Board member seconds the motion;
3. The Chair restates the motion (including making any clarifications);
4. All Planning Board members have an opportunity to discuss the motion;

5. The Chair restates the motion again and asks for a vote;
6. The requisite proportion of Planning Board members present vote in favor of the motion; and
7. The Chair announces the result of the vote (including the vote count).

There are matters that require super majority approval by statute (*e.g.*, four-fifths (4/5) of the Planning Board must vote to approve a variance). However, unless otherwise provided by law or express provision of these Rules of Procedure, the concurring vote of a majority of Planning Board members present shall be sufficient to decide all other motions.

Unless excused from participation by a majority vote of the members of the Planning Board present due to a conflict of interest, each Planning Board member present has a duty to vote on a motion. The abstention of any member present shall be recorded as an affirmative vote. Votes are generally taken by voice ("ayes" and "nays"). The Chair may take a vote by a show of raised hands if the Board's discussion indicates that the vote may be close, or if, after the Chair announces a voice vote, a Board member or the Secretary questions the vote count or how members voted. The Board may not vote by secret ballot, and may vote by written ballot only if each member signs his or her ballot, the minutes record each member's vote, and the Secretary keeps the ballots available for public inspection until the minutes are approved.

G. Minutes

The Secretary shall prepare minutes of all Planning Board meetings, including committee meetings. The minutes shall state which members were present and absent. They shall at least briefly note the gist of staff and committee reports and recommendations, applicants' presentations, public comments, and the Planning Board's discussion on each item. They shall also state the content of each principal motion before the Planning Board, identify who made and seconded the motion, and record the vote on the motion, identifying the vote count and, unless the vote is unanimous, the names of those voting for or against the motion. If the motion called for or recommended adoption of an ordinance or resolution, or the acceptance of a report, the minutes shall also include a copy of the ordinance, resolution, or report.

The Chair or a majority of the Planning Board may direct the Secretary to record a Planning Board meeting by audio-visual means. Any such audio-visual recording, as well as any other recording of a Planning Board meeting (including recordings made informally by staff to assist in the preparation of the written minutes of the Planning Board) shall be preserved by the Secretary pursuant to North Carolina's Public Records Act and these Rules of Procedure along with the minutes of Board meetings as set out below.

The Secretary shall maintain the minutes of Board meetings on file in a safe and conveniently accessible place within the Planning Department, permit them to be inspected at reasonable times by any person, and furnish certified copies of them on payment of prescribed fees.

XI. Conflicts of Interest

To preserve public confidence in the integrity of the Planning Board and the County's governmental process, each Planning Board member shall have the duty to avoid even the appearance of a conflict of interest. A Planning Board member, therefore, shall ask the Planning Board to be excused from participation in any matter before the Planning Board in which the member's impartiality might reasonably be questioned, including, but not limited to, instances where:

- A. The Planning Board member has a personal bias or prejudice concerning any interested party, or representative of a party, to a matter before the Planning Board; or
- B. The Planning Board member has a close personal or financial relationship with any party or party representative; or
- C. The Planning Board member, or a member of the member's household, has a personal or financial interest that may be substantially affected (directly or indirectly) by the Planning Board's action on the matter.

If any other person questions the impartiality of a Planning Board member before or during the Planning Board's consideration of a matter, the Chair shall treat this as a request that the member be excused from participation. Any request that a Planning Board member be excused from participation must disclose the basis for the request.

On concurring that an actual or apparent conflict of interest exists, a majority of the members of the Planning Board present shall excuse the member from participation in the matter. On finding that an actual or apparent conflict of interest does not exist, a majority of the members of the Planning Board present shall refuse the request and allow the member to fully participate in the matter. No actual or apparent conflict of interest shall be deemed to exist where the matter would similarly affect all citizens of Sampson County (as generally with consideration of county-wide policies and regulations), or where the Planning Board member's bias, prejudice, relationship, or interest is so insignificant or so remote that it is unlikely to affect the member's actions in any way.

If excused from participation in a matter, a Planning Board member may not sit with the Board during its consideration of the matter, and may not vote on, discuss, advocate, influence, or otherwise take part in the Planning Board's consideration of the matter, either in public or in private.

XII. Outside Communications

To preserve public confidence in the fairness of Planning Board deliberations and decisions, the Planning Board should ensure that the public and interested parties have the opportunity to know, and respond to, all information the Planning Board considers in making its decisions. The Planning Board should also ensure that each Planning Board member has the opportunity to know and consider the information available to other Planning Board members.

When the Planning Board considers issues that involve parties who are directly affected by the Board's decision, members shall avoid communicating with applicants or other interested parties about pending applications except at the Planning Board meetings at which the proposal is being considered. If a Planning Board member receives unsolicited communications about such a pending proposal outside of a Planning Board meeting, the member has the duty to reveal the communications during the Planning Board's consideration of the proposal. This ensures that the communicated information will become part of the record and that other Planning Board members and interested parties will have an opportunity to consider and refute the information.

When the Planning Board considers issues pertaining to the County as a whole or principally to the general public interest, it often finds access to a broad range of public input helpful in making a decision on the issue. In such cases, therefore, Planning Board members may communicate with interested persons outside of the meetings at which the issue is being considered. To ensure that each Planning Board member's decision is based on the full range of information and public opinion available to the Planning Board, members should avoid committing themselves to a position on the issue during any outside communications.

XIII. Committees

The Chair has the authority to establish one or more committees for the purpose of investigating and reporting to the full Planning Board about any matters before the Board. All committees of the Planning Board shall be subject these Rules of Procedure in the same manner as those Rules apply to the full Planning Board, except those rules concerning the time and place of the Board's regular meetings. A committee may, by majority vote, adopt supplemental procedural rules to apply to the committee.

XIV. Reference to Robert's Rules of Order

To resolve procedural questions not addressed by these Rules of Procedure, the Board shall refer to the latest edition of Robert's Rules of Order.

XV. Amendments

These Rules of Procedure may, within the limits allowed by law, be amended at any time by an affirmative vote of a majority of the Board's membership.

STATE OF NORTH CAROLINA

LEASE AGREEMENT

COUNTY OF SAMPSON

THIS LEASE AGREEMENT (“Agreement”) is made and entered into effective the 1st day of December, 2019 by and between **SAMPSON COUNTY** (the “County”), a body corporate and politic and a political subdivision of the State of North Carolina with a principal office located at 406 County Complex Road, Building C, Suite 110, Clinton, North Carolina 28328, and **KENNETH MAC SUTTON** (“Sutton”), a natural person whose address is 2246 Indian Town Road, Clinton, North Carolina 28328. The County and Sutton may be referred to at times herein individually as a “Party” and collectively as the “Parties.”

1. **Demise and Property.** The County leases to Sutton, to occupy and use for the cultivation of crops, certain real property more particularly described as follows and hereinafter referred to as the “Leased Premises”:

Being that tract or parcel of land containing **8.86 acres**, more or less, and lying and being in North Clinton Township, Sampson County, North Carolina and being more particularly described Tract No. 2 on the survey map entitled, “Sampson County ‘Britt Property,’” and recorded in Map Book 53 at Page 77 of the Sampson County Registry, a copy of said Map being attached hereto and incorporated herein by reference.

2. **Term and Notice to Quit.** The term of this lease shall run for a period of one (1) year, to commence on December 1, 2019 (the “Commencement Date”) and terminate on November 30, 2020 (the “Termination Date”). This Agreement may not be renewed by the parties. Any subsequent agreement by the Parties for the lease of the above-described property shall require the execution of a new lease agreement. The Parties stipulate and agree that the County has hereby given Sutton notice to quit the property upon the termination of the lease term above, and no further notice to quit shall be required.
3. **Rent.** Sutton agrees and covenants to pay the County as rent the sum of \$886.00 for the Leased Premises, to be paid in one (1) lump sum upon the execution of this Agreement. In the event that Sutton fails to pay the rent within thirty (30) days of the execution of this Agreement, Sutton shall pay to the County a late charge equal to 5.0% of the amount due.
4. **Lien on Crops.** Pursuant to N.C. Gen. Stat. § 42-15, any and all crops raised on the Leased Premises shall be deemed and held to be vested in possession of the County and its assigns at all times until the rent identified herein is paid and until all the provisions set forth in this Agreement have been performed by Sutton or damages in lieu thereof have been paid to the County by Sutton to the County’s satisfaction. This lien shall be preferred to all other liens, and the County and its assigns shall be entitled, against Sutton or his assigns who remove(s) the crop or any part thereof from the Leased Premises without the consent of the County or its

assigns or any other person who may get possession of said crop or any part thereof to the remedies given in an action upon a claim for delivery of personal property.

The provisions of Section 4 of this Agreement shall survive termination or expiration of hereof, regardless of the cause giving rise to termination or expiration

5. **Permitted Uses.** The Leased Premises is to be used by Sutton only for the cultivation of crops, excluding hemp.

6. **Prohibited Uses.**

6.1 Sutton and any person or entity acting on Sutton's behalf shall not, without the prior written consent of the County, add fencing, hoop houses, pens, barns, or other structures or alterations to the Leased Premises. The specific location of any proposed fencing, structure, or alteration must be approved by the County in writing. Any fencing, structure, or alteration constructed on or made to the Leased Premises shall remain the property of the County upon the termination of this Agreement.

6.2 Sutton and any person or entity acting on Sutton's behalf shall not improperly use or install any Hazardous Material on the Leased Premises; violate any Environmental Laws relating to or affecting the Leased Premises; use the Leased Premises to generate, manufacture, transport, treat, store, handle, dispose, or process Hazardous Materials; cause or permit the improper installation of Hazardous Materials on the Leased Premises or a release of Hazardous Materials on the Leased Premises; and shall at all times comply with an ensure compliance by all parties with all applicable Environmental Laws.

"Hazardous Materials", as used herein, shall include, but shall not be limited to, any chemical, material, substance or other matter of any kind whatsoever which is prohibited, limited, or regulated by any federal, state, county, regional, or local authority or legislation, regulation, or order, including, without limitation, the Federal Resource Conservation and Recovery Act, 42 U.S.C. § 6901, et seq., the Federal Comprehensive Environmental Response Compensation and Liability Act of 1980, as amended, 42 U.S.C. § 9601, et seq., the regulations promulgated from time to time thereunder, environmental laws administered by the Environmental Protection Agency and laws, regulations, and orders of the State of North Carolina, the North Carolina Department of Environmental Quality, or any other governmental organization or agency having jurisdiction over the Leased Premises.

"Environmental Laws", as used herein, shall mean, all federal, state, and local laws, regulations, and other provisions having the force or effect of law, all judicial and administrative orders and determinations, all contractual obligations, and all common law concerning public health and

safety, worker health and safety, pollution, or protection of the environment, including all those relating to the presence, use, production, generation, handling, transportation, treatment, storage, disposal, distribution, labeling, testing, processing, discharge, release, threatened release, control, exposure to, or cleanup of any Hazardous Materials.

The provisions of Section 6 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration

7. Covenants.

7.1 County Covenants. The County covenants to allow Sutton full use of the Leased Premises for the Permitted Uses beginning on the Commencement Date and ending on the Termination Date.

7.2 Sutton Covenants. Sutton covenants as follows:

- a. To comply with all the terms and provisions of this Agreement;
- b. To pay all amounts payable to the County hereunder;
- c. To use the Leased Premises only for the Permitted Uses or any purpose for which the County gives written permission;
- d. Never to use the Leased Premises for any Prohibited Uses;
- e. To comply with all present and future laws, regulations, and orders relating to the occupation and use of the Leased Premises;
- f. To comply with all federal, state, and local laws, regulations, ordinances, decrees, and rulings in connection with the use of the Leased Premises and any activities conducted thereon;
- g. To permit the County to enter the Leased Premises at any time outside normal business hours in case of an emergency and otherwise during normal business hours where such will not unreasonably disturb or interfere with Sutton's use of the Leased Premises or operation of its business, to examine, inspect, survey, or test the Leased Premises, exhibit the Leased Premises to prospective lessees or purchasers, and for any other reasonable purpose.

The provisions of Section 7.2 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

8. **Taxes.** Sutton shall not be responsible for any *ad valorem* real property taxes owed on the Leased Premises.
9. **Utilities.** The Parties stipulate and agree that Sutton's use of the Leased Premises will not require the use of electricity or other utility services.
10. **Care and Surrender of the Leased Premises.** Sutton shall commit no waste on the Leased Premises. Upon any termination of this Agreement, Sutton shall surrender possession of the Leased Premises, without notice, in as good condition as at the Commencement Date, reasonable wear and tear and casualty beyond Sutton's control being excepted. Sutton shall be responsible for any environmental clean-up required by the proper authorities, which contamination resulted from Sutton's activities.

The provisions of Section 10 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

11. **Entry by the County.** The County, its agents, and representatives may, at any reasonable time, enter the Leased Premises for the purpose of inspecting, examining, and repairing the property, surveying, or conducting testing on the Leased Premises; provided, however, that, in so doing, the County, its agents and representatives will endeavor to avoid interfering with the use and occupancy of the Leased Premises by Sutton.
12. **Indemnity.** Sutton shall indemnify the County and its employees, officers, elected officials, and agents against, and hold the same harmless from, all claims, demands, and/or causes of action, including, without limitation, all reasonable expenses of the County incident to such proceedings, for injury to, or death of any person, or loss of, or damage to, any property, where such claims, demands, and/or causes of action are not caused by the negligence, omission, intentional act or breach of contractual duty of or by the County or its employees. Sutton's agreement to indemnify the County must include, but not be limited to, all claims, demands, and/or causes of action, including all reasonable expenses of the County, arising from any Hazardous Material or other waste generated by Sutton.

The provisions of Section 12 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

13. **Liens.** Sutton must keep the Leased Premises free from any liens arising from any labor performed by or on behalf of, or materials furnished to Sutton, or other obligations incident to his use or occupancy. If any lien attaches, and the same is not released by payment, bond, or otherwise, within twenty (20) days after the County notifies Sutton thereof, the County has the option to discharge the same and terminate Sutton's lease, and Sutton shall reimburse the County within thirty (30) days of notification by the County.

The provisions of Section 13 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

14. **Insurance.** Sutton shall obtain and keep in effect general liability insurance against any and all claims for personal injury or property damage occurring in or upon the Leased Premises during the term of the Agreement. Sutton shall also be responsible for obtaining insurance on any crops cultivated on the Leased Premises.
15. **Fire and Casualty.** The County shall not be responsible for any damage to the crops or other property of Sutton that may be caused by fire or other casualty. In the event that the Leased Premises is rendered totally or partially untenable by fire or casualty, the County shall be under no obligation to repair or restore the Leased Premises.
16. **Assignment and Subletting.** Sutton may not assign or sublet this Agreement without the County's written consent, which may be withheld in the County's sole discretion.
17. **Minerals.** Nothing in this Lease confers upon Sutton the right to any minerals or other resources underlying the Leased Premises.
18. **Forfeiture for Noncompliance.** If Sutton shall neglect to perform any matter or thing herein agreed to be done and performed by Sutton, and shall remain in default thereof for a period of thirty (30) days after actual notice from the County calling attention to such default, the County may declare Sutton's lease terminated and canceled and take possession of the Leased Premises without prejudice to any other legal remedy the County may have on account of such default. In the event that the County shall have to institute a suit to collect any unpaid rent due under this Agreement, the County shall be entitled to recover a reasonable attorney's fee which shall be not more than fifteen (15%) percent of the rent so recovered by the County from Sutton or any guarantor of this Agreement.
19. **Bankruptcy and Insolvency.** It is expressly agreed that if at any time during the term of this Agreement, Sutton should be adjudged bankrupt or insolvent by a court of competent jurisdiction, the County may at its option declare this Agreement terminated and canceled and take possession of the leased premises.
20. **Non-Waiver.** No prior indulgence, waiver, election or non-election by the County under this Agreement shall effect the County's right to declare a breach of this Agreement in the future or effect Sutton's duties and liabilities hereunder.
21. **Binding Nature.** The terms, covenants, agreements, conditions and undertakings contained in this Agreement shall be binding upon and shall inure to the benefit of the heirs, successors in interest and assigns of the Parties.

22. **Entire Agreement, Modification, and Severability.** This Agreement, its Exhibits, and any Addenda contain the entire agreement between the Parties, and no representations, inducements, promises or agreements, oral or otherwise, entered into prior to the execution of this Agreement will alter the covenants, agreements and undertakings set forth herein. This Agreement shall not be modified in any manner, except by an instrument in writing executed by the Parties. If any term or provision of this Agreement or its application to any person or circumstance is invalid or unenforceable, the remainder of this Agreement, or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, is not affected and each term and provision of this Agreement is valid and be enforceable to the fullest extent permitted by law.

23. **Relationship of the Parties.** It is stipulated and agreed that this Agreement shall not be construed as creating any partnership or other relationship between the parties other than that of landlord and tenant. Sutton shall assume all legal and financial responsibility for taxes (other than *ad valorem* real property taxes on the Leased Premises), FICA, employee fringe benefits, workers' compensation, employee insurance, minimum wage requirements, overtime and other expenses and agrees to indemnify, save and hold the County, its elected officials, officers, agents, and employees harmless from and against any and all losses, costs (including attorney's fees), and damage of any kind related to such matters.

The provisions of Section 23 of this Agreement shall survive termination or expiration hereof, regardless of the cause giving rise to termination or expiration.

24. **Choice of Law and Forum Selection.** This Agreement shall be governed by and construed under the laws of the State of North Carolina. The exclusive venue for any litigation arising out of this Agreement shall be in the General Court of Justice of Sampson County, North Carolina.

The provisions of Section 24 of this Agreement shall survive termination or expiration of this Agreement, regardless of the cause giving rise to termination or expiration.

25. **Headings.** The headings in this Agreement are for ease of reference only and shall not affect the interpretation of the provisions hereof.

THE REMAINDER OF THIS PAGE IS LEFT INTENTIONALLY BLANK.

IN WITNESS WHEREOF, the Parties have executed this Agreement in duplicate originals, one of which is retained by each of the parties, the day and year first above written.

LANDLORD

SAMPSON COUNTY

By: _____
Edwin W. Causey,
County Manager

ATTEST:

Susan J. Holder,
Clerk to the Sampson County Board of Commissioners

TENANT

Kenneth Mac Sutton

CONFLICTS OF INTEREST AND GIFT POLICY
GOVERNING PROCUREMENTS PAID FOR BY FEDERAL AND STATE FUNDS

I. Purpose.

The purpose of this Conflicts of Interest and Gift Policy Governing Procurements Paid for by Federal and State Funds (the “Policy”) is to establish conflicts of interest guidelines for Sampson County (the “County”) that meet or exceed the requirements under federal and state law and local policy when procuring goods (apparatus, supplies, materials, and equipment), services, and construction or repair projects paid for in whole or part by federal and/or state funds and required under 2 C.F.R. § 200.318(c)(1).

II. Policy.

This Policy applies when procuring goods (apparatus, supplies, materials, and equipment), services, and construction or repair projects funded in whole or part with federal and/or state financial assistance (direct or reimbursed). This Policy also applies to any subrecipient of the funds.

The employee responsible for managing the federal and/or state financial assistance award shall review the notice of award to identify any additional conflicts of interest prohibitions or requirements associated with the award, and shall notify all employees, officers, county commissioners, and agents, including subrecipients, of the requirements of this policy and any additional prohibitions or requirements.

A. Conflicts of Interest.

In addition to the prohibition against self-benefiting from a public contract under N.C. Gen. Stat. § 14-234, no officer, employee, county commissioner, or agent of the County may participate directly or indirectly in the selection, award, or administration of a contract supported by a federal and/or state award if he or she has a real or apparent conflict of interest. A real or apparent conflict exists when any of the following parties has a financial or other interest in or receives a tangible personal benefit from a firm considered for award of a contract:

1. The employee, officer, county commissioner, or agent involved in the selection, award, or administration of a contract;
2. Any member of his or her immediate family;
3. His or her partner; or

4. An organization which employs or is about to employ any of these parties.

Any officer, employee, county commissioner, or agent with an actual, apparent, or potential conflict of interest as defined in this Policy shall report the conflict to his or her immediate supervisor or, in the case of a county commissioner, to the county manager. Any such conflict shall be disclosed in writing to the federal and/or state award agency or pass-through entity in accordance with applicable federal and/or state awarding agency policy.

B. Gifts.

In addition to the prohibition against accepting gifts and favors from vendors and contractors under N.C. Gen. Stat. § 133-32, officers, employees, county commissioners, and agents of the County are prohibited from accepting or soliciting gifts, gratuities, favors, or anything of monetary value from contractors, suppliers, or parties to subcontracts. Items of nominal value valued at less than \$15.00 which fall into one of the following categories may be accepted:

1. Promotional items;
2. Honorariums for participation in meetings; or
3. Meals furnished at banquets.

Any officer, employee, county commissioner, or agent who knowingly accepts an item of nominal value allowed under this Policy shall report the item to his or her immediate supervisor or, in the case of a county commissioner, to the county manager.

III. Violation.

Employees violating this Policy will be subject to discipline up to and including termination. County Commissioners violating this Policy will be subject to those penalties and remedies provided by law. Contractors violating this Policy will result in termination of the contract and may not be eligible for future contract awards.

**CAPITAL PROJECT ORDINANCE CONCERNING
EMERGENCY MANAGEMENT FACILITIES CONSTRUCTION**

PROJECT ORDINANCE NO: _____ **ADOPTED: December 2, 2019**

BE IT ORDAINED by the Board of Commissioners of Sampson County, North Carolina, that, pursuant to Section 13.2 of Chapter 159 of the General Statutes of North Carolina, the following capital project ordinance is hereby adopted:

Section 1.0 The project authorized is Emergency Management Facilities Construction

Section 2.0 The officers of this unit are hereby directed to proceed with the capital project within the budget contained herein.

Section 3.0 The following revenues are available to complete this project:

NC OSBM Grant	\$3,500,000
---------------	-------------

Section 4.0 The following amounts are appropriated for this project:

Construction	\$2,600,000
Engineering & other professional services	750,000
Contingency	150,000

Section 5.0 The Finance Officer is hereby directed to maintain within the Capital Projects Fund sufficient records to provide for appropriate accounting.

Section 6.0 Funds that have been advances, or may be advanced from the General Fund for project costs are intended to be reimbursed from the grant proceeds.

Section 7.0 The Finance Officer is directed to report quarterly on the financial status of the project and on the total proceeds received.

Section 8.0 Copies of this capital project ordinance shall be made available to the Budget Officer and the Finance Officer for direction in carrying out this project.

Adopted this 2nd day of December, 2019.

Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board

Memo

To: Board of Commissioners
From: David K. Clack, Finance Officer
Date: November 18, 2019
Re: Essential Single Family Rehabilitation Program (ESFR20)

Sampson County is one of the designated counties for the 2020 cycle of the Essential Single Family Rehabilitation Program (ESFR), offered through the North Carolina Housing Finance Agency (NCHFA).

Sampson County was successful in their application for the 2017 cycle of the ESFR program. To date, Sampson County has completed eight units, currently have three under construction and have received approval and awarded contracts for an additional ten units. The end result will be Sampson County rehabilitating a total of twenty one units.

The 2020 ESFR Application for Funding and Pool Membership is due to the NCHFA office no later than December 12, 2019.

A few changes have been made to the program that include the maximum amount to be spent on each unit is not to exceed \$30,000 with a minimum amount of \$5,000.

We respectfully request the approval for submittal of the Application for Funding & Pool Membership.

NCHFA is expecting to announce Conditional allocations in February, 2020 with written Funding Agreements being executed in June, 2020 and projects starting up in July of 2020. Complete and close out of the program date would be June, 2023.

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9148

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Johnathon Clarke JR Vilardo in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2019	\$ 117.98
	\$
	\$
	\$
	\$

TOTAL REFUND \$ 117.98

These taxes were assessed through clerical error as follows.

Bill # 0050267890
TBH 2058
Wrong Value from TEC
1997 Chev TR

602 County Tax 117.98
 School Tax _____
 Fire Tax _____
 City Tax _____
 TOTAL \$ 117.98

Mailing Address.

Yours very truly

JOHNATHON CLARKE VILARDO JR
Taxpayer

PO BOX 1613 DUNN
NC 28335

Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9141

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Donald Zoldak in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2018	\$ 125.72
	\$
	\$
	\$
	\$
	\$
TOTAL REFUND	\$ 125.72

These taxes were assessed through clerical error as follows.

Bill# 0048676629
PI# EDB8179
PI Turn In (Repo)
18 kia 45

City/County Tax 113.35
School Tax _____
FOV Fire Tax 12.37
City Tax _____
TOTAL \$ 125.72

Yours very truly

Donald N. Zoldak
Taxpayer

Mailing Address.

766 Wesley Rd
Dunn, N.C 28334

Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____ Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9144

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Gavin Matthis
_____ in _____ Township, Sampson County, for
the year(s) and in the amount(s) of:

YEAR	
2018	\$ 116.92
	\$
	\$
	\$
	\$
	\$
TOTAL REFUND	\$ 116.92

These taxes were assessed through clerical error as follows.

Bill # 0045306181
PH H X25274
PH Turn In (sold)
16 Ram TR

202 County Tax 107.77
 School Tax _____
 703 Fire Tax 9.15
 City Tax _____
 TOTAL \$ 116.92

Mailing Address.

✓ 161 Raven Lane
Clinton, NC 28328

Yours very truly

Gavin K. Matthis
Taxpayer

Social Security # X

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____

Date

Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9149

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Francisca Marleny Lizardo in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	\$
<u>2019</u>	<u>294.46</u>
<u>§</u>	<u>§</u>
<u>§</u>	<u>§</u>
<u>§</u>	<u>§</u>
<u>§</u>	<u>§</u>
<u>§</u>	<u>§</u>
TOTAL REFUND	\$ <u>294.46</u>

These taxes were assessed through clerical error as follows.

Bill # 0049802926
HCP1554
Tag Turn in (trade in)
2019 Niss

602 County Tax	<u>177.32</u>
502 School Tax	<u>31.17</u>
Fire Tax	<u> </u>
102 City Tax	<u>85.97</u>
TOTAL \$	<u>294.46</u>

Mailing Address.

Yours very truly

Francisca Marleny Lizardo
Taxpayer

605 Park Ave
Clinton N.C 28328

Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Hunter Joseph Capps in Franklin Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2019</u>	\$ <u>251.75</u>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Release/Adjustment		\$ _____

<u>Co. 1</u> County Tax	\$ <u>208.64</u>	<u>L 20.84</u>
School Tax	\$ _____	
<u>FO9</u> Fire Tax	\$ <u>20.23</u>	<u>L 82.02</u>
City Tax	\$ _____	
Total	\$ <u>251.75</u>	

The taxes were assessed through clerical error or an illegal tax as follows:

Boat sold 7/2018 keyed in error

Taxpayer:

Hunter Joseph Capps

Tax Administrator:

Jim Hurre

Board Approved:

_____ Date

_____ Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Aaron Brooks in Honeycutt Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2019</u>	\$	<u>152.35</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	_____

<u>60/</u> County Tax	\$	<u>-124.20</u>	<u>LL-12.41</u>
School Tax	\$	_____	_____
<u>F16</u> Fire Tax	\$	<u>-15.06</u>	<u>LL-.68</u>
City Tax	\$	_____	_____
Total	\$	<u>-152.35</u>	_____

The taxes were assessed through clerical error or an illegal tax as follows:

*Brought in bill of sale after
bill was mailed out. (BM)
Value Adjustment*

Taxpayer: Aaron Brooks

Tax Administrator: Jim [Signature]

Board Approved: _____
Date Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by David Gerald Jones, Sr in Westbrook Township, Sampson County, for the year(s) and in the amount(s) of: 19010790701

Year	<u>2019</u>	\$	<u>283.04</u>
		\$	
		\$	
		\$	
		\$	

Total Release/Adjustment \$ 283.04

<u>601</u>	County Tax	\$	<u>252.44</u>
	School Tax	\$	
<u>F07</u>	Fire Tax	\$	<u>30.60</u>
	City Tax	\$	
	Total	\$	<u>283.04</u>

The taxes were assessed through clerical error or an illegal tax as follows:

* DW was rep'd by Greentree in 2015 + was not deactivated in error - SA

Taxpayer: David Gerald Jones Sr
 Tax Administrator: Jim Jones
 Board Approved: _____
 Date: _____ Initials: _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Somerset Capital Group, LTD in Plainville Township, Sampson County, for the year(s) and in the amount(s) of: Acct # 88091 PPID # 49501

Year	<u>2019</u>	\$	<u>191.28</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	_____

<u>60%</u> County Tax	\$	<u>147.48</u>
<u>50%</u> School Tax	\$	<u>25.92</u>
<u>FCI</u> Fire Tax	\$	<u>17.88</u>
City Tax	\$	_____
Total	\$	<u>191.28</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Business assets were actually inactive.
Billed IN error

Taxpayer: Somerset Capital Group LTD

Tax Administrator: [Signature]

Board Approved: _____
Date Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by William Goodrich in N Clinton Township, Sampson County, for the year(s) and in the amount(s) of: 12107952076

Year	<u>2019</u>	\$	<u>2079.91</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	<u>2079.91</u>

<u>60/</u> County Tax	\$	<u>1603.67</u>
<u>50/</u> School Tax	\$	<u>281.86</u>
<u>F19</u> Fire Tax	\$	<u>194.38</u>
City Tax	\$	_____
Total	\$	<u>2079.91</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Reval placed new construction home on above parcel in error - Should have been billed on 12107952080 - SW
 Rebill to correct Parcel

Taxpayer:

William Goodrich

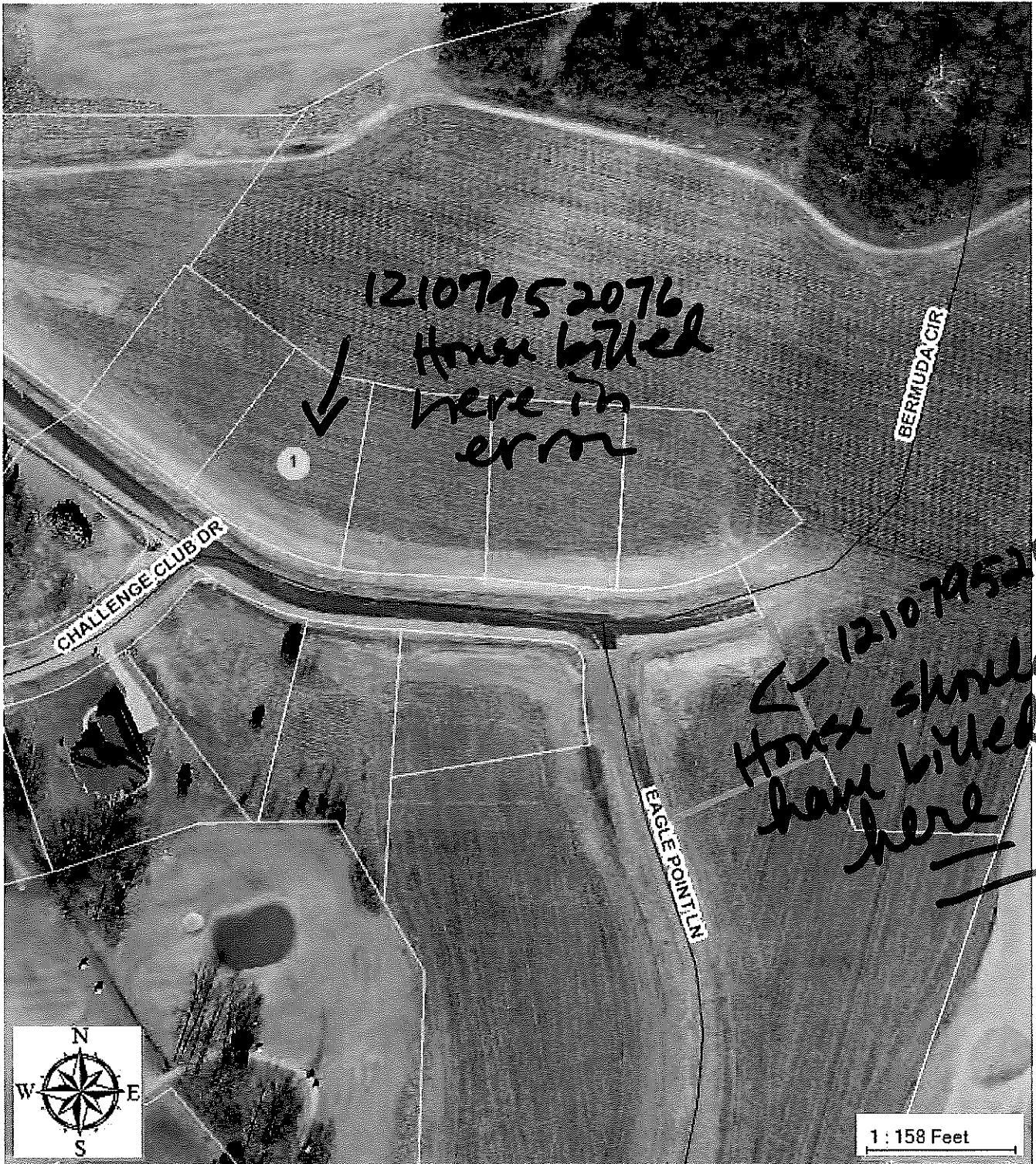
Tax Administrator:

Jim Johnson

Board Approved:

Date

Initials

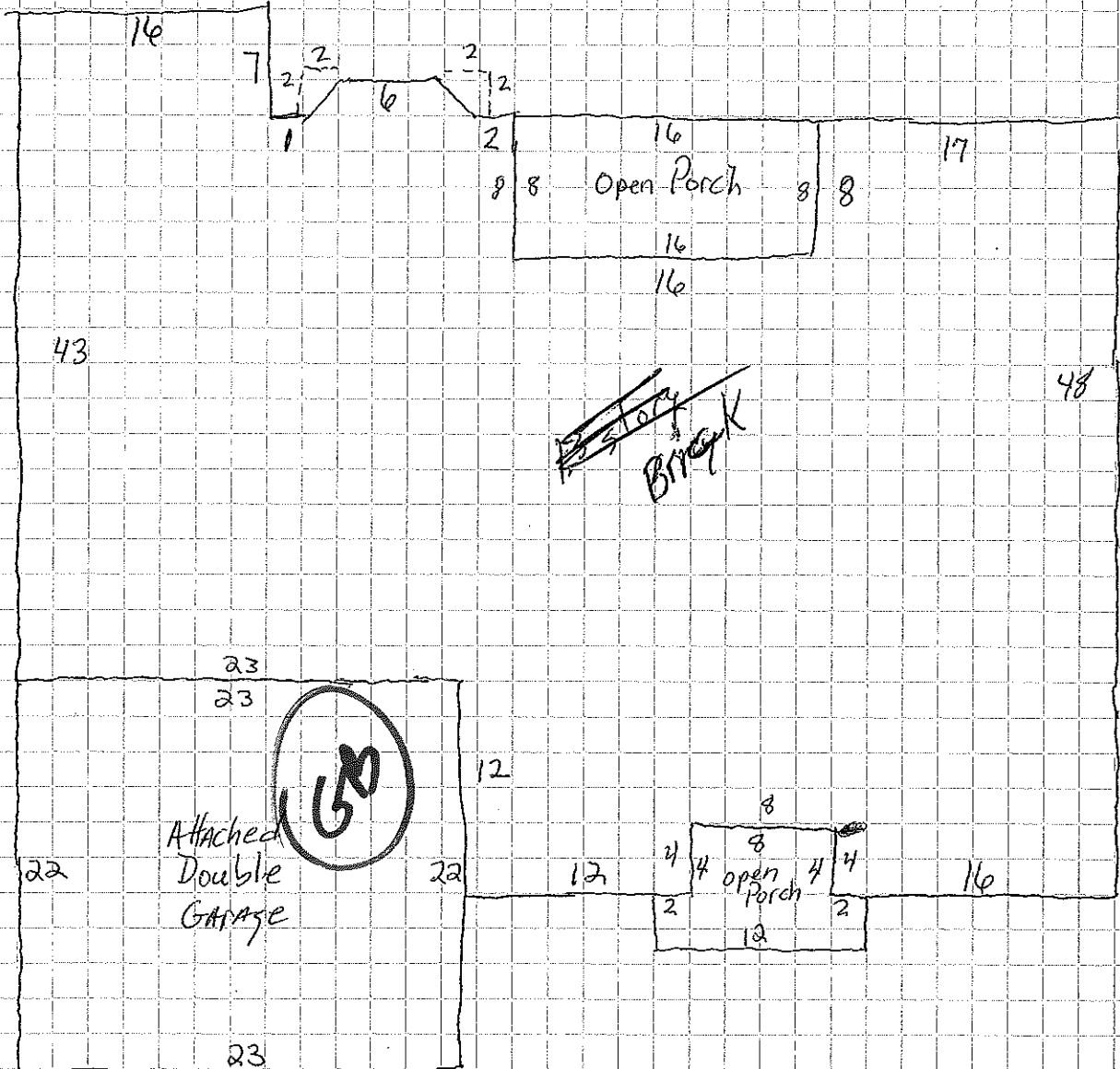


12107952076

Wrong parcel

* Should be

12107952080



DATE 10-24-19

ACCOUNT # 200171 TOWNSHIP 12

NAME: Adasiak Ryszard
(Last) (First) (Middle)

Urbanowicz, Izabela

PARCEL # 12107952080

REASON FOR DISCOVERY / AFTERLIST

PERSONAL PROPERTY NOT LISTED

REAL ESTATE NOT LISTED (DISCOVERY)

REAL ESTATE REBILLED TO CORRECT LISTING

NOT BILLED IN INITIAL BILLING

REBILLED TO PICKUP OR DELETE ADDITIONAL CODES

PUV ROLLBACK BILL

OTHER _____

WHAT YEAR IS THIS BILL FOR? 2019

VALUE TO BE BILLED 194,383

CODES TO BE BILLED F19/601/501

* PERSON WHO WROTE UP THIS BILLING Susan Heath

KEYED _____



- Chgs/Taxes
- Values
- Inquiry

Parcel Information

Year	2019	Bill	33398	Tax year(s)	2019
Parcel	12-1079520-76				
Alt					
Street	E BERMUDA CIR				
				Unit	
Juris	12	Class	R1	Status	A
Subdiv	0	Zone		List	L
# fam		SIC		Exempt	N
SF	27007	Bk/pg	2011/402		
Acres	.620	Date	08/15/2018		

Ownership Information

Name1	GOODRICH, WILLIAM JOHN JR.		
Name2			
Owner SSN	246313702	Add'l names	N
DBA		Own	
JAN 1 Owner: GOODRICH, WILLIAM JOHN JR.			
Lender	Acct	Serv	

Legal Description

E BERMUDA CIRCLE LOT 132 MB95/31

Assessment Values

	Prev year	This year
Land val	9,765	35,000
Bldg val		194,383
Pers val		
Gross	9,765	229,383
Spec assmnt bal		.00
Curr land use	AG	34,464
Curr val exem		
Curr taxable		194,919

Taxes/Abatements/Exemptions/Prelim Adjustments

Charge	Rate	Amount	Totals
F19	0.100000	194.92	Taxes
G01	0.825000	1608.08	2,085.63
S01	0.145000	282.63	Exempt/abated
			-2,079.91
			Net taxes
			5.72

Exemption	Date	Amount
ABT	10/31/2019	-2079.91

Display charges and taxes for the current record.

OVR

71

COUNTY OF SAMPSON
BUDGET AMENDMENT

13 November 2019

MEMO

TO: Sampson County Board of Commissioners

FROM: Ray Jordan, Executive Director, Exposition Center

VIA: County Manager and Finance Officer

SUBJECT: Budget Amendment for Fiscal Year: 2019-2020

It is requested that the budget for the Sampson County Exposition Center be amended as follows:

EXPENDITURE

<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
62998610-544008	Contract Services- Other	\$10,000.00	

REVENUE

<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
62939861-408903	Contract Services- Other	\$10,000.00	

1. Reason(s) for the above request is/are as follows: To increase revenue and expenditures line items for Contracted Services-Other. This BA is due to an increase in event services where clients contract with the Expo Center to provide catering, linens, and/or other services.

Ray Jordan

Signature of Department Head

ENDORSEMENT

1. Forwarded, recommending approval/disapproval. Date: 11/20/19

[Signature]

(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval. Date: _____

(Date of approval/disapproval by B. O. C)

[Signature]

(County Manager & Budget Officer)

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

11/19/2019

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2018-2019

1. It is requested that the budget for the FAMILY PLANNING Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551640-529700	LAB SUPPLIES	1,594.00	
12551640-526201	DEPARTMENT SUPPLIES EQUIPMENT	4,642.00	
12551640-544000	CONTRACT SERVICES	12,960.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535164-404000	STATE ASSISTANCE	19,196.00	

2. Reason(s) for the above request is/are as follows:

ALLOCATE NEW STATE FUNDS FOR LAB SUPPLIES, COMPUTER UPGRADES, AND CONTRACT NURSE PRACTITIONER

Wanda Robins
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 11/20, 20 19

Aluch
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20 ____

Em Wosley
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the Finance Department be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11141300-599900	Disaster recovery costs	150,000.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
111033010-402605	Federal FEMA funds disaster	150,000.00	

2. Reason(s) for the above request is/are as follows:
 To budget funds to cover costs incurred during Hurricane Dorian.



 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 11/20, 2019

 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

 (County Manager & Budget Officer)

 Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

November 5, 2019

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the AGING Department
be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558800-526200	NUTRITION - DEPT SUPPLIES	\$ 100.00	
02558670-524100	HOME REPAIRS - MATERIALS	\$ 50.00	
02558810-526200	FAMILY CAREGIVER PRG - DEPT SUPPLIES	\$ 100.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035880-408401	NUTRITION - DONATIONS	\$ 100.00	
02035867-408401	HOME REPAIRS - DONATIONS	\$ 50.00	
02035881-408401	FAMILY CAREGIVER PRG - DONATIONS	\$ 100.00	

2. Reason(s) for the above request is/are as follows:

To budget donations received for Home Repairs, Nutrition and Family Caregiver Programs.

Lorie B Sutton
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2019
Paul H. Hill
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____
Erin W. G.
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the EM Facilities Capital Project be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
	Construction	2,600,000.00	
	Professional services	750,000.00	
	Contingency	150,000.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
	NC OSBM Grant	3,500,000.00	

2. Reason(s) for the above request is/are as follows:
 To allocate funds for the construction of Emergency Management Facilities.



 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval. _____, 2019



 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval. _____, 20__



 (County Manager & Budget Officer)

 Date of approval/disapproval by B.O.C.

To: Mr. Edwin Causey
County Manager

Susan Holder
Assistant County Manager

From: Wanda Robinson
Health Director

Subject: County Commissioner's Consent Agenda Item

Date: November 20, 2019

Attached are items approved by the Health Advisory Committee and is being submitted for approval by the County Commissioners.

1. Sampson County Health Department Fiscal Policy*
2. Clinical Fee Revision.
3. Environmental Health Fee Revision.
4. United Way Application *- Approval to apply for the United Way Grant in the amount of \$5,000.00. Funds will be used to support the Breast and Cervical Cancer Control Program (BCCP) for the purpose of providing mammograms for indigent clients.

If you have any questions, please contact Sally DeMay.

