



# **SAMPSON COUNTY COMMUNITY HEALTH ASSESSMENT**

**2014**

**SPONSORED BY**

**Sampson County Health Department  
Sampson Regional Medical Center  
Sampson County Partners for Healthy Carolinians**

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## EXECUTIVE SUMMARY

The Community Health Assessment, referred to as the CHA, is the foundation for improving and promoting the health of county residents. It is a fundamental tool of public health practice that aims to describe the health of the community by presenting information on health status, community health needs, resources, and other studies of current local health problems. The CHA seeks to: identify target populations that may be at increased risk of poor health outcomes and to gain a better understanding of their needs; assess the larger community environment; and understand how multiple factors relate to the health of individuals. It identifies areas where better information is needed, especially information on: health disparities among different subpopulations; quality of health care; access to care; and public health preparedness.

Through collaborative efforts among county leaders, public health agencies, businesses, hospitals, medical providers, academic institutions, and others interested in community health, residents can become aware of community strengths, health concerns, emerging health issues, and resources that are needed in the county to address the issues.

The CHA is the basis for all local public health planning, giving local health units the opportunity to identify and interact with key community leaders, organizations and interested residents regarding health priorities and concerns. The information forms the basis for improving the health status of the community through strategic planning.

Because it is good evidence-based public health practice, the CHA is required of public health departments in the consolidated agreement between the N.C. Division of Public Health and local public health departments. Furthermore, it is required for local public health department accreditation through the N.C. Local Health Department Accreditation Board. Every four years, local health departments and Healthy Carolinians groups across North Carolina are charged with the responsibility of conducting a Community Health Assessment (CHA) in their respective counties.

As of March 23, 2012, non-profit hospitals must also complete a CHA, known to hospitals as a Community Health Needs Assessment (CHNA). IRS Section 501(r) (3) requires a hospital organization to conduct a community health needs assessment every three years and adopt an implementation strategy to meet the community health needs identified through the assessment. The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health and must be made widely available to the public.

The Sampson County Health Department and Sampson Regional Medical Center have elected to work in collaboration on a CHA that addresses the requirements for each organization and more importantly, the overall health concerns impacting Sampson County.

The Community Health Assessment – CHA – uses both primary and secondary data to identify health trends, needed resources, and opportunities related to improving the health of Sampson County residents.

Primary data was collected through a 45-question survey tool provided by the Office of Healthy Carolinians that contained questions that addressed health related topics such as: medical concerns, diet/nutrition, exercise, tobacco use, alcohol consumption, access to care, lifestyle habits, etc. The purpose of the survey was to collect data that was representative of Sampson County’s residents; therefore, surveys were disseminated to a diverse population.

The survey tool was used to collect data, demographics, and other information from all participants, as well as public comments. Approximately 1,000 surveys were distributed and 809 were returned. The survey was available in hard copy and electronically via Survey Monkey. The final survey data provided insight regarding the factors that survey participants considered to be the highest priorities related to the health and well-being of Sampson County residents. These priorities are ranked from highest to lowest:

1. Chronic Diseases (40.0%)
2. Drugs/Alcohol (21.0%)
3. Obesity (19.0%)
4. Teen Pregnancy (4.0%)
4. Tobacco Abuse (4.0%)
5. Mental Health (3.0%)
6. Gangs/Violence (3.0%)
7. Child Abuse (2.0%)
8. Vehicle Crashes (1.0%)
9. Asthma/Lung Disease (1.0%)
10. Dental Health (1.0%)
11. Other (1.0%)

Secondary data is factual information collected by government and other credible sources. Data is compiled to provide statistical analysis of facts and figures as they relate to the health of Sampson County. For the purposes of the CHA, data was collected from a variety of sources, such as the North Carolina State Center for Health Statistics, the North Carolina Hospital Association, and the US Census Bureau. A summary of data collected about Sampson County residents includes: cancer death rates, heart disease death rates, diabetes death rates, teen pregnancy rates, and poverty rates.

Age Adjusted Cancer Death Rates (2008-2012)

North Carolina: 175.9  
Sampson County: 183.9

Age Adjusted Heart Disease Death Rates (2008-2012)

North Carolina: 174.4  
Sampson County: 191.4

Age Adjusted Diabetes Mellitus Death Rates (2008-2012)

North Carolina: 21.8  
Sampson County: 36.1

Teen Pregnancy Rates, 2012

North Carolina: 39.6  
Sampson County: 59.4

Poverty Percentage: All Ages, (2008-2012)

North Carolina: 16.8%  
Sampson County: 21.3%

The Sampson County Partners for Healthy Carolinians Task Force reviewed both the primary and secondary data. After thorough discussion, the Task Force used a scoring system to rank the top health priority, based on the magnitude and seriousness of the problem, as well as the feasibility of successful intervention by public health.

The top two health priorities are listed according to the highest scores as ranked by the Task Force:

1. Obesity: 145 Points
2. Chronic Disease: 133 Points

After discussion, Sampson County Partners for Healthy Carolinians recognized the role obesity plays in almost all Chronic Disease and decided to combine the two health concerns into one priority.

The Sampson County Partners for Healthy Carolinians Task Force recommended to the Sampson County Board of Health that the top health concern be addressed in the 2015 - 2019 Community Action Plans (CAP) by public health.

After review of the survey results, statistical data, and the recommendations of the Task Force, the Sampson County Board of Health approved Chronic Disease/Obesity as the health priority for which the health department will develop and implement a strategic plan.

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## *Background and Introduction*

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### **COMMUNITY HEALTH ASSESSMENT PROCESS**

The Community Health Assessment – CHA – process is a four-year cycle in which local health departments and Healthy Carolinians groups across North Carolina are charged with the responsibility of conducting a Community Health Assessment (CHA) in their respective counties. At the end of each 4 year cycle, the process begins again with the evaluation the interventions of the previous community health action plans and the identification of current health concerns, resources and development of new health action plans.

Community Health Assessments are the foundation for improving and promoting the health of the community. The role of the assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address those issues. Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, private practitioners, academic centers, and community agencies, the community can begin to answer questions relating to health status and available resources.

The CHA tool is an excellent resource for health professionals, businesses, organizations, and the community for the purpose of evaluating health resources, identification of health problems, developing strategies to address health concerns or problems, grant writing, and various reports.

### **COMMUNITY HEALTH ASSESSMENT TEAM**

The Sampson County Partners for Healthy Carolinians served as the CHA Team, which was responsible for overseeing the process and developing strategies for accomplishing the CHA. After initial strategy meetings, the CHA team developed a work group of individuals who represented various health, human service, education and other agencies throughout the county.

After collecting primary data, the CHA work group collected and analyzed secondary data. Once all data collection was complete, the Sampson County Partners for Healthy Carolinians Taskforce reviewed the information to determine Sampson County's top health priority.

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## *County Description*

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### **HISTORY OF SAMPSON COUNTY**

Sampson County was established in April 1784, by the North Carolina General Assembly from an area taken from neighboring Duplin County. Land from Wayne and New Hanover counties would be annexed later. Our early settlers were Scotch-Irish immigrants from North Ireland, many who came to the colony of North Carolina under the protection and inducements of Henry McCulloch, a wealthy London merchant. In 1745, McCullough obtained grants from the British Crown covering some 71,160 acres of land "lying and situated on the branches of the North East and Black River." The Scotch-Irish immigrants were soon joined by descendants of the Swiss colony in New Bern, and sometime later, pioneers from the northern states of New Jersey, Connecticut, and Massachusetts.

One of the many Scotch-Irish drawn to the county in search of rich farmland and flowing rivers was John Sampson. Sampson was Duplin County's first Register of Deeds. He served as a Lt. Colonel and then a Lt. General in the county's militia and was later the first mayor of Wilmington, North Carolina. Immigrating with John Sampson was his fifteen-year-old stepson, Richard Clinton. Like his stepfather, Richard Clinton soon distinguished himself in governmental and military service, serving as Duplin County's Register of Deeds for ten years, and then in the Provincial Congress held at Hillsboro. In 1776, Richard Clinton organized a company of militia minutemen from upper Duplin and led them as captain in the defense of Wilmington against the British. He was later appointed Colonel of Calvary and Brigadier General of the Fayetteville District. Upon the establishment of the state government of North Carolina by the Halifax Constitution of 1776, Richard Clinton served as one of the first members of the House of Commons, representing the County of Duplin. Clinton continued as a representative of Duplin County until the creation of Sampson County in 1784. Clinton secured the passage of the act creating the new county and proposed the name "Sampson" in honor of John Sampson, his stepfather and benefactor.

Other Sampson County historical figures include: William Rufus King, Ambassador to England and France and the 13<sup>th</sup> Vice President of the United States; Micajah Autry, who battled and died with Davy Crockett at the Alamo; Theophilus Homes, Lieutenant General in the Confederate Army and the highest ranking North Carolinian officer during the Civil War; James Kenan, planter, soldier and legislator; Robert Herring Wright, first President of East Carolina Teachers College; and James Franklin Highsmith, organizer of the Hospital Association of North Carolina and founder of Highsmith-Raney Hospital in Fayetteville.



## GEOGRAPHY

Sampson County is one of the largest counties in North Carolina and has eight incorporated towns: Roseboro, Autryville, Salemburg, Turkey, Garland, Harrells, Newton Grove, and Clinton. Sampson County stretches sixty miles long and thirty-five miles wide. At 963 total square miles, with two miles being water, Sampson County is just about the size of the State of Rhode Island but without a public transient system. The county is drained by the Black and South rivers, as well as Six Run Creek. Tucked into the southeast corner of the state known as the coastal plains, our picturesque county boasts gently rolling hills, rich farmland, and friendly, bustling communities.



### Clinton

Clinton is the oldest and largest municipality in Sampson County. Incorporated in 1852, the city is named for American Revolution General Richard Clinton. Clinton is the county seat of Sampson County. It is located in the center of the county and is the home of the main office of the Sampson County Health Department and the only hospital within the county, Sampson Regional Medical Center. In 2007, Clinton was recognized as an All-America city.

### Roseboro

Roseboro was incorporated in 1891, and is named after John M. Rose, the Secretary of the Cape Fear and Yadkin Valley Railway. Roseboro is 12 miles from the county seat of Clinton and 22 miles east of Fayetteville. The population figure for Roseboro is 1,441. It is the second largest town in Sampson County

### Autryville

Autryville was founded by Captain James L. Autry in 1890. Capt. Autry was instrumental in the location of the Cape Fear and Yadkin Valley Railroad through the town. He provided buildings for a church and school. Autryville is located 13 miles east of Fayetteville, 10 miles east of I-95, and 22 miles west of Clinton on Hwy. 24. According to the 2010 Census, the present population is 196.

### **Salemburg**

Salemburg was founded on the basis of religion and education. It was incorporated in 1905. Salemburg was named the first Model Community in the United States in 1914, by the Rockefeller Foundation. Salemburg is located on N.C. 242 between N.C. 24 and N.C. 24, 12 miles west of Clinton, 20 miles east of I-40, and 20 miles west of I-95.

### **Turkey**

Turkey sits on the east side of Sampson County, just before entering Duplin County. The Turkey Township was named for Turkey Creek, so called because of the larger number of turkeys in the region during Colonial times. Turkey was incorporated in 1913, and is the home of several farm related industries.

### **Garland**

Garland was incorporated on February 8, 1907, with one square mile under the town limits jurisdiction. Garland is located 17 miles south of Clinton, 11 miles north of White Lake and 36 miles southeast of Fayetteville. Highways include U.S. 701, N.C. 411, and N.C. 210. The population figure for Garland is 625, with approximately 307 residential dwellings. While the town only occupies one square mile, it is home to approximately 45 small businesses.

### **Harrells**

Harrells straddles Sampson and Duplin Counties. It was incorporated in 1943, as Harrells Store. The town changed its name to Harrells in 1952. The southern-most town in Sampson County, it is home to Harrells Christian Academy, the county's largest private school.

### **Newton Grove**

Newton Grove is located at the northern end of Sampson County. It was first incorporated in 1879, and again in 1935. Newton Grove is 40 miles southeast of Raleigh, 30 miles east of Fayetteville and 25 miles west of Goldsboro. Major roads are U.S. 13, NC 701, and NC 50-55. I-40 runs around the southwest side of Newtown Grove. This town enjoys easy access to some of the fastest growing metropolitan areas in the southeast.

## INTERSTATES, HIGHWAYS, AND MAIN ROADS

Sampson County is minutes from the intersection of two major U.S. interstate highways, I-40 and I-95. I-40 runs east/west through Sampson County and stretches a total of 2,500 miles from coast to coast. I-95 is a north/south interstate that stretches from Miami to Maine. In addition to interstate access, Sampson County has three major US Highways as well—US HWY 701, US HWY 421 and US HWY 13.



This excellent road network and our central east coast location allows Sampson County residents easy access to major attractions and destinations in as little as 45 minutes. Or, residents can enjoy short day trips that will take them across the state in just a few hours. Sampson County's roads provide convenient access to the state's capitol city, shopping malls and outlets, museums, beaches, and regional and international airports.

## NEIGHBORING COUNTIES

Counties adjacent to Sampson County include Bladen, Duplin, Wayne, Pender, Cumberland, Johnston, and Harnett.



## DEMOGRAPHICS

An outstanding quality of life and a great location on Interstate 40—near the I-95 interchange—has helped fuel the growth of Sampson County and its eight towns to just over 64,000 people.

But you'll never feel claustrophobic here. At 963 square miles, Sampson County is one North Carolina's largest counties by land mass. In fact, its impressive size and location in the fertile coastal plain combine to make it one of the most productive agricultural counties in the Southeast.

In 2013, Sampson County had an estimated population of 64,150. Females account for 51% of the population while males account for 49%. The population by race is approximate as listed: 56.7% are White, 27% are Black or African American, 2% are American Indian and Alaska Native, and 16.5% are Hispanic or Latino (of any race) (Figure 2). The county's population by ethnicity is approximate as listed: 16.5% are Hispanic or Latino and 83.5% are Non-Hispanic or Latino (Figure 3). The two largest age groups among residents are those under age 18 and those between ages 35-49. Approximately 16,277 residents are under age 18 and 13,083 are between ages 35-49 (Figure 5). From April 2010 to July 2012, Sampson County had a 1.18% increase in population according to municipal estimates.

Median household income is the middle income of all households; half of the households earn more, and half earn less than the median. Household income is the total income of all earners over age 15 living in a household. In 2011, the median household income for Sampson County was \$36,471 compared to the state's median household income of \$44,028 (Figure 8; Table 1).

Per capita income is the income per person in a population. Sampson County's per capita from 2008-2012 was \$19,570 compared to the state's per capita of \$25,285. Sampson County's per capita income is higher than all of its peer counties (Figures 6 & 7).

The homeownership rate in the United States in 2013 remained similar to that in other post-industrial nations with 65% of all occupied housing units being occupied by the unit's owner. Homeownership rates vary depending on demographic characteristics of households such as ethnicity, race, type of household, as well as location and type of settlement.

Total housing units in Sampson County is 27,234 with over 16,000 housing units being owned. There are approximately 7,317 individuals renting homes and 3,229 vacant homes in the county (Table 3).

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## *Health Data Collection Process*

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The Community Health Assessment (CHA) requires community input (primary data collection) and secondary data to identify health-related trends and other factors that affect the health and well-being of Sampson County residents. This information is shared with multiple partners throughout the county to assist with planning interventions that address citizen concerns.

The CHA process began with the formation of a CHA Team responsible for overseeing the process and developing strategies for accomplishing the CHA. After initial strategy meetings, the CHA team developed a work group of individuals who represented various health, human service, education and other agencies throughout the county.

The work group began first by collecting primary data. Surveys were distributed to multiple sites in the county, including senior nutrition sites, health fairs, churches, libraries, physician offices, the hospital, work sites, the local community college, and area high schools. Approximately 1,000 surveys were distributed, and 809 were returned, either by hard copy or electronic submission on Survey Monkey.

After collecting primary data, the CHA work group collected and analyzed secondary data. Once all data collection was complete, the Sampson County Partners for Healthy Carolinians Taskforce reviewed the information to determine Sampson County's top health priority. This recommendation was presented to the Sampson County Board of Health for approval.

The Sampson County Board of Health reviewed the process and survey information, then approved the priority, which will be submitted to the N.C. Division Public Health. The CHA is then finalized and printed for presentation to the Sampson County Board of Commissioners. The CHA will be made widely available to the public in both electronic and hard copy form. Printed copies of the document will be disseminated to members of the Board of Health and multiple other partners throughout Sampson County, including the Sampson County Manager's Office, Sampson Regional Medical Center, Sampson County Partners for Health Carolinians, Sampson County Emergency Management, county law enforcement agencies, Sampson County Department of Social Services, and the Department of Aging. It will also be made available at the Sampson County Health Department and local libraries. The document will available electronically on the websites of: Sampson County Government, Sampson County Partners for Healthy Carolinians, and Sampson Regional Medical Center.

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## Health Data Results

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### OVERVIEW

General health status measures the health of a whole population. These measures tell how healthy the general population is. Throughout the years, Healthy People, Sampson County Health Department, Sampson Regional Medical Center, Sampson County Partners for Healthy Carolinians, and other community partners have assessed the general health status of Sampson County residents by monitoring life expectancy, physically and mentally unhealthy days, self-assessed health status, limitation of physical activity, and leading causes of death.

Sampson County residents' responses to the Community Health Assessment survey questions related to their general health were:

**Question 15:** *Would you say in general your health is...* Approximately 34.8% answered "good", 34.3% answered "very good", and 15.3% answered "fair."

**Question 17:** *In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal day or activities?* Approximately 68.5% answered "no" and 25.6% answered "yes."

**Question 18:** *In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?* Approximately 69.1% answered "no" and 27.0% answered "yes."

### MORTALITY

#### Leading Causes of Death

The five leading causes of death among all ages in Sampson County by death rates are heart disease, cancer, cerebrovascular disease (stroke), chronic lower respiratory diseases, and other unintentional injuries (Table 4). Compared to the 2011 CHA, these leading causes of death are the same.

Certain known risk factors contribute to a number of different diseases and can result in death. Most causes of death are the result of preventable risk factors, such as smoking, poor diet, physical inactivity, and sexual behavior.

Cancer, heart disease, and stroke have been in the top three leading causes of death in Sampson County for the last decade.

The top leading causes of death among infants, children, teens, and young adults include: conditions originating in the prenatal period; congenital abnormalities (birth defects); motor vehicle injuries; and other unintentional injuries (Tables 5 & 6). Among middle-age and senior adults, the leading cause of death is cancer (Tables 7 & 8). The leading cause of death trends toward heart disease among elderly adults (Table 9). Compared to the 2011 CHA, these leading causes of death were the same except among infants, children, teens, and young adults where unintentional injuries replaced homicide.

### **Race and Sex-Specific, Age-Adjusted Death Rates (North Carolina Total, 2009-2012)**

Among all groups (male/female, white/minority) cancer ranks as the highest cause of death compared to the 2011 CHA in which heart disease ranked highest (Figures 10-13). Cancer and heart disease are two of the top five causes of death among females, regardless of race. Cerebrovascular disease (stroke) is the third leading cause of death among minority males and females while chronic lower respiratory diseases are the third leading cause of death among white males and females.

The top five causes of death among white males in North Carolina are, in order: cancer; heart disease; chronic lower respiratory diseases; other unintentional injuries; and cerebrovascular disease (Figure 10).

The top five causes of death among minority males are, in order: cancer; heart disease; cerebrovascular disease; diabetes mellitus; and chronic lower respiratory diseases (Figure 11).

The top five causes of death among white females are, in order: cancer; heart disease; chronic lower respiratory diseases; cerebrovascular disease; and Alzheimer's disease (Figure 12).

The top five causes of death among minority females are, in order: cancer; heart disease, cerebrovascular disease; diabetes mellitus; and nephritis/nephrotic syndrome/nephrosis (Figure 13).

### **Infant Mortality**

Sampson County's total infant death rate has remained above the state's average for over a decade. Since the 2007 CHA, North Carolina's infant mortality rate has steadily decreased while Sampson County's rate has continuously increased. According to the 2011 CHA, Sampson County's infant death rate was 10.6 which was higher than the North Carolina's rate of 8.3. Currently, Sampson County's infant death rate has increased to 11.9, while the state's rate decreased to 7.5 (Figure 14).

## MORBIDITY/DISEASES

### Chronic Diseases

Chronic diseases, such as heart disease, stroke, cancer, diabetes, obesity, and arthritis are the leading causes of death and disability in the United States. As of 2012, about half of all adults (117 million people) have one or more chronic health conditions. Heart disease and cancer together accounted for nearly 48% of all deaths. These diseases also cause major limitations in daily living for people. Chronic diseases are among the most common, costly, and preventable of all health problems in the U.S.

According to the Community Health Assessment survey, Sampson County residents responded to the following survey question about certain health conditions:

**Question 16:** *“Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?”* The percentage of participants that answered “Yes” are as follows: 5.0% - heart disease; 6.4% - cancer; 10.1% - diabetes; 22.8% - high blood pressure; 28.4% - high cholesterol; 30.6% - overweight/obesity.

### Heart Disease

Heart disease is the number one cause of death in the United States and in Sampson County. The most common type of heart disease is coronary artery disease (CAD), which can lead to a heart attack. Heart disease is the leading cause of death for both men and women. Every year about 515,000 Americans have a first heart attack; another 205,000 heart attacks happen in people who have already had one. (Center for Disease Control, 2014).

Coronary heart disease alone costs the United States \$108.9 billion each year. This total includes the cost of health care services, medications, and lost productivity. The risk for CAD can be greatly reduced through lifestyle changes and, in some cases, medication.

Observation:

- There were 671 deaths in Sampson County from 2008-2012 due to heart disease (Table 4).
- Sampson County’s heart disease rate exceeds North Carolina’s rate (Figure 15).
- African American males have the highest heart disease rates (Figure 16).
- While exceeding the state’s heart disease rate does seem to be a trend, Sampson County has seen a decrease since the 2011 and 2007 CHA’s.

### Cancer

Cancer is the leading cause of death in North Carolina and the second leading cause of death in Sampson County. Cancer is a disease in which abnormal cells divide without control and are



able to invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. Cancer is not just one disease, but many diseases. There are more than 100 different types of cancer (Center for Disease Control, 2010).

The number of new cancer cases can be reduced, and many cancer deaths can be prevented. According to the Center for Disease Control (2010), research shows that screening for cervical and colorectal cancers as recommended helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous. Screening for cervical, colorectal, and breast cancers also helps find these diseases at an early, often highly treatable stage.

Observation:

- There were 669 deaths in Sampson County from 2008-2012 due to cancer (Table 4).
- Sampson County's female breast cancer mortality rate has declined since the 2011 CHA and is now lower than the state's rate (Figure 20).
- When compared to the 2011 CHA, cancer death rates for African American males and white females decreased while the death rate for white males increased (Figure 22).
- The county is expected to have a total of 139 cancer deaths in 2014 (Table 10).

### **Cerebrovascular Disease**

Cerebrovascular disease (stroke) is the third leading cause of death in Sampson County, whereas it is the fourth leading cause of death in North Carolina and the United States. Stroke is also the leading cause of serious long-term disability (Center for Disease Control, 2010).

Anyone can have a stroke, but certain behaviors and medical conditions can greatly increase the risk. According to the Center for Disease Control (2010), medical conditions such as high blood pressure, high cholesterol, heart disease, diabetes, overweight/obesity, and previous strokes can strengthen the risk for stroke. Engaging in behaviors of smoking, drinking too much alcohol, and not getting enough exercise can lead to several medical conditions. Having a family history of stroke, old age, being a male and of minority descent increases the risk of having a stroke as well.

Observation:

- Stroke is the third leading cause of death in Sampson County, which resulted in 183 deaths (Table 4).
- Sampson County's stroke death rate is significantly higher than the state's rate (Figure 23).
- The county's African American males and females have an extremely higher stroke death rate than the white population (Figure 24).

## **Diabetes**

Diabetes is a disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood (Center for Disease Control, 2010).

Diabetes can cause serious health problems including heart disease, blindness, kidney failure, and lower-extremity amputations. Risk factors for diabetes include the following: being overweight or obese; having a parent, brother, or sister with diabetes; being African American, American Indian, Asian American, Pacific Islander, or Hispanic American/Latino heritage; having a prior history of gestational diabetes (having diabetes while pregnant) or birth of at least one baby weighing more than 9 pounds; having high blood pressure measuring 140/90 or higher; having abnormal cholesterol with HDL ("good") cholesterol of 35 or lower, or triglyceride level of 250 or higher; being physically inactive—exercising fewer than three times a week; and having unhealthy eating habits (Center for Disease Control, 2010).

### Observation:

- Diabetes is the sixth leading cause of death in Sampson County. There were 128 deaths in Sampson County from 2008-2012 (Table 4).
- Sampson County's diabetes death rate is higher than North Carolina's rate (Figure 25).
- African American males and females have higher death rates (Figure 26).

## **Communicable Diseases**

Public health came into existence for the purpose of controlling the spread of disease, and disease control has remained one of the prime directives. Vaccination has led to the worldwide eradication of smallpox, and polio may soon disappear completely. Vaccine-preventable diseases such as measles, mumps, rubella, and pertussis are increasingly rare; although, these serious diseases still afflict unprotected Sampson County children every year. The health department is responsible for surveillance of all communicable diseases reported in the county.

From 2009-2012 Sampson County Health Department reported 142 cases of communicable diseases with Salmonellosis having the highest number of cases (76) and Campylobacter Infection having the second highest number of cases (35). According to the 2007 and 2011 CHA's, Salmonellosis had the highest number of reported cases, which continues to be a trend (Table 11).

Approximately fifteen (15) cases of Hepatitis B (acute, chronic, perinatal) and eleven (11) cases of Influenza were reported in Sampson County from 2009-2012 (Table 12).

## **Tuberculosis (TB)**

Observation:

- Sampson County's Tuberculosis (TB) cases have been exceeding the state TB rates since 2008 (Figure 27). There was a decrease in Sampson County's TB rates from 2011 to 2012.

## **Sexually Transmitted Diseases**

Sexually transmitted diseases (also known as STDs or STIs for "sexually transmitted infections") are infectious diseases that spread from person to person through sexual contact. STDs can affect males and females of all ages and backgrounds who are having unprotected sex.

STDs probably have been around for thousands of years, but the most dangerous of these conditions, the Acquired Immunodeficiency Syndrome (AIDS), has only been recognized since 1984. Many STDs are curable. STDs can be present in, and spread by, people who do not have any symptoms of the condition and have not yet been diagnosed with an STD. Therefore, public awareness and education about these infections and the methods of preventing them is important.

Local health departments are responsible for the direct delivery of STD and HIV prevention and control services. These activities include providing clinical services, education and awareness efforts and monitoring disease trends through surveillance and epidemiology.

### ***Syphilis***

Observation:

- Compared to peer counties (Columbus, Duplin, Halifax), Sampson County's syphilis rate ranked second in 2011 (Figure 29).
- According to NCEDD, Sampson County treated 9 cases of syphilis in 2013. Of those cases, there were 5 African Americans, 2 Hispanics, and 2 Caucasians.

### ***Gonorrhea***

Observation:

- At the time of the 2011 CHA, North Carolina's rate barely exceeded the county's rate. Now, Sampson County's rate exceeds North Carolina's rate (Figure 30).
- Compared to peer counties, Sampson County's gonorrhea rate was the highest in 2011 (Figure 31).
- According to NCEDD, Sampson County treated 104 cases of gonorrhea in 2013. The majority of cases were African American males with a median age of 20-24.

## ***Chlamydia***

### Observation:

- From 2007-2011, Sampson County's chlamydia rate was lower than the state's rate (Figure 36).
- There were 278 reported cases in 2011 compared to 193 reported cases in 2012.
- Compared to peer counties, Sampson County had the lowest chlamydia rates from 2007-2009. Sampson County had the 3<sup>rd</sup> highest rates in 2010 and the 2<sup>nd</sup> highest in 2011 (Figure 37).
- There were 249 chlamydia cases in Sampson County in 2013 according to NCEDDS. Majority of cases were African Americans.

## ***Human Immunodeficiency Virus (HIV)***

### Observation:

- According to the 2011 HIV/STD Surveillance Report, Sampson County ranks 26<sup>th</sup> in the state for HIV cases.
- Sampson County had 6 diagnosed HIV cases in 2011.
- As of December 31, 2012, there were 150 documented individuals living with HIV in Sampson County compared to 142 documented individuals as of December 31, 2011.
- Sampson County's rate has dramatically decreased since 2010 and is much lower than North Carolina's rate (Figure 32).
- When compared to peer counties, rates for each county have declined since 2010 with the exception of Halifax County (Figure 33).
- According to NCEDSS, there were 2 cases of HIV diagnosed in Sampson County in 2013. One case was male and one case was female.

## ***Acquired Immune Deficiency Syndrome (AIDS)***

### Observation:

- According to the 2011 HIV/STD Surveillance Report, Sampson County ranks 36<sup>th</sup> in the state for AIDS cases.
- Sampson County had 6 diagnosed AIDS cases in 2011.
- As of December 31, 2012, there are 73 individuals living with AIDS in Sampson County compared to 68 individuals as of December 31, 2011.
- Both North Carolina and Sampson County AIDS rates fluctuated between 2007 and 2011. In 2011, Sampson County's rates were higher than the state's (Figure 34).
- Sampson, Duplin, and Halifax counties all had a rate increase from 2010 to 2011. Columbus County had a rate decrease (Figure 35).
- According to NCEDDS, there was 1 reported case of AIDS in Sampson County in 2013. This case was a Hispanic female.

## **Obesity**

### ***Obesity and Overweight Ranges Among Adults***

Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems such as heart disease, cancer, diabetes, high blood pressure, high cholesterol, and stroke.

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). An adult who has a BMI between 25 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese.

Observation:

- Sampson County's adult obesity percentage continues to exceed the state's percentage (Figure 40).
- Sampson County ranks third among peer counties for adult obesity, whereas, according to the 2011 CHA, Sampson County exceeded all peer counties (Figure 41).

### ***Obesity and Overweight Ranges Among Children***

Childhood overweight and obesity is measured by BMI. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.

A child's weight status is determined using an age and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

For children and adolescents (ages 2-19) overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Obese children are more likely to develop diabetes, breathing problems such as sleep apnea or asthma, high blood pressure and cholesterol which cause heart disease, fatty liver disease, gallstones, heartburn, and poor self-esteem, which can expand into adulthood (Center for Disease Control, 2010).

Observation:

- In 2009, 19.7% of Sampson County's children ages 2-18 years of age were overweight compared to 16.2% of North Carolina's children (Figure 39).
- In 2009, 19.1% of Sampson County's children were obese (Figure 39).

## **Oral Health**

Dental public health's "patient" is the community, so the Oral Health Section must survey individuals in a community to determine the overall oral health of that community. The data from both *epidemiological surveys* and from *school oral health assessments* are used to provide baseline data for planning programs to prevent oral disease and to provide oral health education to our citizens.

Each year, approximately 200,000 elementary children participate in dental screenings, also called school oral health assessments. Public health dental hygienists screen for tooth decay and other disease conditions in individuals. The hygienists refer children who have dental problems and need dental care to public or private practice dental care professionals.

### ***School Level Oral Health Status Data, Kindergarten, 2009-2010***

Observation:

- Fewer Sampson County kindergarteners participated in the school oral health screenings compared to the 2011 CHA.
- Sampson County's decayed missing filled teeth (DMFT) percentage is below the state's percentage (Table 15).
- Sampson County's decayed teeth percentage is slightly higher than the state's percentage (Table 15).

### ***School Level Oral Health Status Data, Grade 5, 2009-2010***

Observation:

- Fewer Sampson County fifth graders participated in oral health screenings compared to the 2011 CHA.
- Approximately 21% of Sampson County's elementary students have sealants (Table 16).

## **Maternal Health**

Pregnancy and childbirth have an enormous impact on the physical, mental, emotional, and socioeconomic health of women and their families. It is essential that women improve their health before, during, and after pregnancy and reduce both short and long-term complications. It is Sampson County's goal to help ensure that all women have a safe and healthy pregnancy.

Observation:

- Sampson County's teenage pregnancy rates have decreased since the 2011 CHA, but remain higher than North Carolina's rates (Figure 42).

- Hispanics have the highest teenage pregnancy rates while whites have the lowest (Figure 43).
- Sampson County has the highest teenage pregnancy rates compared to peer counties (Figure 44).
- Sampson County's African American population has the highest percentage of low birth weights, and it is higher than the state's percentage (Figure 45).
- Sampson County's percentage of short interval live births is higher than the state's rate (Figure 46).
- Sampson County's Hispanic race has the most live birth rates (Figure 47).
- The percentage of Sampson County women that delivered by cesarean section is higher than North Carolina's percentage (Table 17).
- Sampson County's fetal death rate exceeds North Carolina's rate (Figure 48).
- Approximately 13.5% of women in Sampson County reported smoking during pregnancy compared to 10.6% of women in North Carolina (Table 18). According to the 2011 CHA, 10.6% of women in the county reported smoking during pregnancy compared to 11.0% of women in North Carolina.

### **Child Health**

Children are our future and ensuring their healthy growth and development is a concern for the individual and the community. Newborns and children are vulnerable to malnutrition and infectious diseases, many of which can be effectively prevented or treated.

During early childhood, children experience fast growth which is influenced by their environment. Many challenges faced by adults, such as mental health issues, obesity, heart disease, crime, and poor literacy can be traced back to early childhood.

Observation:

- Sampson County's estimated percent of uninsured children decreased in 2010-2011 (Figure 49).
- In 2011, Sampson County had more children without health insurance compared to children in North Carolina (Figure 50).
- Sampson County's percentage of children receiving free or reduced lunch has exceeded North Carolina's percentage since 2008 (Figure 51).
- Compared to peer counties, Sampson County had the lowest percentage of children receiving free or reduced lunch from 2008-2010 and again from 2011-2012 (Figure 52).

## MENTAL HEALTH

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Many factors contribute to mental health problems, including: biological factors, such as genetics or brain chemistry; life experiences, such as trauma or abuse; family history of mental health problems. Help is available for people with mental health problems.

According to the Community Health Assessment survey, Sampson County residents responded to the following survey questions about mental health:

**Question 5:** *“In your opinion, what is the biggest health issue of concern in your community?”* Approximately 21% of respondents answered “Drug/Alcohol Abuse.” This choice ranked second among top ten priorities of the survey.

**Question 11:** *“In your opinion, which one health behavior do people in your own community need more information about?”* Approximately 11% answered “substance abuse prevention,” 5% answered “tobacco use prevention” and roughly 1% answered “suicide prevention.”

**Question 14:** *“Which of the following health topics do you think your child/children need(s) more information about?”* Of the responses, 32.4% indicated “drug abuse,” 21.2% indicated “alcohol,” and 15.6% indicated “tobacco,” approximately 12.8% chose “suicide prevention” and 8.3% chose “mental health.”

**Question 16:** *“Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?”* Approximately 21.4% answered “Yes” for depression.

From 2010-2013, approximately 2,558 Sampson County residents served in one of the following: State Mental Health Development Centers, NC Alcohol and Drug Treatment Centers, and/or Area Mental Health Programs (Table 19). When a resident or member of their family has a behavioral health concern, the first step is to contact the Local Management Entity (LME). Eastpointe is the LME that serves residents in a region comprised of 12 counties including Sampson County. Eastpointe manages, coordinates, and monitors mental health, intellectual/developmental disabilities, and substance use/addiction services within the region.



## HEALTH CARE

### **Sampson Regional Medical Center**

Sampson Regional Medical Center (SRMC) is a progressive healthcare facility that serves the medical needs of Sampson County and surrounding areas. Opened in 1950, SRMC's 146-bed facility is accredited by The Joint Commission and provides a full range of medical services—from outpatient surgery, radiology and nuclear medicine to cardiopulmonary and pediatrics. The hospital also operates a number of outpatient services and medical practices, including Sampson Home Health, Outpatient Diagnostics Center, Outpatient Rehabilitation Center, The Center for Health + Wellness, Sampson Internal Medicine, Sampson Women's Center, Carolina Pain Center, Clinton Urgent Care, Wound Care & Hyperbaric Center, and Rest Assured Sleep Lab.

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, oncology, and ophthalmology. The skilled and competent physicians associated with SMRC are 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 services and opportunities to improve access to care.

SRMC is committed to improving the health of the community. The hospital offers free outpatient education classes, support groups, health fairs, and wellness classes throughout the year. Sampson Regional Medical Center serves its neighbors and friends in Sampson County by providing comprehensive hospital and community-based services that preserve and restore health, provide comfort, and maintain dignity for all who seek care.

### **Insurance Coverage Rates**

A large number of county residents are uninsured or underinsured. According to the community survey conducted as part of the Community Health Assessment process, the lack of insurance or inadequate insurance appears to be one of the greatest barriers to access to healthcare in Sampson County.

Question 6 in the community survey asked: "In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment?" Almost 60% of respondents named "lack of insurance/unable to pay" as the main reason why people keep from seeking medical treatment.

Question 30 asked about problems that prevented the survey respondent or a family member from getting necessary health care. Just over 30.9% responded "no health insurance," and 13.6% said insurance didn't cover what they or the family needed.

Question 27 asked: "What is your primary health insurance plan?" Of the responses, 10.9% indicated they have no health plan of any kind. Approximately 3.2% named a military,

government, or Indian health services plan. Together, Medicare/Medicaid accounted for 21.2% of responses. Other options such as a state employee health plan, Blue Cross & Blue Shield, or other private health insurance plans accounted for 58.8% of responses. The remaining percentage either did not respond or were unsure about their source of health insurance.

While survey respondents indicated options such as a state employee health plan, Blue Cross & Blue Shield, or other private health insurance plans as their primary health insurance plan, Sampson Regional Medical Center's payer mix is largely made up of Medicare and Medicaid insured patients. The two together account for more than 60% of the hospital's payer mix. Blue Cross & Blue Shield and other commercial insurers account for just about 25% of the payer mix, while self-pay and other payers combine for about 9-10%. Medicare payers have increased at the hospital since 2010, while Medicaid payers have decreased (Figure 53). Medicare patients are on the rise due to an aging population. The oldest of the baby boomers are now qualifying for Medicare. Blue Cross & Blue Shield insured patients have decreased since 2007, also explained by aging adults who are now eligible for Medicare. The category labeled "other" includes payers such as worker's compensation and insurances through other government, military, or Indian services plans.

### **Barriers to Access to Healthcare**

The major barriers to access to care at Sampson Regional Medical Center are often consistent with the same barriers reported through the community survey conducted as part of the Community Health Assessment. The hospital is situated in Clinton, the center of Sampson County. Although there are a few private practices and Federally Qualified Health Centers (FQHCs) in some of the other municipalities, access to most specialists and hospital-based services is limited to Clinton. As a result, many patients must travel out of Sampson County to access the nearest hospital, or they must travel up to thirty minutes to Clinton. Question 6 in the community survey asked: "In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment?" Only 2.3% indicated that health services are too far away, but 4.3% selected transportation as the main reason that keeps people from seeking medical care. These results were expected considering there is no public transportation in Sampson County. It would be fair to note that more survey respondents may have answered the same had the question allowed multiple selections.

Another barrier to access to care includes the availability of primary care physicians or specialists who are accepting new patients and the ability to schedule more immediate appointments. Question 28 of the CHA survey asked: "In the past 12 months, did you have a problem getting the health care you needed personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?" About 13% of respondents answered yes. Question 29 of the survey asked: "What type of provider or facility did you or your family have trouble getting health care from?" (Figure 54).

### **Causes of Emergency Room Visits**

Chief causes of emergency room visits include abdominal pain, backache, fever, joint/limb pain, shortness of breath, weakness or fatigue, chest pain, headache, cough, throat pain, vomiting,

earache, and rash. The top 20 common causes of emergency room visits at Sampson Regional Medical Center are identified in Table 20.

The reasons for emergency room (ER) visits vary according to age and gender, although, for both males and females, the top two causes are chest pain and limb/joint pain (Tables 21 & 22). Children and teens ages 0-17 most commonly visit the ER for fever and cough (Table 23), and adults ages 18-34 visit the ER more often for headache, limb/joint pain and abdominal pain (Table 24). There is a mix of top causes for adults ages 35 - 65+ that include: headache, limb/joint pain, shortness of breath and chest pain (Tables 25 & 26).

### **Satisfaction with Healthcare**

Measurements of patient satisfaction are key to improving the delivery of healthcare. Sampson Regional Medical Center measures patient satisfaction using a third party, Press Ganey. The Press Ganey patient survey tool is used throughout the nation by hospitals of all sizes to measure how patients feel about a hospital's performance. Sampson Regional Medical Center routinely sends surveys to a random sample of both inpatients and outpatients (Figures 55 & 56). The hospital monitors survey feedback to identify opportunities for improvement and to address patient concerns.

