

Sampson County

2019 Community
Health Needs
Assessment

Table of Contents

List of Figures	5
List of Tables	7
Executive Summary	8
Service Area	8
Methods for Identifying Community Health Needs	8
Secondary Data	8
Primary Data	8
Summary of Findings	8
Selected Priority Areas	9
Conclusion	9
Introduction	10
About Health ENC	10
Member Organizations	11
Steering Committee	12
HealthENC.org	13
Consultants	14
Sampson County [Sampson Regional Medical Center / Sampson County Health Department]	15
Community Health Team Structure	15
Distribution	16
Evaluation of Progress Since Prior CHNA	17
Community Feedback on Prior CHNA	17
Methodology	18
Overview	18
Secondary Data Sources & Analysis	18
Health and Quality of Life Topic Areas	19
Health ENC Region Comparison	19
Primary Data Collection & Analysis	19
Community Survey	20
Focus Group Discussions	22
Data Considerations	24
Prioritization	24
Overview of Sampson County	25
About Sampson County	25
Demographic Profile	26
Population	26
Age and Gender	28
Birth Rate	30
Race/Ethnicity	30
Tribal Distribution of Population	32
Military Population	32
Veteran Population	34
Socioeconomic Profile	35
NC Department of Commerce Tier Designation	35
Income	35
Poverty	38
Housing	41
Food Insecurity	43
Employment	43
SocioNeeds Index	43
Educational Profile	45
Educational Attainment	45
High School Dropouts	48
High School Suspension Rate	49
Environmental Profile	Error! Bookmark not defined.
Transportation Profile	49

Crime and Safety	51
Violent Crime and Property Crime	51
Juvenile Crime	53
Child Abuse	55
Incarceration	56
Access to Healthcare, Insurance and Health Resources Information	57
Health Insurance	57
Civic Activity	59
Political Activity	59
Findings	60
Secondary Data Scoring Results	60
Primary Data	61
Community Survey	61
Focus Group Discussions	64
Data Synthesis	65
Topic Areas Examined in This Report	66
Navigation Within Each Topic	67
Diabetes	68
Key Issues	68
Secondary Data	68
Primary Data	69
Highly Impacted Populations	69
Prevention & Safety	70
Key Issues	70
Secondary Data	70
Primary Data	71
Access to Health Services	72
Key Issues	72
Secondary Data	72
Primary Data	73
Highly Impacted Populations	73
Heart Disease & Stroke	74
Key Issues	74
Secondary Data	74
Primary Data	75
Highly Impacted Populations	75
Respiratory Diseases	76
Key Issues	76
Secondary Data	76
Primary Data	76
Highly Impacted Populations	77
Mortality	78
Other Significant Health Needs	79
Exercise, Nutrition & Weight	79
Economy	79
Social Environment	80
Substance Abuse	80
A Closer Look at Highly Impacted Populations	81
Disparities by Age, Gender and Race/Ethnicity	81
Geographic Disparities	82
Conclusion	83
Appendix A. Impact Since Prior CHNA	84
Appendix B. Secondary Data Scoring	87
Overview	87
Comparison Score	87
Indicator Score	87
Topic Score	87
Comparison Scores	88
Comparison to a Distribution of North Carolina Counties and U.S. Counties	88
Comparison to North Carolina Value and U.S. Value	88

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets	88
Trend Over Time	89
Missing Values	89
Indicator Scoring	89
Topic Scoring	89
Age, Gender and Race/Ethnicity Disparities	90
Topic Scoring Table	91
Indicator Scoring Table	92
Sources	107
Appendix C. Primary Data	108
English Survey	109
Spanish Survey.....	143
Focus Group Questions	172
Appendix D. Community Resources	175

List of Figures

Figure 1. Health ENC Online Data Platform	13
Figure 2. Secondary Data Scoring	18
Figure 3. Education of Community Survey Respondents.....	21
Figure 4. Employment Status of Community Survey Respondents	21
Figure 5. Health Care Coverage of Community Survey Respondents.....	22
Figure 6. Total Population (U.S. Census Bureau)	26
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010).....	27
Figure 8. Population by Age (U.S. Census Bureau, 2016)	28
Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)	29
Figure 10. Birth Rate (North Carolina State Center for Health Statistics).....	30
Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)	31
Figure 12. Population in Military / Armed Forces (American Community Survey)	33
Figure 13. Veteran Population (American Community Survey, 2012-2016)	34
Figure 14. Median Household Income (American Community Survey, 2012-2016)	35
Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)	36
Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)	37
Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)	38
Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016).....	39
Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)	39
Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016).....	40
Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)	41
Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)	42
Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)	43
Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)	44
Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)	46
Figure 26. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016).....	47
Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction).....	48
Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction).....	49
Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)	50
Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)	50
Figure 31. Violent Crime Rate (North Carolina Department of Justice)	51
Figure 32. Property Crime Rate (North Carolina Department of Justice).....	52
Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety).....	53
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety).....	54
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)	55
Figure 36. Incarceration Rate (North Carolina Department of Public Safety)	56
Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016).....	57
Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016).....	58

Figure 39. Voting Age Population (American Community Survey, 2012-2016).....	59
Figure 40. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016)	60
Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents	61
Figure 42. Level of Agreement Among Sampson County Residents in Response to Nine Statements about their Community	62
Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents	63
Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents	64
Figure 45. Data Synthesis Results	66
Figure 50. Secondary Data Scoring Overview	87
Figure 51. Score Range.....	87
Figure 52. Comparisons used in Secondary Data Scoring.....	88
Figure 53. Compare to Distribution Indicator Gauge.....	88
Figure 50. Distribution of County Values	88
Figure 55. Comparison to Single Value	88
Figure 56. Comparison to Target Value	89
Figure 53. Trend Over Time	89

List of Tables

Table 1. Significant Health Needs	9
Table 2. Health and Quality of Life Topic Areas	19
Table 3. Survey Respondents	20
Table 4. List of Focus Group Discussions	23
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016).....	29
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)	32
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018).....	44
Table 8. Secondary Data Scoring Results by Topic Area	60
Table 9. Focus Group Results by Topic Area	65
Table 10. Criteria for Identifying the Top Needs from each Data Source.....	65
Table 11. Topic Areas Examined In-Depth in this Report	66
Table 12. Description of Gauges and Icons used in Secondary Data Scoring	67
Table 13. Data Scoring Results for Diabetes	68
Table 14. Data Scoring Results for Prevention & Safety	70
Table 15. Data Scoring Results for Access to Health Services.....	72
Table 16. Data Scoring Results for Heart Disease & Stroke	74
Table 17. Data Scoring Results for Respiratory Diseases	76
Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)	78
Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities	81
Table 20. Topic Scores for Sampson County.....	91
Table 21. Indicator Scores by Topic Area	92
Table 22. Indicator Sources and Corresponding Number Keys	107

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 – Heath 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

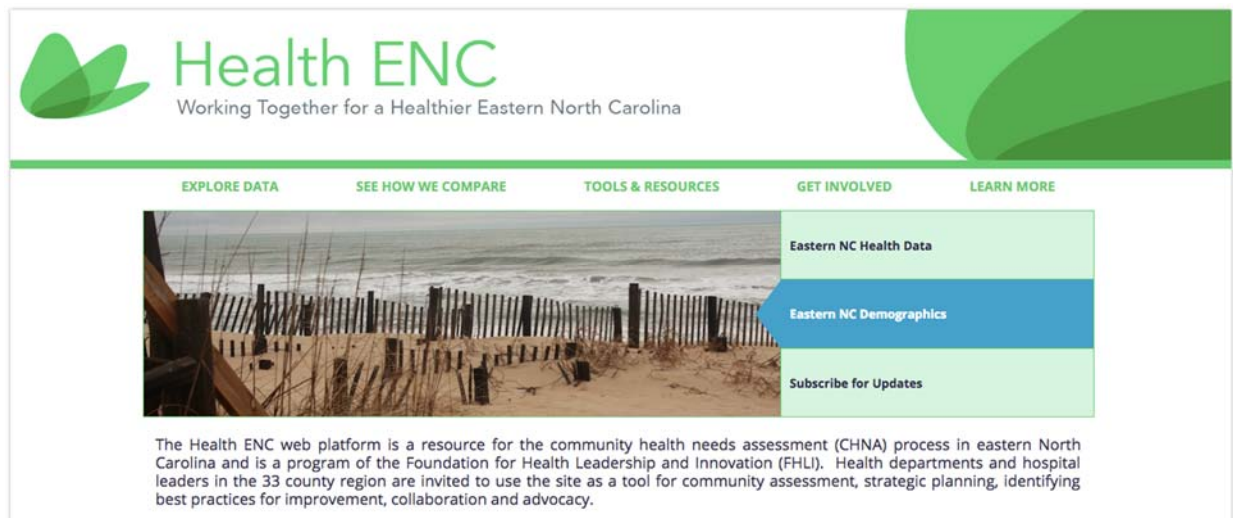
HealthENC.org

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/>.

Report authors from Conduent HCI:

Caroline Cahill, MPH
Esther Chung
Liora Fiksel
Zachery Flores
Courtney Kaczmarsky, MPH
Cassandra Miller, MPH
Cara Woodard

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

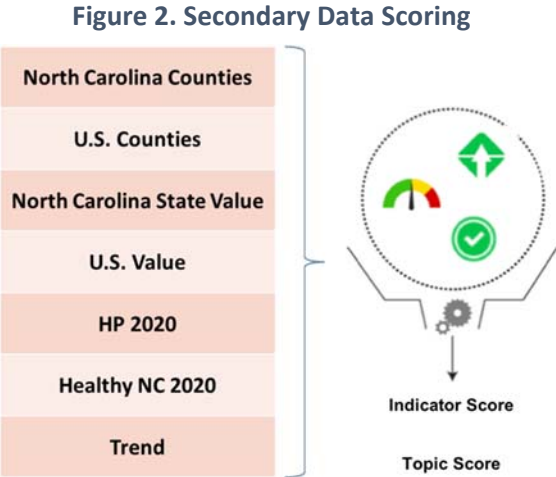
Overview

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.



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.

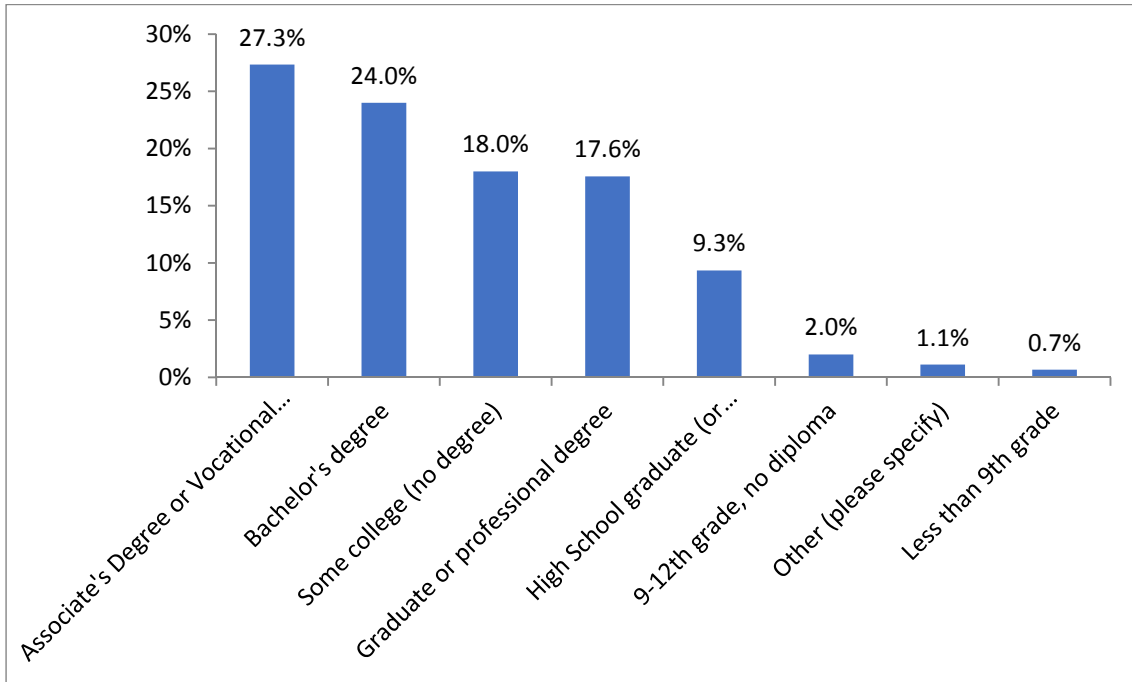
Demographics of Survey Respondents

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

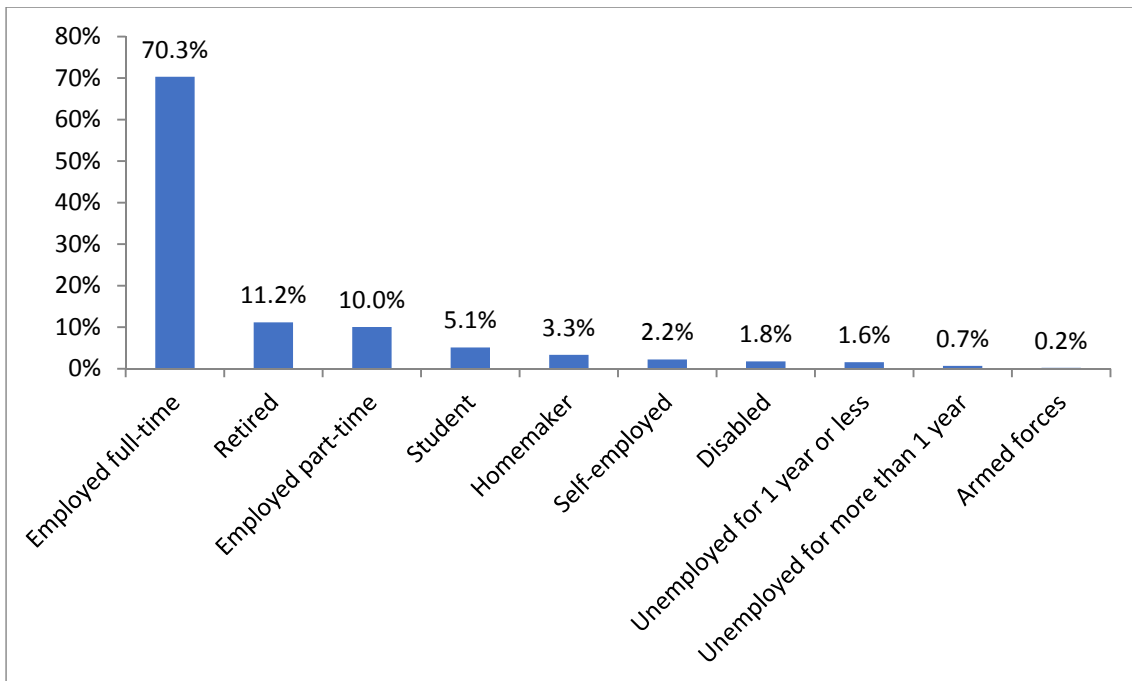
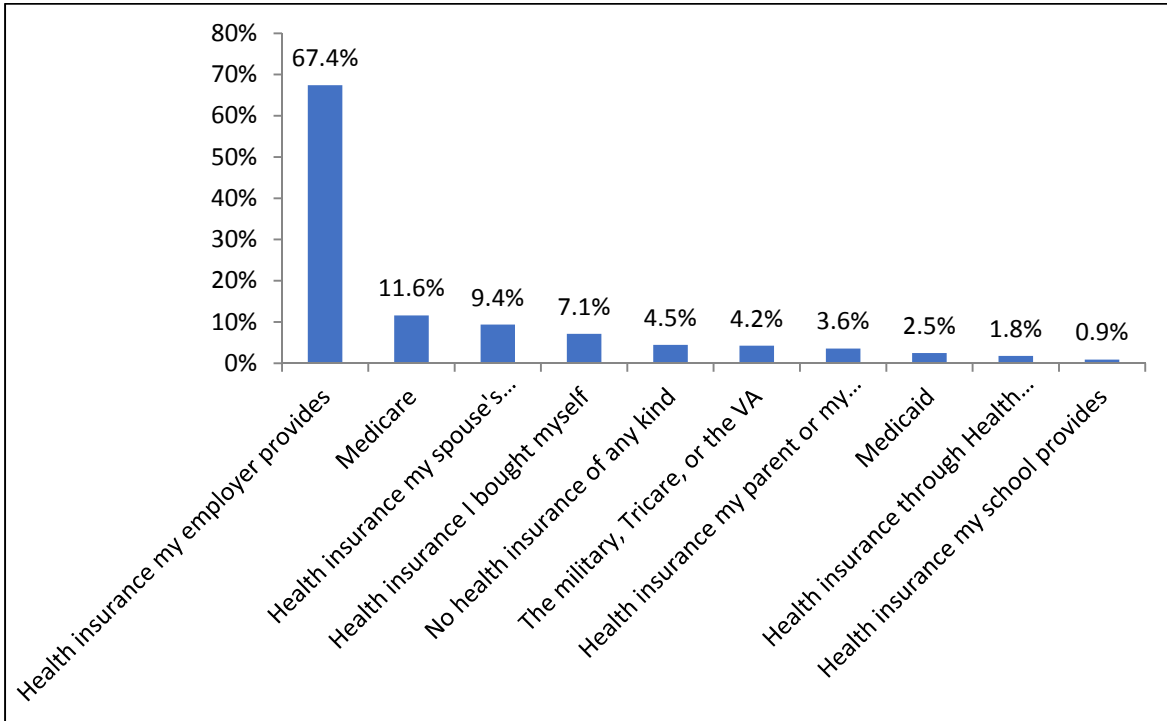


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (67.4%) and 4.5% have no health insurance of any kind.