Attachments:

1. SCHD Fiscal Policy *Document forwarded for signature
2. Clinical Fee Revision
3. Environmental Health Fee Revision
4. United Way Application *Document forwarded for signature

SAMPSON COUNTY HEALTH DEPARTMENT
FISCAL SERVICES
POLICY & PROCEDURES

SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedure
Annual Review/Policy Update Review Form

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kelly Parrish
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Allyn Dambeck
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
XX Fiscal Policy	Board of County Health Chair: Clark Wooten
Distributed to: All Staff	Effective Date: 9/30/2019
	Supersedes: 8/31/2018

Review/Revision Date: 02/11/2011; 09/08/2012; 09/03/2013, 9/03/2014, 9/3/2015, 09/03/2016; 10/31/2017; 08/31/2018; 9/30/2019

 Clark Wooten, Chairman, Board of Health

 Date

 Health Director

 Date

 Fiscal Supervisor (Accounting Specialist)

 Date

SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedures: Year 2019
Annual Staff Review Form

Program Policy: Fiscal Services

Date: 9/30/2019

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**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
10/31/17		Multiple Changes Made to the Following Sections: Financial Eligibility Guidelines; Proof of Insurance/Medicaid/Medicare; Proof of Income; Follow-up of Income; Services Eligibility & Fees; Patient Confidentiality; Eligibility of Specific Programs; Fee Setting Process; Fee Collection Process; Control & Segregation of Duties: Daily Cashiering Operations; Revenue Received by Mail; Procedures for Deposits; Travel; Title X Clients Billing & Collections Guidance References.	T. Jones	11/01/17
09/04/18		All Sections: Reference to BOH now Sampson County Health Advisory Committee Pg. 13- F-U of Income & Services Eligibility. Pg. 14-Patient Confidentiality Pg. 17-Diabetes Program & FP Pg. 18-Immunizations & MH Pg. 19-OBCM Pg. 22-Billing M'Caide/M'Care/Ins Pg. 25-Delinquent Insurance Claims Pg. 29-Revenue Received by Mail Pg. 30-Procedures for Deposits Pg. 31-Employee Payroll & Travel Pg. 31-Purchasing Procedures Pg. 33 Check Requests Procedures Pg. 35-Travel Pg. 38-Change to Title X Policy	Tamra Jones	09/11/18
	7/11/2019	Pgs. 2 & 9 – Changed nursing director from Kathie Johnson to Kelly Parrish	Tamra Jones	7/12/2019

		<p>Pg.11 – Proof of Income Requirements #2 – now reads: A copy of the most recent proof of income will be scanned annually and at the end of presumptive eligibility term if applicable into the client’s document manager. Added “annually and at the end of presumptive eligibility term if applicable.”</p> <p>Pg. 13 – Service Eligibility & Required Fees/Payments #7 Remove TB skin test, re-letter A-H, no longer A-I with removal of TB skin test.</p> <p>Pg. 15 – Eligibility for Specific Programs – Adult Health B-1 – Remove TB skin testing not funded by the TB Program. Re-number 1-7, no longer need 1-8 with removal of #1.</p> <p>Pg. 17 - Communicable Disease Add D. Provides TB skin testing not funded by the TB Program Add #4 – Clients who need a TB skin test for reasons of employment or school may be charged if the health department uses purchased supply.</p> <p>Pg. 18 – Eligibility for Specific Programs #9 Maternal Health – Remove letter C.</p> <p>Pg. 24 – Billing Medicaid/Medicaid/Private Insurance & Handling Delinquent Claims. Medicaid Section, letter H became I. Wording added to H to address handling Medicaid denial.</p>		
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Fiscal Services Policy Review & Revision Form**

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9/30/2019		Annual Policy Update	Tamra Jones	9/30/2019
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Sampson County Health Department Fiscal Services Policy Review & Revision Form

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified

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SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedures: Year 2019

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kelly Parrish
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Allyn Dambeck
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
XX Fiscal Policy	Board of County Health Chair: Clark Wooten
Distributed to: All Staff	Effective Date: 9/30/2019
	Supersedes: 8/31/2018

Purpose:

To establish and maintain consistent, non-discriminatory procedures for determining client eligibility, billing and fees for services for the clients of the Sampson County Health Department

Policy:

Sampson County Health Department (SCHD) recognizes that public health services are increasingly costly to provide. Sampson County Health Department (SCHD) serves the public interest best by assuring that all legally required public health services are furnished for all citizens and to also provide as many recommended and requested public health services as possible for those citizens with greatest need.

Sampson County Health Department (SCHD) has determined that fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

It is the policy of SCHD to use a fee determination and collection process to help ensure services can be provided at a reasonable cost for all those seeking services through the Sampson County Health Department.

SCHD provides services without regard to religion, race, national origin, creed, sex, parity, marital status, age or contraceptive preference.

Applicable Law, Rules & Regulations:

North Carolina General Statute § 130A-39

North Carolina General Statute § 105A: Article 1: 1 – 16.

10A NCAC 45A.

Health Insurance Portability & Accountability Act (HIPAA) of 1996.

42 CFR 59: Grants for Family Planning Services.

Responsible Person(s):

All SCHD staff members involved in any portion of fiscal services.

SCHD staff members are responsible for:

1. Consistently following the established guidelines for fiscal services and fee collection through the local, state and federal guidelines
2. Policy and procedures addressed in this document
3. Generally accepted accounting principles.
4. Holding all client information confidential.

Procedures:

Verification of Identification:

1. All clients will be asked for proof of identification during the registration process.
2. Sampson County Health Department accepts: birth certificates; social security cards; drivers' licenses; or other identification cards such as: work, school, military identification cards; passports; visas or green cards.
3. If a question should arise when the patient presents for a service following the first initial visit, further documentation will be required.

Financial Eligibility Guidelines:

1. Information regarding a client's income and family size is required to be documented under Registration, Family Profile, and Household Income in CureMD application.
2. Confidential Clients: If the patient is considered to be a "confidential patient", this information will be reflected under Registration, Family Profile and Household Income as well as in the address line under Patient Demographics and the patient banner in the CureMD application. – refer to "Patient Confidentiality" below.

Proof of Insurance/Medicaid/Medicare/Co-pays:

1. All clients are required to provide insurance, Medicaid and Medicare cards at the beginning of each visit.
2. The cards are to be collected by the Intake/Eligibility Staff and scanned into the client's chart. A copy of their insurance card is attached to the client's encounter form before being dropped for the nursing staff.
3. Intake/eligibility staff is responsible for collecting co-pays at the time of financial eligibility screening **prior** to the client receiving services with the exception of Family Planning Services. - see "Eligibility for Specific Programs" # 7 below.

Determining Gross Income:

1. Gross income is the total of all cash income before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc.
2. For self-employed applicants (both farm and non-farm) this means net income after business expenses.
3. Gross income does not include money earned by children for baby-sitting, lawn mowing, and other tasks.
4. In general gross income includes:
 - A. Salaries, wages, commissions, fees, tip
 - B. Overtime pay
 - C. Earnings from self-employment
 - D. Earnings from stocks, bonds, savings account interest, rentals, and other investment income
 - E. Public assistance moneys
 - F. Unemployment compensation
 - G. Alimony and child support payments
 - H. Social Security benefits
 - I. Veterans Administration benefits
 - J. Supplementary Security Income (SSI) benefits
 - K. Retirement and pension payments
 - L. Workers compensation
 - M. Regular contributions from individuals not living in the household
 - N. All other sources of cash income except those specifically excluded
 - O. Lawn maintenance, as a business
 - P. Housekeeping, as a business

Proof of Income Requirements

1. Sampson County Health Department has the right to require “proof of income” when determining eligibility for all programs, with the exception of Communicable Disease, STD and TB Programs.
2. A copy of the most recent proof of income will be scanned annually and at the end of presumptive eligibility term if applicable into the client’s document manager.
3. Income is verified by paycheck stub, letter from employer, or tax return/W-2 – refer to “Determining Gross Income” above for income considerations.
4. Adolescents that request confidential Family Planning services: The adolescent’s income is the only income that will be used and the adolescent will be considered as a household of one. – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
5. No client will be refused services when presenting for care due to failure to provide proof of income; however, the client will be billed at 100% of the total cost of the services ~~until~~ if proof of income and family size is provided to the agency within 30 days of the patient’s visit.
6. Any client that does NOT have proof of income will sign the thirty (30) day letter showing they understand they have thirty (30) days to present proof of income in order to apply the sliding scale fee to the charges for the visit. If no documentation is produced within the thirty (30) days, the charge will stand at 100% for the visit.
7. SCHED staff has the right to verify income information and the client must read, understand, and sign the income statement in regards to checking their income information.
8. Income verification documented from a client’s participation in another program may be used to determine financial eligibility for the current services being requested.

Determining Household Size:

1. A household is defined as a group of related or non-related individuals living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related and serves as the source of income for the unit.
2. Each individual living in the unit is counted as one member of the household.
3. A pregnant woman is counted as two in determining a family size unless it is in conflict with the clients cultural, religious, and/or beliefs.
4. Adolescents requesting confidential services are counted as a household of one per Title X requirements see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.

5. Anyone that requests confidential services, regardless of age, will be considered a household unit of one and billed according to the individual's income – see "Patient Confidentiality" below.

6. Examples:
 - A. A foster child assigned by DSS is a family of one with income considered to be paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
 - B. An individual or family in an institution (incarcerated), etc. is considered a separate economic unit and will be based on a household of one.
 - C. If a patient is living in a homeless shelter or domestic violence is considered to be a problem, the patient will be counted as a household of one and only their income will be counted.

Computation of Income:

1. Employment Income Formula:
 - A. Continued employment past 12 months
 - B. One year back from the date of service
 Example: Date of service = 03/11/19; 12 months back = 03/11/18

2. Unemployment Income Formula:
 - A. Six months formula
 - B. Wage earner(s) unemployed at time of application
 - C. Unemployed any time during previous 12 months
 Example: Unemployed today = 03/11/18; Income determined six months back = 9/11/17- 03/11/18 - Income determined six months forward = 03/11/18-09/11/18 - Total = 12 months of income.

Follow-up of Income/Household Verification after Initial Visit:

1. Following the initial financial eligibility determination, the client will be asked if there has been a change in their financial status at each subsequent visit.
2. All client information must be updated at each visit, including prenatal returns.
3. When verifying information staff will ask the client "What is your phone number?" "What is your address?"
4. Staff will **NOT** read prior visit demographic information to the client and ask if the information is correct, such as "Is your phone number still 910-999-9999?"
5. Staff will ask for and copy most recent insurance, Medicaid, Medicare or other cards, make copies, attach a copy to the Encounter Form and scan into client's record.

Services Eligibility & Required Fees/Payments:

1. All clients are eligible for services through the Sampson County Health Department, regardless of their ability to pay with the exception of Adult Health Services – see “Eligibility for Specific Programs” #1 below.
2. Patient fees are assessed according to the rules and regulations of each program and each program’s recommended Poverty Level Sliding Fee Scale Schedule will be used to access fees with the exception of Adult Health and specific flat fee services, which are NOT supported by state or federal funds and/or program requirements.
3. All sources of payment will be accepted, including cash, check, debit/credit cards, insurances, Medicaid and Medicare. Co-pays (if applicable) are to be collected **PRIOR** to clients receiving services.
4. All third-party providers are billed where applicable, unless confidentiality is a barrier see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
5. Medicaid will be billed as the payer of last resort.
6. Enrollment under Title XIX (Medicaid) will be presumed to constitute full payment for the service with the exception of the collection of all required Medicaid Co-pays unless the service the patient is receiving is not covered by their particular type of Medicaid. The patient can be charged for services not covered under their particular type of Medicaid. Patients will be informed of this and will sign the insurance agreement form.
7. Clients requesting Adult Health and flat fee services **MUST** pre-pay for all flat fees, co-pays and deductibles **PRIOR** to receiving services. These services include, but are not limited to:
 - A. Work physical
 - B. College physical
 - C. AH Physical Exam
 - D. Varicella titer
 - E. Urine culture
 - F. CBC with differential
 - G. Adult Health Program private vaccines
 - H. Any laboratory services provided per written order from a Medical Provider.
8. All other client fees will be collected after the service is received. If a patient is unable to pay their account balance in full, Intake/Eligibility/Cashier Staff will have the patient sign a payment agreement. An itemized bill will be provided to all clients at the time of service. Those clients who pay or make a payment will also be given a receipt.

9. An itemized account of services provided will be given to all Family Planning clients, regardless of the amount owed by the client.

10. The Health Director is authorized to circumvent fiscal services guidelines. Fees for services for any client may be waived, including individuals with family incomes above 250 percent of poverty level who, as determined by SCHD Health Director, are unable for good cause to pay for services, including Family Planning clients.
 - A. The client and/or the client's financial record will be referred to the Health Director who will review the information and consider that waiver of charges.
 - B. The Health Director's determination will be documented in the client's medical record.
 - C. A letter will be sent to the client informing him/her of the Health Director's decision.

Patient Confidentiality:

1. Any client receiving services may request confidentiality – see the SCHD Administrative Manual Confidentiality Policy. This includes adolescents and young adults seeking confidential Family Planning services or individuals for whom billing could result in domestic/intimate partner/interpersonal violence – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
2. If a patient is considered to be a “confidential patient”, Intake/Eligibility staff will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential. If clinic staff identifies a confidential client, they will document on the Problem/Needs List and in the SOAP Note as well as the encounter form. Intake/Eligibility staff who checks the patient out, will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential.
3. Any client requesting confidential services will be considered a household of one and billed based on the sliding fee scale for the program requested.
4. **Exception:** Clients requesting confidential services that require Adult Health or flat fee services **MUST** pay **PRIOR** to receiving the requested services.
5. All third-party providers are billed where applicable, unless confidentiality is a barrier. Clients are informed that an Explanation of Benefits (EOB) may be mailed to the address given. If receipt of the EOB conflicts with the client's need for confidentiality, third-party payers that provide EOBs may not be billed.
6. Statements will be mailed monthly where confidentiality is not jeopardized. Confidential patients will be marked confidential in the address line of the demographics section in the patient profile.

7. When a client requests no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
8. Patients marked confidential will be considered **“NO MAIL”** unless the client provides a confidential mailing address, which will be documented in the client record??????
9. Intake/eligibility staff will enter **“CONFIDENTIAL”** in the address line of the patient demographics in the Cure MD application to ensure monthly bills are not sent by mistake.
10. If clinic staff identifies a **“NO MAIL”** client, they will document on the Problem/Needs List and the SOAP Note as well as the encounter forms. Intake/Eligibility staff member will put **“CONFIDENTIAL”** in the address line of the patient demographics.
11. Emergency Contact Information will be completed or some other form of contact will be obtained and Intake/Eligibility staff will verify the information is correct to be used to contact the client. The client will be informed of the need to be contacted regarding account balances –see “Bad Debt Write-Off Process” #7 below.
12. If the client is unable to pay in full at the time of services rendered, a receipt will be issued for partial payment and the client will sign a payment agreement.
13. Client will be reminded at every visit of any amount they still owe.

NOTE: ***NO LETTERS OR CORRESPONDENCE CONCERNING INSURANCE, PAST DUE ACCOUNTS, BILLS, ETC. WILL BE SENT TO ANY PATIENT THAT REQUESTS NO MAIL. The Emergency Contact information will be used to communicate with the client when possible – see #11 above and Bad Debt Write-Off Process” #3.***

Eligibility for Specific Programs:

1. Adult Health:
 - A. Provides Adult Health Physical Exam screening services for clients including physical exam and laboratory testing as indicated.
 - B. Provides flat fee and other services including, but not limited to:
 1. Work/College physicals
 2. Varicella titer
 3. Urine culture,
 4. CBC and other Lab services that are not part of Program requirements
 5. Adult Health Program private vaccines.
 6. Pregnancy Tests
 7. Any laboratory services provided per written order from a Medical Provider.
 - C. Eligibility:
 1. Sampson County resident (Adult Health Vaccine recipients do not have to be a county resident)
 2. 21 years and older. (18 years and older on some programs)

3. Sliding fee scale which slides to a \$30 minimum co-payment for Adult Health Physical screenings.
 4. Fees vary for other services – refer to the Sliding Fee Schedule
 5. Medicaid, Medicare, Insurances accepted.
- D. Adult Health clients that do not have third party payers **MUST pre-pay** for all services.
 - E. Clients with third party payers **MUST pre-pay** all applicable co-pays and deductibles **PRIOR** to receiving services.
2. Breast & Cervical Cancer Control Program (BCCCP):
 - A. Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.
 - B. Eligibility: Sampson County resident; determined by income; target group is women 50 to 64 years of age for mammograms and 40 to 64 years of age for Pap testing.
 - C. May not have Medicaid or Medicare; may have limited insurance, providing it meets NC BCCCP guidelines, such as large deductibles. This determination is made on a case-by-case basis.
3. Child Health:
 - A. Well child exams conducted by the Child Health enhanced role nurses. Exams include:
 1. Medical, social, development and nutritional history
 2. Lab work as indicated by screening information
 3. Physical exam.
 - B. Eligibility:
 1. Sampson County resident
 2. Birth through 20 years
 3. Sliding fee scale
 4. Insurance and Medicaid accepted
4. Communicable Disease/TB Control:
 - A. Deals with the investigation and follow-up of all reportable communicable diseases.
 - B. Provides testing, diagnosis, treatment, and referring as appropriate, of a variety of communicable diseases.
 - C. Provides follow-up and treatment of communicable disease cases, TB suspects/cases and their contacts.

- D. Provides TB Skin testing not funded by the TB program.

- E. Eligibility:
 - 1. No residency requirements
 - 2. Medicaid, Medicare and Insurance payers will be billed
 - 3. NO fees can be charged directly to the patient for these services as stated in Program Rules.
 - 4. Clients who need a TB skin test for reasons of employment or school may be charged if the health department uses purchased supply.

- 5. Care Coordination for Children (CC4C):
 - A. Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.
 - B. Eligibility: Sampson County children who have any risk criteria or an identified developmental delay, disability, chronic illness; birth to 5 years of age.
 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.

- 6. Diabetes Self-Management Program (DSMP):
 - A. Provides diabetes education to increase the awareness and dangers of diabetes and lower the incidence of diabetes in the county.
 - B. The program consists of an initial assessment, one 8 hour class, a three month follow-up assessment and annual refresher classes.
 - C. Eligibility:
 - 1. Sampson County resident \geq 18 years old who must have a diagnosis of diabetes or pre-diabetes
 - 2. Must be referred by a medical provider
 - 3. Private insurances, Medicaid and Medicare will be billed;
 - 4. Clients must pay all applicable co-pays as required by third-party payers.

- 7. Family Planning:
 - A. Clinic designed to assist women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by the nurse practitioners.
 - B. Eligibility: Women and men of childbearing age regardless of residency; sliding

- fee scale, Medicaid, Insurance.
 - C. FP Clients with private insurance will be charged the lesser of two amounts. Total charges for the visit are calculated based on the sliding fee scale. If the amount due is more than the insurance required co-pay, the co-pay will be collected, if the amount due is less than the insurance required co-pay, the amount due will be collected. The total charges for the day will then be billed to the patient's insurance for payment.
 - D. All Family Planning patients will be given a receipt upon check out. This receipt will include their total charges and any discount applied. If they are at the status of “zero percent pay”, they will receive a statement designating the total charge, to reflect their percentage of pay.
 - E. See “Title X Fiscal Guidance for Family Planning” below.

- 8. Immunizations for VFC Clients and Others:
 - A. Provide immunizations and other vaccinations (e.g. influenza, pneumonia, etc.) to children (infants through 18 years of age) if they qualify for Vaccine for Children (VFC) Program for the prevention of life threatening communicable diseases (e.g. polio, hepatitis, measles, etc.) and reduce the risk of life threatening illnesses at no charge and no residency requirements to the client.
 - B. There is no charge or residency requirement for any state-supplied immunizations according to Program Rules and Regulations.
 - C. VFC eligible clients may not have private or Health Choice insurance, but may have Medicaid.
 - D. Clients that have private or Health Choice insurance or are 19 years of age and above do not qualify for state-supplied vaccines and must receive Adult Health Program vaccines except under specific circumstances as determined by the NC Immunization and/or Communicable Disease Branch – see Adult Health.
 - E. SCHD accepts self-proclaimed insurance information. If a client declares they have no insurance, but SCHD has a record of insurance in chart, the client can be questioned.
 - F. Administration fees may be charged for state-supplied vaccines.

- 9. Maternal Health:
 - A. Provides prenatal services for Sampson County residents including: physical exam, laboratory testing; routine prenatal follow-up care based on ACOG and WCH Branch guidelines.
 - B. Eligibility: Determined by household income and number in the household; Sampson County residents; Sliding fee scale; Medicaid or potentially Medicaid eligible, Insurance. Global billing system for all antepartum care or as determined by DMA – refer to North Carolina Division of Medical Assistance Clinical Coverage Policy 1E-7 Obstetrics.

- 10. Pregnancy Care Management (OBCM):

- A. Care manager assists pregnant women in receiving needed prenatal care and pregnancy related services.

 - B. Eligibility:
 - 1. Sampson County resident
 - 2. Has Medicaid or is Medicaid eligible.
 - 3. Non-Medicaid Grant allows services for those without Medicaid and who are not Medicaid eligible.

 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.
11. Sexually Transmitted Diseases (STDs):
- A. Provides testing, diagnosis, treatment, investigation and follow-up as needed of persons with Sexually Transmitted Diseases – STDs.
 - B. Provides follow-up and treatment of client’s contacts as appropriate.
 - C. Eligibility:
 - 1. No residency requirements.
 - 2. Medicaid, Medicare and Insurance payers may be billed with client approval. Clients will be informed that an Explanation of Benefits (EOB) will be sent to the policy holder when private insurance is billed. The client must sign a consent allowing SCHD to bill private insurance in order for SCHD to file a claim. If the client declines to give consent, services cannot be withheld and the client cannot be billed.
 - 3. NO fees can be charged directly to the patient for services covered by State program requirements.
 - 4. Clients requesting testing for services not offered by the NC STD Branch program requirements will be charged for the testing and **MUST pay** prior to receiving the requested testing.
12. Women, Infants & Children Nutrition Program (WIC):
- A. Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.
 - B. Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women, infants, and children up to 5 years old who meet the follow criteria:
 - 1. Sampson County resident
 - 2. Be at medical and/or nutritional risk

3. Have a family income less than 185% of the US Federal Poverty Level
 - C. Clients that receive Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.
 - D. **NO** fees or costs can be charged directly to the patient for participation in the program.
13. Environmental Health:
- A. Provides permits and collects water samples in the responsibility of ensuring inspections and the active enforcement of state laws, rules and regulations and county and state ordinance rules.
 - B. Fees: Fees are set by state and local rules and regulations and are in effect for various permits and water samples collected for the residents of Sampson County.

State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines:

1. North Carolina General Statute G.S. 130-A-39(g) allows local health departments to implement fees for services rendered. The Sampson County Health Department (SCHD), with the approval of the Sampson County Health Department Advisory Committee and the Sampson Board of County Commissioners, implements specific fees for services and seeks reimbursement.
2. Specific methods used in seeking reimbursement are through individual patient pay and third-party coverage, including Medicaid, Medicare, and private insurance.
3. The agency adheres to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided. See “Fee Setting Process,” “Direct Patient Charges,” and “Fee Collection Process.”
4. SCHD uses the appropriate Federal Poverty Scale to determine fees for the following health department programs:
 - A. Adult Health: 101% - 250% Federal Poverty Scale – Minimum Co-payment of \$30; does NOT include flat fees
 - B. Family Planning: 101% - 250% Federal Poverty Scale
 - C. Breast and Cervical Cancer Control: 250% Federal Poverty Level
 - D. Child Health: 101% - 250% Federal Poverty Scale
 - E. Immunizations: 101% - 250% Federal Poverty Scale
 - F. Maternal Health: 101% - 250% Federal Poverty Scale

Fee Setting Process:

1. All SCHD staff will adhere to the procedures for processing client bills.
2. All services available at Sampson County Health Department are associated with a fee. These charges are passed on to the client as applicable based on program eligibility status and requirements. A process is in place to ensure the fees are appropriate based on the cost of services.

3. The Fees Schedule Team, a multidisciplinary team assigned by the Health Director meets as necessary to determine the cost of providing services and discuss the setting of rates for the services provided by the agency.
4. Fees for medications purchased through the 340B program will be set based on the average cost of acquisition for the 6 months prior to the fee schedule team's meeting.
5. If there are significant changes associated with services that affect the cost of providing those services, fees will be evaluated on a case-by-case basis.
6. Fees are reviewed annually for possible adjustments, usually when the Office of Medicaid Reimbursement issues their reimbursement rate, which serves as a baseline when determining the cost of services.
7. An increase in Medicare or Medicaid reimbursement rates does not automatically mean the health department cost for providing the service increases.
8. The Fees Schedule Team reviews cost of services, including time costs, labor costs and cost of supplies required to perform a service.
9. The Fees Schedule Team also reviews surrounding community rates, other health department rates and the Medicaid Cost Analysis in the fee setting process.
10. The cost of determining flat rate fees is also determined through this procedure and may be established for specific services that are not funded by state program funds.
11. Once the process has been completed, the Fees Schedule Team recommends fee changes and additions to the QI Committee. If approved by the QI Committee, the recommendations are made to the Management Team. If the Health Director and Management Team approve, fees are taken to the Sampson County Health Department Advisory Committee and Board of County Commissioners, per G.S. 130-A-39, for discussion and final approval.
12. The information is reflected in the appropriate minutes for each meeting for future review.
13. The appropriate fees are maintained in the SCHD Fee Schedule by the Accounting Specialist and Accounting Technician.
14. Once approved by the County Commissioners, updates to the fee schedule are made available to the public by means of posting on site, posting on the health department website and other means as deemed necessary.
15. References that may be used in the process include:
 - A. Current SCHD Fee Schedule
 - B. Medicaid Cost Analysis
 - C. Office of Medicaid Reimbursement Rate Schedule
 - D. Medicare Reimbursement Rate Schedule
 - E. Other health departments' rates,
 - F. Surrounding community providers' rates
 - G. State/Federal program rules
 - H. North Carolina General Statutes

Direct Patient Charges:

1. NO minimum fee requirement or surcharge will be indiscriminately applied to any patient.

2. There will be a consistent applied method of “aging” accounts - see “Bad Debt Write-Off Procedures” below.
3. No one, including Family Planning patients, will be denied services based solely on the inability to pay with the exception of Adult Health Services. See – “Eligibility & Required Fees/Payments” #7; “Patient Confidentiality” #3 & #4; “Eligibility for Specific Programs” #1; and State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4.
4. No patient, including Family Planning patients will be required to meet with the Health Director in an attempt to collect a delinquent account.
5. Patients will be given a receipt each time a payment is collected.
6. Donations: Donations will be accepted from any patient regardless of income status as long as they are truly voluntary. There will be no “schedule of donations”, bills for donations, or implied or overt coercion. All donation receipts will be deposited and recorded in the actual program for which the donation is earned.
7. No patient charges will be assessed when household income falls below 100% of Federal Poverty Guidelines, with the exception of the Adult Health Services Program – refer to “Eligibility for Specific Programs” #1;
8. SCHD will use the best efforts possible to provide services to patients at or below 150% of Federal Poverty Level.
9. Family Planning: Title X patients will not be denied a service, due to an outstanding balance or inability to pay – see “Title X Fiscal Guidance for Family Planning.”

Fee Collection Process:

1. With the exception of Adult Health and other flat fee services, which are not funded with state or federal funds, charges in all programs will be determined by the Federal Poverty Level Sliding Fee Scale Schedule based on the most current Federal Poverty Level Schedule set for each specific program.
2. **Exception**: OBCM and CC4C programs are funded at a per-member-per-month rate and no fees are collected for client participation in these programs.
3. At each clinic visit, Intake/Eligibility will determine the income and sliding fee scale status of each patient. Intake/Eligibility staff will be responsible for documentation of financial eligibility in the CureMD EHR system and on the patient encounter form.
4. Patients without the required income verification will be charged the full cost of the services provided until income documentation is received. Clients will be allowed thirty (30) days to provide proof of income and will be required to sign the thirty (30) day proof of income letter stating they understand they have thirty (30) days from the visit date to provide proof of income or the charges for that day's services will be charged to them at 100%, with the exception of STD, TB and Communicable Disease – see “Proof of Income Requirements” #1.
5. Adult Health Program co-pays **MUST** be collected **PRIOR** to the client receiving services. Efforts to collect balances above the minimum co-pays will be made. Patients will be required to sign a payment agreement and schedule for any charges in excess of the minimum co-pays not paid when services are rendered.
6. For other services, private pay clients will be encouraged to pay at least a portion of the fee when services are rendered. If a balance remains, a payment agreement and schedule

will be encouraged to be established and signed by the patient. No patient, including Family Planning patients, will be denied services because the patient has a delinquent account balance.

7. Client billing statements will be mailed monthly unless confidentiality is a factor – see “Patient Confidentiality;” Patient Accounts Receivable Process,” #6; and “Bad Debt Write-Off Process” #3-#7.
8. Clients will be given a receipt each time a payment is collected.
9. Receivables through CureMD will be balanced on a daily basis.

Patient Accounts Receivable Process:

1. Maintenance of Patient Accounts Receivable includes processing all patient services encounters in a timely manner.
2. Processing is done via the internet on the Cure MD computer system in accordance with generally accepted accounting principles and all local, state and federal guidelines.
3. Patient Accounts Receivables will be maintained in CureMD and will reflect visit charges, amounts collected and balance due..
4. The process includes reconciliation of Explanation of Benefits (EOB’s) and the follow-up and re-submission of denied claims.
5. Fiscal Services staff is responsible for maintenance of self-pay and company bill client accounts.
6. Fiscal Services staff will mail out monthly self-pay and other client statements for the previous month no later than the 15th of the following month.
7. Fiscal Services staff will accurately post payments to the correct client account on a daily basis.
8. The Accounting Specialist/Fiscal Supervisor or designee will review all Accounts Receivable accounts for accuracy in posting quarterly or more frequently as needed.

Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims:

1. Medicaid:
 - A. Medicaid claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
 - B. A copy of the Medicaid card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
 - C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
 - D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.

- E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
- F. Fiscal Services staff will submit claims to Medicaid through the Cure MD process several times weekly. Claims flow from Cure MD to Medicaid and are processed by Medicaid if received prior to 4:00 pm each Thursday afternoon.
- G. Each Tuesday (unless it is a holiday) is the Medicaid Check-write day, Fiscal Services staff will post payment in Cure MD using the appropriate process and submit amounts and posting codes to the County Finance Office for accurate record of payment and revenue. Items that need to be manually posted will be handled accordingly.
- H. Any claims denied will be researched and corrections will be made based on denial reason code. Once the claim is corrected, the claim will be submitted again for payment. Assistance from the state administrative office as well as nursing consultants will be requested for claims that continue to be denied.
- I. The Fee Schedule Team will be responsible reviewing and updating the CPT and ICD codes annually and as needed.

2. Medicare:

- A. Medicare claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
- B. A copy of the Medicare card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
- C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
- D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
- F. Medicare claims are entered in Cure MD on a daily basis. Claims will be sent to Medicare several times per week through the Cure MD claims process.
- G. The Fee Schedule Team will be responsible reviewing and updating the CPT and/or ICD codes annually and as needed.

4. Insurance:

- A. SCHD has multiple contracts with public and private insurance providers. SCHD actively seeks new contracts with all insurance companies that SCHD clients use.

- B. Insurance claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- C. A copy of the insurance card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
- D. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
- F. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- G. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
- H. All documents regarding insurance billing (assignment of benefits, insurance card, HCFA 1500 Form and encounter sheet) will be maintained in the Insurance Billing File Cabinet located in Medical Records.
- I. Insurance claims are filed using the procedure codes specified on the encounter form.
- J. Claims are entered into the Cure MD computer system and electronically filed to each patient's insurance company through a clearinghouse several times a week.
- K. The name of the Insurance Company will be designated at the top of each HCFA 1500 form and a copy will be kept for posting and further correspondence when HCFA 1500 forms are required.
- L. Charges are posted and reconciled with correspondences, payments, and denials.
- M. If an insurance company denies payment for services rendered for reasons of non-coverage, the patient is consulted and given an explanation.
- N. The documentation of denial from the insurance company is attached to the copy of the HCFA 1500 form and maintained in the Insurance billing file.
- O. The Fee Schedule Team will be responsible reviewing and updating the CPT/ICD codes annually and as needed – see “Fee Setting Process.”

5. Delinquent Insurance Claims:

- A. If there is no response on a claim after 3 months, the claim will be rebilled on the HCFA 1500 form to the insurance company will be attached.
- B. If there is no response on a claim after six months, a telephone call will be made.
- C. If there is no response to a claim after a telephone call, the claim will be posted as denied and the patient will be mailed a statement of charges and the amount owed.
- D. The Health Department will follow Fiscal Program Rules and Regulations concerning billing the patient for these charges – see “Fee Collection Process.”

Bad Debt Write-Off Process:

1. Intake/Eligibility Staff will inform clients of the cost of the service for that visit and of the amount of their account during the eligibility process.
2. Intake/Eligibility Staff will inform clients that payment is due and expected at the time services are rendered.
3. When the client is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment and the patient will sign a payment agreement and that will be scanned in the medical record. The exception is Adult Health services, which require payment prior to the receipt of services – see “Services Eligibility & Required Fees/Payments” # 7; :”Patient Confidentiality” # 3 – #4; “Eligibility for Specific Programs” # 1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” # 4; and “Fee Collection Process” #5.
4. A statement will be sent within thirty (30) (60) and (90) days from date of service.
5. All patients with balances 120 days or older with no effort to pay will be sent to the Sampson County Finance office to be put into their collections process. After several attempts to collect, the County Finance office will garnish state refunds for those clients owing a balance for services rendered.
6. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program. See NC & Sampson County Debt Set-Off Policy and Procedure.
7. Client requesting confidentiality:
 - A. When a client requests confidentiality/no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
 - B. Staff will obtain an alternate form of notification, such as the Emergency Contact Information Form, and document the information in the client’s chart/record.
 - C. A three-contact process may be done using the alternate notification information. The contact processes will be documented in the client’s chart by the staff obtaining the information.
 - D. The Health Department will submit all outstanding account balances to the Sampson County Collection Department if no payments are received from the client within (120) days after the date of service.
8. The account will be considered uncollectable when all means of collection have been exhausted. Finance will inform the Fiscal Supervisor of patient claims that are to be considered uncollectable and that need to be written off. Items can stay in collections with Sampson County Finance for as long as 10 years before being considered uncollectable.
9. An itemized list of uncollectable outstanding patient balances will be prepared periodically by the County of Sampson Collection Department for the Health Department’s review.
10. The County Collection Department will send a statement periodically to the Health Department listing which accounts have been approved to be written off.
11. The Accounting Technician will submit the list to the Accounting Specialist and the Health Director for approval. The list is then taken to the Sampson County Health Advisory Committee for approval.

12. Once approval has been provided by the Sampson County Health Department Advisory Committee, the Accounting Technician will write the accounts off based on the information provided in the monthly statement from the Sampson County Collection Department.
13. The Patient account will be listed as uncollectable and evidence will be on file to document required billing in the CureMD system in the patient's record.
14. The client is to never be informed that a debt has been written off.
15. A client that returns for services after a bad debt has been determined uncollectible will have the bad debt write off reactivated and the billing process will resume.
16. Confidential/No Mail: Regarding mailing of billing to clients requesting confidential/no mail services – see “Services Eligibility & Required Fees/Payments” #7; “Patient Confidentiality” #3 – #4; “Eligibility for Specific Programs” #1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4; and “Fee Collection Process” #5; and # 7 above.

Sampson County Debt Set Off Process:

1. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program.
2. Sampson County Finance Office will follow the guidelines set forth in Chapter 105-A of the General Statutes, regarding notification and appeals process. (See Attachments: Chapter 105-A NC General Statute and Memorandum of Understanding Agreement – with the NC Local Government Debt Set-Off Clearinghouse Program).

Returned Check Policy:

1. Sampson County Health Department adheres to the County of Sampson Returned Check Policy and Procedure – see Attachment 20.
2. Fiscal staff /Cashier will notify the client with a telephone call and a letter with a copy of the check and the request for the \$25 returned check fee.
3. The client will have 10 days to respond. If there is no response in 10 days, it is forwarded to the County Finance Collections Office.

Control & Segregation of Duties: Handling of Cash/Deposits:

1. Records will be maintained in accordance with accounting principles, and federal, state and local requirements to support fiscal accountability.
2. The SCHD Accounts Receivable System addresses requirements for earned income, including third party receipts and client fees.
3. The system provides for the integration of the North Carolina Department of Human Resources, Division of Health Services Consolidated Agreement reporting system and Sampson County Finance Officer will review and approve all policies and procedures involving the handling of County cash.
4. All Intake/Eligibility/Cashier staff is responsible for protecting the assets of the County of Sampson.

5. These rules and procedures are provided to fiscal staff to assist with carrying out their duties.
6. SCHD has the primary responsibility for care of and liability for loss of County cash in its custody until deposited in the official depository or entrusted to an authorized individual in the County Finance Office for deposit in the official depository.
7. Daily Cashiering Operations:
 - A. Three change fund drawers will be maintained in the amounts of \$200, \$100 and \$100 at the Intake/Eligibility windows located in Medical Records for the purpose of making change for clinical services.
 - B. Each Intake/Eligibility employee is responsible for handling cash on a recurring basis and will maintain an individual change fund drawer for which they are solely responsible.
 - C. A change fund will be maintained in the amount of \$200 for making change for Environmental Health purposes and will be secured by the Environmental Health Processing Assistant.
 - D. At the beginning of each daily shift the cashier will:
 1. Arrange coin currency in a consistent manner. The cash drawer or lockbox will be divided into separate compartments for different currency denominations, checks, etc. to help prevent accidental distribution of incorrect denominations.
 2. Verify the dollar amount of beginning cash for each drawer in the amounts of \$200, \$100 and \$100 by providing an open count of all cash in each drawer. The cash count will be recorded and initialed by the individual making the count.
 - E. During the hours of operation, the following procedures will be followed by the Cashiers **at all times** to monitor the cash drawer:
 1. The Accounting Technician or Accounting Specialist will bring the change funds to the Intake/Eligibility windows each morning. Each Intake/Eligibility staff member has a locked money bag. They have the key and the extra key is in a sealed initialed envelope in the locked key box in the spare key safe.
 2. All cash and coins will be locked in the cash drawer, lockbox, safe or other safe secure location when not in use.
 3. The cash drawer or lockbox will never be left unattended. All staff members will be responsible for securing their drawers.
 4. Fiscal/Intake/Eligibility staff will never allow any other person access to their drawer unless under the direct supervision of the staff member responsible for the drawer.

5. The cash drawer is never to be used for the purpose of making change, cashing personal checks, or providing temporary loans for anyone, including any SCHD staff member.
 6. NO Petty Cash expenditures will ever be paid from a cash drawer.
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7. The cash operation of each cashier must include a permanent collection record, including, but not limited to:
 - a. A daily cash collection report
 - b. Receipt documentation
 - c. Calculator tapes dated and initialed by the staff member responsible for the drawer.
 8. Records will reflect all transactions including cash, checks, debit/credit card transactions, voids and refunds. This permanent record must be retained by the department for a minimum of three (3) years.
-
- F. The Accounting Technician or Accounting Specialist will collect the Intake/Eligibility change funds in their individual locked money bags at the end of each day and secure all funds for the agency in a locked safe in the Administrative Work Room.
 - G. The Accounting Technician or Accounting Specialist performs an unannounced audit with staff responsible for the funds present of all change funds on a quarterly basis and provides the results to the Accounting Specialist and the Health Director.

Revenue Received in Mail:

1. The Management Support Staff (on a daily rotating basis) opens and distributes all incoming mail.
2. The Management Support Staff (on a daily rotating basis) records checks and information in a manual check log. This process includes:
 - A. Recording the check number
 - B. Amount of the check
 - C. Date received
 - D. Payer's name
3. The Management Support Staff (on a daily rotating basis) then delivers the check(s) to the appropriate Fiscal Services staff responsible for posting and depositing the payment(s).
4. Fiscal Services staff:

- A. Verifies in the log the receipt of check by initialing the log
- B. Stamps the check "For Deposit Only"
- C. Records the amount for the appropriate program in the check log
- D. Posts payment to Accounts Receivable
- E. Balances posting to daily cash report
- F. Includes in the daily deposit.

Procedures for Deposits:

1. The Intake/Eligibility staff is responsible for the collection and posting of payments from patients/clients throughout the day.
2. The Environmental Health Processing Assistant is responsible for the collection of payments for Environmental Health services.
3. The Patient Relations Representative IV/Billing Clerk and/or other Fiscal staff copy the Remittance Advice (RA) and post payments to patient accounts on a daily basis.
4. Beginning at 4:00 PM every day, the Intake/Eligibility staff will consecutively close out their collections for the day, run daily deposit reports and balance the cash fund for the day.
5. All daily receipts and supporting documentation are given to the Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis), who then verifies that funds are correct and accounted for and initials the documentation.
6. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will:
 - A. Close out the collections for the day
 - B. Run the daily deposit report
 - C. Balance the cash fund for the day
 - D. Prepare a deposit slip
 - E. Prepare an envelope listing currency, coins and checks to be transported to the County Finance Office for deposit.
7. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will verify and sign off on the amount, then lock up the deposit envelope in her bag for the night. This allows all daily transactions to be included in that day's deposit.
8. The next morning, the Accounting Specialist or Finance Technician will prepare the deposit slip, make copies of all checks, the deposit envelope, charge card receipts and the deposit break down. The deposit along with the checks, charge card receipts and the deposit break down are taken to the Sampson County Finance Office and given to the County Senior Finance Technician or the County Deputy Finance Officer for verification. The deposit will then be taken to the bank by the Sampson County Finance Officer.
9. The Sampson County Finance Office will credit the appropriate line items. The bank receipt as well as a scanned check receipt will be returned to the Health Department.
10. In the absence of any of the Patient Relations Representatives, the Accounting Technician will be responsible for assuring the above procedures occur.

11. Deposits:

- A. The Sampson County Government Cash Management Plan governs the administration of funds through the central depository system.
- B. Per the Plan, deposits are to be made in the official depository daily.

Employee Payroll and Travel Deposits:

- A. Employee Payroll and Travel reimbursement is made by direct deposit.
- B. Travel reimbursement is issued on the 20th of the month via electronic deposit and is documented with the monthly Travel Report.
- C. Employee Payroll is issued on the 25th of the month via electronic deposit. The Management Support Administrative Services Assistant will obtain and distribute the payroll check stubs/vouchers on the 25th of the month.
- D. **Note:** Both Travel and Payroll electronic deposits are based on the day of the week that the 20th and/or 25th date falls; if on a weekend or holiday, the electronic deposits are made the day prior to weekend/holiday.

Losses/Shortages/Overages:

- 1. Any Shortage or Overage will be reported as part of the SCHD's net deposit for separate reporting on the County's General Ledger.
- 2. The Sampson County Finance Office makes a clear distinction between a "Loss" and "Shortage" of department money:
 - A. An **Overage** occurs when a cashier has collected too much money and cannot immediately return the excess money to a specific client.
 - B. A **Shortage** occurs when an unintentional collection error such as an error made in making change.
 - C. A **Loss** of County money occurs when a cashier has obtained physical custody of money and then, due to reasons of negligence (such as leaving the drawer unattended), an act of God (such as a hurricane), or an unlawful action (such as robbery), cannot deposit that money into the County treasury.
- 3. Any loss must be immediately reported to the Accounting Specialist, the Health Director and the Sampson County Finance Officer.
- 4. The County Finance Officer must be sent a detailed statement as to the circumstances of the loss, along with a copy of any applicable Police Report within 24 hours of the loss.

Purchasing Procedures:

- 1. Sampson County Health Department adheres to the Sampson County Purchasing Policy and Procedure Manual. A copy of this manual is maintained in the Accounting Specialist's office.

2. State and Federal Revenues Received: Revenues received from State and Federal sources are deposited into the programs designated by Agreement Addendums. Sampson County Government uses Munis accounting software to track all receivables and payables. The Health Department places revenues in line items based on the program requirements. One or more Agreement Addendum services may be included in a line item, such as TB, STD, and/or HIV under the Communicable Disease Program.

3. Each employee is to complete his/her requisition in its entirety to include:
 - A. Complete the requisition to include name and date and submit the form electronically to the department supervisor.
 - B. Prior to submission, review the request for accuracy.
 - C. Include shipping, federal excise taxes, print set-up fees and/or any other associated costs and break them down by the appropriate items.
 - D. Place the vendor number, name and address on all requisitions, which will be reviewed by the Accounting Technician for accuracy.
 - E. If the requisition is for a new vendor or the vendor's information has changed, the staff member must have the vendor complete a new vendor registration form. The forms can be obtained from the Accounting Technician. The completed form must accompany the requisition.