The survey asks patients to evaluate the hospital using a five-point scale (1 being very poor to 5 being very good) for various areas that impact patient care. The following are examples of questions asked, grouped in bullets by area.

- Speed of admission, courtesy of person admitting, pre-admission process
- Pleasantness of room décor, room cleanliness, courtesy of person cleaning room, room temperature, noise level in and around room, TV call button etc. worked
- Special/restricted diet explained, temperature of the food, quality of the food, courtesy of person serving food
- Friendliness/courtesy of the nurses, promptness of response to call, nurses' attitude toward requests, attention to special/personal needs, nurses kept you informed, nurses, skill of the nurses
- Wait time for tests or treatments, concern for comfort during testing and treatment, explanations of what will happen during testing and treatment, skill of person who took blood, courtesy of person taking blood, skill of person who started IV, courtesy of person who started IV
- Helpfulness of people at information desk, accommodations and comfort for visitors, staff attitude toward visitors, information given to family about condition and treatment, ease of parking
- Time physician spent with you, physician concern for questions/worries, physician kept you informed, friendliness/courtesy of physician, skill of physician

- Extent to which patient felt ready for discharge, speed of discharge process, instructions for care at home, help arranging home care services
- Staff concern for your privacy, staff sensitivity to inconvenience, how well your pain was controlled, staff addressed emotional needs, response toward concerns/complaints
- Overall cheerfulness of hospital, staff worked together to care for you, likelihood of recommending hospital, overall rating of care given, professional appearance of employees

## **DETERMINANTS OF HEALTH**

Many issues combine together to affect the health of individuals and communities. Whether people are healthy or not is determined by their circumstances and environment. To a large degree, factors such as where we live, the state of our environment, genetics, income, education level, and our relationships with friends and family all have a huge influence on health; whereas, the more commonly considered factors such as access and use of health care services often have less of an impact.

The backgrounds of people's lives determine their health; therefore, blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to control many of the determinants of health. Determinants, or things that make people healthy or not include social environment, financial/economic factors, individual behaviors, and the physical environment.

### **Social Environment**

#### ***Education***

Education is the process of learning and acquiring information. Generally, education is important for learning basic life skills, as well as learning advanced skills that can prepare children and adults for a successful future.

Sampson County has two school districts: Clinton City and Sampson County schools. Clinton City has a total five schools within its district: 1 high school, 1 middle school, and 3 elementary schools (Tables 28 & 29). Sampson County has a total of 16 schools within its district: 4 high schools, 4 middle schools, and 9 elementary schools (Tables 30 & 31). Sampson County also has three private schools: Harrells Christian Academy, Mintz Christian Academy, and Spirit of Life Christian Academy.

## ***Higher Education***

Sampson County has three institutions to explore an opportunity for higher learning, Sampson Early College High School, Sampson Community College, and the NC Justice Academy. Seeking further education can be beneficial. Reportedly, college graduates make higher pay than high school graduates, and more employers are seeking college graduates. Increased schooling produces better verbal skills that can lead to managerial positions, and attending college leads to more career and job opportunities. Graduating from an institute of higher learning is paramount in making a difference in the person's health.

### ***Sampson Early College***

Sampson Early College High School (SECHS) is a school of choice for high school students in Sampson County, serving Sampson County and Clinton City School Systems. SECHS provides a personalized learning environment bridging the gap between high school and college, emphasizing adult-student relationships through rigorous and relevant instruction. SECHS graduates will earn their high school diploma and an associate degree or 2 years of college credit in a rigorous college environment while attending high school.

SECHS is located on Sampson Community College Campus. The program receives funding through Learn & Earn and is supported by the New Schools Project, the Department of Public Instruction, the NC General Assembly, and the State Board of Education.

### ***Sampson Community College***

Sampson Community College is the only post-secondary institution in our county serving thousands of adult citizens annually. Sampson Community College's extension and annual full-time unduplicated enrollment has steadily increased since the 2009-2010 academic year (Table 33). The major reasons students give for attending and graduating from Sampson Community College are to increase their earning and employment potential, save money, and convenience of the location (Table 34).

Sampson Community College continues to grow and serve the myriad needs of our county. Our citizens recognize that high quality technical education is expensive, but it yields high dividends in our county's economic development. Because Sampson Community College belongs to the people of Sampson County, it is truly their college at home!

### ***NC Justice Academy***

The North Carolina Justice Academy, a law enforcement training institution, is one of six divisions of the NC Department of Justice under the administration of Attorney General Roy Cooper. The Justice Academy is charged with the task of improving the professionalism and effectiveness of local, regional and state criminal justice personnel throughout the state, through training and support.

The Justice Academy is located in Salemburg - Sampson County - approximately 25 miles east of Fayetteville, 60 miles south of Raleigh, and 70 miles northwest of Wilmington. The Academy opened a Western Campus in September 1998 in Edneyville - Henderson County. Edneyville is located approximately 25 miles south of Asheville and 7 miles east of Hendersonville.

The Eastern campus covers approximately 100 acres and consists of nineteen classrooms, three dormitories, a cafeteria, a driving track, three firing ranges, a gymnasium, and a learning resource center. Two of the classrooms have computer labs and one is a CSI lab with an adjoining one bedroom apartment for evidence collection. The gymnasium includes a weight room, basketball court, running track, and mat room. In 2012, the Powell House was outfitted with three driving simulators to be used for training. The Academy also has its own video production center and a print shop.

The Western Campus covers approximately 23 acres and consists of 5 modern classrooms, cafeteria, gymnasium, defensive tactics facility, law enforcement operations center classroom (including jail cells and interview/interrogation rooms), computer classroom, distance learning room, media unit, and a dormitory and a new firing range.

Growth at the Justice Academy has been phenomenal. For fiscal year 2012-2013, the Justice Academy trained 7,913 students on-campus, 5,211 students off-campus, and 7,212 students were trained by other agencies on-campus for a grand total of 19,819.

### ***Tarheel Challenge***

North Carolina's Tarheel Challenge Academy is a quasi-military program that offers educational opportunities and guidance for high school dropouts or expellees. The Program concentrates on providing these young adults with the education, discipline and life skills necessary to be productive members of society.

The North Carolina National Guard sponsors the Tarheel Challenge Academy, located in Salemburg in Sampson County. However, there are no military obligations for attending the Tarheel Challenge Academy. Cadets are free to choose military service as one of their options, but are not required to do so.

The Academy has a 17 1/2 month program divided into two distinct phases: a 5 1/2 month in-residence at the Academy that includes dormitory, educational and instructional facilities; and a 12 month post-residential follow-up phase after graduation from the in-residence phase. Funding is provided by federal, state, and local governments with no charge to the individual.

Tarheel Challenge works! Three thousand eight hundred and six (3,806) proud young men and women have graduated from the program. Of these 2,653 obtained their GED while in the residential phase. These young men and women seized their "Second Chance" and made it

work. Because of the training they receive, approximately 90% of TCA graduates remain gainfully placed (i.e., in school, working or in the military) 12 months after graduation.

### ***High School Dropout Rates***

Observation:

- Clinton City and Sampson County schools have seen an overall decrease in high school dropout rates since the 2011 CHA (Figure 57).
- According to the NC Department of Public Instruction, the high school dropout rate for Sampson County Schools has remained above Clinton City Schools since the 2008-2009 school year (Figure 57).
- Both school systems' rates decreased from 2008-2012. However, the rates slightly increased from 2012-2013 (Figure 57).
- There were 10 females and 9 males to dropout in Clinton City Schools in the 2012-2013 school year (Figure 58).
- There were 49 males and 36 females to dropout in Sampson County Schools in the 2012-2013 school year (Figure 58).
- Sampson County Schools had more white students to drop out in 2012-2013 while Clinton City Schools had more African American students to drop out (Table 32).

### ***Domestic Violence***

Domestic violence can be defined as a pattern of any intimidating, coercive, forceful, threatening, abusive or violent word or act inflicted by one member of a family or household unit on another member. Although most incidences occur among intimate partners, domestic violence can occur between/among any members of one of these units. Domestic violence is used to gain and/or maintain power and control over others. The abuse can be emotional, mental, economic, sexual, or physical intimidations, threats or actions that influence another person. These behaviors are used to frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone.

Domestic violence can happen to anyone of any race, age, sexual orientation, religion or gender. It can happen to couples who are married, living together or who are dating. It also happens among family or household members. Domestic violence affects people of all socioeconomic backgrounds and education levels.

Observation:

- According to Sampson County Department of Social Services, domestic violence assistance aided 12 families from 2011-2012 with a total of \$9,537.62 in vendor payments (Table 35).
- Sampson County Sheriff's Department domestic violence services has fluctuated since the 2011 CHA in regard to serving School Service-Domestic Violence Protection Orders (Table 36).

## ***Crime***

The level of crime and fear of crime is one of the most commonly cited influences on people's quality of life. There are many links between crime and health. Some of the most obvious are the effects of personal violence and assault, which can have both mental and physical consequences for health in the short and long term.

Crime is associated with social disorganization, low social capital, relative deprivation, and health inequalities. Social and environmental factors that predict geographic variation in crime rates may also be relevant to explaining community variations in health and well-being.

Observation:

- From 2011-2012, the property crime rate in Sampson County decreased while the violent crime rate increased (Figure 59).
- Sampson County's rape crime rate has decreased from 2010 to 2012; the murder crime rate increased from 2011-2012 (Figure 60).
- From 2011-2012, Sampson County's burglary and robbery rates decreased while the assault rate increased (Figure 61).
- The county's larceny and arson crime rates decreased from 2010-2012 (Figure 62).
- Motor vehicle theft rates decreased from 2011 to 2012 (Figure 62).

## **Financial/Economic Factors**

### ***Employment***

Multiple studies indicate that having a job is better for health than having no job. Job security increases health, well-being, and job satisfaction. Higher rates of unemployment can cause more illnesses and premature death.

According to the 2008-2012, Selected Economic Characteristics, Sampson County has a civilian labor force of 62.2% with approximately, 55.4% of Sampson County residents being employed, 6.7% unemployment, and 0.2% Armed Forces. Since the 2011 CHA, percentages for the labor force and employed residents has slightly declined while percentages for unemployment and Armed Forces slightly increased. Sampson County's top five industries have remained the same since the 2011 CHA (Table 37).

### ***Unemployment***

Unemployment is harmful to the population's health. Failure to make the transition to permanent work or full-time study is associated with being trapped in a cycle of unemployment, part-time work or labor market programs.

Unemployment has a significant adverse effect on both physical and mental health. Unemployed people and their families suffer an increased risk of premature death.



They have more serious chronic illnesses, greater occurrence of disability, and suffer more psychological illness, stress and anxiety.

Unemployed people are less likely to have strong support networks. Long term unemployment increases the risk of self-harm, suicide and attempted suicide and has a negative effect on the health of children.

Children with no parent in paid employment are more likely to have serious chronic illnesses. Childhood poverty and parental unemployment have an enduring effect on health over the life course. Indigenous people are at higher risk of unemployment than the general population and young people have particularly high levels of unemployment.

According to the 2011 CHA, Sampson County's unemployment percentage increased from 2008-2010 yet the county's percentage was lower than the state's percentage. In 2010 and 2011, the county's unemployment percentage remained the same and in 2012, the percentage decreased slightly (Figure 62). As of 2012, there were 2,792 unemployed residents in Sampson County and the county's unemployment percentage continued to remain lower than North Carolina's (Table 38).

### **Poverty**

Millions of people around the world live in a cycle of poverty and poor health that is hard to break. Poverty increases the chance of poor nutrition which can lead to infection, chronic diseases, and crowded housing which increases disease transmission. Poverty also causes an inability to keeping your family safe because the family's work productivity is reduced. The cycle of poverty often leads to children who live in poverty becoming adults that live in poverty.

According to the US Census Bureau, more Sampson County residents lived below the poverty level from 2008-2012 compared to North Carolina's residents (Figure 64). In 2009, the county had approximately 13,646 people living in poverty.

In 2011, 31.3% of Sampson County children lived in poverty compared to 25.4% of North Carolina's children (Figure 65). According to the 2011 CHA, in 2009, 28.4% of Sampson County children lived below poverty compared to 22.5% of North Carolina's children. Sampson County's percentage of children living in poverty has been higher than the state's for more than five years. In 2009, approximately 4,734 children were living in poverty in Sampson County.

### **Financial Assistance**

Sampson County's Department of Social Services (DSS) enhances the quality of life in our community through various programs that target the vulnerable, the aged, the sick, the poor, and the young. The agency's goal is to help our citizens become self-supporting and self-sufficient; to prevent or correct abuse, neglect, and exploitation; to avoid institutional care when possible; and to secure institutional care when appropriate (Sampson County Department of Social Services Biennial Report, 2010-2012).

Medicaid is available to assist eligible aged, disabled, or blind individuals, pregnant women, and families or children with the cost of medical care when their income and resources make it difficult to afford health care. The number of Medicaid clients served in 2010-2012 fiscal years has decreased from the number of Medicaid clients served in the 2009-2010 fiscal years (Table 39).

### ***Work First***

The DSS Work First Program is a financial assistance program built upon the premise that “all people have a responsibility to their families and communities to work and to provide for their children” (Sampson County Department of Social Service’s Biennial Report, 2010-2012). The program is designed to help people find jobs, reduce dependency, and increase personal responsibility. In addition to cash assistance payment, Work First recipients receive automatic Medicaid eligibility. The total number of adults that found employment through Work First has increased since the 2009-2010 fiscal years (Table 40).

### ***Child Care***

DSS provides affordable child care services for employed citizens as well as those in training for employment, and/or in the Work First Employment Program. During the 2010-2012 fiscal years, Sampson County’s DSS provided child care assistance to approximately 1,017 children (Table 41). Compare this to the 2011 CHA which stated, during the fiscal year 2009-2010, Sampson County’s DSS provided child care assistance to approximately 1,433 which is a decrease of 626 since 2011.

### ***Food and Nutrition Services***

DSS provides the Food and Nutrition Services (FNS) program, which is a federal food assistance program that helps low-income families. In North Carolina, monthly allotments of FNS benefits are issued via Electronic Benefit Transfer cards (EBT cards). The purpose of FNS is to end hunger and improve nutrition and health. It helps eligible low-income households buy the food they need for a nutritionally adequate diet. During the 2010-2012 fiscal years, an average of 6,653 households were served through FNS (Table 42).

Through the Sampson County Health Department, Women, Infants, and Children (WIC) serves pregnant and post-partum women, infants, and children up to age five by providing vouchers for nutritious foods. WIC also provides breastfeeding support and nutrition education. In 2013-2014, WIC’s total caseload was 22,045.

### **Individual Behavior**

#### ***Overweight/Obesity***

Obesity has become a real public health challenge. Obesity prevention requires approaches that ensure an adequate and nutritious food supply, an environment that has easy access to

healthier food, participation in physical activity, and a family, educational, and work environment that positively reinforces healthy living.

Positive advances have been made to reduce obesity. For example, bans have been placed on advertisements for foods high in fats, sugars, and salt during television programs aimed at children. However, a significant challenge remains to partner and engage multiple organizations outside of health in areas such as trade, employment, etc. if the county is to redress the obesity epidemic. To avoid the health consequences of obesity, residents must eat healthier and exercise.

### ***Family Planning***

Families with higher incomes adopt family planning practices faster than the poor (World Health Organization, 2011), which has increased the gap between rich and poor families using services to reduce fertility. This gap has sparked the interest of public health programs, political leaders, and civil society to meet the needs of the vulnerable individuals in society.

The relationship between poverty and poor reproductive health is widely recognized. Larger families are associated with increased risk of maternal death and less investment in children's education. Unwanted pregnancies are also directly correlated with health risks of unsafe abortions. Short birth intervals have also been found to negatively influence child survival and early pregnancy, which is associated with lifelong risk of morbidities (World Health Organization, 2011).

#### **Observation:**

- Sampson County's total teen pregnancy rate exceeds North Carolina's rate, just as it did in the 2011 CHA. All of Sampson County's teen pregnancy rates by race/ethnicity exceed North Carolina's rates (Figure 66).
- Sampson County ranks 9<sup>th</sup> for teen pregnancy.
- Sampson County's total, white, and minority fertility rates exceed the state's rates among teenagers ages 15-19. The minority population has the highest rate of births (Figure 67).
- Sampson County's total abortion rate is lower than the state's rate for women ages 15-44. Sampson County minorities have a higher rate of abortion (Figure 68).

### **Physical Environment**

The Environmental Health Division has the responsibility of ensuring that Sampson County residents have a clean and healthy environment in which to live, work and play. This is accomplished through public education, inspections and the active enforcement of county and state regulations. This division is divided into seven sections: Child Daycare; Food and Lodging; Lead Abatement; Onsite Wastewater; Swimming Pools; Tattoo Parlors; and Water Supply.

## ***Indoor and Outdoor Air Quality***

Indoor air pollution sources stem from secondhand smoke, biological pollutants such as molds, pollen, viruses, dust mites, cockroaches, and animal dander. Secondhand smoke contains known poisons including chemicals that cause cancer, carbon monoxide and formaldehyde. Combustion pollutants include fuel burning stoves, water heaters that use gas, or other fuel used to burn in the home. The most dangerous indoor pollutant is carbon monoxide which can cause death.

Outdoor air pollution contains particle pollution which is produced through two separate processes – mechanical and chemical. Dust storms, construction and demolition, and agriculture are among activities that produce mechanical particle pollution. Emissions from factories, power plants, motor vehicles and equipment generate chemical particle pollution.

Air quality in Sampson County is 94 on a scale to 100 (higher is better) (Table 43). This is based on ozone alert days and number of pollutants in the air, as reported by the EPA. Sampson County's air quality at the time of the 2011 CHA was 85.

Water quality in Sampson County is 78 on a scale to 100 (higher is better) (Table 43). The EPA has a complex method of measuring watershed quality using 15 indicators.

Superfund index is 91 on a scale to 100 (higher is better) (Table 43). This is based upon the number and impact of EPA Superfund pollution sites in the county, including spending on the cleanup efforts.

## ***Lead***

Lead is a highly toxic metal that can be found in all parts of our environment. Lead and lead compounds have been used in a variety of products for homes. Products include, but are not limited to, lead-based paint; ceramics; pipes and plumbing materials; batteries; cosmetics; and toys. Elevated exposure to lead can cause serious health effects, particularly in young children.

### **Observation:**

- The percentage of children (ages 1-2) screened for elevated blood levels in Sampson County continually increased from 2008-2010 (Table 46).
- Sampson County ranked second for the percentage of children (ages 1-2) screened for elevated blood levels when compared to peer counties in 2010 (Table 47).
- The percentage of children (ages 1-2) found to have elevated blood levels in Sampson County increased from 2009-2010 (Table 48).
- Sampson County ranked third for the percentage of children (ages 1-2) found to have elevated blood levels when compared to peer counties in 2010 (Table 49).

## ***Water Quality***

The City of Clinton and Sampson County each have a Department of Public Works in which both provide water system capacity and availability to Sampson County.

Clinton City's water is drawn from wells supplied by the Upper Cape Fear and Black River Aquifers. Seventy-five percent of the City's water is drawn from six (6) wells and is then treated. This water treatment facility is supplemented with four (4) additional wells that are treated on site and fed directly into the system.

Sampson County purchases its water from the municipalities of Clinton, Dunn, Garland, Roseboro, and Turkey for resale to its water district customers. Clinton, Garland, Roseboro, and Turkey obtain their water supply from groundwater and the City of Dunn withdraws its water from the Cape Fear River. Sampson County also has two permanent wellheads to produce and provide groundwater through the current system.

Both departments routinely monitor for over 150 contaminants in drinking water. Detection of any particular contaminant alone is not an indication that the water poses a health risk. The water is below the limit at which any health risk is expected unless a contaminant is greater than the State or Federal specified limit. For the 2013 calendar year, both the City of Clinton and Sampson County water quality met or surpassed all primary State and Federal standards (Tables 44 & 45).

## ***Recreation***

Sampson County has two recreation and parks divisions, Clinton City and Sampson County Parks and Recreation Departments (Tables 50 & 51). Recreational districts are based on high school attendants' boundaries used by the local school systems. The county is divided into 5 geographical areas (Northern, Eastern, Central, Western, and Southern). Each district is staffed with a superintendent that is responsible for the day-to-day operations of the park district which includes both youth and adult community programming for all ages.

## ***Facilities –The Center for Health + Wellness***

Sampson Regional Medical Center's Wellness Center is a 42,000 square foot facility featuring state-of-the-art fitness equipment and fitness specialists (Table 52). The Center for Health + Wellness is membership-based; however, the Center makes a number of services available to non-members as well. Monday-Friday, noon until 1:00 pm, the Center opens its indoor walking track to non-members for the "Walk-n-Talk" program. The Center also partners with agencies, such as the Department of Aging, to offer free classes each month. In the past, classes have included Tai Chi, Water Aerobics, and Yoga. A number of non-profit organizations utilize the Center's classroom (free of charge) for meetings and wellness programs. The Center offers treadmills, elliptical trainers, upright and recumbent bikes, rowing machines, strength training

equipment, group fitness classes, childcare, and locker/towel service. See Appendix .... For a list of other amenities.

### ***Transportation***

Nearly one third of the US population is transportation disadvantaged (American Public Health Association, 2011). Without transportation many people become vulnerable and they cannot easily access basic needs such as healthy food choices, medical care, gainful employment, and educational opportunities.

Transportation is a large cost for most people and a serious problem for people without it. Often, residents in Sampson County who are seeking health department or hospital services, or employment are unable to because Sampson County does not have public transportation. Since multiple buses and public transit routes do not exist within the county, families may be forced to purchase vehicles, if affordable, which causes a financial drain.

Clinton is the county seat where most physicians, businesses, groceries, and exercise facilities are located as well as the Sampson County Health Department and the only hospital, Sampson Regional Medical Center. Many families often spend more money on driving than health care, education, or food. According to the American Public Health Association (2011), the poorest fifth of US families, earning less than \$13,060 per year, pay 42% of their income to own and drive a vehicle. Those families earning \$20,000 to \$50,000 spend as much as 30% of their budget on transportation.

Sampson County Office of Aging's Sampson Area Transportation – SAT – offers transportation services for trips to local agencies, medical appointments, and individual shopping trips for seniors and those with certain disabilities. Fixed routes run daily to specific destinations at specific times. Demand Response trips can be arranged for individuals but they must occur only between 9:00am and 12:30pm because of the obligation to fixed routes. DSS offers transportation to residents with Medicaid through the company, VanGo.

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## *Prevention and Health Promotion*

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Good quality preventive care holds the promise of greatly reducing the nation's health care costs and overall burden of disease. Sampson County Health Department, Sampson Regional Medical Center, Sampson County Partners for Healthy Carolinians, along with other partners have contributed to prevention and health promotion by developing initiatives and seeking resources to address the 2011 CHA's health priorities and concerns (chronic diseases, obesity, teen pregnancy, drugs/alcohol, and tobacco).

### **INITIATIVES AND ACTIVITIES**

#### ***Academic Abundance***

Academic Abundance's Adolescent Pregnancy Prevention Program (APPP) implements "Reducing the Risk" with ninth grade students at Hobbton High School. The curriculum focuses on encouraging teens to avoid unprotected sex by either engaging in abstinence, or using contraception consistently and correctly. During the fall and spring of the year, students take a field trip to Sampson County Health Department where they learn about birth control, STDs, and health department services. **Results:** During the 2012-2013 school year, Sampson County's APPP served 124 students.

#### ***Annual Breast Cancer Awareness Rally***

This event raises awareness about breast and cervical cancer and is sponsored by the Breast and Cervical Cancer Control Program (BCCCP) Advisory Board, Sampson County Health Department and United Way. This yearly event takes place in October beginning in downtown Clinton at the courthouse steps and is followed by a walk to Sampson Center Gymnasium, 808 Barden Street, where a health fair is held. During the fair, participants are able to interact with various agencies, vendors, businesses, and cancer survivors to learn more about breast and cervical cancer and the importance of breast and cervical screenings. Speakers and professional presenters are available to provide health information and answer questions. Lunch is provided along with several door prizes from local merchants. **Results:** Approximately 200 people participated in the 2013 event.

#### ***Annual "Drive In to Sampson County to Drive Out Drugs" Event***

The Sampson County Meth Task Force partners with the Clinton Main Street Program and Eastpointe to bring this fundraising drive-in event to downtown Clinton during the spring of the year. Proceeds from the event benefit middle school students in Sampson County through the "Stay on Track" drug awareness and prevention program. This family friendly event features motorcycles, cars, trucks, tractors, emergency service, and business vehicles. **Results:** \$1,500.00 was raised in 2013.

### ***Community Transformation Grant Project***

In 2011, the North Carolina Division of Public Health was awarded Community Transformation Grant (CTG) funding by the Centers for Disease Control and Prevention to implement policy, systems, and environmental changes to support tobacco free living, active living, and healthy eating. The grant supported local health department regions throughout North Carolina. Sampson County was a part of Region 8 which included eight other counties. **Results:** In 2013, Sampson County Government's and the Town of Roseboro's Smoke Free Ordinances were passed. Salem Woods apartments in Salemburg and Springwood apartments in Clinton became smoke free multi-family housing units. Sampson County and the City of Clinton were assisted to include health in comprehensive land use plans. The Town of Garland was assisted with a parks plan. The Sampson County Farmer's Market was enhanced.

### ***Diabetes Self-Management Program (DSMP)***

DSMP is an educational, fun-filled, referral based program that is accredited by the American Diabetes Association. To be eligible for the program, a patient must have a diagnosis of diabetes and have a signed referral from their physician. After the referral is received, an appointment is set up with the patient through the Sampson County Health Department. During the hour long assessment, general information, medical history and diabetic history will be obtained. The patient will then be scheduled to attend a one-time 8 hour interactive class, held the 3<sup>rd</sup> Thursday of each month. The class consists of education on the disease process, diet, exercise, blood sugar control, medications, complications, and more. Once the class is completed, the patient is set up for a 3 month re-assessment and will be followed through face to face and phone interviews to assure continued success. **Results:** Approximately 33 diabetics completed the program in 2013. Of those patients, 45% check their feet daily, and 33% have an A1C of 7 or less.

### ***Eat Smart Move More Maintain Don't Gain Holiday Challenge***

A free six-week program that motivates and inspires Sampson County residents to prevent holiday hangover! Residents receive six, weekly email newsletters with tips, ideas and recipes. A blog is also offered to help residents connect to others who join the Challenge. **Results:** There were 12 participants in 2013.

### ***Eat Smart, Move More, Weigh Less***

A weight management program that uses proven strategies to assist participants with decreasing their weight while increasing healthy lifestyle choices. Each lesson informs, empowers and motivates participants to live mindfully as they make choices about eating and physical activity. The program provides opportunities for participants to track their progress and keep a journal of healthy eating and physical activity behaviors. The program is currently



offered to the general public. **Results:** There were 10 graduates from the program in 2013. Each participant lost an average of 8 pounds.

### ***Fitness Renaissance***

This is an awards program designed to reward achievement of fitness goals among kindergarten through 5<sup>th</sup> grade students. The overall goal is to reduce the rate of childhood obesity. The program is modeled after Reading Renaissance. Each nine weeks, students concentrate on one selected physical activity (e.g. shuttle run, sit reach, pull up, flex arm hang, quarter mile run). Each student is assigned an individual goal for that activity by the P.E. teacher. If the student achieves his/her goal for the focused activity during that nine weeks, he/she is recognized at the next awards assembly and receives an award. **Results:** A total of 3,100 medals were distributed in 2013.

### ***Sampson Regional Medical Center's Sugar Buddies Support Group***

Sugar Buddies is a diabetes support group that is free to the public and does not require a physician referral. The support group meets at The Center for Health + Wellness on the first Tuesday of each month, September through April, at 6:30 pm. The focus of the group is to help diabetics take care of themselves and better manage their diabetes. Each monthly meeting provides a different topic instructed by various specialists. Some topics include diet, foot care, understanding medications, exercise, and other issues that are so important in the care of someone with diabetes. **Results:** The 2013-2014 Sugar Buddies Program had a total of 81 participants.

## **NEEDED BUT LACKING RESOURCES IN SAMPSON COUNTY**

Sampson County's current resources assist in protecting and improving the health of the community through education, promotion of healthy lifestyles, and research for disease and injury prevention. Having a lack of resources can contribute to the determinants of health. No income or low income directly affects education levels, which influence where people live, social status, behaviors, lifestyle, and overall health status. By providing and promoting positive teen activities, teens can improve teen pregnancy, childhood obesity, and crime rates in Sampson County with the help of their parent(s).

### **Results according to the 2014 Community Health Assessment Survey**

1. Higher paying employment (16.7%)
2. Availability of employment (14.5%)
3. More affordable health services (13.1%)
4. Positive teen activities (8.8%)

5. Better/more recreational facilities (6.7%)

### **Results according to 2011 Community Health Assessment Survey**

1. Availability of employment (14.6%)
2. More affordable health services (14.2%)
3. Higher paying employment (13.7%)
4. Positive teen activities (10.1%)
5. More affordable/better housing (7.0%)

Public health professionals are responsible for analyzing the effect of genetics, personal choice and the environment on health in order to develop programs that protect the health of families and communities. These health professionals strive to prevent or improve by implementing educational programs, developing policies, administering services, and acting as a resource, in contrast to clinical professionals, such as doctors and nurses, who focus primarily on treating individuals after they become sick or injured. By making services available to Sampson County residents, public health professionals can assist in limiting health disparities, and work towards health care equity, quality, and accessibility.

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## *Community Concerns / Priorities*

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### **PROCEDURES/STEPS TO SELECT HEALTH PRIORITIES**

Based on the 2014 Community Health Assessment survey and the leading causes of death statistics, Sampson County residents and the Sampson County Partners for Healthy Carolinians ranked the health priorities based on the magnitude and seriousness of the problem and the feasibility of a successful intervention.

The following are Sampson County's Health Concerns and are listed in priority from highest to lowest based on survey results:

- |                             |                           |
|-----------------------------|---------------------------|
| 1. Chronic Diseases (40.0%) | 7. Child Abuse (2.0%)     |
| 2. Drugs/Alcohol (21.0%)    | 8. Vehicle Crashes (1.0%) |
| 3. Obesity (19.0%)          | 9. Asthma/Lung Disease    |
| 4. Teen Pregnancy (4.0%)    | 10. Dental Health (1.0)   |
| 4. Tobacco Abuse (4.0%)     | 11. Other (1.0%)          |
| 5. Mental Health (3.0%)     |                           |
| 6. Gangs/Violence (3.0%)    |                           |

The following are Sampson County Partners for Healthy Carolinian's Health Concerns and are listed in priority from highest to lowest based on voting results:

1. Obesity (145 points)
2. Chronic Disease (133 points)
3. Drug/Alcohol Abuse (96 points)
4. Mental Health (19 points)
5. Teen Pregnancy (9 points)
6. Child Abuse (9 points)
7. Dental Health (9 points)

One health concern was selected to be addressed in the 2014 Community Action Plans (CAP). Sampson County's priority according to the highest score from the Community Health Assessment Survey was Chronic Disease. Sampson County Partners for Healthy Carolinian's priority according to the highest number of votes was Obesity. After discussion, Sampson County Partners for Healthy Carolinians recognized the role obesity plays in almost all Chronic Disease and decided to combine the two health concerns into one priority.

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## *Future Plans*

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### **DISSEMINATION OF THE COMMUNITY HEALTH ASSESSMENT**

The CHA document has valuable information about the county. It is important for county residents to be aware of this information, how to access and use it, and how to become a part of the community response to the information collected.

The Sampson County Health Department, Sampson Regional Medical Center, and the Sampson County Partners for Healthy Carolinians will distribute the document to other community partners, government agencies, stakeholders, and the general public. The goal is to use the document to enable various agencies and stakeholders to use the information to assist with meeting the needs of the public and improving and promoting the health and well-being of the citizens of Sampson County. Dissemination of the Community Health Assessment document will include, but not limited to:

- Sampson County Partners for Healthy Carolinians members
- Sampson County Health Department
- Sampson Regional Medical Center
- Sampson County Board of Health
- Sampson County Board of Commissioners
- Sampson County Government Offices
- Sampson County Public Libraries
- Websites: Sampson County, Sampson Regional Medical Center, Sampson County Partners for Healthy Carolinians
- Facebook: Sampson County Health Department, Sampson Regional Medical Center, Sampson County Partners for Healthy Carolinians
- Press Releases to The Sampson Independent, The Sampson Weekly, and El Mercado newspaper, and Radio WRRZ 880AM to highlight the major findings of the assessment.

## KEEPING THE COMMUNITY INFORMED

To ensure that Sampson County residents know how to get involved and stay informed about new information and trends, the Sampson County Health Department, Sampson Regional Medical Center, and the Sampson County Partners for Healthy Carolinians will provide the following:

- The State of the County's Health (SOTCH) report that educates and informs county residents, community leaders, agencies, organizations, and others about the past year's progress on the top health priority.
- Sampson County Partners for Healthy Carolinians meetings at The Center for Health + Wellness, 417 East Johnson, St., Clinton, NC, at 1:30pm on the 3<sup>rd</sup> Tuesday of every month.
- Volunteer opportunities to assist the Sampson County Partners for Healthy Carolinians with planning community action plans, community health fairs, serving on a sub-committee for the Sampson County Partners for Healthy Carolinians to address the chosen health priority and by participating in Healthy Carolinians sponsored events
- Community presentations or participation per request at your next community event
- Articles in the Sampson Independent pertaining to Sampson County's health priorities.

## CONCLUSION

Health problems or "disease burdens" for Sampson County and its residents continue to be a concern. Morbidity, the percentage of people who get sick from a certain disease, greatly contributes to the leading causes of death. Most risk factors such as high blood pressure, tobacco use, high blood glucose, physical inactivity, and overweight/obesity, are preventable. These risk factors are primarily responsible for increasing the risk of chronic diseases such as heart disease, diabetes, cerebrovascular disease (stroke), and cancers. Chronic diseases affect all races, genders, and income groups.

To address risk factors and receive proper treatment, residents need access to care. Access to care in Sampson County is often difficult because of location, transportation, language barriers, and community services. Sampson County Health Department, Sampson Regional Medical Center, and Partners for Healthy Carolinians will formulate a plan to address issues identified in this document. The plan will be a collaboration involving community partners over the next four years with the goal of having a healthier community.

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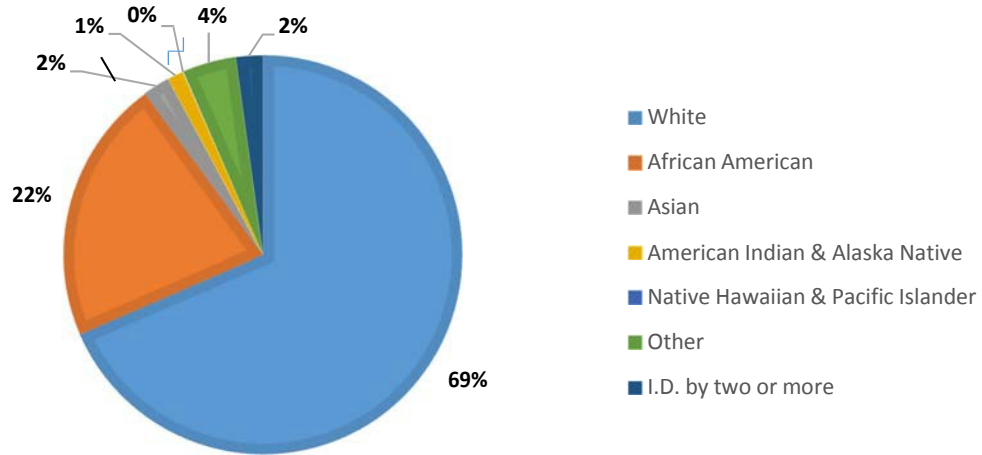
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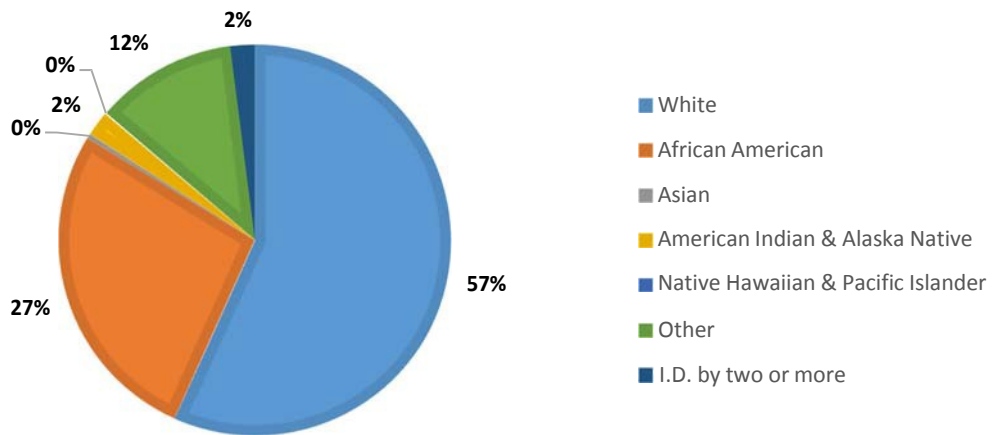
## APPENDIX A – DATABOOK

### DEMOGRAPHICS



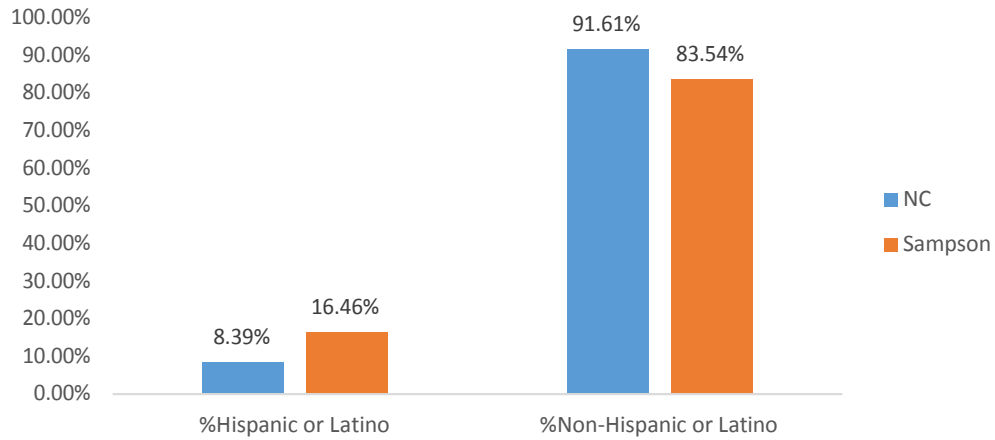
**FIGURE 1. Population by Race (2010) – North Carolina**

Source: US Census Bureau



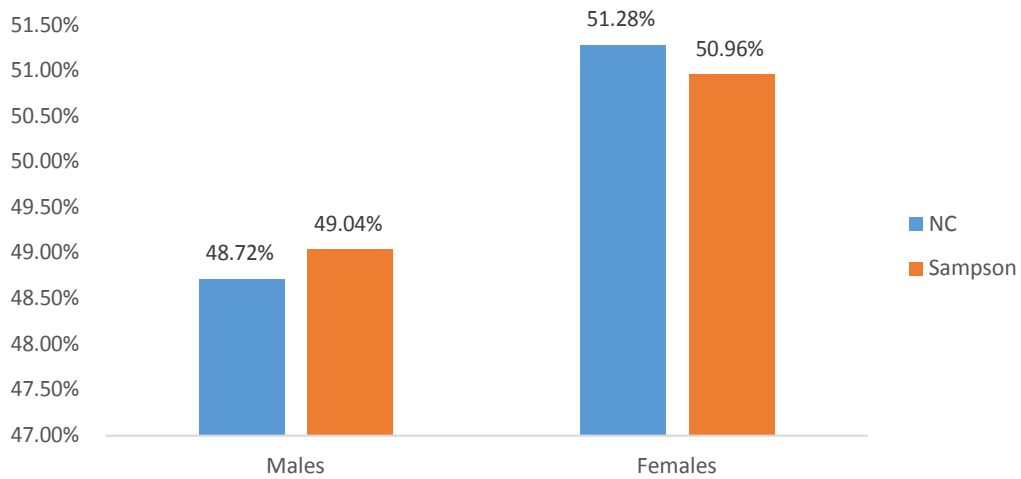
**FIGURE 2. Population by Race (2010) – Sampson County**