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 SCHD 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)

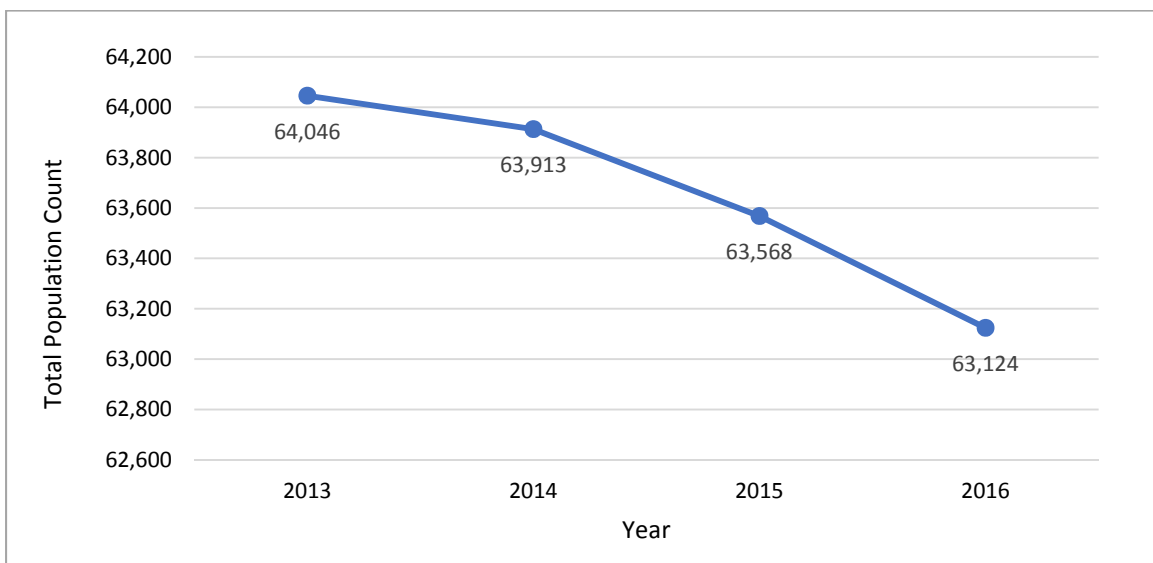
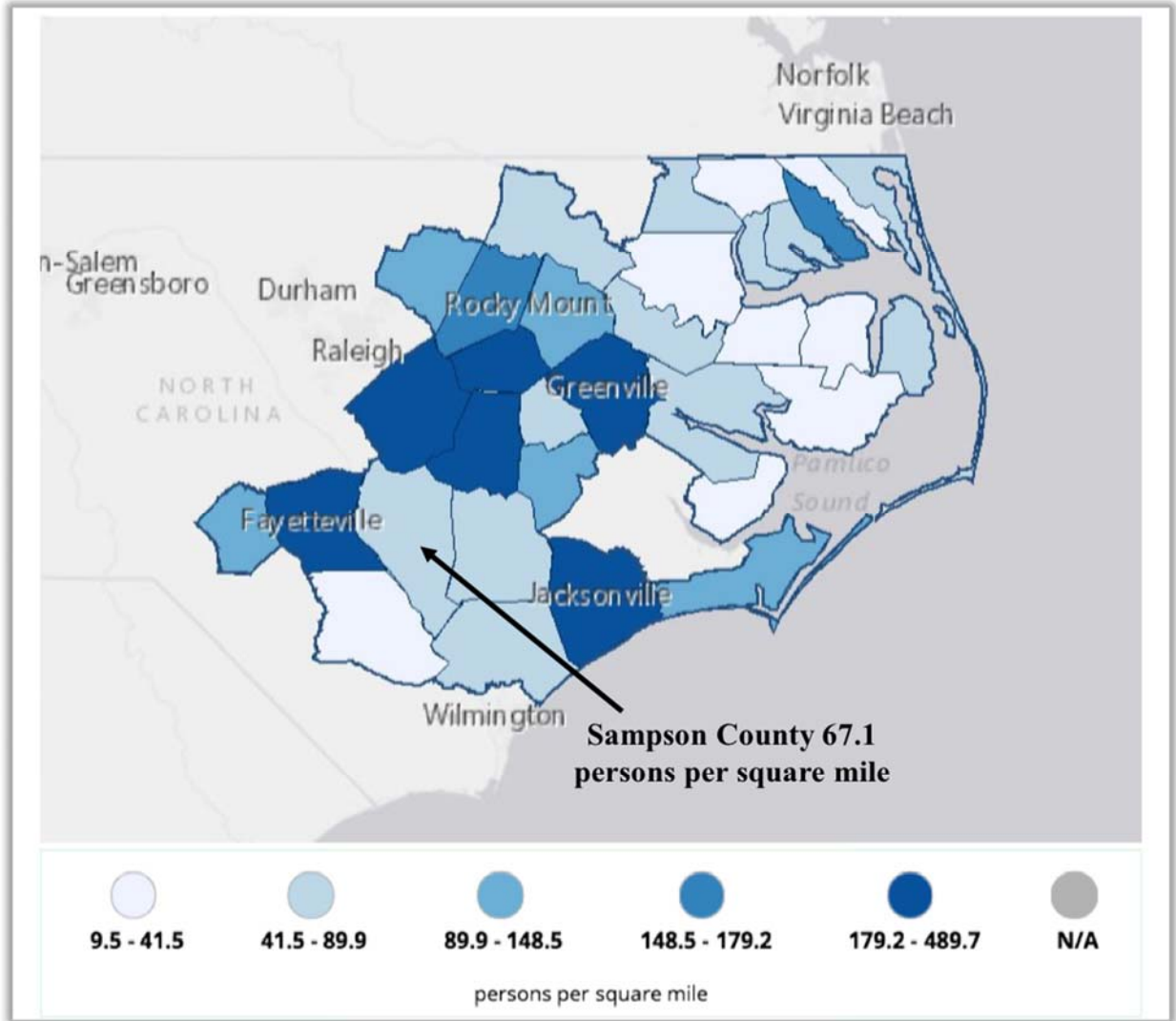


Figure 7 shows the population density of Sampson County compared to other counties in the Health ENC region. Sampson County has a population density of 67.1 persons per square mile.

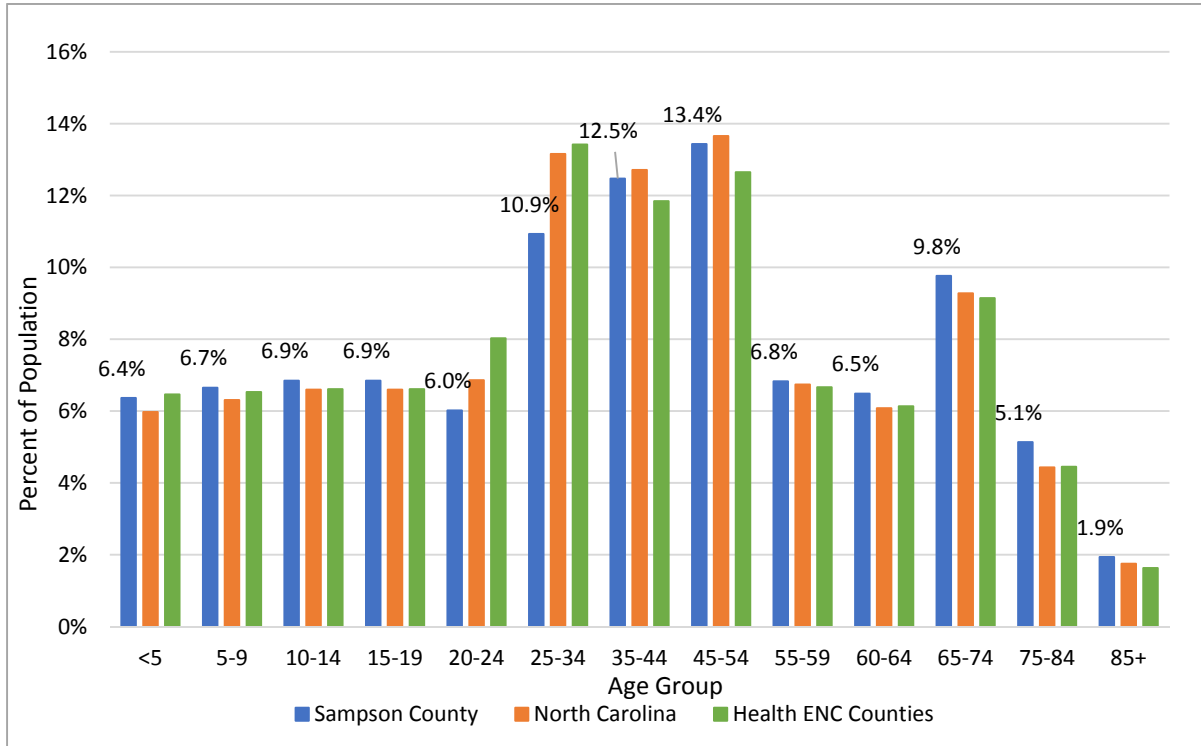
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

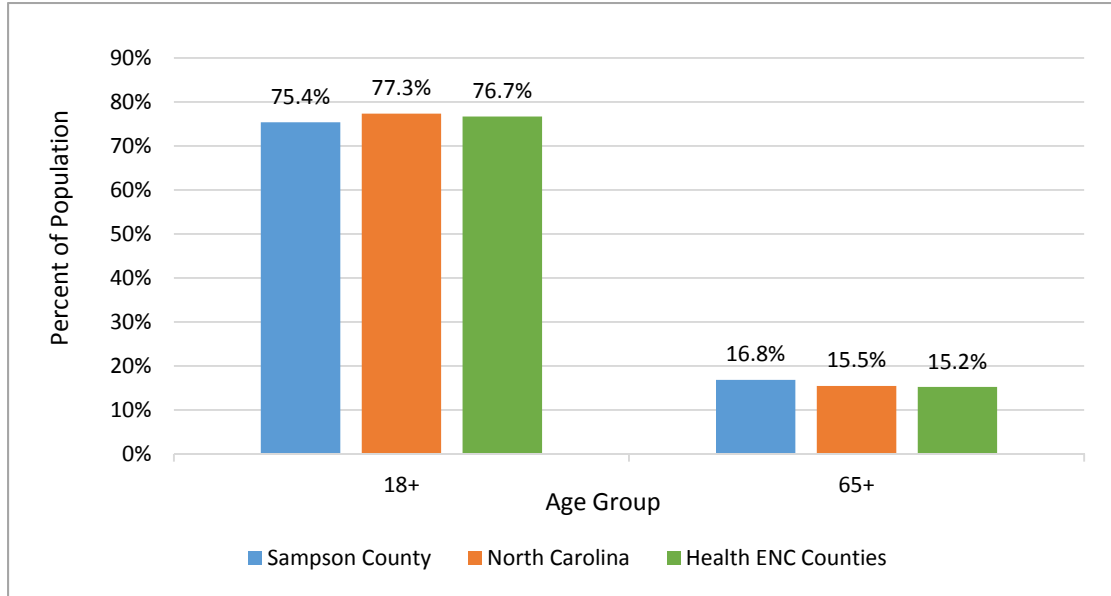
Overall, Sampson County residents are similar in age to the residents of North Carolina and the Health ENC region. Figure 8 shows the Sampson County population by age group. The 45-54 age group contains the highest percent of the population at 13.4%, while the 35-44 age group contains the next highest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

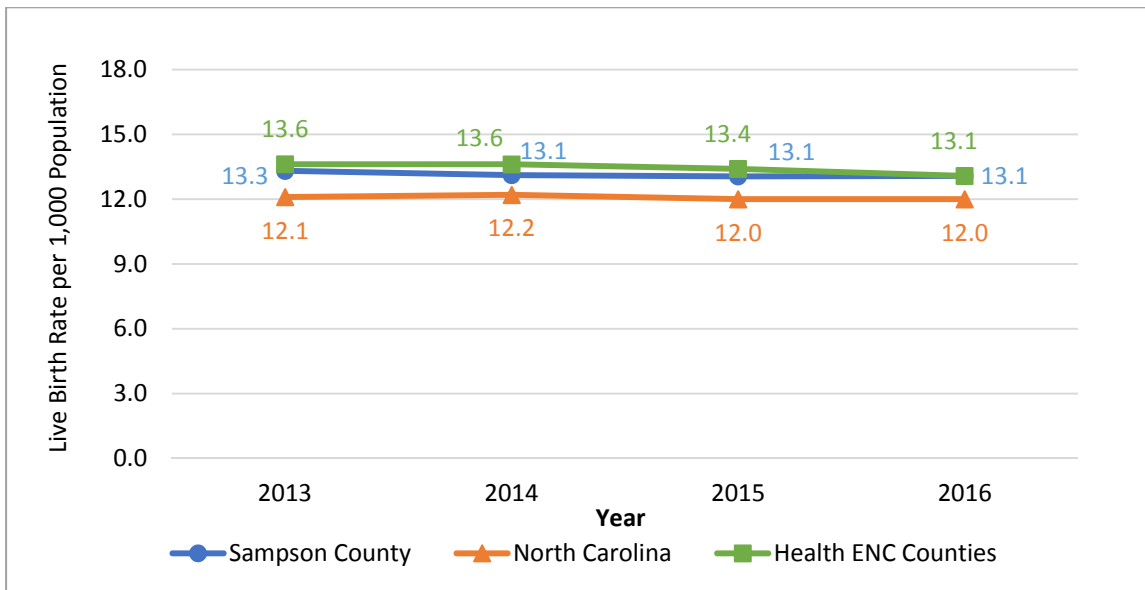
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	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)