4. The Department Supervisor will specify the program(s) to be charged.
5. The Department Supervisor will then review the request and: either approve it and email it to the Accounting Technician's mail box; or deny it and return it to the staff member. The Department Supervisor is responsible for ensuring all of the information in the request is correct.
6. The Accounting Technician will check the program for the availability of the funds to purchase the items and assign the account number to purchase the items. She will then forward the request to the Health Director, or the Accounting Specialist in the Health Director's Absence, for final agency approval.
7. The request is returned to the Accounting Tech to be posted to the ledger and then emailed to the County Purchasing Agent for processing.
8. The County Purchasing Agent will again verify the availability of the funds and type the Purchase Order (PO). It is then forwarded to the County Finance Officer.
9. The County Finance Officer will provide the final approval of the request for the purchase unless it is Capital Outlay. All Capital Outlay must be forwarded to the County Manager for approval.
10. The County Purchasing Agent will then send the authorized Purchase Order (PO) back to the Accounting Tech via email.
11. The Accounting Tech will make a copy on white paper for her records and one on **BLUE** paper and put in the box of the staff member originally requesting the purchase.
12. Staff members receiving the BLUE copy will make a copy to keep for their records.
13. Staff members will:

- A. Place all packing slip(s) received in the Accounting Tech's mail box **as they arrive** to make the Accounting Tech aware of the items received.
 - B. Make a copy of the packing slip and mark off the items from the original PO.
 - C. Attach to the packing slips to the **BLUE** copy of the PO.
14. In the event that packing slips are not included in the items shipped, staff will:
- A. Print a copy of the original PO.
 - B. Mark off the type and amount of items received on the PO
 - C. Make a note on the bottom of the PO: 1) that the packing slip was not included; 2) and the date the items were received.
 - D. Make a copy of the PO and attach to the blue copy of the PO.
 - E. Place the original PO being used as a packing slip in the Accounting Tech's mail box.
15. Once all of the items on the requisition have been received, the staff member will:
- A. Remove the copies of the packing slips from the **BLUE** PO.
 - B. Attach all copies to their copy of the Purchase Order.
 - C. Place the **BLUE** copy of the PO in the Accounting Tech's mail box to make the Accounting Tech aware that all items requested have been received.

Invoice Procedures:

1. The Accounting Technician will process all invoices for the agency. The Accounting Tech will prepare a bill tab that informs the County Finance Office staff where to deduct the money to cover the expenditure.
2. The bill tab is then posted in the general ledger spreadsheet and forwarded to the Health Director.
3. The Health Director signs and gives the final approval for all invoices. In the Health Director's absence, the Accounting Specialist will approve invoices.
4. The signed invoices are then submitted to the County Finance Office.
5. The County Finance Office then processes the invoice for payment.
6. Invoices are paid by the County on the 10th, 20th, and 30th of each month. Invoices must be submitted to the County Finance office a minimum of five working days prior to these dates.
7. The County Finance Officer and the County Manager will sign each county check.

Check Requests Procedures:

1. Check requests are to be used for travel (registration fees and hotel reservations) and any other purchases that require a check when an invoice will not be received.

2. All check requests are to be typed on the electronic form and submitted to the Department Supervisor for approval.
3. The Department Supervisor will approve or deny the request; if approved, the staff member making the request emails the Check Request with all supporting documents to the Accounting Tech.

4. The staff member is responsible for completing all of the necessary information on check requests. This includes:
 - A. Vendor Number:
Note: Refer to vendor number list/maintained by Accounting Tech in Fiscal Services; vendors, especially hotels, may have several vendor numbers.
 - B. Vendor Name & Complete Remit/Mailing Address
 - C. Invoice and/or Confirmation Number(s)
 - D. Total Dollar Amount of Request (including tax)
 - E. **For:** “What the request is for;” The specifics of the request, such as registration fee, hotel room cost, using wording to detail specific information – see Attachments.
 - F. Description: Travel or other as designated by the Accounting Tech.
 - G. Org Number: as assigned by Accounting Tech.
 - H. Object Number: as assigned by Accounting Tech.
 - I. Amount: net amount of request including any applicable taxes
 1. State Tax: Current State Tax percentage
 2. County Tax: Current County Tax/
 3. Occupancy tax percentage (for hotel reservations)
 - J. Total: Total Dollar Amount of request
 - K. **Justification:** “Why the request is needed;” the purpose for which the check is requested, such as to attend a workshop, supplies needed for a program, etc. – see Attachments.
 - L. Delivery Instructions: Is usually marked “Mail to Payee”. Special instructions are to be noted, such as: with attachments; specified to be picked up by Health Department Staff
 - M. Requested By: Employee requesting payment
 - N. Leave all other lines blank
 - O. Attach all information that will be necessary to determine the purpose of the request. This may include, but not be limited to:
 1. Copy of hotel reservation with confirmation number
 2. Copy of form that indicates registration fees
 3. **REQUIRED** Copy of approved Travel Request
 4. Copy of any special forms and/or instructions that need to accompany the check request

5. Staff is to obtain **all** receipts for the check and place in the Accounting Tech's mail box. Receipts include such items as hotel room receipts that show payment or registration fee payment receipts.

Travel:

1. Travel Request:
 - A. If a County Vehicle is available for travel during the scheduled time to travel, staff is to use the available County Vehicle for travel **UNLESS** given specific permission by the Health Director to use a personal vehicle.
 - B. Mileage reimbursement is set by the County Finance Officer in accordance with the current IRS rate per mile.
 - C. All travel requires prior approval from the Department Supervisor, Fiscal Supervisor and the Health Director.
 - D. The person requesting travel is to:
 1. Complete an electronic Travel Request Form
 2. Scan and attach a copy of the reason for the request, such as a copy of a workshop brochure, email of a planned meeting, meeting agenda, etc.
 3. Submit the form to the Department Supervisor for approval.
 - E. The information that must be completed on the form includes:
 1. Date of request
 2. Name of person(s) needing to travel
 3. Travel destination city
 4. Purpose for travel (workshop, meeting, etc.)
 5. Travel date(s)
 6. Estimated total cost of travel to include:
 - a. Registration fee
 - b. Accommodations
 - c. Meals
 - d. Mileage
 - F. The form is to be submitted to the Department Supervisor a minimum of four (4) weeks prior to the need to travel.
 - G. The Department Supervisor will approve or deny the request. If denied, the form will be returned to the requesting staff member with the denial noted on the form. If approved, the Department Supervisor will email the request to the Accounting Specialist to verify availability of funds.

- H. Once funds are verified, the request will be submitted to the Health Director by the Accounting Specialist for final approval. If denied the form will be returned to the staff member and a copy will be provided to the Department Supervisor. If approved, copy will be provided to the staff member and the Department Supervisor.
- I. Once the approved form is received, the employee will then submit any needed check requests with a copy of the approved travel request attached to the check request(s).

2. Monthly Travel Sheets:

- A. Travel sheets are to be completed by each individual employee. The fund code must reflect the program to charge for the employee's travel. Only one month is to be documented per travel sheet.
- B. All travel for the month must be submitted by the last working day of the month for payment on the 20th of the following month. Travel sheets must not be held resulting in multiple months handed in at once. Refer to N. below for annual June requirements.
- C. All expenses incurred while on county approved travel for one day meetings require a receipt from the vendor. The itemized receipt must contain the date of the transaction, the vendor's name, the amount of the purchase and the item(s) purchased. It is the responsibility of the employee to obtain the required documentation to receive reimbursement. No alcoholic beverages, personal items or groceries will be reimbursed.
- D. Overnight travel will be subject to per diem amounts outlined in the County of Sampson Travel Policy.
- E. Accurate odometer reading must be recorded at the beginning and ending of any travel for mileage reimbursement.
- F. The information to be completed by the employee on the form includes:
 - 1. Date of travel
 - 2. Destination
 - 3. Accurate odometer readings to and from the travel destination
 - 4. Total mileage of the trip
 - 5. Fund Code
 - 6. Any Subsistence totals with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
 - 7. Any other expenditures, such as parking, etc., with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
 - 8. A copy of the meeting agenda must also be **paper-clipped to the BACK of the travel sheet for any travel.**
 - 9. The Mileage, Subsistence and Other totals are entered in each section on the travel sheet. Subsistence must be listed in chronological date and meal order (i.e., 10th, 11th 12th of the month; Breakfast, lunch, and dinner).

10. Travel, subsistence, and other totals will be combined for the final total of travel expenses incurred.
- G. Travel sheets are to be given to the Department Supervisor on the last working day of the month unless travel is anticipated on that day. Staff traveling on the last working day of the month will submit their travel sheets as soon as the travel for the day is completed.
 - H. Each Department Supervisor is responsible for reviewing the forms for accuracy and signing the form to indicate review and accuracy.
 - I. The Department Supervisor then places the forms in the Accounting Tech's mail box.
 - J. The Accounting Tech/Fiscal Services staff reviews the forms for accuracy and designation of costs to programs based on the fund codes.
 - K. If the form is incomplete, it will be returned to the Department Supervisor for follow-up to ensure completion.
 - L. Once the travel form is complete and accurate, the Accounting Tech will prepare a bill tab for submission and make a copy of the form and place in the employee's mail box.
 - M. Travel reimbursements will be made by direct deposit on the 20th of the month. Refer to "Employee Payroll and Travel Deposits" above.
 - N. Travel sheets for the month of June are to be submitted to the Department Supervisor for approval and then to Fiscal Services on June 25th for the fiscal year end close. Any mandatory travel made from June 26th through June 30th must be documented on a separate travel sheet and submitted on June 30th/last working day of June.

Inventory Management - Capital Outlay & Fixed Assets:

1. A fixed asset inventory listing of the County's personal property is required.
2. Fixed assets are defined as tangible assets of significant value (\$2,500 or more).
3. Exceptions to this limit include office furniture, computer equipment, etc. and some special items which require property control:
 - A. The Management Support Administrative Assistant is responsible for the fixed assets of the department and will maintain a list.
 - B. The Management Support Administrative Assistant will tag fixed assets as directed by the County Finance Office.
 - C. The Management Support Administrative Assistant will perform at least an annual physical inventory in order to keep the records up to date and accurate.
4. When an item is no longer in service at SCHD the Management Support Administrative Assistant will complete the Surplus/Junk Property Form and submit to the County Finance Office in accordance with the Sampson County Surplus Policy – see Attachments.

Replacement of Equipment:

1. Sampson County Health Department will ensure that equipment is sufficient for departmental needs and that all equipment is kept in good working order to ensure that the agency has properly functioning equipment to perform the required public health duties.
2. Each department will ensure that all equipment is maintained and serviced as needed.
3. Maintenance agreements are maintained on equipment requiring service as needed.
4. Equipment needs are reviewed annually, usually during the budget planning process.
5. Equipment will be replaced on an as needed basis.

Title X Fiscal Guidance for Family Planning:

1. SCHD has policies and procedures for charging, billing, and collecting funds for the services provided to Family Planning Clients.
2. Clients are not to be denied services or subjected to any variation in quality of services because of inability to pay.
3. There are no fees or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.
4. Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) are not charged; however, SCHD bills all third parties authorized or legally obligated to pay for services. All clients are provided a receipt that lists the services received.
5. SCHD uses all valid means of income verification, including the client's participation in other SCHD programs, to verify income rather than rely solely on the client's self-report. All clients are informed to bring proof of income at the time of their visit; verifying client income will not present a barrier to receipt of Family Planning services.
6. SCHD uses the most current sliding fee scale provided by the North Carolina Women's Health Branch to determine costs for Family Planning services for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL).
7. Fees are waived for individuals with family incomes above 100% of the FPL who, as determined by the Health Director, are unable, for good cause, to pay for Family Planning services – refer to "Services Eligibility & Required Fees/Payments" #10 above.
8. For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. Refer to the "Fee Setting Process" above.
9. Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor. Refer to "Patient Confidentiality" and "Proof of Income Requirements" #4 above.
10. All reasonable efforts are made to obtain third party payment without the application of any discounts for authorization for third party reimbursement.
11. Family income and payment methods are assessed before determining whether payments or additional fees are charged. This includes assessing for private insurance. Refer to "Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims" #4 above.
12. Insured clients whose family income is at or below 250% FPL will not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of

discounts is applied and will be charged the lesser of two amounts. After total charges for the visit are calculated based on the sliding fee scale:

- A. If the amount due is more than the insurance required co-pay, the co-pay will be collected
 - B. If the amount due is less than the insurance required co-pay, the amount due will be collected.
 - C. The total charges for the day will then be billed to insurance for payment.
13. Confidential Services: All reasonable efforts are made to collect charges without jeopardizing the client are made. This includes third-party payers that issue Explanation of Benefits (EOB) statements. Refer to “Patient Confidentiality” above.
14. Donations: Voluntary donations from clients are permissible; however, clients are not pressured to make donations, and donations are not a prerequisite to the provision of services or supplies. Refer to “Direct Patient Charges” #6 above.
15. Abortion Services: SCHD does not provide abortion services; therefore, no additional financial documentation is required.
16. Title X References:

NC Department of Health & Human Services
<http://www.ncdhhs.gov/>

NC Department of Public Health:
<http://publichealth.nc.gov/>

Title X Guidelines:
<https://www.hhs.gov/opa/sites/default/files/Title-X-2014-Program-Requirements.pdf>
OPA Instruction Series:
<https://www.fpntc.org/resources/title-x-program-review-tool>

References:

North Carolina General Statute § 130A-39
North Carolina General Statute § 105A: Article 1: 1 – 16.
10A NCAC 45A.
Health Insurance Portability & Accountability Act (HIPAA) of 1996.
42 CFR 59: Grants for Family Planning Services.
OPA: Program Requirements for Title X Funded Family Planning Projects, April 2014.
Centers for Medicare & Medicaid Services
North Carolina Department of Public Health Program Branches
Sampson County Finance Policy & Procedures
Sampson County Accounts Receivable Policy
Sampson County Accounts Receivable Collections Procedure
Sampson County Procedure for Handling Counterfeit Currency
Sampson County Returned Check Policy
Sampson County XVII Surplus Policy
Sampson County Health Board of Health Operating Procedures.
Sampson County Health Department Adult Health Policy
Sampson County Health Department BCCCP/WW Policy
Sampson County Health Department Care Coordination for Children (CC4C) Policy
Sampson County Health Department Child Health Policy
Sampson County Health Department Communicable Disease Policy
Sampson County Health Department Family Planning Policy
Sampson County Health Department Immunizations Policy
Sampson County Health Department Maternal Health Policy
Sampson County Health Department Prenatal Care Management (OBCM) Policy
Sampson County Health Department STD Policy
Sampson County Health Department TB Policy

HEALTH DEPARTMENT FEE REVISIONS FY 19-20

LabCorp Test Code	CPT Code	Modifier	DESCRIPTIONS	CHARGES	DATE REVISED	
020321	OL011	90	PIT	\$46.54	6/27/2019	need to add to fee schedule
005280	85045	90	Reiculocyte	\$8.00	8/9/2019	need to add to fee schedule
006395	86706	90	Hep B Surface AB	\$35.12	9/10/2019	need to add to fee schedule
006510	87340	90	HBs Ag	\$29.75	9/10/2019	need to add to fee schedule
146059	86803	90	Hep C Antibody	\$29.75	9/10/2019	need to add to fee schedule
117079	OL011	90	Antiphospholipid Syndrome Panel	\$718.75	10/3/2019	need to add to fee schedule
058495	OL012	90	MMR Titer	\$202.25	10/3/2019	need to add to fee schedule
015594	OL014	90	Antithrombin Profile	\$330.00	10/3/2019	need to add to fee schedule
500463	81240	90	Prothrombin	\$150.00	10/3/2019	need to add to fee schedule
164525	85306	90	Protein S	\$160.00	10/3/2019	need to add to fee schedule
511162	85303	90	Protein C	\$300.00	10/3/2019	need to add to fee schedule
138651	87529	90	HSV Type DNA PCR	\$310.00	10/29/2019	need to add to fee schedule
192630	OL009	90	PAP	\$23.00	11/6/2019	need to change test number association to from 192005 to 192630
192005	88142	90	PAP	\$23.00	11/6/2019	need to add to fee schedule

Environmental Health Fees	Fee	Updated
Soil/Site Evaluation (New Septic System) Septic Permit (New System)	\$200.00	07/01/2019 12/03/2019
Soil/Site Evaluation (Repair Septic System) Septic Permit (Repair/Replace/Expand Septic System)	\$50.00	07/01/2018 12/03/2019
Existing Septic System Inspection Septic Permit (Reconnection or Room/Pool Addition)	\$50.00	06/12/2017 12/03/2019
Engineer Option Permit Fee	\$75.00 \$60.00	09/12/2016 12/03/2019
Migrant Labor (Existing septic & well report) *Each additional septic report	\$50.00 \$10.00	06/12/2017 07/01/2015
Migrant Labor (each additional septic report)	\$10.00	07/1/2015
New Well Site Evaluation *Each additional new well on same property	\$300.00 \$75.00	06/12/2017 06/12/2017
Each additional new well on same property	\$75.00	06/12/2017 12/03/2019
Water Samples -Bacteriological	\$35.00	7/01/2018
Water Samples - Nitrites	\$35.00	07/01/2018
Water Samples - (Inorganic Chemical)	\$75.00	06/12/2017 12/03/2019
Water Samples - Pesticides	\$100.00	07/01/2015
Water Samples - Petroleum	\$100.00	12/03/2019
Well Report (Includes Bacteriological Sample)	\$50.00	07/01/2018
Food & Lodging Plan Review	\$200.00	07/01/2013
Temporary & Limited Food Establishment Permit	\$75.00	06/12/2017 12/03/2019
Temporary Food Establishment Permit	\$75.00	06/12/2017 12/03/2019
ServSafe Class Full Course (Including all materials) (Course book provided)	\$181.00	07/01/2018
ServSafe Class Full Course (Student brings 6th edition book) (Student brings book)	\$116.00	07/01/2018

ServSafe Class Re-Test/Test Only (Test Only)	\$56.00	07/01/2018 12/03/2019
ServSafe Class (per students)	\$75.00	7/1/2016
ServSafe Class Answer Sheet	\$41.00	7/1/2016
ServSafe Class Manager Book/Exam Sheet	\$76.00	7/1/2016
ServSafe Class Protoring Exam (per student)	\$15.00	7/1/2016
Smoking Violation Fine	\$200.00	7/1/2013
Public Swimming Pool Annual-OP Permit	\$100.00	7/1/2013 12/03/2019
Tattoo Artist Annual Renewal Permit	\$200.00	6/12/2017 12/03/2019

Program Funding

Request Application



United Way of Sampson County

Sponsoring Agency: _____

Program Name: _____

Mailing Address: _____

Phone/email _____

Funding Request for 2020 Program Funding \$ _____

CERTIFICATION

The requested amount herein was considered and approved for submission by the

_____ Board of Directors at a meeting on _____
(Sponsoring Agency) (date)

Our fiscal year is _____ to _____
(date) (date)

Management and the Board of Directors have read and are prepared to discuss this Funding Request.

We acknowledge that funds allocated by United Way are contributed dollars and that fair and full disclosure is required in the completion of this Funding Request Application and all other requested information.

Executive Director ~ Name

Board President or Authorized person Name

Volunteer Title

Signature - Executive Director

Signature ~ Board President or Authorized Person

Date

Date

REQUIRED: Specific use of UWSC funding. (Use only space provided)

[Empty rectangular box for providing specific use of UWSC funding]

Organization's Governance & Oversight

Organizations *not currently* receiving UWSC funding *must* complete the following.

Board Meetings

1. How many meetings were scheduled during the last fiscal year?
2. How many times did the Board meet during the last fiscal year?
3. At how many of the Board meetings did you have a quorum during the last fiscal year?
4. Are detailed reports of agency activities provided to the board on a regular basis? (Y/N)

Current Demographics of Board of Directors

Male	_____	Black	_____	_____
Female	_____	White	_____	_____
Hispanic	_____	Other	_____	

Fiscal Oversight

1. Briefly describe the system used for safeguarding against unauthorized or improper disbursement of funds, (i.e. two signatures required on checks).

National/State Affiliations

1. Are you nationally and/or state affiliated? (Y / N)? _____ YES _____ NO
2. Does the organization adhere to national standards? _____ YES _____ NO

Please briefly describe those national standards.

ORGANIZATION OVERVIEW

Organizations *not currently* receiving UWSC funding *must* complete the following.

1. Describe the organization's mission.

2. List any organizations or programs with whom your organization has collaborated to provide joint programming, and briefly describe the type(s) of collaboration (co-sponsorship of events, seminars, community issues, etc.) and the results of those collaborations.

5. Does the organization employ paid staff?

_____ YES _____ NO

6. Does the organization have job descriptions for all staff?

_____ YES _____ NO

PROGRAM OVERVIEW

Program Name: _____

Program Director's name: _____

1. Provide a *brief* program description and goals.

2. What social/human welfare issue(s) does this program address?

3. What is the program's targeted population, capacity, and number of people to be served? Is it at capacity?

4. Do you have a waiting list for this program? If so, how many are on the waiting list, and what is the expected waiting time before your program will be able to provide services to them?

5. What are the eligibility requirements for participating in this program?

6. What fees are charged for services, and what percent of participants pay fees?

7. What is the long range plan for insuring financial stability for the program?

8. What impact would UWSC funding have on this program's outcomes?

9. To what extent are volunteers utilized in this program?

10. Are reference/background checks complete on all volunteers? _____ YES _____ NO

11. What type of training do volunteers receive? Are they evaluated on a regular basis?

**MEASURING PROGRAM EFFECTIVENESS
OUTCOMES LOGIC MODEL**

**PROGRAM
NAME** _____

Please submit a logic model for the program for which UWSC funding is being requested. **Do Not** report on program outcomes in this model. Present in narrative format.

INPUTS	ACTIVITIES	OUTPUTS

**MEASURING PROGRAM EFFECTIVENESS
OUTCOMES FRAMEWORK**

PROGRAM

NAME: _____

Complete an outcome measurement framework for the program for which UWSC funding is being requested.

OUTCOMES	INDICATORS	DATA SOURCE	DATA COLLECTION METHOD

OUTCOMES MEASUREMENT RESULTS

Program Name: _____

1. Viewing your outcomes as your program's goals, how many participants do you estimate will achieve the outcome results that you have targeted for the funding cycle requested?
2. How often do you measure this program's outcome results? (Daily, Monthly, Quarterly, Semi-Annually, etc)
3. Who is responsible for implementing, collecting, and reviewing the outcomes/program effectiveness information for this program? (i.e. Committee, individuals with specific responsibilities, etc.)
4. What level of involvement does the Board of Directors have in the process of program outcome measurements and implementation?
5. What changes have been planned or made to the program as a result of the outcome measurements?

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 4

Meeting Date: December 2, 2019	<input checked="" type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

INFORMATION ONLY - BOARD OF HEALTH ITEMS

For all Board Information items, please contact the County Manager's Office if you wish to have additional information on any of the following.

- a. Health Advisory Board Minutes, September 16, 2019
- b. Health Advisory Board/Dangerous Dog Appeal Hearing Minutes, October 29, 2019
- c. 2019 Community Health Assessment (CHNA)
- d. 2018-19 Board of Health Annual Report

SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson
Health Director



360 County Complex Road, Suite 200
Clinton NC 28328

To: Mr. Edwin Causey
County Manager

From: Wanda Robinson
Health Director

Subject: County Commissioner's agenda items-Board information

Date: November 18, 2019

Attached are items for your review from the Health Advisory Committee:

1. September 16, 2019 Health Advisory Committee Meeting Minutes
2. October 29, 2019 Dangerous Dog Appeal Meeting Minutes
3. 2019 Community Health Assessment (CHNA) - This report provides an overview of the significant community health needs identified in Sampson County. Initiated in 2015, Health ENC (Eastern North Carolina) grew out of conversations with health leaders about improving and standardizing the CHNA process in eastern NC. Health ENC coordinates a regional CHNA in 33 counties of eastern, NC including Sampson County. The effort syncs all participant organizations on to the same assessment cycle. It also creates opportunities for new and better ways to collaborate and partner with one another. Sampson Regional Medical Center's and Sampson County Health Department's most recent CHNA was completed in 2017. However, in order to join the Health ENC regional collaborative and get "on cycle" with other counties in the region, it was necessary for Sampson County (both agencies) to complete another one in 2019. As a result of this CHNA, both organizations identified priorities to focus on with their respective CHNA implementation plan. The prioritization process identified 3 focus areas; (1) Diabetes; (2) Exercise, Nutrition & Weight (Obesity); (3) Substance Abuse. Sampson County will outline how it plans to address these health needs in its implementation plan.
4. 2018-2019 Annual Report-The Sampson County Board of Health, Sampson County Advisory Board, and the staff of the Sampson County Health Department are pleased to provide you with our annual report for fiscal year 2018-2019. The report was developed to inform Sampson County residents and officials of the progress made by their Public Health Department to meet its' mission.

Annual report is being submitted as an informational item for the county commissioners. This report explores the size and nature of health differences by place and racial/ethnicity in North Carolina and how state and community leaders can take action to create environments where all residents have the opportunity to live their healthiest lives. 2018 County Health rankings for the 100 ranked counties (100 the worst) in North Carolina shows a slight change for Sampson County. For 2018 Health Outcomes for Sampson County was ranked at 79 as opposed to 80 in 2017. Health Factors ranked at 82 in 2018 and 84 in 2017. Sampson County did improve slightly.

Attachments:

1. September 16, 2019 Health Advisory Committee Meeting Minutes
2. October 29, 2019 Dangerous Dog Appeal Meeting Minutes
3. 2019 Community Health Assessment (CHNA)
4. 2018-2019 Annual Report

**Sampson County Health Department Advisory Committee
Meeting Minutes**

September 16, 2019

Attendance: Dr. Jeffrey Bell, Paul Bradshaw, Dr. Elizabeth Bryan, Robert Butler, Jacqueline Howard, Chair; Allie Ray McCullen, Commissioner Harry Parker.

Absent: Charlotte Harrell, Linda Heath, and Linda Peterson.

Health Department Staff: Wanda Robinson, Sally DeMay, Tamra Jones, Kelly Parrish, Annie Fennell and Perry Solice.

Administration Staff: Edward Causey and Joel Starling.

I. Call to Order:

Jacqueline Howard, Chair called meeting to order.

II. Invocation:

Commissioner Harry Parker gave the Invocation.

III. Approval of minutes:

Motion to accept the July 15, 2019 minutes as written made by Dr. Jeffrey Bell seconded by Dr. Elizabeth Bryan. All in favor. Motion carried.

IV. Clinic Update:

Kelly Parrish presented a clinic update for committee. Family Planning Title X update: Title X is the only federal program dedicated solely to provision of family planning and related preventive services tailored to individual needs, with priority given to those from low income families. Established in 1970, program provides funding “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).” Pursuant to Congressional mandate, family participation is to be encouraged, particularly in services involving adolescents. And, from the start, Congress was clear that Title X funds cannot be used to support abortion. Title X program nationally serves approximately 4 million clients every year.

Earlier this year, Department of Health and Human Services issued a final rule to revise the regulations governing the Title X family planning program. The 2019 regulation focuses on compliance with the underlying Title X statute. In addition, it provides clarity between permissible Title X activities and impermissible ones by requiring clear financial and physical separation for Title X funded programs from programs and facilities where abortion is a method of family planning.

The 2019 regulation places a high priority on preserving the patient/healthcare provider relationship, in order to promote optimal health for every Title X patient. As such, it requires medically necessary referrals, such as referrals for prenatal care. To preserve open communication between the patient and the healthcare provider, the regulation permits, but no longer requires, nondirective pregnancy counseling, including nondirective counseling on abortion. This was the biggest change for health department, instead of the nurses being able to provide this counseling now, the provider has to do the counseling

Coercion is another piece of Title X that health department clinic staff must be carefully when dealing with clients not to coerce client into a particular family planning method.

Child Health and Immunization update: SCHD offers complete, head-to-toe physicals for children ages zero to eighteen. In the past, child health clinic would thrive the month prior to school starting through October. However, a new law mandated all children entering North Carolina public schools for the first time receive a child health physical exam. Therefore, child health clinic thrives all year long. To accommodate the beginning of school the school year and the increase in demand, we added a full day to the child health clinic which means child health clinic scheduled appointments 2 days a week instead of one day a week. Due to the complexity of this program, state requirements and components of the child health visit only six children can be scheduled per day. Clients receive physical exam, immunizations, labs, hearing and vision screenings, various assessments based on needs, dental varnishing/dental referrals as well as other referrals for needs if identified at this appointment.

Immunization Clinic sees a sharp rise in numbers due to vaccinations needed for school. To accommodate this increased demand, we added a special clinic for Tdap and Menactra vaccines. These vaccines are required for our rising 7th graders. Due to being fully staffed with nurses in the clinic, were able to pull a nurse to run this clinic and scheduled patients every 15 minutes.

Shingrix is a new vaccine for shingles and is more effective and preferred over the previous vaccine, Zostavax. Health Department had actively attempted to receive this vaccine, but it was backordered indefinitely. We finally received a shipment of ten doses and have submitted another order request for 10 more doses.

Enhanced Role Nurses (ERRN) are a unique advantage that local health departments have over other practices. This is the ability to utilize nurses that are trained to perform physical exams on clients and operate under standing orders from our medical director.

The STD ERRN can provide physicals exams on adults in our Adult Health, BCCCP/WiseWoman programs and perform STD focused exam and treatment based on standing orders. Child Health ERRN provides physical exams on children and performs screenings under standing orders.

Currently, SCHD has one STD ERRN rostered and another nurse who is about to complete the course. SCHD plans to send our Child Health coordinator to the Child Health ERRN course in February of 2020.

National Tuberculin shortage: The NC DHHS TB Branch released a memo July of 2019 stating there was a national shortage of Tuberculin. Tuberculin is the solution used to provide TB skin test to our clients. Due to the shortage, our current inventory is being held for high-risk individuals only. These clients include those who are suspected to have TB, contacts to TB, diagnosed with HIV/AIDS and those born in a high-incidence region. Clients that do not fall into a category above will be offered a TB Screening or a letter from SCHD stating there is a national shortage. The TB Branch estimates the shortage could potentially last up until one year.

Jacqueline Howard, Chair asked would companies that perform annual TB testing on employees be notified of the national Tuberculin shortage. Wanda Robinson responded health department notified the Sampson Community College and local school systems of the shortage.

V. Environmental Health Update:

Perry Solice provided update. We made it through Hurricane Dorian with little to no harm affecting the county. This is great especially for Environmental Health, with all the rain, have not had any complaints relating to the storm and on standby for any issues with mosquitos by providing mosquito dunks. Perry stated he had taken a call today from someone regarding mosquito issue and had standing water. Perry obtained contact information and instructed to come by the office to pick up mosquito dunks to put in the standing water. Received a call from DHHS inquiring if needed any assistance from them after the storm. Perry stated we did not need any assistance this year. Assistance from DHHS was needed last year after that storm.

Onsite request was in demand over the summer. May had 66 applications, June 57, July 50 and August 41. Request have slowed down in September with only 16 request as of today.

Perry reported now accepting limited food establishment applications for the Downtown Fair and Barbeque Cook off in October. This will ensure that all applicants are setting up according to the NC Food Code standards. Applications are due fourteen days in advance, to ensure that establishments have gloves, hand washing stations etc.

Fall begins the permitting of Migrant Labor camps with farmers requesting inspections in October. A letter is sent out with the application to better improve customer service and aide in making timely appointments as applications are received to improve promptness with inspections.

ServSafe Class will be offered October 14, 2019. Registration deadline is September 23rd. Have already received registrations for this class. Jason Royal is the instructor for

the ServSafe classes. Jason will arrange for group classes by appointment and will teaching a class at the Rolling Ridge Nursing Home for 6 staff on September 17, 2019.

The EH Section has been under a Customer Service Review – in response to better improve our customer service to all that we serve. The past four months has been spent making better use of our existing Citizen Serve Portal system. We have used it in the past for our in office use and now we want it to be more accessible to the customer. We've had various meetings with the organizers of this system and they have ensured that it can be used for on-line availability to our customers. Jason Royal is our lead person for this on-line portal and has made some improvements in uploading our applications and other setups. When all is done, this will be a helpful tool for in office and customers to link on for questions and answers about their services 24/7. This online portal should be up and ready to go live by November 1, 2019.

The customer will be able to generate a permit on line. After customer has completed and submitted the application and payment; the EH staff has completed their visits and documentation, then the customer will be able to review status and print permit when all steps are completed.

This Portal will assist in cutting down on phone calls to office to check or ask questions regarding applications due to customers will be able to check status of application on the portal.

EH has loaded six items on the Citizen Serve Portal. They are Limited Foods Services, Septic and Site Plans; Plan Review for Food and Lodging, Well Permit Application, Water Sample and Migrant Labor. When site is completely up and running customers will be able to go online 24/7 to submit applications and answer questions, when customer completes and submits will be sent directly to EH office. Once the EH office has completed their work and submits an automatic response will be sent to customer.

Allie Ray McCullen commented to Perry Solice regarding the Migrant Labor camp inspections process was working much smoother and he was no longer hearing the complaints that he had heard in the past.

VI. Hurricane Dorian Update:

Wanda Robinson updated on Hurricane activities. Staff went into shelters on Wednesday, September 4th at 4 pm, opening five shelters (Clinton High, Midway High, Lakewood High, Union High and Hobpton Middle schools. Also opened a Special Needs and Pet shelters.). There were a total of 291 evacuees. Things went well. Storm was a good training in getting to activate many parts of the SOG's that have been put in place.

In process of talking with staff regarding and evaluating experiences, looking closely at nursing and interpreter services and Environmental Health pieces. EH has to inspect the shelters before they open and reassess each day the shelters are open. EH also has to ensure that restaurants are conforming to general statutes. Perry Solice reported power loss was limited to no more than an hour, therefore need to follow up with restaurants

was minimal. Mosquito abatement is another part under the Health Department. Wanda planning to attend workshop in December regarding Mosquito Abatement.

Commissioner Parker spoke that Commissioners went to shelters and was very impressive, all did an excellent job.

VII. SCHD Advisory Committee Membership Review:

Wanda Robinson reviewed the attached handout of members that are coming to the end of their terms in December of 2019. Have several members to replace this year. Mr. Paul Bradshaw completing his third term as general public member. Mr. Robert Butler and Ms. Jacqueline Howard are completing their second term and up for re-appointment as is Mr. Allie Ray McCullen completing his first term and up for re-appointment. Dr. Beth Turner needs to be replaced with another Veterinarian. Recommendations will be submitted at November advisory committee meeting and then forward to December Commissioners meeting for approval.

VIII. Financial

a. TB Control AA #551 \$3,306:

Wanda Robinson reviewed the attached TB Control Agreement Addendum. Wanda reported in 2017 had 2 confirmed TB cases and 1 suspect; 2018 had 0 confirmed and 1 suspect and 2019 thus far 0 confirmed 4 suspects. All suspects are treated just like a TB case.

Motion to accept TB Control AA funds of \$3,306.00 made by Dr. Jeffrey Bell and seconded by Paul Bradshaw. All in favor. Motion carried.

b. Financial Report:

Tamra Jones gave handout (attached) of Financial Report. Tamra noted that figures may increase a little, due to receiving reports from Finance after completing this report. She will give an update next meeting. Activity Summary reviewed with most activities staying constant, with increases in STD and Immunization visits. Little decline in Maternal Health Clinic which fluctuates. Environmental Health staying constant.

Tamra reviewed the revenue reports (attached). Revenues are a little higher this month over last month; not as high as would like or average projected. Finance will close out the FY 2018-2019 on Friday, September 20th, therefore will no longer be capturing payments received for services given in FY 18-19. All payments received after September 20th will be recorded in the FY 19-20 regardless of FY services where received. Tamra will update the June Financial Report when the year has closed and all payments have been process and documented at next meeting. Local revenues are up for the most part, Communicable Disease is down a little.

IX. Health Directors Report:

Wanda reported nominations from the health department submitted for the 100 Distinguished Nurses from North Carolina. We had two selected from our nominations;

Whitaker Dangerous Dog Appeal Hearing
October 29, 2019

Attendance:

SCHD Advisory Board: Jacqueline Howard, Chair, Charlotte Harrell, Paul Bradshaw, Commissioner Harry Parker, Robert Butler, Allie Ray McCullen and Dr. Beth Bryan.

Sampson County Staff: Joel Starling, County Attorney, Wanda Robinson, Health Director, Sgt. Jessica Byrd, Animal Control officer and Sally DeMay.

I. Call to Order:

Jacqueline Howard, Chair called hearing to order.

II. Dangerous Dog Hearing:

a. Overview of Dangerous Dog Hearing Process:

Jacqueline Howard reviewed from Dangerous Dogs, Article 1A. § 67-4.1 Definitions and procedures:

(1) "Dangerous dog" means

a. A dog that:

1. Without provocation has killed or inflicted severe injury on a person; or
2. Is determined by the person or Board designated by the county or municipal authority responsible for animal control to be potentially dangerous because the dog has engaged in one or more of the behaviors listed in subdivision (2) of this subsection.

b. Any dog owned or harbored primarily or in part for the purpose of dog fighting, or any dog trained for dog fighting.

(2) "Potentially dangerous dog" means a dog that the person or Board designated by the county of municipal authority responsible for animal control determines to have:

- a. Inflicted a bite on a person that resulted in broken bones or disfiguring lacerations or required cosmetic surgery or hospitalization; or
- b. Killed or inflicted severe injury upon a domestic animal when not on the owner's real property; or
- c. Approached a person when not on the owner's property in a vicious or terrorizing manner in an apparent attitude of attack.

b. Public Comment:

Michael Johnson owner of dog "Rose". Mr. Johnson has had the dog and she is 2 years and has taken the dog to Rodeo's and taken her places that he goes. He had to go to Texas and was unable to take the dog with him, so he let Emily Whitaker watch the dog. Dog has never shown any violent tendencies. He has taught the dog to heel. Mr. Johnson remarked he did not understand where the vicious dog is coming into play. He was told the dog was picked up in the yard and showed its teeth. This was her yard, they were there, and this is on them. He heard she had killed chickens. The videos that he has been shown only show the dog wandering around in the yard. Where were the chickens and rabbit killed? Show him where the chickens and rabbit was killed, has not seen any of that and does not understand how she can be listed as a dangerous dog.

Chair, Jacqueline Howard asked if Mr. Johnson had received his letter from Sgt. Jessica Byrd. Mr. Johnson had not seen the letter. Letter was addressed to Emily Whitaker. Discussion on who was the owner of the dog. Mr. Johnson was given a copy of the letter and time to review. Wanda Robinson explained to board; Mr. Johnson is this owner of the dog, he was gone to Texas, so, she (Emily Whitaker) received the letter. Mr. Johnson explained that Ms. Whitaker was his girlfriend.

Joel Starling asked Mr. Johnson if he lived at the address on the letter. Mr. Johnson answered that he lived elsewhere. Clarification for board as to who was the owner of the dog and where the dog lives. Mr. Johnson is the owner, the dog lives with him, except during this time when he was in Texas.

Mr. Johnson remarked that it was said that the dog had left and came back again and did the same thing. Mr. Johnson stated he found that hard to believe. If the dog had gotten into the cage, he was going to kill what he wanted to kill and then he would leave. He stated that dog would not run away and then come back and do it again. Mr. Johnson remarked he found it hard to believe that dog had torn into the cages.

Mr. Johnson remarked that the dog had been raised with other animals and eats with a cat. If the chickens were running loose in the yard, yes she is going to run that and he could understand that. He runs cattle and the dog was trained to run cattle. If anything takes off running, she is going to run at it and nip the heels.

Joel Starling asked for clarification regarding the letter from Animal Control and this was the first time Mr. Johnson had seen the letter. Mr. Starling asked if Mr. Johnson was aware of the allegations contained in that letter already. Mr. Johnson answered, yes to being the first time he had seen the letter. Mr. Johnson explained that she (Ms. Whitaker) had called him and told him Animal Control had picked up his dog. Ms. Whitaker told him the dog had gotten out and supposedly killed some chickens and a rabbit. Mr. Johnson asked if he needed to call them (the Abdulateefs) to smooth things over with them. Ms. Whitaker told Mr. Johnson that she had talked with the animal control lady and she was going to send him a thing saying she was a vicious dog. Mr. Johnson asked, "Where is my dog?" and "Where was she picked up at?" If she was in the yard that was her right. Mr. Johnson stated he was then told that the people that had the chickens and rabbit killed, that the dog had shown aggression to them. Mr. Johnson said he knew they did not walk into the yard and shoo the dog. He thinks they picked up something and was going aggressively toward the dog and his dog turned and showed her teeth. Mr. Johnson stated this was totally acceptable behavior to him. Mrs. Jacqueline Howard clarified that this was on their (the Abdulateef) property. Mr. Johnson acknowledged, but if you come at me with a stick, I'm coming back at you; self-defense is the way he (Mr. Johnson) looks at it. Mr. Johnson remarked he does not show aggression to his dog and he does not like for his dog to show aggression, but if someone is going to at him like that, then they need to do what they need to do to protect themselves. Mrs. Jacqueline Howard again confirmed that it was on someone else's property. Mr. Johnson acknowledged, he could understand it was on someone else's property. Mr. Johnson remarked, if they are going to hurt my dog and my dog defends himself, he really can't blame the dog and he can't really blame them.

Dr. Beth Bryan asked how much time the dog spent at the residence of where the incident happened. Dr. Bryan mentioned that the dog was seen with puppies. Mr. Johnson answered the dog had been there for about three months. Mr. Johnson explained he has been down in Texas for almost half a year.

Mr. Paul Bradshaw requested the breed of the dog, and Mr. Johnson answered it is a Pitt Bull. Mr. Bradshaw asked if the dog was normally shut up and Mr. Johnson answered, "No sir." Mr. Johnson further explained that when he is home, she is normally outside, if he leaves he puts her in a kennel and lets her back out when he gets home. Mr. Johnson remarked that she runs around and plays with his three children.

Mr. Bradshaw questioned if Rabies shot was current. Mr. Johnson answered he did not think it was. Dr. Bryan questioned when the dog is at the girlfriend's house there is not a fence. Mr. Johnson answered: "No, ma'am." The dog runs free. Mr. Johnson explained he does not have a fence at his house, but the dog knows her boundaries at his house. Dr. Bryan asked for clarification, because there is an underground fence or does she know where the end of his yard is. Mr. Johnson explained that he walks his dog around his property and if he finds his dog outside his property he walks the dog up to it and pops his tail and says 'No' to the dog. Does not beat his dog, just pops them. Walks them all the way around property, so his dogs do not go out of his yard. He has only had one dog that would go off property and he got rid of the dog because he would never listen to him and didn't want him to be hit by a car because he kept going to the road.

Mrs. Jacqueline Howard questions that when Mr. Johnson heard what had happened, that he asked what he could do to smooth it over, so he accepted responsibility of what had happened. Mr. Johnson answered, if his dog had done it, he would have no problem with replacing the chickens and rabbit. Mr. Johnson remarked again regarding the two videos he had seen so far that only shows the dog in the yard. Mr. Johnson remarked the first video it did not look like his dog, because the dog looked sort of black. Second dog was his dog. He again stated he only saw the dog running around in the yard.

Sgt. Jessica Byrd, Animal Control. Clarification given as why Ms. Emily Whitaker was served with the paperwork. Ms. Whitaker was the one that responded, stated she was the owner and she was the one that signed the receipt saying she was the owner. This was the first time that Sgt. Byrd heard of the apparent actual owner. Joel Starling remarked for the Board's information, our ordinance defines owner as; "Any person or legal entity that has a possessory property right, including harboring or keeper of a dog with consent of the owner." So Ms. Whitaker would also qualify as the owner under the Animal Control Ordinance.

Sgt. Byrd remarked about speaking with the victim (Mrs. Zainab Abdulateef). Victim called afterhours on a Monday evening. Victim did state that the dog had come and killed some chickens. Sg. Byrd asked if wanted her to respond that night or if next business day, Ms. Abdulateef stated next day was fine. Sgt. Byrd went to the house and Ms. Abdulateef stated what she thought was the house that the dog belonged. Sgt. Byrd did post a notice on that property. Victim called again and stated that this has

happened again and she had recorded the dog so it could be identified. Sgt. Byrd remarked that on both occasions the dog had killed chickens and one rabbit killed. Both occasions when dog came to the property, she had actually left behind a puppy that was following it. Sgt. Byrd went for the first time on October 8, 2019 and collected a puppy that Mrs. Abdulateef had grabbed before it ran off. Again on October 9th, complainant had another puppy. At that time Sgt. Byrd suspected that the property the notice had been posted was not the owner of the dog. Sgt. Byrd had not received any response from that posted notice and posted notice and notes were still posted and had not been removed.

Sgt. Byrd began a canvas of the area. Complainant had told this was a Pitt Bull breed, mamma dog. Sgt. Byrd did locate a dog tied in a front yard near Knollwood Lane. Spoke with woman and she stated she could tell Sgt. Byrd where the dog is, somewhere down that Lane. Sgt. Byrd took a picture of the tied dog and showed the picture to Ms. Abdulateef for identification. Mrs. Abdulateef stated it was not the dog.

Sgt. Byrd returned and spoke with other people and one man remarked if it is the "Mama dog with teats", she comes through here regularly. Sgt. Byrd continued down Knollwood Lane and encountered a man driving a type of Avalanche pick-up and showed him a picture of the dog taken from the complainant's video. The man pointed out the trailer house that was beside his home.