Source: US Census Bureau



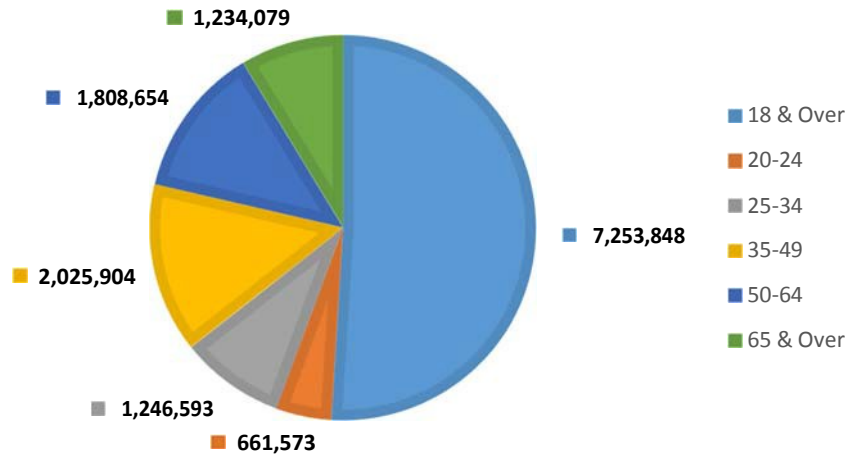
**FIGURE 3. Population by Ethnicity (2010)**

*Source: US Census Bureau*



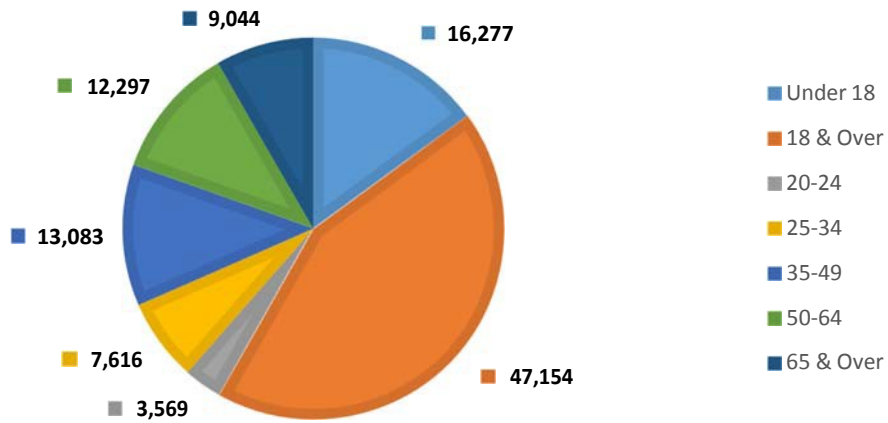
**FIGURE 4. Population by Gender (2010)**  
**Sampson County compared to North Carolina**

*Source: US Census Bureau*



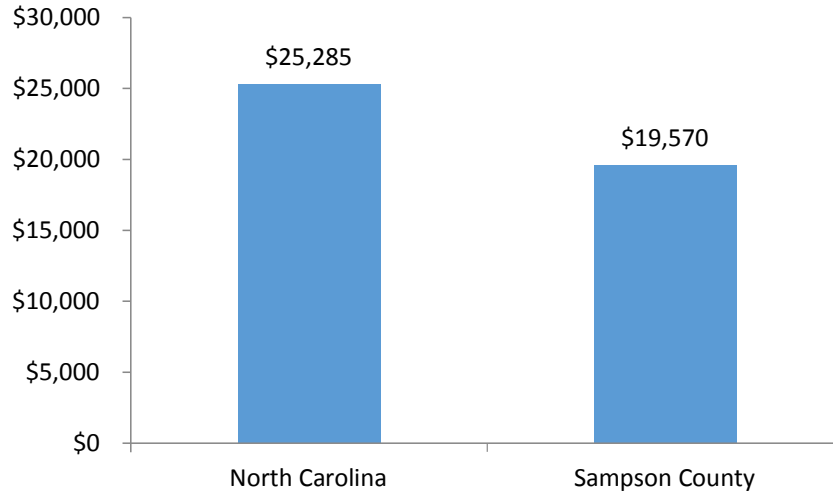
**FIGURE 5. Population by Age in North Carolina (2010)**

Source: US Census Bureau



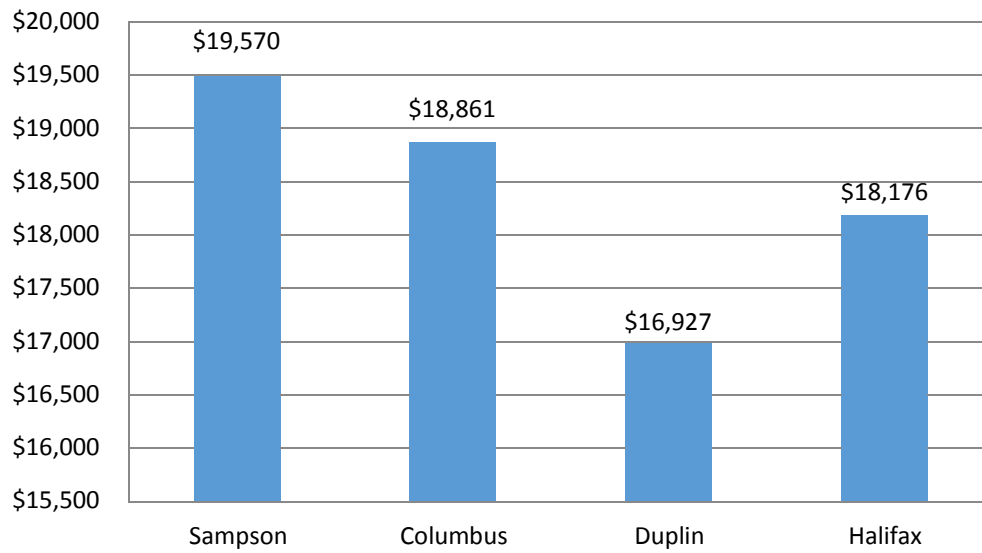
**FIGURE 6. Population by Age in Sampson County (2010)**

Source: US Census Bureau



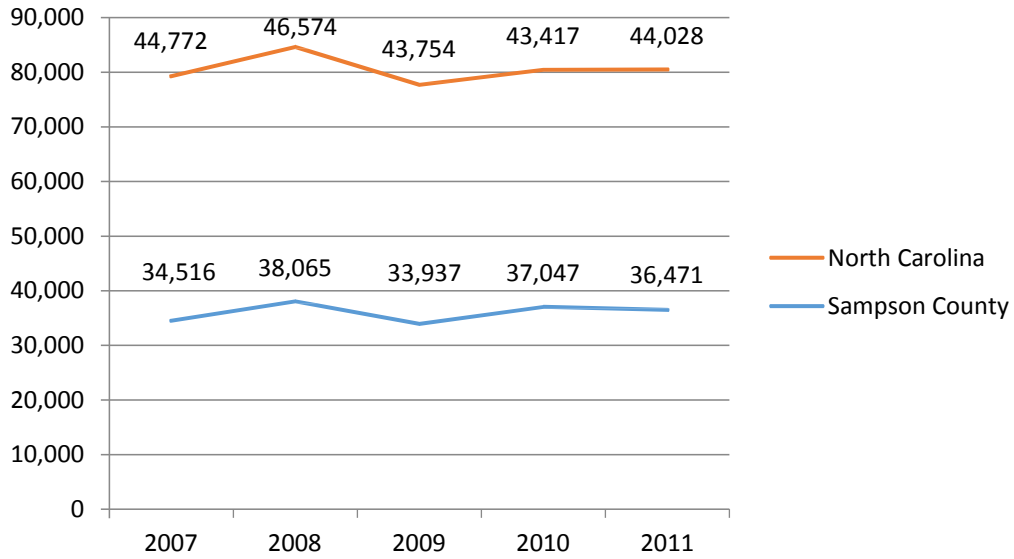
**FIGURE 7. Per Capita Income (2012 inflation-adjusted dollars)  
Sampson County compared to North Carolina**

Source: US Census Bureau



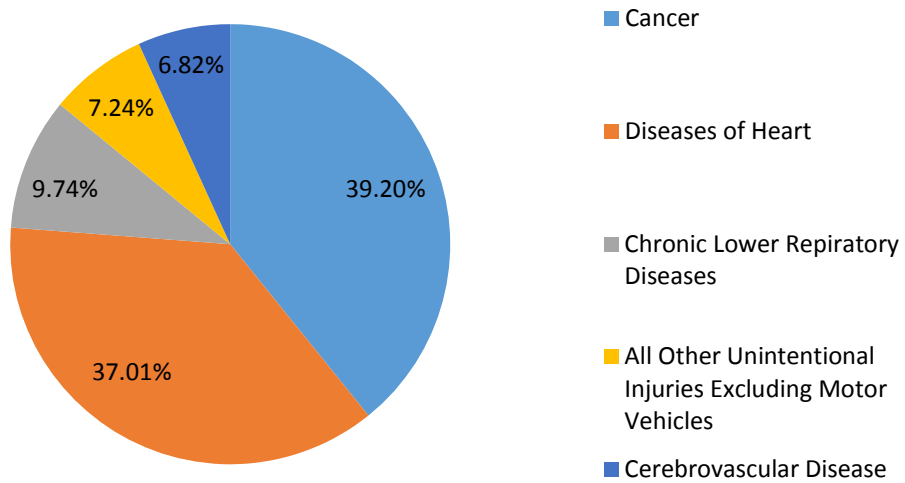
**FIGURE 8. Per Capita Income (2012 inflation-adjusted dollars)  
Sampson County compared to Peer Counties**

Source: US Census Bureau



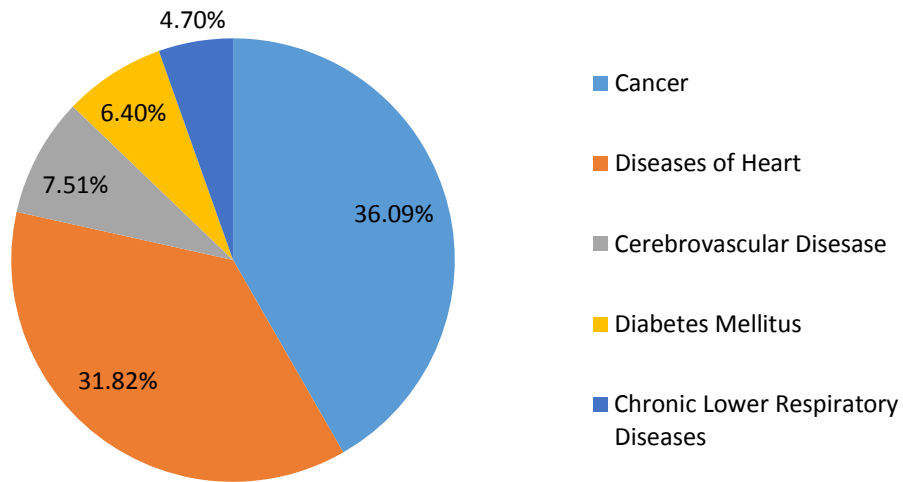
**FIGURE 9. Sampson County Median Household Income (Currency)**

Source: Kids Count Data Center



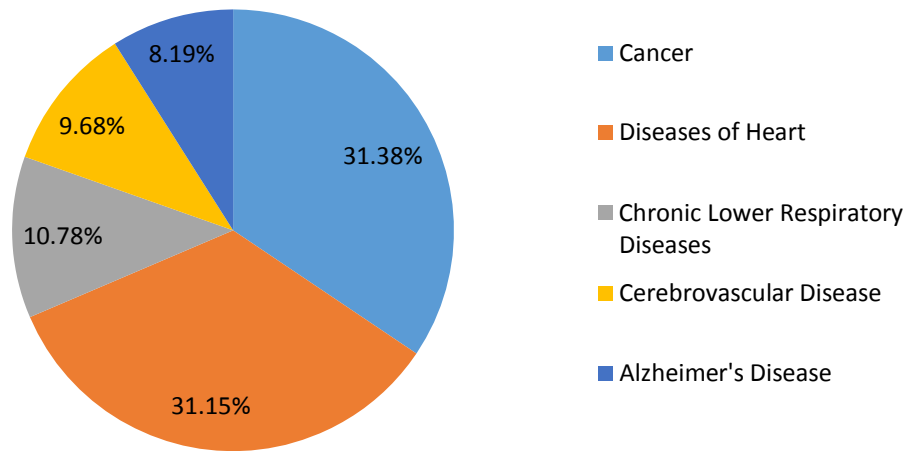
**FIGURE 10. Race and Sex-Specific, Age-Adjusted Deaths by Percentage – White Males (North Carolina Total, 2009-2012)**

Source: State Center for Health Statistics



**FIGURE 11. Race and Sex-Specific, Age-Adjusted Deaths by Percentage – Minority Males (North Carolina Total, 2009-2012)**

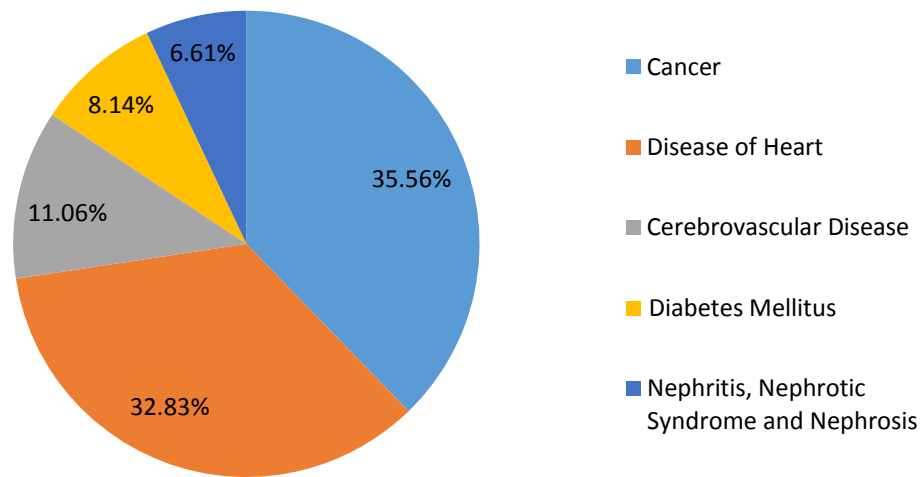
Source: State Center for Health Statistics



**FIGURE 12. Race and Sex-Specific, Age-Adjusted Deaths by Percentage – White Females (North Carolina Total, 2009-2012)**

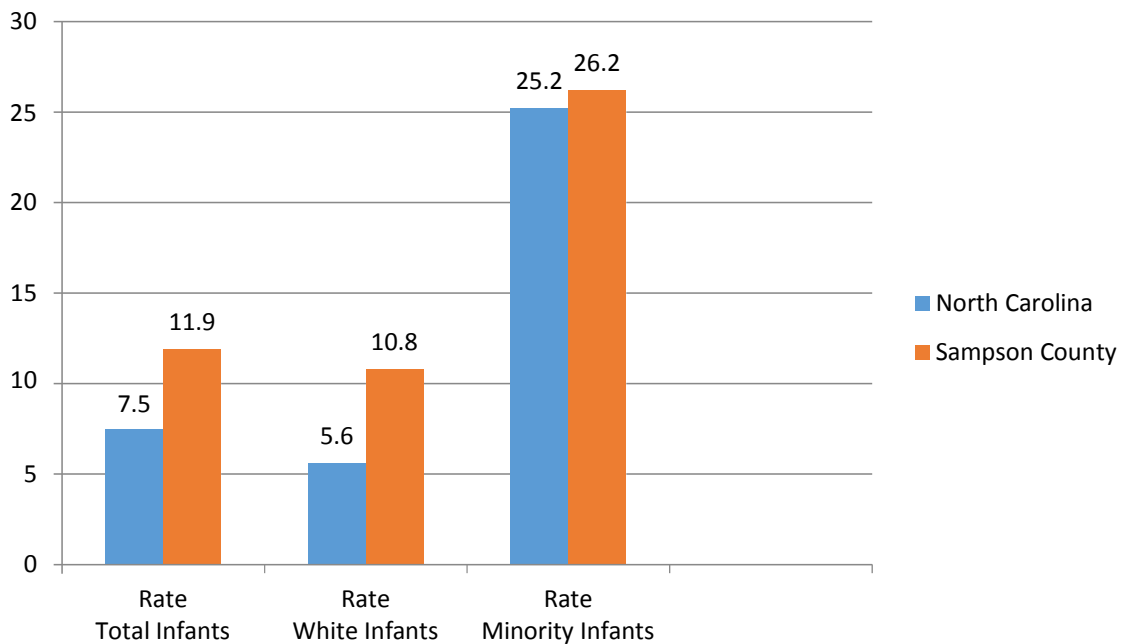
Source: State Center for Health Statistics





**FIGURE 13. Race and Sex-Specific, Age-Adjusted Deaths by Percentage – Minority Females (North Carolina Total, 2009-2012)**

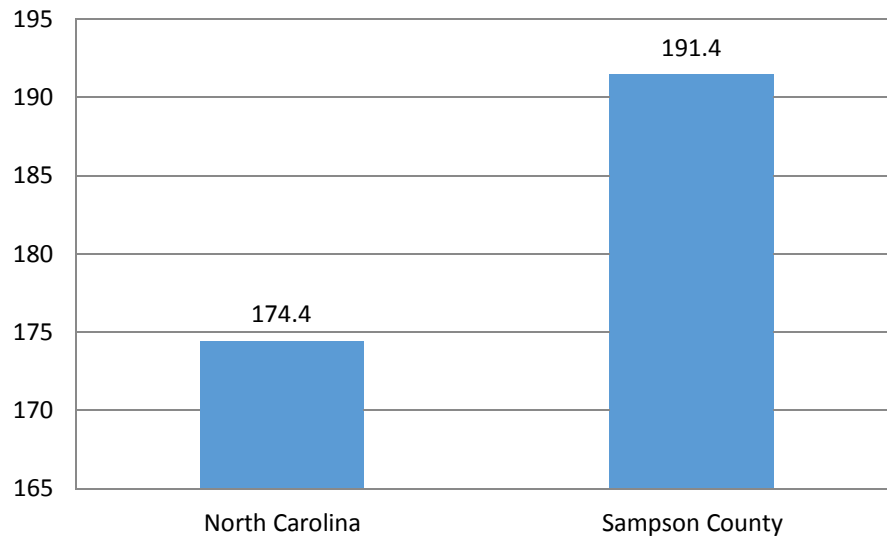
Source: State Center for Health Statistics



**FIGURE 14. Resident Infant (<1 year) Death Rates per 1,000 Live Births (2008-2012)**

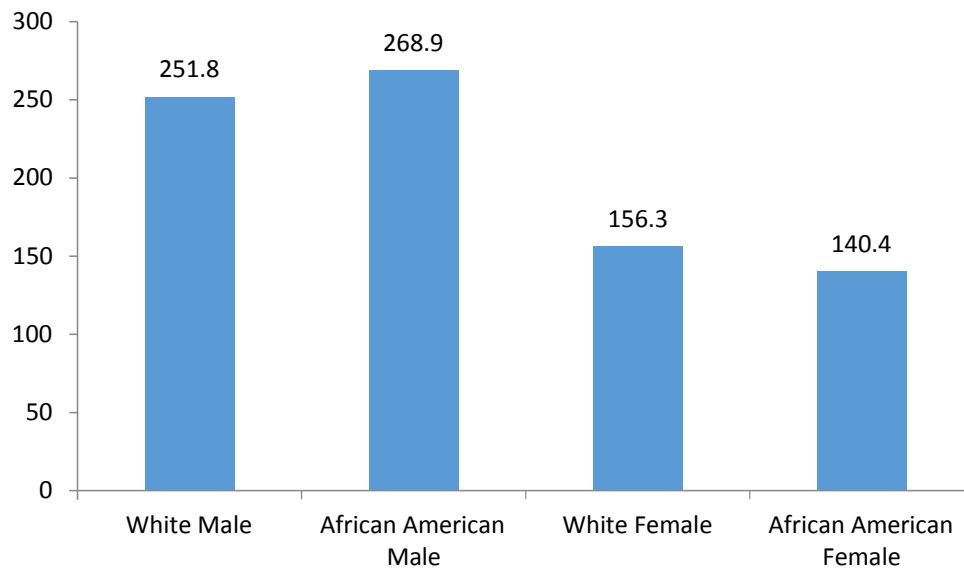
NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.

Source: NC-DHHS State Center for Health Statistics



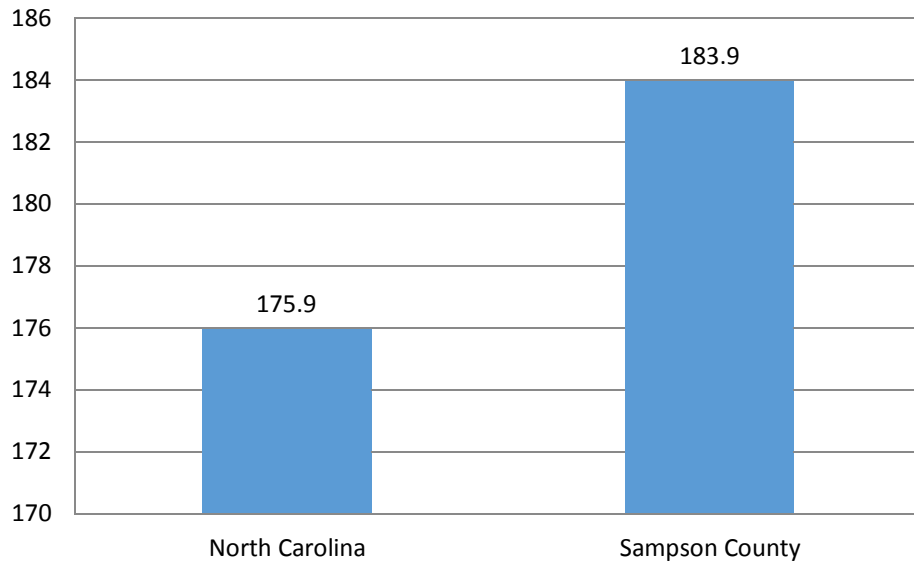
**FIGURE 15. Age Adjusted Heart Disease Death Rates (2008-2012, per 100,000 population)**

*Source: State Center for Health Statistics. County Health Data Book*

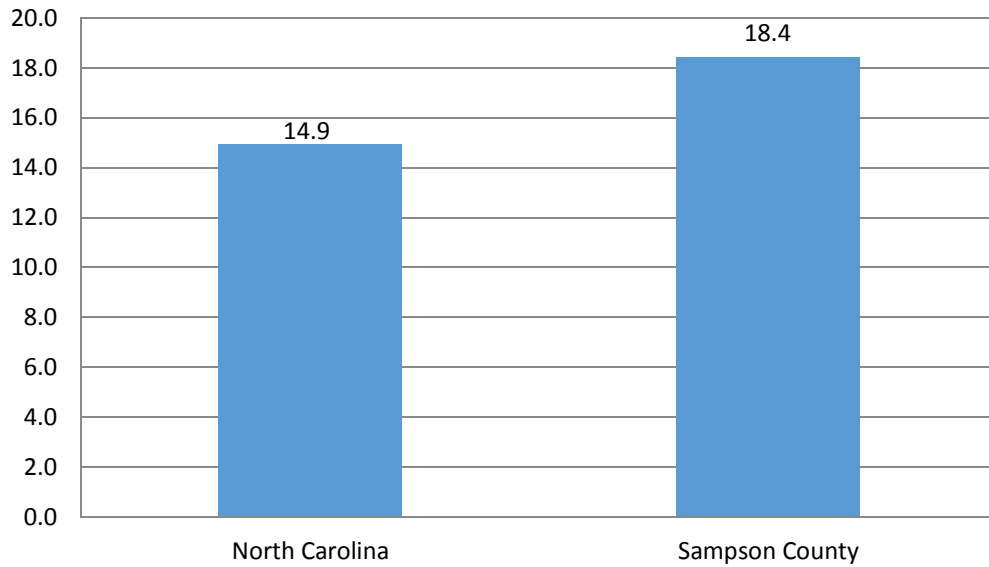


**FIGURE 16. Age Adjusted Heart Disease Death Rates – Sampson County (2008-2012, White & African American Males & Females per 100,000 population)**

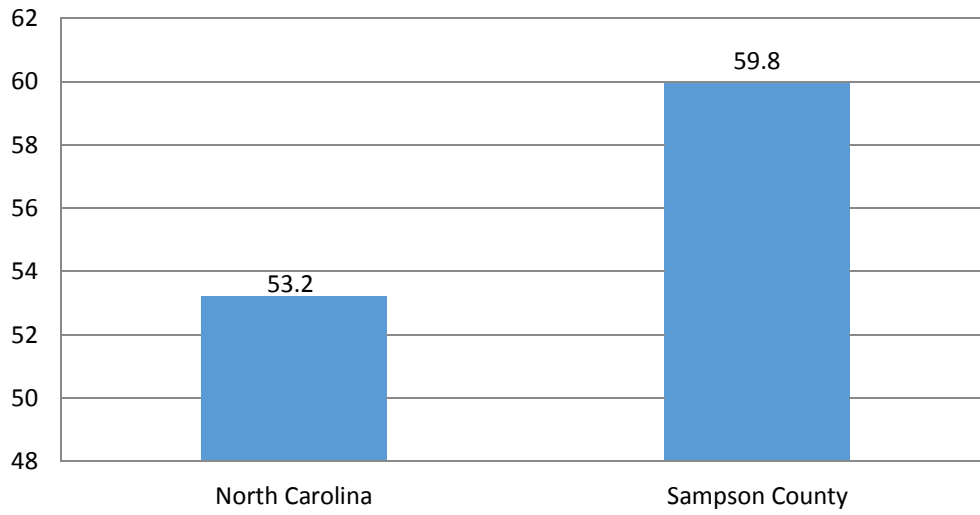
*Source: State Center for Health Statistics. County Health Data Book*



**FIGURE 17. Age Adjusted Cancer Death Rates (2008-2012, per 100,000 population)**  
 Source: State Center for Health Statistics. County Health Data Book

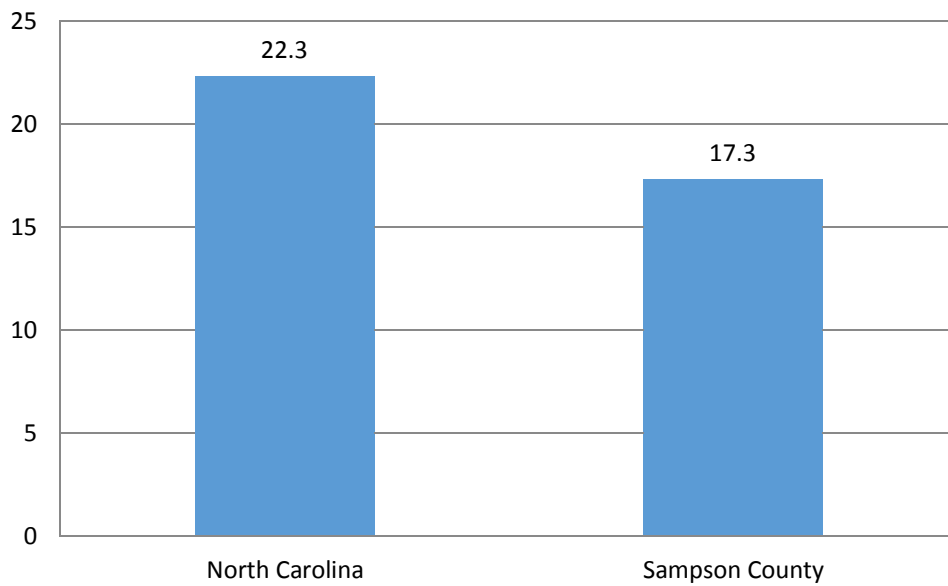


**FIGURE 18. Colon/Rectum Cancer Mortality Rates (2008-2012)**  
 Source: State Center for Health Statistics



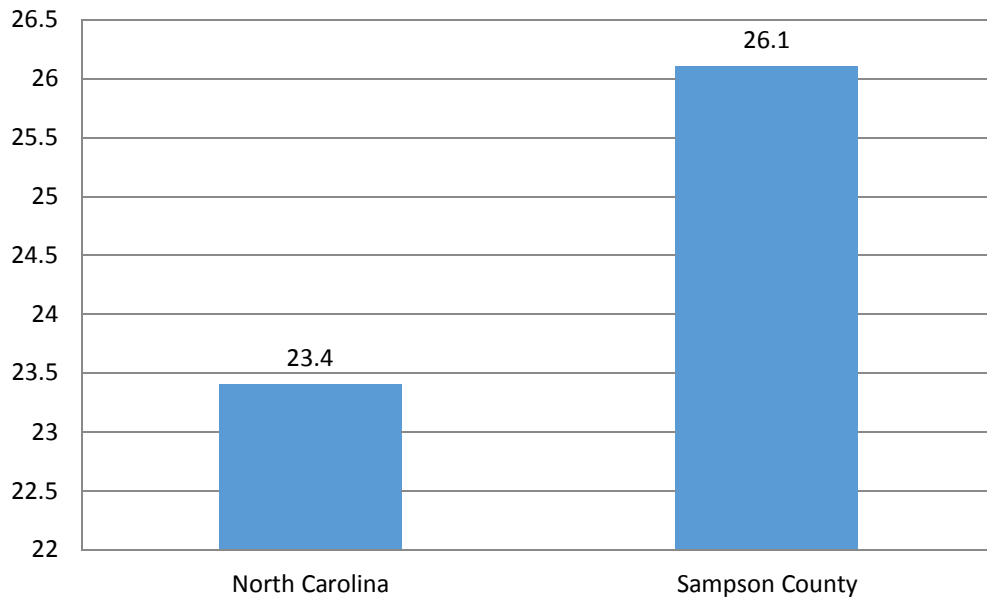
**FIGURE 19. Lung Cancer Mortality Rates (2008-2012)**

*Source: State Center for Health Statistics*



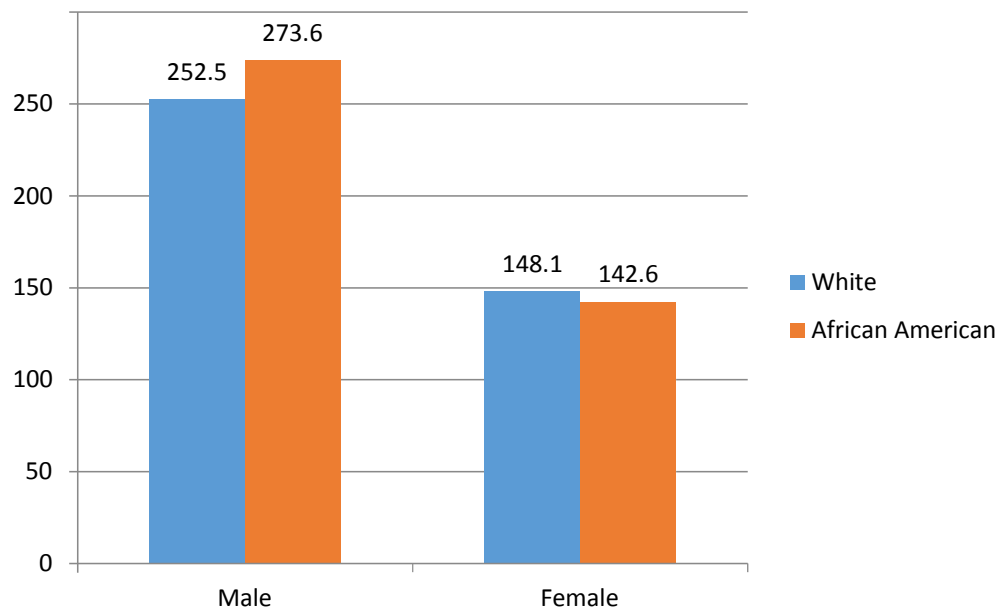
**FIGURE 20. Female Breast Cancer Mortality Rates (2008-2012)**

*Source: State Center for Health Statistics*



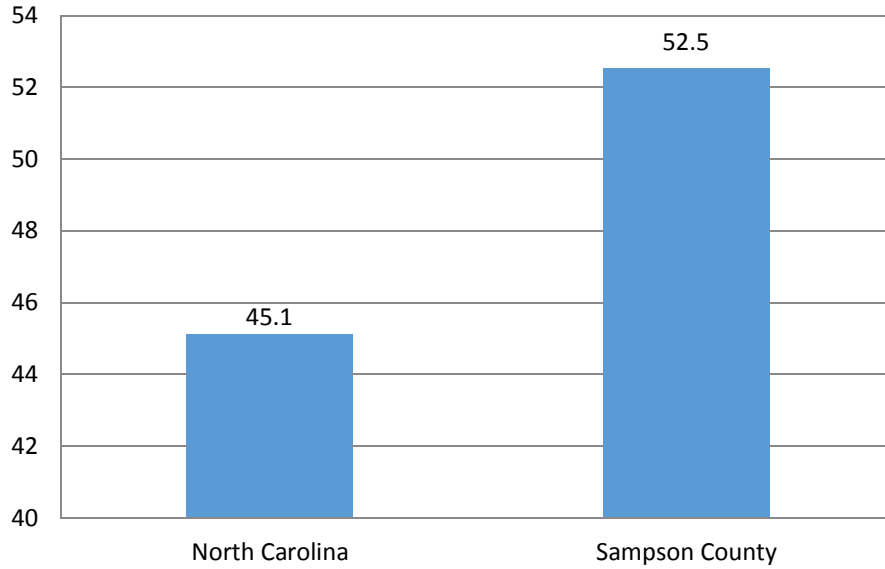
**FIGURE 21. Prostate Cancer Mortality Rates (2008-2012)**

Source: State Center for Health Statistics



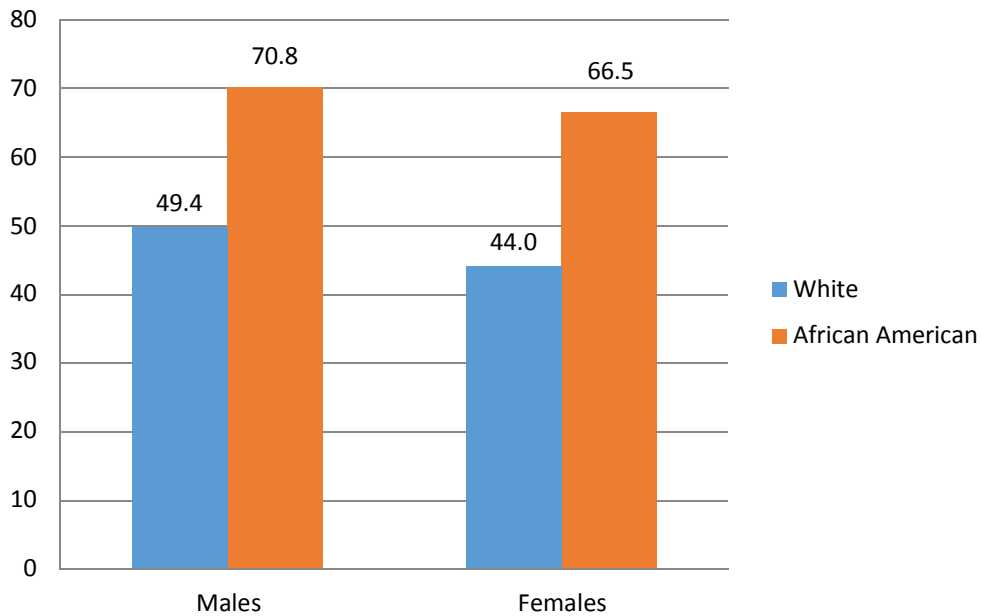
**FIGURE 22. Age Adjusted Cancer Death Rates – Sampson County (2008-2012, Race and Sex-Specific per 100,000 population)**

Source: State Center for Health Statistics



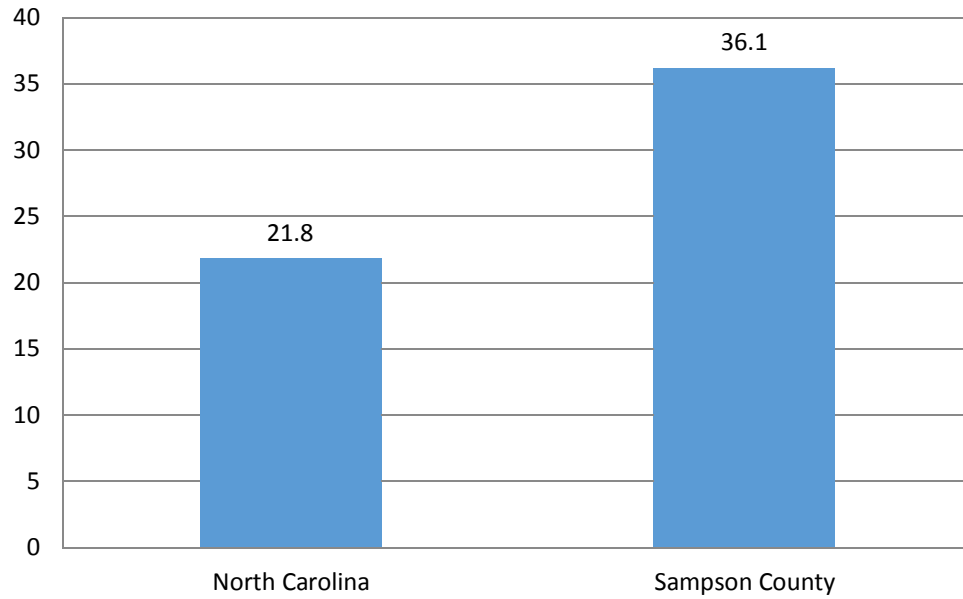
**FIGURE 23. Age Adjusted Cerebrovascular Disease Death Rates (2008-2012, per 100,000 population)**

*Source: State Center for Health Statistics*



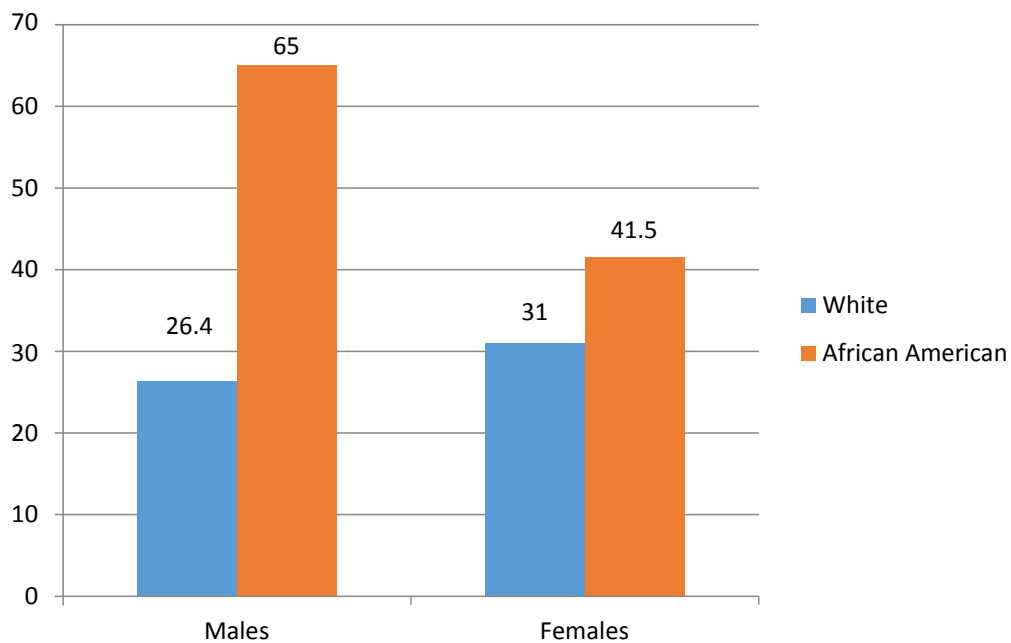
**FIGURE 24. Age Adjusted Stroke Death Rates, per 100,000 population – Sampson County (2008-2012, White and African American Males and Females)**

*Source: State Center for Health Statistics*



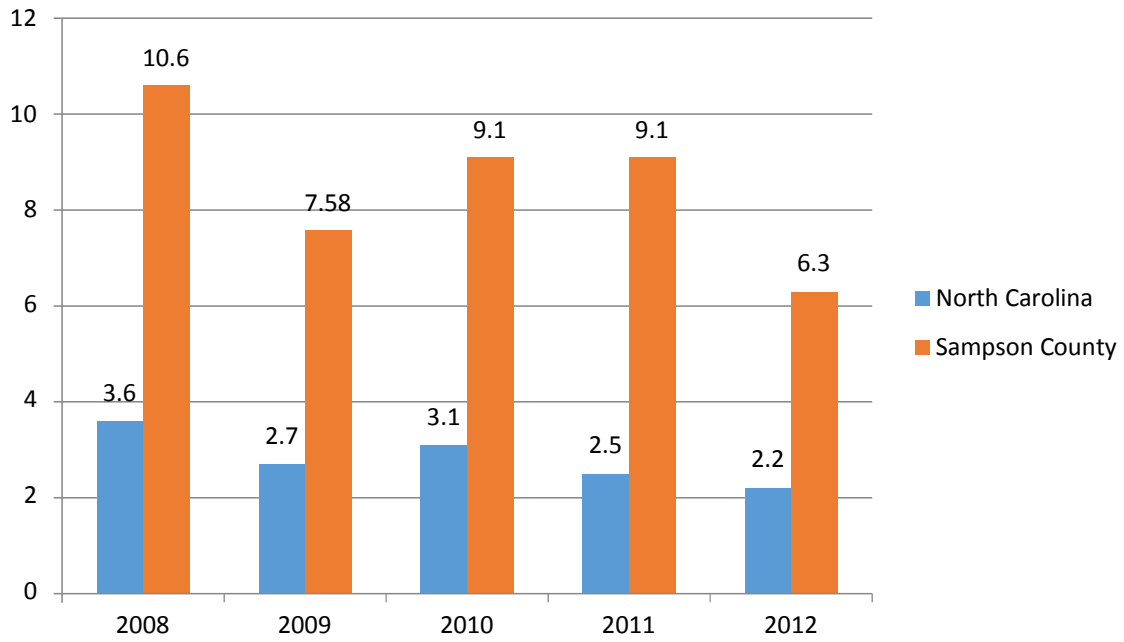
**FIGURE 25. Age-Adjusted Diabetes Mellitus Death Rates (2008-2012, per 100,000 Population)**

Source: State Center for Health Statistics

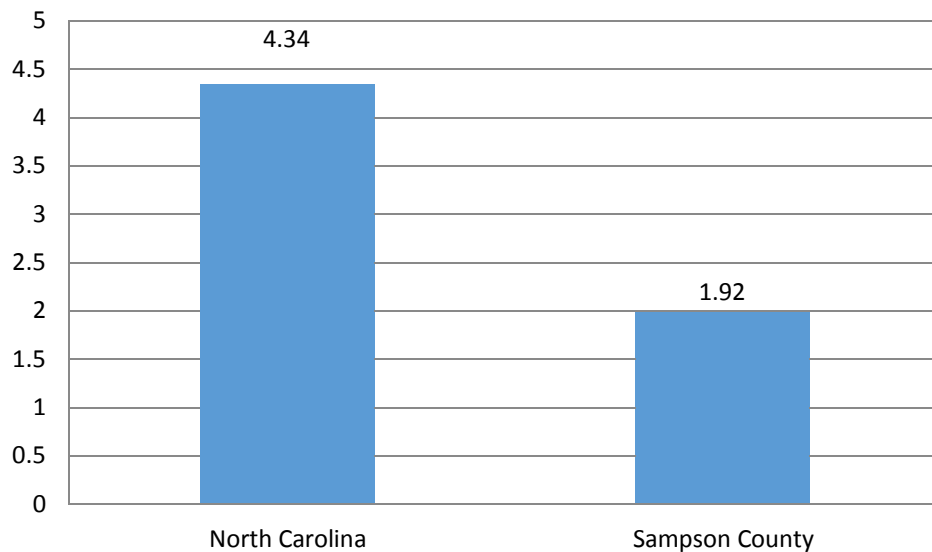


**FIGURE 26. Age-Adjusted Diabetes Mellitus Death Rates – Sampson County (2008-2012, Race and Sex-Specific per 100,000 Population)**

Source: State Center for Health Statistics

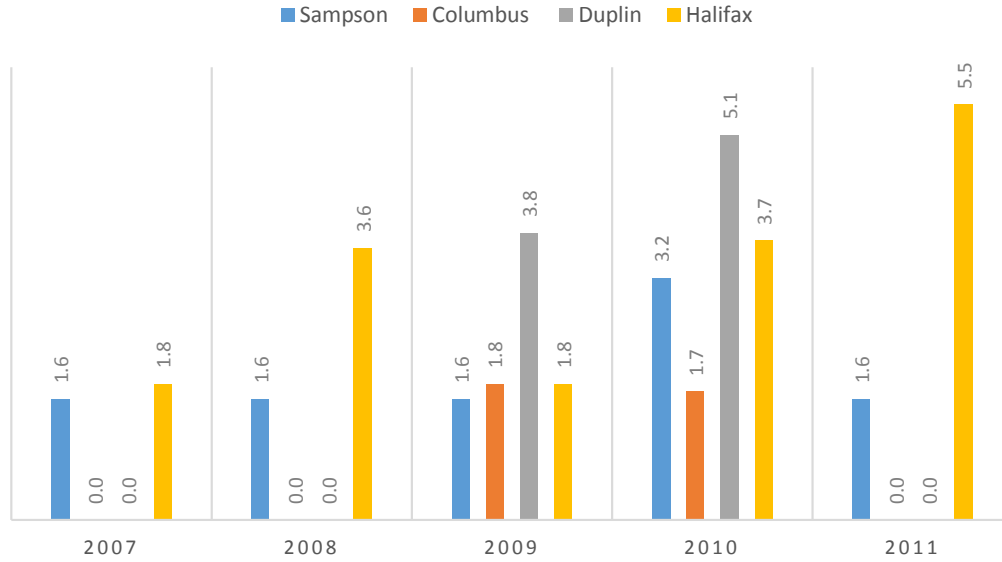


**FIGURE 27. Tuberculosis (TB) Cases and Case Rates (2008-2012, per 100,000 Population)**  
 Source: NC Electronic Disease Surveillance System (NCEDSS) TB.