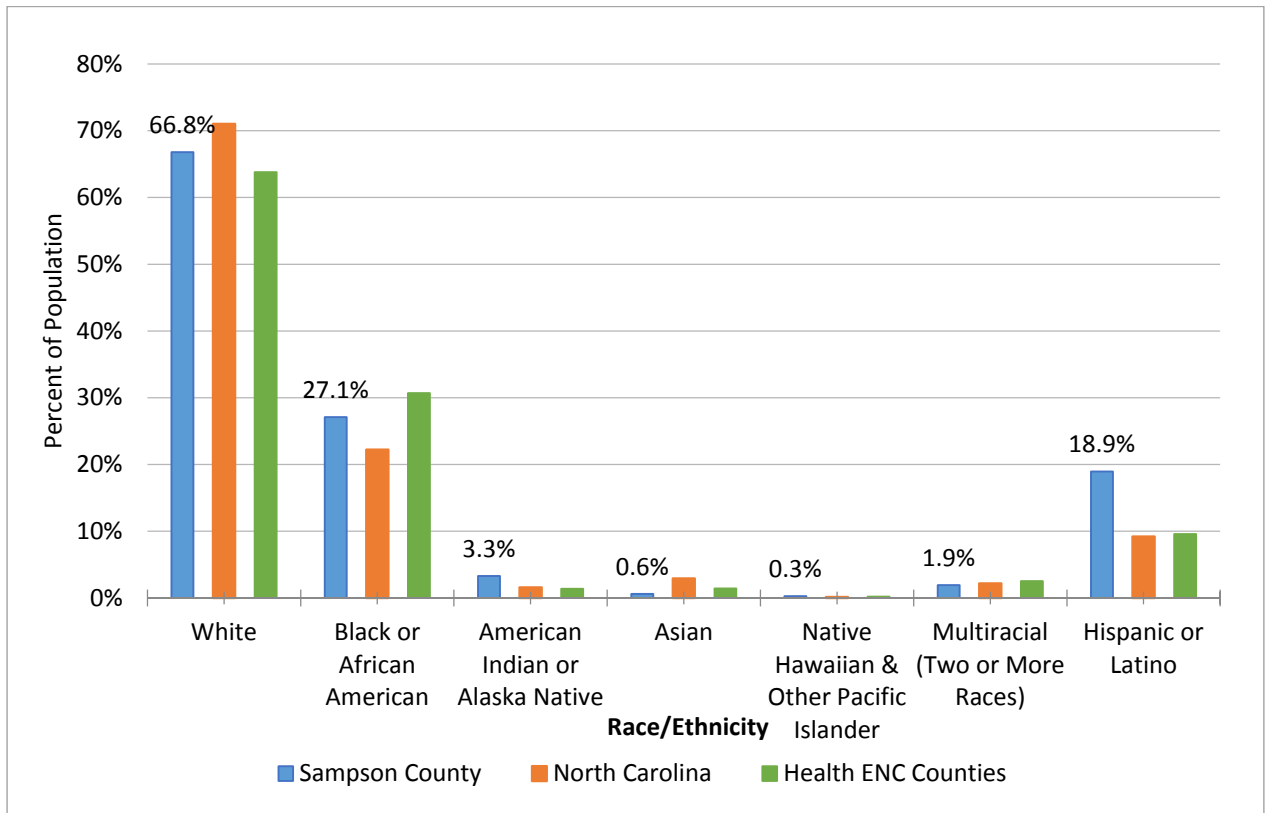
Race/Ethnicity

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)

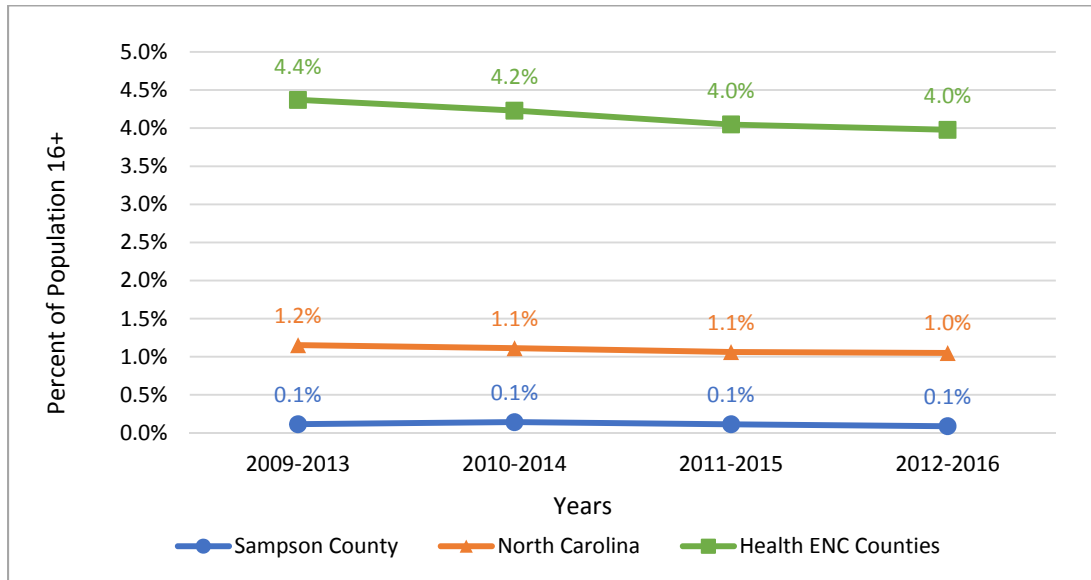
State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

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)

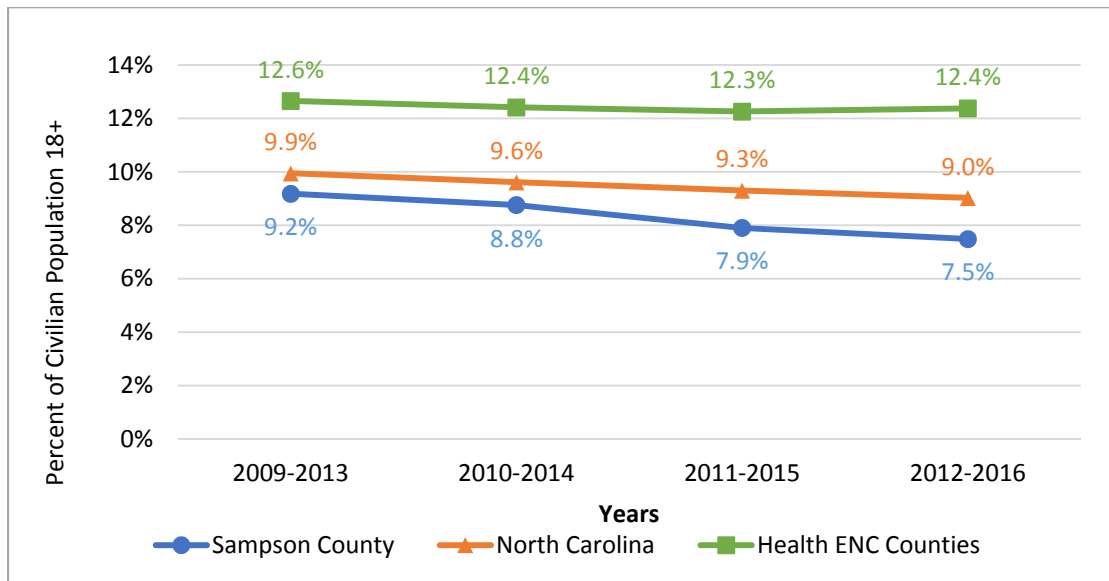


Veteran Population

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.

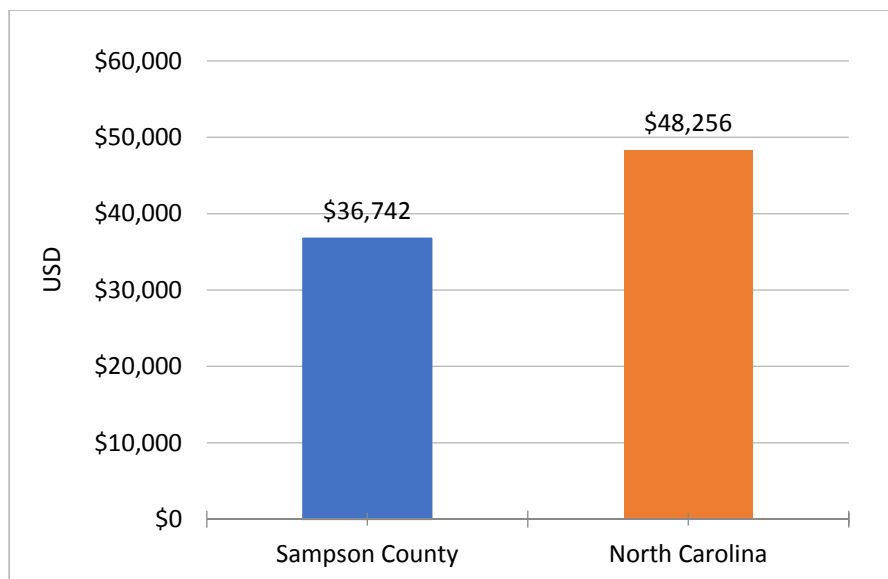
NC Department of Commerce Tier Designation

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

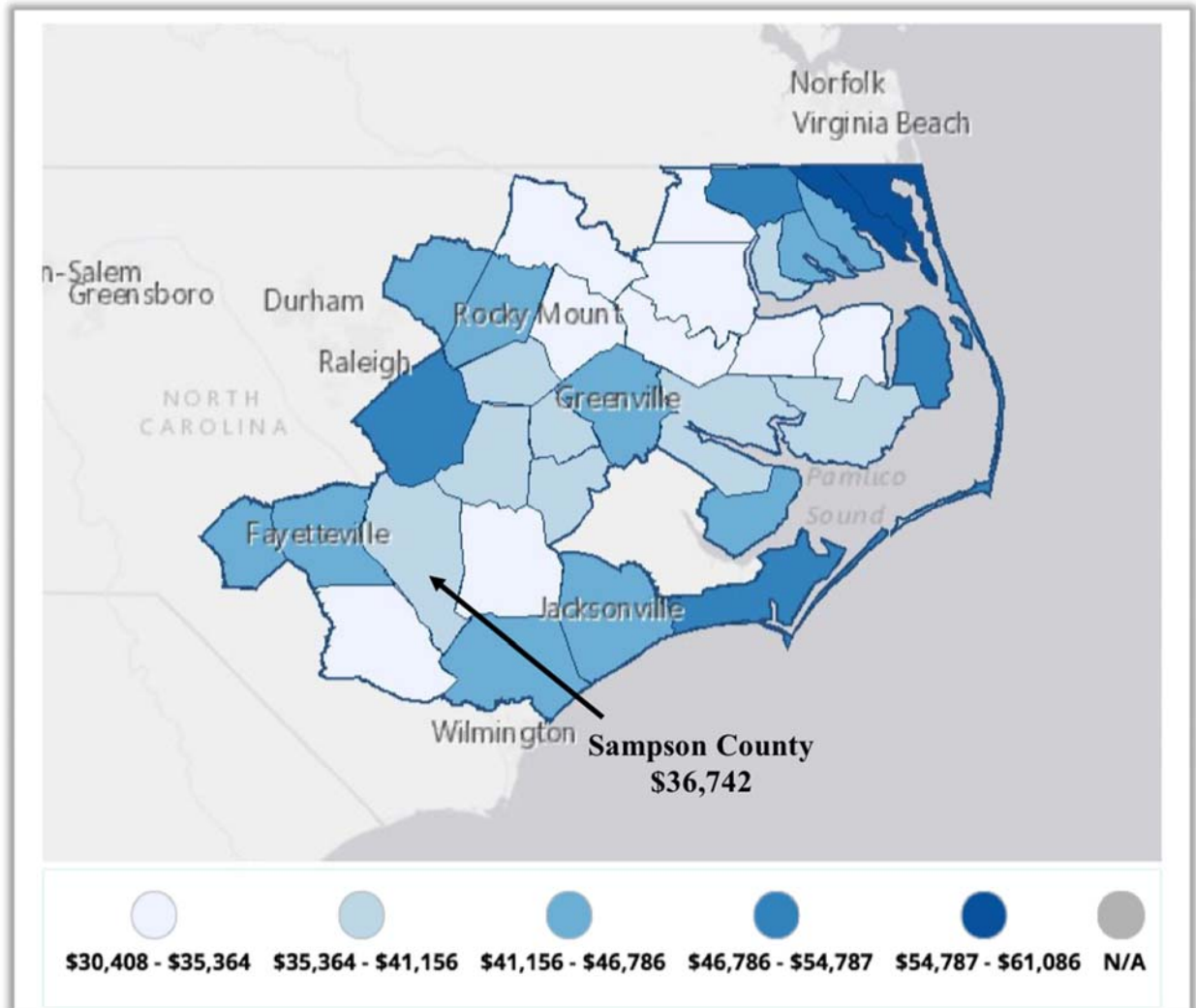
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Sampson County (\$36,742), which is lower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

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



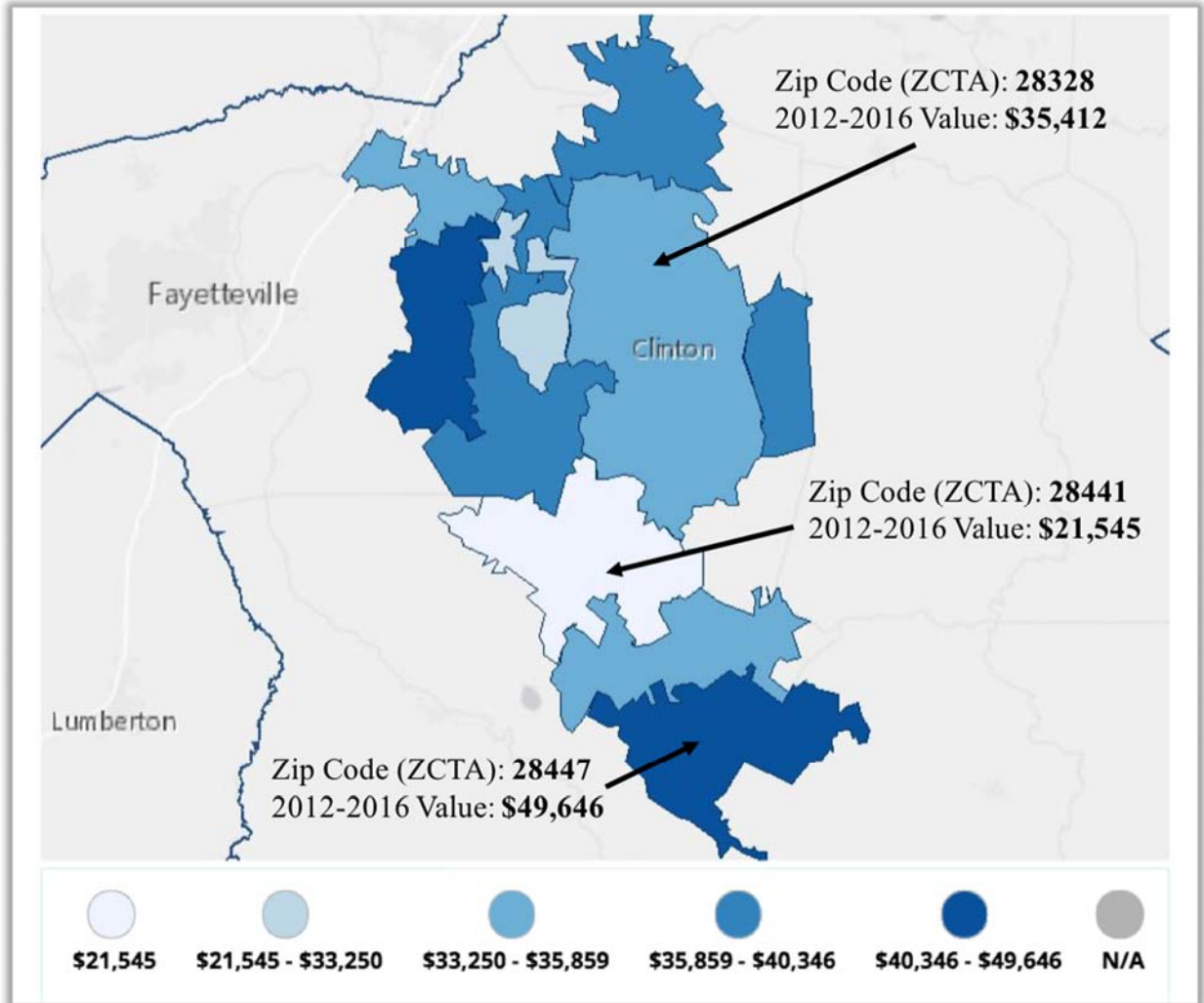
Compared to counties in the Health ENC region, Sampson County has a relatively low median household income. There are 9 counties with a lower median household income than Sampson County; the remaining 23 counties in the Health ENC region have a higher median household income (Figure 15).