Sgt. Byrd pulled into the yard and the female dog was there in the yard and observes one other puppy that looked just like the two other puppies already picked up from the Spivey's Corner address. Sgt. Byrd exited her truck and remarked the dog was highly aggressive mixed with fearful, growling, showing teeth, hair raised. Sgt. Byrd did get her pet pole, just to let her know this was not going to go the way you want it to. Sgt. Byrd was able to make contact with Ms. Whitaker's sister, who resides at the house. Explained the reason, why she was there and showed the sister the video of the dog in the complainant's yard. The sister's response was, "I've told my sister and told my sister to keep that dog put up." The sister did not mention Mr. Johnson. Sister told Sgt. Byrd that one of the puppies was dead in the ditch, where it had been hit by a car.

Sgt. Byrd explained if there was not a way to secure the dog, she would have to take it and be deemed dangerous. Ms. Whitaker's sister stated she understood. Sgt. Byrd asked if sister was able to catch the dog and sister stated she was not able to get her hands on the dog. Sgt. Byrd then got dog treats out of her truck and threw the treats and the dog immediately sailed on the treats. Sgt. Byrd set a trap and was able to trap the dog using treats. Sgt. Byrd asked the sister how old were the puppies. Sister was not sure of age. Sgt. Byrd remarked about having two other puppies at the shelter what about this puppy and sister told her to go ahead and take puppy. Sgt. Byrd stated it was a little harder to catch the puppy, but with food the puppy was trapped.

Sgt. Byrd took the captured dog by the complainant's residence again. Husband was at home and both looked at the dog and verified this was the dog. Apparently these events have not been the first time, but these last two times were the only ones reported. Complainants could have dealt with the animals being killed, but they have a

lap baby and stated she (Ms. Abulateef) could not deal with the dog being in her yard and being aggressive towards her.

Sgt. Byrd had the two videos on her phone recorded from her computer if the board wanted to view. One video shows the dog walking around in the yard and the other shows the dog making a bee line for one of the chicken coops. Impression that Sgt. Byrd received that when one of the videos was recorded there was not an attack, just recording the dog in the yard and during the attacking the complainant was obviously trying to scare or get the dog away and retrieving the puppies at that time. Sgt. Byrd remarked that during both incidents the complainant was able to get her hands on the puppies. Sgt. Byrd remarked that the complainant's property was a good distance away, this was not a next door neighbor situation. Sgt. Byrd remarked you had to drive about two to three quarters of a mile down the road and turn on the lane where Ms. Whitaker stayed and then a good ways back down the lane. It was a good distance that the dog had to travel with these puppies.

Sgt. Byrd stated when Ms. Whitaker come to shelter, she remarked on how the dog was un-socialized. Sgt. Byrd remarked the dog was aggressive to everyone, until you were nice and made friends with the dog. Sgt. Byrd remarked that when you approach the kennel the dog would start growling. When Ms. Whitaker came to visit the dog, the dog was laying there and was a complete change when the dog saw Ms. Whitaker and was loving towards her. Sgt. Byrd remarked she tried to comfort Ms. Whitaker and told her the dog was very loving towards Ms. Whitaker, but wanted to eat everyone (at the shelter) up. Sgt. Byrd remarked this was not a yard to yard aggression, but the dog is apparently not socialized with strangers at all.

Sgt. Byrd again offered the Board a chance to view the videos. Mr. Paul Bradshaw asked if the videos showed any evidence of dead chickens or rabbits. Sgt. Byrd responded, "No sir." On the first day she went there were two dead chickens in a small coop. There are several small coops that are on wheels. The next time there was a rabbit found that she had dragged off. Sgt. Byrd stated the chickens were small breed like Bantam chickens, not full grown chickens.

Joel Starling asked where the complainant had the puppies were located at the residence. Sgt. Byrd answered, one of the puppies was on the porch on a blanket. Mr. Bradshaw asked if the complainant's were invited to the hearing. Sgt. Byrd answered yes and that she had a voice mail from the complainant asking if she needed to come to hearing. Wanda Robinson spoke that the complainant was invited. Sgt. Byrd remarked that she believes that the husband works and does not believe that the lady has a driver's license.

Sgt. Byrd remarked that the husband did not want compensation for the chickens, but he did not want that dog to come to his property ever again. The husband told Sgt. Byrd if the dog were to ever come back again, he would kill it.

Mr. Bradshaw remarked that since the Rabies shot is not current, this is a problem. Sgt. Byrd remarked that the dog had been at shelter since October 9th and had not shown any symptoms of rabies. Unusually aggressive, but has been eating and drinking with no

problems. Sgt. Byrd remarked an animal with rabies may not exhibit any signs for up to six months. Wanda Robinson asked Ms. Whitaker if the dog had had shots previously. Mr. Johnson replied: "Yes." Sgt. Byrd asked if shots were 7 pound or Rabies shots. Mr. Johnson responded 7 pound was what he was told the dog had received. Sgt. Byrd explained that a Rabies is a totally separate shot from the 7 pound. Ms. Whitaker spoke up that the dog has had the one year Rabies shot and was three month late getting the 3 year Rabies shot.

Mr. Robert Butler had a question for Sgt. Byrd regarding was this dog identified as the dog that had killed the chickens. Sgt. Byrd replied that she (the complainant) identified this was the dog; but also identified this was the dog she saw attacking the chickens. Sgt. Byrd stated there was a black dog that lives behind the complainant; that the complainant stated sat there and watched while the other dog ("Rose") did the killing. Sgt. Byrd confirmed the complainant was sure without a doubt this was the dog that had done the killings.

Mr. Robert Butler asked for understanding from Sgt. Byrd that when she went to the house the dog was aggressive in her own yard, this he could understand. But the aggression off its property, that is his concern. Sgt. Byrd spoke that this was the complainant's biggest worry with having a little one. Sgt. Byrd spoke that complainants didn't appear to believe in harming or putting the animal down, unless absolutely necessary. Sgt. Byrd spoke that complainant was scared to death of the dog and the husband had said if he had been there based on what his wife was telling him, he would have already killed the dog. Ms. Abdulateef was very intimidated by the dog per Sgt. Byrd. Sgt. Byrd spoke, she also understood where Mr. Johnson was coming from, regarding if you come at the dog aggressively manner and she did have the pup with her. Complainant had enough fear in her and thought the dog was going to attack her at the time per Sgt. Byrd. Sgt. Byrd did not think it was a simple growl and bark, it was something showier to the point she (the complainant) was definitely afraid of this dog.

More discussion about the complainant being invited to the hearing. Wanda Robinson reported she had spoken with Mrs. Abdulateef and that she had been sent a letter. Comment was made that Sgt. Byrd had investigated the incident and talked with the complainants, so whether they (the complainants) where there or not did not matter. Mrs. Howard referenced that two points; one that even though she has been in a kennel she has been aggressive to those that were not family, unless they were with them. Sgt. Byrd answered, that she could definitely say it was night and day. She spoke with Ms. Whitaker and told her if you are going to appeal to go ahead, because the dog was miserable there. Sgt. Byrd described the dog's behavior if she was not eating or drinking, she was huddled in a ball. If you went up to her, she would immediately begin to growl. As soon as Ms. Whitaker started talking to the dog, tail wagging and sitting upright, happy as could be. Sgt. Byrd remarked it was a night and day difference.

c. **Discussion:**

Mrs. Howard asked the board if there were any questions or statements they wanted to make before the decision was made. Joel Starling spoke that the issue the board is to decide is whether or not the determination of the law enforcement officer was in the

best interest of the public health, safety and welfare. That is the guiding principal to use to either affirm or reverse or modify to an extent the decision made by the law enforcement officer.

Question was asked on what grounds are we looking at to determine her a dangerous dog. Joel Starling responded that the allocation is that she killed a domestic animal while not on the owner's property.

Mrs. Jacqueline Howard made the statement: "Does the board agree to uphold Jessica Byrd's determination that she is a dangerous dog based on the information that was presented, that she was off premises and killed an animal."

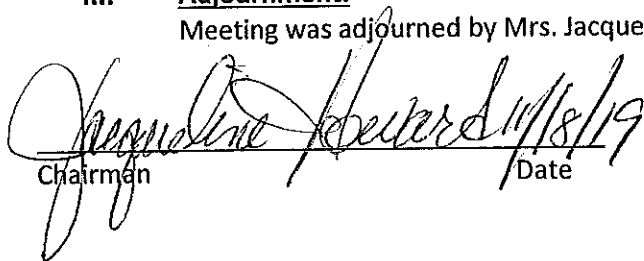
Show of hands and Mrs. Jacqueline Howard stated majority ruled that it has been deemed dangerous; "Rose" has been deemed a dangerous dog. Vote was 6 to 1 by show of hands.

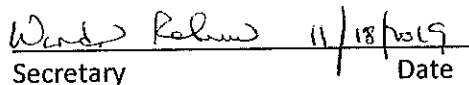
Mrs. Howard inquired if Mr. Johnson had received information regarding keeping a dangerous dog and a copy could be obtained for him is needed.

No further questions or discussion were necessary at this point.

III. Adjournment:

Meeting was adjourned by Mrs. Jacqueline Howard.


Chairman _____ Date 11/18/19


Secretary _____ Date 11/18/19

Sampson County

2019 Community Health Needs Assessment

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Executive Summary

Sampson County is pleased to present its 2019 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Sampson County.

Service Area

The service area for this report is defined as the geographical boundary of Sampson County, North Carolina. Sampson County is located inland from the coastal area of the state and has a total area of over 947 square miles, of which 945 square miles is land and 1.9 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Sampson County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (3) focus group discussions. Almost 500 Sampson County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Sampson County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Prevention & Safety
Respiratory Diseases
Social Environment
Substance Abuse

Selected Priority Areas

In Sampson County, all the health needs in Table 1 are important and need to be addressed. As Sampson Regional Medical Center (SampsonRMC) and Sampson County Health Department serve different roles in the health of the community, each organization has chosen to focus on issues where they can best utilize their resources.

Sampson Regional Medical Center has identified Diabetes and Obesity (Exercise, Nutrition and weight) as priorities to address. Sampson County Health Department identified Diabetes and Substance Abuse as priorities to address.

Conclusion

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

Introduction

Sampson County is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Sampson County, North Carolina.

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

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

The 2019 Sampson County Community Health Needs Assessment was developed through a partnership between Sampson Regional Medical Center, Sampson County Health Department, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

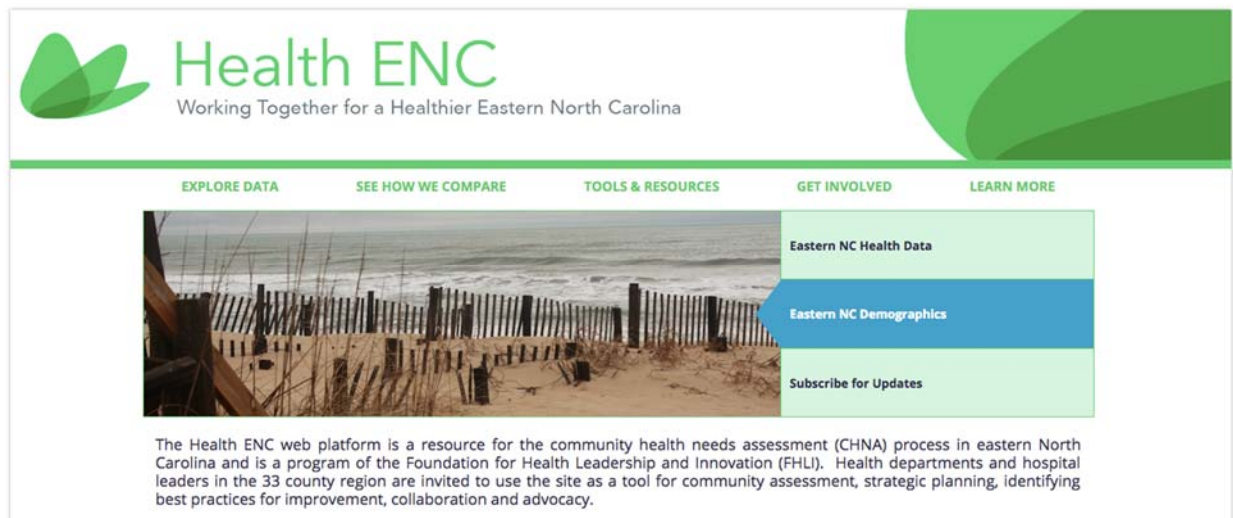
HealthENC.org

The [Health ENC](https://www.healthenc.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on [HealthENC.org](https://www.healthenc.org) and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit [HealthENC.org](https://www.healthenc.org) to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Sampson County [Sampson Regional Medical Center/ Sampson County Health Department Collaborative]

Located in Clinton, NC, Sampson Regional Medical Center (SampsonRMC) has served its community since 1950 and is now one of only a handful of independent, community-based hospitals remaining in North Carolina. The healthcare facility serves as an academic training center for medical students, interns, and residents. Accredited by The Joint Commission, the system offers a range of medical services including acute care, outpatient surgery, emergency and critical care, and women's health and children's services. Specialties include general surgery, orthopaedics, obstetrics & gynecology, and urology. The system provides valuable outpatient services such as physical therapy and diagnostic imaging in state-of-the-art centers, home health, a premier Health + Wellness Center, and a network of physician practices that include primary care, women's health, general surgery, pain management, and urgent care.

The hospital's medical staff is composed of physicians representing a variety of specialty areas including family practice, pediatrics, anesthesiology, hospital medicine, internal medicine, obstetrics and gynecology, orthopedics, general surgery, urology, and oncology. SampsonRMC is committed to providing the most up-to-date medical care available, close to home for Sampson County residents. And to keep quality care close to home, the hospital is constantly evaluating new opportunities to improve access to care.

SampsonRMC is committed to improving the health of the community and offers free outpatient education classes, support groups, senior citizen programs, and wellness classes throughout the year. Sampson Regional Medical Center provides comprehensive hospital and community-based services that preserve and restore health, provide comfort, and maintain dignity for all who seek care.

Sampson County Health Department (SCHD) (established in 1911) provides public health services that are uniquely responsible for bringing the benefits of prevention to Sampson County residents. The mission of Sampson County Health Department is to preserve, protect and promote the health, environment and well-being of the citizens of Sampson County.

SampsonRMC and SCHD have a positive and productive working relationship and are committed to continuing their work together to improve the health of the citizens of Sampson County.

Community Health Team Structure

The Community Wellness Coordinator at SampsonRMC works closely with Health Educator at Sampson County Health Department (SCHD) to ensure that Sampson County's community health needs are met and that the Community Health Needs Assessments are done in a timely manner. Each organization has internal community health committees that discuss the Community Health Needs Assessment report and resulting data. SampsonRMC community health committee discusses reasonable priorities according to primary and secondary data and SampsonRMC Board of Trustees approves health priorities chosen by SampsonRMC internal community health committee. Priorities are discussed with SCHD Health Educator and at Sampson County Partnership for Health Carolinians meetings so interested parties are aware of community health issues and plans.

Sampson County Partners for Healthy Carolinians (established in 2001) is a local group that consists of public-private partnerships representing public health, hospitals, health and human service agencies, civic groups, churches, schools, businesses, community members and leaders. The mission of the

Sampson County Partners for Healthy Carolinians is to improve the health and quality of life for Sampson County's citizens.

Distribution

An electronic copy of this report is available on HealthENC.org. Sampson Regional Medical Center will have an electronic copy of this report at www.SampsonRmc.org. Paper copies may be requested by contacting SampsonRMC Community Wellness Coordinator at 910-596-5406.

Sampson County Health Department will have an electronic copy of this report at www.sampsonnc.com and www.scpfhc.org. A paper copy of the CHNA Report Executive Summary can be requested by contacting Sampson County Health Department at (910) 592-1131.

Report is also distributed via email to all members of Sampson County Partners for Healthy Carolinians.

Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

Usually, the CHNA cycle occurs every three years and the last Sampson County CHNA cycle occurred in FY2017. To get 'on cycle' with the rest of the ENC collaborative, Sampson County is participating in this FY2019 CHNA cycle. Moving forward, Sampson County will be part of ENC collaborative and will back on the three-year cycle, with the next CHNA cycle occurring in FY2022.

In the previous CHNA cycle, which occurred in 2017, [Obesity] and [Diabetes] were selected as prioritized health needs by Sampson Regional Medical Center (SampsonRMC). As obesity and diabetes continue to be major health concerns, SampsonRMC will continue to address obesity and diabetes as top priority and basis of the implementation strategy for 2019.

Prior to joining the ENC collaborative, Sampson County Health Department and Sampson Regional Medical Center prepared individual CHNA reports to fulfill requirements for each agency. As part of Sampson County Health Department's 2014 Community Health Needs Assessment provided to North Carolina Department of Public Health, the Sampson County Partners for Healthy Carolinians Task Force served as the CHA Team and selected the following health categories as prioritized health needs:

- Obesity
- Chronic Disease

A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in [Appendix A](#).

Community Feedback on Prior CHNA

Sampson Regional Medical Center's 2017 Community Health Needs Assessment was made available to the public via [www.SampsonRMC.org]. Community members were invited to submit feedback via email address rpalmer@sampsonrhc.org and discussion in Partnership for Healthy Carolinians meetings. Sampson County Health Department's 2014 Community Health Needs Assessment was made available to the public via the Sampson County Health Department and Sampson County Partners for Healthy Carolinians websites. Community members were invited to submit feedback and questions to either organization. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

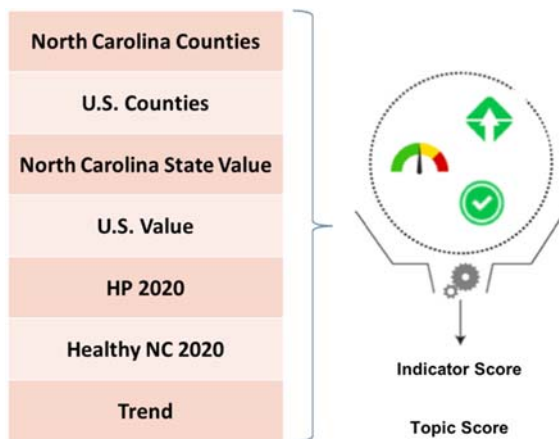
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Sampson County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 148 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Sampson County’s status, including how Sampson County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI’s data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Sampson County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



Please see [Appendix B](#) for further details on the secondary data scoring methodology.

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in [Appendix C](#).

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Electronic and paper surveys in English and Spanish were available for participants to complete during the survey period. The survey was communicated/advertised at local community meetings, through email list serves, newspapers, social media, and on Sampson County and Sampson Regional Medical Centers’ websites.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 541 responses were collected from Sampson County residents, with a survey completion rate of 83.7%, resulting in 453 complete responses from Sampson County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Sampson County	435	18	453

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Sampson County, what their personal health challenges are, and what the most critical health needs are for Sampson County. The survey instrument is available in Appendix C.

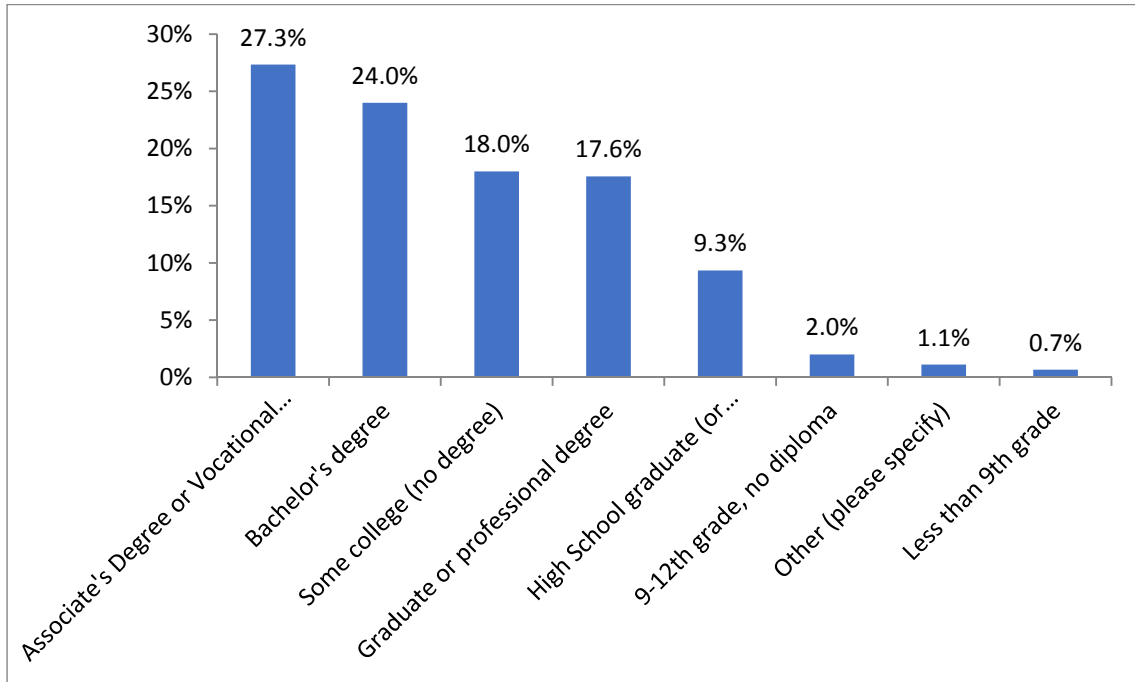
Demographics of Survey Respondents

The following charts and graphs illustrate Sampson County demographics of the community survey respondents.

Among Sampson County survey participants, 48% of respondents were between the ages of 40 and 59, with the highest concentration of respondents (12.7%) grouped into the 45-49 age group. The majority of respondents were female (79.9%), White (75.8%), spoke English at home (95.3%), and Not Hispanic (90.2%).

Survey respondents had varying levels of education, with the highest share of respondents (27.3 %) having an associate’s degree or vocational training and the next highest share of respondents (24 %) having a bachelor’s degree (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (70.3%) and the highest share of respondents (20.8%) had household annual incomes between \$50,000 and \$74,999 before taxes. The average household size was 2.9 individuals.

Figure 4. Employment Status of Community Survey Respondents

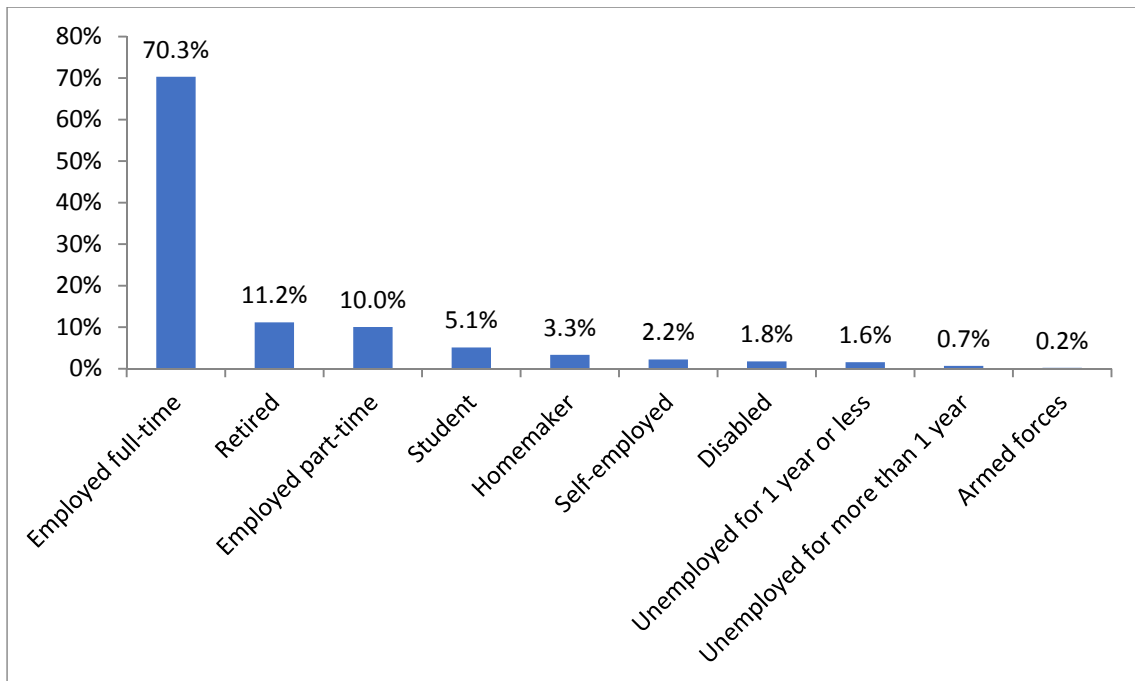
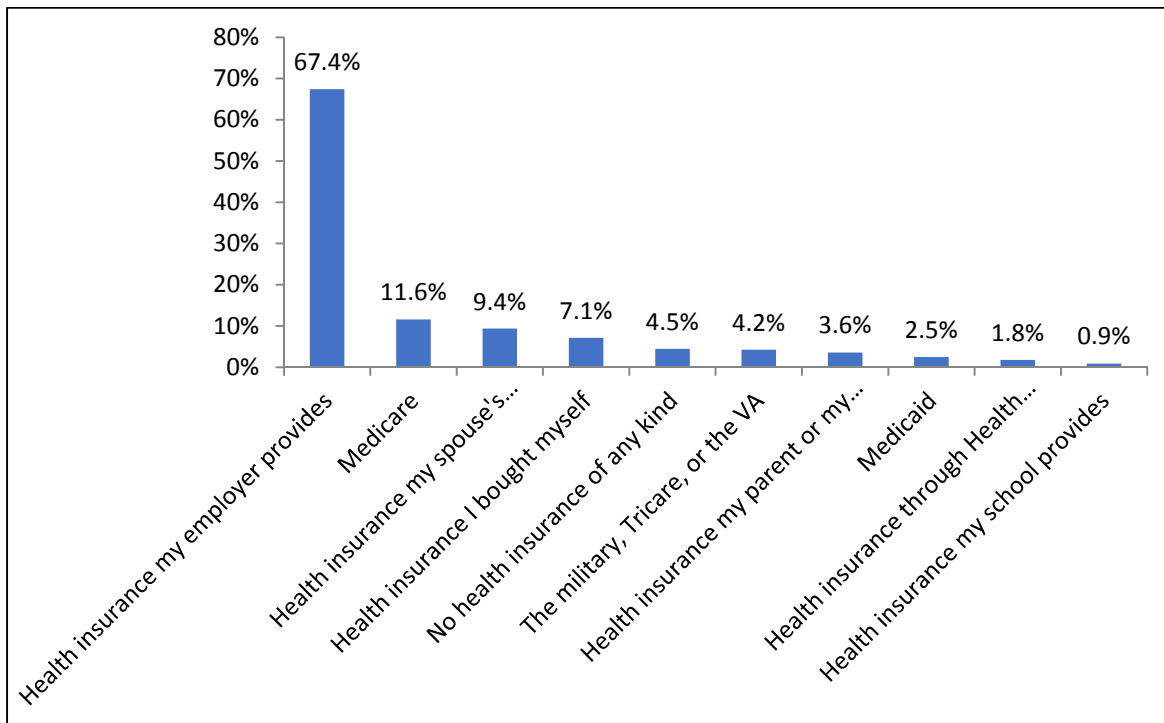


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (67.4%) and 4.5% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population had varying degrees of education and income and consisted of older, white women with full time employment. The survey was a convenience sample survey, and thus the results may not be representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Sampson County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC’s 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Sampson Regional Medical Center and Sampson County Health Department targeted underrepresented communities, including representation from the African-American and Hispanic communities, to participate in the focus group discussions. All participants received a cup, ink pen and towel as an incentive and were served a meal for completing the focus group discussion. One participant from each group received a \$50 gift card.

Three focus group discussions were completed within Sampson County between July 17, 2018 – July 19, 2018 with a total of 22 individuals. Participants included community members identifying as Hispanic/Latino, health care/wellness professionals and other citizens interested in personal and community wellness. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
7/17/2018	Center for Health & Wellness-Clinton, NC	Hispanic/Latino	6
7/18/2018	Center for Health & Wellness-Clinton, NC	Health Care Professionals	8
7/19/2018	Center for Health & Wellness-Clinton, NC	Wellness Advocates	8

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Sampson County is rich with involvement by a representative cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

Sampson Regional Medical Center’s Community Health Needs Assessment has been done every three years (per IRS requirement) with the most recent one completed in 2017. SampsonRMC chose Diabetes and Obesity as priorities to address.

In order to join the Health ENC regional collaboration for Community Health Assessment, and to get ‘on cycle’ with the other counties in the region, it was necessary for Sampson County to complete another Community Health Assessment in 2019. For continuity and as the chronic health problems continue to grow and threaten the good health of our community, diabetes and obesity (exercise, nutrition and weight) will remain the priority focus of the CHNA implementation plan. The goal remains the same - to help our community move toward a healthier lifestyle and away from obesity and diabetes.

SampsonRMC internal community wellness committee members include: Anna Peele, TCHW group fitness instructor and community wellness advocate; Valerie Miller, MPH – concerned parent, avid runner and healthy lifestyle advocate (having lost and kept off 100 lbs); Kristy Bland, SampsonRMC Marketing Coordinator; Eric Autry, TCHW Fitness Specialist.

After committee discussion and approval, request is made to SampsonRMC Board of Trustees to review report and approve priorities for SampsonRMC. Then, priority topics are taken to the Healthy

Carolinians meeting for community discussion for acknowledgement. The discussion between SampsonRMC community wellness coordinator and SCHED Health Educator is ongoing.

Sampson County Partners for Healthy Carolinians convened on June 18, 2019 to review secondary and primary data from the CHNA data collection process. Following the data review and additional discussion, participants were guided through a ranking method to finalize the top health priorities. As a result of this process, Sampson County Health Department will work to develop improvement plans addressing these identified health priorities:

- Diabetes
- Substance Abuse

Overview of Sampson County

About Sampson County

Sampson County is the second largest county in North Carolina. Tucked into the southeast corner of North Carolina, known as the Coastal Plains, is beautiful Sampson County, which is bordered on the east by 300 miles of beaches and in the west the Blue Ridge and Great Smoky Mountain ranges. The County is rich in recreational activities on waterways, trails and farms. Clinton is the largest of several small towns and communities comprising the county. Clinton is quiet and rural, often referred to as a nice place to raise children. Currently, there is a major highway expansion project (to widen Hwy 24) underway.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Sampson County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Sampson County has a population of 63,124 (Figure 6). The population of Sampson County has decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

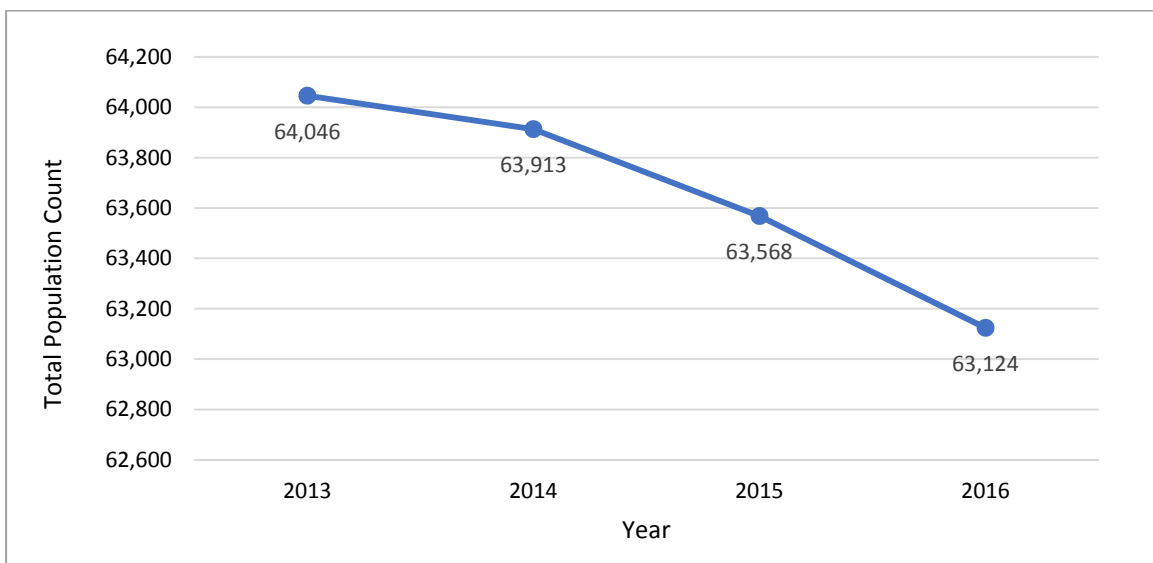
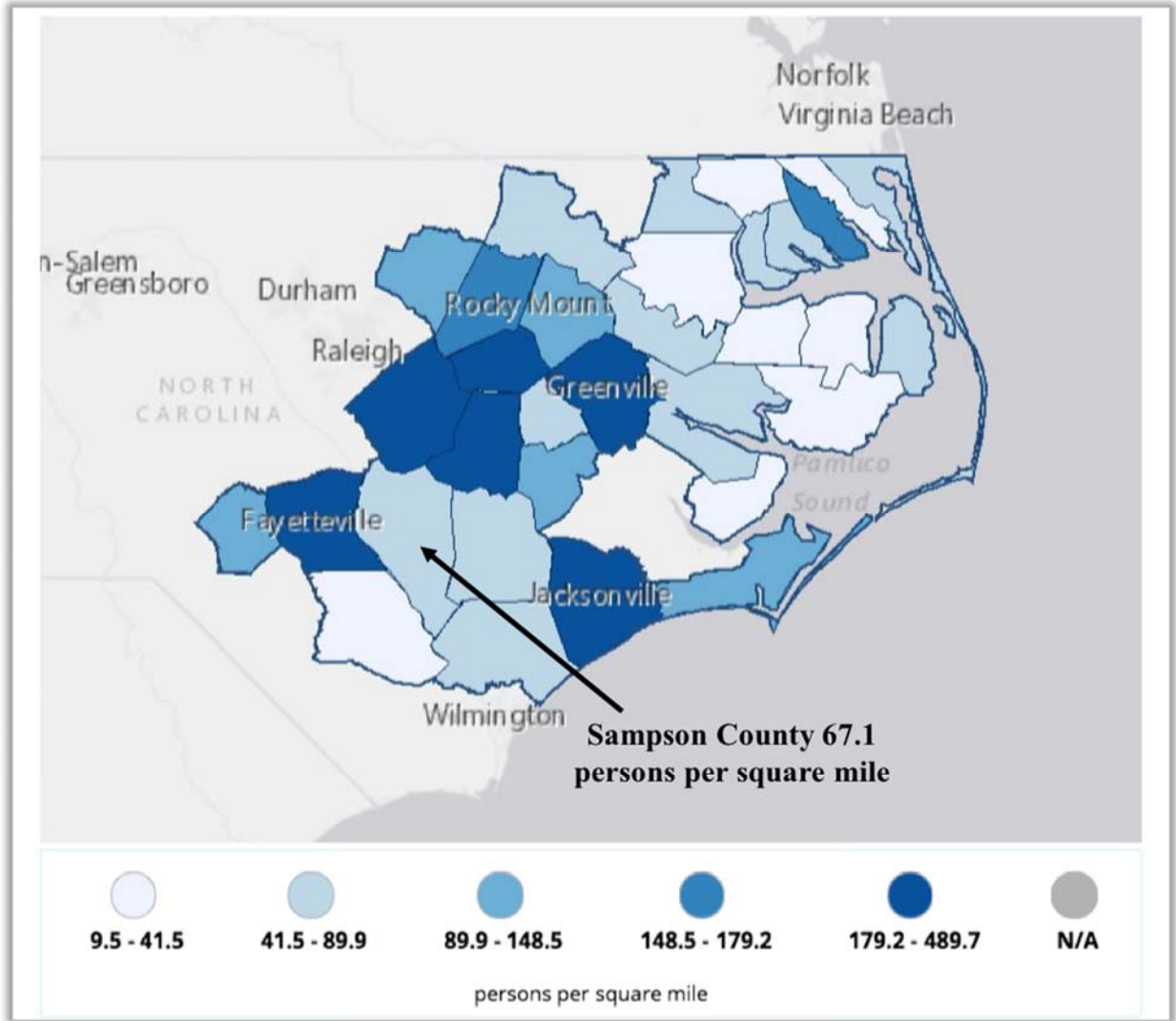


Figure 7 shows the population density of Sampson County compared to other counties in the Health ENC region. Sampson County has a population density of 67.1 persons per square mile.

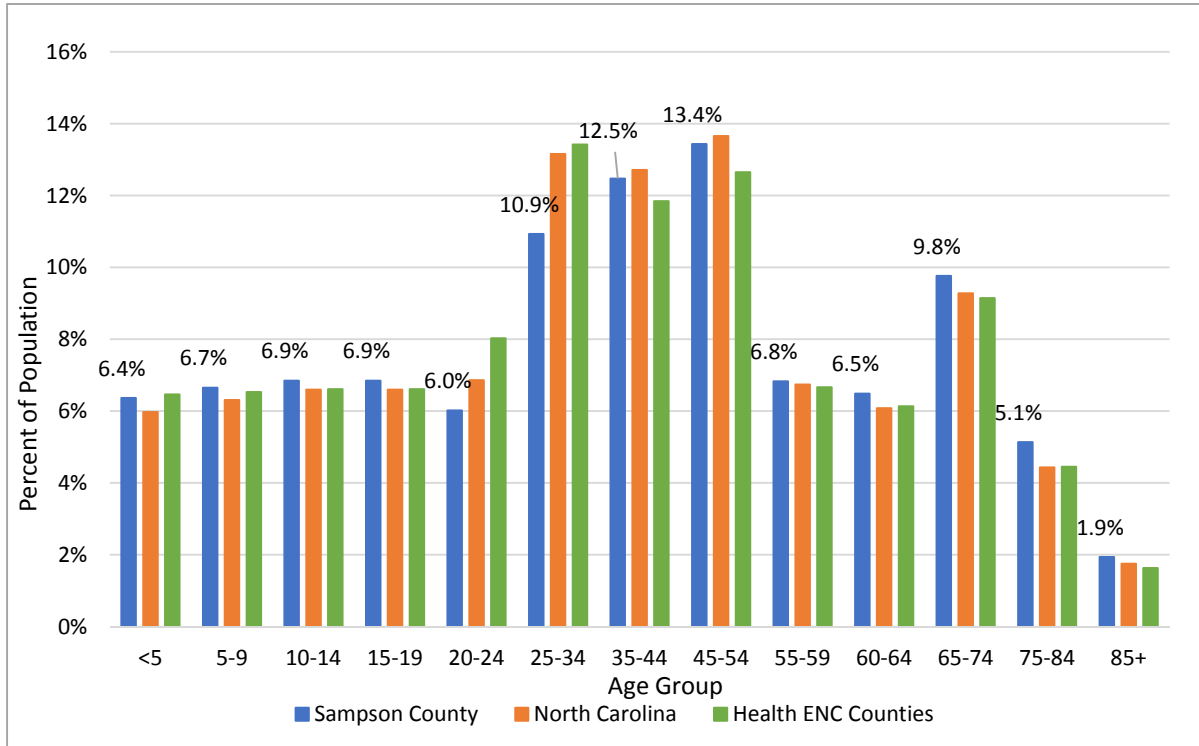
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

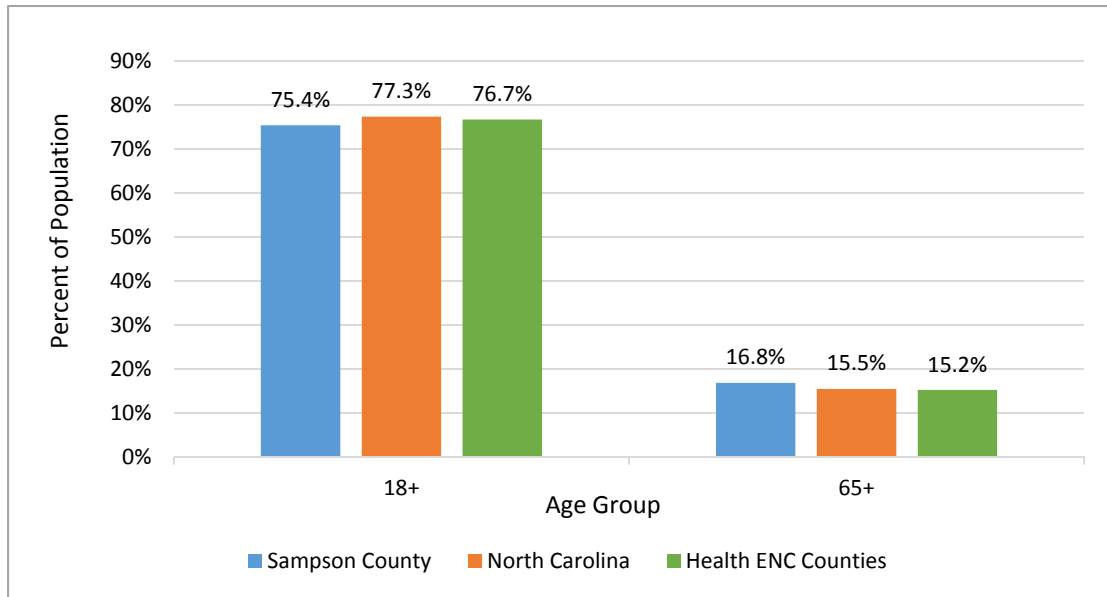
Overall, Sampson County residents are similar in age to the residents of North Carolina and the Health ENC region. Figure 8 shows the Sampson County population by age group. The 45-54 age group contains the highest percent of the population at 13.4%, while the 35-44 age group contains the next highest percent of the population at 12.5%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 16.8% of the Sampson County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 49.1% of the population, whereas females comprise 50.9% of the population (Table 5). The median age for males is 38.6 years, whereas the median age for females is 41.3 years. Both are slightly higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

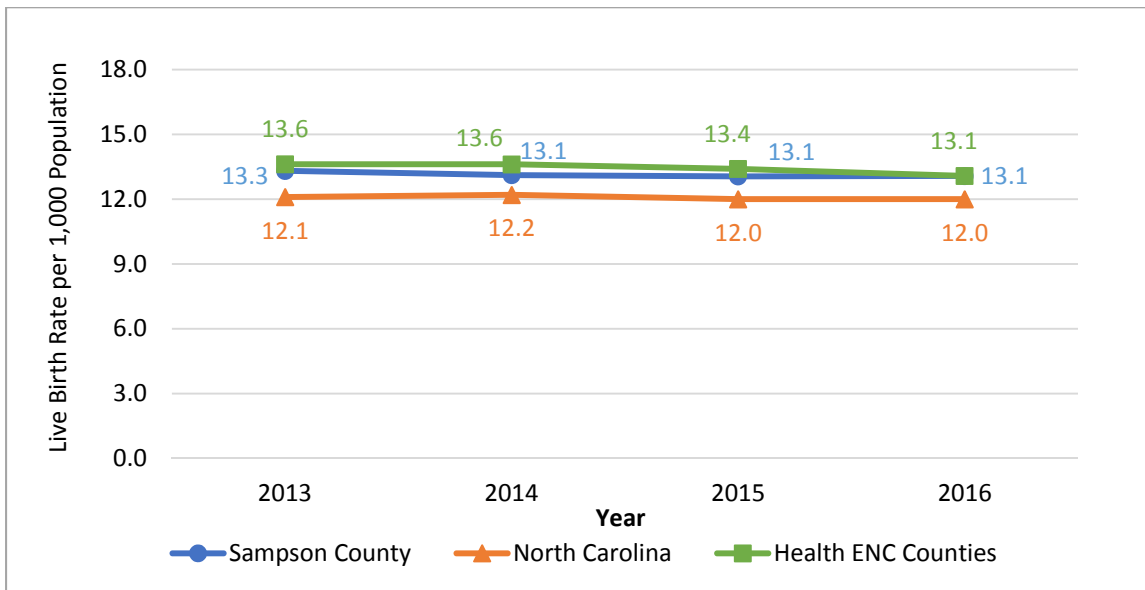
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Sampson County	49.1%	50.9%	74.5%	14.6%	76.2%	19.0%	38.6	41.3
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Sampson County (13.1 live births per 1,000 population in 2016) is higher than the birth rate in North Carolina (12.0) and equal to the birth rate in Health ENC counties (13.1). While the state and regional birth rates have decreased slightly over the past three measurement periods, the birth rate in Sampson County has remained stable at 13.1 over the same timeframe.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



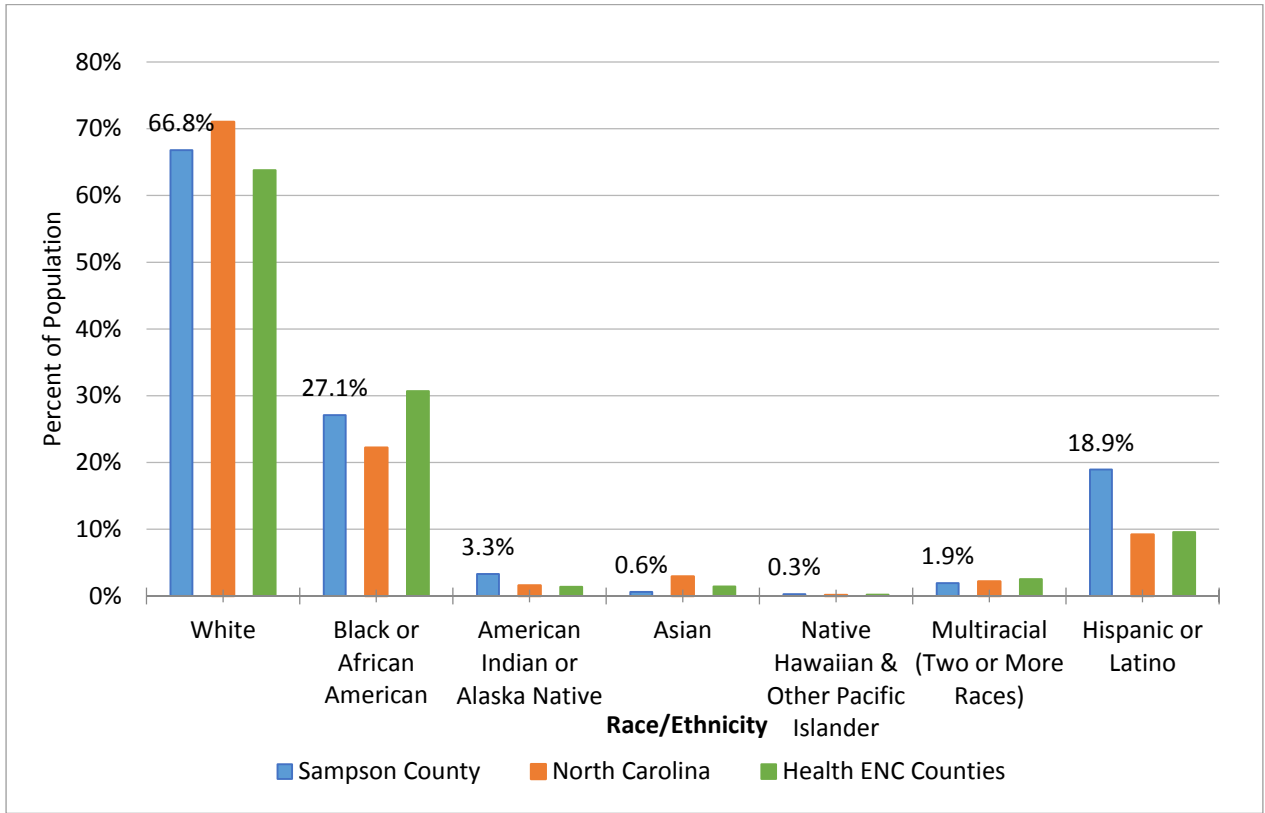
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Sampson County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Sampson County (66.8%) as compared to North Carolina (71.0%) and higher than Health ENC counties (63.8%). Sampson County has a larger share of residents that identify as Black or African American (27.1%) when compared to North Carolina (22.2%) and a lower percent than Health ENC counties (30.7%). The Hispanic or Latino population comprises 18.9% of Sampson County, which is a larger proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

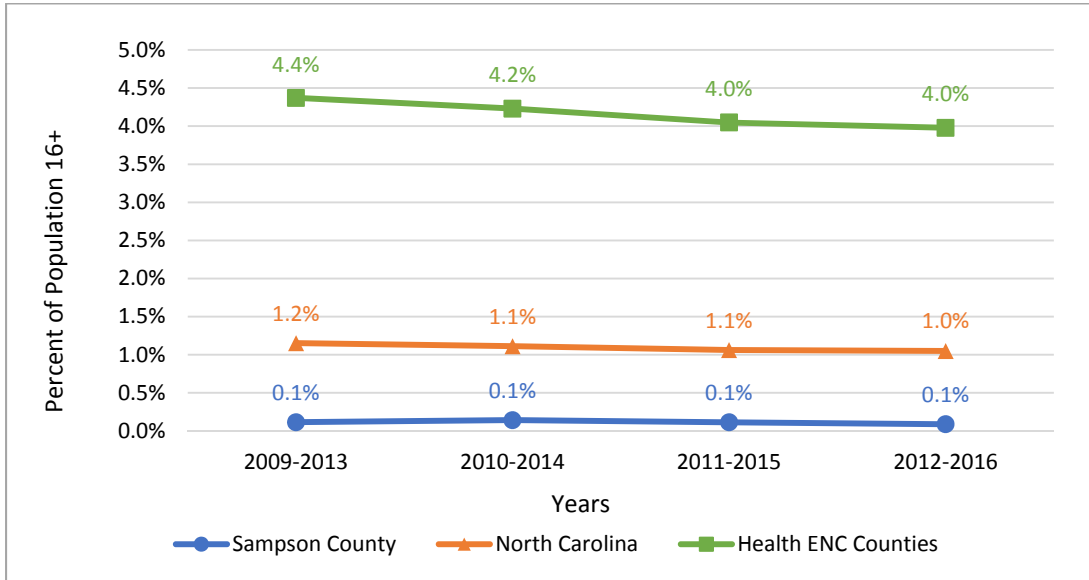
State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

The Coharie Tribe is located primarily in Harnett and Sampson counties. The Coharie Tribe has been recognized by the state of North Carolina since 1971. According to the U.S. Census Bureau, the estimated Native American population (2017) in Sampson County was 1,184.