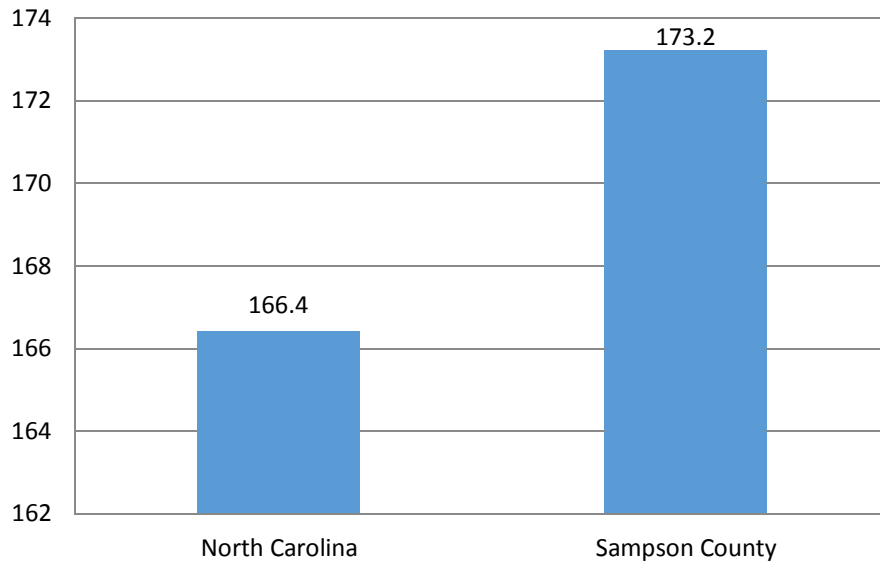
**FIGURE 28. Primary and Secondary Syphilis Rates (2007-2011, per 100,000 Population) Sampson County Compared to North Carolina**  
 Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch





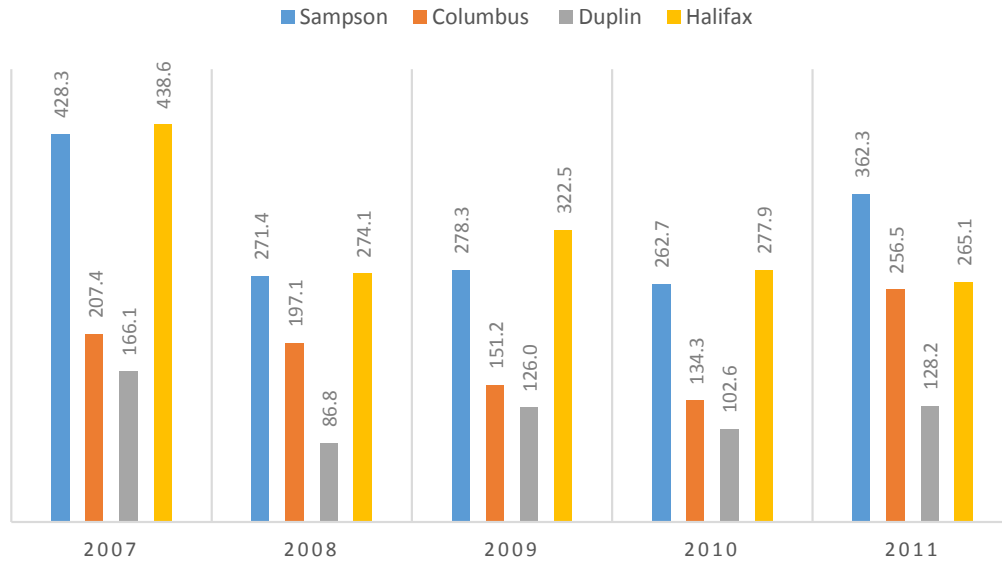
**FIGURE 29. Primary and Secondary Syphilis Rates (2007-2011)  
Sampson County Compared to Peer Counties**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



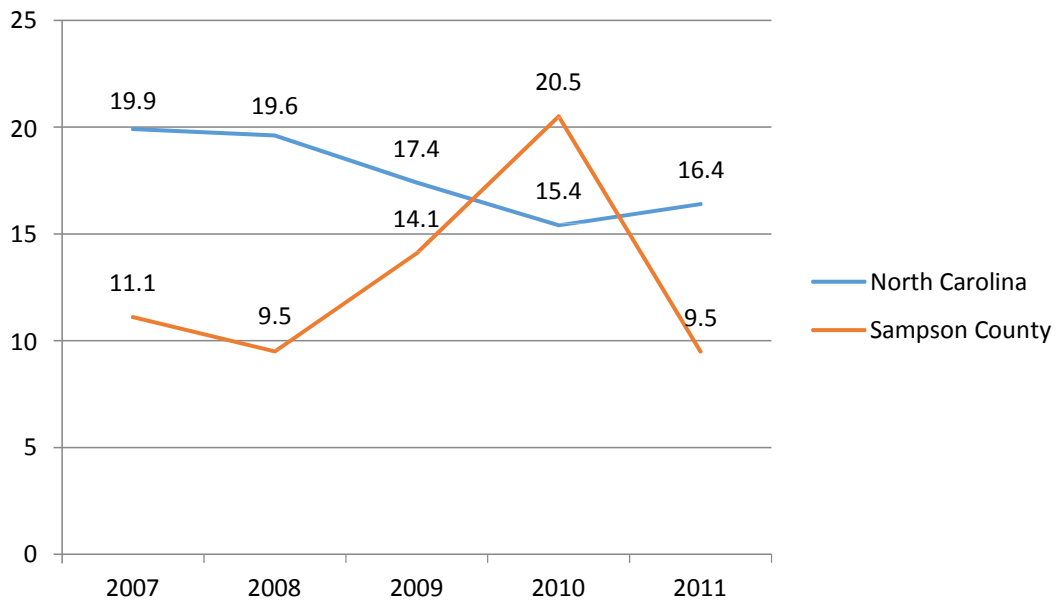
**FIGURE 30. Gonorrhea Rates (2007-2011, per 100,000 Population)  
Sampson County Compared to North Carolina**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



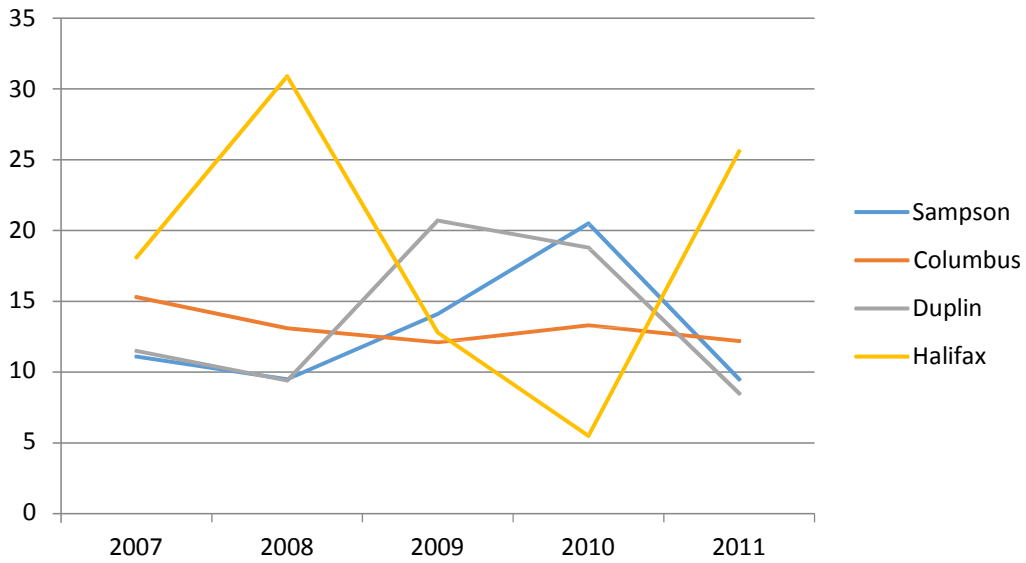
**FIGURE 31. Gonorrhea Rates (2007-2011, per 100,000 Population)  
Sampson County Compared to Peer Counties**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



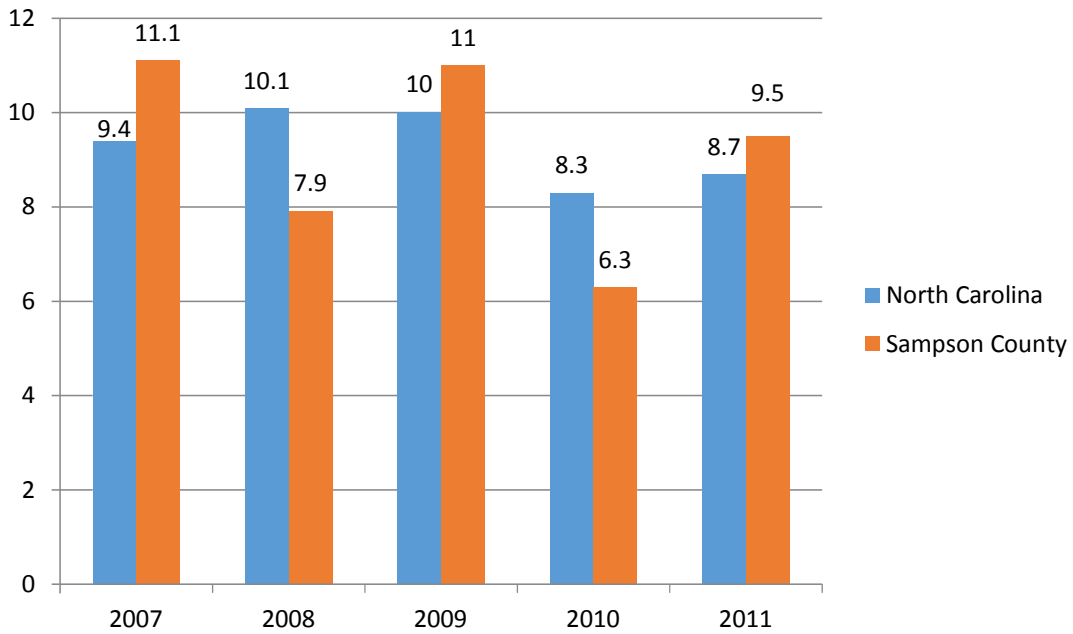
**FIGURE 32. HIV Disease Rates (2007-2011, per 100,000 Population)  
Sampson County Compared to North Carolina**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



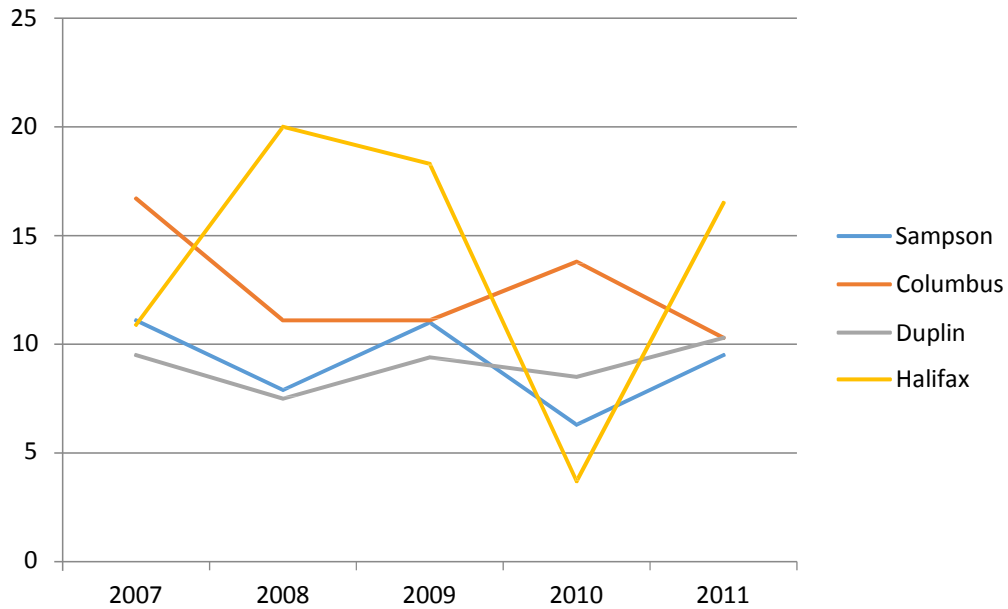
**FIGURE 33. HIV Disease Rates (2007-2011, per 100,000 Population)  
Sampson County Compared to Peer Counties**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



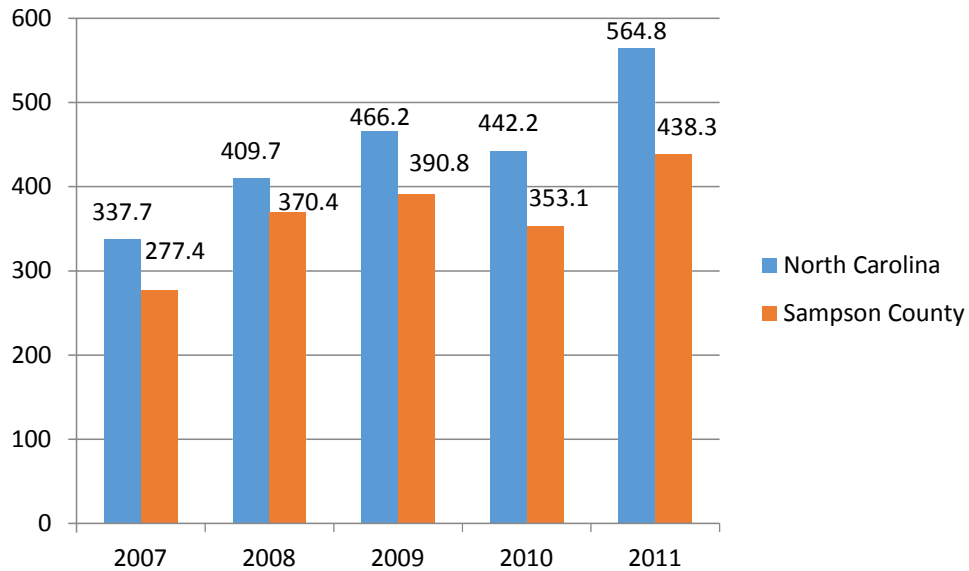
**FIGURE 34. AIDS Rate (2007-2011, per 100,000 Population)  
Sampson County Compared to North Carolina**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



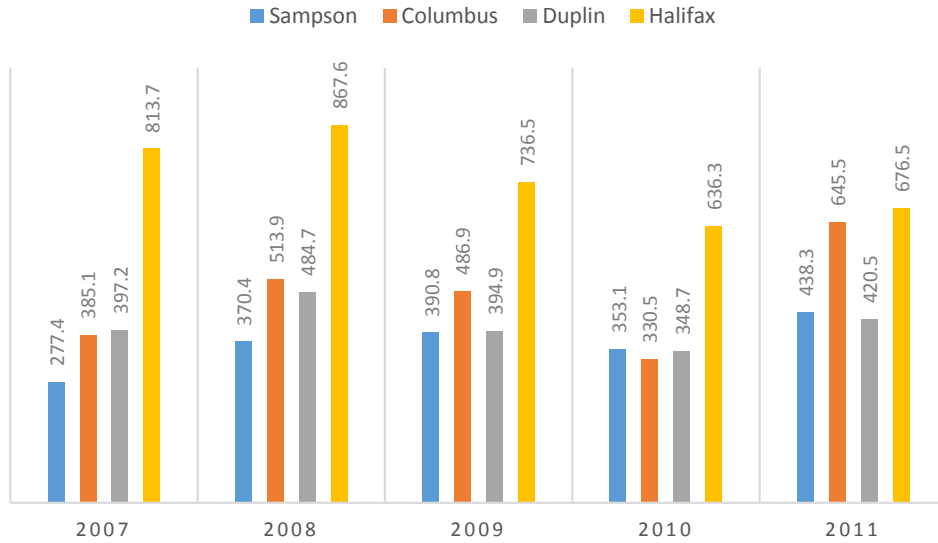
**FIGURE 35. AIDS Rate (2007-2011, per 100,000 Population)  
Sampson County Compared to Peer Counties**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



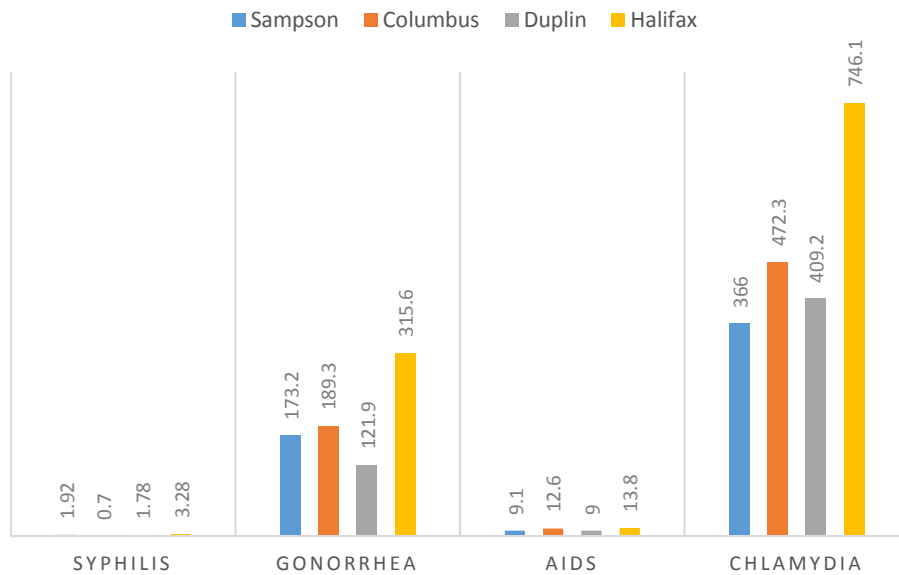
**FIGURE 36. Chlamydia Rates (2007-2011, per 100,000 Population)  
Sampson County Compared to North Carolina**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



**FIGURE 37. Chlamydia Rates (2007-2011, per 100,000 Population)  
Sampson County Compared to Peer Counties**

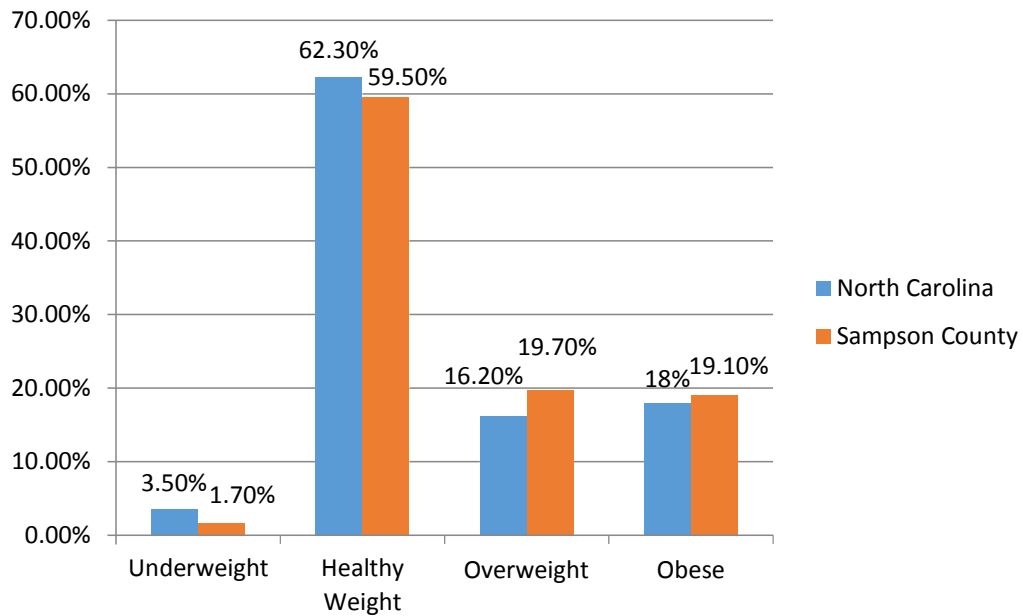
Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



**FIGURE 38. 2007-2011, per 100,000 Population**

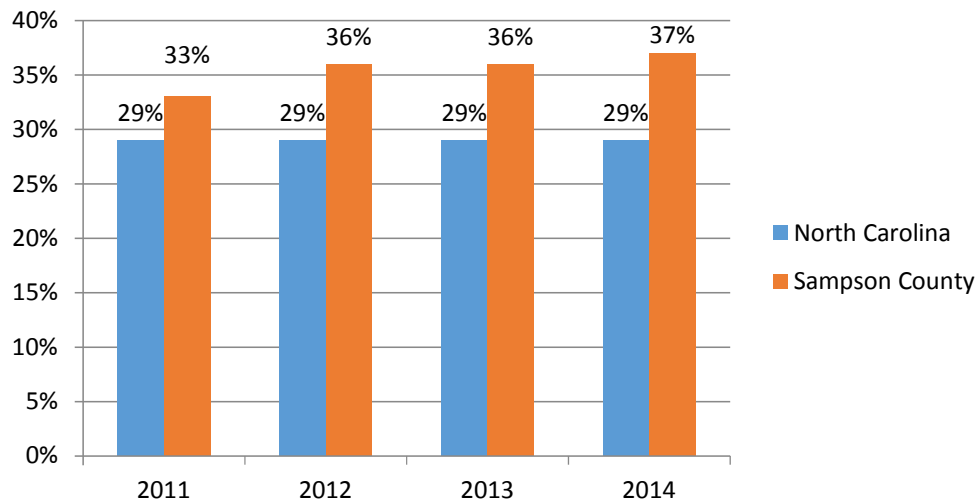
**Sampson County Compared to Peer Counties**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch



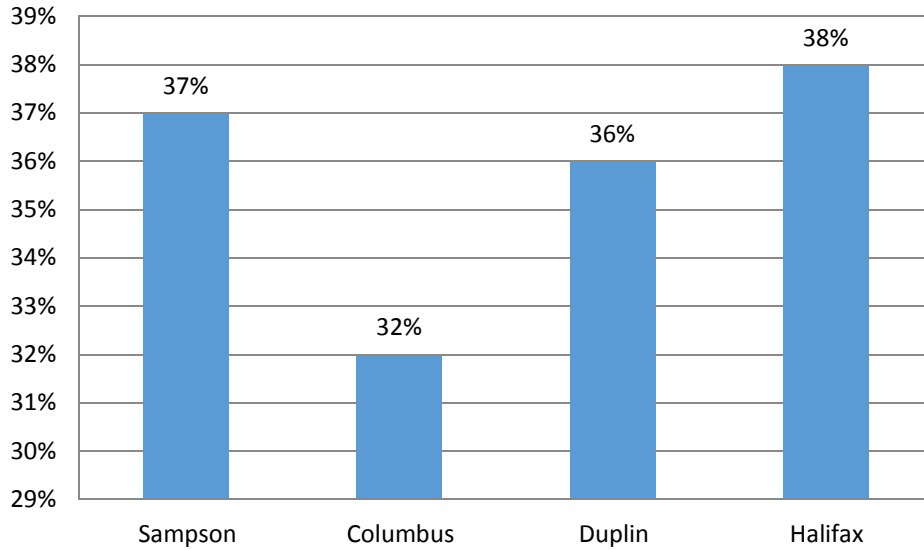
**FIGURE 39. Weight Percentage of Children ages 2-18 (2009)  
Sampson County Compared to North Carolina**

Source: NC Nutrition Services Branch: NC-NPASS



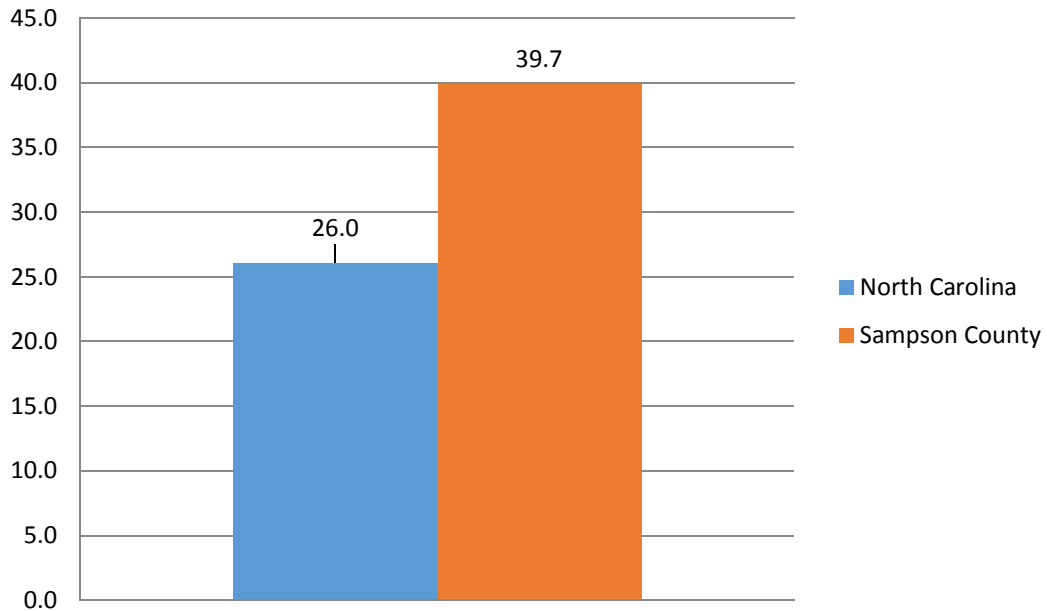
**FIGURE 40. Percentage of Adults Who Are Obese  
Sampson County compared to North Carolina (2011-2014)**

Source: County Health Rankings & Roadmaps



**FIGURE 41. Percentage of Adults Who Are Obese  
Sampson County compared to Peer Counties (2014)**

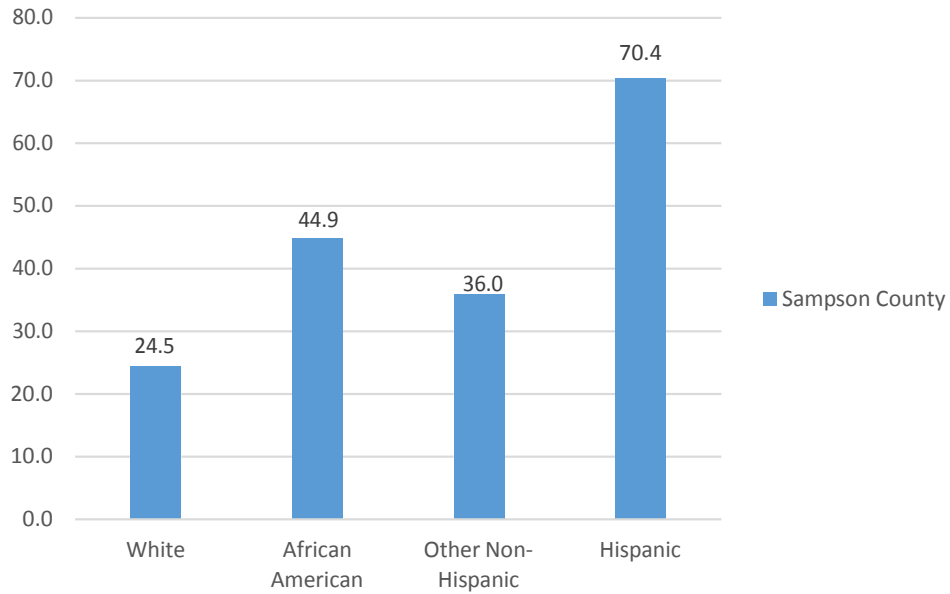
Source: County Health Rankings & Roadmaps



**FIGURE 42. NC Resident Pregnancy Rates per 1,000 Population  
Girls 15-17 (by race, 2008-2012)  
Sampson County Compared to North Carolina**

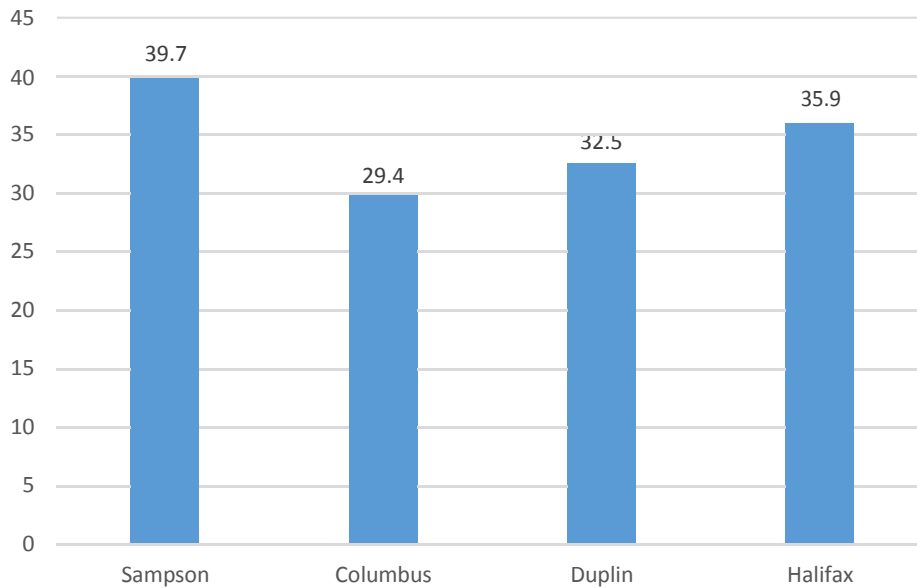
NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.

Source: NC-DHHS State Center for Health Statistic



**FIGURE 43. NC Resident Pregnancy Rates per 1,000 Population  
Girls 15-17 (by race, 2008-2012)**

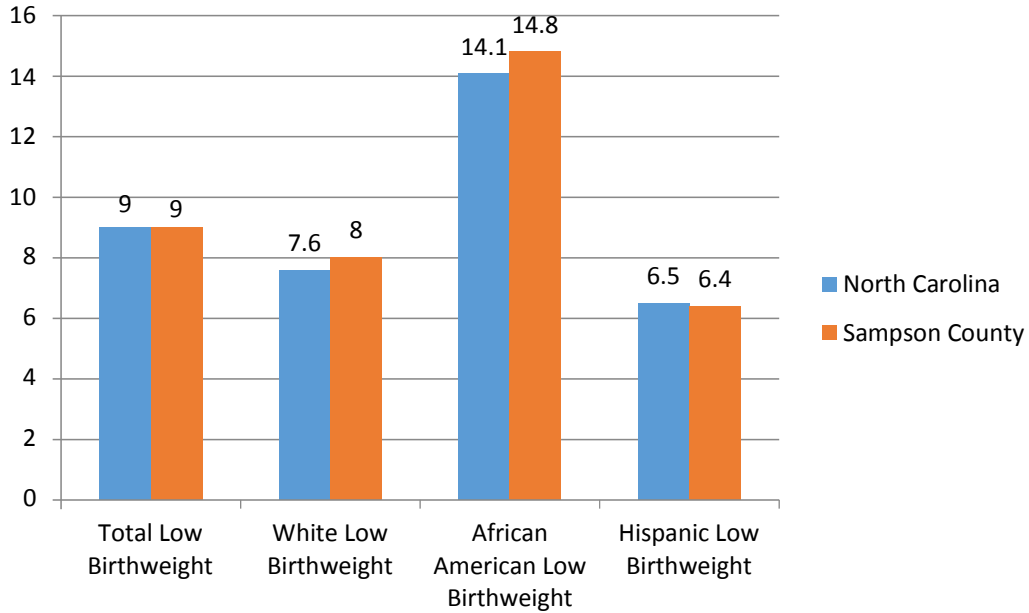
NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.  
Source: NC-DHHS State Center for Health Statistics



**FIGURE 44. NC Resident Pregnancy Rates per 1,000 Population  
Girls 15-17 (by race, 2008-2012)  
Sampson County Compared to Peer Counties**

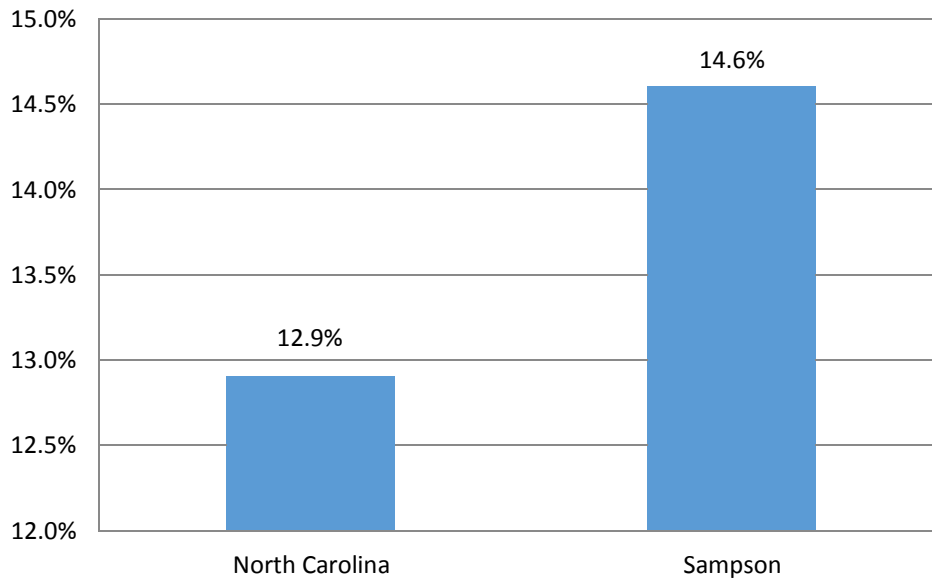
NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.  
Source: NC-DHHS State Center for Health Statistics





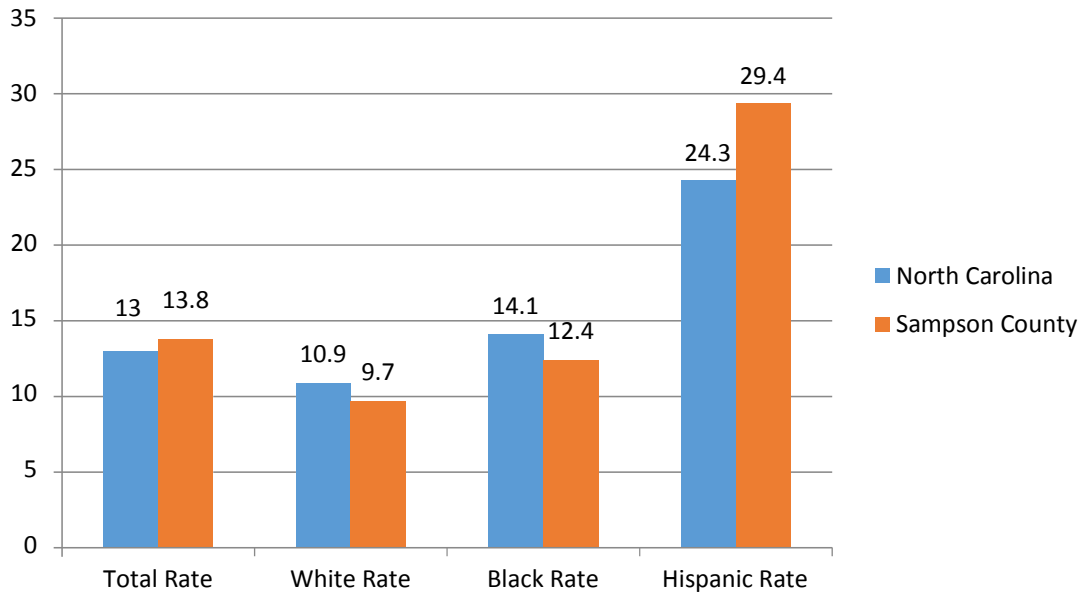
**FIGURE 45. NC Resident Births: Percent Low Birth Weight Births (2008-2012 by race)**

NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.  
 Source: NC-DHHS State Center for Health Statistics



**FIGURE 46. Short Interval Live Births as a Percent of All Births (Interval from Last Delivery to Next Delivery, Excluding 1<sup>st</sup> Pregnancies)**

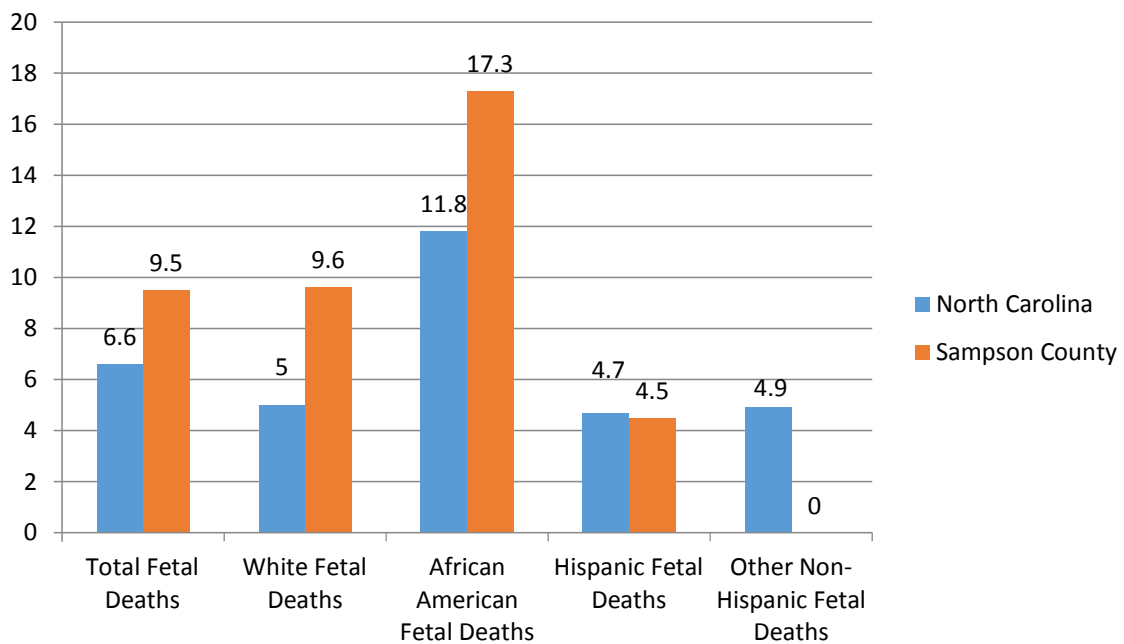
NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.  
 Source: NC-DHHS State Center for Health Statistics



**FIGURE 47. Resident Live Birth Rates per 1,000 Population (2008-2012)**

NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.