**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)

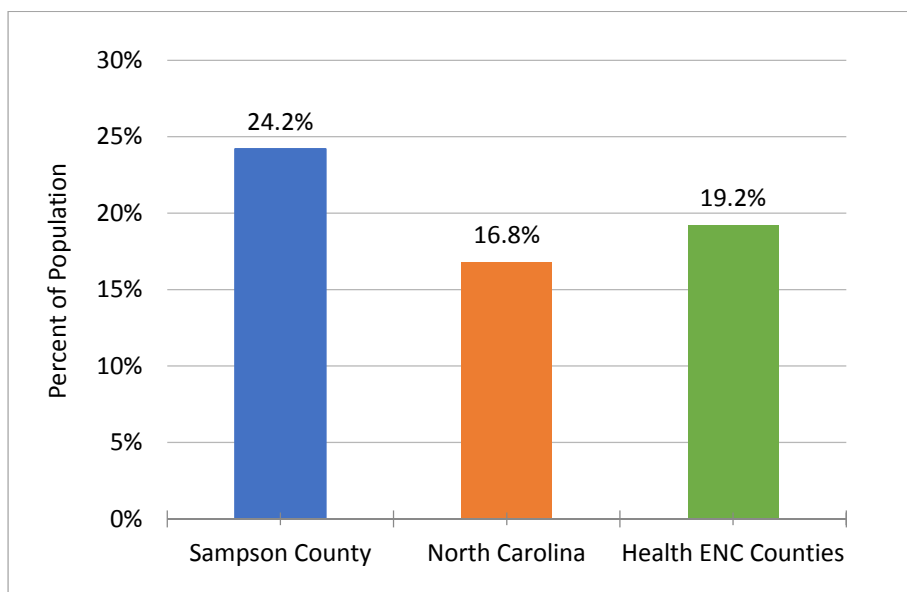


Poverty

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.

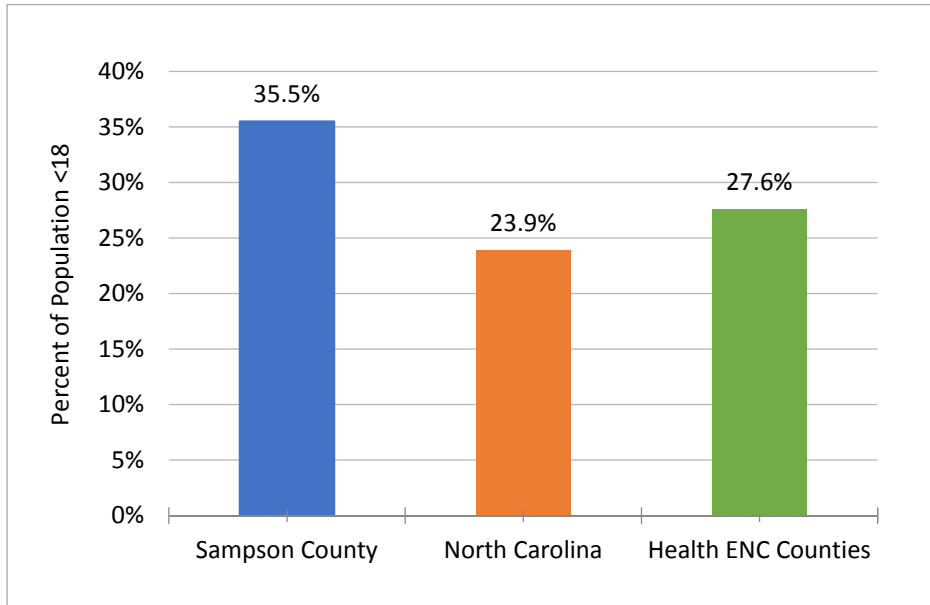
As seen in Figure 17, 24.2% percent of the population in Sampson County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

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



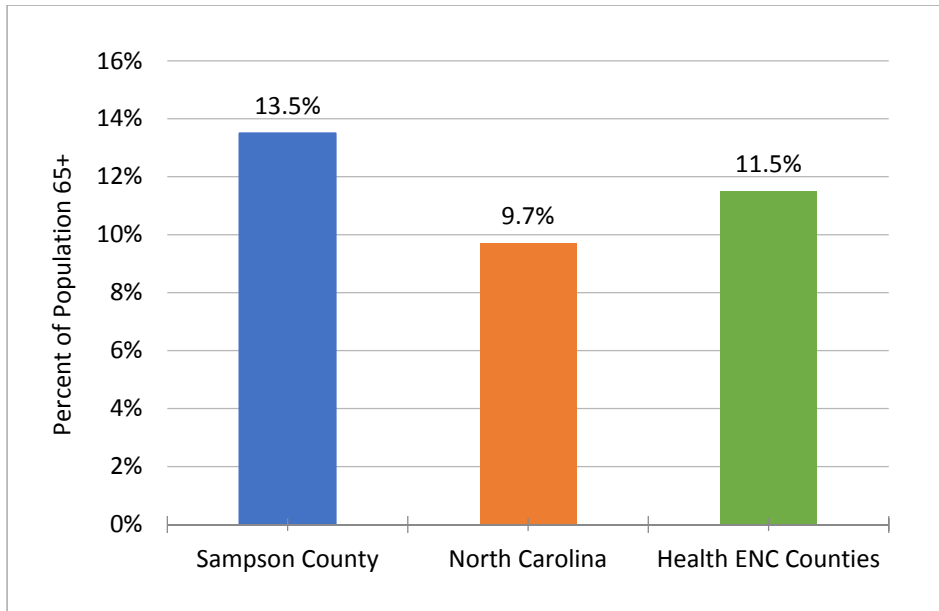
As shown in Figure 18, the rate of children living below the poverty level is also higher for Sampson County (35.5%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

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



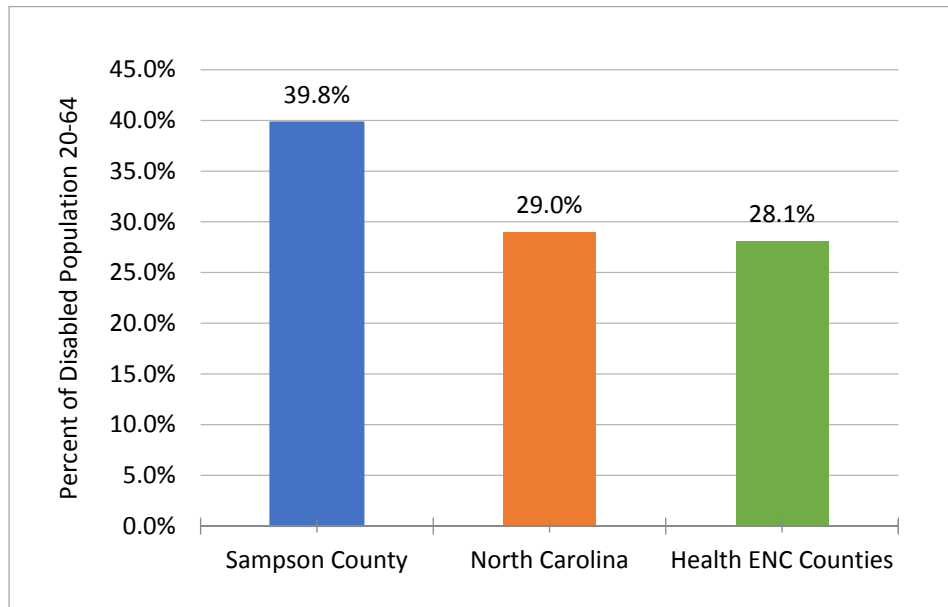
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Sampson County (13.5%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

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)

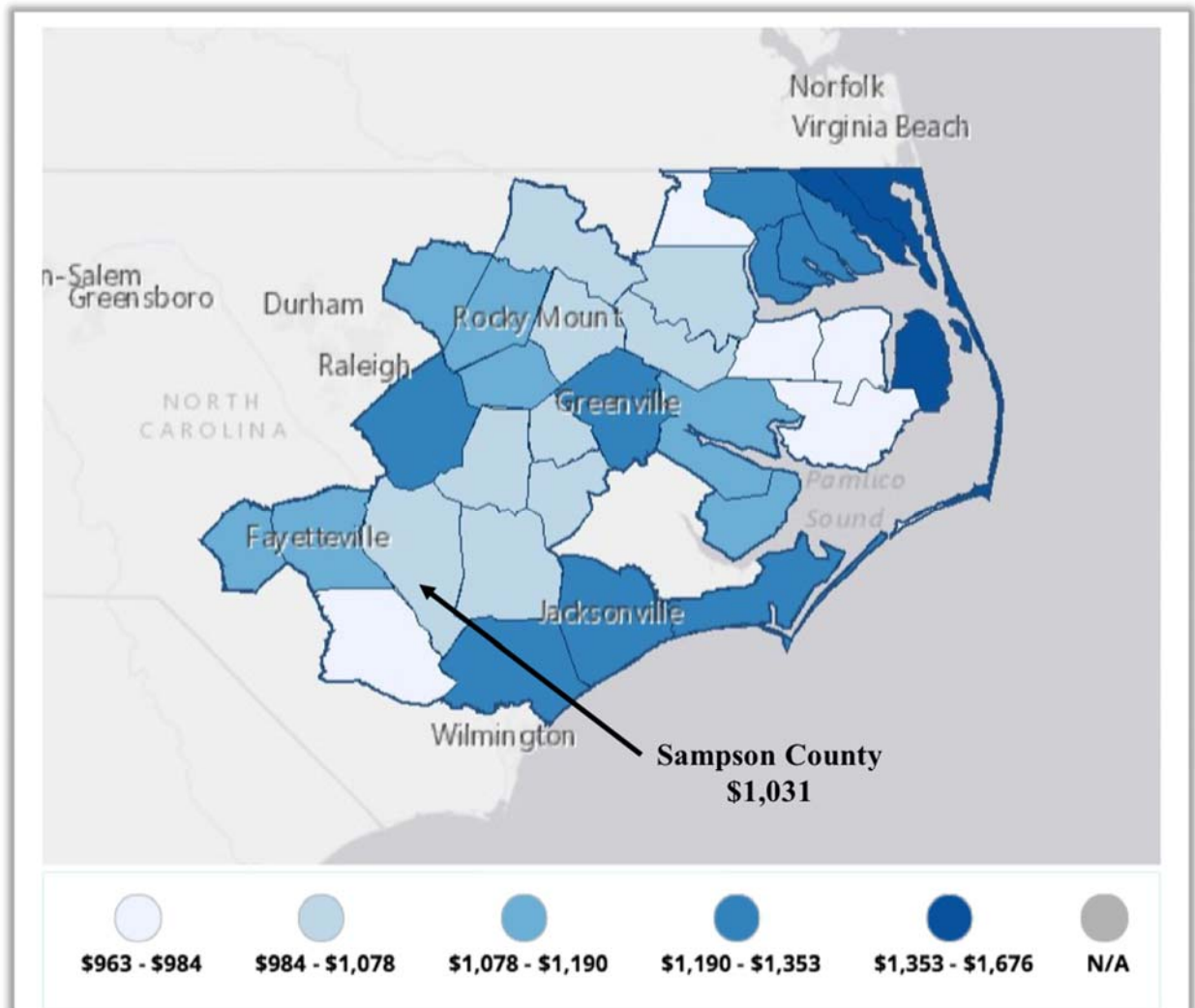


Housing

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.

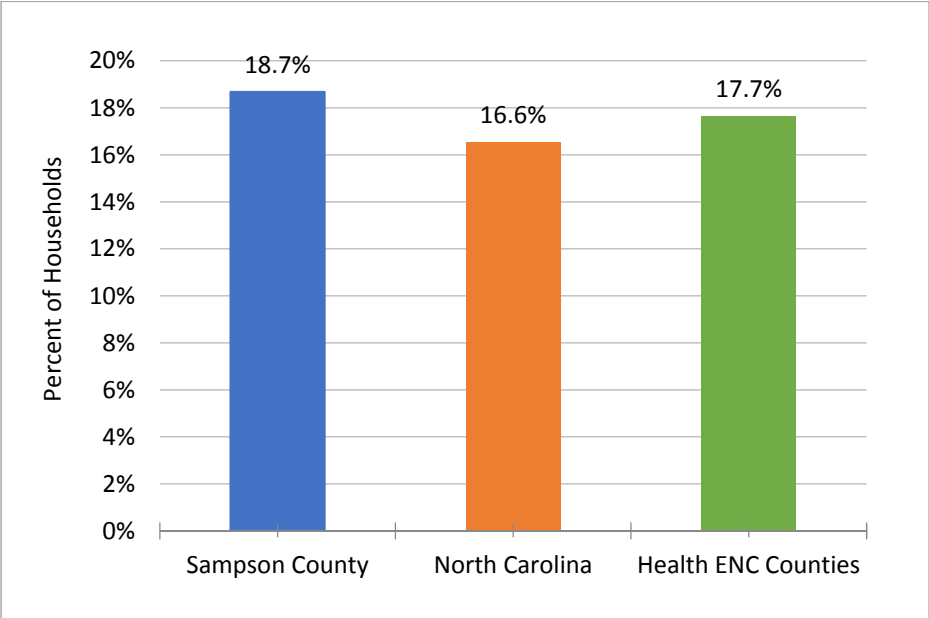
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Sampson County, the median housing costs for homeowners with a mortgage is \$1,031. This is lower than the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

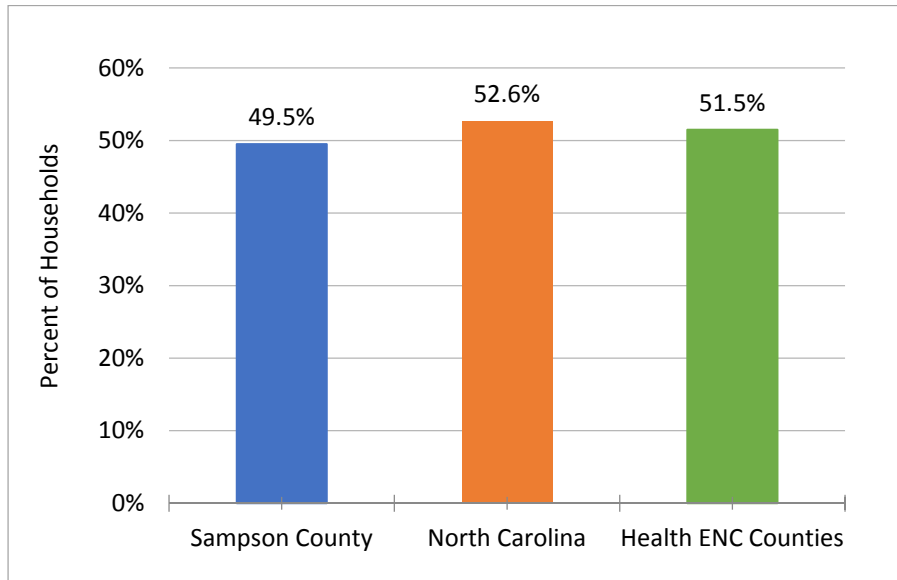


Food Insecurity

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)