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Sampson County has a smaller share of residents in the military (0.1%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the percent of the population in the military for Sampson County is lower than in North Carolina and the Health ENC region.

Figure 12. Population in Military / Armed Forces (American Community Survey)

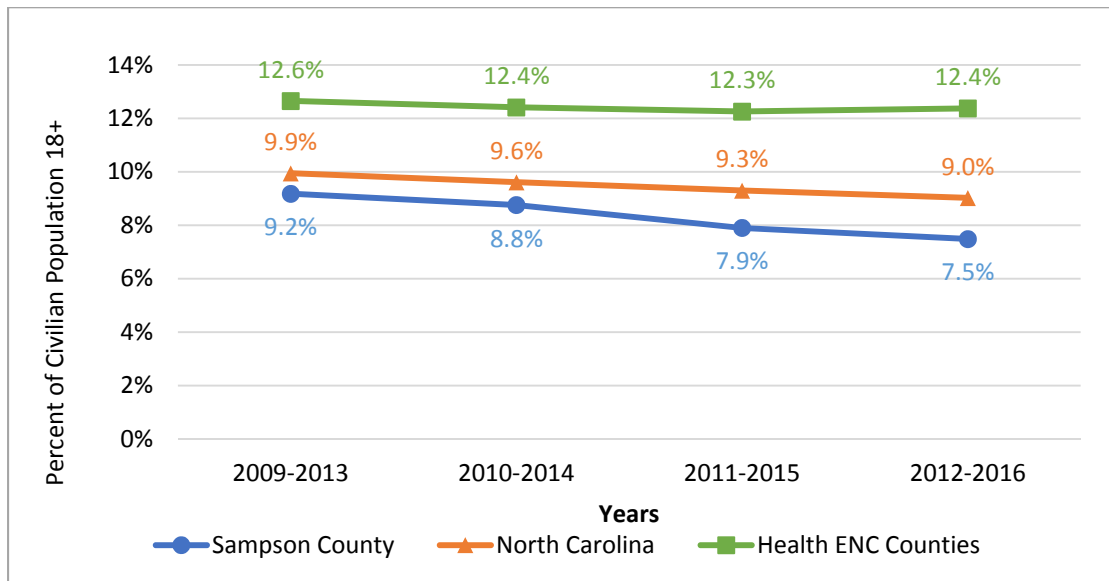


Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Sampson County has a veteran population of 7.5% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Sampson County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

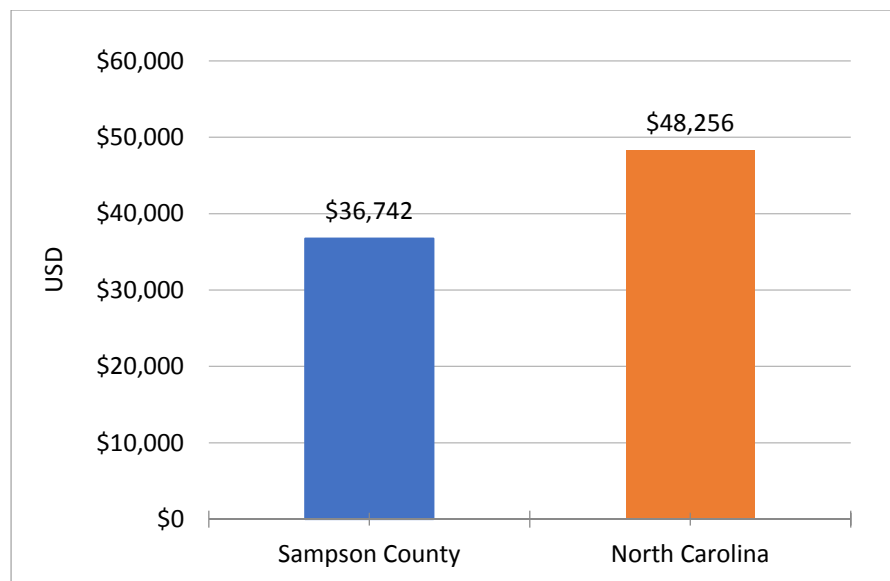
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Sampson County has been assigned a Tier 2 designation for 2018.

Income

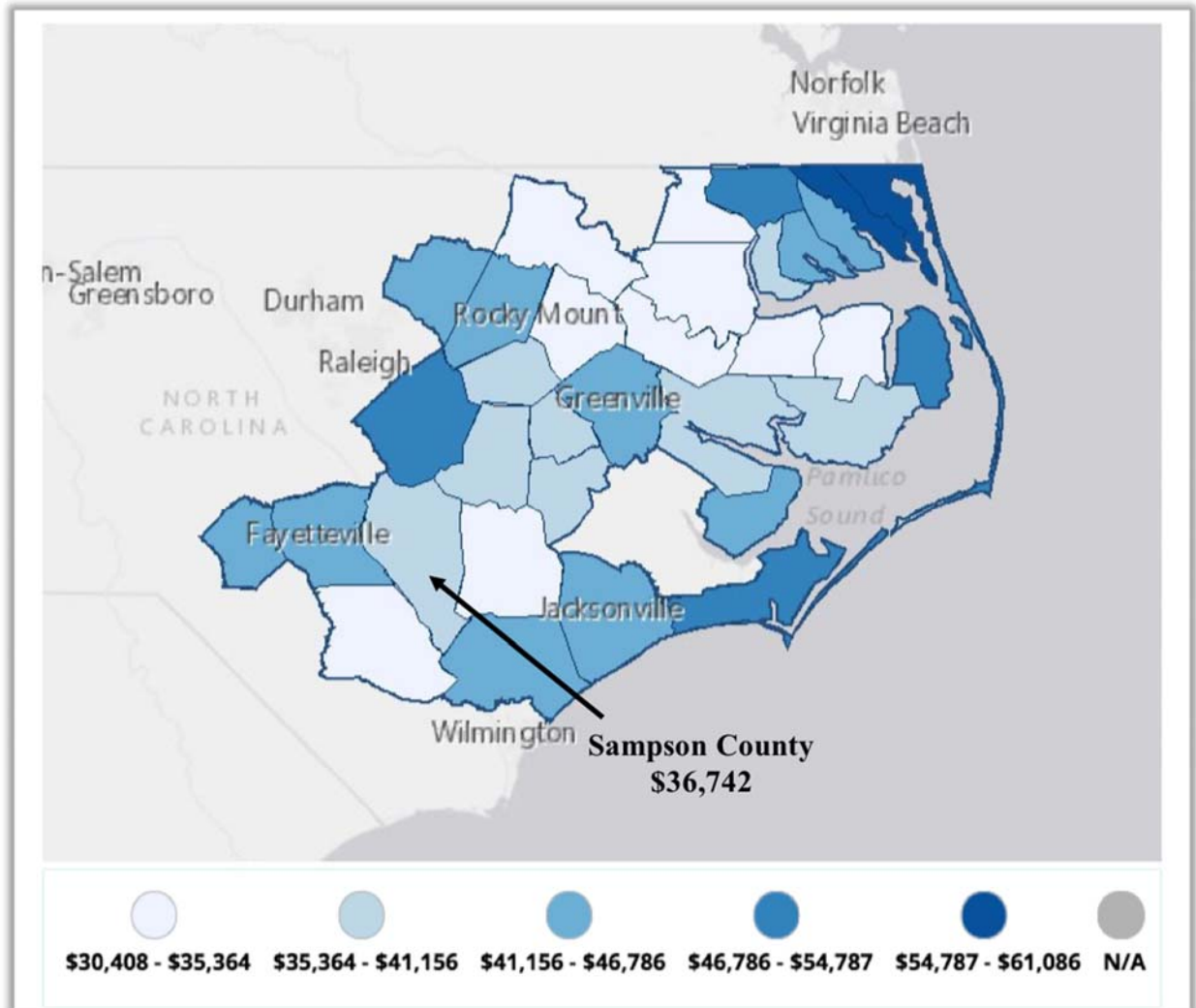
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Sampson County (\$36,742), which is lower than the median household income in North Carolina (\$48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



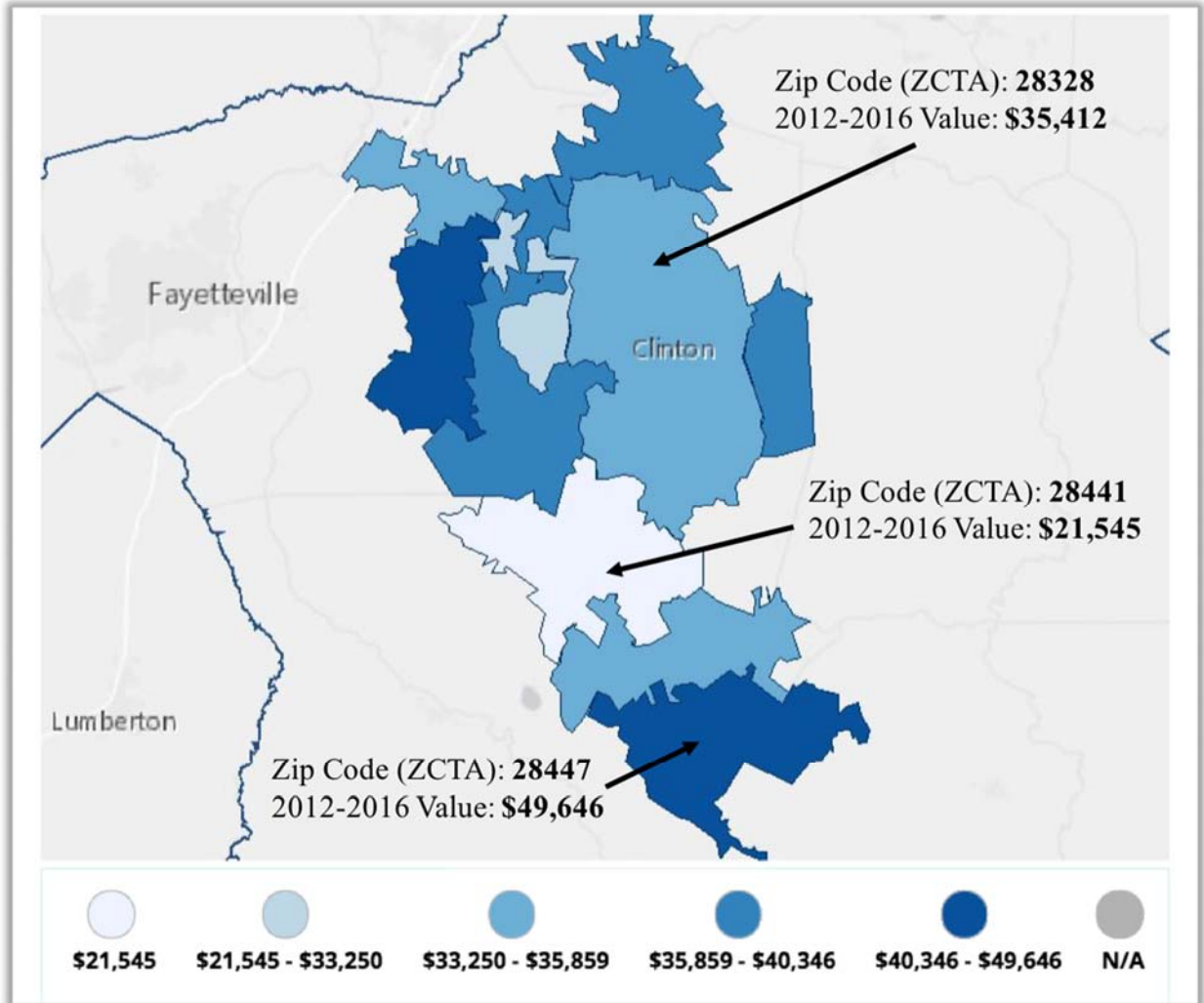
Compared to counties in the Health ENC region, Sampson County has a relatively low median household income. There are 9 counties with a lower median household income than Sampson County; the remaining 23 counties in the Health ENC region have a higher median household income (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)**



Within Sampson County, zip code 28441 has the lowest median household income (\$21,545) while zip code 28447 has the highest median household income (\$49,646) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

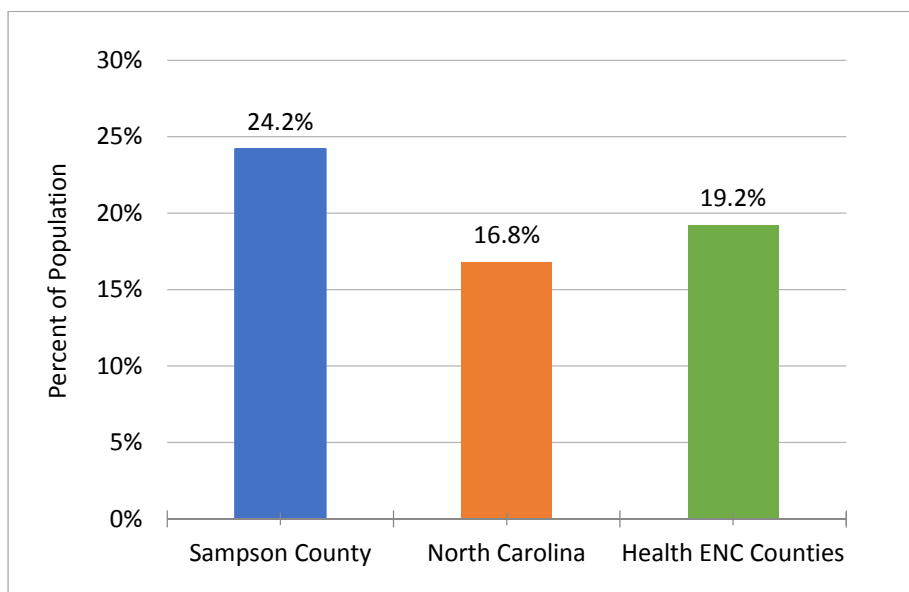


Poverty

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

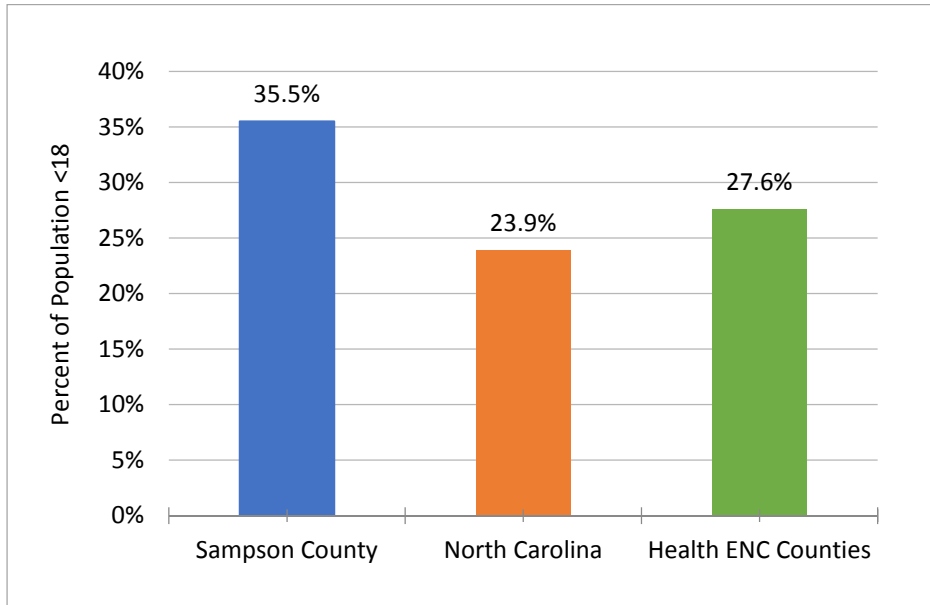
As seen in Figure 17, 24.2% percent of the population in Sampson County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



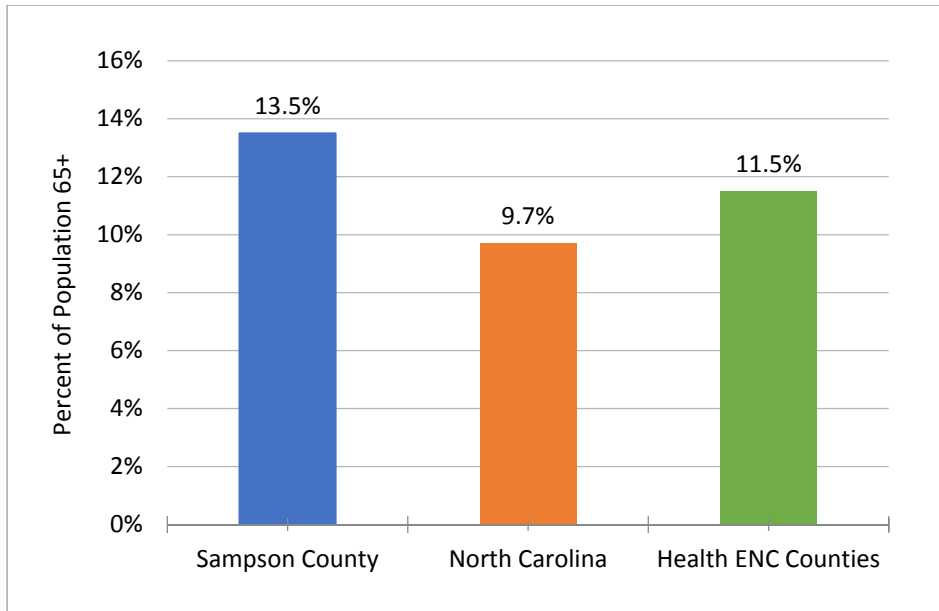
As shown in Figure 18, the rate of children living below the poverty level is also higher for Sampson County (35.5%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



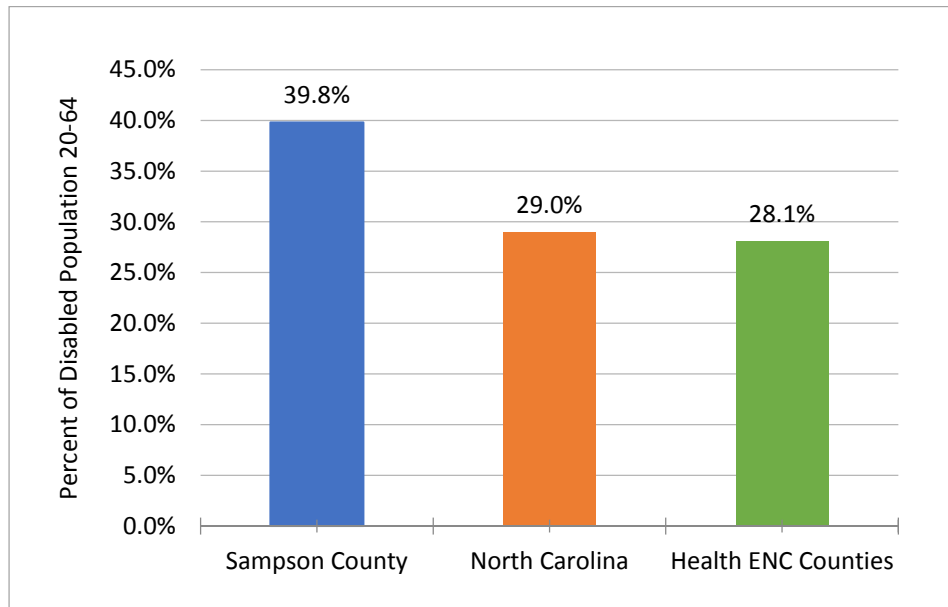
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Sampson County (13.5%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Sampson County (39.8%) is higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

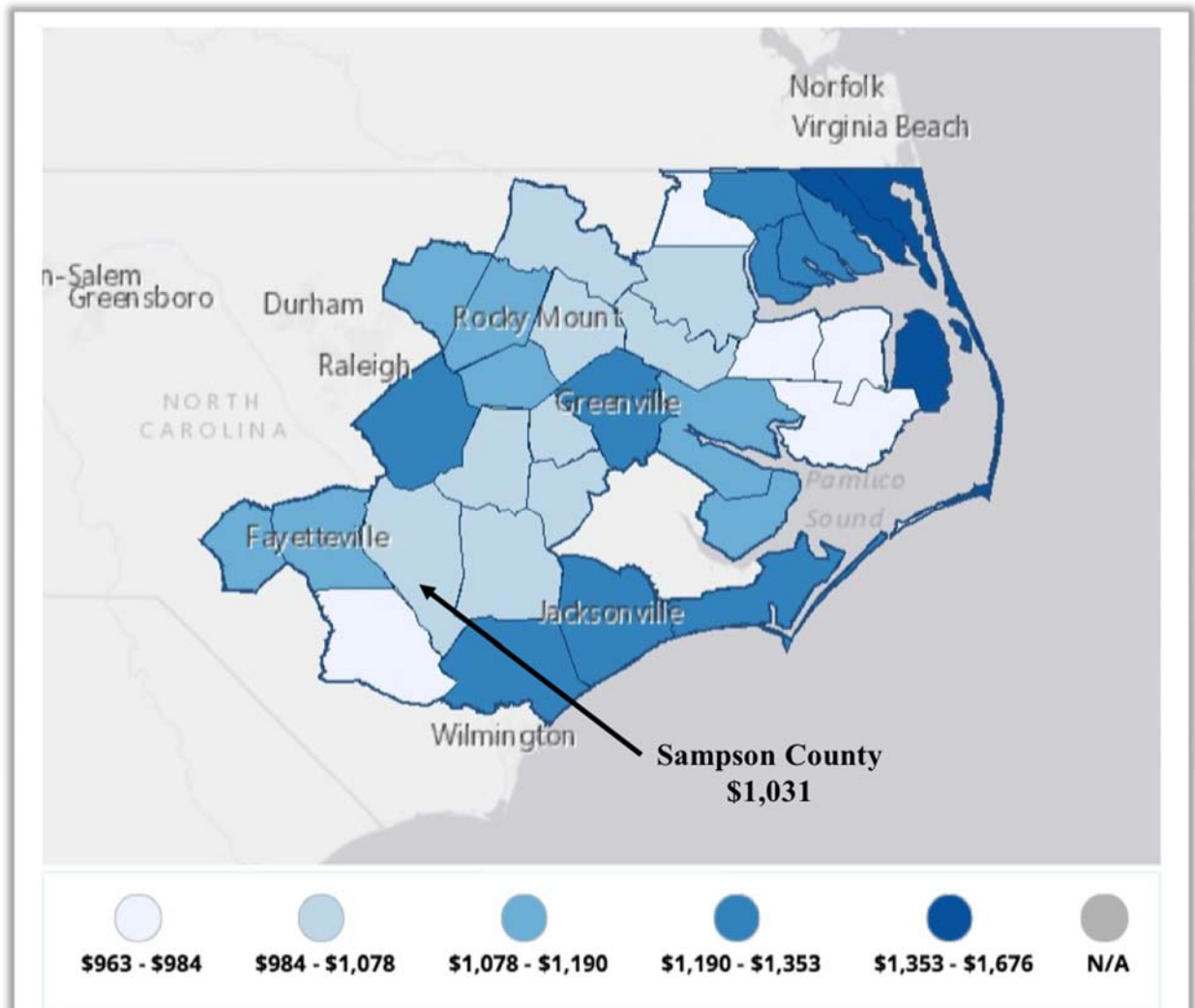


Housing

The average household size in Sampson County is 2.7 people per household, which is slightly higher than the North Carolina value of 2.5 people per household.

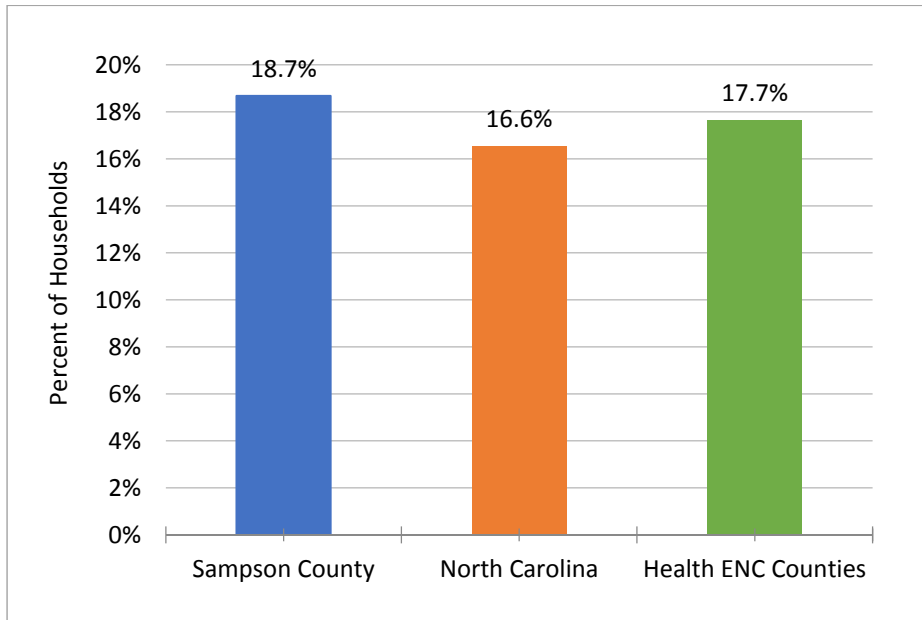
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Sampson County, the median housing costs for homeowners with a mortgage is \$1,031. This is lower than the North Carolina value of \$1,243, and lower than all but 7 counties in the Health ENC region.

**Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties
(American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Close to 19% of households in Sampson County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

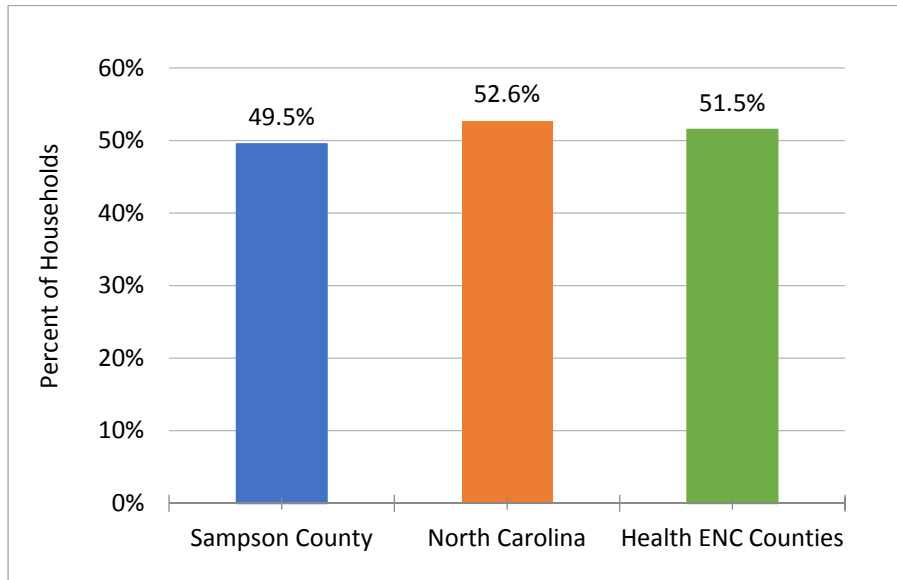


Food Insecurity

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

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Sampson County, 49.5%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Employment

According to North Carolina Commerce data from 2018, the top five largest employers in Sampson County are:

- Smithfield Foods Inc.: 1,000+ employees
- Sampson County Schools: 1,000+ employees
- Prestage Farms Inc.: 500-999 employees
- County of Sampson: 500-999 employees
- Hog Slat Inc.: 500-999 employees

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Sampson County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compared to others in the U.S. Within Sampson County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with

populations under 300 persons are excluded. Zip code 28444, with an index value of 96.9, has the highest level of socioeconomic need within Sampson County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Sampson County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

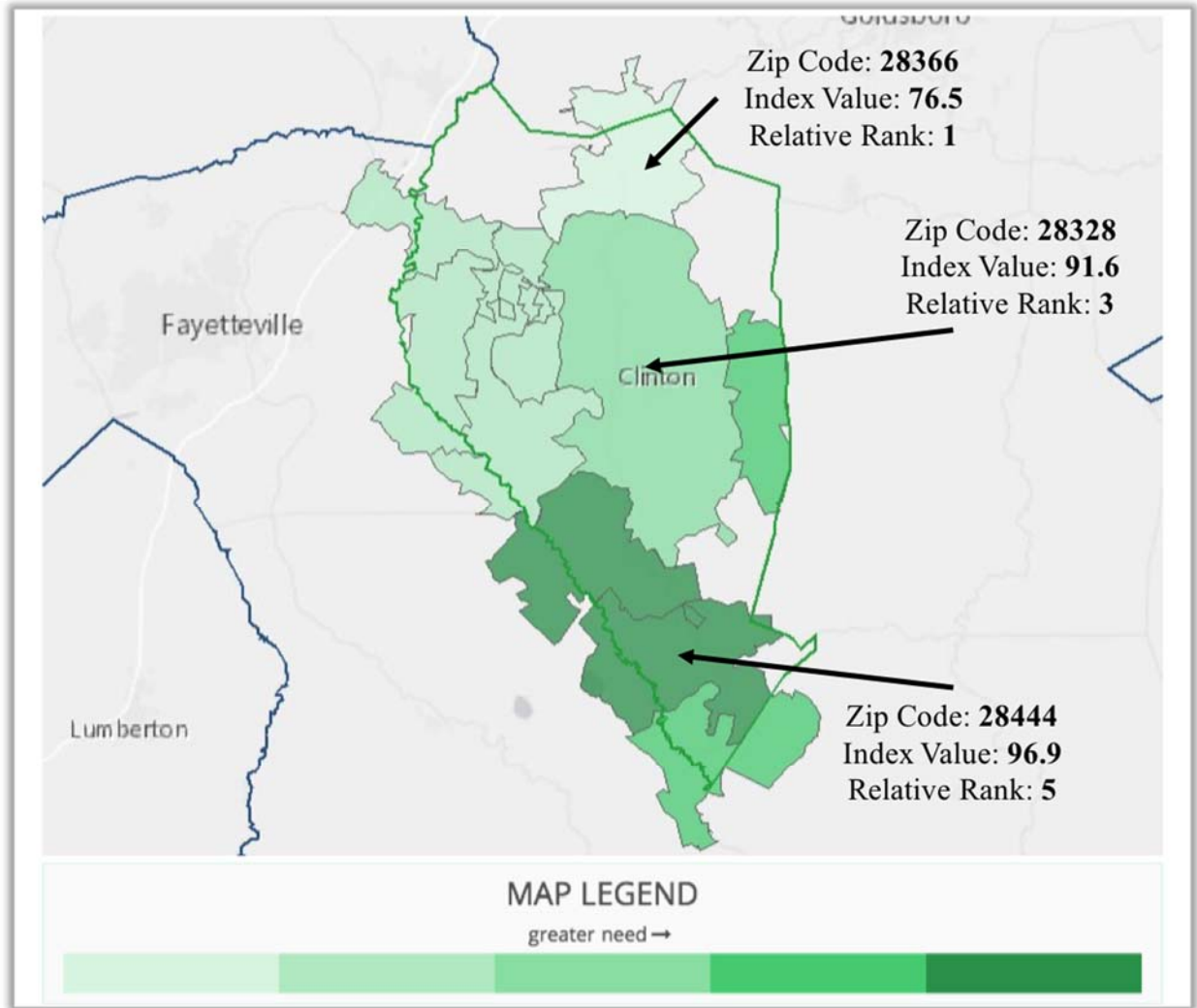


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28444	96.9	5
28441	95.5	5
28393	94.2	4
28447	93.7	4

28328	91.6	3
28385	89.0	2
28382	88.5	2
28344	86.8	2
28318	85.6	2
28366	76.5	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Educational Profile

Sampson County has the following public school systems:

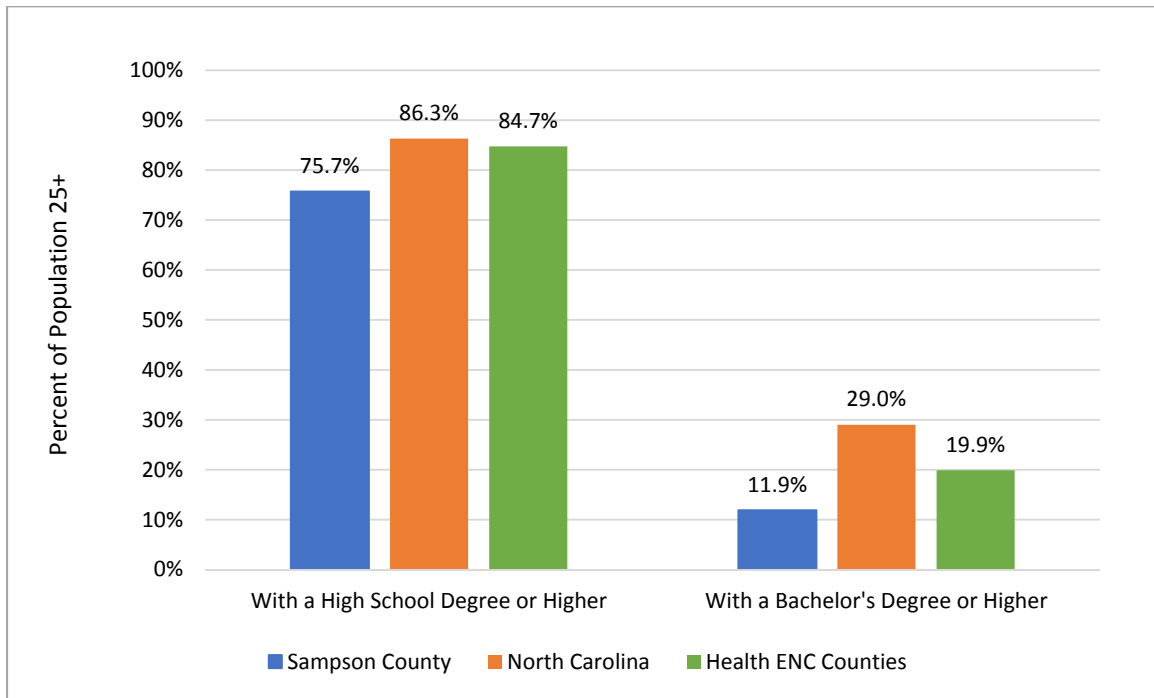
- Clinton City Schools
 - Elementary Schools-3
 - Middle Schools-1
 - High Schools-1
- Sampson County Schools
 - Elementary Schools-9
 - Middle Schools-4
 - High Schools-5

Educational Attainment

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

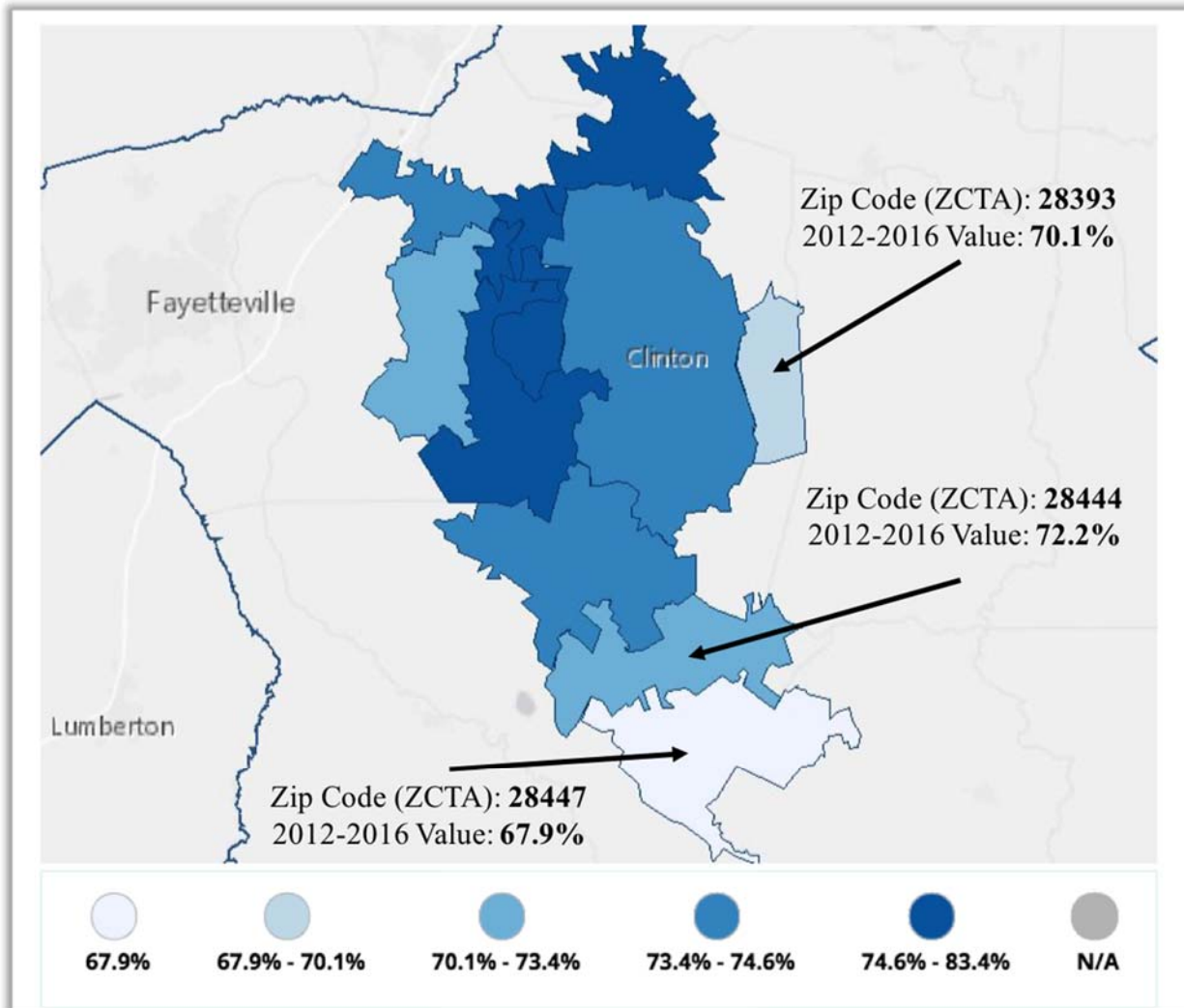
Countywide, the percent of residents 25 or older with a high school degree or higher (75.7%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Sampson County is lower than both the state value and the Health ENC region. While 29.0% of residents 25 and older have a bachelor’s degree or higher in North Carolina and 19.9% in the Health ENC counties, only 11.9% of residents 25 and older have a bachelor’s degree or higher in Sampson County (Figure 25).

**Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher
(American Community Survey, 2012-2016)**



In some areas of the county, including zip code 28444, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 73% (Figure 26).