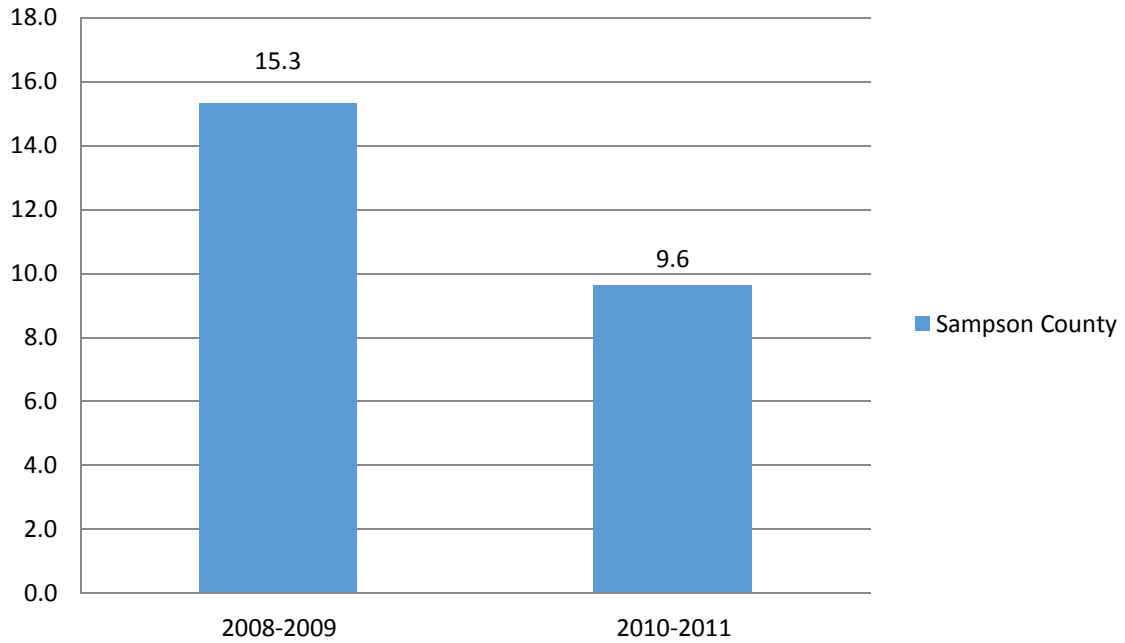
Source: NC-DHHS State Center for Health Statistics



**FIGURE 48. Resident Fetal Death Rates per 1,000 Deliveries (2008-2012)**

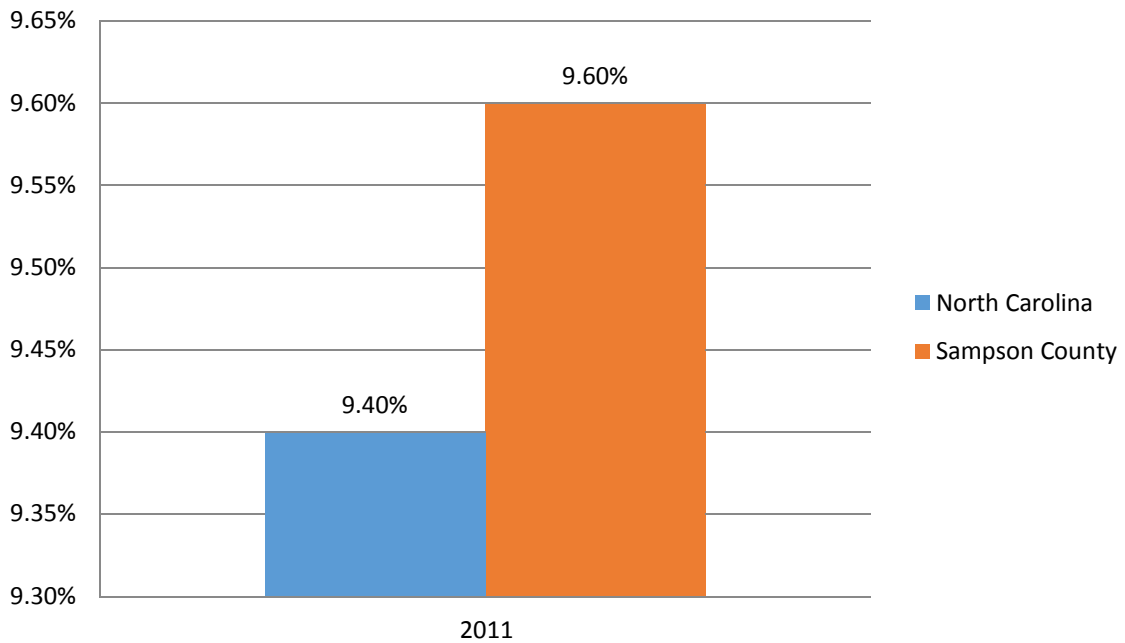
NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.

Source: NC-DHHS State Center for Health Statistics



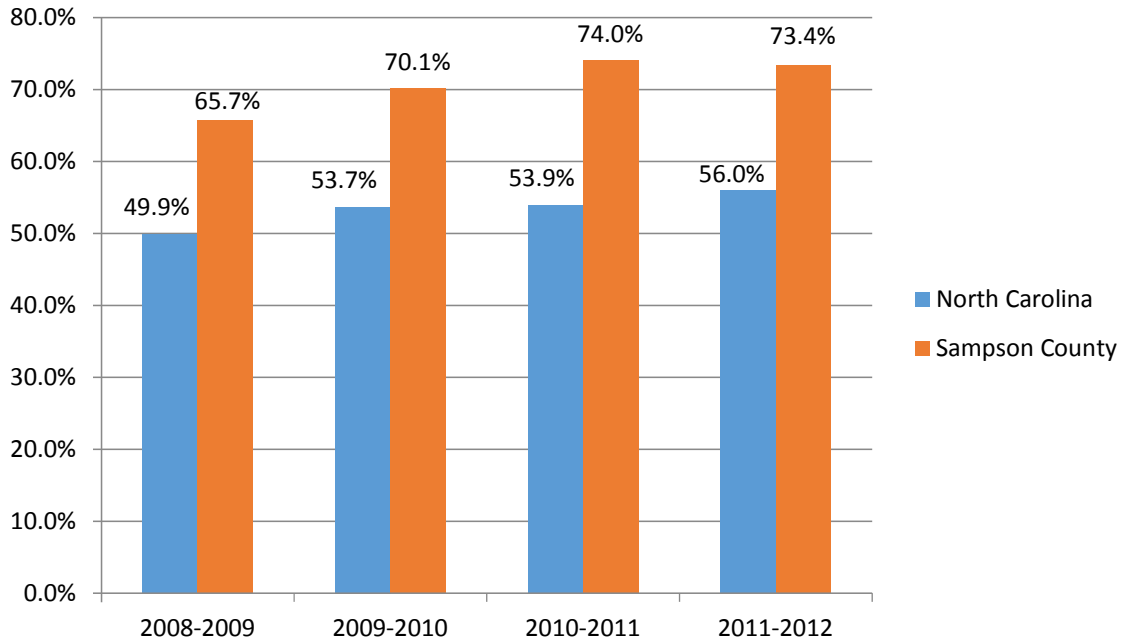
**FIGURE 49. Estimated Percent of Uninsured Age 0-18**

Source: North Carolina Institute of Medicine



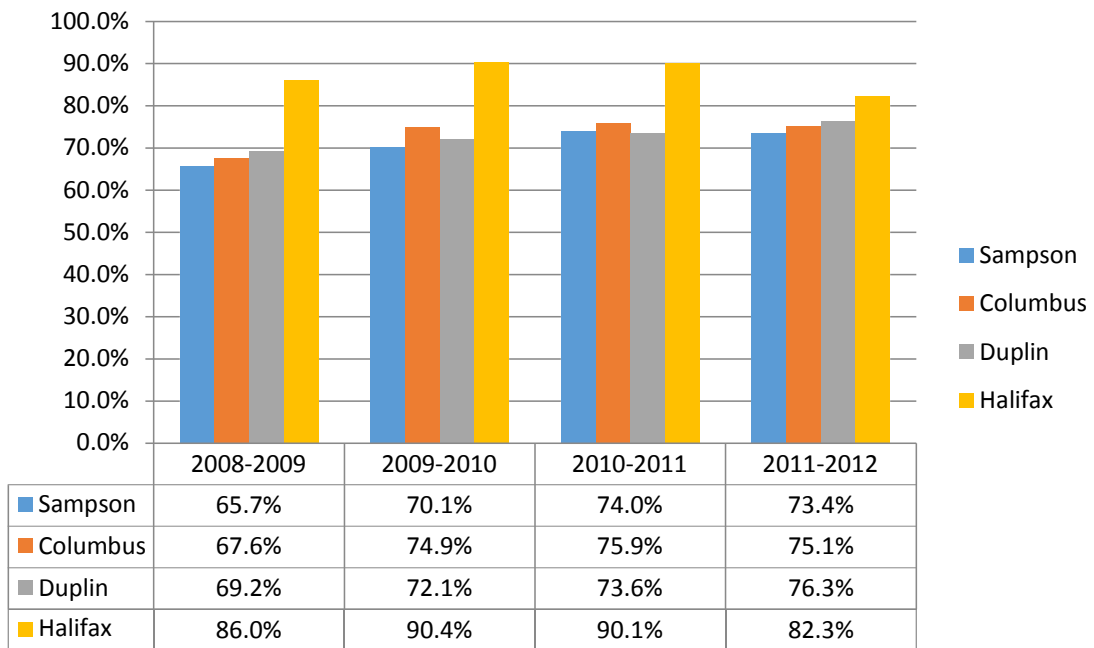
**FIGURE 50. Percent of Children without Health Insurance  
Sampson County compared to NC**

Source: Kids Count Data Center



**FIGURE 51. Economically Disadvantaged (Free & Reduced Lunch) Needy Percentage Sampson County compared to North Carolina**

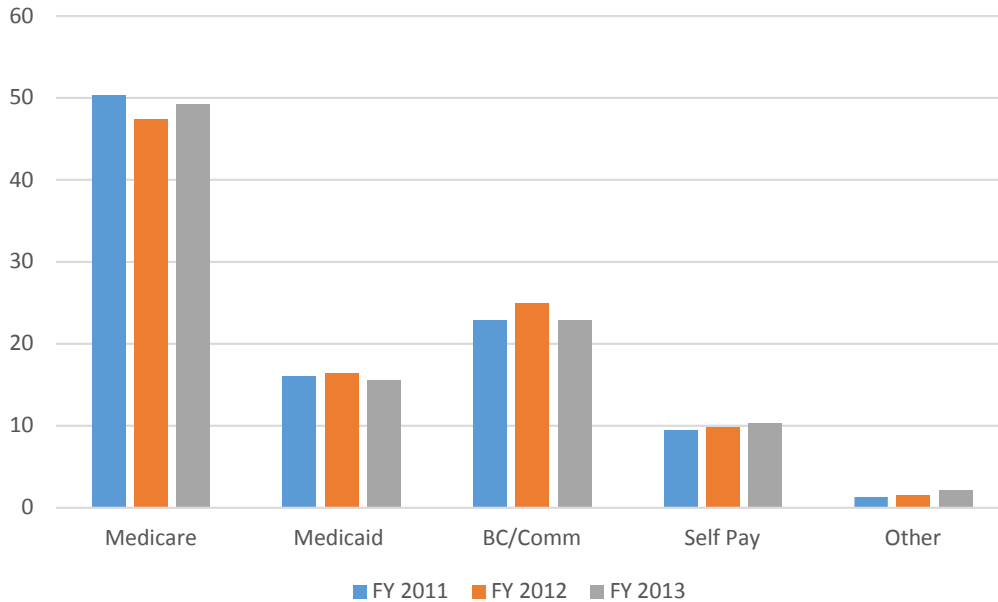
Source: Kids Count Data Center



**FIGURE 52. Economically Disadvantaged (Free & Reduced Lunch) Needy Percentage Sampson County compared to Peer Counties**

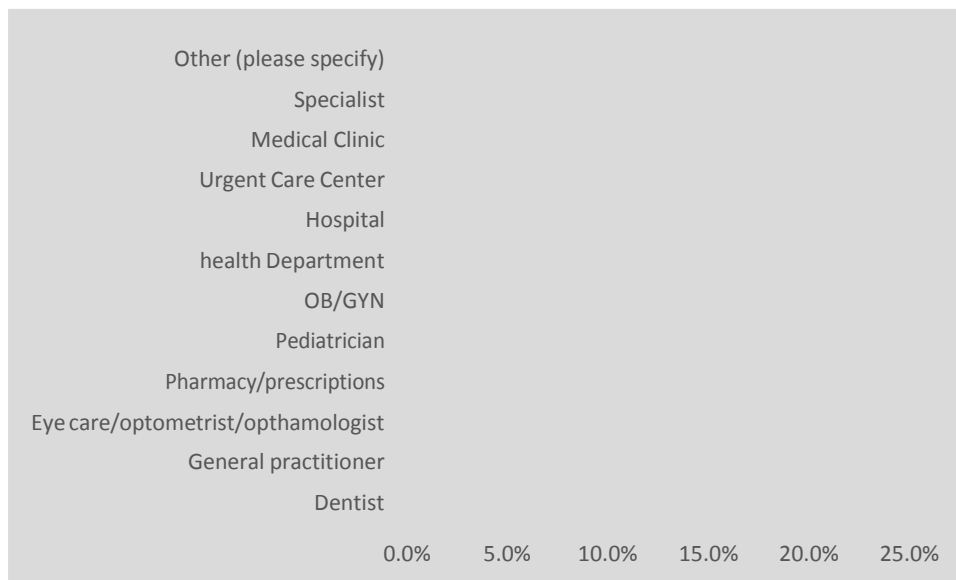
Source: Kids Count Data Center

**HEALTH CARE**



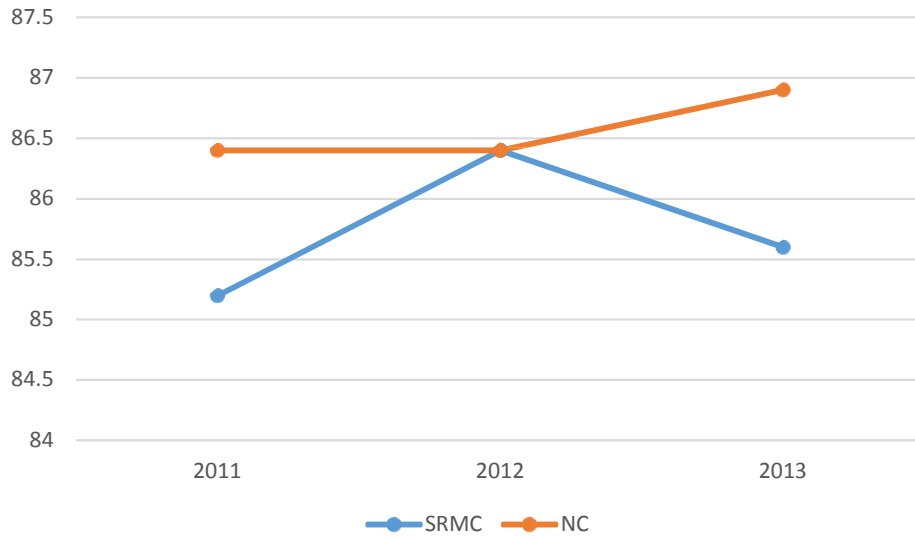
**FIGURE 53. Sampson Regional Medical Center Payer Mix (percentage over time)**

Source: Sampson Regional Medical Center, Accounting Department



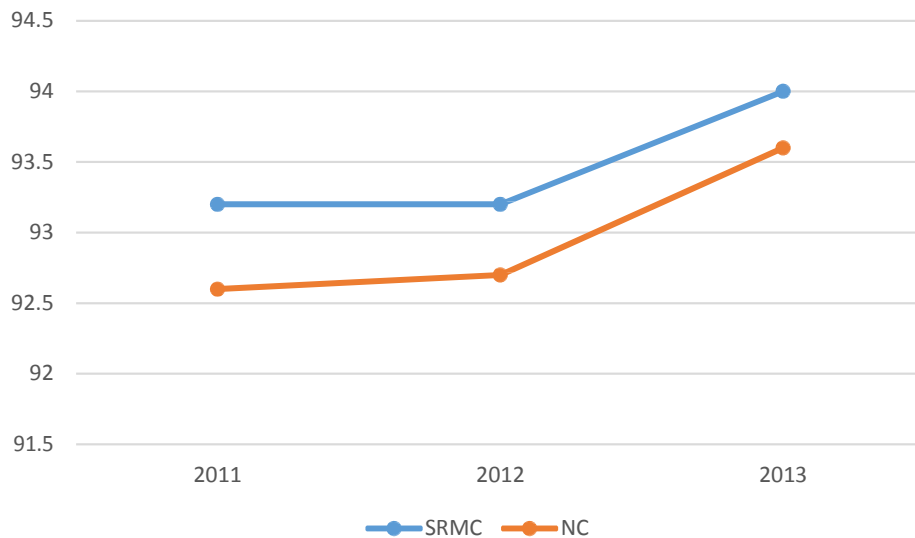
**FIGURE 54. Sampson Regional Medical Center  
Survey Question 29: Type of Provider or Facility Where Respondents Had Most  
Trouble Getting Health Care**

Source: Sampson Regional Medical Center



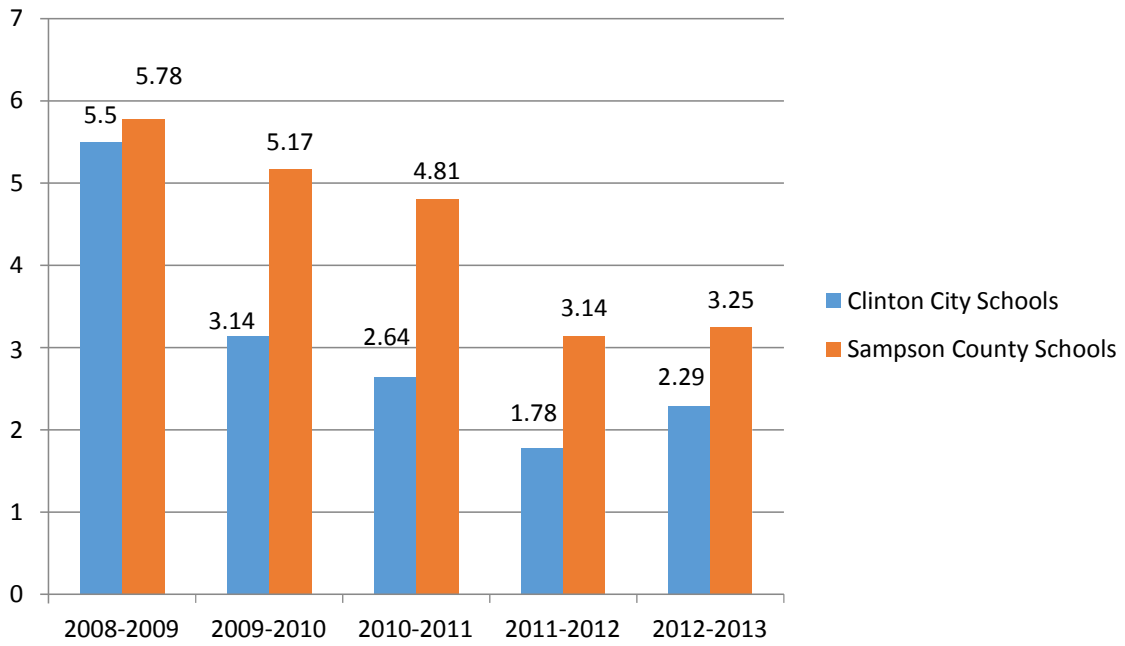
**FIGURE 55. Inpatient Satisfaction Mean Scores (2011-2013)  
SRMC compared to NC Peer Hospital Group**

Note: NC Peer Group = NC Hospitals using Press Ganey services to measure patient satisfaction.  
Source: Sampson Regional Medical Center, Press Ganey Report, Service Excellence Department



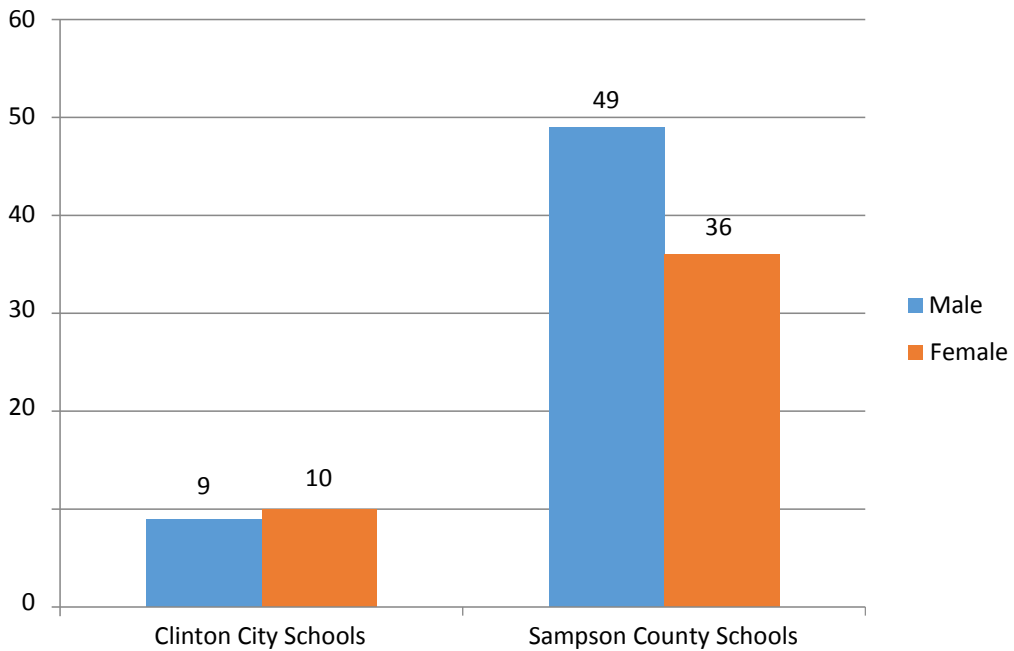
**FIGURE 56. Outpatient Satisfaction Mean Scores (2011-2013)  
SRMC compared to NC Peer Hospital Group**

Note: NC Peer Group = NC Hospitals using Press Ganey services to measure patient satisfaction.  
Source: Sampson Regional Medical Center, Press Ganey Report, Service Excellence Department



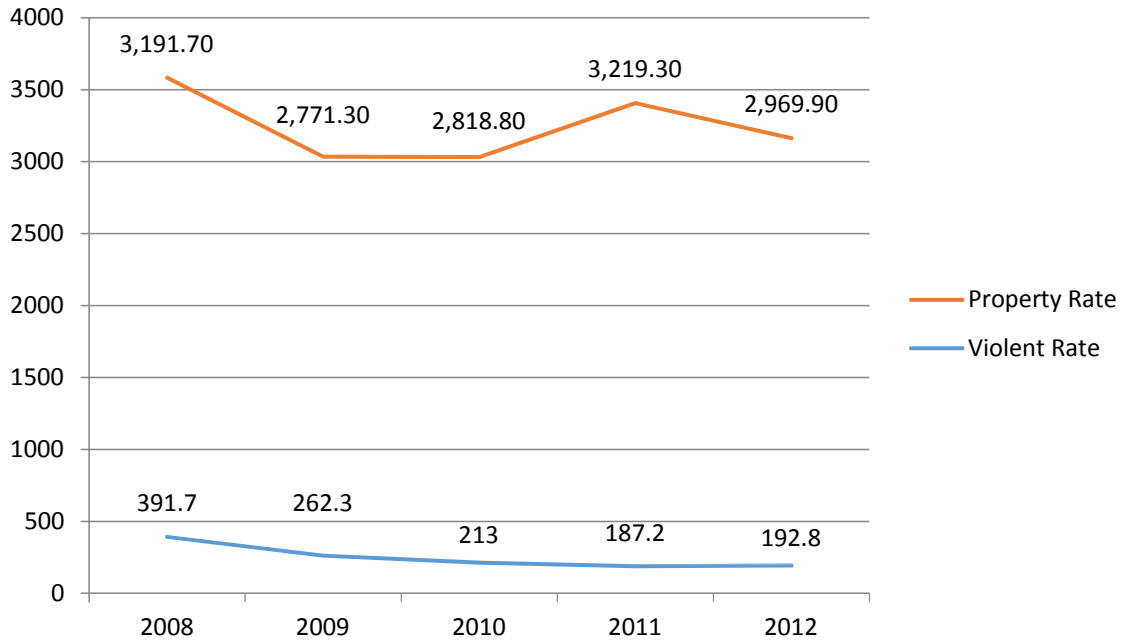
**FIGURE 57. High School Dropout Rates, Academic Years 2008-2009 through 2012-2013**

Source: NC Department of Public Instruction



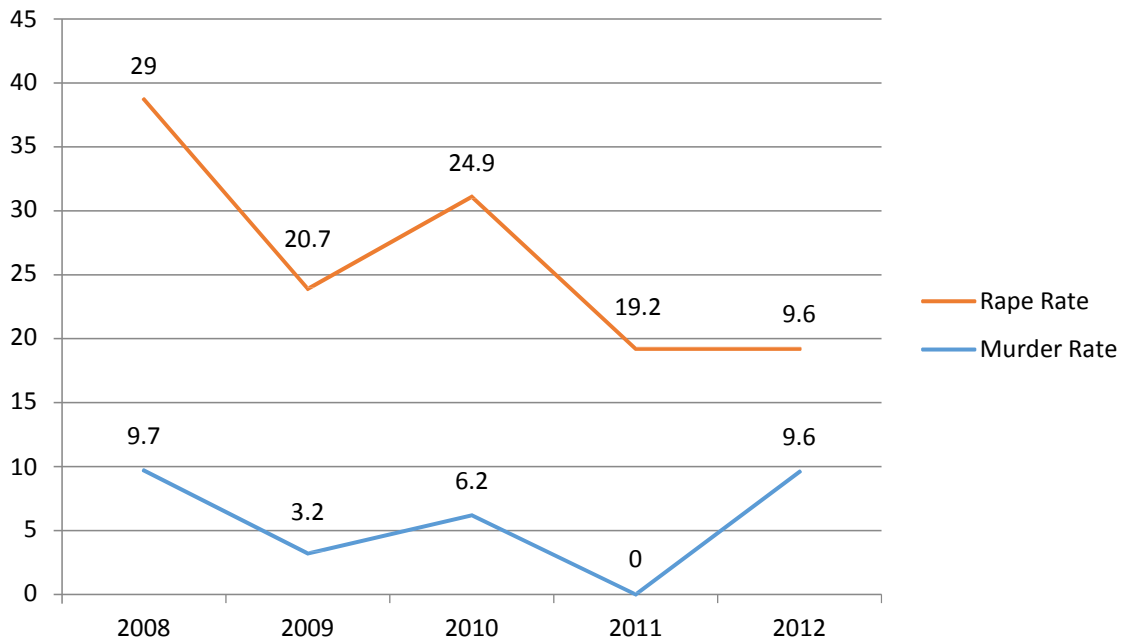
**FIGURE 58. High School Dropouts by Gender (2012-2013)**

Source: NC Department of Public Instruction



**FIGURE 59. Crime Rates per 100,000 Population (2008-2012)  
Violent and Property**

Source: NC Department of Justice



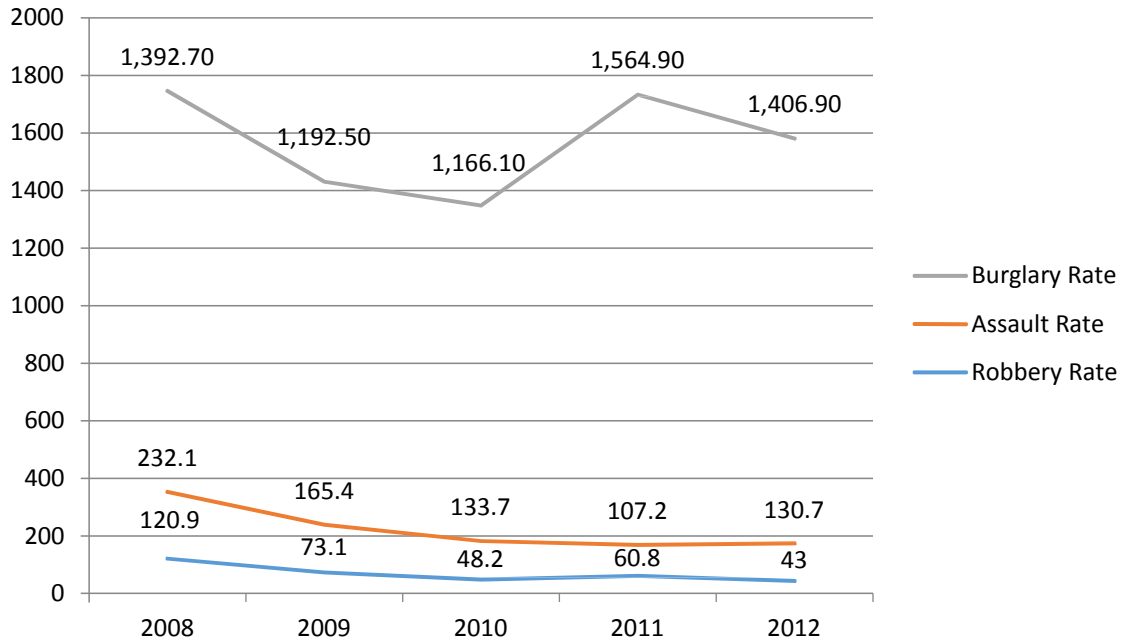
**FIGURE 60. Crime Rates per 100,000 Population (2008-2012)  
Murder and Rape**

Source: NC Department of Justice



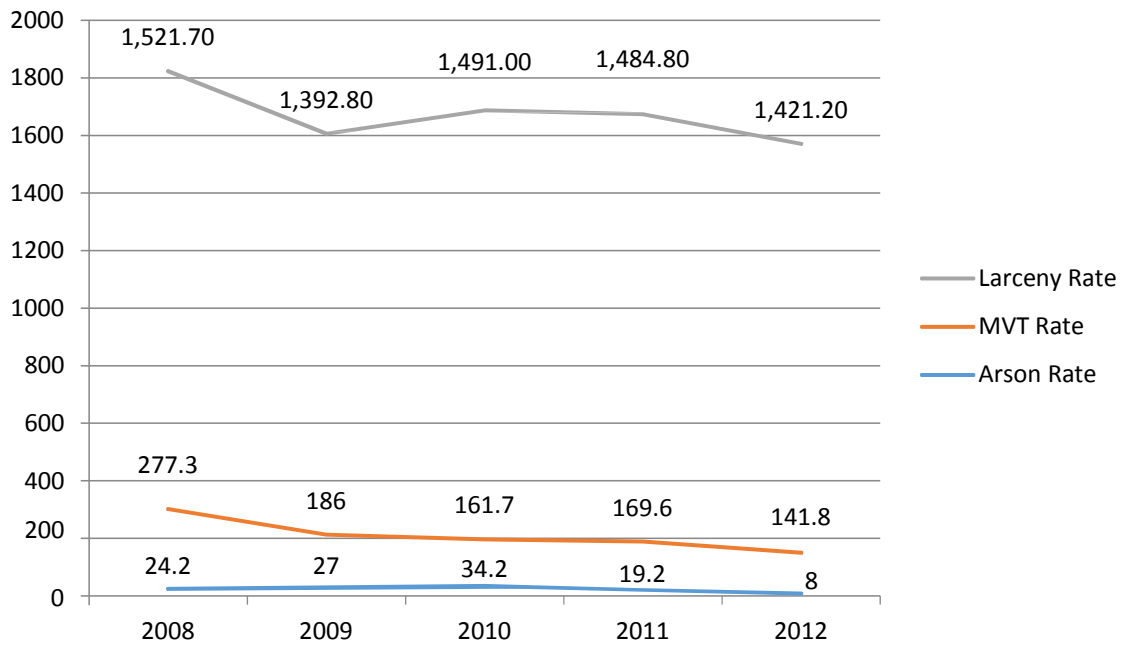
*NOTE: 0 represents unavailable data.*

*Source: NC Department of Justice*



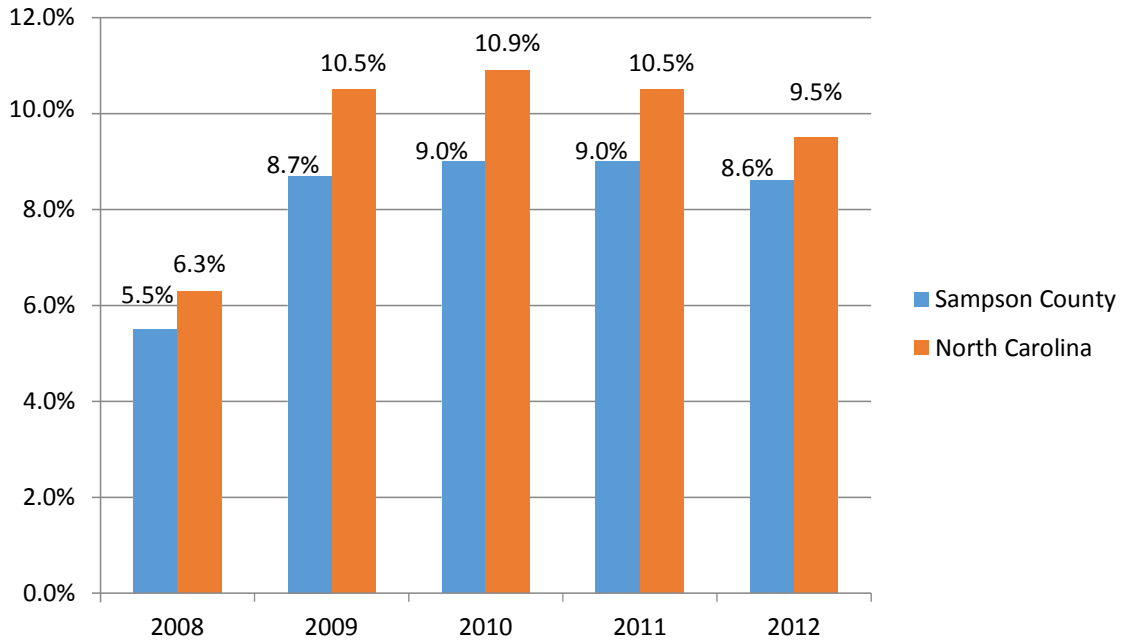
**FIGURE 61. Crime Rates per 100,000 Population (2008-2012)**  
**Robbery, Assault, Burglary**

Source: NC Department of Justice



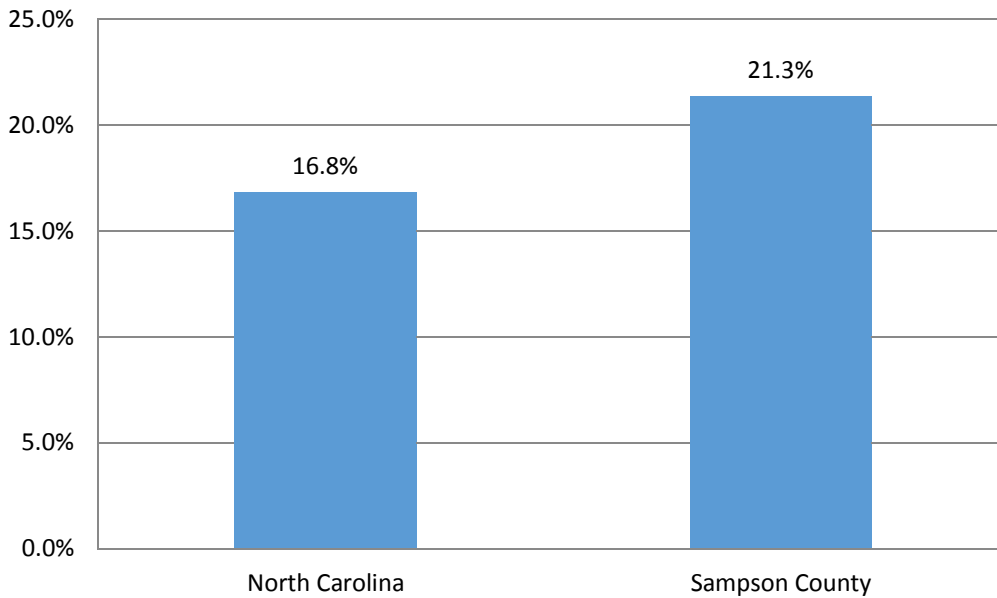
**FIGURE 62. Crime Rates per 100,000 Population (2008-2012)**  
**Larceny, Motor Vehicle Theft (MVT), Arson**