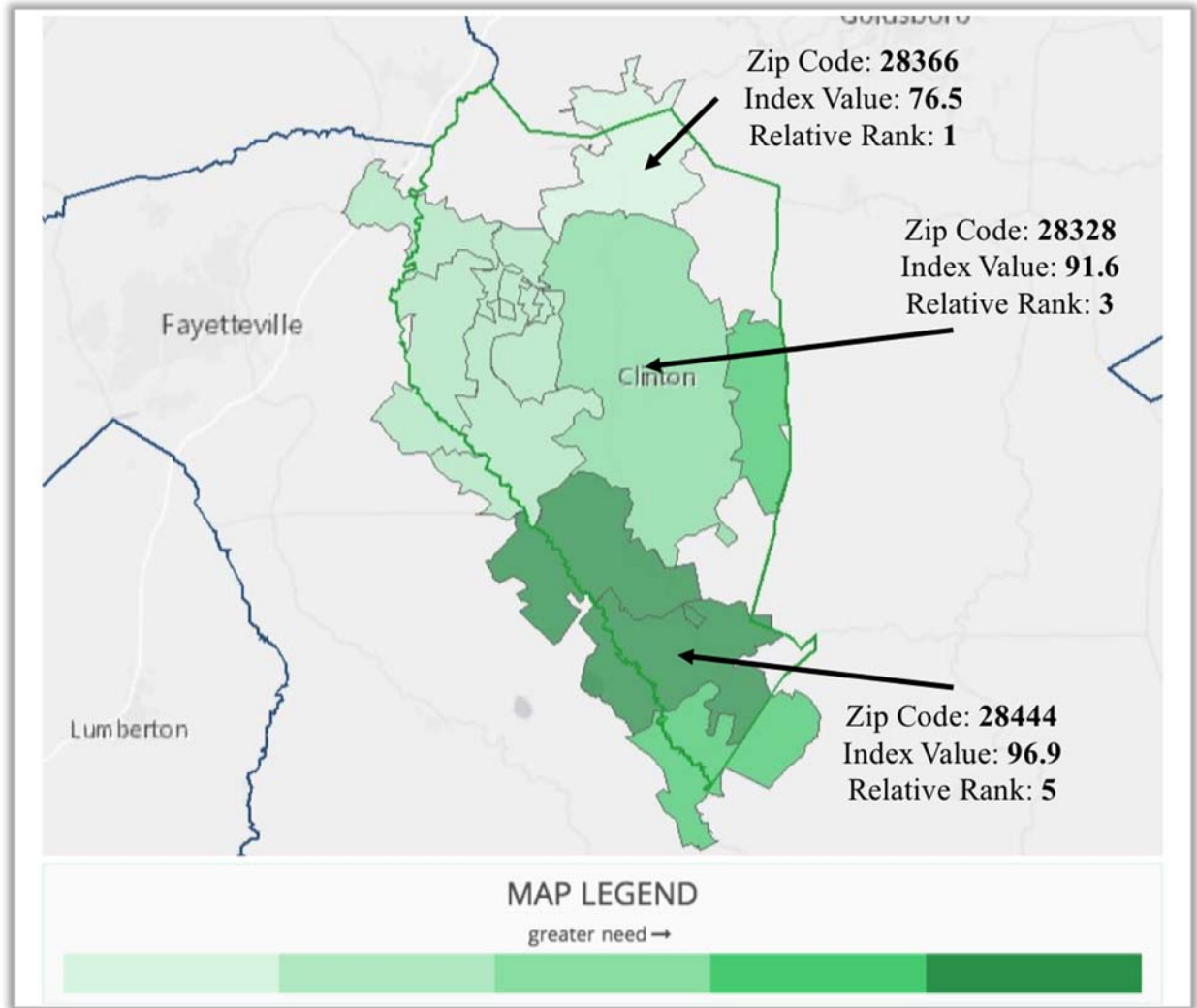


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

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:

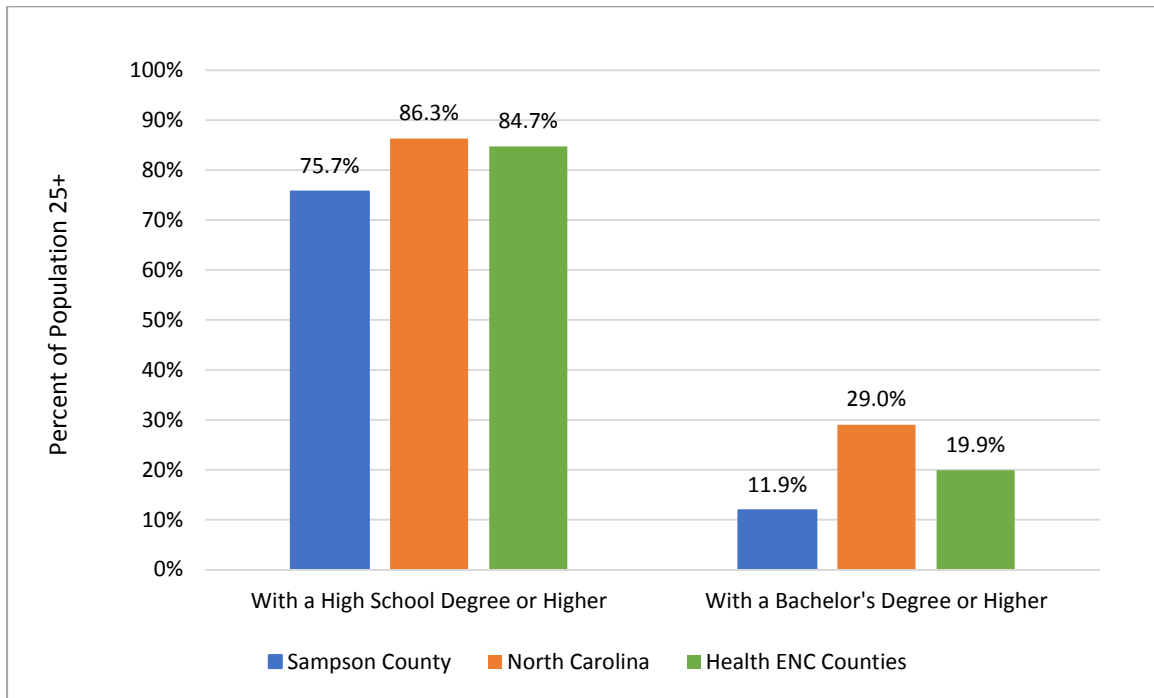
- Clinton City Schools
 - Elementary Schools-3
 - Middle Schools-1
 - High Schools-1
- Sampson County Schools
 - Elementary Schools-9
 - Middle Schools-4
 - High Schools-5

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.

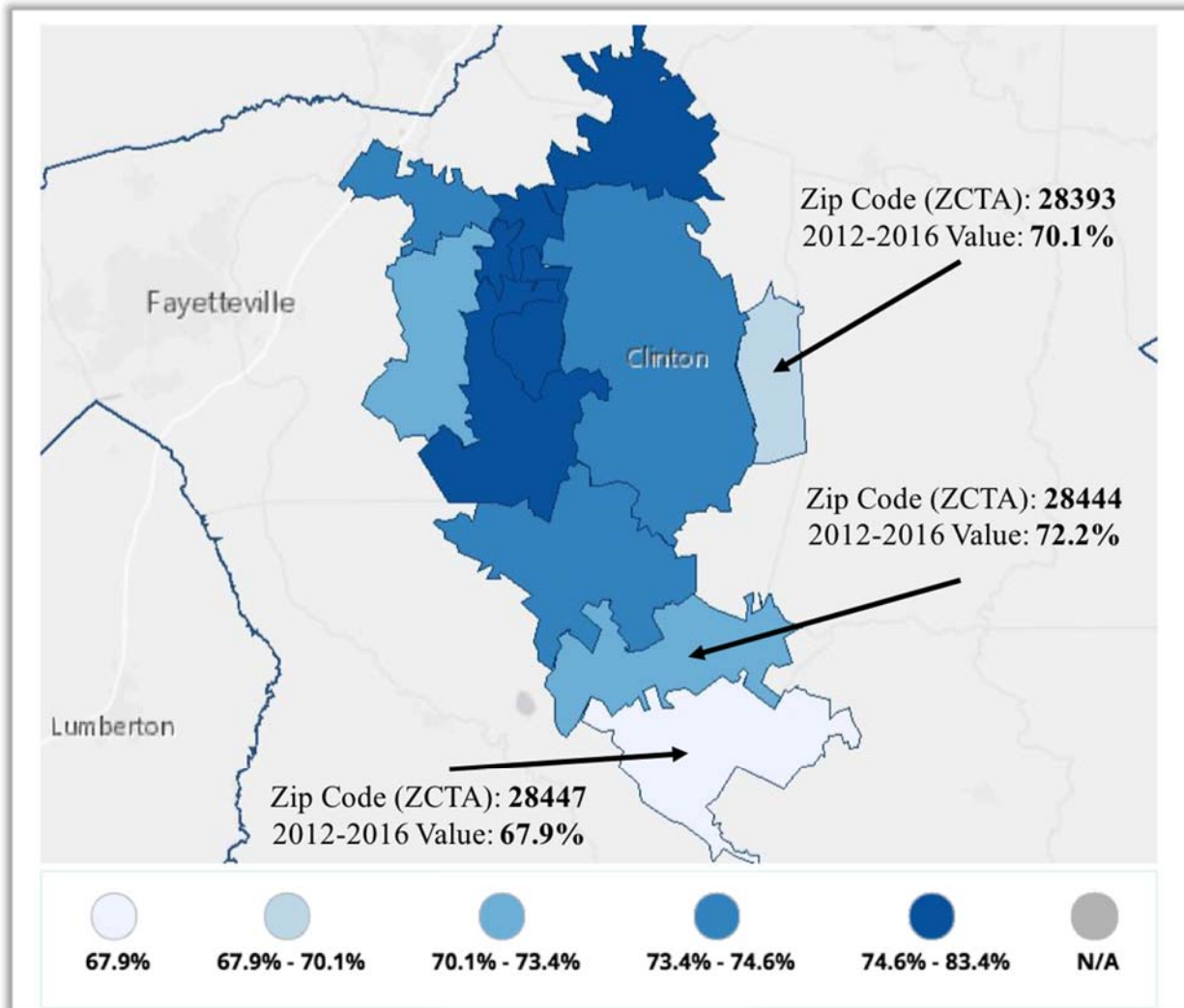
Countywide, the percent of residents 25 or older with a high school degree or higher (75.7%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Sampson County is lower than both the state value and the Health ENC region. While 29.0% of 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)**

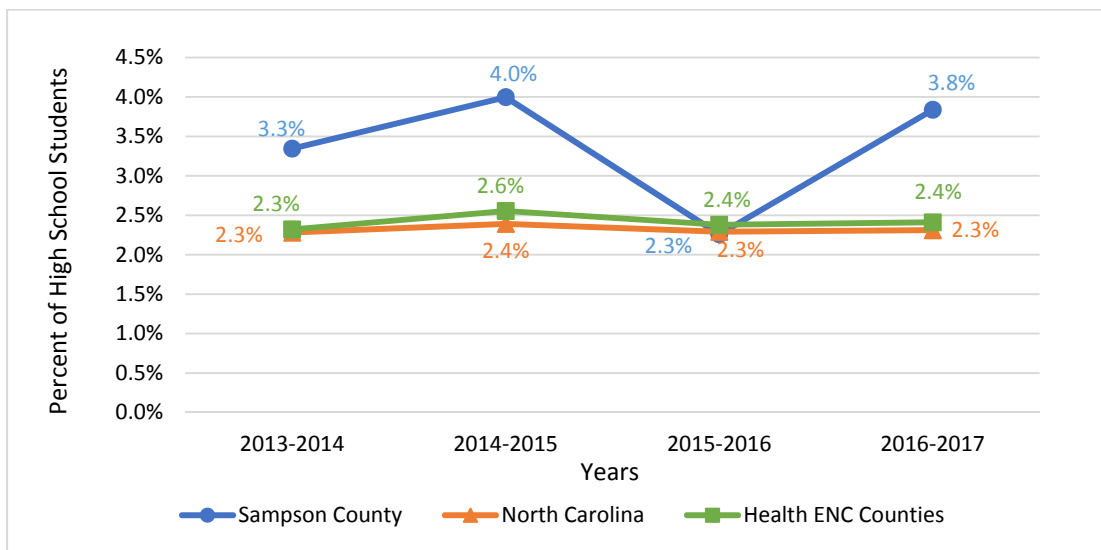


High School Dropouts

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)

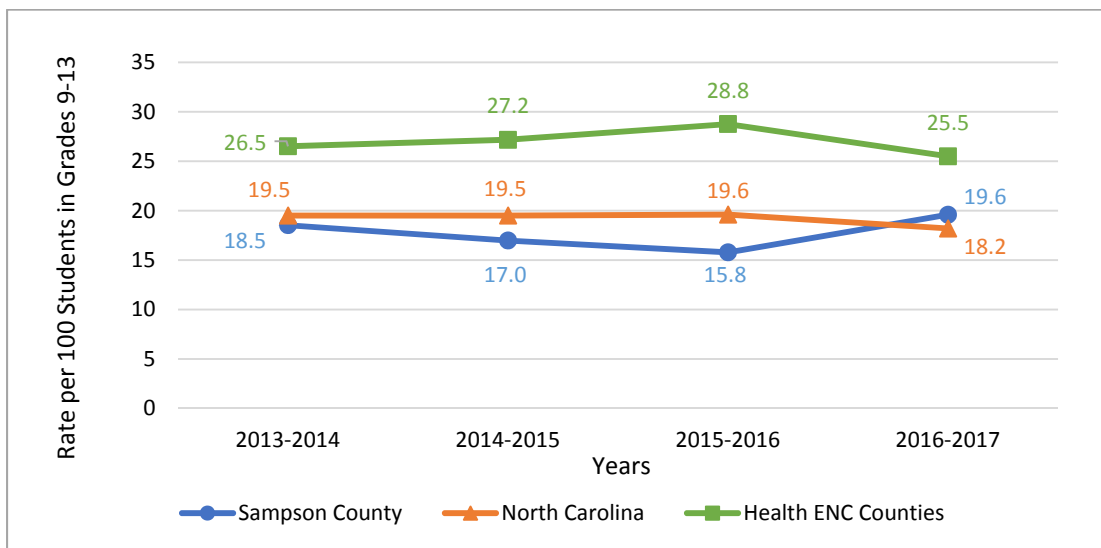


High School Suspension Rate

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)

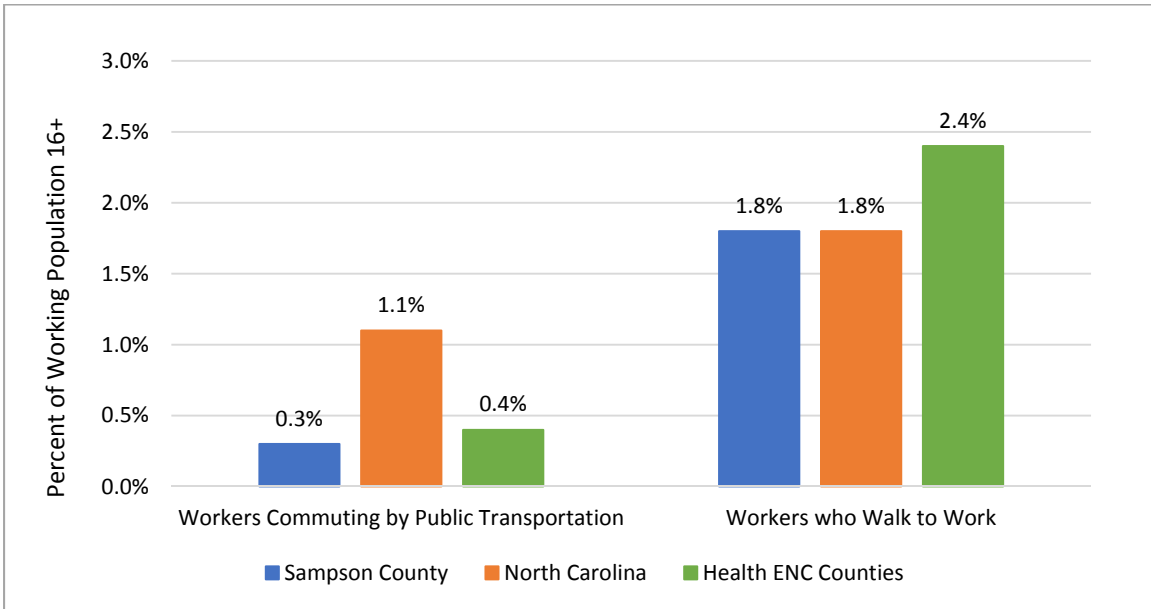
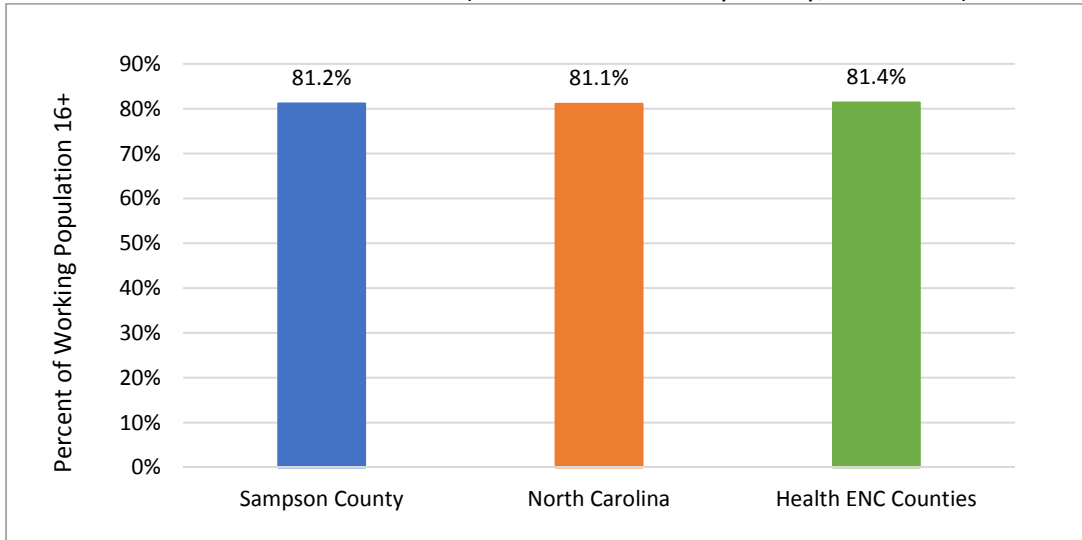