Figure 26. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016)

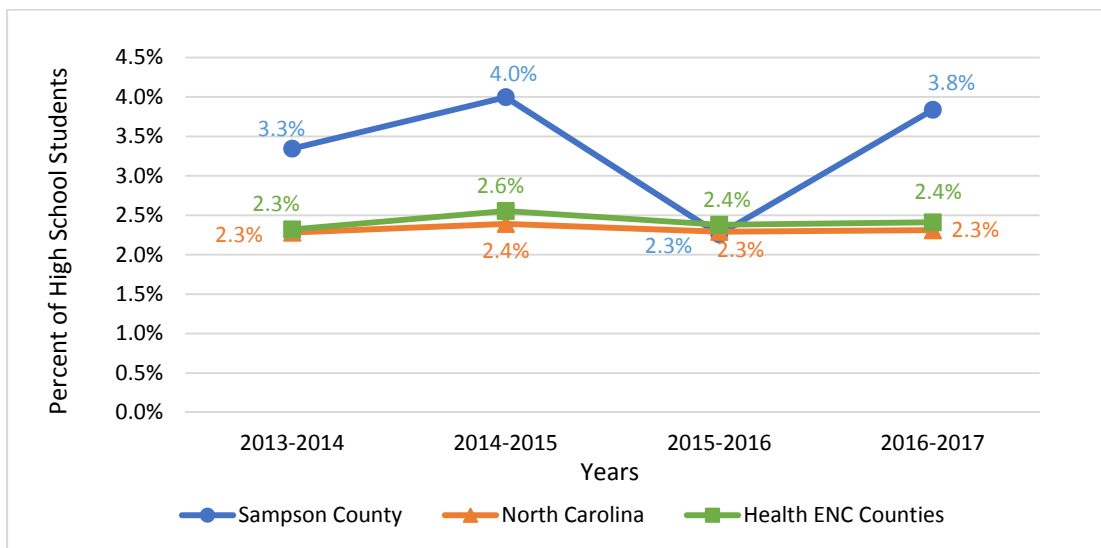


High School Dropouts

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

Sampson County's high school dropout rate, given as a percent of high school students in Figure 27, is 3.8% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Sampson County's high school dropout rate has been higher than North Carolina's and the Health ENC region's rates over four time periods since 2013-2014.

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

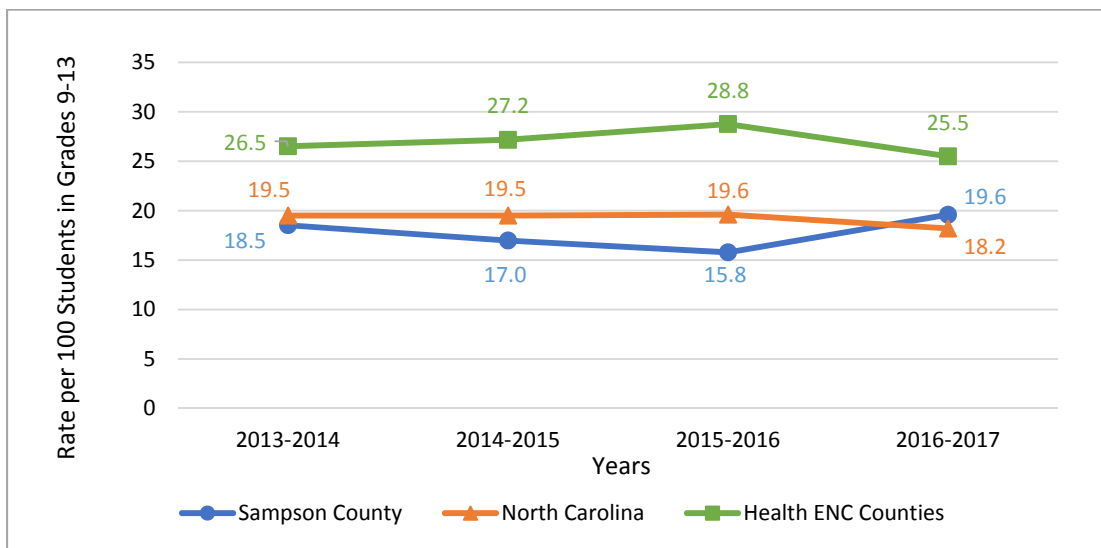


High School Suspension Rate

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

Sampson County's rate of high school suspension (19.6 suspensions per 100 students) is higher than North Carolina's rate (18.2) and lower than the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rates for North Carolina and the Health ENC region exhibited a decrease from 2015-2016 to 2016-2017, whereas Sampson County increased from 15.8 to 19.6 during that time period.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Transportation Profile

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

Countywide, 1.8% of residents walk to work, which is equal to the state value of 1.8% and lower than the regional value of 2.4%. Public transportation is rare in Sampson County, with an estimated 0.3% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Sampson County, 81.2% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

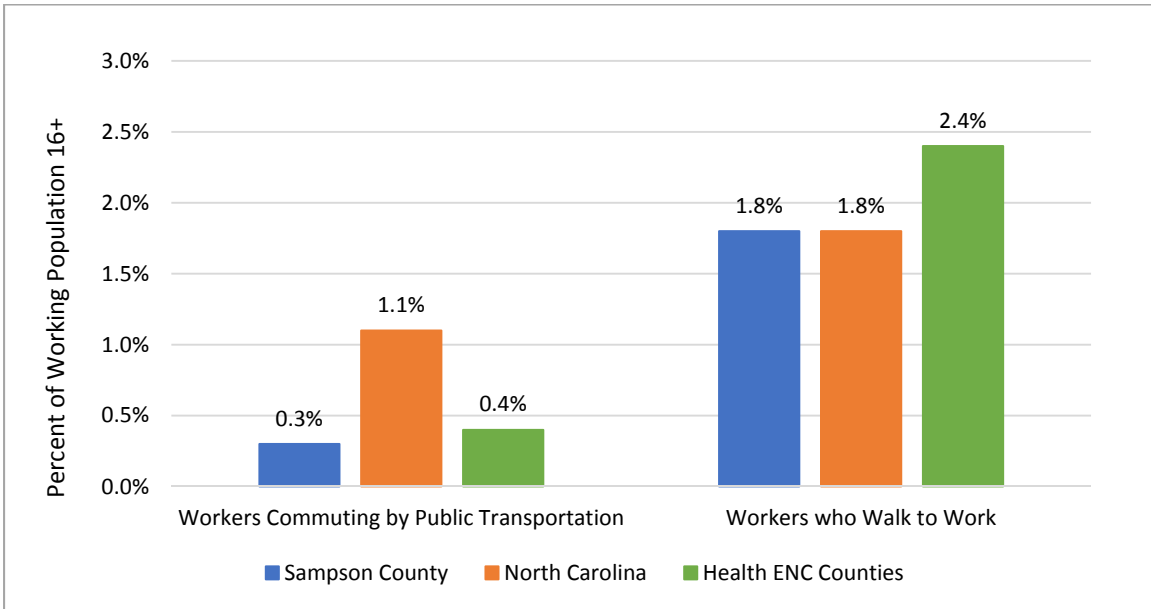
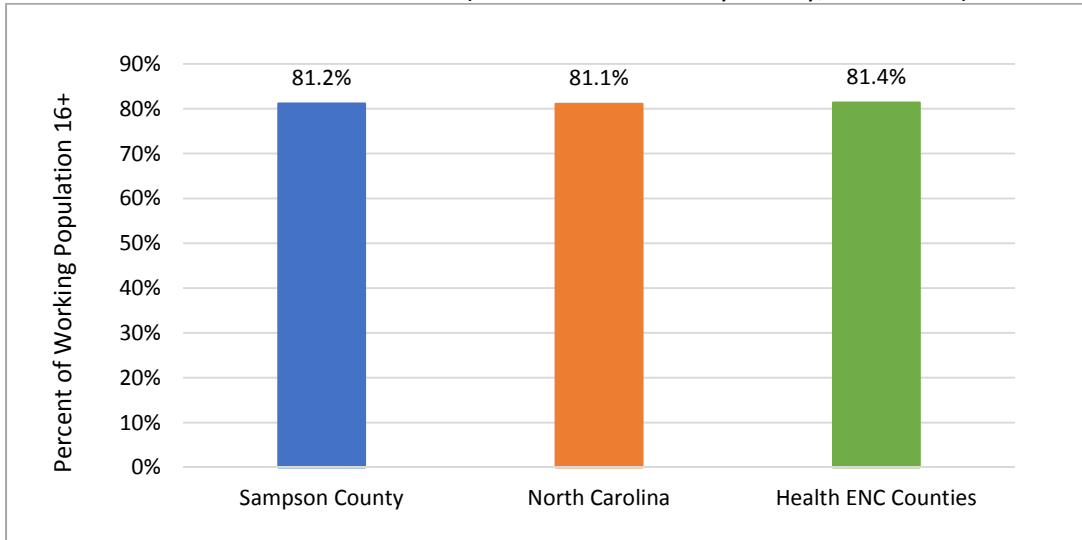


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



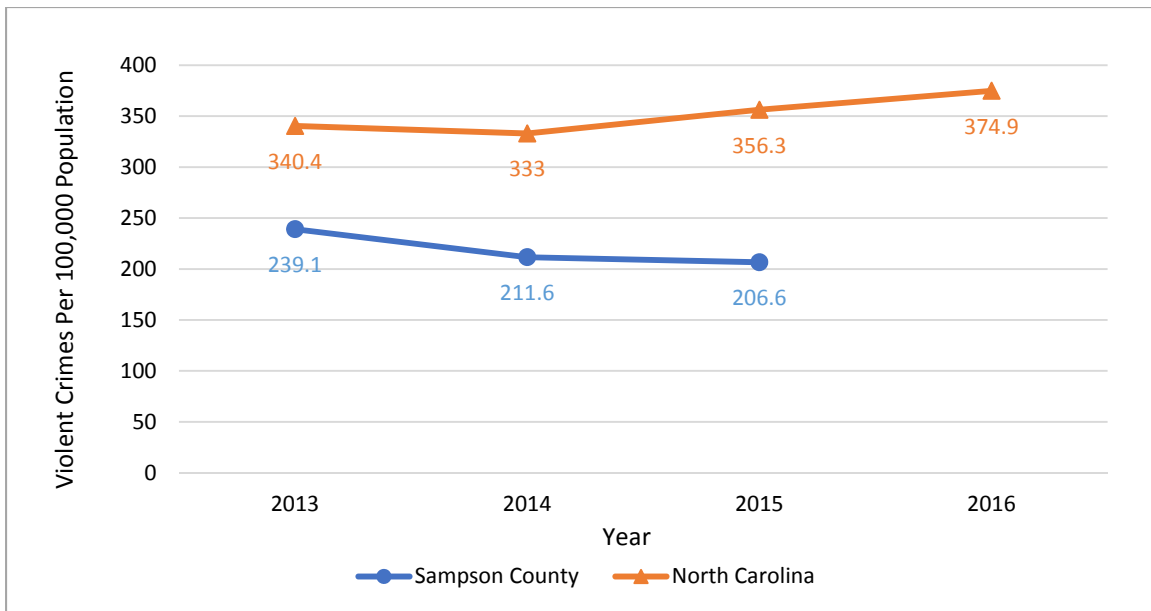
Crime and Safety

Violent Crime and Property Crime

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

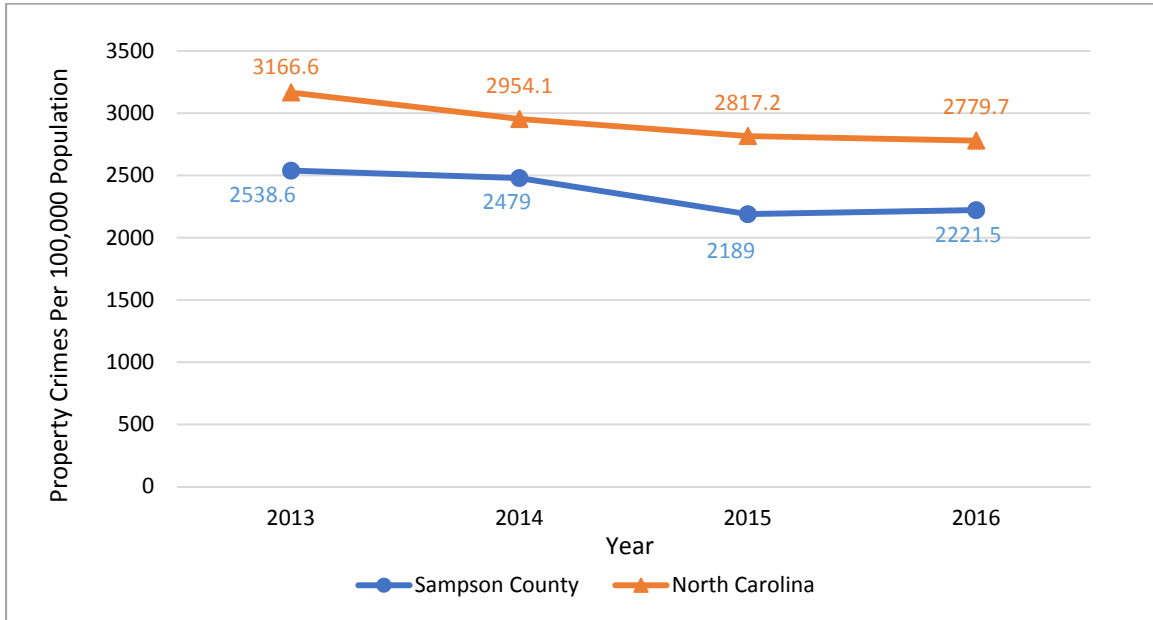
In 2015, the violent crime rate in Sampson County was 206.6 per 100,000 population, compared to 356.3 per 100,000 people in North Carolina (Figure 31). (The 2016 value is not available for Sampson County.) The rate of violent crime in Sampson County decreased from 239.1 in 2013 to 206.6 in 2015.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Sampson County (2,221.5 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 32). Over the past four measurement periods, the property crime rate has decreased in both the county and state.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

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

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Sampson County (0.6) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

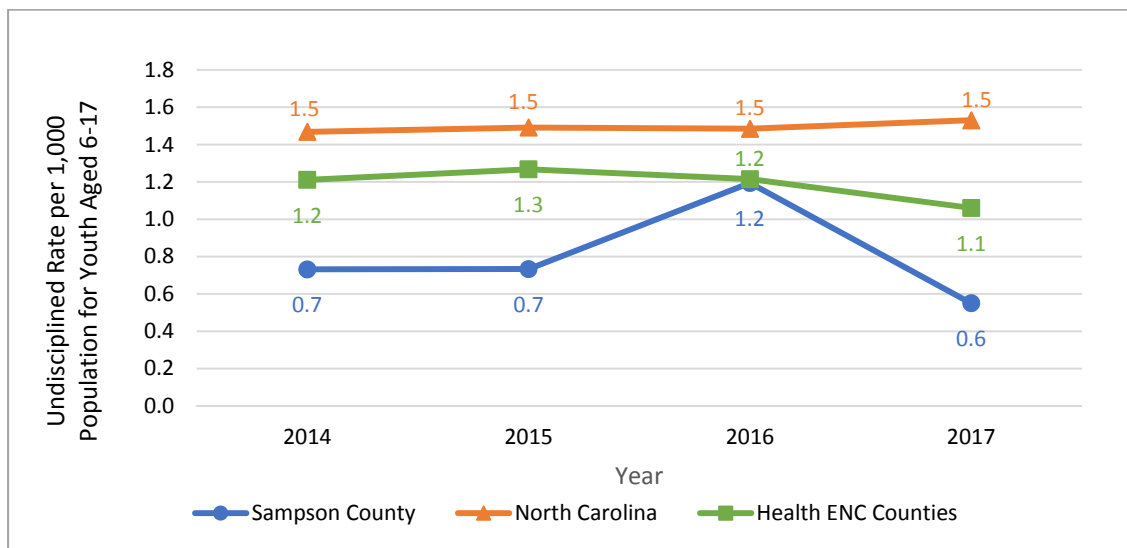
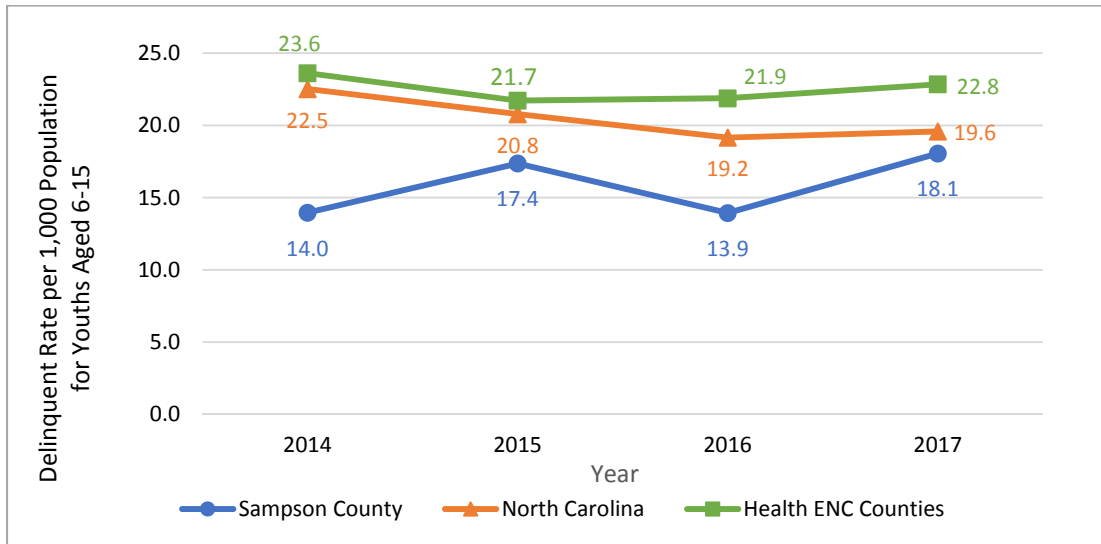


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Sampson County decreased from 2015 to 2016, the rate increased from 13.9 in 2016 to 18.1 in 2017. The 2017 juvenile delinquent rate for Sampson County (18.1) is lower than North Carolina (19.6) and the Health ENC region (22.8).

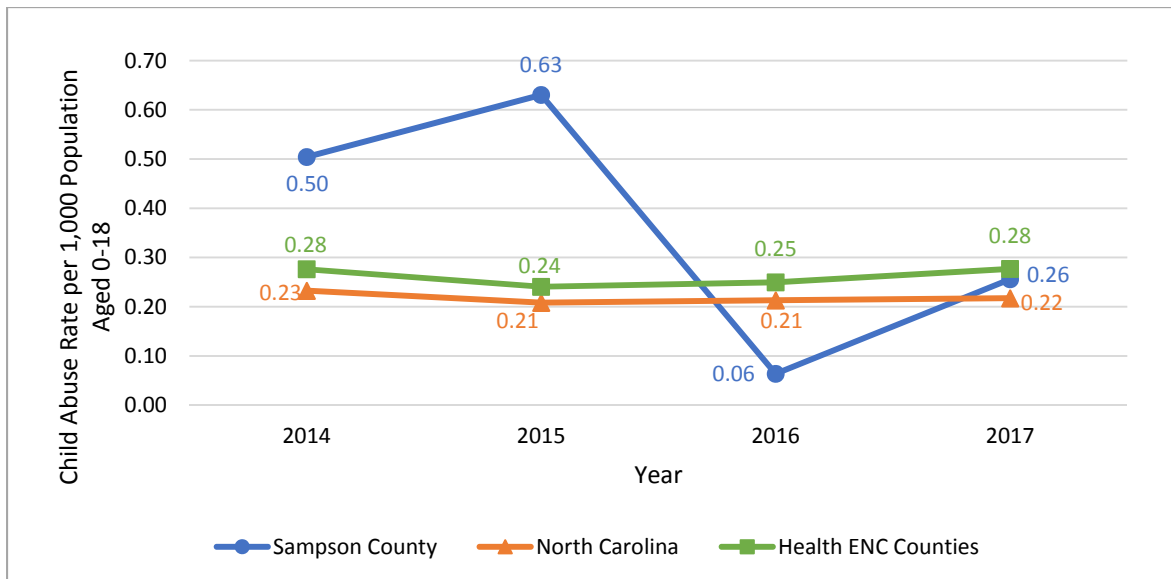
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Sampson County has fluctuated over the past four measurement periods. The 2017 child abuse rate in Sampson County (0.26 per 1,000 population) is similar to the rate in North Carolina (0.22) and the Health ENC region (0.28).

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

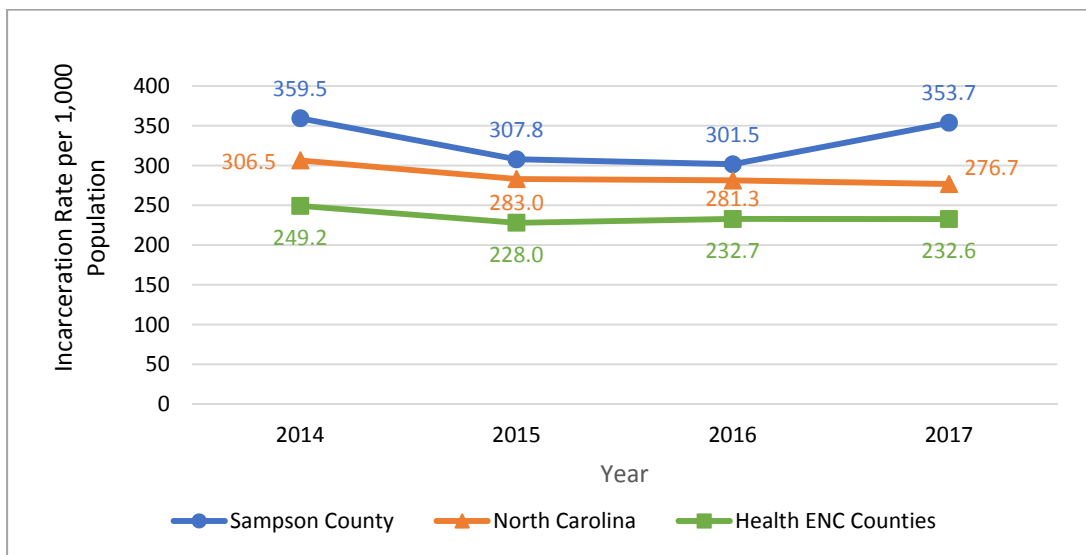


Incarceration

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

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Sampson County decreased between 2014 and 2016, but exhibited an increase between 2016 and 2017. The 2017 incarceration rate in Sampson County (353.7 per 1,000 population) is higher than North Carolina (276.7) and the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

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

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Sampson County, 81.2%, is lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Nearly 19% of the population in Sampson County is uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

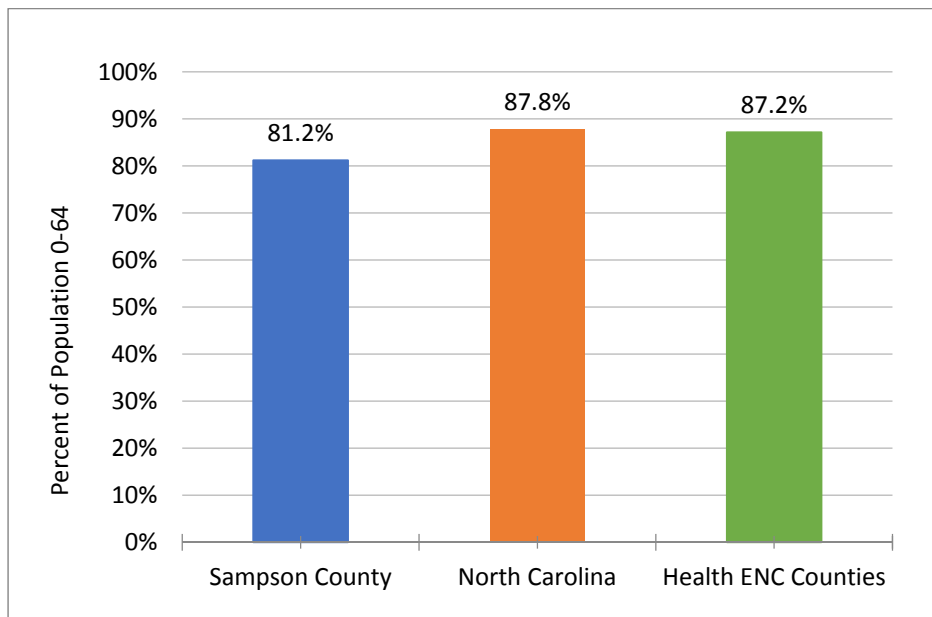
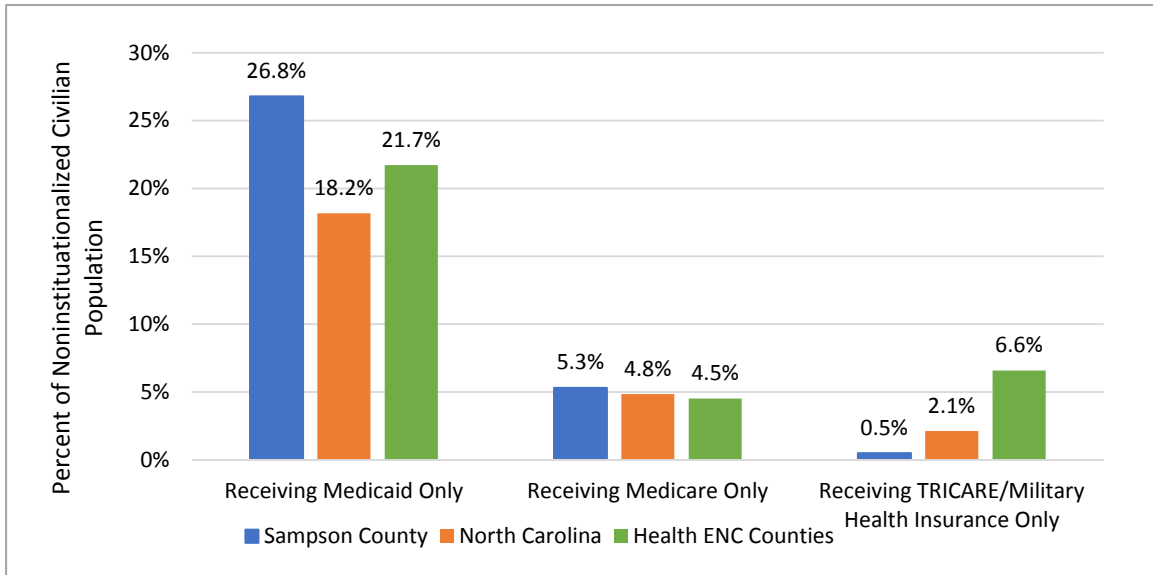


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Sampson County has a higher percent of people receiving Medicaid (26.8%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also slightly higher in Sampson County (5.3%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Sampson County (0.5%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

Political Activity

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

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Sampson County has a slightly lower percent of residents of voting age (75.4%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

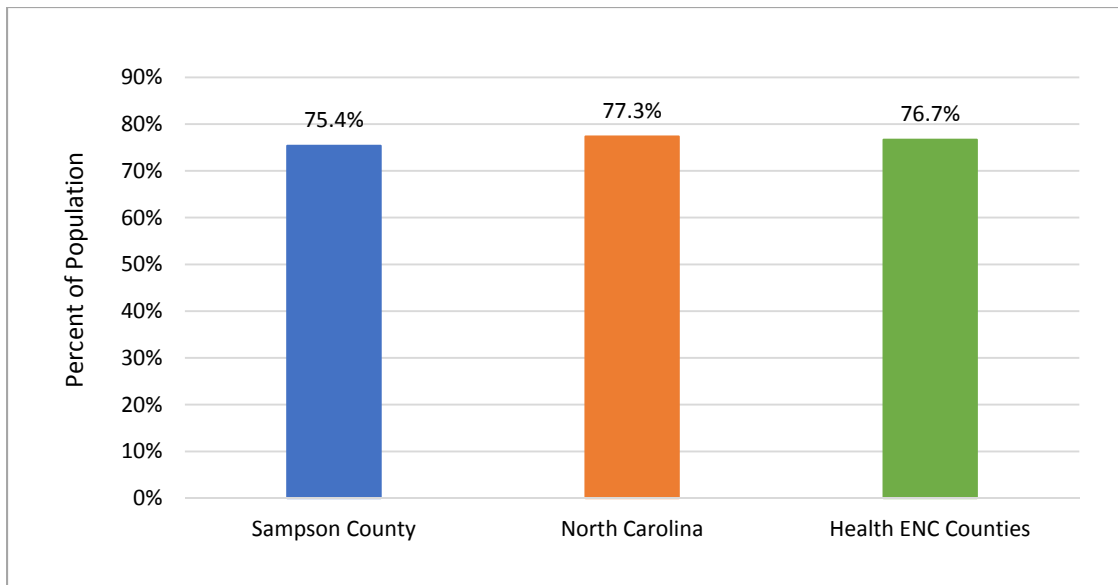
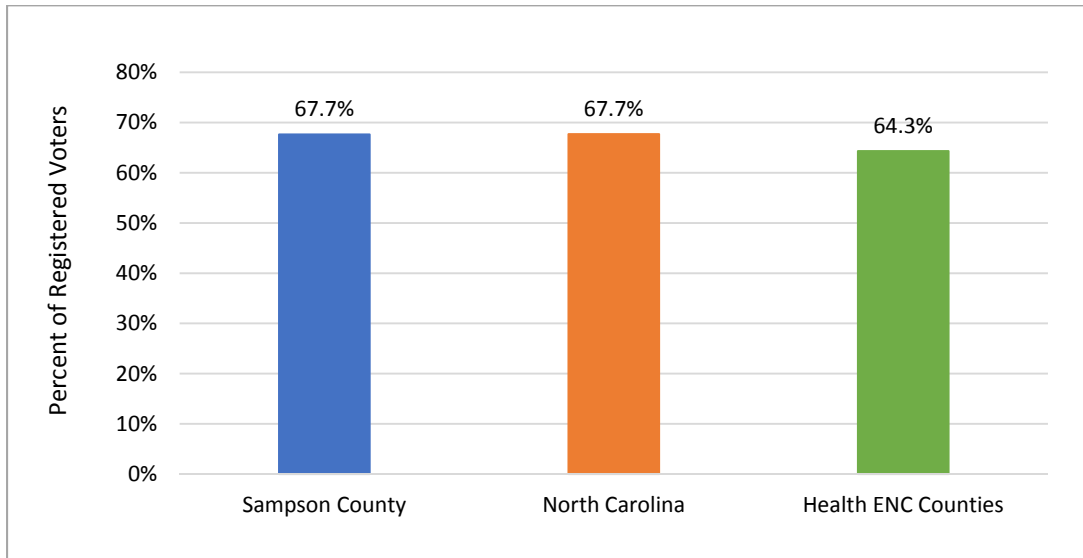


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Sampson County was 67.7%, which is equal to the state value (67.7%) and higher than Health ENC counties (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Sampson County by topic area. Topics with higher scores indicate greater need. Diabetes is the poorest performing health topic for Sampson County, followed by Prevention & Safety, Access to Health Services, Heart Disease & Stroke and Respiratory Diseases.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Diabetes	2.41
Prevention & Safety	2.24
Access to Health Services	2.11
Heart Disease & Stroke	2.02
Respiratory Diseases	1.98

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Sampson County. Low income-poverty was the most frequently selected issue and was ranked by 54.0% of survey respondents, followed by drugs/substance abuse. Less than 1% of survey respondents selected neglect and abuse, homelessness, domestic violence, violent crime, rape / sexual assault, child abuse or elder abuse as issues most affecting the quality of life in Sampson County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

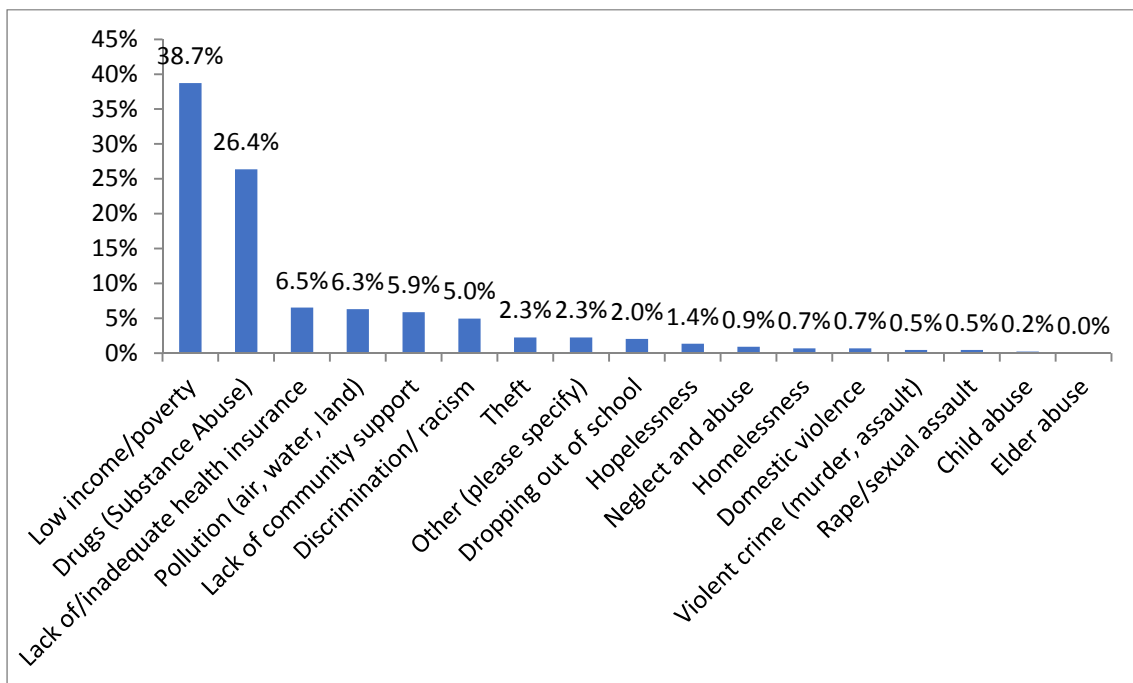


Figure 42 displays the level of agreement among Sampson County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More than half of survey respondents disagreed (40%) or strongly disagreed (14%) that the county has plenty of economic opportunity.

Figure 42. Level of Agreement Among Sampson County Residents in Response to Nine Statements about their Community

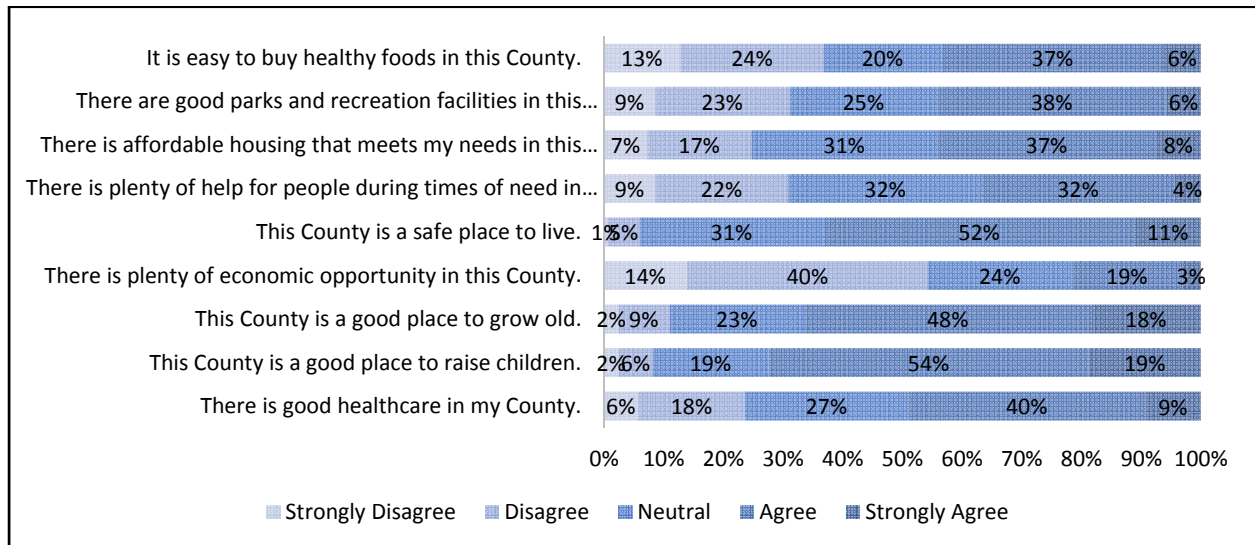


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Sampson County. Higher paying employment was the most frequently selected issue, followed by availability of employment, positive teen activities and counseling / mental health / support groups.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

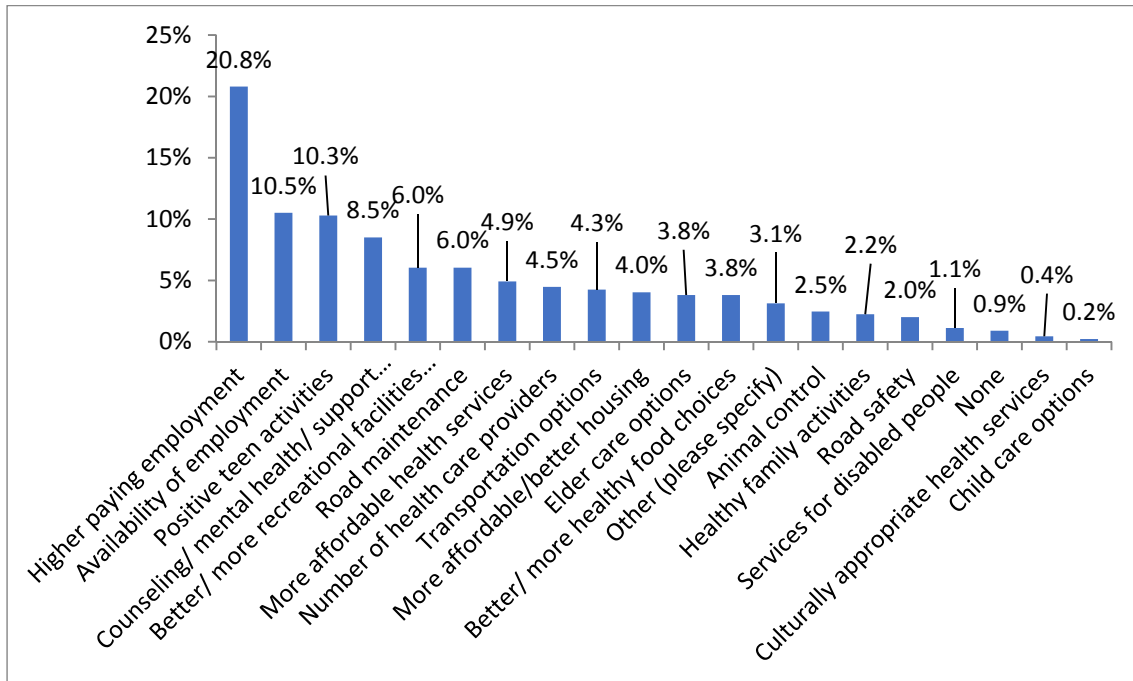
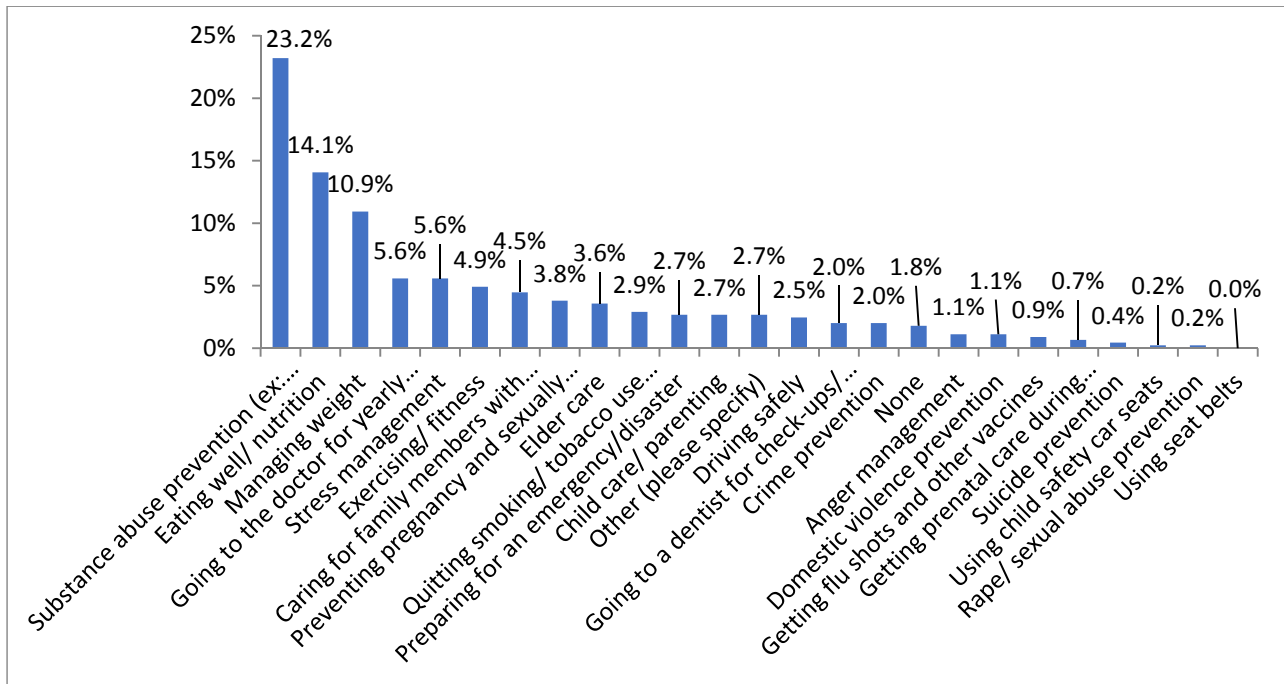


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Sampson County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 23.2% of survey respondents. This was followed by eating well/nutrition and managing weight.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Sampson County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition & Weight	52
Access to Health Services	32
Health Care Navigation/Literacy	18
Economy	14
Hispanic/Latino	9
Children’s Health	8

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Sampson County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

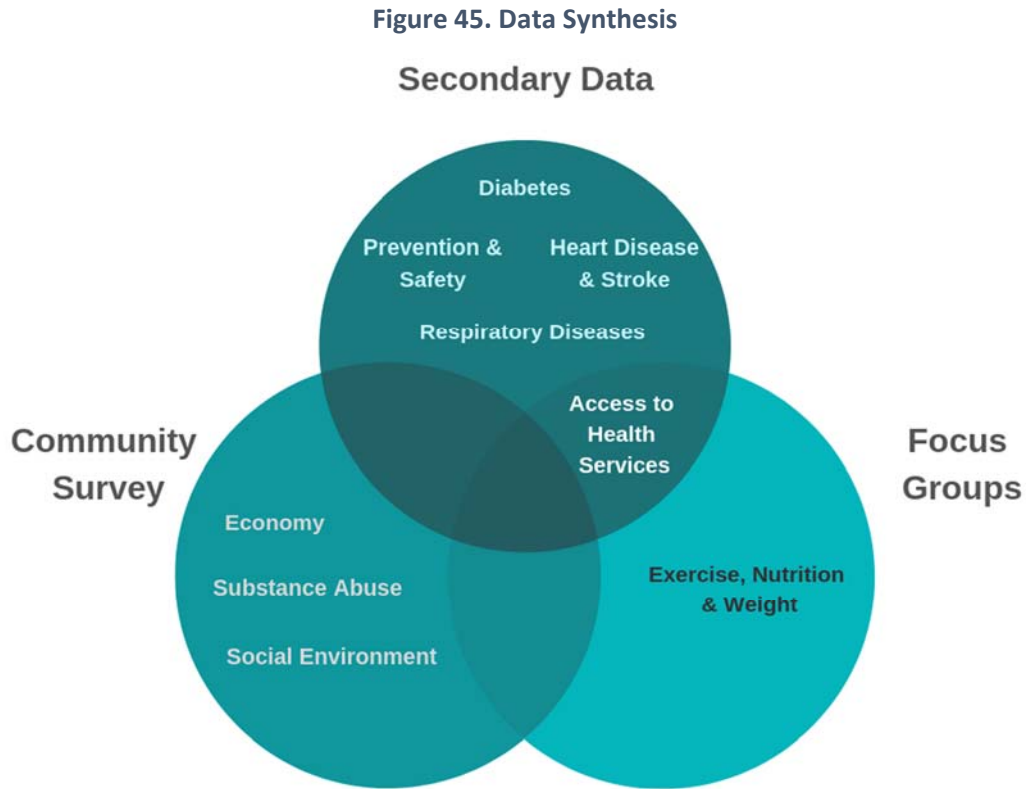
Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

The top needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Table 2.