Source: NC Department of Justice



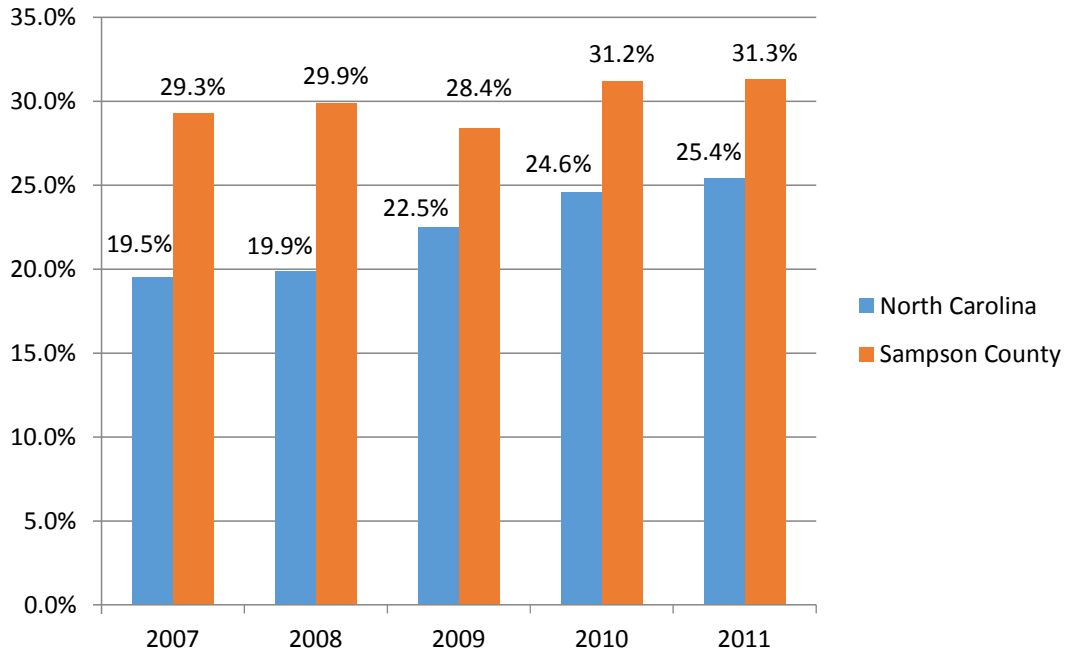
**FIGURE 63. Unemployment Percent**

Source: Kids Count Data Center



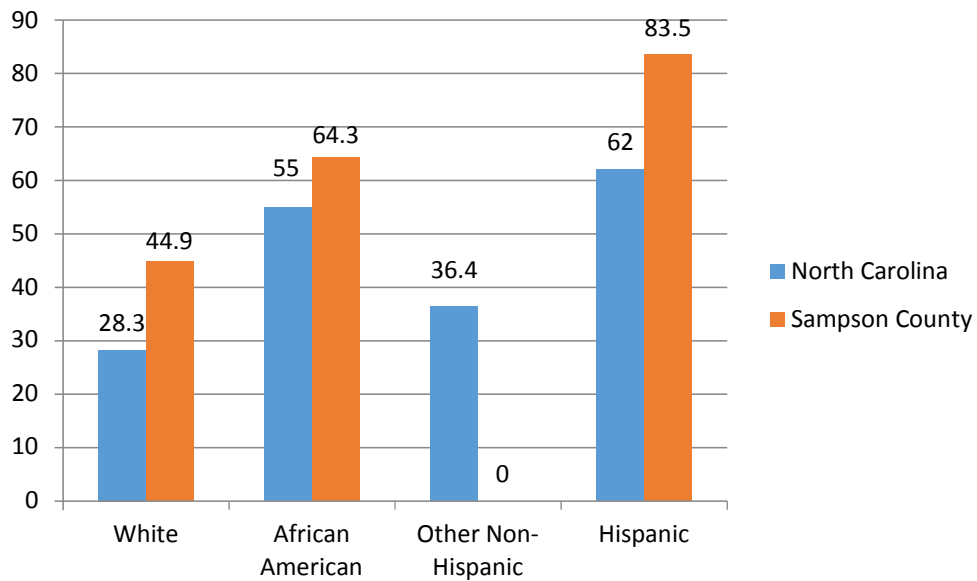
**FIGURE 64. People in Poverty (All ages, 2008-2012)**

Source: US Census Bureau



**FIGURE 65. Children in Poverty**

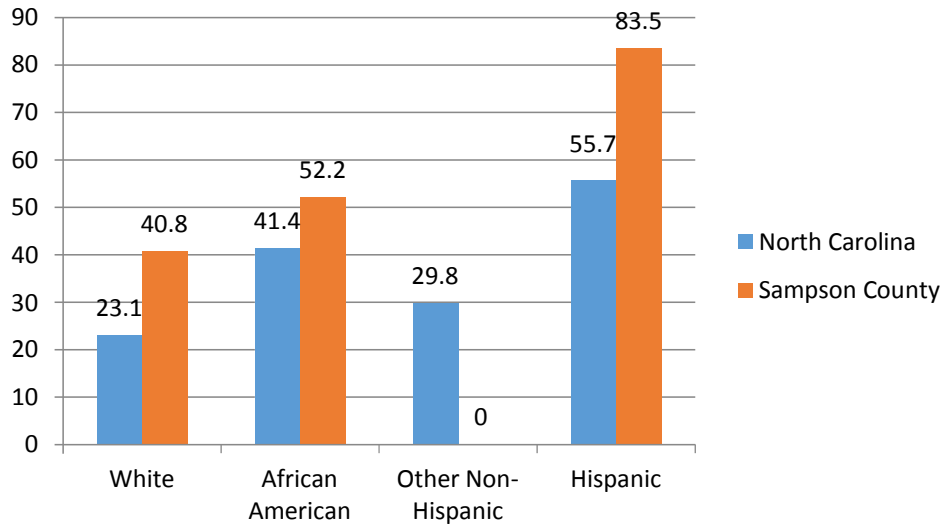
Source: Kids Count Data Center



**FIGURE 66. Pregnancy Rates (Ages 15-19 by Race, 2012)**

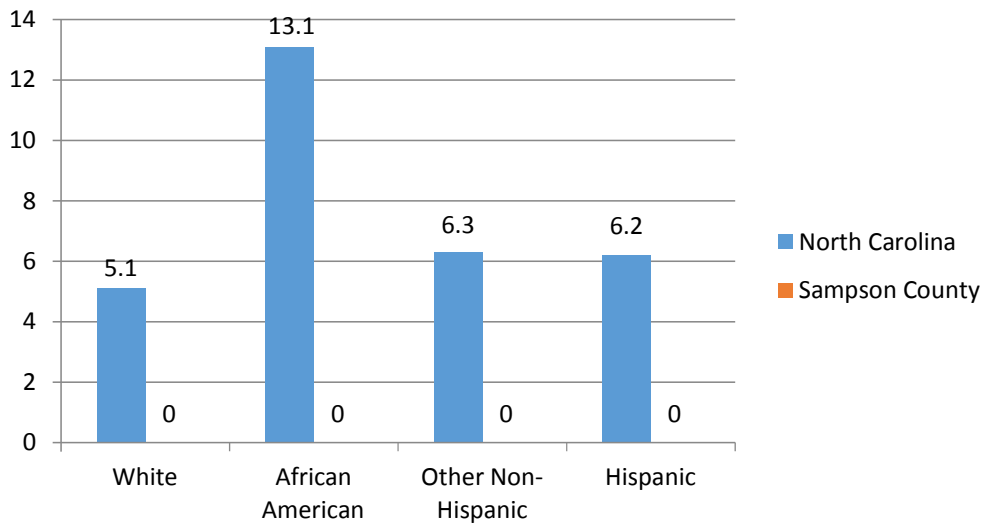
NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and are not reported.

Source: State Center for Health Statistics



**FIGURE 67. Fertility Rates (Ages 15-19 by Race, 2012)**

*NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and are not reported.  
Source: State Center for Health Statistics*



**FIGURE 68. Abortion Rates (Ages 15-19 by Race, 2012)**

*NOTE: Rates based on small numbers (fewer than 20 cases) are unstable and are not reported.  
Source: State Center for Health Statistics*

**TABLE 1. Sampson County Median Household Income (Currency)***Source: Kids Count Data Center*

	2007	2008	2009	2010	2011
<b>Sampson County</b>	\$34,516	\$38,065	\$33,937	\$37,047	\$36,471
<b>North Carolina</b>	\$44,772	\$46,574	\$43,754	\$43,417	\$44,028

**TABLE 2. Population (Municipal Estimates)***Source: Office of State Budget and Management*

	April 2010	July 2011	Growth Amount	Growth Percent	April 2010	July 2012	Growth Amount	Growth Percent
<b>North Carolina</b>	9,535,471	9,666,068	130,597	1.37	9,535,471	9,762,822	227,351	2.38
<b>Sampson County</b>	63,431	63,644	233	0.40	63,431	64,121	690	1.18
<b>Autryville</b>	196	196	0	0.00	196	201	5	2.55
<b>Clinton</b>	8,639	8,622	-17	-0.20	8,639	8,678	39	0.45
<b>Garland</b>	625	625	0	0.00	625	629	4	0.64
<b>Harrells</b>	179	179	0	0.00	179	180	1	0.56
<b>Newton Grove</b>	569	570	1	0.18	569	567	-2	-0.35
<b>Roseboro</b>	1,191	1,195	4	0.34	1,191	1,198	7	0.59
<b>Salemburg</b>	435	435	0	0.00	435	440	5	1.15
<b>Turkey</b>	292	294	2	0.68	292	297	5	1.71

**TABLE 3. Sampson County Housing Status 2010***Source: US Census Bureau*

<b>Total Housing</b>	<b>27,234</b>
<b>Occupied Housing</b>	24,005
<b>Owner Occupied</b>	16,688
<b>Renter Occupied</b>	7,317
<b>Vacant</b>	3,229
<b>Vacant for Rent</b>	705
<b>Vacant for Sale</b>	233

**TABLE 4. Leading Cause of Death (2008-2012 for all ages)***Source: State Center for Health Statistics*

<b>Rank</b>	<b>Cause of Death</b>	<b>Number</b>	<b>Rate</b>
<b>1</b>	Diseases of the heart	671	211.7
<b>2</b>	Cancer	669	211.1
<b>3</b>	Cerebrovascular diseases	183	57.7
<b>4</b>	Chronic lower respiratory diseases	158	49.8
<b>5</b>	Other Unintentional Injuries	132	41.6
<b>6</b>	Diabetes mellitus	128	40.4
<b>7</b>	Motor vehicle injuries	101	31.9
<b>8</b>	Alzheimer's disease	94	29.7
<b>9</b>	Nephritis, nephritic syndrome and nephrosis	79	24.9
<b>10</b>	Pneumonia & influenza	49	15.5
	All other causes	792	249.8
	<b>Total Deaths – All Causes</b>	<b>3,056</b>	<b>964.1</b>

**TABLE 5. Leading Causes of Death (Ages 00-19)***Source: State Center for Health Statistics*

Rank	Cause of Death	Number	Rate
1	Conditions originating in the prenatal period	23	25.9
2	Congenital anomalies (birth defects)	15	16.9
3	Motor vehicle crashes	14	15.8
4	Other unintentional injuries	13	14.6
5	Cancer	4	4.5
6	Homicide	3	3.4
	SIDS	3	3.4
8	Septicemia	2	2.3
	Nephritis, nephrotic syndrome & nephrosis	2	2.3
10	In-situ/benign neoplasms	1	1.1
	Pregnancy, childbirth, and puerperium	1	1.1
	Suicide	1	1.1
	All other causes	8	9
	Total Deaths – All Causes	90	101.4

**TABLE 6. Leading Causes of Death (Ages 20 – 39)***Source: State Center for Health Statistics*

Rank	Cause of Death	Number	Rate
1	Motor vehicle injuries	31	40.1
2	Other unintentional injuries	25	32.3
3	Homicide	22	28.5
4	Cancer	17	22.0
5	Suicide	13	16.8
6	Diseases of the heart	10	12.9
7	Chronic liver disease	3	3.9
8	HIV Disease	2	2.6
	Diabetes mellitus	2	2.6
	Cerebrovascular disease	2	2.6
	Congenital anomalies (birth defects)	2	2.6
	All other causes	17	22
	Total Deaths – All Causes	146	188.9



**TABLE 7. Leading Causes of Death (Ages 40-64)***Source: State Center for Health Statistics*

Rank	Cause of Death	Number	Rate
1	Cancer	222	210.7
2	Diseases of the heart	142	134.8
3	Other unintentional injuries	46	43.7
4	Motor vehicle injuries	39	37.0
5	Diabetes mellitus	33	31.3
6	Cerebrovascular diseases	24	22.8
	Chronic lower respiratory diseases	24	22.8
8	Suicide	20	19.0
9	Nephritis, nephritic syndrome and nephrosis	17	16.1
10	Chronic liver disease and cirrhosis	14	13.3
	All other causes	147	139.4
	Total Deaths – All Causes	728	690.9

**TABLE 8. Leading Causes of Death (Ages 65-84)***Source: State Center for Health Statistics*

Rank	Cause of Death	Number	Rate
1	Cancer	344	854.8
2	Diseases of the heart	329	817.6
3	Cerebrovascular diseases	97	241.0
4	Chronic lower respiratory diseases	92	228.6
5	Diabetes mellitus	65	161.5
6	Alzheimer's disease	40	99.4
	Nephritis, nephritic syndrome and nephrosis	40	99.4
8	Other unintentional injuries	28	69.6
9	Pneumonia and influenza	24	59.6
10	Septicemia	22	54.7
	All other causes	299	743.1
	Total Deaths – All Causes	1,380	3429.3

**TABLE 9. Leading Causes of Death (Ages 85+)***Source: State Center for Health Statistics*

Rank	Cause of Death	Number	Rate
1	Diseases of the heart	190	3599.2
2	Cancer	82	1553.3
3	Cerebrovascular diseases	60	1136.6
4	Alzheimer's disease	52	985.0
5	Chronic lower respiratory diseases	42	795.6
6	Diabetes mellitus	28	530.4
7	Other unintentional injuries	20	378.9
8	Nephritis, nephritic syndrome and nephrosis	19	359.9
9	Pneumonia and influenza	16	303.1
10	Septicemia	12	227.3
	Pneumonitis due to solids & liquids	12	227.3
	All other causes	179	3390.8
	<b>Total Deaths – All Causes</b>	<b>712</b>	<b>13487.4</b>

**TABLE 10. 2014 Projected New Cancer Cases and Deaths***Source: State Center for Health Statistics*

	Projected New Cases		Projected Deaths	
	North Carolina	Sampson County	North Carolina	Sampson County
<b>Total</b>	57,298	390	20,155	139
<b>Lung/Bronchus</b>	8,624	59	6,180	43
<b>Breast</b>	9,610	65	1,398	10
<b>Prostate</b>	8,399	57	1,009	7
<b>Colon/Rectum</b>	4,746	33	1,665	11

**TABLE 11. Local Health Department Reported Case Counts  
Communicable Disease, 01/01/2009-12/31/2012**

Source: NC Electronic Disease Surveillance System (NCEDSS)

Classification	Number of Records	Percent
Hepatitis A	1	0.70%
Haemophilus influenza	2	1.14%
Streptococcal infection Group A, Invasive	2	1.41%
Influenza, NOVEL virus infection	11	7.75%
Shigellosis	5	3.52%
Lyme disease	2	1.41%
Salmonellosis	76	53.52%
Campylobacter Infection	35	24.64%
E Coli	5	3.52%
Listeriosis	2	1.41%
Typhoid acute	1	0.70%
<b>Total</b>	<b>142</b>	<b>100%</b>

**TABLE 12. Local Health Department Reported Case Counts  
Vaccine Preventable Disease, 01/01/2009-12/31/2012**

Source: NC Electronic Disease Surveillance System (NCEDSS)

Classification	Number of Records	Percent
Hepatitis A	1	3.4%
Hepatitis B (Acute, Chronic, Perinatal)	15	51.7%
Haemophilus influenzae	2	6.9%
Influenza, NOVEL virus infection	11	38.0%
<b>Total</b>	<b>29</b>	<b>100%</b>

**TABLE 13. HIV Disease Cases Living as of December 31, 2011  
Sampson County Compared to NC and Peer Counties**

Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch

County	HIV
North Carolina	26,168
Sampson	142
Columbus	163
Duplin	167
Halifax	148

**TABLE 14. NC AIDS Cases Living as of December 31, 2011***Source: 2011 HIV/STD Surveillance Report, Communicable Disease Branch*

County	AIDS
<b>North Carolina</b>	10,739
<b>Sampson</b>	68
<b>Columbus</b>	72
<b>Duplin</b>	87
<b>Halifax</b>	76

**TABLE 15. School Level Oral Health Status Data, Kindergarten, 2009-2010***Source: NC Division of Public Health, Oral Health Section*

Screened		Filled Missing Teeth (FMT)	Decayed Teeth (DT)	Decayed Missing Filled Teeth (DMFT)	% Decayed Missing FT	% Decayed Teeth (DT)
#	%					
<b>767</b>	88%	1.59	0.50	2.08	55%	19%

**TABLE 16. School Level Oral Health Status Data, Grade 5, 2009-2010***Source: NC Division of Public Health, Oral Health Section*

Screened		Filled Missing Teeth (FMT)	Decayed Teeth (DT)	Decayed Missing Filled Teeth (DMFT)	% Decayed Missing FT	% Decayed Teeth (DT)	% Sealants
#	%						
<b>820</b>	91%	0.35	0.06	0.40	76%	4%	21%

**TABLE 17. Number and Percent of Resident Births Delivered by Cesarean Section (Primary and Repeat, 2008-2012)**

Source: NC-DHHS State Center for Health Statistics

	Total Births	Births by Cesarean	% Births by Cesarean
<b>North Carolina</b>	620,015	192,712	31.1
<b>Sampson</b>	4,378	1,677	38.3

**TABLE 18. Resident Births for 2012 by Maternal Smoking, This Pregnancy**

Source: NC-DHHS State Center for Health Statistics

	Number Who Smoked	% Who Smoked
<b>North Carolina</b>	12,727	10.6%
<b>Sampson County</b>	116	13.5%

**TABLE 19. Sampson County Persons Served in Centers/Programs (2010-2013)**

Source: LINC

	Sampson County			
	State Mental Health Development Centers	NC Alcohol & Drug Treatment Centers	Area Mental Health Programs	Total
2010	8	22	3,373	3,403
2011	10	32	10,706	10,748
2012	8	21	3,239	3,268
2013	11	17	2,530	2,558

**TABLE 20. Top 20 Causes of ER Visits (2011-2013)***Source: Sampson Regional Medical Center, Emergency Department*

<b>TOP 20 CAUSES OF ER VISITS (2011-2013)</b>	<b>FEMALES</b>	<b>MALES</b>	<b>TOTAL</b>
<b>Pain In Limb</b>	2880	2467	5347
<b>Chest Pain NOS (Complaints of chest pain not specified as right or left side)</b>	2944	2315	5259
<b>Cough</b>	2612	2098	4710
<b>Fever, Unspecified (Fever not relatable to specific causes such as sore throat or earache)</b>	2284	2275	4559
<b>Headache</b>	2813	1420	4233
<b>Abdominal Pain, Unspecified Site (Abdominal pain generically reported without specifying upper, lower, right, or left side)</b>	1975	1100	3075
<b>Shortness Of Breath</b>	1502	1072	2574
<b>Abdominal Pain, Other Specified Site (Abdominal pain described as either upper, lower, right, or left side)</b>	1724	837	2561
<b>Backache NOS (Generalized back pain)</b>	1370	939	2309
<b>Nonspecific Skin Erupt Nec (Rash, not specifically described)</b>	1141	954	2095
<b>Lumbago (Lower back pain)</b>	1196	816	2012
<b>Oth Malaise &amp; Fatigue (Generalized weakness &amp; fatigue)</b>	1107	815	1922
<b>Vomiting Alone</b>	1091	718	1809
<b>Otalgia NOS (Earache not specified as left or right)</b>	1005	789	1794
<b>Acute Pharyngitis</b>	1057	565	1622
<b>Joint Pain-L/Leg</b>	930	679	1609
<b>Join Pain-Shoulder</b>	753	660	1413
<b>Nausea with Vomiting</b>	850	504	1354
<b>Dizziness and Giddiness</b>	861	442	1303
<b>Cervicalgia</b>	681	497	1178

**TABLE 21. Top 5 Causes of ER Visits for Males 2011-2013**

Source: Sampson Regional Medical Center, Emergency Department

<b>Pain in Limb</b>
<b>Chest Pain NOS</b>
<b>Fever, Unspecified</b>
<b>Cough</b>
<b>Headache</b>

**TABLE 22. Top 5 Causes of ER Visits for Females 2011-2013**

Source: Sampson Regional Medical Center, Emergency Department

<b>Chest Pain</b>
<b>Pain in Limb</b>
<b>Headache</b>
<b>Cough</b>
<b>Fever, Unspecified</b>

**TABLE 23. Top 5 Causes of ER Visits by Age (0-17) 2011-2013**

Source: Sampson Regional Medical Center, Emergency Department

<b>Fever, Unspecified</b>
<b>Cough</b>
<b>Pain in Limb</b>
<b>Otalgia NOS</b>
<b>Nonspecific Skin Erupt NEC</b>

**TABLE 24. Top 5 Causes of ER Visits by Age (18-34) 2011-2013**

Source: Sampson Regional Medical Center, Emergency Department

<b>Headache</b>
<b>Pain in Limb</b>
<b>Abdominal Pain, Unspecified</b>
<b>Chest Pain NOS</b>
<b>Abdominal Pain, Other Specified Site</b>

**TABLE 25. Top 5 Causes of ER Visits by Age (35-49) 2011-2013**

Source: Sampson Regional Medical Center, Emergency Department

<b>Chest Pain NOS</b>
<b>Headache</b>
<b>Pain in Limb</b>
<b>Lumbago</b>
<b>Cough</b>

**TABLE 26. Top 5 Causes of ER Visits by Age (50-64) 2011-2013**

Source: Sampson Regional Medical Center, Emergency Department

<b>Chest Pain NOS</b>
<b>Pain in Limb</b>
<b>Shortness of Breath</b>
<b>Headache</b>
<b>Cough</b>

**TABLE 27. Top 5 Causes of ER Visits by Age (65+) 2011-2013**

Source: Sampson Regional Medical Center, Emergency Department

<b>Chest Pain NOS</b>
<b>OTH Malaise &amp; Fatigue</b>
<b>Shortness of Breath</b>
<b>Pain in Limb</b>
<b>Headache</b>

**TABLE 28. Clinton City School System: # Teachers, Student/Teacher Ratios**

Source: National Center for Education Statistics

<b>Total # Schools</b>	<b>6</b>
<b>Total Students</b>	<b>3,131</b>
<b>Classroom Teachers (FTE)</b>	<b>209.20</b>
<b>Student/Teacher Ratio</b>	<b>14.97</b>
<b>ELL (formerly LEP) Students</b>	<b>282</b>
<b>Students with IEPs</b>	<b>261</b>



**TABLE 29. Clinton City Schools Census***Note: Census data from 2000.**Source: National Center for Education Statistics*

<b>Total Population Under 18</b>	<b>3,536</b>
<b>Hispanic or Latino</b>	295
<b>Non-Hispanic or Latino</b>	3,241
<b>Population of one race</b>	3,474
<b>White alone</b>	1,526
<b>Black or African American alone</b>	1,598
<b>American Indian or Alaska Native alone</b>	145
<b>Asian alone</b>	30
<b>Hawaiian or other Pacific Islander alone</b>	0
<b>Some other race alone</b>	175
<b>Population of two or more races</b>	62

**TABLE 30. Sampson County School System: # Teachers, Student/Teacher Ratios***Source: National Center for Education Statistics*

<b>Total # Schools</b>	<b>18</b>
<b>Total Students</b>	8,755
<b>Classroom Teachers (FTE)</b>	557.71
<b>Student/Teacher Ratio</b>	15.70
<b>ELL (formerly LEP) Students</b>	1,411
<b>Students with IEPs</b>	924

**TABLE 31. Sampson County Schools Census***Note: Census data from 2000.**Source: National Center for Education Statistics*

<b>Total Population Under 18</b>	<b>11,992</b>
<b>Hispanic or Latino</b>	1,945
<b>Non-Hispanic or Latino</b>	10,047
<b>Population of one race</b>	11,769
<b>White alone</b>	6,684
<b>Black or African American alone</b>	3,556
<b>American Indian or Alaska Native alone</b>	197
<b>Asian alone</b>	19
<b>Hawaiian or other Pacific Islander alone</b>	16
<b>Some other race alone</b>	1,297
<b>Population of two or more races</b>	223

**TABLE 32. High School Dropouts by Race/Ethnicity (2012-2013)***Source: NC Department of Public Instruction*

	White	Black	American Indian	Hispanic	Asian	Other
<b>Clinton City Schools</b>	<5	7	<5	7	<5	<5
<b>Sampson County Schools</b>	39	17	<5	23	<5	<5

**TABLE 33. Sampson Community College Enrollment***Source: NCCCS Statistical Data Report*

Curriculum Enrollment		Extension Enrollment		Average Annual Full-Time Unduplicated Headcount	
2012/13	1,866	2012/13	6,698	2012/13	8,289
2011/12	1,976	2011/12	5,652	2011/12	7,315
2010/11	2,035	2010/11	5,886	2010/11	7,624
2009/10	2,076	2009/10	5,808	2009/10	7,546

**TABLE 34. Sampson Community College Graduates***Source: Sampson Community College Graduation Report*

2010	2011	2012	2013
315	423	417	365

**TABLE 35. Domestic Violence Assistance (2010-2011 and 2011-2012)***Source: Sampson County DSS*

	2010-2011	2011-2012
<b>Families Served</b>	11	12
<b>Vendor Payments</b>	\$6,125.00	\$9,537.62

**TABLE 36. Domestic Violence (2010-2013)***Source: Sampson County Sheriff's Department*

Services	2010	2011	2012	2013
<b>Follow-up Investigations</b>	155	148	264	250
<b>Court Time</b>	335 hours	219 hours	231 hours	165 hours
<b>Domestic Violence Protection Orders Served</b>	150	137	171	147
<b>School Service-Domestic Violence Protection Orders</b>	57	99	45	76
<b>Surrendered Firearms</b>	17	18	14	19
<b>Total Domestic Violence County Calls</b>	700	669	837	859

**TABLE 37. Sampson County's Top 5 Largest Employers, 2012***Source: NC Department of Commerce*

Rank	Company Name	Industry	Employment Range
<b>1</b>	Smithfield Foods Inc.	Manufacturing	1,000+
<b>2</b>	Sampson County Schools	Education & Health Services	1,000+
<b>3</b>	Prestage Farms Inc.	Natural Resources & Mining	500-999
<b>4</b>	Sampson Regional Medical Center	Education & Health Services	500-999
<b>5</b>	County of Sampson	Public Administration	500-999

**TABLE 38. Unemployment Numbers***Source: Kids Count Data Center*

	2012
<b>North Carolina</b>	447,930
<b>Sampson County</b>	2,792

**TABLE 39. Medicaid (2010-2012)***Source: Sampson County DSS*

	2010-2012
<b>Individuals served monthly (average)</b>	12,898
<b>Aged, blind, and disabled individuals</b>	4,373
<b>Families and children</b>	9,135

**TABLE 40. Work First Assistance (2010-2012)***Source: Sampson County DSS*

	2010-2011	2011-2012
<b>Families subject to employment services (monthly average)</b>	51	59
<b>Child only cases served monthly (average)</b>	91	87
<b>Total payments issued</b>	\$201,818.00	\$375,723.00
<b>Payment per month (average)</b>	\$118.00	\$236.00
<b>Adults found employment</b>	95	88
<b>Benefit Diversion approvals</b>	23	44
<b>Average benefit diversion payments</b>	\$773.00	\$568.00

**TABLE 41. Child Care Assistance (2010-2012)***Source: Sampson County DSS*

	2010-2011	2011-2012
<b>Children received child care services</b>	1,200	1,017
<b>Providers</b>	115	105
<b>Total daycare payments</b>	\$2,584,995.00	\$2,197,642.00

**TABLE 42. FNS Assistance (2009-2010 and 2010-2012)**

*Source: Sampson County DSS*

	2009-2010	2010-2012
<b>Households served monthly (average)</b>	4,964	6,653
<b>Individuals served monthly (average)</b>	11,664	14,635
<b>Total value of FNS benefits issued</b>	\$17,334,052.00	\$20,396,881.00

**TABLE 43. Sampson County Air & Water Quality**

*Source: Sperling's Best Places*

Health	Scale
<b>Air Quality (100=best)</b>	85
<b>Water Quality (100=best)</b>	78
<b>Superfund Sites (100=best)</b>	91

**TABLE 44. City of Clinton – Water Quality Data Table of Detected Contaminants**

NOTE: ND (Non-Detect) indicates that the contaminant is not present at the level of detection set for the particular methodology used.

NOTE: The EPA considers 50 to be the level of concern for beta particles.

Source: City of Clinton Department of Public Works

Contaminant	Your Water			EPA Limit	EPA Goal	Typical Source
	Better Than Standard	Measured Value	Range			
Fluoride	✓	0.4	0.1-0.9	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
Copper		0.3	ND-0.3	1.3	1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
Lead	✓	7	ND-7	15	0	Corrosion of household plumbing; erosion of natural deposits
Beta/photon Emitters		9.2	ND-20.6	50**	0	Decay of natural and man-made deposits
Combined Radium	✓	0.6	0.4-0.8	5	0	Erosion of natural deposits
TTHM (Total Trihalomethanes)		8	ND-12	80	NA	By-product of drinking water disinfection
HAA <sub>5</sub> (Total Haloacetic Acids)	✓	4	ND-8	60	NA	By-product of drinking water disinfection
Chlorine		1.0	0.9-1.1	4	4	Water additive used to control microbes

**TABLE 45. Sampson County Water District II – Lead and Copper Contaminants Test Results**

Source: Sampson County Department of Public Works

Contaminant	Sample Date	Your Water Range	# Sites found above Action Level (AL)	Maximum Contaminant Level (MCL)	Maximum Contaminant Level Goal (MCLG)	Likely Source of Contamination
Copper (90 <sup>th</sup> percentile)	7/17/13	<0.18/.405	0	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
Lead (90 <sup>th</sup> percentile)	7/17/13	ND	0	0	AL=15	Corrosion of household plumbing; erosion of natural deposits

**TABLE 46. Percent of Children (Ages 1-2) Screened for Elevated Blood Lead Levels  
Sampson County compared to North Carolina**

Source: Kids Count Data Center

	2006	2007	2008	2009	2010
<b>Sampson County</b>	61.6	61.3	61.2	68.6	72.4
<b>North Carolina</b>	42.8	44.9	46.8	49.5	51.3

**TABLE 47. Percent of Children (Ages 1-2) Screened for Elevated Blood Lead Levels  
Sampson County compared to Peer Counties**

Source: Kids Count Data Center

	2006	2007	2008	2009	2010
<b>Sampson County</b>	61.6	61.3	61.2	68.6	72.4
<b>Columbus County</b>	61.8	58.8	58.6	63.2	73.7
<b>Duplin County</b>	52.7	53.4	65.2	67.3	67.1
<b>Halifax County</b>	76.3	82.8	85.3	84.0	91.5

**TABLE 48. Percent of Children (Ages 1-2) Found to Have Elevated Blood Lead Levels  
Sampson County compared to North Carolina**

Source: Kids Count Data Center

	2006	2007	2008	2009	2010
<b>Sampson County</b>	1.5	1.0	0.9	0.5	0.4
<b>North Carolina</b>	0.8	0.6	0.5	0.5	0.4

**TABLE 49. Percent of Children (Ages 1-2) Found to Have Elevated Blood Lead Levels  
Sampson County compared to Peer Counties**

*Source: Kids Count Data Center*

	2006	2007	2008	2009	2010
<b>Sampson County</b>	1.5	1.0	0.9	0.5	0.4
<b>Columbus County</b>	1.0	0.8	0.9	0.0	0.3
<b>Duplin County</b>	1.5	1.0	0.5	0.6	0.1
<b>Halifax County</b>	2.9	1.0	1.3	1.1	0.7

**TABLE 50. Facilities – City of Clinton, Department of Recreation and Parks**

*Source: City of Clinton Parks & Recreation Department*

Facilities	Number
Parks	4
Recreation Centers	2
Gymnasiums	2
Walk Tracks & Trails	5
¼ mile	3
½ mile	2
Swimming Pools	1
Indoor	0
Outdoor	1
Tennis Courts (outdoor & lighted)	8
Basketball Courts (outdoor)	4
Picnic Areas	9
Sheltered	6
Open	3
Playgrounds	9
Horseshoe Pits	4
Shuffleboard Courts (outdoor)	4



**TABLE 51. Facilities – Sampson County Parks and Recreation***Source: Sampson County Parks and Recreation*

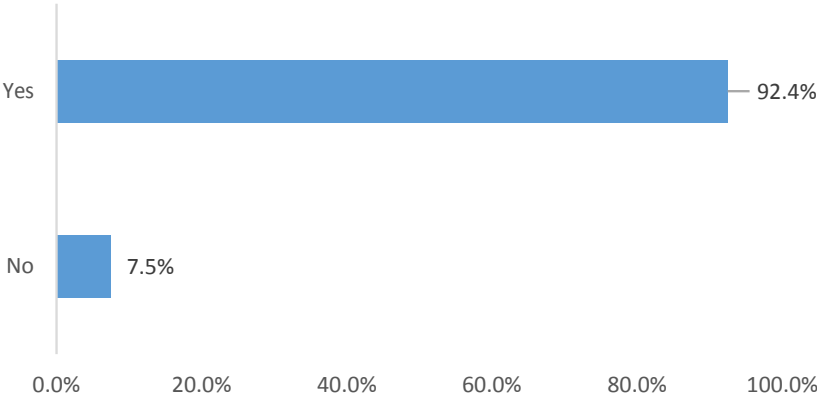
Facility Type	Number
Parks	3
Roseboro	1
Clement	1
Newton Grove	1
Trails	2
Tennis Courts (outdoor)	
Newton Grove	2
Basketball Courts (outdoor)	
Newton Grove	2
Bocce' Courts	
Roseboro	2
Playgrounds	2
Roseboro	1
Newton Grove	1
Picnic Shelters	2
Roseboro	1
Newton Grove	1
Stages	
Newton Grove	1

**TABLE 52. The Center for Health and Wellness***Source: The Center for Health and Wellness*

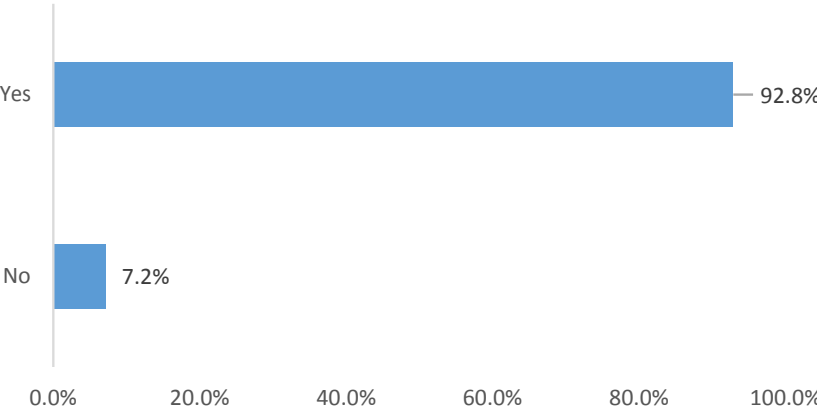
Facility Type	Number
<b>6 lane, 25 yard heated swimming pool</b>	1
<b>Warm water therapy pool</b>	1
<b>2 lane indoor cushioned walking track</b>	1
<b>Basketball/Volleyball Court</b>	1
<b>Racquetball Court</b>	1
<b>Spinning Studio</b>	1
<b>Classroom equipped for presentations; kitchenette</b>	1

# APPENDIX B – COMMUNITY HEALTH SURVEY RESULTS

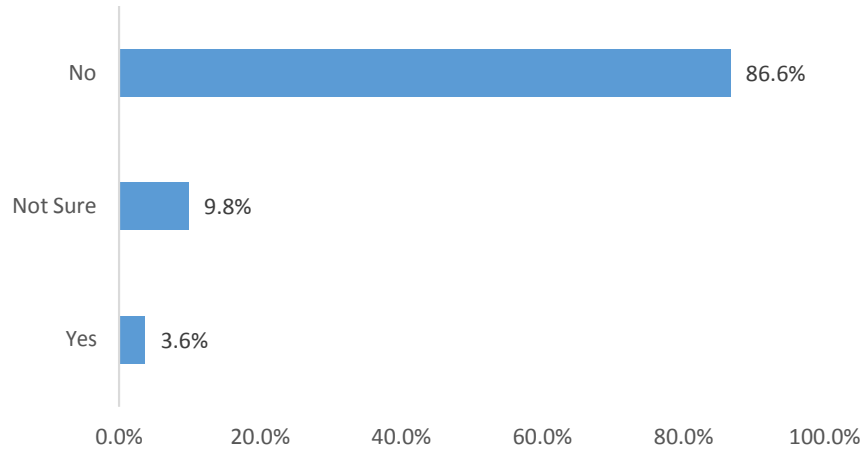
**Would you like to participate?**



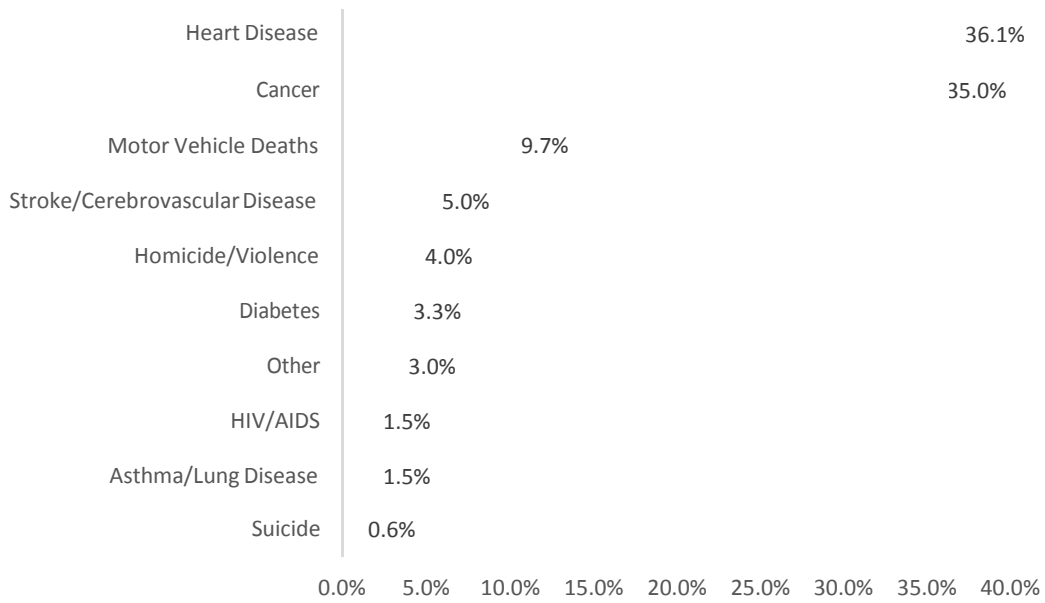
**Do you live in Sampson County?**



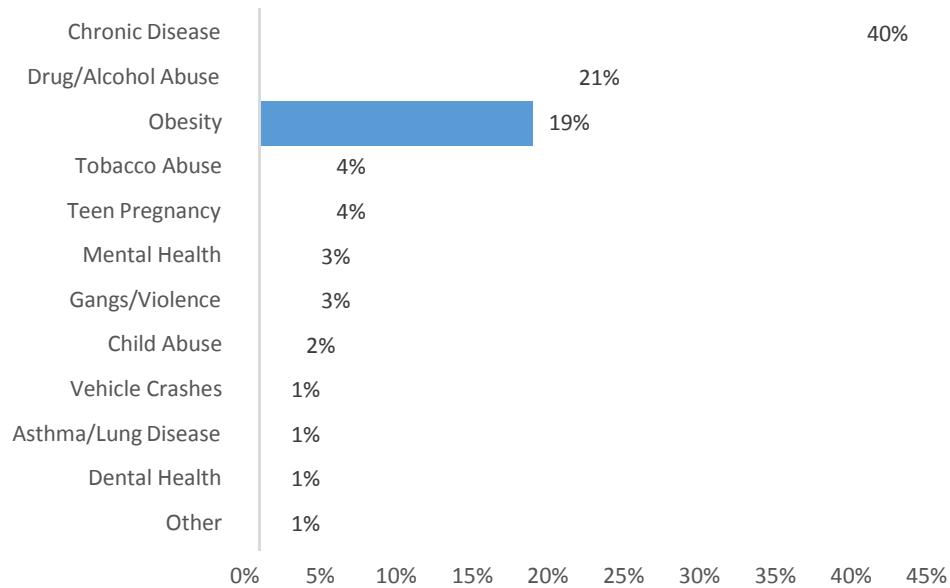
### Have you participated in this year's survey already?