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



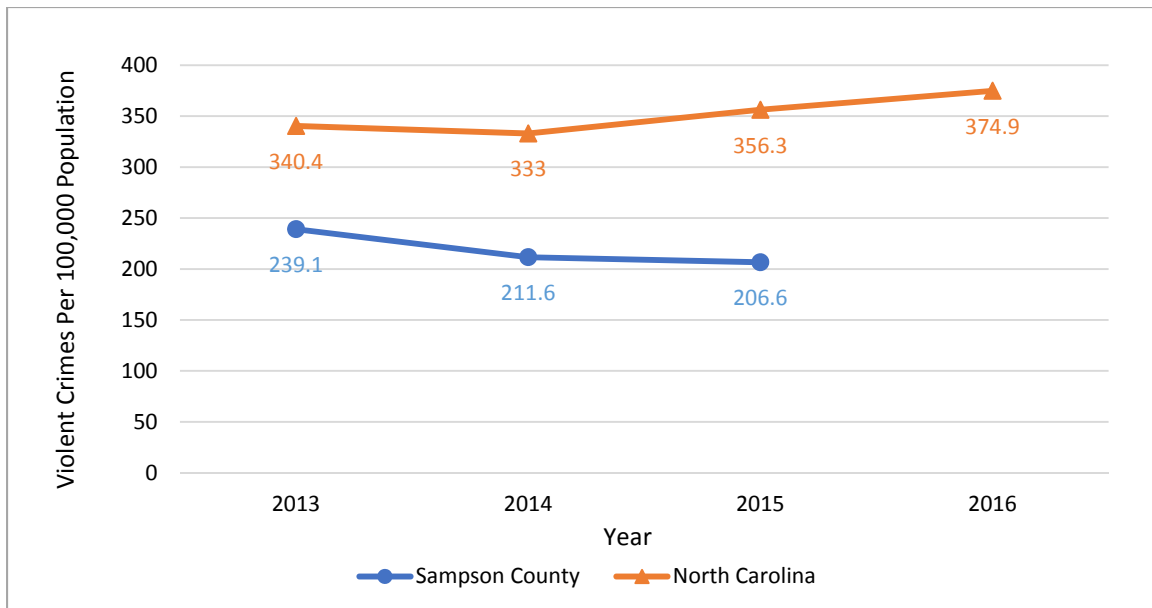
Crime and Safety

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.

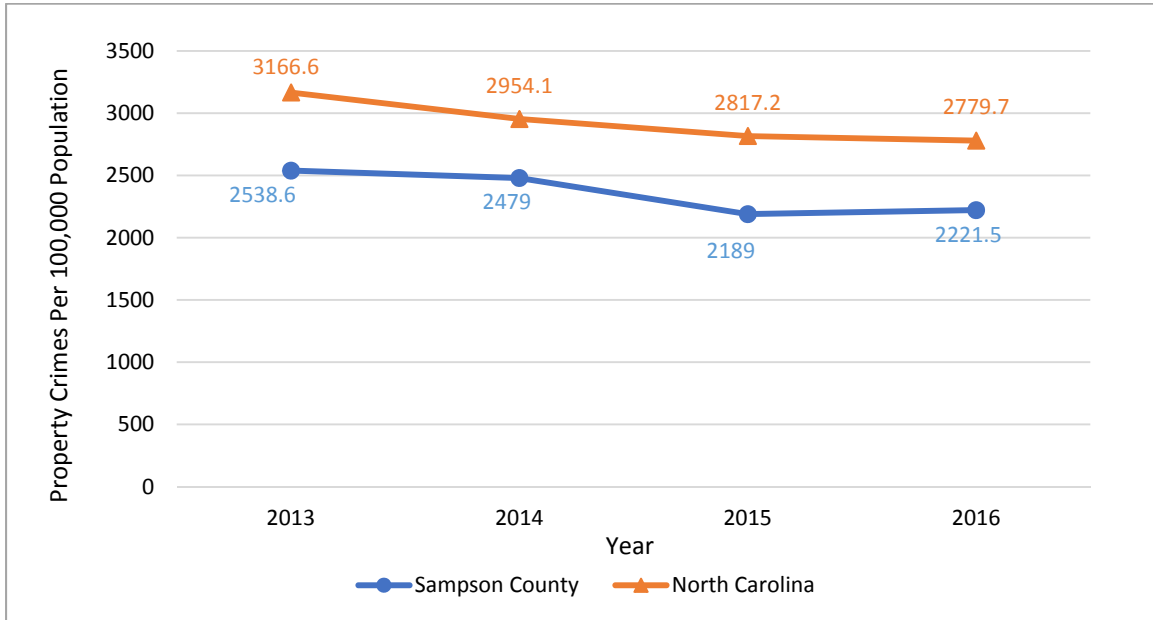
In 2015, the violent crime rate in Sampson County was 206.6 per 100,000 population, compared to 356.3 per 100,000 people in North Carolina (Figure 31). (The 2016 value is not available for Sampson County.) The rate of violent crime in Sampson County decreased from 239.1 in 2013 to 206.6 in 2015.

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)

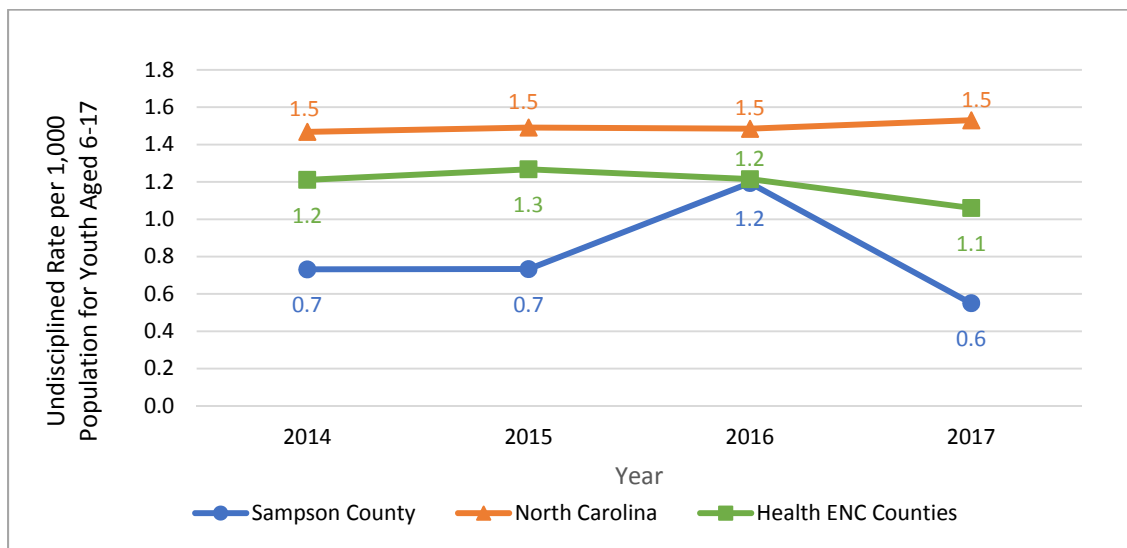
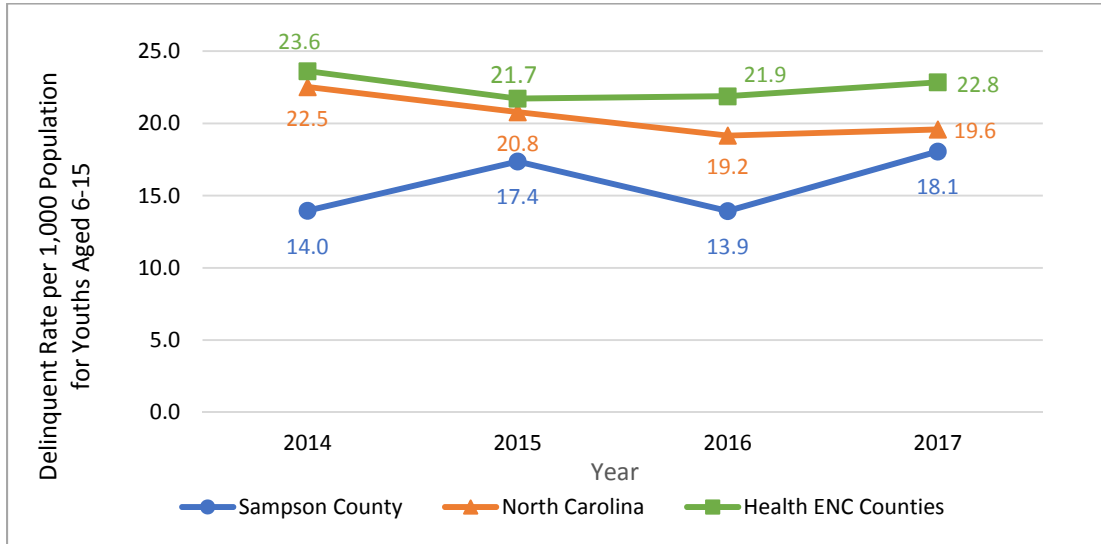


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Sampson County decreased from 2015 to 2016, the rate increased from 13.9 in 2016 to 18.1 in 2017. The 2017 juvenile delinquent rate for Sampson County (18.1) is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

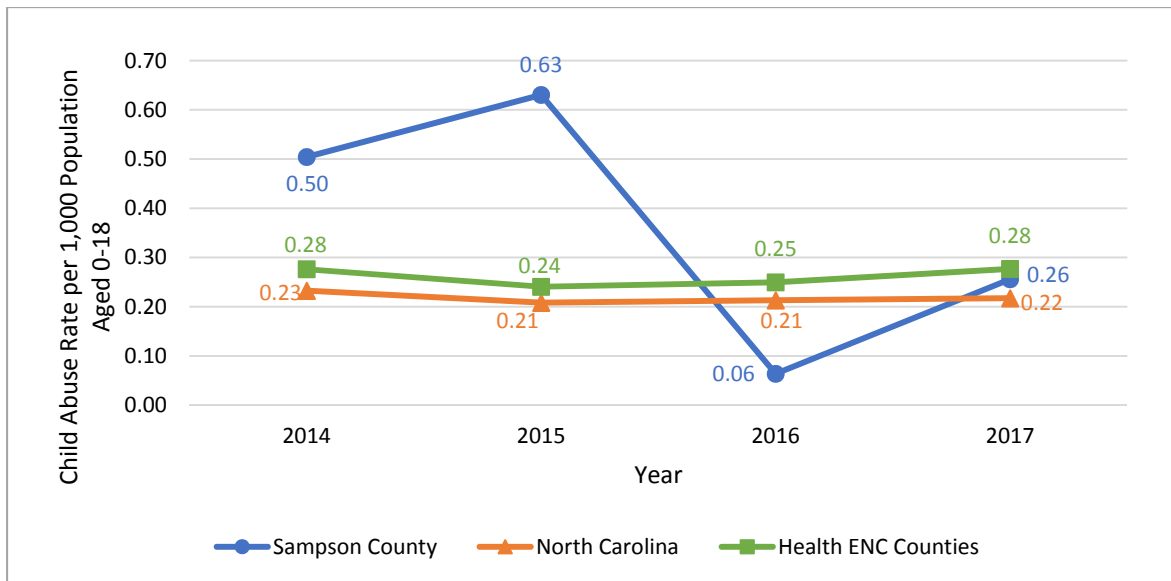
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



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)

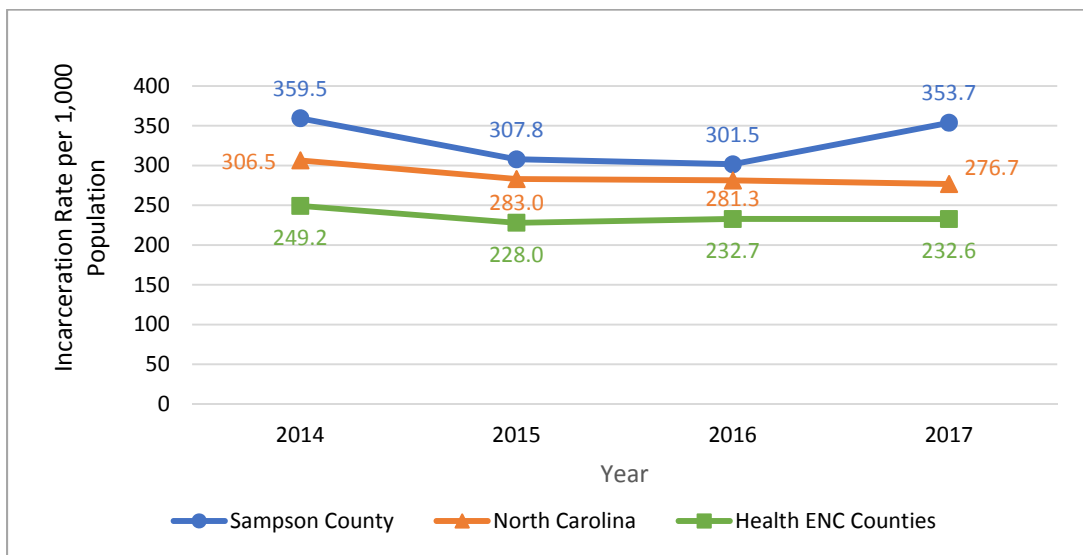


Incarceration

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)