Figure 45 displays the top needs from each data source in the Venn diagram.



Across all three data sources, there is strong evidence of need to assess for Access to Health Services. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

Topic Areas Examined in This Report

Nine topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report







Access to Health Services*
Diabetes*
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke*
Prevention & Safety*
Respiratory Diseases*
Social Environment
Substance Abuse

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Exercise, Nutrition & Weight, Economy Social Environment and Substance Abuse

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Sampson County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Diabetes

Key Issues

- Diabetes highly impacts adults over 20 years old and the Medicare population
- Age-adjusted death rate due to diabetes is higher in Sampson County than other areas of the state, indication that there is an increasing trend over time
- More education and outreach about affordable healthy eating and physical activity may benefit the community overall

Secondary Data

The secondary data scoring results reveal Diabetes as a top priority in Sampson County with an overall data score of 2.41. Some of the highest scoring indicators are displayed in Table 13. and highlights specific areas of concern.

Table 13. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Sampson County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Diabetes: Medicare Population (2015) (percent)	36.5	28.4	26.5			
2.7	Adults 20+ with Diabetes (2014) (percent)	15.1	11.1	10			
2.48	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	51.5	23	21.1			
1.95	Diabetic Monitoring: Medicare Population (2014) (percent)	86.8	88.8	85.2			

**See Appendix B for full list of indicators included in each topic area*

Diabetes is a specific area of concern for Sampson County based on the scoring indicators within the topic area. The indicator scores for Diabetes with the Medicare Population (2015), Adults 20+ with Diabetes (2014) and Age-Adjusted Death Rate (2012-2016) are higher for Sampson County than for North Carolina and the United States. The indicator score for Diabetic Monitoring for the Medicare Population (2014) for Sampson County is lower than North Carolina, but higher than the United States.

Primary Data

Community survey respondents rated eating well/nutrition, exercising/fitness, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information which may also impact the adult population living with Diabetes. 14.4% of community survey participants reported being told by a medical professional that they has diabetes and 49.5% had been told that they were overweight or obese.

“Diabetes, obesity, high blood pressure are big problems. There is so much land not in use to put a YMCA or something that people can use. There are so many restaurants (junk) on every corner and the community is bringing in more junk.”

-Focus Group Participant

Diabetes was raised four times during the focus group session as an issue the community was facing though it was not discussed in depth. Across all focus group discussions, participants conversed at length about barriers in the community to eating healthy and exercising. Most participants discussed the challenges with finding time for healthy behaviors, cultural norms around unhealthy food and financial limitations to eating healthier.

“The way we grew up, you had fried chicken on Sunday. Diabetes, high blood pressure, fat shaming. My daughter has a teenage friend that has never learned to ride a bicycle. A 4th grader in my neighborhood is just learning to ride a bike.”

-Focus Group Participant

Highly Impacted Populations

The data scoring analysis shows that adults over 20 years old and the Medicare population are highly impacted by Diabetes in the Sampson County community. Further breakdown amongst these populations is not offered as the data is not available.

Prevention & Safety

Key Issues

- Age-adjusted death rate due to unintentional poisonings, drug poisoning and firearms are higher than in the state and U.S.
- Severe housing problems is a top area of concern
- Community Survey and Focus Group participants may be less exposed to indicators of prevention and safety

Secondary Data

From the secondary data scoring results, Prevention & Safety was identified to be a top need in Sampson County with a score of 2.24. Specific indicators with the highest score and areas of concern are highlighted in Table 14.

Table 14. Data Scoring Results for Prevention & Safety

Score	Indicator (Year) (Units)	Sampson County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.4	Severe Housing Problems (2010-2014) (percent)	18.7	16.6	18.8				-	-
2.35	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/100,000 population)	15.8	12.7	11				-	9.3
2.4	Death Rate due to Drug Poisoning (2014-2016) (deaths/100,000 population)	21	16.2	16.9				-	-
2.55	Age-Adjusted Death Rate due to Unintentional Poisonings (2014-2016) (deaths/100,000 population)	21.6	15.1	15.4				9.9	-

*See Appendix B for full list of indicators included in each topic area

Primary Data

According to survey results, Prevention & Safety did not rank high as one of the quality of life topics individuals in Sampson County felt effected their lives. Less than 4% selected public safety issues, such as violent crime, as a top issue. The demographics of survey participants was skewed towards those who are employed with moderate to high household incomes. This may suggest that survey participants are not adversely effected in the same way others in the community are by higher rates of crime. 63% of participants shared that they strongly agreed or agreed that Sampson County is a safe place to live, while only 6% strongly disagreed or disagreed. Similarly, focus group discussion revealed few needs or concerns related to safety overall though this may have been related to the direction of the conversations and not the participants experiences. Two participants did mention the lack of sidewalks in the community and high speed limits creating unsafe conditions for pedestrians, specifically runners.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within by the Prevention and Safety topic area. No specific groups were identified in the primary data sources.

Access to Health Services

Key Issues



- There is a lack of primary care and mental health providers in Sampson County and may be decreasing over time
- Non-physician primary care providers are also limited in the county though may be increasing over time

Secondary Data

Access to Health Services received a data score of 2.11. This category includes indicators related to provider rates in relation to the population which impacts people’s ability to access timely medical services. A number of poorly performing indicators related to the health care access is displayed in Table 15. The highest scoring and of most concern is the mental health provider rate in the county in 2015 which is 33.3 providers per 100,000 population which is much lower than the state and U.S. overall. There is a suggestion of a decreasing trend over time as well, though this is not considered statistically significant at this time

Table 15. Data Scoring Results for Access to Health Services

Score	Indicator (Year) (Units)	Sampson County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.2	Primary Care Provider Rate (2015) (providers/ 100,000 population)	42.4	70.6	75.5				-	-
2.15	Preventable Hospital Stays: Medicare Population (2014) (discharges/ 1,000 Medicare enrollees)	69.1	49	49.9				-	-
2.5	Mental Health Provider Rate (2017) (providers/ 100,000 population)	33.3	215.5	214.3				-	-
2.23	Persons with Health Insurance (2016) (percent)	81.2	87.8	-				92	100

2.15	Non-Physician Primary Care Provider Rate (2017) (providers/ 100,000 population)	41.2	102.5	81.2			-	-

*See Appendix B for full list of indicators included in each topic area

Primary Data

According to survey results, counseling/mental health/support groups was the fourth highest ranking services needing improvement in the community which may reflect the secondary data indicator for the low mental health provider rate.

More affordable health services and the number of health providers were the seventh and eighth highest ranking services needing improvement in the community and 6% of respondents shared that the community needs more information about going to the doctor for yearly check-ups and screenings. In addition 4.5% of the community survey population reported having no insurance of any kind.

“Field workers are scared to go to the doctor because of big expenses and they could be in debt for the rest of their life.”
-Focus Group Appointment

Focus group participants were very clear that accessing health services in the community was a challenge and the topic was brought up 32 times across focus groups. Participants described additional barriers to accessing health services including financial constraints, lack of education about where to go, difficulty getting time off work, not having adequate or any health insurance, language barriers for Spanish speakers and difficulty with attaining transportation to get to medical facilities.

“Sampson County Transportation can take people to medical appointments and reach the community that needs services. There are several programs and people that we need to link together or connect the dots.”

-Focus Group Participant

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any sub-groups highly impacted within the Access to Health services topic area. However, those without insurance are recognizably a group that may be limited in accessing medical services. Focus group participants raised concerns for the lack of access to health services for the Native Americans, uninsured farm workers and African American males.

Heart Disease & Stroke

Key Issues

- The Medicare population in Sampson County is highly impacted by heart disease and stroke
- There is early evidence of a decrease in heart failure among the Medicare population over time
- Deaths due to stroke in the general population is higher than the state and U.S., does not meet the Healthy People target of 34.8 deaths/ 100,000 population

Secondary Data

Heart Disease & Stroke received a data score of 2.02. Poorly performing indicators related to Heart Disease & Stroke is displayed in Table 16.

Table 16. Data Scoring Results for Heart Disease & Stroke

Score	Indicator (Year) (Units)	Sampson County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.1	Heart Failure: Medicare Population (2015) (percent)	18.5	12.5	13.5				-	-
2.3	Ischemic Heart Disease: Medicare Population (2015) (percent)	33.1	24	26.5				-	-
2.5	Stroke: Medicare Population (2015) (percent)	5.1	3.9	4				-	-
2.5	Hypertension: Medicare Population (2015) (percent)	64.7	58	55				-	-
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2012-2016) (deaths/ 100,000 population)	53.9	43.1	36.9				-	34.8

*See Appendix B for full list of indicators included in each topic area

Primary Data

Heart Disease and Stroke was not a primary concern raised by the community participants and only came up once in focus group discussion. One participant mention their observation of high prevalence of high blood pressure and cholesterol in the male population within the community.

Of the community survey respondents, 11.6% reported that they received their health insurance coverage through the Medicare benefit which is a much higher percentage than in the overall population of Sampson County. 6.6%of survey participants reported that they had been told by a medical provide that they have angina/heart disease and 42% had been told they have high blood pressure. 12.4% reported having had a cardiovascular screening and 74% reported having a blood pressure check in the past 12-months.

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings, stress management and managing weight as topics the community needs more information about which may directly impact the Medicare population living with conditions related to heart disease and stroke.

Highly Impacted Populations

The data scoring analysis shows that the Medicare population is highly impacted by Heart Disease & Stroke in the Sampson community. Further breakdown amongst this population is not offered as the data may not be available or there are no additional disparities.

Respiratory Diseases











Key Issues

- Asthma and COPD with the Medicare population is higher than the state and U.S.
- Age-adjusted death rate due to lung cancer does not meet Healthy People target of 45.4 deaths per 100,000 population
- The Tuberculosis incidence rate is higher than the state and U.S. rate and does not meet the Healthy People target of 1 cases per 100,000 population

Secondary Data

Respiratory Diseases has a data score of 1.98. Indicators with the highest scores and of the most concern are displayed in Table 17.

Table 17. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Sampson County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Asthma: Medicare Population (2015) (percent)	10	8.4	8.2				-	-
2.35	COPD: Medicare Population (2015) (percent)	14.3	11.9	11.2				-	-
2.15	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	55.9	50.7	44.7				-	45.5
2.23	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	4.7	2	3				-	1

*See Appendix B for full list of indicators included in each topic area

Primary Data

16.7% of survey respondents reported having been told they have asthma by a medical provider. When asked what health behavior community survey participants needed more information about, less than 3% selected quitting smoking/tobacco use prevention. However, 13.9% of survey participants reported currently use tobacco products. 46.5% of participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 35%

reported exposure in 'other' locations and 34% reported the home as the primary areas of exposure. Respiratory Diseases and tobacco use did not come up in the Focus Group discussions.

Highly Impacted Populations

The data scoring analysis shows that the Medicare population is highly impacted by Respiratory Diseases in the Sampson County community. Further breakdown amongst this populations is not offered as the data is not available or no disparities exist. Data scoring also identified males as mores impacted by the Lung and Bronchus Cancer Incidence Rate.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Sampson County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

Rank	Sampson County			North Carolina			Health ENC Counties		
	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	474	195.8	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	444	186.9	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Accidental Injuries	148	76.9	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Diabetes	128	54.2	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Cerebrovascular Diseases	127	54.5	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Chronic Lower Respiratory Diseases	121	51.4	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	54	23.6	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Kidney Diseases	47	19.9	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Influenza and Pneumonia	43	18.2	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Chronic Liver Diseases	28	12.1	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.68 and was the 18th highest scoring health and quality of life topic. High scoring related indicators include: Adults 20+ who are Obese (2.45), Adults 20+ who are Sedentary (2.45), Access to Exercise Opportunities (2.25) and Food Insecurity Rate (2.00).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, 48% rated their health is good and 30.3% rated their health as very good. However, 49.5% of respondents reported being told by a health professional that they were overweight and/or obese. Additionally, data from the community survey participants show that 37.6% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported not having enough time, being too tired to exercise and not liking exercise as reasons for not exercising.

Exercise, Nutrition & Weight was discussed across all three focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. One participant shared financial barriers for youth playing recreational sports which is emphasized in the community as a way for youth to exercise. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, weight-loss and nutrition were high frequency responses.

“A lot of interest is put into sports since this is a rural community. Some kids are not able to place recreational sports due to family finances. Not having financial means is a struggle for some families. So, there is a gap between playing and finances. Sometimes there is no equipment. Downside is that youth have to play by themselves in remote/rural areas.”

—Focus Group Participant

Economy

Secondary Data

From the secondary data scoring results, the Economy topic had a score of 1.91 and was the 8th highest scoring health and quality of life topic. High scoring related indicators include: People Living Below Poverty Level (2.65), Children Living Below Poverty Level (2.50), People Living 200% Above Poverty Level (2.50), Young Children Living Below Poverty Level (2.50), Families Living Below Poverty Level (2.40), Per Capita Income (2.40), Severe Housing Problems (2.40), Students Eligible for the Free Lunch Program (2.35) and Households with Supplemental Security Income (2.30).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants were asked to rank the most negatively affecting issues that impact their community's quality of life. According to the data, both poverty and the economy were the top issues in Sampson County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment ranked first and availability of employment ranked second.

"For low-income families, healthy eating is not affordable. Need programs to help with availability."

-Focus Group Participant

Focus group participants also brought up daily financial and community economic stress: maintaining or achieving a work-life balance, challenges with being able to afford healthy behaviors/foods and delays or not seeking health care services due to costs.

Social Environment

Secondary Data

From the secondary data scoring results, the Social Environment topic had a score of 1.88 and was the 9th highest scoring health and quality of life topic. High scoring related indicators include: People Living Below Poverty Level (2.65), Children Living Below Poverty Level (2.50), People Living 200% Above Poverty Level (2.50) and Young Children Living Below Poverty Level (2.50).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, better or more recreational facilities was one of the top ranked services needing improvement in the community. This suggests that there is a desire for more spaces where people can gather and socialize with either their immediate friends and family or the greater community. Positive teen activities was ranked as the third top ranked service needing improvement. Focus group participants also raised the need for more recreational facilities suggesting more fitness facilities. Over 30% of survey participants disagreed or strongly disagreed that there are good parks and recreational facilities in the community. 6% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and just over 30% disagreed or strongly disagreed that there is help for people during times of need in the county.

"Young people are too busy in front of screens. Families text within the same house- no communication."

-Focus Group Participant

Substance Abuse

Secondary Data

From the secondary data scoring results, the Substance Abuse topic had a score of 1.61 and was the 21st highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.70) and Death Rate due to Drug Poisoning (2.40).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants ranked substance abuse (26.4%) as a top issue affecting quality of life in Sampson County. Additionally, 23.2% of community survey respondents reported wanting to learn more about substance abuse prevention.

13.9% of survey participants reported currently use tobacco products. 76% of survey respondents reported 0 days when they drank 4/5 or more alcoholic beverages on an occasion, 10.6% reported 1 day and 4.4% reported 2 days. Reported illicit drug use amongst survey participants in the past 30-days was low, 98.6% reported no illegal drug use and 99.3% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<5%) in the past 30 days, 100% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, substance abuse was ranked as a top issue affecting quality of life in Sampson County by community survey participants. Participants also reported wanting to learn more about substance abuse prevention.

A Closer Look at Highly Impacted Populations

Subpopulations emerged from data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Sampson County, with significance determined by non-overlapping confidence intervals.

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
People Living Below Poverty Level	6-11, <6, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander
Children Living Below Poverty Level	Black or African American, Hispanic or Latino
People 25+ with a bachelor's degree or Higher	Black or African American, Other
Families Living Below Poverty Level	Black or African American, Hispanic or Latino

Per Capita Income	Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, Two or More Races
People 25+ with a High School Degree or Higher	65+, Male, Other
Median Household Income	Black or African American
People 65+ Living Below Poverty Level	Black or African American
Lung and Bronchus Cancer Incidence Rate	Male
Workers who Drive Alone to Work	White, non-Hispanic
Prostate Cancer Incidence Rate	Black

**See HealthENC.org for indicator values for population subgroups*

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28444, with an index value of 96.9, has the highest socioeconomic need within Sampson County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Sampson County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Sampson County. The assessment was further informed with input from Sampson County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight Heart Disease & Stroke Prevention & Safety, Respiratory Diseases, Social Environment and Substance Abuse. The prioritization process identified three focus areas: (1) Diabetes; (2) Exercise, Nutrition and Weight (obesity); (3) Substance Abuse. Following this process, Sampson County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to rpalmer@sampsonrmc.org and/or ssmith@sampsonnc.com.

Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
OBESITY	<p>Creation of Journey to Health Focus of class is changing basic behaviors to create healthier lifestyle</p> <p>Based on NC Plan to prevent obesity and basic behaviors to change</p>	YES	<p>Free 8-week class offered quarterly. From Aug 2018 thru April 2019, four classes offered, goal is to change basic behaviors to help get to a healthier lifestyle. 49 of 66 participants completed the program (76 %). Impact has been gaged by that majority of people starting the program finish the program (76 %); positive feedback from participants wanting to come again; participants sharing the program and their positive experience with friends and providers. Referrals (word of mouth, limited marketing) have kept program filling itself up each quarter.</p> <p>155.7 lbs. were lost by those 49 participants who completed the program. Participants were weighed each week, avg total weight loss = 3.2 lbs. The goal of weighing ppts is to keep them accountable and get them into the habit of weighing 1x per week. The focus is on changing basic behaviors to lead a healthier lifestyle which will in turn lead to healthier weight.</p>
	Breastfeed Your Baby	In progress	<p>As one of the basic behaviors outlined in the NC Plan to Obesity, Breastfeed Your Baby will be offered as a stand-alone class. Local La Leche League leader will be involved and has recently moved her support group meetings to TCHW. Also, preliminary meetings have been held between SampsonRMC labor and delivery director, Family Medicine resident physicians, community wellness coordinator and La Leche League leader to continue to solidify plan for in-service training of nurses and outpatient training for patients.</p>
	Create new partnerships with agencies and other community partners dedicated to helping our community lead a healthier	YES	<p>Poe Center – partnership created with Nutrition Educator and first grocery store shopping education session “Cooking Matters” was held Jan 2019 with 27 participants attending.</p>

	lifestyle and move farther away from obesity		<p>Dr Mariana Mendible – partnership created to begin educating our community on nutrition and plant-based diet. “Nutrition Basics – Plant-based Cooking and Eating” series began with first two installments (Jan and Mar 2019) with total of 27 + 24 = 51 participants.</p> <p>Reinvestment - Healthy Food Prescription – June 2019 letter of support signed to support grant for Reinvestment partners to bring Health Food Prescription program to Sampson County.</p>
	Nurture established partnerships with other local agencies to offer healthy lifestyle programs to our community	YES	<p>Formalized collaboration with NC Extension Agency Sampson County Agent and SampsonRMC. Community Wellness Coordinator sits on Health and Wellness Advisory Committee, beginning summer 2018.</p> <p>NC Extension Agent offered “Med not meds” at TCHW for community. Spring 2018, 12 participants.</p>
	Continue to be available for other county organizations to share expertise and help devise plans for their employees to lead healthier lifestyles	YES	<p>City of Clinton – Lunch-n-Learn series, topics included Exercise, Reading Nutrition Labels, Stress Management. Total of 46 participants attended, Fall 2018 series.</p>
	Fitness Renaissance	YES	<p>Monitor and track pre and post-test. Each nine week grading period students concentrate on one selected activity (Shuttle Run, V Sit Reach, Pull Up, Flex Arm Hang, Quarter mile Run). After the pre-test is completed, each student receives an individualized fitness goal based off their pre-test performance. If the student exceeds his/her goal for the focused activity during the post-test at the end of the nine weeks, he/she receives a Fitness Renaissance sticker. At the end of the school year, students receive a silver medal if they exceed their individualized goal during all but one grading period of the school year and a gold medal if they exceed their individualized goal each period of the school year.</p> <p>For school year 2017-2018, approximately 62.3% of students exceeded their goal during three grading periods and 34.3% of students exceeded their goal.</p>

DIABETES	Continued partnership between SampsonRMC and SCHED. Diabetes Self-Management Education program collaboration between SampsonRMC and SCHED	YES	<p>SCHED holds monthly group classes for diabetes patients at SampsonRMC's The Center for Health + Wellness. Over the course of the year 2018, approximately 5 people attended classes each month.</p> <p>Diabetes Education participants are invited to attend Sugar Buddies Support Group and Journey to Health.</p> <p>SampsonRMC Community Wellness coordinator serves as a liaison between local physicians and SCHED Diabetes Education nurse educator.</p>
	Sugar Buddies Support Group	YES	<p>SampsonRMC holds monthly meetings for Sugar Buddies Diabetes Support group. A combination of programs – physician guest speakers, chair yoga instruction, physical therapists' annual foot checks, blood pressure checks - are all done on a regular basis. Other program topics include: counting carbs, know your medicines and your pharmacist, goal-setting, food is medicine. The class participation remains strong with an average attendance of 12 participants per month. Total class attendance for FY2018 was 135</p>
	Development of National Diabetes Prevention Program	Research not yet started**	<p>**this activity was part of 3-year implementation plan of 2017 CHNA cycle. Research on the feasibility of SampsonRMC offering this program will continue to be part of the implementation plan in this 2019 CHNA. Research on the feasibility of SampsonRMC developing this program will begin in FY2020 (Q4 FY2020), with possible planning and development in FY2021 and program implementation in FY2022.</p>

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Sampson County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

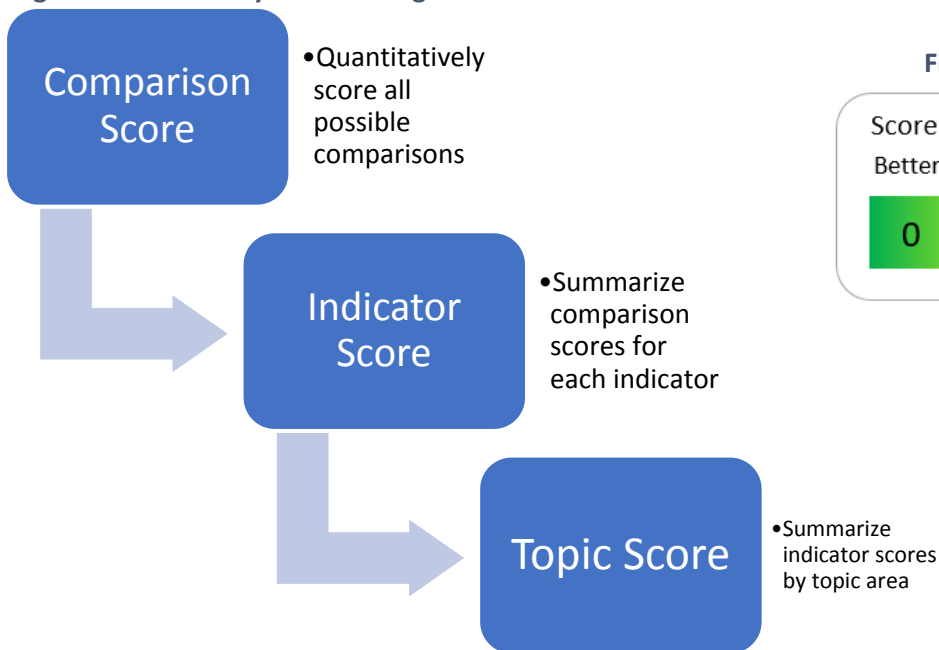
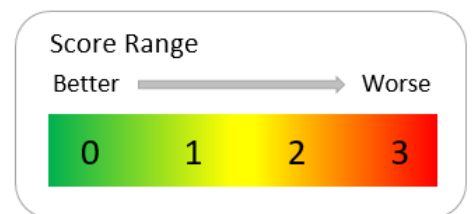


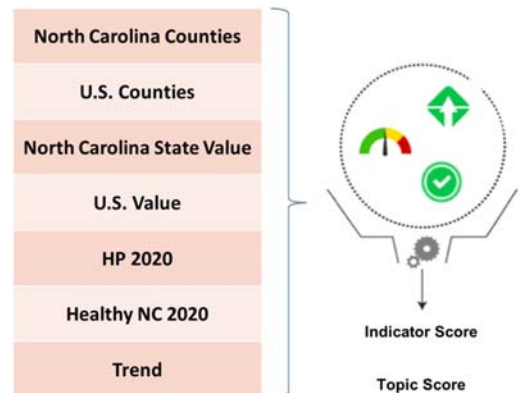
Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Sampson County. The possible comparisons are shown in Figure 48 and include a comparison of Sampson County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Sampson County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

Figure 49. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Sampson County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Sampson County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Sampson County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North

Carolina 2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.



Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Sampson County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup’s value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Sampson County, with higher scores indicating a higher need.

Table 20. Topic Scores for Sampson County

Health and Quality of Life Topics	Score
Diabetes	2.41
Prevention & Safety	2.24
Access to Health Services	2.11
Heart Disease & Stroke	2.02
Respiratory Diseases	1.98
Wellness & Lifestyle	1.94
Men's Health	1.92
Economy	1.91
Social Environment	1.88
Mortality Data	1.86
Older Adults & Aging	1.85
Transportation	1.84
Women's Health	1.81
Other Chronic Diseases	1.75
Public Safety	1.74
Environmental & Occupational Health	1.73
Cancer	1.70
Exercise, Nutrition, & Weight	1.68
County Health Rankings	1.66
Maternal, Fetal & Infant Health	1.65
Substance Abuse	1.61
Mental Health & Mental Disorders	1.59
Education	1.58
Immunizations & Infectious Diseases	1.54
Children's Health	1.53
Environment	1.47

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Sampson County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Mental Health Provider Rate	2017	providers/100,000 population	33.3	215.5	214.3				4
2.23	Persons with Health Insurance	2016	percent	81.2	87.8		100.0	92.0		17
2.20	Primary Care Provider Rate	2015	providers/100,000 population	42.4	70.6	75.5				4
2.15	Non-Physician Primary Care Provider Rate	2017	providers/100,000 population	41.2	102.5	81.2				4
2.15	Preventable Hospital Stays: Medicare Population	2014	discharges/1,000 Medicare enrollees	69.1	49.0	49.9				18
1.80	Dentist Rate	2016	dentists/100,000 population	34.9	54.7	67.4				4
1.73	Clinical Care Ranking	2018	ranking	92						4

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/100,000 population	12.8	10.8	10.9				7
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/100,000 population	15.5	12.2	11.5				7
2.43	Cervical Cancer Incidence Rate	2010-2014	cases/100,000 females	17.1	7.2	7.5	7.3			7
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/100,000 population	16.9	14.1	14.8	14.5	10.1		7
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/100,000 population	55.9	50.7	44.7	45.5			7
2.10	Pancreatic Cancer Incidence Rate	2010-2014	cases/100,000 population	13.8	12.0	12.5				7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.05	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	12.3	10.9	11.4			7
1.90	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	23.2	21.6	20.1	21.8		7
1.90	Mammography Screening: Medicare Population	2014	percent	63.0	67.9	63.1			18
1.85	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	76.2	70.0	61.2		Male	7
1.75	Cancer: Medicare Population	2015	percent	7.7	7.7	7.8			3
1.73	Childhood Cancer Incidence Rate	2008-2012	cases/ 100,000 population 0-19	19.4	16.5	20.4			7
1.65	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	181.5	172.0	166.1	161.4		7
1.60	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	125.0	129.4	123.5			7
1.60	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	116.2	125.0	114.8		Black	7
1.30	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	441.7	457.0	443.6			7
0.75	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	19.4	21.6	21.2	20.7		7
0.70	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	13.4	20.1	20.5			7
0.60	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	6.0	7.7	7.8			7
0.35	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	32.6	37.7	39.8	39.9		7

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Child Food Insecurity Rate	2016	percent	23.3	20.9	17.9				5
1.73	Childhood Cancer Incidence Rate	2008-2012	cases/ 100,000 population 0-19	19.4	16.5	20.4				7
1.05	Children with Low Access to a Grocery Store	2015	percent	0.9						21

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Clinical Care Ranking	2018	ranking	92						4
1.73	Health Behaviors Ranking	2018	ranking	81						4
1.73	Mortality Ranking	2018	ranking	81						4
1.58	Morbidity Ranking	2018	ranking	70						4

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.58	Physical Environment Ranking	2018	ranking	62						4
1.58	Social and Economic Factors Ranking	2018	ranking	71						4

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults 20+ with Diabetes	2014	percent	15.1	11.1	10.0				4
2.50	Diabetes: Medicare Population	2015	percent	36.5	28.4	26.5				3
2.48	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	51.5	23.0	21.1				16
1.95	Diabetic Monitoring: Medicare Population	2014	percent	86.8	88.8	85.2				18

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Households with Supplemental Security Income	2012-2016	percent	8.3	5.0	5.4				1
2.18	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	39.8	29.0	27.6				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	People Living Below Poverty Level	2012-2016	percent	24.2	16.8	15.1		12.5	6-11, <6, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander	1
2.50	Children Living Below Poverty Level	2012-2016	percent	35.5	23.9	21.2			Black or African American, Hispanic or Latino	1
2.50	People Living 200% Above Poverty Level	2012-2016	percent	49.2	62.3	66.4				1
2.50	Young Children Living Below Poverty Level	2012-2016	percent	40.0	27.3	23.6				1
2.40	Families Living Below Poverty Level	2012-2016	percent	18.2	12.4	11.0			Black or African American,	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

								Hispanic or Latino	
								Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, Two or More Races	
2.40	Per Capita Income	2012-2016	dollars	19871	26779	29829			1
2.40	Severe Housing Problems	2010-2014	percent	18.7	16.6	18.8			4
2.35	Students Eligible for the Free Lunch Program	2015-2016	percent	64.2	52.6	42.6			8
2.30	Households with Supplemental Security Income	2012-2016	percent	8.3	5.0	5.4			1
2.28	Median Housing Unit Value	2012-2016	dollars	87900	157100	184700			1
2.25	Median Household Income	2012-2016	dollars	36742	48256	55322		Black or African American	1
2.18	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	39.8	29.0	27.6			1
2.15	People 65+ Living Below Poverty Level	2012-2016	percent	13.5	9.7	9.3		Black or African American	1
2.10	Total Employment Change	2014-2015	percent	0.6	3.1	2.5			20
2.00	Food Insecurity Rate	2016	percent	16.1	15.4	12.9			5
1.95	Female Population 16+ in Civilian Labor Force	2012-2016	percent	53.4	57.4	58.3			1
1.95	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	46.4	49.4	47.3	36.1		1
1.90	SNAP Certified Stores	2016	stores/ 1,000 population	0.7					21
1.80	Child Food Insecurity Rate	2016	percent	23.3	20.9	17.9			5
1.80	Population 16+ in Civilian Labor Force	2012-2016	percent	59.9	61.5	63.1			1
1.58	Social and Economic Factors Ranking	2018	ranking	71					4
1.35	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.8	3.7	3.7			19
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.3					21
1.15	Households with Cash Public Assistance Income	2012-2016	percent	1.8	1.9	2.7			1
1.10	Homeownership	2012-2016	percent	59.9	55.5	55.9			1

-High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.03	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	352	376	462				1
0.93	Median Household Gross Rent	2012-2016	dollars	598	816	949				1
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1031	1243	1491				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	11.9	29.0	30.3			Black or African American, Other	1
2.30	People 25+ with a High School Degree or Higher	2012-2016	percent	75.7	86.3	87.0			65+, Male, Other	1
2.10	High School Graduation	2016-2017	percent	79.8	86.5		87.0	94.6		13
1.60	Student-to-Teacher Ratio	2015-2016	students/teacher	15.7	15.6	17.7				8
1.35	8th Grade Students Proficient in Reading	2016-2017	percent	55.3	53.7					13
1.05	8th Grade Students Proficient in Math	2016-2017	percent	49.8	45.8					13
0.95	4th Grade Students Proficient in Reading	2016-2017	percent	69.5	57.7					13
0.75	4th Grade Students Proficient in Math	2016-2017	percent	69.0	58.6					13

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Severe Housing Problems	2010-2014	percent	18.7	16.6	18.8				4
2.25	Access to Exercise Opportunities	2018	percent	51.4	76.1	83.1				4
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.7						21
1.90	SNAP Certified Stores	2016	stores/ 1,000 population	0.7						21
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						21
1.65	Grocery Store Density	2014	stores/ 1,000 population	0.2						21
1.58	Physical Environment Ranking	2018	ranking	62						4
1.40	PBT Released	2016	pounds	0						22

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.08						21
1.25	Houses Built Prior to 1950	2012-2016	percent	10.8	9.1	18.2				1
1.20	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.5						21
1.20	Liquor Store Density	2015	stores/ 100,000 population	6.3	5.8	10.5				20
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.3						21
1.10	Food Environment Index	2018		7.6	6.4	7.7				4
1.05	Children with Low Access to a Grocery Store	2015	percent	0.9						21
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.9						21
0.68	Drinking Water Violations	FY 2013-14	percent	0.0	4.0			5.0		4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	10.0	8.4	8.2				3
1.58	Physical Environment Ranking	2018	ranking	62						4
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	65.6	90.9					10

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Adults 20+ who are Obese	2014	percent	35.0	29.6	28.0	30.5			4
2.45	Adults 20+ who are Sedentary	2014	percent	31.8	24.3	23.0	32.6			4
2.25	Access to Exercise Opportunities	2018	percent	51.4	76.1	83.1				4
2.00	Food Insecurity Rate	2016	percent	16.1	15.4	12.9				5
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.7						21
1.90	SNAP Certified Stores	2016	stores/ 1,000 population	0.7						21
1.80	Child Food Insecurity Rate	2016	percent	23.3	20.9	17.9				5
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						21
1.73	Health Behaviors Ranking	2018	ranking	81						4

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1.70	Workers who Walk to Work	2012-2016	percent	1.8	1.8	2.8	3.1			1
1.65	Grocery Store Density	2014	stores/ 1,000 population	0.2						21
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.08						21
1.20	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.5						21
1.20	Low-Income and Low Access to a Grocery Store	2015	percent	2.3						21
1.10	Food Environment Index	2018		7.6	6.4	7.7				4
1.05	Children with Low Access to a Grocery Store	2015	percent	0.9						21
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.9						21

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.50	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	26.7	15.7		36.2			16

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.65	Voter Turnout: Presidential Election	2016	percent	67.6	67.7					14

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Hypertension: Medicare Population	2015	percent	64.7	58.0	55.0				3
2.50	Stroke: Medicare Population	2015	percent	5.1	3.9	4.0				3
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	53.9	43.1	36.9	34.8			16
2.30	Ischemic Heart Disease: Medicare Population	2015	percent	33.1	24.0	26.5				3
2.10	Heart Failure: Medicare Population	2015	percent	18.5	12.5	13.5				3
1.95	Hyperlipidemia: Medicare Population	2015	percent	49.0	46.3	44.6				3
1.85	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	180.2	161.3			161.5		16

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0.50	Atrial Fibrillation: Medicare Population	2015	percent	6.1	7.7	8.1				3
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SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	215.4	194.4	145.8				11
2.23	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	4.7	2.0	3.0	1.0			11
1.73	Chlamydia Incidence Rate	2016	cases/ 100,000 population	513.3	572.4	497.3				11
1.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	16.2	17.8	14.8		13.5		16
1.35	Syphilis Incidence Rate	2016	cases/ 100,000 population	7.8	10.8	8.7				9
1.20	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	12.7	16.1			22.2		11
1.10	AIDS Diagnosis Rate	2016	cases/ 100,000 population	3.8	7.0					11
0.73	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.6	2.2	2.0	3.3			16

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.98	Babies with Low Birth Weight	2012-2016	percent	9.1	9.0	8.1	7.8			15
1.88	Preterm Births	2016	percent	11.1	10.4	9.8	9.4			15
1.63	Babies with Very Low Birth Weight	2012-2016	percent	1.7	1.7	1.4	1.4			15
1.50	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	26.7	15.7		36.2			16
1.25	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	5.9	7.2		6.0	6.3		16

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Life Expectancy for Males	2014	years	72.7	75.4	76.7		79.5		6
1.90	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	23.2	21.6	20.1	21.8			7
1.60	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	116.2	125.0	114.8			Black	7

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SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Mental Health Provider Rate	2017	providers/ 100,000 population	33.3	215.5	214.3				4
2.10	Frequent Mental Distress	2016	percent	13.8	12.3	15.0				4
2.10	Poor Mental Health: Average Number of Days	2016	days	4.3	3.9	3.8		2.8		4
1.95	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.8	9.8	9.9				3
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	24.7	31.9	26.6				16
0.85	Depression: Medicare Population	2015	percent	14.7	17.5	16.7				3
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	9.9	12.9	13.0	10.2	8.3		16

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	12.8	10.8	10.9				7
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.3	6.2	5.5	5.5	6.7		16
2.55	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	21.6	15.1	15.4		9.9		2
2.50	Premature Death	2014-2016	years/ 100,000 population	9593.1	7281.1	6658.1				4
2.48	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	51.5	23.0	21.1				16
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	53.9	43.1	36.9	34.8			16
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.9	14.1	14.8	14.5	10.1		7
2.40	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	21.0	16.2	16.9				4
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.8	12.7	11.0	9.3			2
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	55.9	50.7	44.7	45.5			7
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	29.2	14.1					16

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1.90	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	23.2	21.6	20.1	21.8		7
1.85	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	180.2	161.3			161.5	16
1.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	39.4	31.9	41.4	36.4		16
1.73	Mortality Ranking	2018	ranking	81					4
1.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	16.2	17.8	14.8		13.5	16
1.65	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	181.5	172.0	166.1	161.4		7
1.25	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	5.9	7.2	6.0	6.3		16
1.20	Alcohol-Impaired Driving Deaths	2012-2016	percent	27.3	31.4	29.3		4.7	4
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	24.7	31.9	26.6			16
0.75	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	19.4	21.6	21.2	20.7		7
0.73	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.6	2.2	2.0	3.3		16
0.63	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	9.9	12.9	13.0	10.2	8.3	16

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	10.0	8.4	8.2				3
2.50	Diabetes: Medicare Population	2015	percent	36.5	28.4	26.5				3
2.50	Hypertension: Medicare Population	2015	percent	64.7	58.0	55.0				3
2.50	Stroke: Medicare Population	2015	percent	5.1	3.9	4.0				3
2.40	Chronic Kidney Disease: Medicare Population	2015	percent	24.3	19.0	18.1				3
2.35	COPD: Medicare Population	2015	percent	14.3	11.9	11.2				3
2.30	Ischemic Heart Disease: Medicare Population	2015	percent	33.1	24.0	26.5				3
2.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	31.7	29.1	30.0				3
2.15	People 65+ Living Below Poverty Level	2012-2016	percent	13.5	9.7	9.3			Black or African American	1

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2.10	Heart Failure: Medicare Population	2015	percent	18.5	12.5	13.5				3
1.95	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.8	9.8	9.9				3
1.95	Diabetic Monitoring: Medicare Population	2014	percent	86.8	88.8	85.2				18
1.95	Hyperlipidemia: Medicare Population	2015	percent	49.0	46.3	44.6				3
1.90	Mammography Screening: Medicare Population	2014	percent	63.0	67.9	63.1				18
1.85	People 65+ Living Alone	2012-2016	percent	28.9	26.8	26.4				1
1.75	Cancer: Medicare Population	2015	percent	7.7	7.7	7.8				3
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.9						21
1.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	24.7	31.9	26.6				16
0.85	Depression: Medicare Population	2015	percent	14.7	17.5	16.7				3
0.60	Osteoporosis: Medicare Population	2015	percent	4.2	5.4	6.0				3
0.50	Atrial Fibrillation: Medicare Population	2015	percent	6.1	7.7	8.1				3

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	15.5	12.2	11.5				7
1.80	Dentist Rate	2016	dentists/ 100,000 population	34.9	54.7	67.4				4

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Chronic Kidney Disease: Medicare Population	2015	percent	24.3	19.0	18.1				3
2.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	31.7	29.1	30.0				3
0.60	Osteoporosis: Medicare Population	2015	percent	4.2	5.4	6.0				3

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SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	21.6	15.1	15.4		9.9		2
2.40	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	21.0	16.2	16.9				4
2.40	Severe Housing Problems	2010-2014	percent	18.7	16.6	18.8				4
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.8	12.7	11.0	9.3			2
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	29.2	14.1					16
1.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	39.4	31.9	41.4	36.4			16

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.3	6.2	5.5	5.5	6.7		16
2.35	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.8	12.7	11.0	9.3			2
1.95	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	29.2	14.1					16
1.25	Property Crime Rate	2016	crimes/ 100,000 population	2221.5	2779.7					12
1.20	Alcohol-Impaired Driving Deaths	2012-2016	percent	27.3	31.4	29.3		4.7		4
1.13	Violent Crime Rate	2016	crimes/ 100,000 population	241.2	374.9	386.3				12

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	10.0	8.4	8.2				3
2.35	COPD: Medicare Population	2015	percent	14.3	11.9	11.2				3
2.23	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	4.7	2.0	3.0	1.0			11
2.15	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	55.9	50.7	44.7	45.5			7
1.85	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	76.2	70.0	61.2			Male	7

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1.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	16.2	17.8	14.8		13.5	16
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	65.6	90.9				10

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	People Living Below Poverty Level	2012-2016	percent	24.2	16.8	15.1		12.5	6-11, <6, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander	1
2.50	Children Living Below Poverty Level	2012-2016	percent	35.5	23.9	21.2			Black or African American, Hispanic or Latino	1
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	11.9	29.0	30.3			Black or African American, Other	1
2.50	Young Children Living Below Poverty Level	2012-2016	percent	40.0	27.3	23.6				1
2.40	Per Capita Income	2012-2016	dollars	19871	26779	29829			Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, Two or More Races	1
2.30	People 25+ with a High School Degree or Higher	2012-2016	percent	75.7	86.3	87.0			65+, Male, Other	1
2.28	Median Housing Unit Value	2012-2016	dollars	87900	157100	184700				1
2.25	Median Household Income	2012-2016	dollars	36742	48256	55322			Black or African American	1
2.23	Persons with Health Insurance	2016	percent	81.2	87.8		100.0	92.0		17
2.20	Linguistic Isolation	2012-2016	percent	4.1	2.5	4.5				1
2.10	Total Employment Change	2014-2015	percent	0.6	3.1	2.5				20
1.95	Female Population 16+ in Civilian Labor Force	2012-2016	percent	53.4	57.4	58.3				1
1.85	People 65+ Living Alone	2012-2016	percent	28.9	26.8	26.4				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.85	Single-Parent Households	2012-2016	percent	37.9	35.7	33.6				1
1.80	Population 16+ in Civilian Labor Force	2012-2016	percent	59.9	61.5	63.1				1
1.75	Mean Travel Time to Work	2012-2016	minutes	25.9	24.1	26.1				1
1.65	Voter Turnout: Presidential Election	2016	percent	67.6	67.7					14
1.58	Social and Economic Factors Ranking	2018	ranking	71						4
1.10	Homeownership	2012-2016	percent	59.9	55.5	55.9				1
1.03	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	352	376	462				1
0.93	Median Household Gross Rent	2012-2016	dollars	598	816	949				1
0.90	Social Associations	2015	membership associations/ 10,000 population	14.4	11.5	9.3				4
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1031	1243	1491				1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	20.7	17.9	17.0	12.0	13.0		4
2.40	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	21.0	16.2	16.9				4
1.73	Health Behaviors Ranking	2018	ranking	81						4
1.20	Alcohol-Impaired Driving Deaths	2012-2016	percent	27.3	31.4	29.3		4.7		4
1.20	Liquor Store Density	2015	stores/ 100,000 population	6.3	5.8	10.5				20
0.45	Adults who Drink Excessively	2016	percent	14.3	16.7	18.0	25.4			4

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.50	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	26.7	15.7		36.2			16

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
-------	----------------	--------------------	-------	----------------	----------------	------	--------	-----------------	-----------------	--------

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.05	Workers Commuting by Public Transportation	2012-2016	percent	0.3	1.1	5.1	5.5			1
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.7						21
1.95	Solo Drivers with a Long Commute	2012-2016	percent	35.3	31.3	34.7				4
1.75	Mean Travel Time to Work	2012-2016	minutes	25.9	24.1	26.1				1
1.75	Workers who Drive Alone to Work	2012-2016	percent	81.2	81.1	76.4			White, non-Hispanic	1
1.70	Households without a Vehicle	2012-2016	percent	7.9	6.3	9.0				1
1.70	Workers who Walk to Work	2012-2016	percent	1.8	1.8	2.8	3.1			1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	21.9	17.6	16.0		9.9		4
2.25	Life Expectancy for Males	2014	years	72.7	75.4	76.7		79.5		6
2.25	Poor Physical Health: Average Number of Days	2016	days	4.1	3.6	3.7				4
2.10	Life Expectancy for Females	2014	years	78.8	80.2	81.5		79.5		6
1.80	Frequent Physical Distress	2016	percent	13.4	11.3	15.0				4
1.58	Morbidity Ranking	2018	ranking	70						4
1.05	Insufficient Sleep	2016	percent	32.5	33.8	38.0				4

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	SAMPSON COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	17.1	7.2	7.5	7.3			7
2.10	Life Expectancy for Females	2014	years	78.8	80.2	81.5		79.5		6
2.05	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	12.3	10.9	11.4				7
1.90	Mammography Screening: Medicare Population	2014	percent	63.0	67.9	63.1				18
1.60	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	125.0	129.4	123.5				7
0.75	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	19.4	21.6	21.2	20.7			7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Disease Control and Prevention
3	Centers for Medicare & Medicaid Services
4	County Health Rankings
5	Feeding America
6	Institute for Health Metrics and Evaluation
7	National Cancer Institute
8	National Center for Education Statistics
9	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
10	North Carolina Department of Health and Human Services
11	North Carolina Department of Health and Human Services, Communicable Disease Branch
12	North Carolina Department of Justice
13	North Carolina Department of Public Instruction
14	North Carolina State Board of Elections
15	North Carolina State Center for Health Statistics
16	North Carolina State Center for Health Statistics, Vital Statistics
17	Small Area Health Insurance Estimates
18	The Dartmouth Atlas of Health Care
19	U.S. Bureau of Labor Statistics
20	U.S. Census - County Business Patterns
21	U.S. Department of Agriculture - Food Environment Atlas
22	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

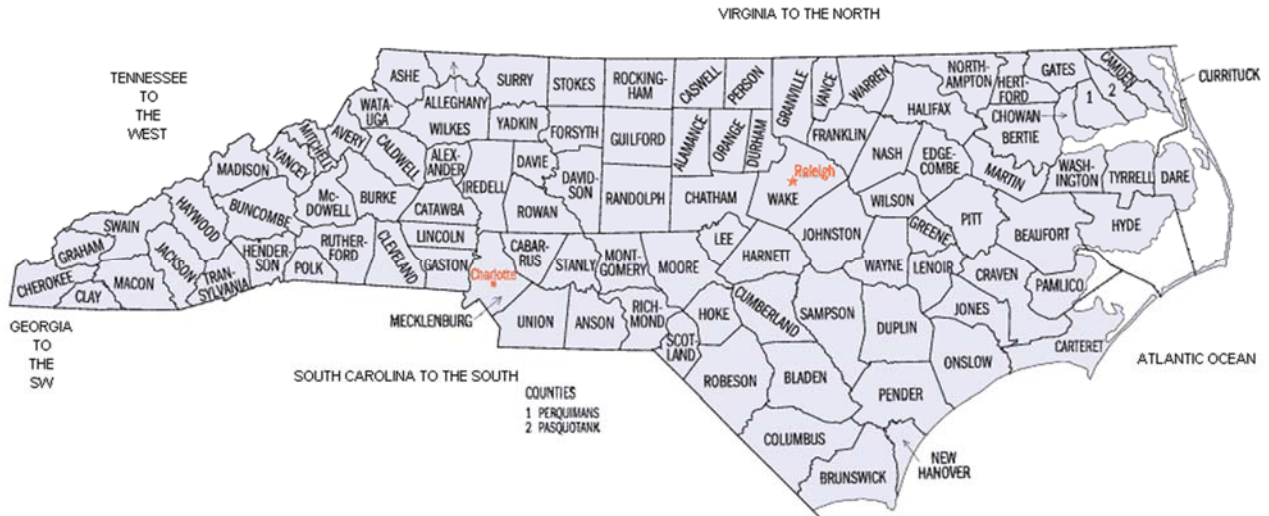
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> Wilson |

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Drugs (Substance Abuse) | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Neglect and abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse | |
| | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Hopelessness | | |
| <input type="checkbox"/> Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Counseling/ mental health/ support groups | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> More affordable/better housing | | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress
management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger
management |
| <input type="checkbox"/> Going to the
doctor for yearly check-
ups and screenings | <input type="checkbox"/> Child care/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual
abuse prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

7. Where do you get most of your health-related information? (Please choose only one.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |
| <input type="checkbox"/> Other (please specify) | | |

8. What health topic(s)/ disease(s) would you like to learn more about?

**9. Do you provide care for an elderly relative at your residence or at another residence?
(Choose only one.)**

- Yes
- No

**10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)**

- Yes
- No *(if No, skip to question #12)*

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Dental hygiene | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> management | <input type="checkbox"/> Reckless |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Tobacco | <input type="checkbox"/> driving/speeding |
| <input type="checkbox"/> Fitness/Exercise | <input type="checkbox"/> STDs (Sexually | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Transmitted Diseases) | <input type="checkbox"/> issues |
| <input type="checkbox"/> management | <input type="checkbox"/> Sexual intercourse | <input type="checkbox"/> Suicide prevention |
| | <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> Other (please specify) | | |

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure check | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Skin cancer screening | |

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (more than 1 year but less than 2 years ago)
- Within the past 5 years (more than 2 years but less than 5 years ago)
- Don't know/not sure
- Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)

- Yes
- No
- Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |

Don't know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (Choose only one.)