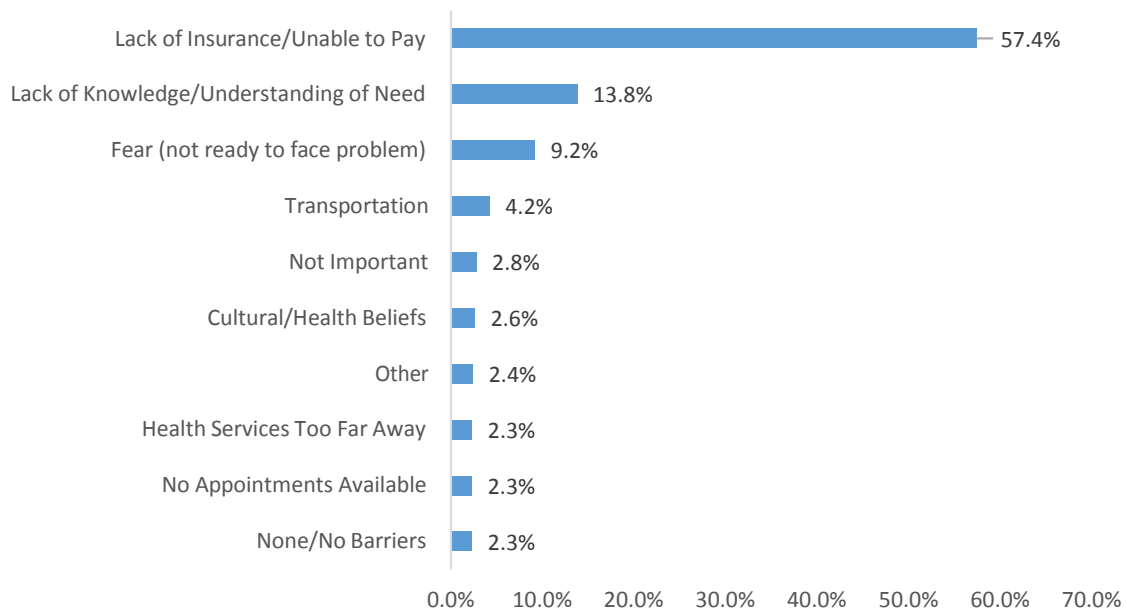
### 1. In your opinion, what do most people die from in your community?



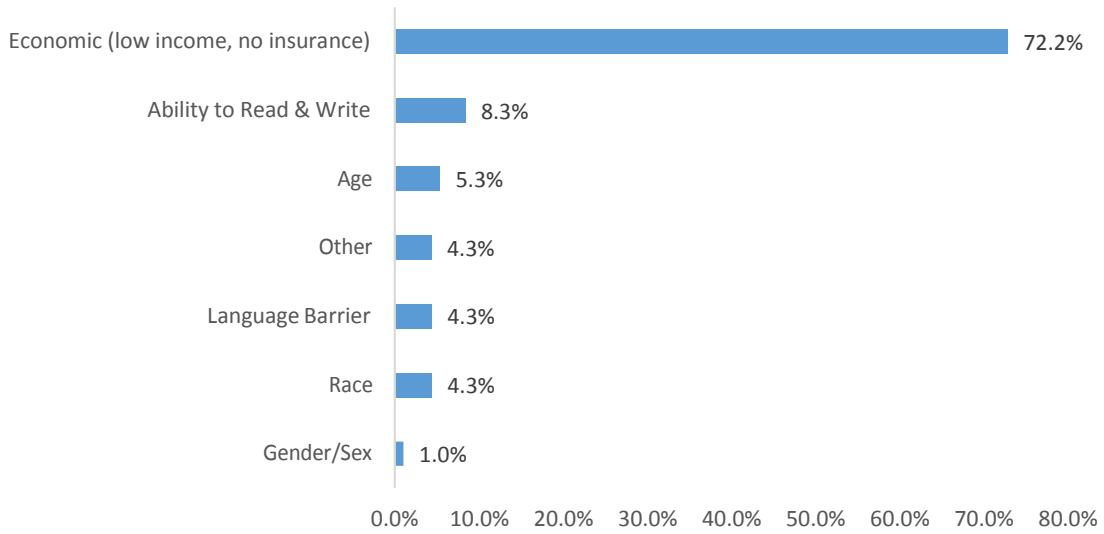
**2. In your opinion, what is the biggest health issue of concern in your community?**



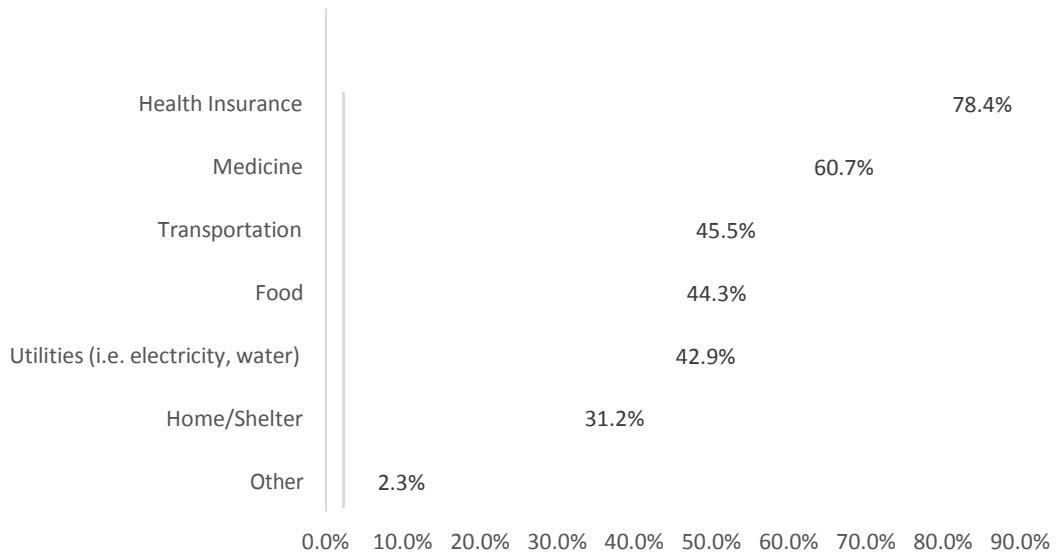
**3. In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment?**



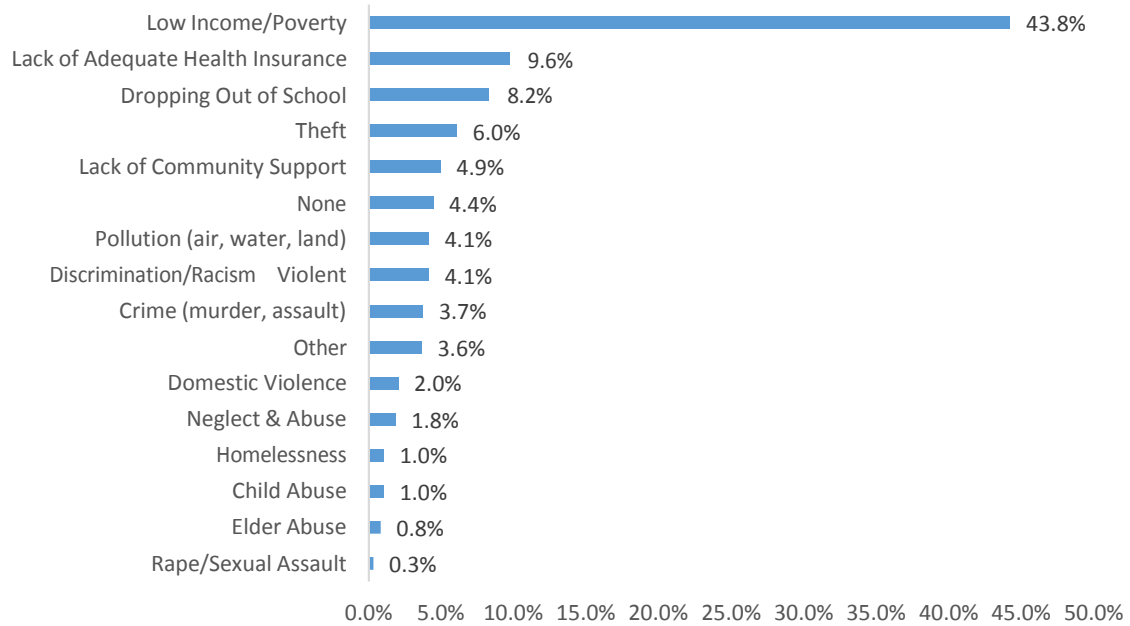
**4. Which factor do you feel most affects the quality of health care you or people in your community receive?**



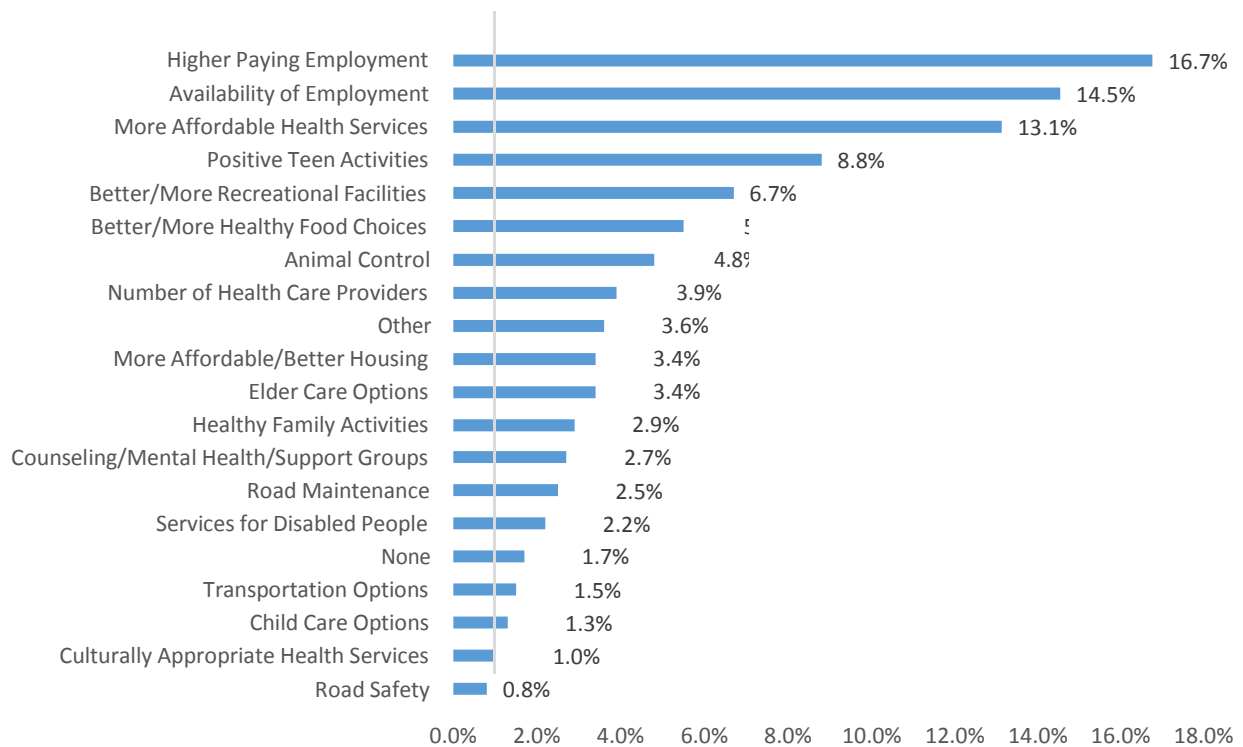
**5. In your opinion, do you feel people in your community lack the funds for any of the following?**



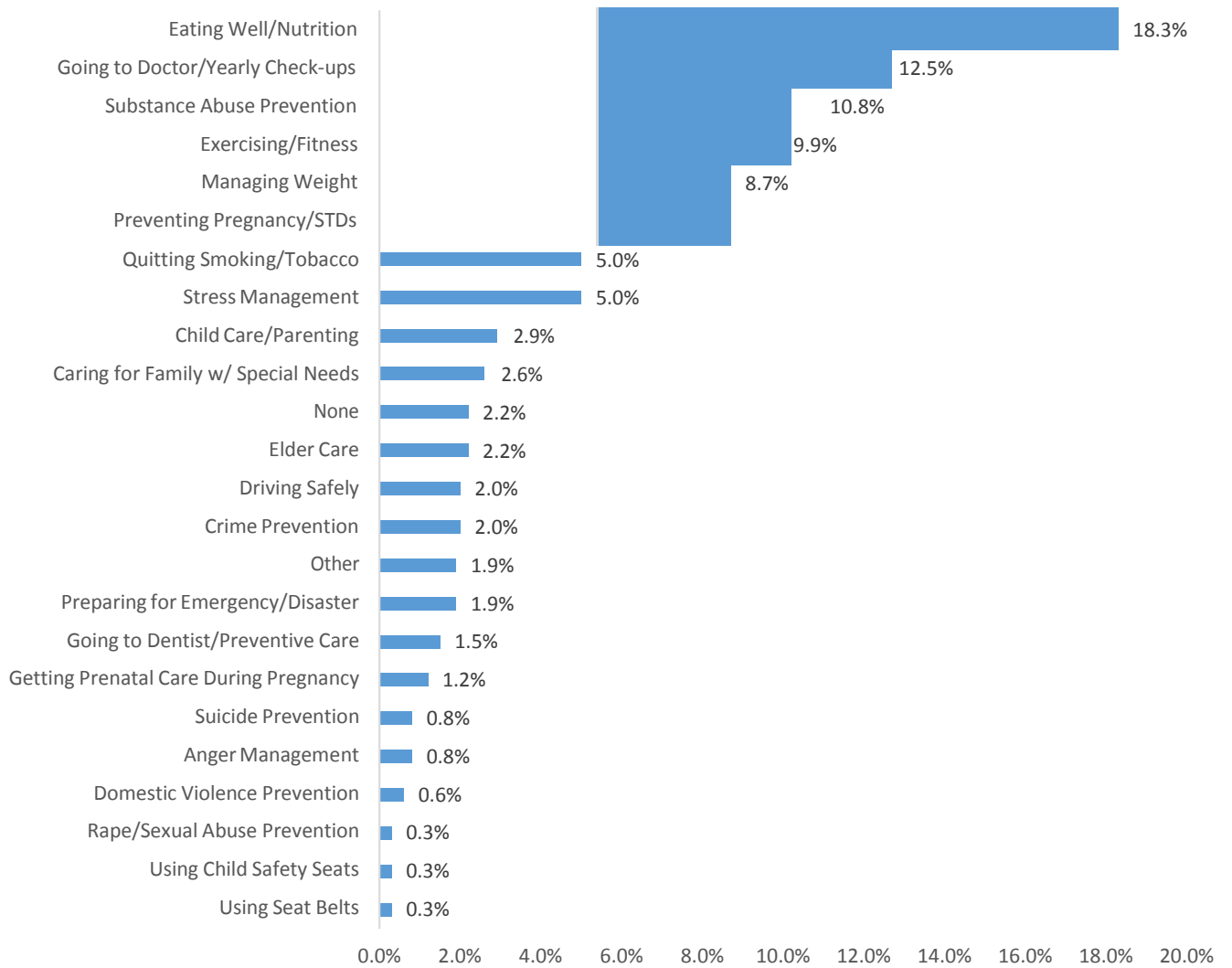
**6. In your opinion, which one issue most affects the quality of life in Sampson County?**



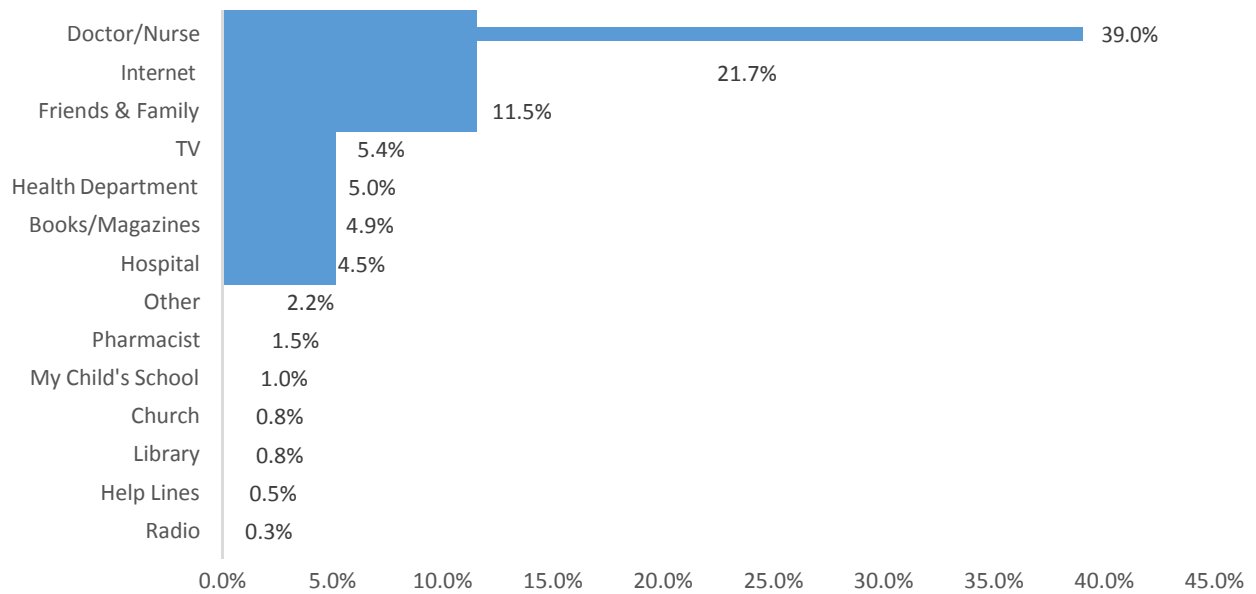
**7. In your opinion, which one of the following services needs the most improvement in your neighborhood or community?**



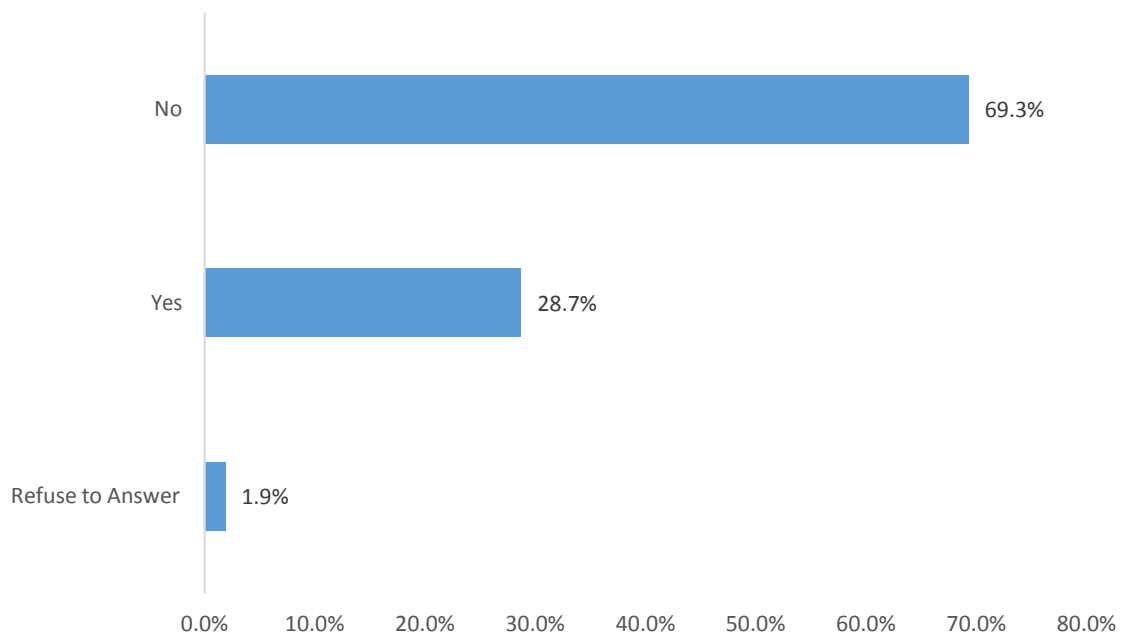
**8. In your opinion, which one health behavior do people in your own community need more information about?**



**9. Where do you get most of your health-related information?**

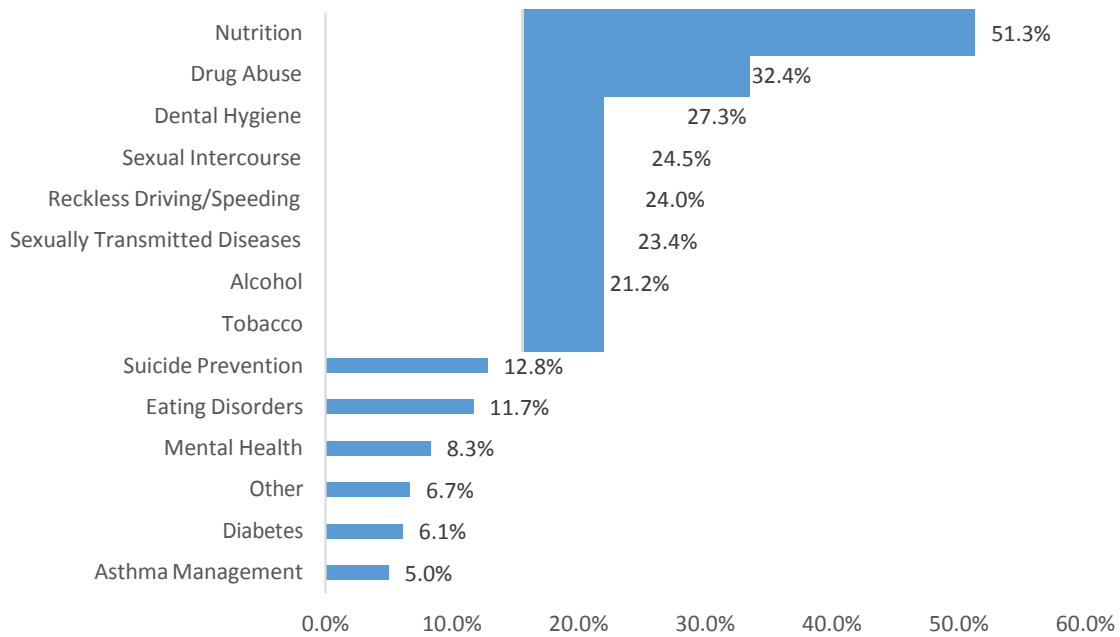


**10. Do you have children between the ages of 9 and 19 for which you are the caretaker?**

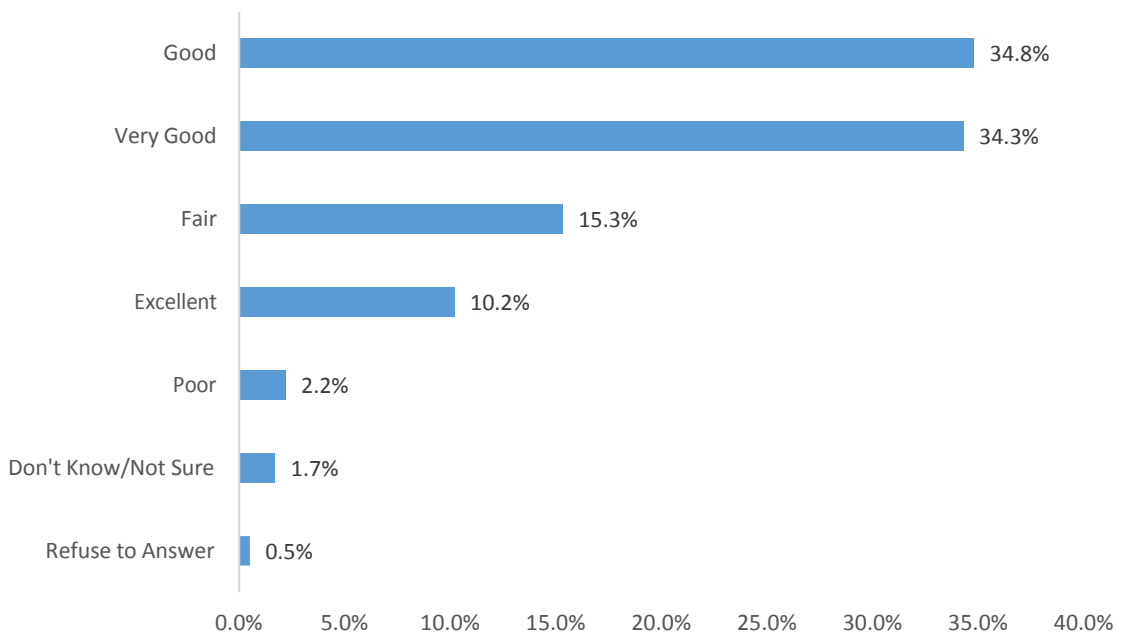




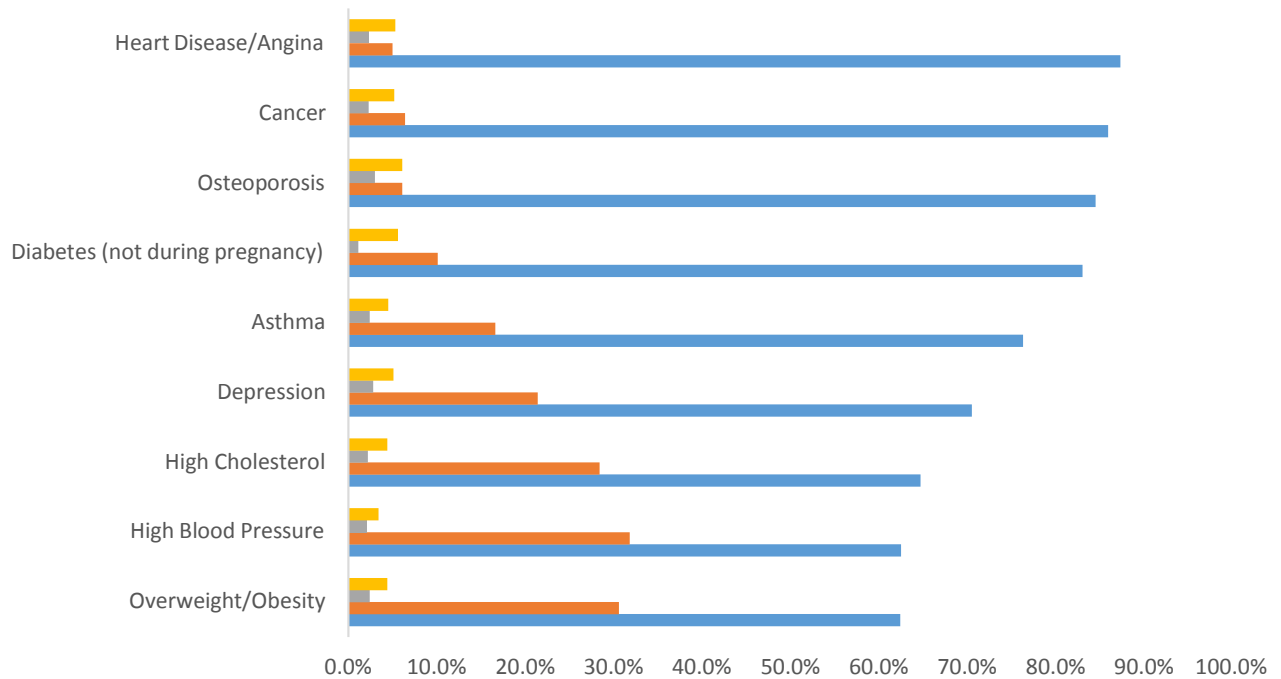
**11. Which of the following health topics do you think your child/children need(s) more information about?**



**12. Would you say that, in general, your health is...**



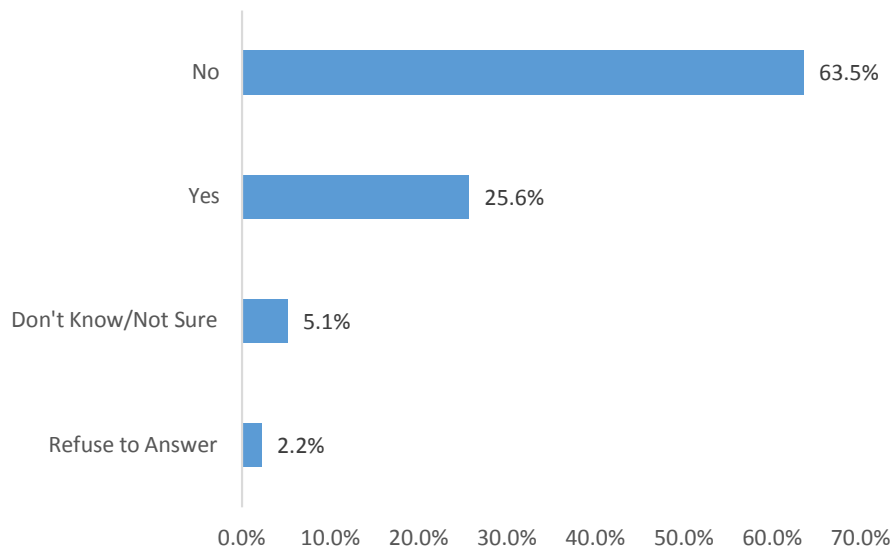
**13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?**



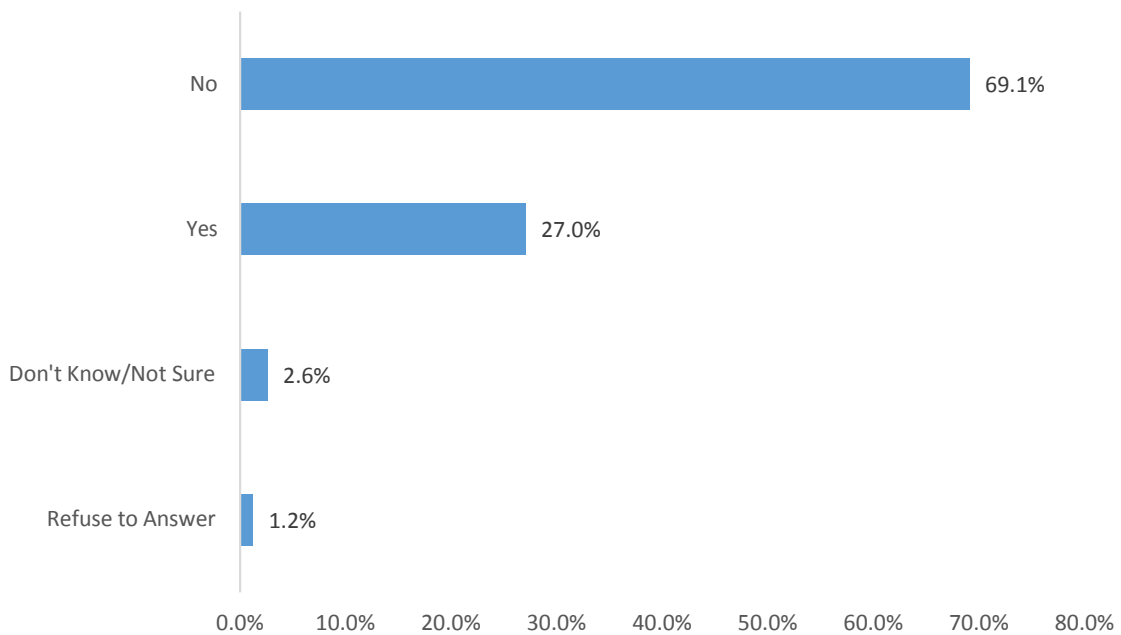
	Overweight/Obesity	High Blood Pressure	High Cholesterol	Depression	Asthma	Diabetes (not during pregnancy)	Osteoporosis	Cancer	Heart Disease/Angina
■ Refuse to Answer	4.4%	3.4%	4.4%	5.1%	4.5%	5.6%	6.1%	5.2%	5.3%
■ Don't Know	2.4%	2.1%	2.2%	2.8%	2.4%	1.1%	3.0%	2.3%	2.3%
■ Yes	30.6%	31.8%	28.4%	21.4%	16.6%	10.1%	6.1%	6.4%	5.0%
■ No	62.4%	62.5%	64.7%	70.5%	76.3%	83.0%	84.5%	85.9%	87.3%

■ Refuse to Answer ■ Don't Know ■ Yes ■ No

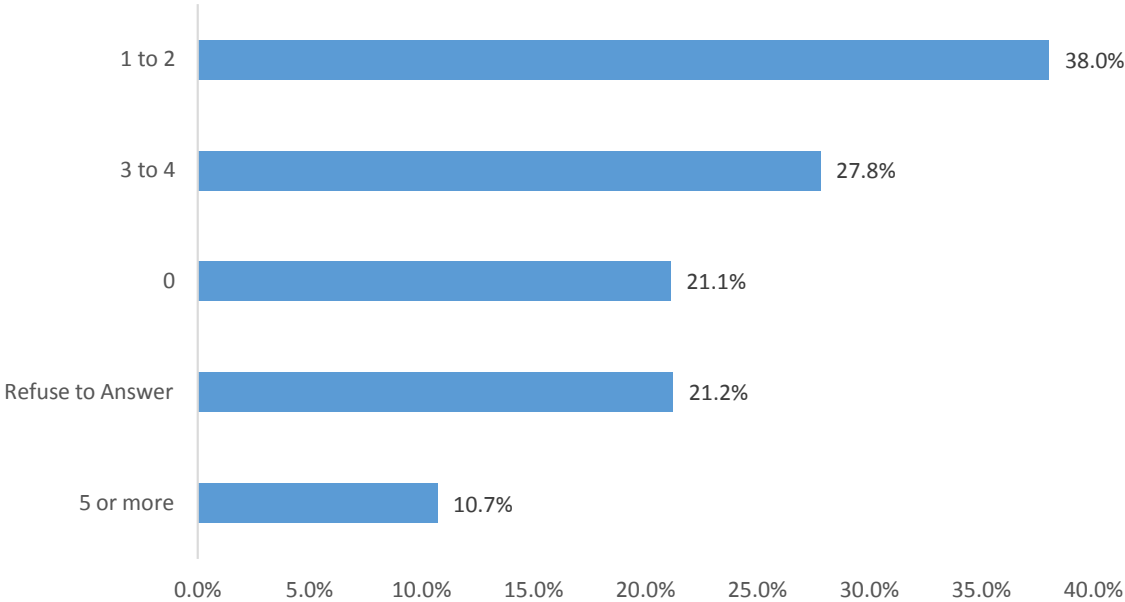
**14. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal day or activities?**



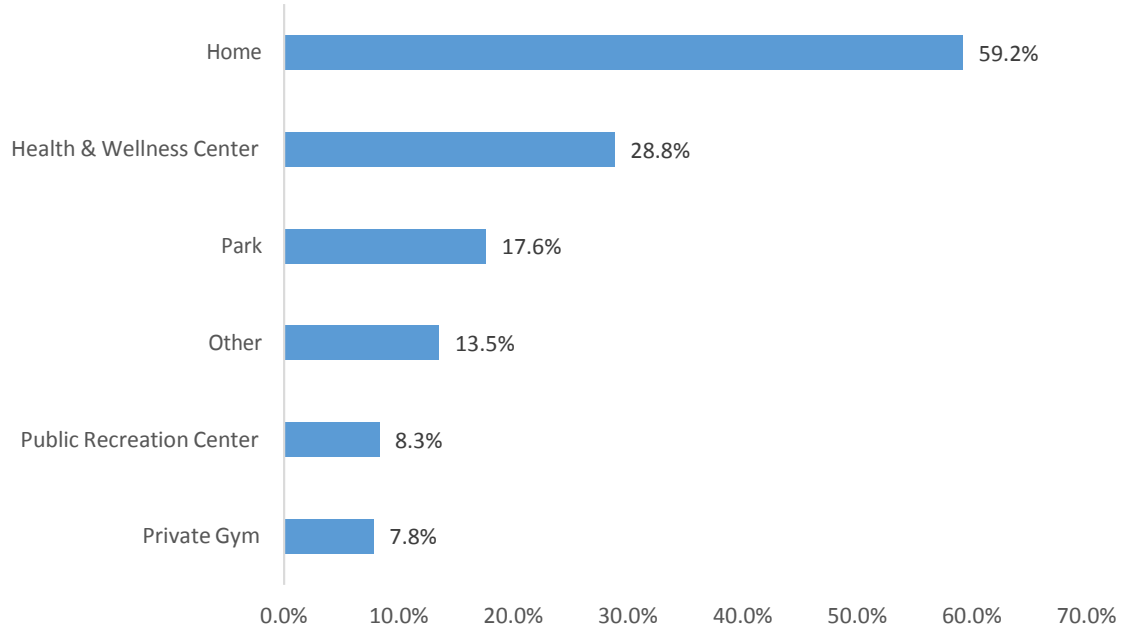
**15. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?**



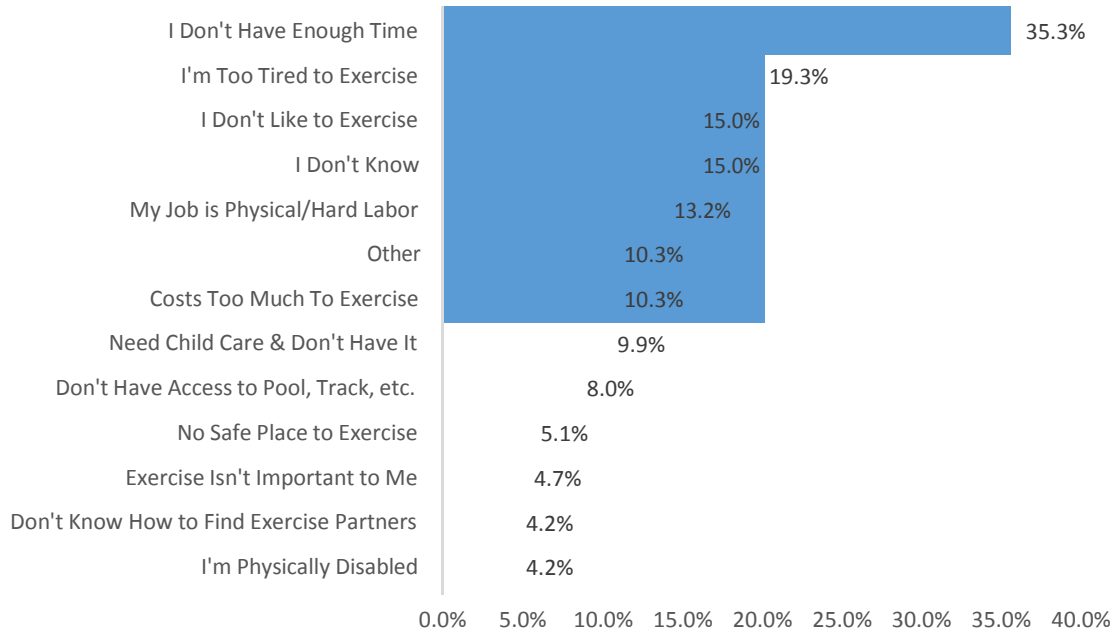
**16. How many times a week do you exercise other than work for at least 30 minutes a day?**



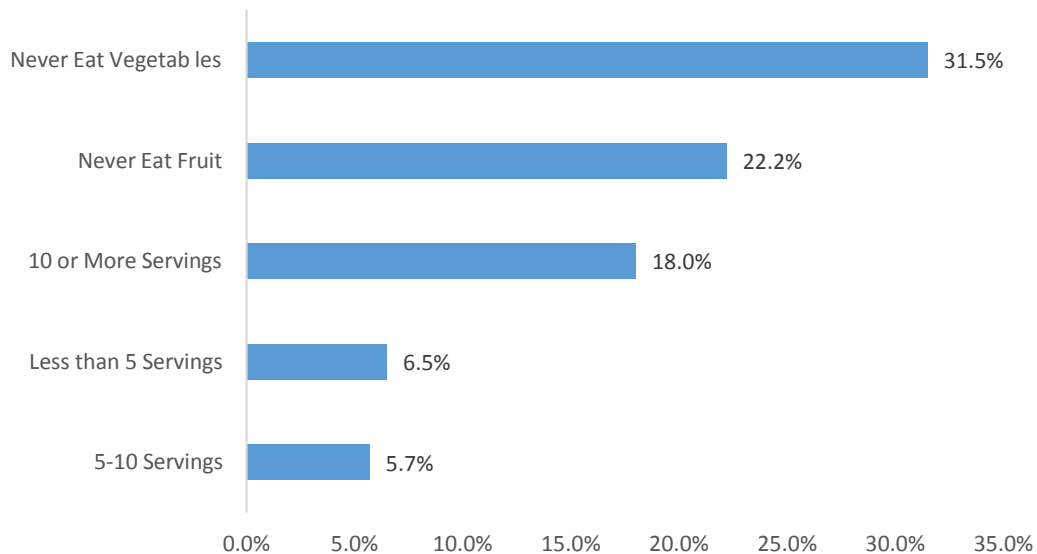
**17. Where do you go to exercise or engage in physical activity?**