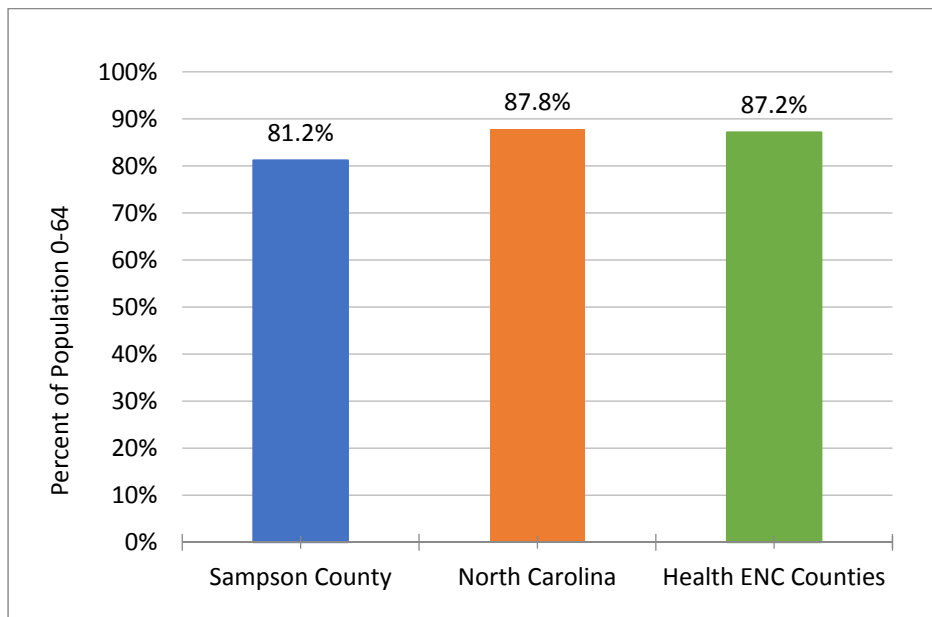
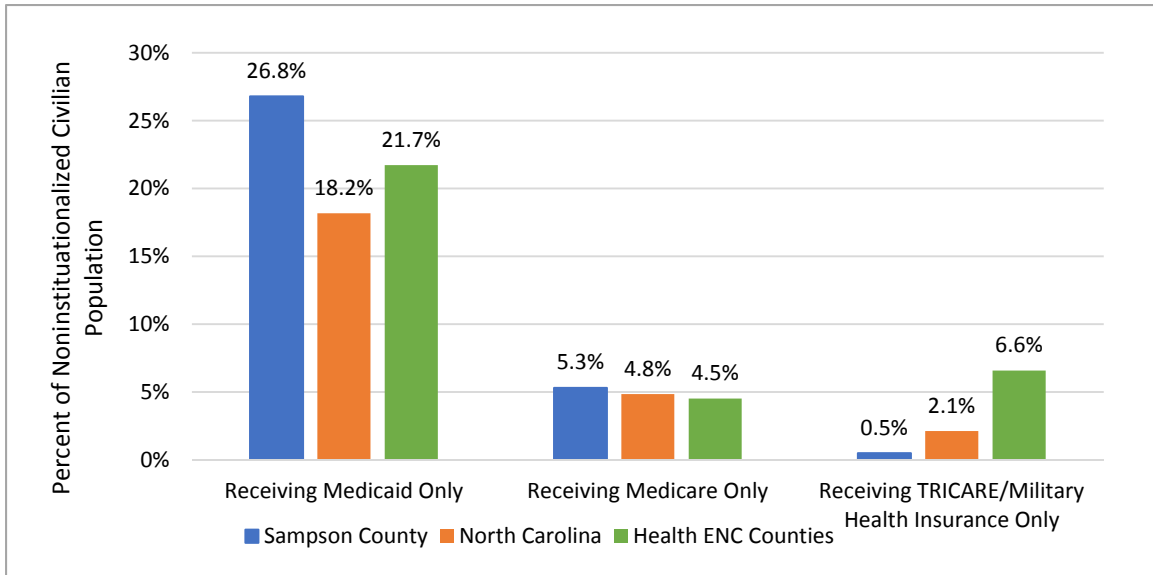


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Sampson County has a higher percent of people receiving Medicaid (26.8%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving 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)

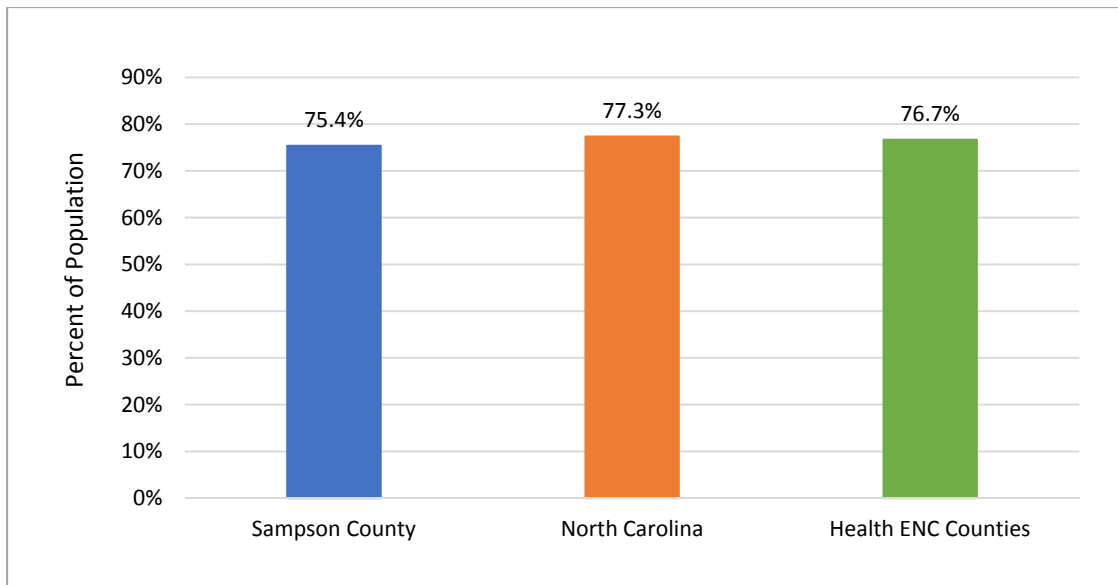
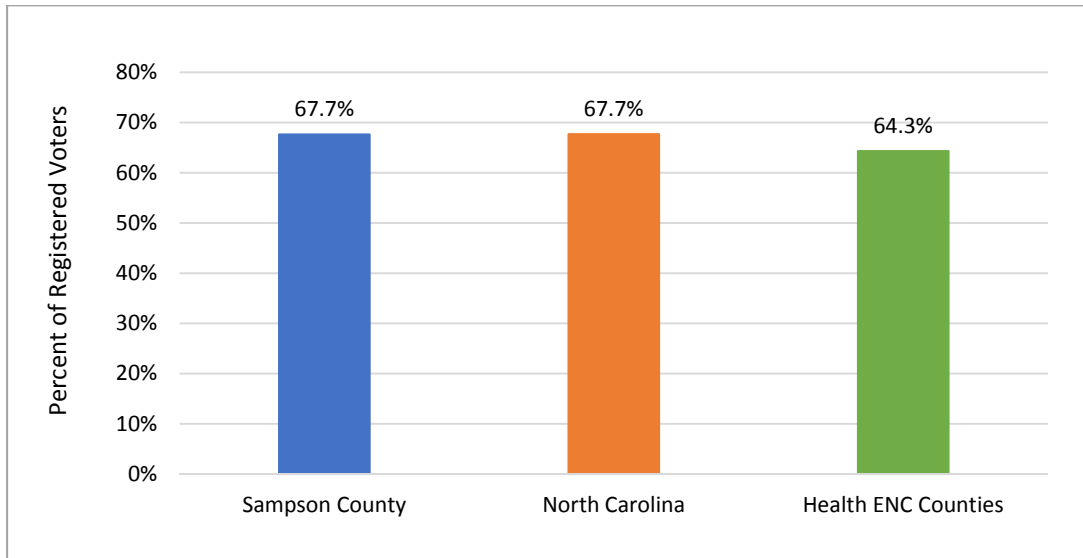


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Sampson County was 67.7%, which is equal to the state value (67.7%) and higher than Health ENC counties (64.3%).

**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

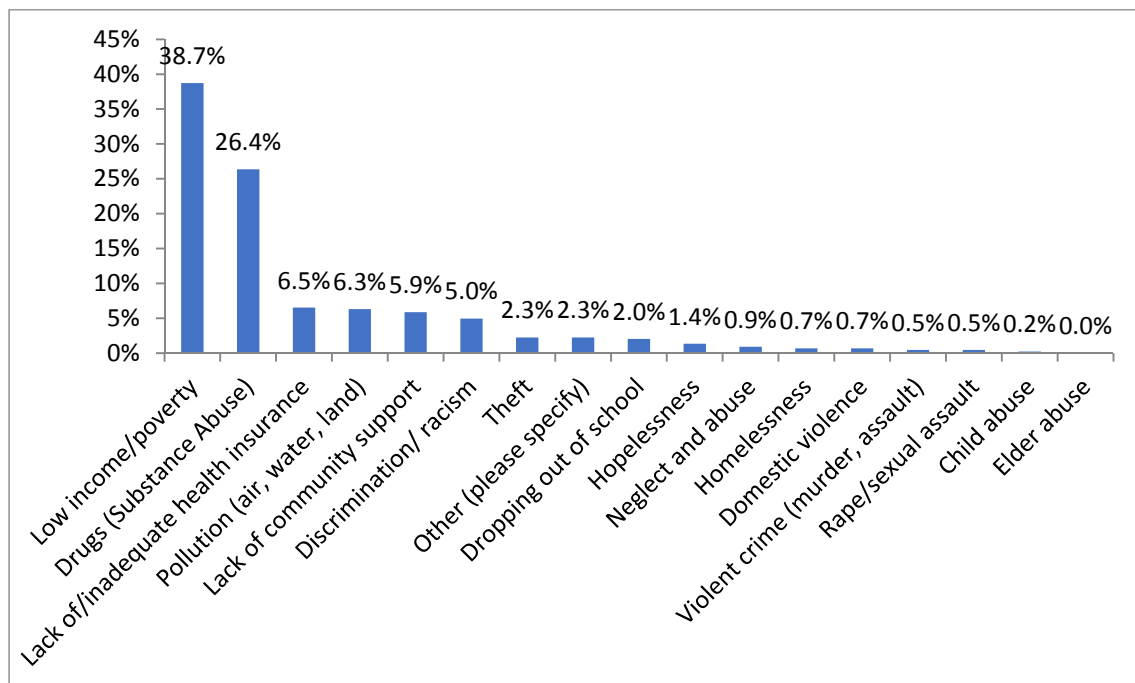


Figure 42 displays the level of agreement among Sampson County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a safe place to live, is a good place to grow old and is a good place to raise children. More 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

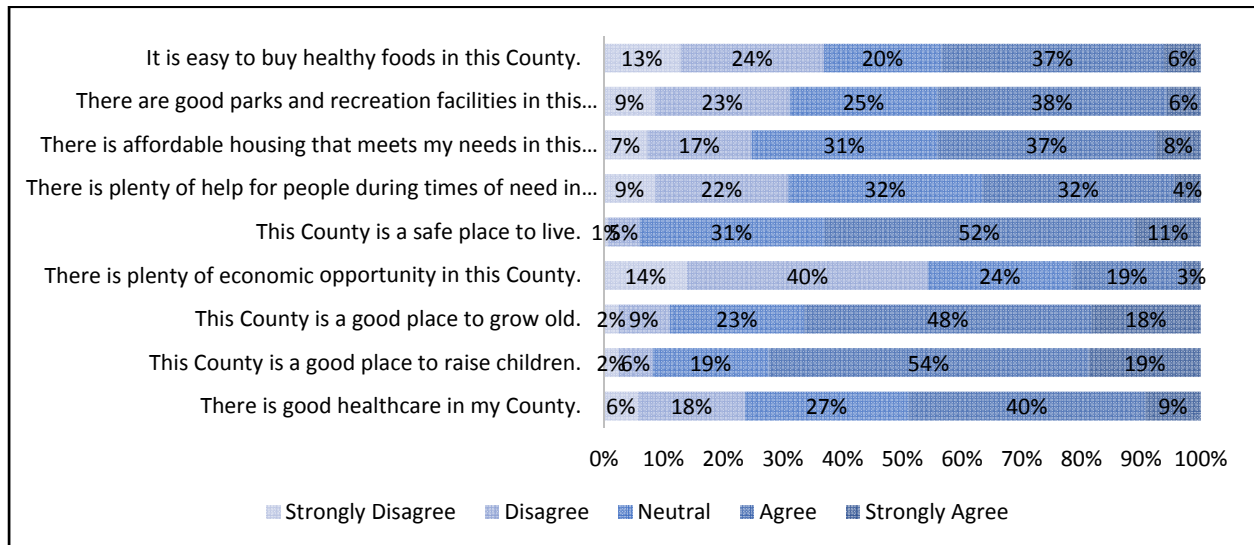


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Sampson County. Higher paying employment was the most frequently selected issue, followed by availability of employment, positive teen activities and counseling / mental health / support groups.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

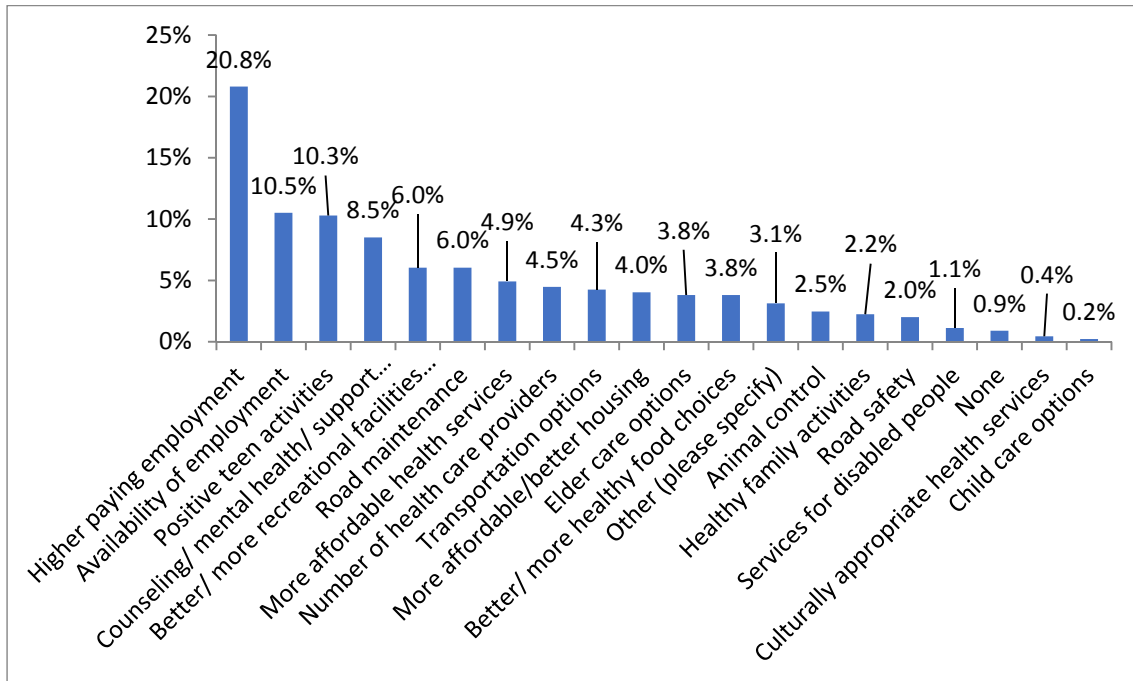
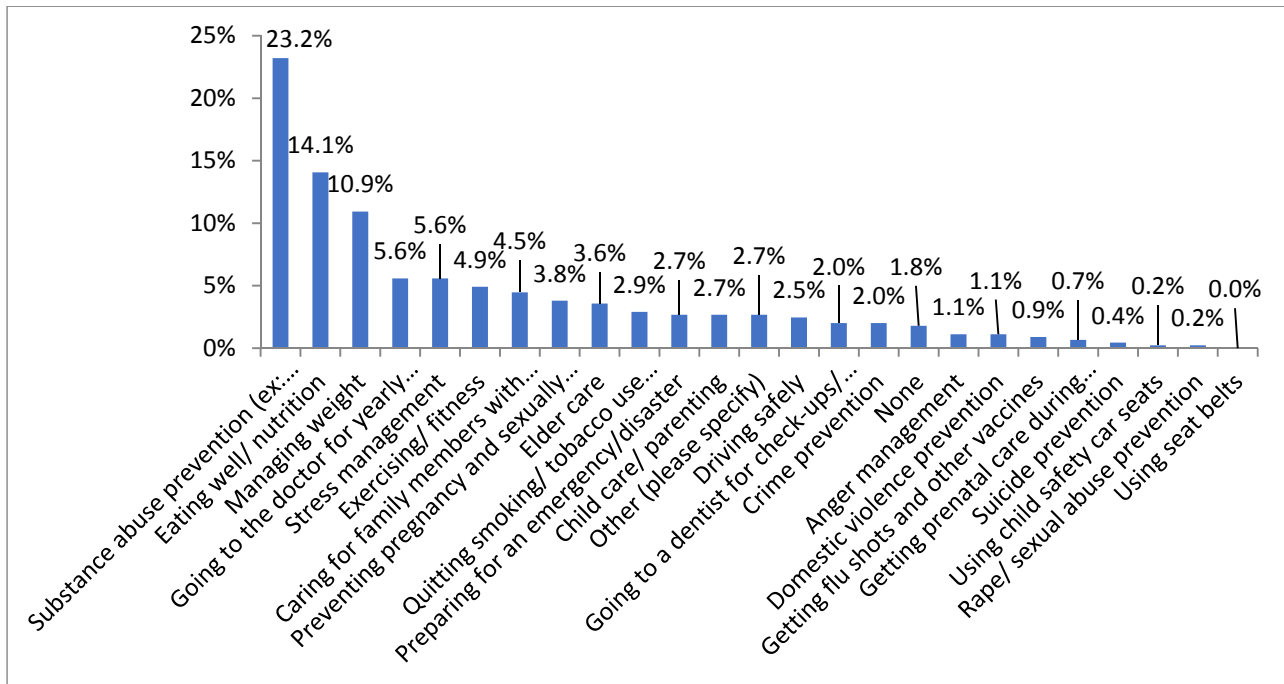


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Sampson County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 23.2% of survey respondents. This was followed by eating well/nutrition and 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.