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |

Don't know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? (Check all that apply.)

- Marijuana
- Cocaine
- Heroin
- Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)

- | | | | | | | | |
|---|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> Don' t know / not sure | | | | | | | |

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

Yes

No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

Yes

No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)

Yes

No *(if No, skip to question #26)*

Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|--|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that
has the things I need, like a pool, golf course,
or a track. | <input type="checkbox"/> There is no safe place to
exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and
I don't have it. |
| <input type="checkbox"/> I would need child care and I don't
have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise
partners. | <input type="checkbox"/> I'm physically disabled. |
| | <input type="checkbox"/> I don't know |

Other (please specify)

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)

Yes

No (*if No, skip to question #30*)

Don't know/not sure (*if Don't know/not sure, skip to question #30*)

29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)

Home

Workplace

Hospitals

Restaurants

School

I am not exposed to secondhand smoke.

Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

- Yes
- No *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? (Choose only one).

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> Other (please specify) | |

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)

- Yes, flu shot

- Yes, flu spray
- Yes, both
- No
- Don' t know/not sure

Part 5: Access to Care/Family Health

33. Where do you go most often when you are sick? (Choose only one.)

- | | |
|---|---|
| <input type="checkbox"/> Doctor' s office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | |

34. Do you have any of the following types of health insurance or health care coverage? (Choose all that apply.)

- Health insurance my employer provides
- Health insurance my spouse's employer provides
- Health insurance my school provides
- Health insurance my parent or my parent's employer provides
- Health insurance I bought myself
- Health insurance through Health Insurance Marketplace (Obamacare)
- The military, Tricare, or the VA
- Medicaid
- Medicare
- No health insurance of any kind

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

- Yes
- No *(if No, skip to question #38)*
- Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Eye care/
optometrist/
ophthalmologist | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |

Other (please specify)

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

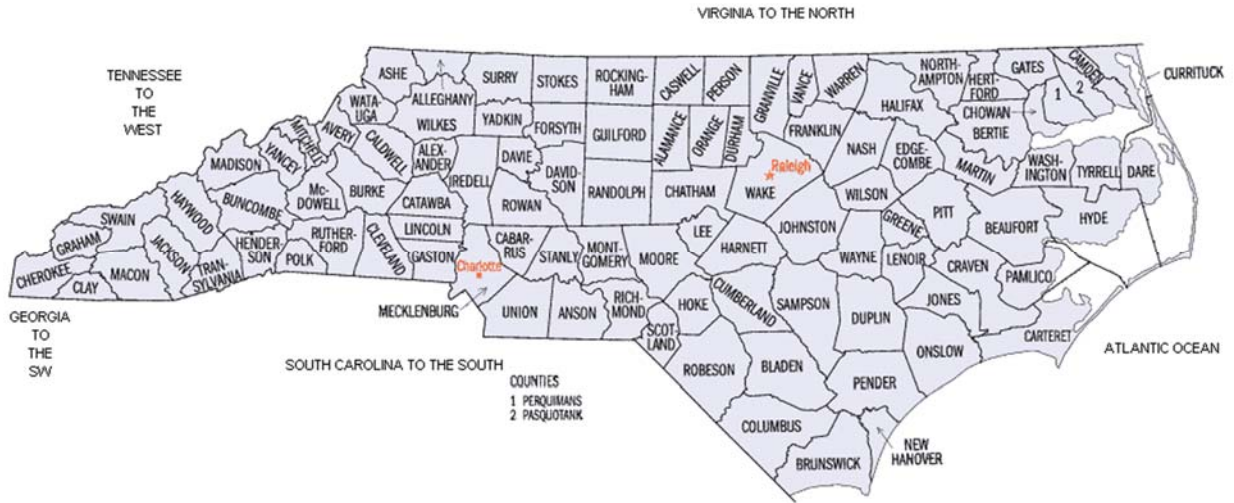
- No health insurance.
- Insurance didn't cover what I/we needed.

- My/our share of the cost (deductible/co-pay) was too high.
- Doctor would not take my/our insurance or Medicaid.
- Hospital would not take my/our insurance.
- Pharmacy would not take my/our insurance or Medicaid.
- Dentist would not take my/our insurance or Medicaid.
- No way to get there.
- Didn't know where to go.
- Couldn't get an appointment.
- The wait was too long.
- The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (Choose only one.)

- | | | | |
|---|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| Cumberland | <input type="checkbox"/> Hyde | Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> The State of |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | Perquimans | Virginia |
| <input type="checkbox"/> Other (please specify) | | | |

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Choose only one.)

- Yes
- No
- Don't know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (Choose only one.)

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (Choose only one.)

- Yes, smoke detectors only
- Yes, both
- Don't know/not sure
- Yes, carbon monoxide detectors only
- No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- Yes
- No
- Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |

Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

(Check only one.)

Yes *(if Yes, skip to question #46)*

No

Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

Lack of transportation

Concern about leaving pets

Lack of trust in public officials

Concern about traffic jams and

Concern about leaving property

inability to get out

behind

Health problems (could not be

Concern about personal safety

moved)

Concern about family safety

Don't know/not sure

Other (please specify)

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? (Choose only one.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

47. What is your gender? (Choose only one.)

- Male
- Female
- Transgender
- Gender non-conforming
- Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- I am not of Hispanic, Latino or Spanish origin
- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban or Cuban American
- Other Hispanic or Latino (please specify)

49. What is your race? (Choose only one).

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (Choose only one.)

- Yes
- No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (Choose only one.)

- Never married/single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated

Other (please specify)

52. Select the highest level of education you have achieved. (Choose only one.)

- Less than 9th grade
- 9-12th grade, no diploma
- High School graduate (or GED/equivalent)
- Associate's Degree or Vocational Training
- Some college (no degree)
- Bachelor's degree
- Graduate or professional degree
- Other (please specify)

53. What was your total household income last year, before taxes? (Choose only one.)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (Check all that apply.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

- Homemaker
- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1
year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

- Yes
- No
- Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

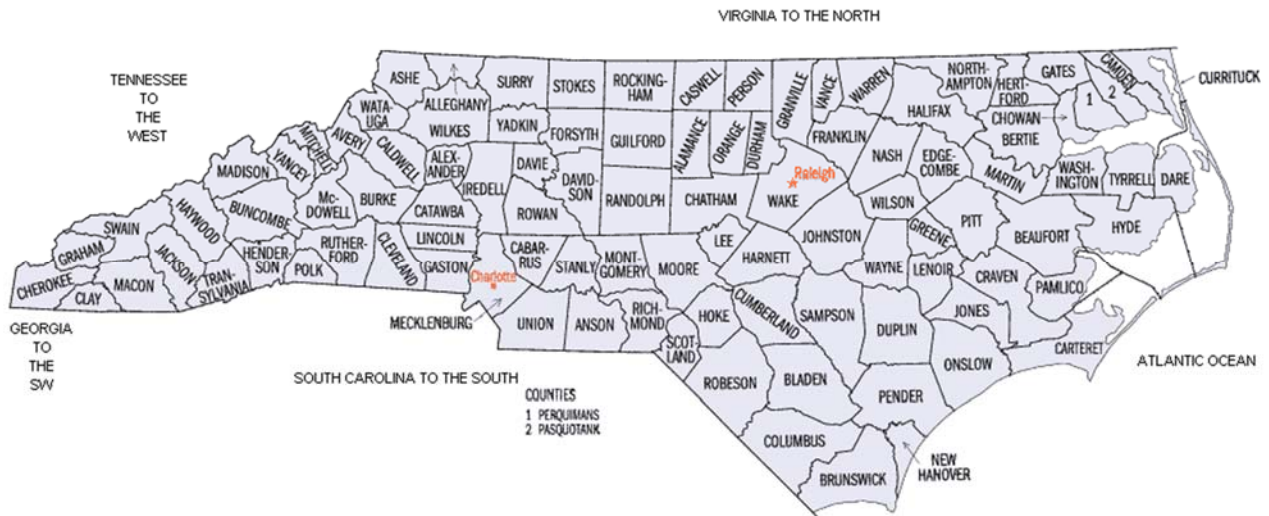
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> Wilson |

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a
personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para |
| cuidado infantil | médica | adolescentes |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Opciones de |
| cuidado para ancianos | apropiados de acuerdo a | transporte |
| <input type="checkbox"/> Servicios para | su cultura | <input type="checkbox"/> Disponibilidad de |
| personas con | <input type="checkbox"/> Consejería / salud | empleo |
| discapacidad | mental / grupos de apoyo | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Mejores y más | pagados |
| más accesibles | instalaciones recreativas | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | (parques, senderos, | carreteras |
| opciones de alimentos | centros comunitarios) | <input type="checkbox"/> Carreteras seguras |
| saludables | <input type="checkbox"/> Actividades | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | familiares saludables | |
| mejores vivienda | | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

- | | | |
|--|--|--|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> transmisión sexual (sexo
seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y
alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista
para chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para
una emergencia /
desastre | <input type="checkbox"/> Prevención del
embarazo y
enfermedades de | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| | | <input type="checkbox"/> Ninguna |

Otros (especificar)

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Doctor /
enfermera | <input type="checkbox"/> hijo | <input type="checkbox"/> de ayuda |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Hospital | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Iglesia | <input type="checkbox"/> Departamento de
salud | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Empleador | |
| <input type="checkbox"/> Otros (especificar) | | |

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

- Sí
- No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?
(Seleccione todas las opciones que corresponden).

- | | | |
|--|--|--|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | imprudente / exceso de |
| alimentación | <input type="checkbox"/> ETS | velocidad |
| <input type="checkbox"/> Ejercicios | (enfermedades de | <input type="checkbox"/> Problemas de |
| <input type="checkbox"/> Manejo del asma | transmisión sexual) | salud mental |
| | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... (Elija solo una).

- Excelente
- Muy buena
- Buena
- Justa
- Pobre
- No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).

- | | | |
|--|--|---|
| <input type="checkbox"/> Mamografía | <input type="checkbox"/> Prueba de | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer | densidad de los huesos | <input type="checkbox"/> Evaluación |
| de próstata | <input type="checkbox"/> Examen físico | cardiovascular (el |
| <input type="checkbox"/> Examen de colon / | <input type="checkbox"/> Prueba de | corazón) |
| recto | Papanicolaou | <input type="checkbox"/> Limpieza dental / |
| <input type="checkbox"/> Control de azúcar | <input type="checkbox"/> Vacuna contra la | radiografías |
| en la sangre | gripe | <input type="checkbox"/> Ninguna de las |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Control de la | anteriores |
| Colesterol | presión arterial | |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Pruebas de cáncer | |
| audición (escucha) | de piel | |

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

- En el último año (en los últimos 12 meses)
- Hace 2 (más de un año pero menos de dos años)
- Hace más de 5 años (más de 2 años pero menos de 5 años)
- No sé / no estoy seguro
- Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

- Sí

- No
- No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

- 0 4 8 12 16 20 24 28
- 1 5 9 13 17 21 25 29
- 2 6 10 14 18 22 26 30
- 3 7 11 15 19 23 27
- No sé / no estoy seguro

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (Elija solo una).

- 0 4 8 12 16 20 24 28
- 1 5 9 13 17 21 25 29
- 2 6 10 14 18 22 26 30
- 3 7 11 15 19 23 27
- No sé / no estoy seguro

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (Marque todas las que corresponden).

- Marihuana
- Cocaína
- Heroína
- Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 23)*

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

- Sí
- No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 26)*
- No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)*

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- | | |
|--|--|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> No me gusta hacer ejercicio |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> Necesito transporte y no lo tengo. |
| <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. | <input type="checkbox"/> Estoy demasiado cansado para hacer ejercicio. |
| <input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio. | <input type="checkbox"/> Estoy físicamente deshabilitado. |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> No lo sé. |

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (Una manzana o 12 zanahorias pequeñas equivalen a una taza).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (Elija solo una).

Sí

No *(Si su respuesta es No, salte a la pregunta numero 30)*

No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)*

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (Marque solo uno)

Casa

Lugar de trabajo

Hospitales

Restaurantes

Colegio

No estoy expuesto al humo de segunda mano.

Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

Sí

No *(Si su respuesta es No, salte a la pregunta numero 32)*

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).

QUITLINE NC (ayuda por teléfono)

Departamento de salud

Doctor

No lo sé

Farmacia

No aplica; No quiero renunciar

Consejero / terapeuta privado

Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist? (Elija solo una).

Sí, vacuna contra la gripe

Sí, FluMist

Si ambos

No

No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | |

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- Seguro de salud que mi empleador proporciona
- Seguro de salud que proporciona el empleador de mi cónyuge
- Seguro de salud que mi escuela proporciona
- Seguro de salud que proporciona mi padre o el empleador de mis padres
- Seguro de salud que compré
- Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- Seguro Militar, Tricare o el VA
- Seguro de enfermedad
- Seguro médico del estado
- Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 38)*
- No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> urgente |
| <input type="checkbox"/> Cuidado de los ojos /
optometrista / oftalmólogo | <input type="checkbox"/> Departamento
de salud | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Farmacia / recetas
médicas | <input type="checkbox"/> Hospital | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Otros (especificar) | | |

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

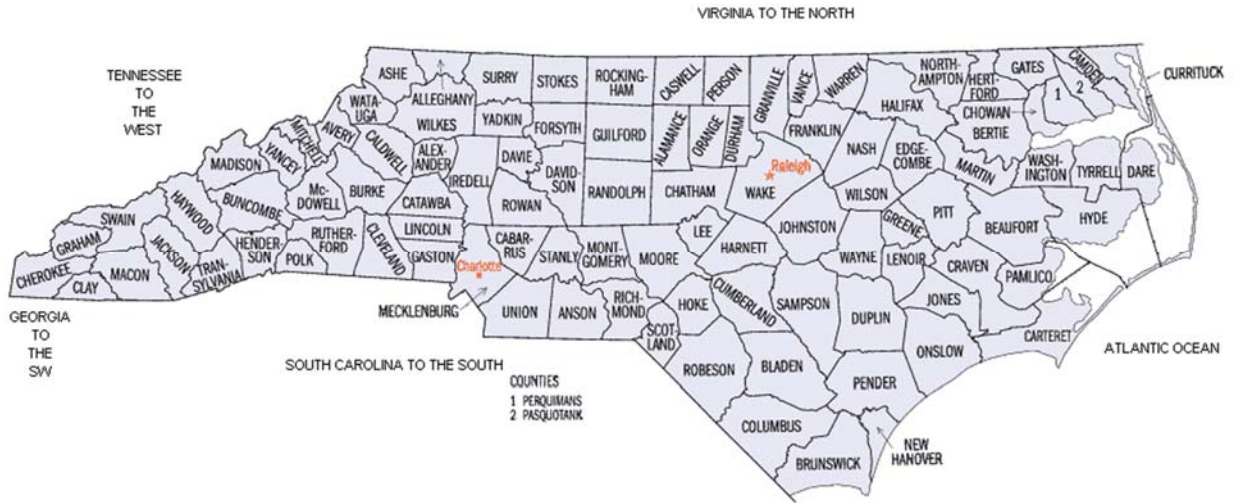
- No tiene seguro medico
- El seguro no cubría lo que necesitaba
- El costo del deducible del seguro era demasiado alto
- El doctor no aceptaba el seguro ni el Medicaid.

- El hospital no aceptaba el seguro.
- La farmacia no aceptaba el seguro ni el Medicaid.
- El dentista no aceptaba el seguro ni el Medicaid.
- No tengo ninguna manera de llegar allí.
- No sabía a dónde ir.
- No pude conseguir una cita.
- La espera fue demasiado larga.
- El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (Elija solo uno)

- | | | | |
|--|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| Cumberland | <input type="checkbox"/> Hyde | Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> El Estado de |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | Perquimans | Virginia |
| <input type="checkbox"/> Otros (especificar) | | | |

Mapa del condado de Carolina del Norte



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)

- Sí
- No
- No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar) | |

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)

- Sí, solo detectores de humo
- Si ambos
- No sé / no estoy seguro
- Sí, sólo detectores de monóxido de carbono
- No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- Sí
- No
- No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)

- Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*
- No
- No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

- | | |
|---|--|
| <input type="checkbox"/> Falta de transporte | <input type="checkbox"/> Preocupación por la seguridad familiar |
| <input type="checkbox"/> La falta de confianza en los funcionarios públicos | <input type="checkbox"/> Preocupación por dejar mascotas |
| <input type="checkbox"/> Preocupación por dejar atrás la propiedad | <input type="checkbox"/> Preocupación por los atascos de tráfico y la imposibilidad de salir |
| <input type="checkbox"/> Preocupación por la seguridad personal | <input type="checkbox"/> Problemas de salud (no se pudieron mover) |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> No sé / no estoy seguro |

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

47. ¿Cuál es tu género? (Elija solo uno)

- Masculino
- Femenino
- Transgénero
- Género no conforme
- Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

- No soy de origen hispano, latino o español
- Mexicano, mexicoamericano o chicano
- Puertorriqueño
- Cubano o cubano americano
- Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (Elija solo uno)

- Blanco
- Negro o Afroamericano
- Indio Americano o nativo de Alaska
- Indio Asiático
- Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian /

Chamorro

Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (Elija solo uno)

Sí

No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (Elija solo uno)

Nunca casado / soltero

Casado

Pareja- soltera

Divorciado

Viudo

Separado

Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

Menos de 9no grado

9-12 grado, sin diploma

- Graduado de secundaria (o GED / equivalente)
- Grado Asociado o Formación Profesional
- Un poco de universidad (sin título)
- Licenciatura
- Licenciado o título profesional
- Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

- | | | |
|--|---|---|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Discapacitado | <input type="checkbox"/> Desempleado 1 año o menos |
| <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Estudiante | <input type="checkbox"/> Desempleado por más de 1 año |
| <input type="checkbox"/> Retirado | <input type="checkbox"/> Ama de casa | |
| <input type="checkbox"/> Fuerzas Armadas | <input type="checkbox"/> Trabajadores por cuenta propia | |

56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

- Sí
- No
- No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

[¡Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Sampson County Health Department

Annual Report 2018-2019

www.facebook.com/Sampson-County-Health-Department

ACCREDITATION & AWARDS



Accreditation

In May of 2019, Sampson County Health Department was Re-Accredited with Honors for a four year period. Accreditation is achieved by meeting requirements of prescribed activities as evidenced by documented completion.

Grant Awards

Infant Mortality Reduction Grant - \$63,500

This grant supplies long-acting contraceptives to reduce the infant mortality rate.

OBCM Non-Medicaid Grant - \$45,817

This grant provides prenatal and postpartum care management services to uninsured, low income women ineligible for Medicaid, who are at high risk for poor birth outcomes, including low birth weight babies and premature delivery.

Rural Health Grant - \$150,000

This grant provides quality healthcare access to uninsured or underinsured clients.

United Way of Sampson County Grant - \$5,000

This grant provides mammograms to uninsured or underinsured minority females.

HIGHLIGHTS

Breast & Cervical Cancer Awareness

Sampson County BCCCP Advisory Board sponsored the 20th Annual BCCCP Rally and distributed 428 pink & 170 teal lapel pins to local churches & organizations. The BCCCP Clinic provided screening services for 50 women, exceeding the target goal of 39.

Diabetes Self-Management Education

After receiving diabetes education, there was a 1.06 average decrease in patient A1C.

Diaper Distribution

Distributed 1,689 packs of diapers and 100 packs of pull-ups in partnership with Diaper Bank of Sampson County.

Teen Health

Sampson County Partners for Healthy Carolinians held Sampson County's 5th Annual Teen Health Fair with 782 students in grades 8-12 in attendance. Sampson County Health Department taught 12 Pregnancy/STD Prevention classes to 395 ninth graders.



Sampson County Health Department

Annual Report

Message from the Health Director

The Sampson County Board of Health and the staff of the Sampson County Health Department are pleased to provide you with our annual report for fiscal year 2018-2019. The Sampson County Health Department works hard to accomplish our mission—to preserve, protect and promote the health, environment and well-being of the citizens of Sampson County. This report was developed to inform Sampson County residents and officials of the progress made by their Public Health Department to meet this mission.

The demand for our services has increased over the past year due to the economy. Our case management services have doubled due to policy changes by the Division of Medical Assistance. Clinic numbers continue to increase due to the need for client services. United Way and the Sampson County Breast and Cervical Cancer (BCCCP) Advisory Board co-sponsored the 20th annual rally and health fair. We continue to work with the Sampson County Healthy Carolinians Task Force to partner and focus on the areas identified in our community health assessment while continuing to provide much needed safety net services to Sampson County residents. I am proud of the many programs provided by our staff and the diligence with which they work to improve the health of Sampson County.

Thank you for taking the time to review our annual report,

Wanda Robinson
Health Director



360 County Complex Rd.
Suite 200
Clinton, NC 28328
(910) 592-1131
www.sampsonnc.com



Public Health
PREVENTION • PROMOTION • PROTECTION

Sampson County Health Department

FY 2018-2019 by the numbers

CLINICS

Adult Health (visits)	1,394
Breast & Cervical Cancer Control Program (visits)	53
Care Coordination for Children (average caseload)	138
Child Health (screenings)	196
Communicable Disease (total)	121
Diabetes Self-Management Education (visits)	50
Family Planning (visits)	1,205
Immunizations (total)	2,485
Laboratory Services (total)	4,085
Maternal Health (visits)	2,015
Sexually Transmitted Disease (visits)	926
Newborn Home (visits)	29
Postpartum Home Assessments	29
Pregnancy Care Management (average caseload)	118
Tuberculosis (cases)	1

ENVIRONMENTAL HEALTH

Food & Lodging	
Inspections	664
Visits	511
Septic Systems	
Permits	794
Site Visits	1,034
Evaluations	356
Water	
Visits	395
Samples Collected	318
Wells	
Permits Issued	111

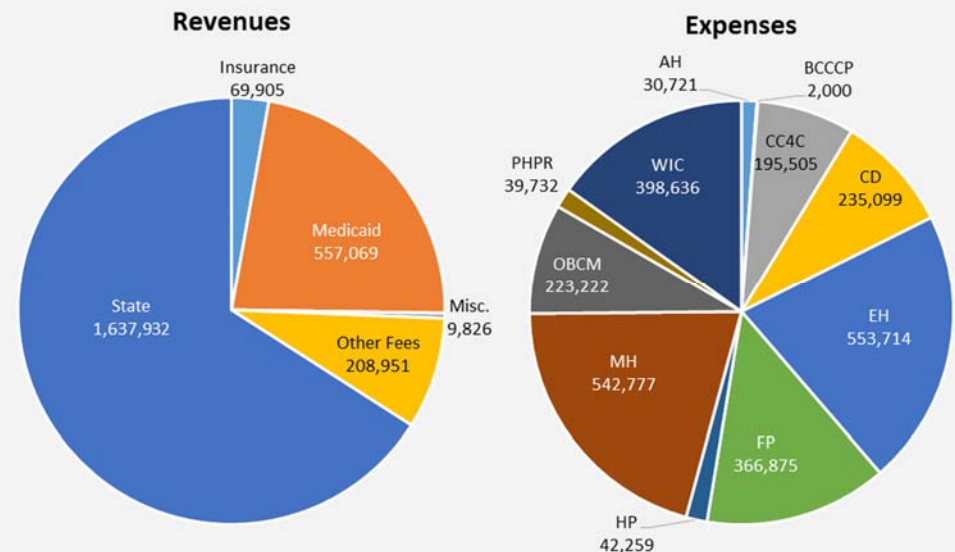
HEALTH PROMOTION

WIC

VITAL RECORDS



FINANCE



**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 5

Meeting Date: December 2, 2019	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Consideration of Tax Appeals

DEPARTMENT: Board of Commissioners

PUBLIC HEARING: No

CONTACT PERSON(S): Edwin W. Causey, County Manager
Jim Johnson, Tax Administrator

PURPOSE: To consider taxpayer appeals of penalties assessed for failure to timely list business personal property

ATTACHMENTS: Appeal requests and tax billings

BACKGROUND:

Assessments and billings have been issued as a result of business personal property compliance reviews. The following individuals have requested an adjustment of the penalties applied to their accounts, pursuant to North Carolina General Statutes, for failure to timely list their business personal property. The Board has previously voted to require the appeal to be made in person (or by a designated representative).

Cap'n Bundy's Pecan Farm, Inc. (Tax \$3,372.74 + Penalty \$1,131.95)

Sandy Ridge Country Club (Tax \$570.34 + Penalty \$203.34)

Warren, Bruce and Patricia (Tax \$1,289.61 + Penalty \$511.15)

RECOMMENDED ACTION OR MOTION:

Consider each appeal

Date: 11/12/19

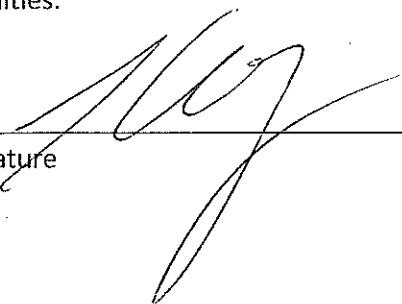
Captin Bundy's
118 Clayfield Drive
Garner, NC 27529

Account # 23728

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.

Signature

A handwritten signature in black ink, appearing to be 'M. G.', written over a horizontal line.

Installments

Property ID **51138** Version **1 - Tax**
 Tax year **2019** AR category **25** Bill number **1902660**
 Owner **23728** **CAPT'N BUNDY'S PECAN FARM INC.**

Item	Charge	Description	Acti	ode	e Value	Percent	unt	Rate	Tax Amount
1	F10	TURKEYFD	P..	3	56,838	100.000000	0	0.070000	39.79
2	F10	TURKEYFD	P..	3	100,...	100.000000	0	0.070000	70.26
3	F10	TURKEYFD	P..	3	47,883	100.000000	0	0.070000	33.52
4	F10	TURKEYFD	P..	3	54,047	100.000000	0	0.070000	37.83
5	F10	TURKEYFD	P..	3	57,991	100.000000	0	0.070000	40.59
6	F10	TURKEYFD	P..	3	58,764	100.000000	0	0.070000	41.13
7	G01	CNTY TAX	P..	3	56,838	100.000000	0	0.825000	468.91
8	G01	CNTY TAX	P..	3	100,...	100.000000	0	0.825000	828.02
9	G01	CNTY TAX	P..	3	47,883	100.000000	0	0.825000	395.03
10	G01	CNTY TAX	P..	3	54,047	100.000000	0	0.830000	448.59
11	G01	CNTY TAX	P..	3	57,991	100.000000	0	0.830000	481.33
12	G01	CNTY TAX	P..	3	58,764	100.000000	0	0.830000	487.74
13	F10L	TURKEY FIR	LL	1	0	100.000000	0	10.000000	3.98
14	F10L	TURKEY FIR	LL	1	0	100.000000	0	20.000000	14.05
15	F10L	TURKEY FIR	LL	1	0	100.000000	0	30.000000	10.06
16	F10L	TURKEY FIR	LL	1	0	100.000000	0	40.000000	15.13
17	F10L	TURKEY FIR	LL	1	0	100.000000	0	50.000000	20.30
18	F10L	TURKEY FIR	LL	1	0	100.000000	0	60.000000	24.68
19	G01L	COUNTY LAT	LL	1	0	100.000000	0	10.000000	46.89
20	G01L	COUNTY LAT	LL	1	0	100.000000	0	20.000000	165.60
21	G01L	COUNTY LAT	LL	1	0	100.000000	0	30.000000	118.51
22	G01L	COUNTY LAT	LL	1	0	100.000000	0	40.000000	179.44
23	G01L	COUNTY LAT	LL	1	0	100.000000	0	50.000000	240.67
24	G01L	COUNTY LAT	LL	1	0	100.000000	0	60.000000	292.64

1/2
565.98

263.12

3109.62

88.20

1043.75

Total rate 5.385000 Total tax 4,504.69

<u>F10</u>	<u>F10LL</u>	<u>G01</u>	<u>G01LL</u>	<u>Par / Base / Fire</u>
263.12	88.20	3109.62	1043.75	3372.74
	1/2		1/2	<u>Penalty</u>
	44.10		528.44	1131.95 : 2 = 565.98

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

Date: 11/12/19

Sandy Ridge Country Club
211 Club House Dr.
Dunn, NC 28334-6809

Account # 23697

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.

JJ Dwyer - Treas
Signature



- Original Bill
- Reprint
- Garnish
- Preferences
- Diagnostics

Bill Information

Year Category Number
 2019 PP-D 1901256

Notes/Alerts

JAN 1 Owner: SANDY RIDGE COUNTRY

- Special Conditions/Notes
- View prior unpaid bills

Effective Date

Due 11/12/2019

Billed Item Information

Year_Property 2019_49704 [View Source](#)
 Property ID 49704

Customer Informa

Customer ID
 SAN
 211
 DUN

Property Informa

Parcel ID
 Prop ID
 Prop Loc

Line	Charge	Description	Billed	Abt/Adj	Pmt/Crd	Unpaid	erest	Paid	Due	Total Due	Instalment 1 Amount	Insta
1	F06	PLAINVFD	9.09	0.00	0.00	9.09	0.00	0.00	0.00	9.09	9.09	
2	F06	PLAINVFD	9.09	0.00	0.00	9.09	0.00	0.00	0.00	9.09	9.09	
3	F06	PLAINVFD	9.09	0.00	0.00	9.09	0.00	0.00	0.00	9.09	9.09	
4	F06	PLAINVFD	9.09	0.00	0.00	9.09	0.00	0.00	0.00	9.09	9.09	
5	F06	PLAINVFD	9.25	0.00	0.00	9.25	0.00	0.00	0.00	9.25	9.25	
6	F06	PLAINVFD	10.35	0.00	0.00	10.35	0.00	0.00	0.00	10.35	10.35	
7	G01	CNTY TAX	83.29	0.00	0.00	83.29	0.00	0.00	0.00	83.29	83.29	
8	G01	CNTY TAX	83.29	0.00	0.00	83.29	0.00	0.00	0.00	83.29	83.29	
9	G01	CNTY TAX	83.29	0.00	0.00	83.29	0.00	0.00	0.00	83.29	83.29	
10	G01	CNTY TAX	83.80	0.00	0.00	83.80	0.00	0.00	0.00	83.80	83.80	
11	G01	CNTY TAX	85.29	0.00	0.00	85.29	0.00	0.00	0.00	85.29	85.29	
12	G01	CNTY TAX	95.42	0.00	0.00	95.42	0.00	0.00	0.00	95.42	95.42	
19	F06L	PLAIN VIEW	0.91	0.00	0.00	0.91	0.00	0.00	0.00	0.91	0.91	
20	F06L	PLAIN VIEW	1.82	0.00	0.00	1.82	0.00	0.00	0.00	1.82	1.82	
21	F06L	PLAIN VIEW	2.73	0.00	0.00	2.73	0.00	0.00	0.00	2.73	2.73	
22	F06L	PLAIN VIEW	3.64	0.00	0.00	3.64	0.00	0.00	0.00	3.64	3.64	
23	F06L	PLAIN VIEW	4.63	0.00	0.00	4.63	0.00	0.00	0.00	4.63	4.63	
24	F06L	PLAIN VIEW	6.21	0.00	0.00	6.21	0.00	0.00	0.00	6.21	6.21	
25	G01L	COUNTY LAT	8.33	0.00	0.00	8.33	0.00	0.00	0.00	8.33	8.33	
26	G01L	COUNTY LAT	16.66	0.00	0.00	16.66	0.00	0.00	0.00	16.66	16.66	
27	G01L	COUNTY LAT	24.99	0.00	0.00	24.99	0.00	0.00	0.00	24.99	24.99	
28	G01L	COUNTY LAT	33.52	0.00	0.00	33.52	0.00	0.00	0.00	33.52	33.52	
29	G01L	COUNTY LAT	42.65	0.00	0.00	42.65	0.00	0.00	0.00	42.65	42.65	
30	G01L	COUNTY LAT	57.25	0.00	0.00	57.25	0.00	0.00	0.00	57.25	57.25	
Totals:			773.68	0.00	0.00	773.68	0.00	0.00	0.00	773.68		

101.67
 1/2

F06
 55.96

F06 LL
 19.94
 1/2 9.97

G01
 514.38

G01 LL
 107.40
 1/2 91.70

Base/Par/Fire
 \$570.34

Penalty
 \$203.34

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

Date: 11/6/19

Bruce & Patricia Warren
582 Straw Pond School Rd.
Newfork Grove, NC 28366

Account # 187 804

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.

Bruce A. Warren
Signature

Installments

Property ID **49725** Version **1 - Tax**
 Tax year **2019** AR category **25** Bill number **1901274**
 Owner **187804 WARREN, BRUCE A.**

Item	Charge	Description	Acti	ode	e Value	Percent	unt	Rate	Tax Amount
1	F07	SPICORFD	P..	3	13,701	100.000000	0	0.100000	13.70
2	F07	SPICORFD	P..	3	18,402	100.000000	0	0.100000	18.40
3	F07	SPICORFD	P..	3	21,244	100.000000	0	0.100000	21.24
4	F07	SPICORFD	P..	3	24,178	100.000000	0	0.100000	24.18
5	F07	SPICORFD	P..	3	29,288	100.000000	0	0.100000	29.29
6	F07	SPICORFD	P..	3	32,142	100.000000	0	0.100000	32.14
7	G01	CNTY TAX	P..	3	13,701	100.000000	0	0.825000	113.03
8	G01	CNTY TAX	P..	3	18,402	100.000000	0	0.825000	151.82
9	G01	CNTY TAX	P..	3	21,244	100.000000	0	0.825000	175.26
10	G01	CNTY TAX	P..	3	24,178	100.000000	0	0.830000	200.68
11	G01	CNTY TAX	P..	3	29,288	100.000000	0	0.830000	243.09
12	G01	CNTY TAX	P..	3	32,142	100.000000	0	0.830000	266.78
13	F07L	SPIVEYS CO	LL	1	0	100.000000	0	10.000000	1.37
14	F07L	SPIVEYS CO	LL	1	0	100.000000	0	20.000000	3.68
15	F07L	SPIVEYS CO	LL	1	0	100.000000	0	30.000000	6.37
16	F07L	SPIVEYS CO	LL	1	0	100.000000	0	40.000000	9.67
17	F07L	SPIVEYS CO	LL	1	0	100.000000	0	50.000000	14.65
18	F07L	SPIVEYS CO	LL	1	0	100.000000	0	60.000000	19.28
19	G01L	COUNTY LAT	LL	1	0	100.000000	0	10.000000	11.30
20	G01L	COUNTY LAT	LL	1	0	100.000000	0	20.000000	30.36
21	G01L	COUNTY LAT	LL	1	0	100.000000	0	30.000000	52.58
22	G01L	COUNTY LAT	LL	1	0	100.000000	0	40.000000	80.27
23	G01L	COUNTY LAT	LL	1	0	100.000000	0	50.000000	121.55
24	G01L	COUNTY LAT	LL	1	0	100.000000	0	60.000000	160.07

1/2
Pen
255.58

138.95

1150.66

55.02

456.13

Total rate 5.565000 Total tax 1,800.76

F07	F07LL	G01	G01LL	Fire / Base	Penalty	Total
138.95	55.02	1150.66	456.13	1289.61	511.15	1800.76
					1/2	
					255.58	

PUBLIC COMMENT POLICIES AND PROCEDURES
Revised June, 2018

In accordance with NCGS 153A-52.1, a period reserved for comments from the public on topics not otherwise included on that evening's agenda will be included as an item of business on all agendas of regularly-scheduled Board of Commissioners meetings and shall be deemed the "Public Comment" segment of the agenda. The Public Comment segment of the agenda will be placed at the end of the agenda, following the conclusion of all other open session business. Because subjects of Special and Emergency Meetings are often regulated by General Statutes, there will be no Public Comments segment reserved on agendas of these meetings; however, Special and Emergency Meetings are open for public attendance.

As with public hearings, the Chair (or presiding officer) will determine and announce limits on speakers at the start of the Public Comment period. Each speaker will be allocated no more than five (5) minutes. The Chairman (or presiding officer) may, at their discretion, decrease this time allocation if the number of persons wishing to speak would unduly prolong the meeting. A staff member will be designated as official timekeeper, and the timekeeper will inform the speaker when they have one minute remaining of their allotted time. When the allotted time is exhausted, the speaker will conclude their remarks promptly and leave the lectern. Speakers may not yield their time to another speaker, and they may not sign up to speak more than once during the same Public Comment period.

An individual wishing to address the Board during the Public Comment period shall register with the Clerk/Deputy Clerk to the Board prior to the opening of the meeting by signing his or her name, and providing an address and short description of his or her topic on a sign-up sheet stationed at the entrance of the meeting room. Any related documents, printed comments, or materials the speaker wishes distributed to the Commissioners shall be delivered to the Clerk/Deputy Clerk in sufficient amounts (10 copies) at least fifteen minutes prior to the start of the meeting. Speakers will be acknowledged to speak in the order in which their names appear on the sign-up sheet. Speakers will address the Commissioners from the lectern, not from the audience, and begin their remarks by stating their name and address.

To ensure the safety of board members, staff and meeting attendees, speakers are not allowed to approach the Board on the seating platform, unless invited by the Board to approach.

Speakers who require accommodation for a disabling condition should contact the office of the County Clerk or County Manager not less than twenty-four (24) hours prior to the meeting.

If time allows, those who fail to register before the meeting may be allowed speak during the Public Comment period. These individuals will be offered the opportunity to speak following those who registered in advance. At this time in the agenda, an individual should raise his or her hand and ask to be recognized by the Board Chair (or presiding officer) and then state his or her name, address and introduce the topic to be addressed.

A total of thirty (30) minutes shall be set aside for public comment. At the end of this time, those who signed up to speak but have not yet been recognized may be requested to hold their comments until the next meeting's public comment period, at which time they will be given priority for expression. Alternatively, the Board, in its discretion, may extend the time allotted for public comment.

Items of discussion during the Public Comment segment of the meeting will be only those appropriate to Open Meetings. Closed Meeting topics include, but are not limited to, such subjects as personnel,

acquisition of real property, and information protected by the client-attorney privilege. Closed Meeting subjects will not be entertained. Speakers will not discuss matters regarding the candidacy of any person seeking public office, including the candidacy of the person addressing the Board.

Speakers will be courteous in their language and presentation, shall not use profanity or racial slurs and shall not engage in personal attacks that by irrelevance, duration or tone may threaten or perceive to threaten the orderly and fair progress of the discussion. Failure to abide by this requirement may result in forfeiture of the speaker's right to speak.

The Public Comments segment of the agenda is intended to provide a forum for the Board of Community to listen to citizens; there shall be no expectation that the Board will answer impromptu questions. However, Board members, through the presiding officer, may ask the speaker questions for clarification purposes. Any action on items brought up during the Public Comment period will be at the discretion of the Board. When appropriate, items will be referred to the Manager or the proper Department Head for further review.

A copy of the Public Comments Policy will be included in the agenda of each regular meeting agenda and will be made available at the speaker registration table. The policy is also available on the County's website.