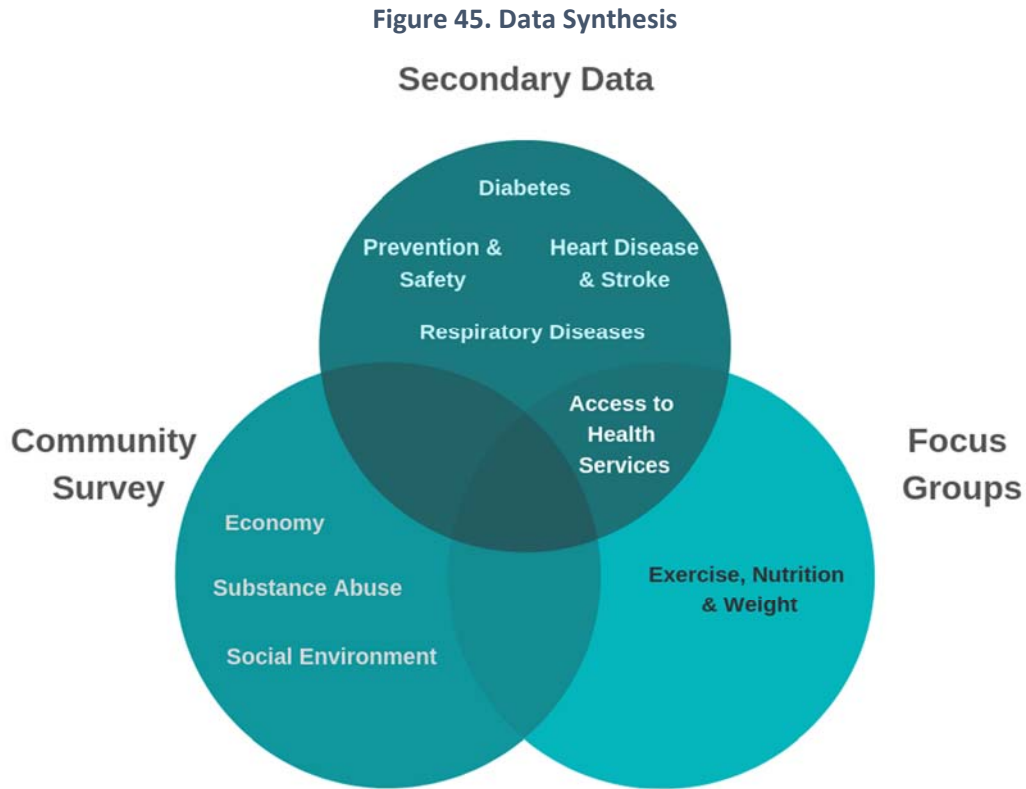
Table 10. Criteria for Identifying the Top Needs from each Data Source

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@sampsonrhc.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

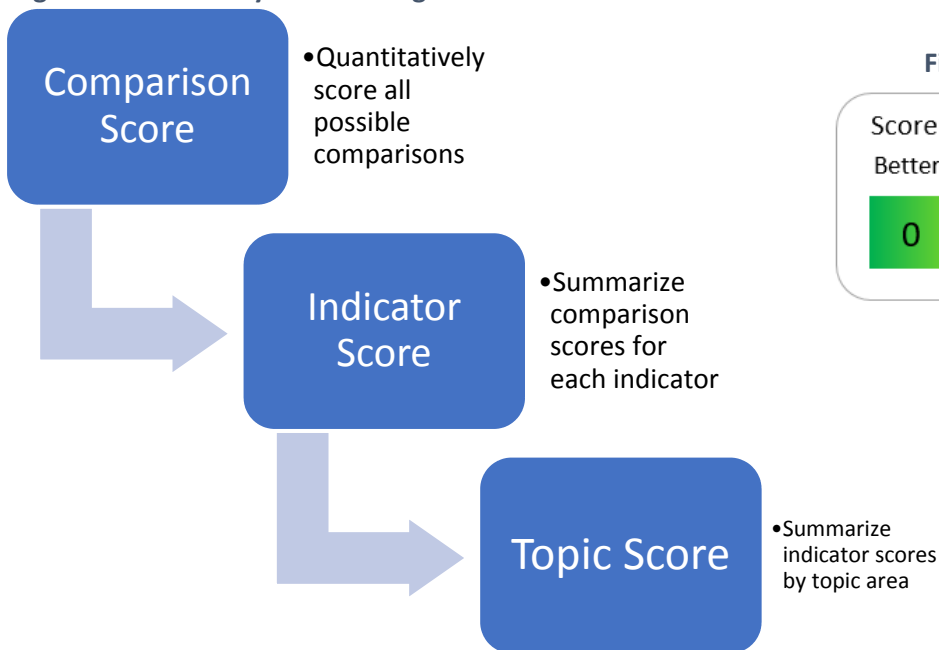
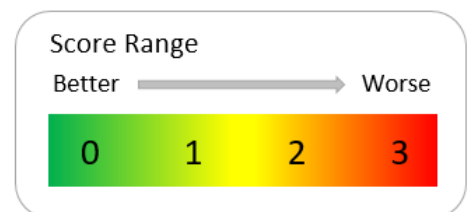


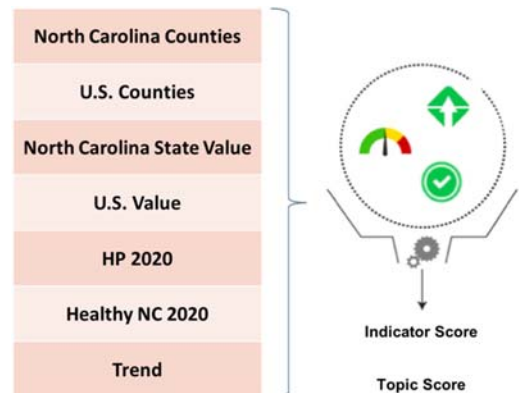
Figure 47. Score Range



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

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.70	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

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.50	Atrial Fibrillation: Medicare Population	2015	percent	6.1	7.7	8.1				3
-------------	--	------	---------	-----	-----	-----	--	--	--	---

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

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

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

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.90	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

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.10	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

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

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

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.68	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](#)

English Survey

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...

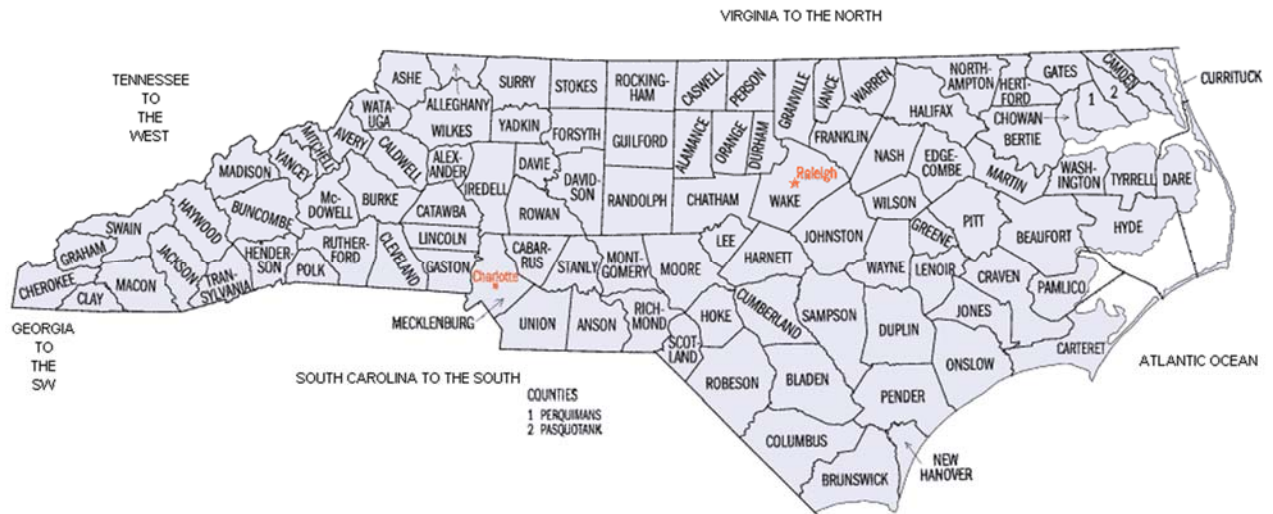
1. Where do you currently live?

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 healthy food choices | <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"/> More affordable/better housing | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road safety |
| | | <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.)

Dental hygiene

Diabetes

Drug abuse

Nutrition

management

Reckless

Eating disorders

Tobacco

driving/speeding

Fitness/Exercise

STDs (Sexually

Mental health

Asthma

Transmitted Diseases)

issues

management

Sexual intercourse

Suicide prevention

Alcohol

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?

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

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.)

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

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.

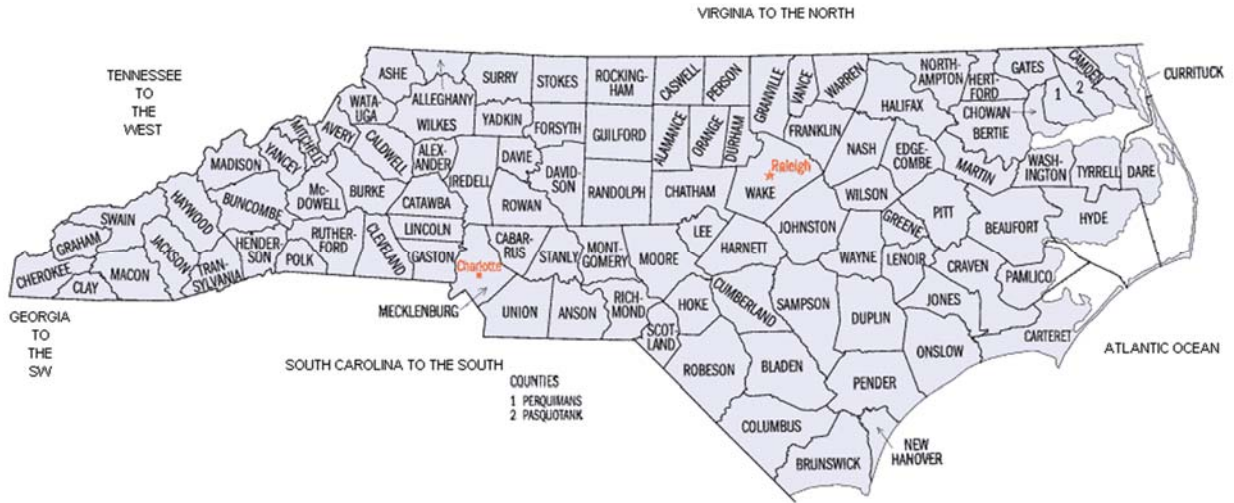
- No health insurance.
- Insurance didn't cover what I/we needed.

- 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:

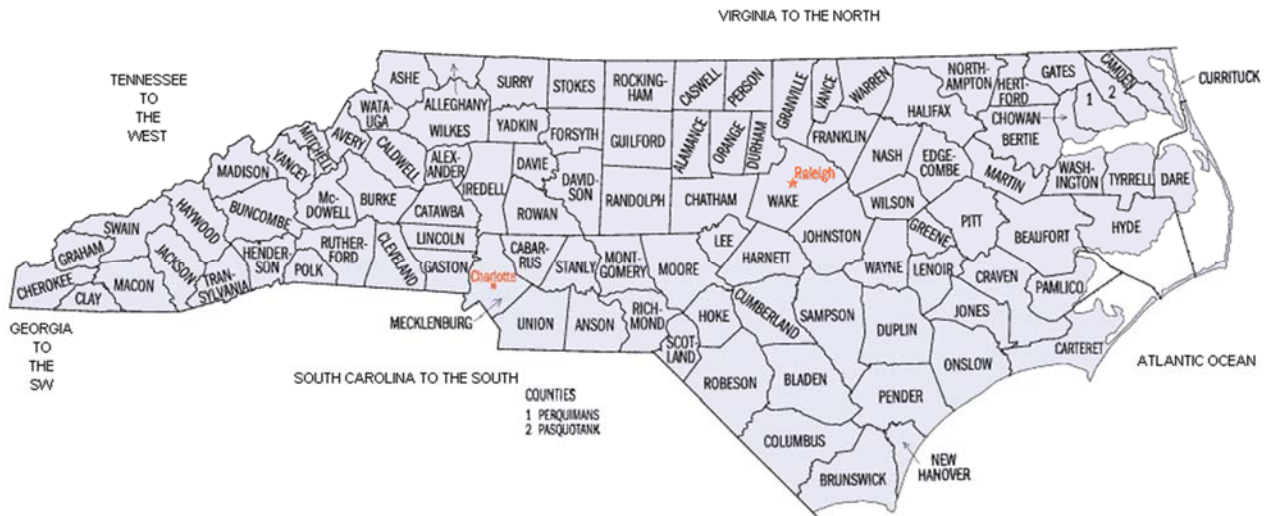
3. ¿Dónde vive actualmente?

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.

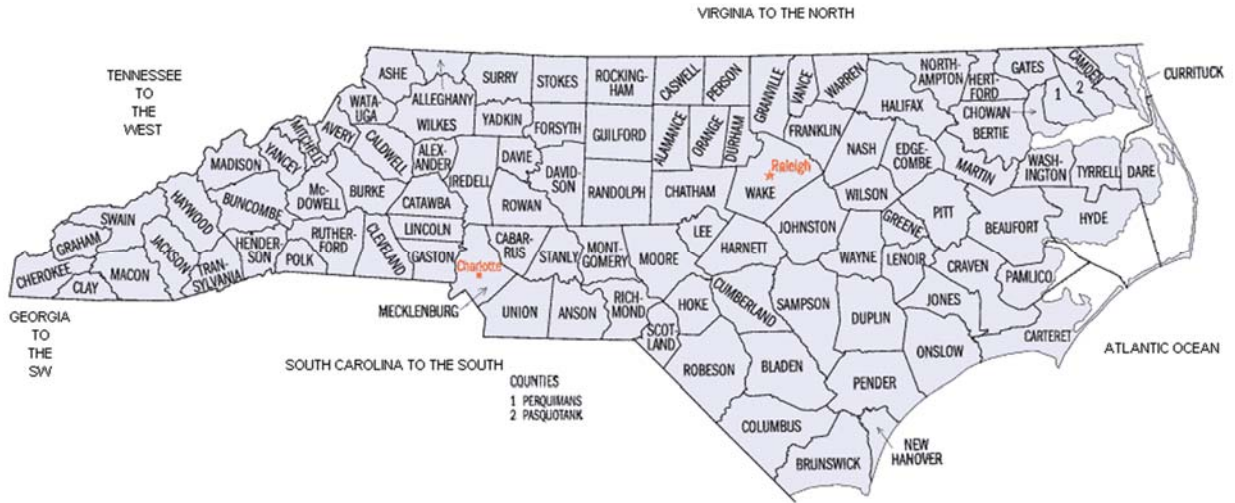
- No tiene seguro medico
- El seguro no cubría lo que necesitaba
- El costo del deducible del seguro era demasiado alto
- El doctor no aceptaba el seguro ni el Medicaid.

- 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)

- Consejero o terapeuta privado
- Grupo de apoyo
- Consejero de la escuela
- Otros (especificar)
- No sé
- Doctor
- Pastor o funcionario religioso

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.