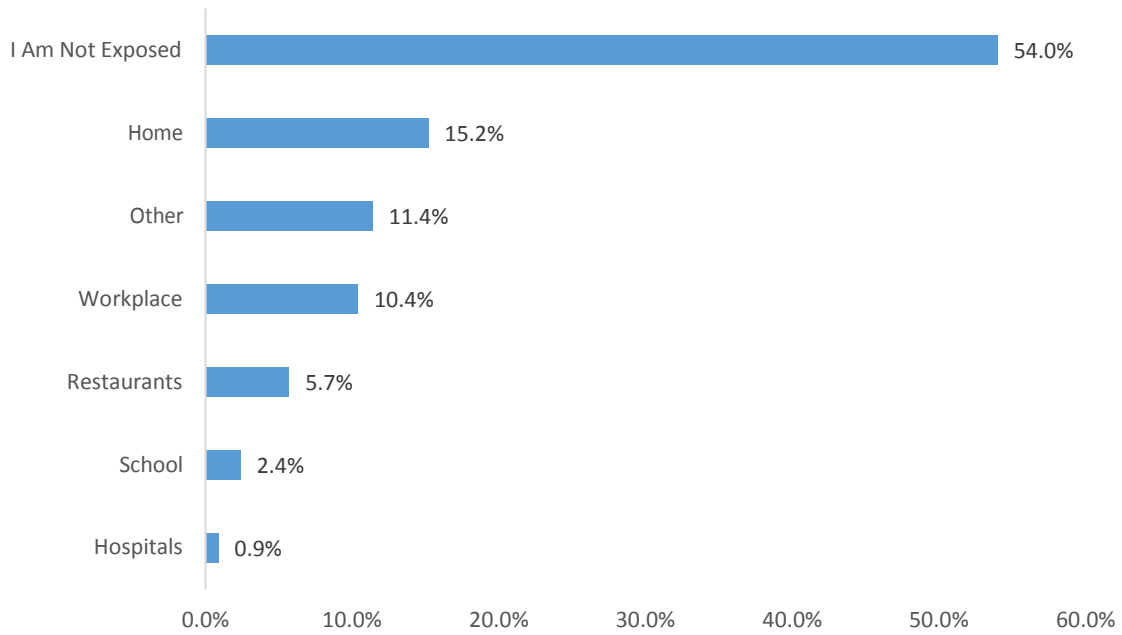
**18. If you answered “0”, to question 16, what are the reasons you do not exercise for at least 30 minutes during a normal week?**



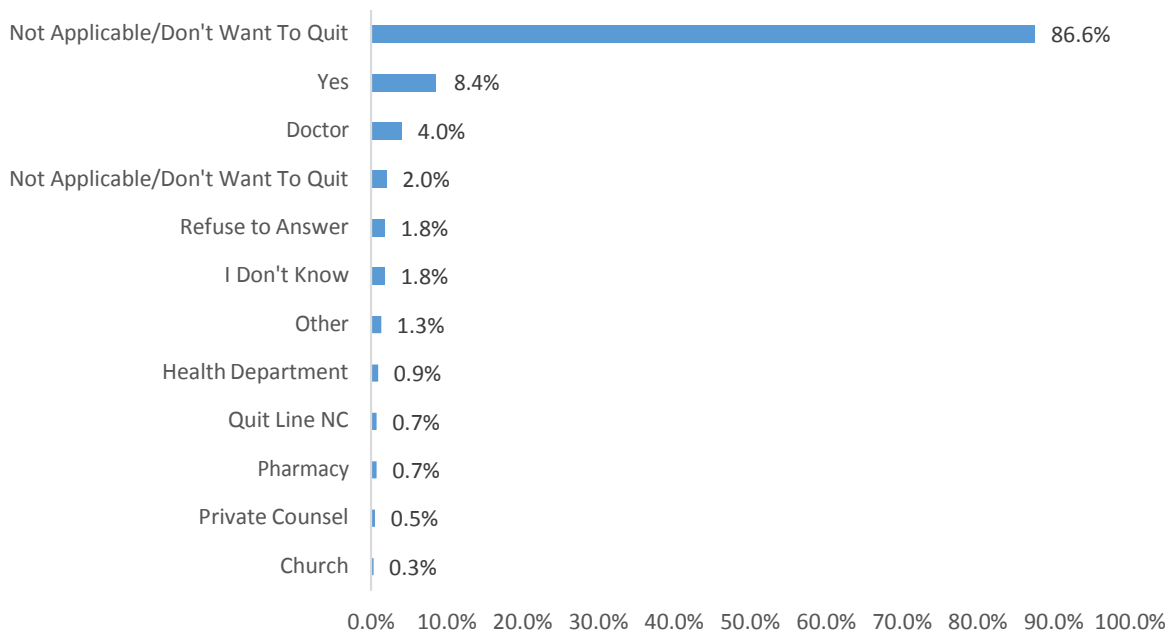
**19. Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables in an average week. How many servings a week of fruits and vegetables would you say you eat?**



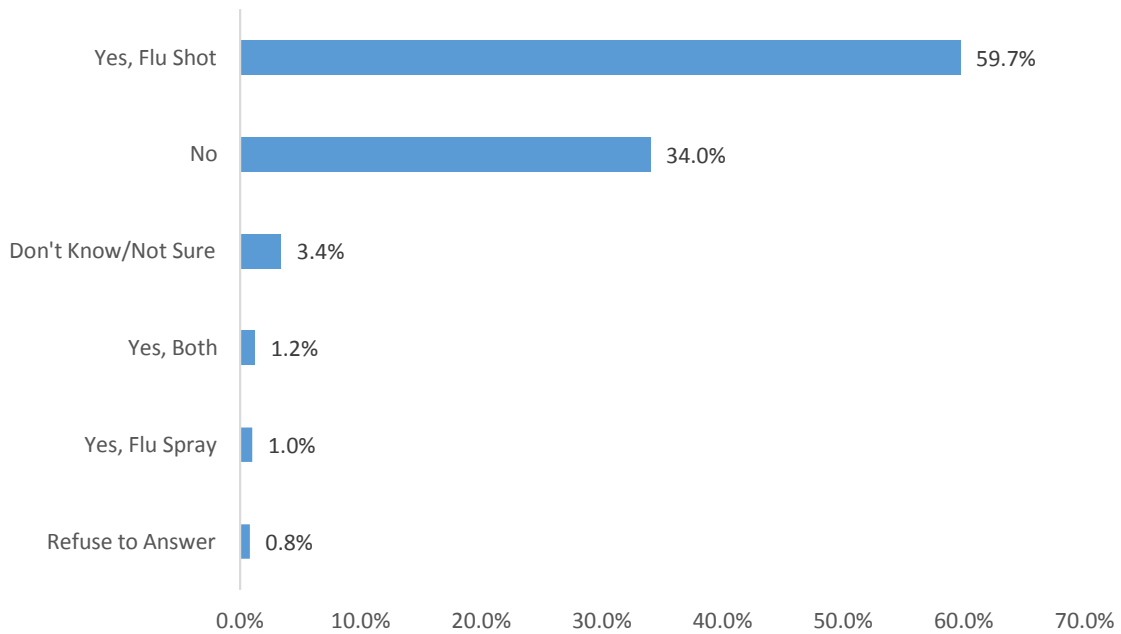
**20. If you have been exposed to secondhand smoke in the past year, where?**



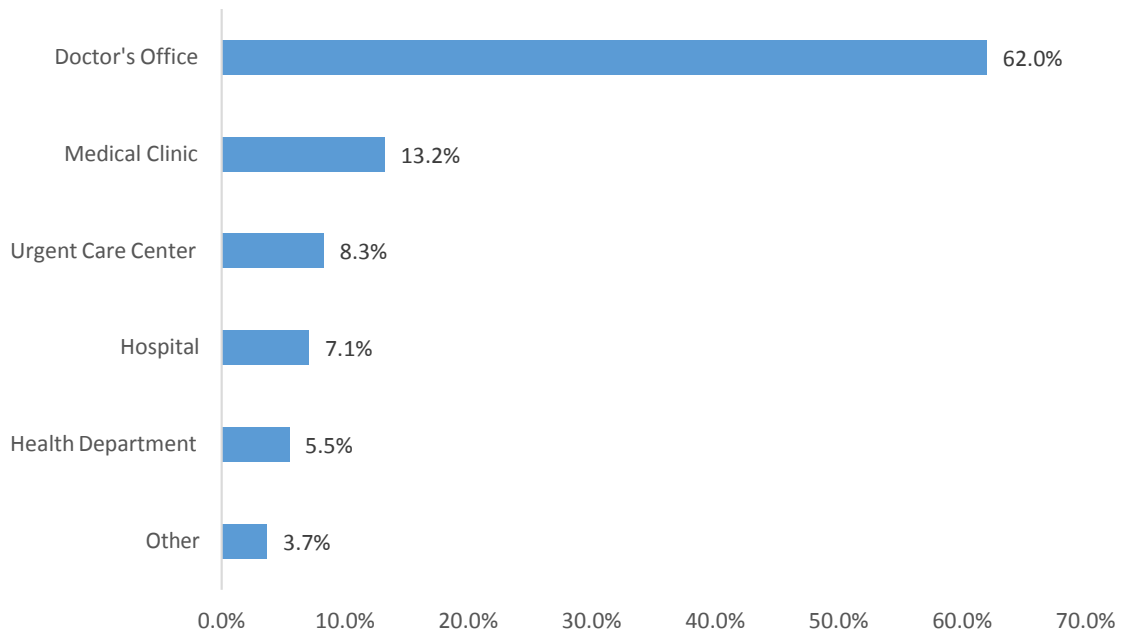
**21. Do you currently smoke? If yes, where would you go for help if you wanted to quit?**



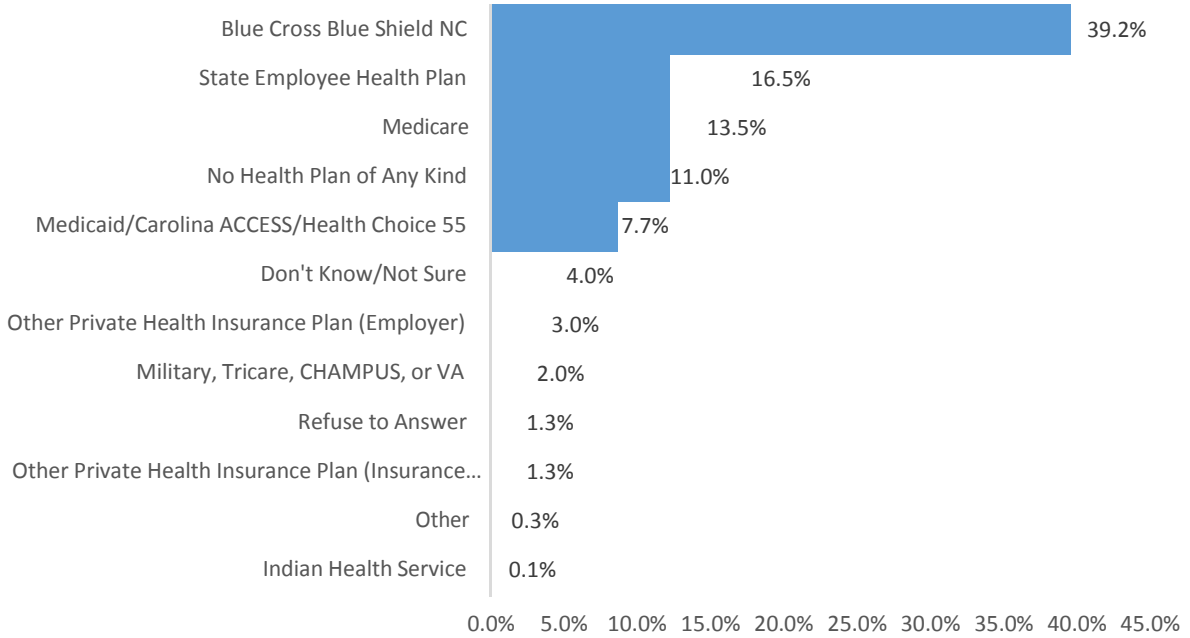
**22. An influenza/flu vaccine can be a “flu shot” injected into your arm or spray like “FluMist” which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?**



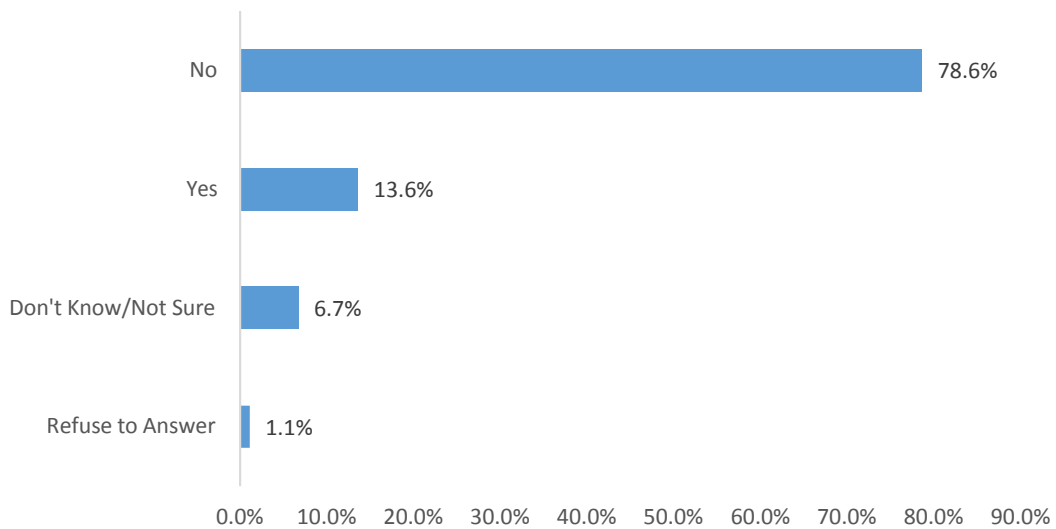
**23. Where do you go most often when you are sick?**



**24. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?**

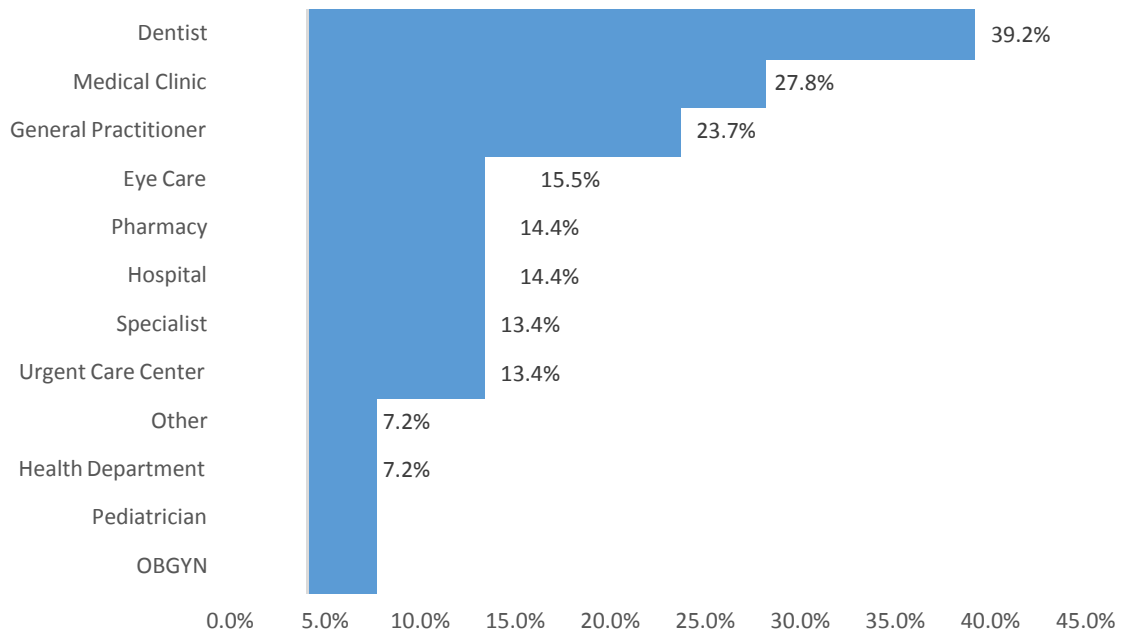


**25. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?**

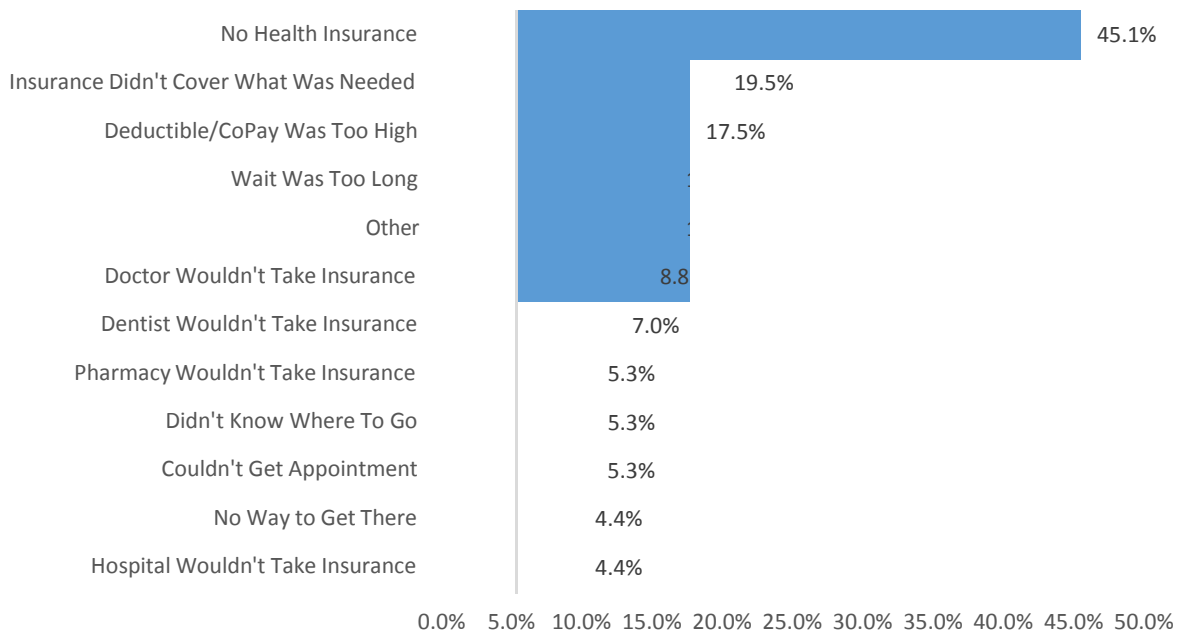




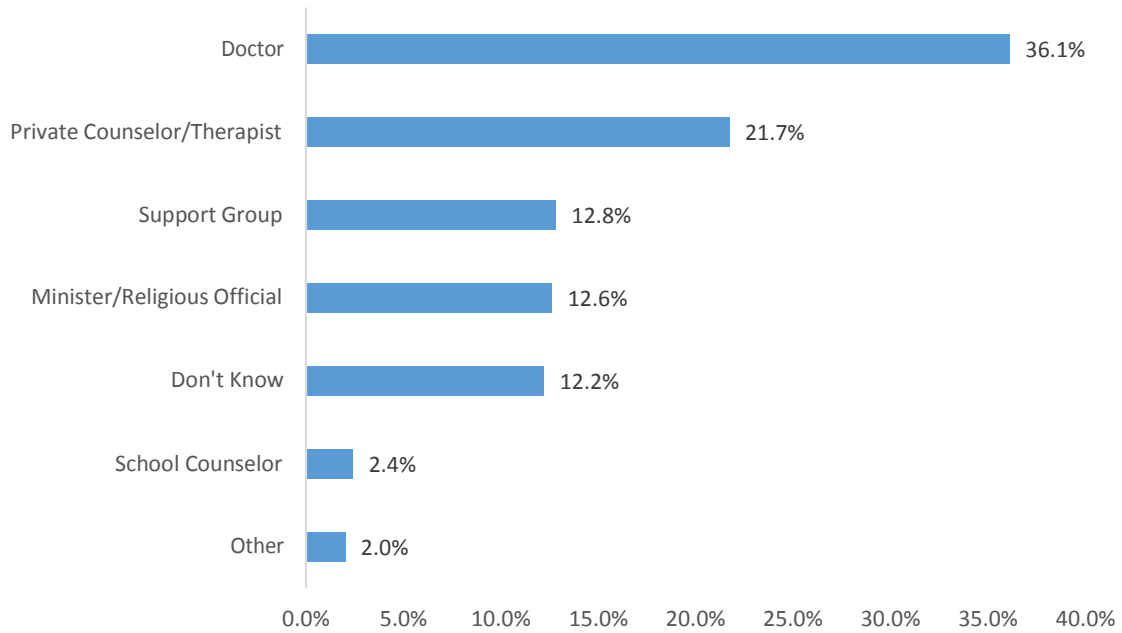
**26. Since you answered “yes,” what type of provider or facility did you or your family member have trouble getting health care from?**



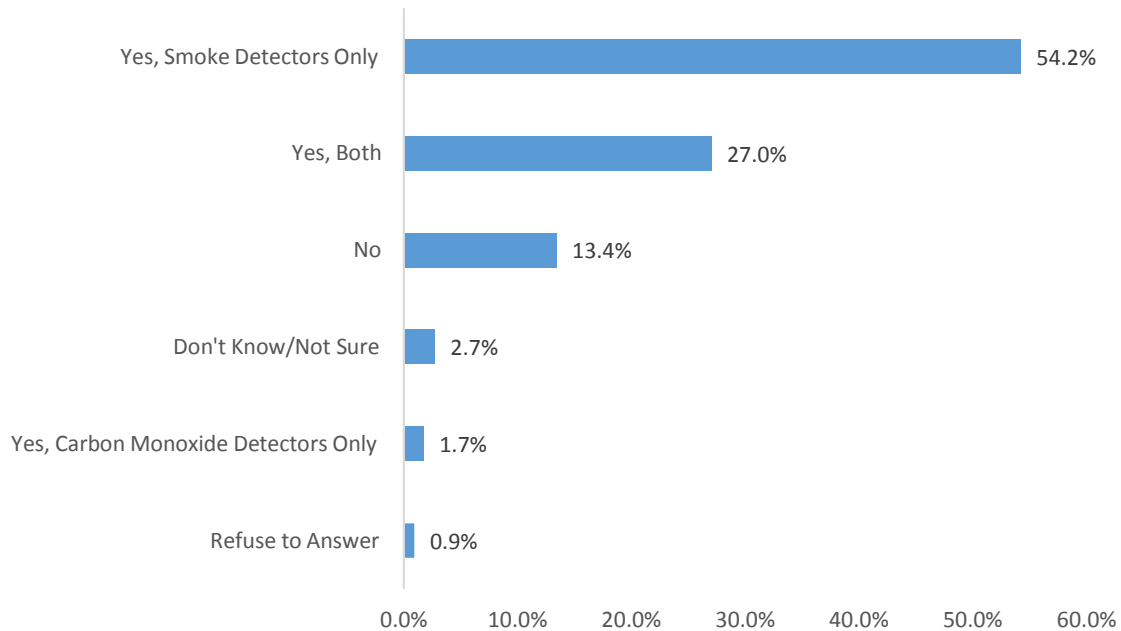
**27. Which of these problems prevented you or your family member from getting the necessary health care?**



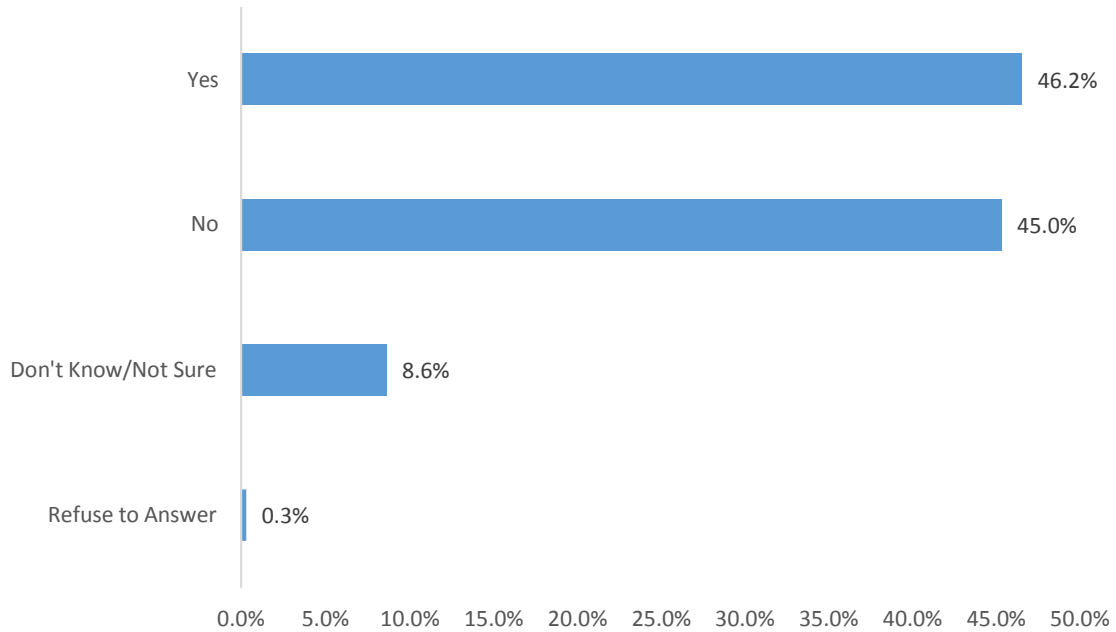
**28. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to?**



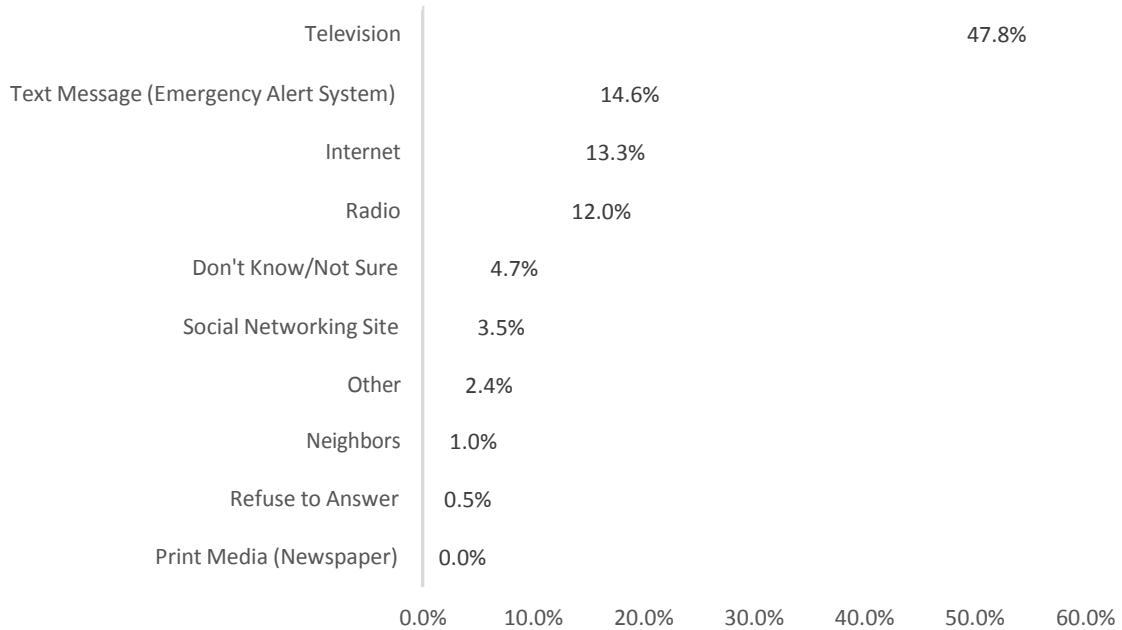
**29. Does your household have working smoke and carbon monoxide detectors?**



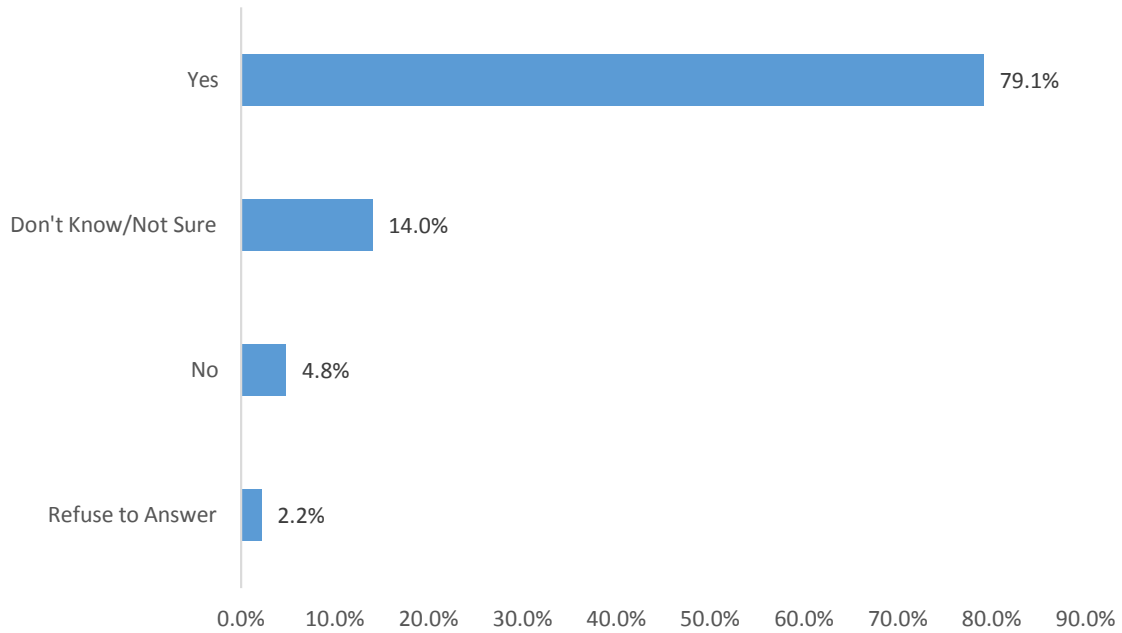
**30. Does your family have a basic emergency supply kit?**



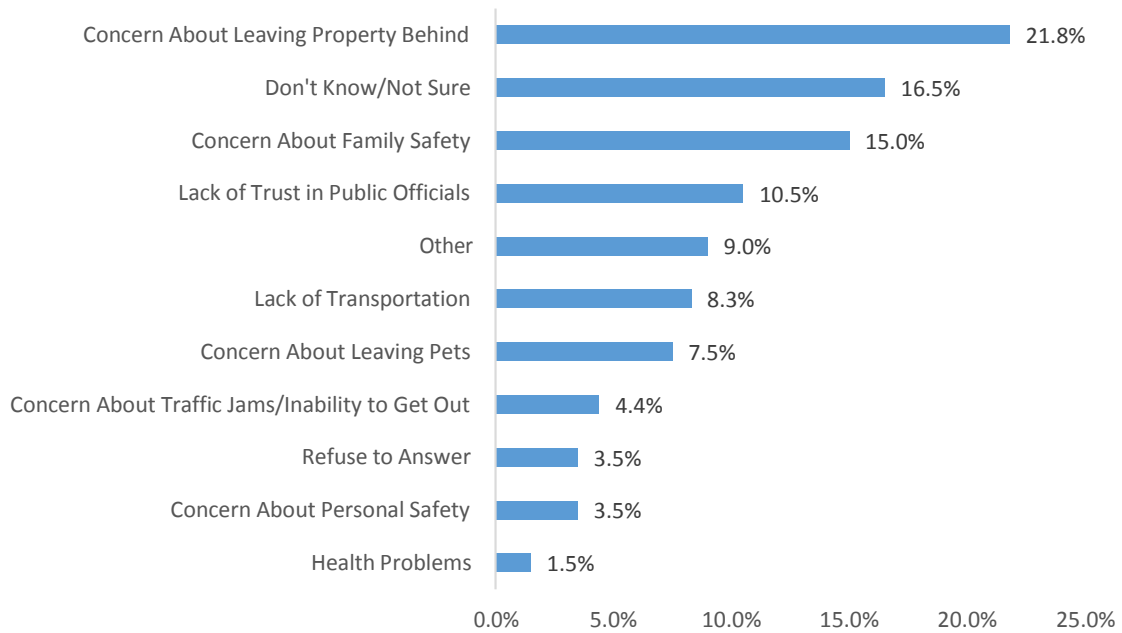
**31. What would be your main way of getting information from authorities in a large-scale disaster or emergency?**



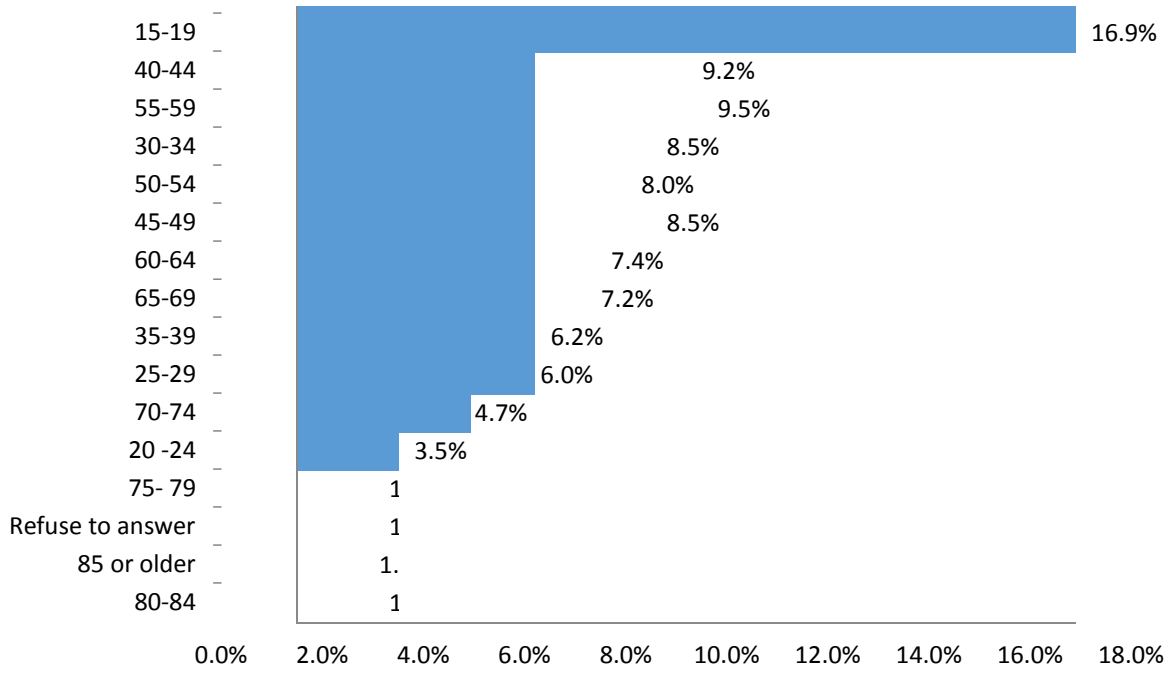
**32. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?**



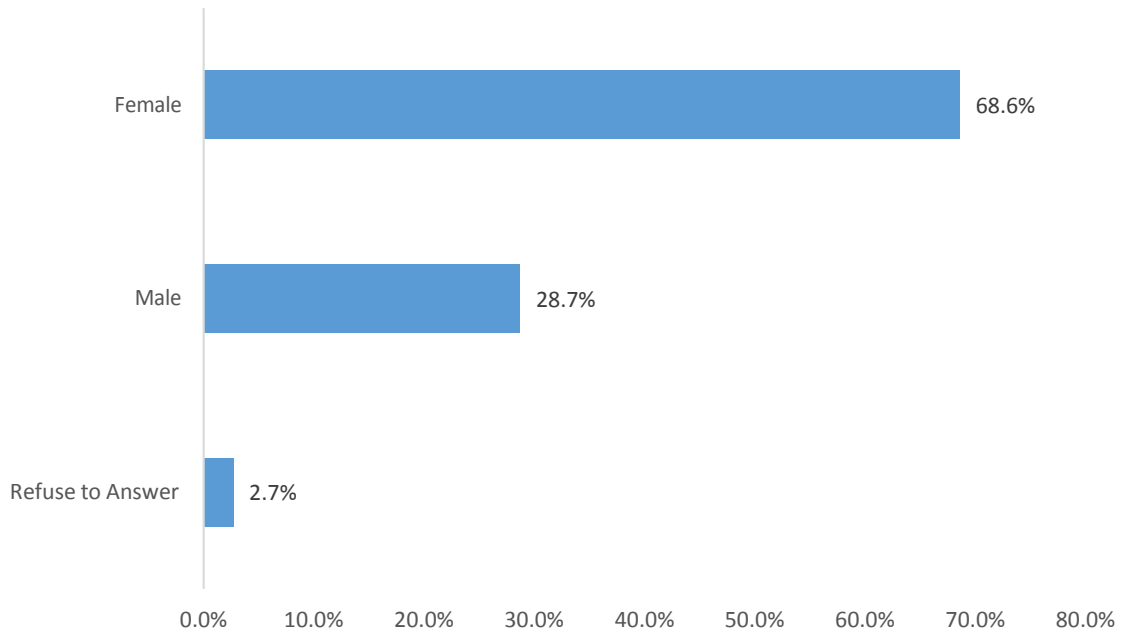
**33. What would be the main reason you might not evacuate if asked to do so?**



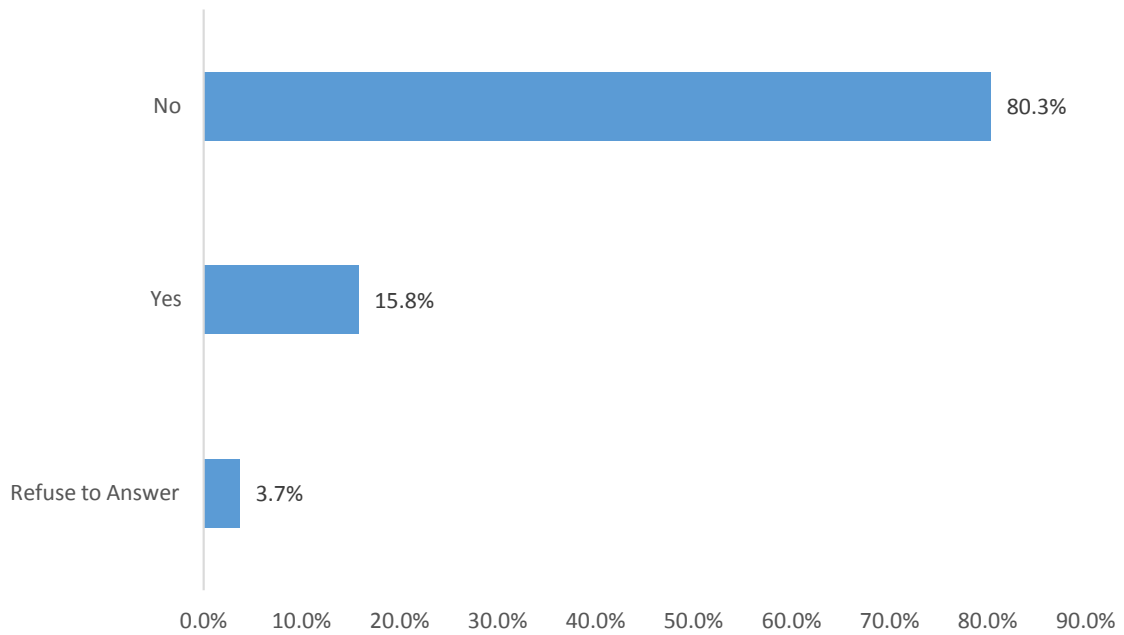
### 34. How old are you?



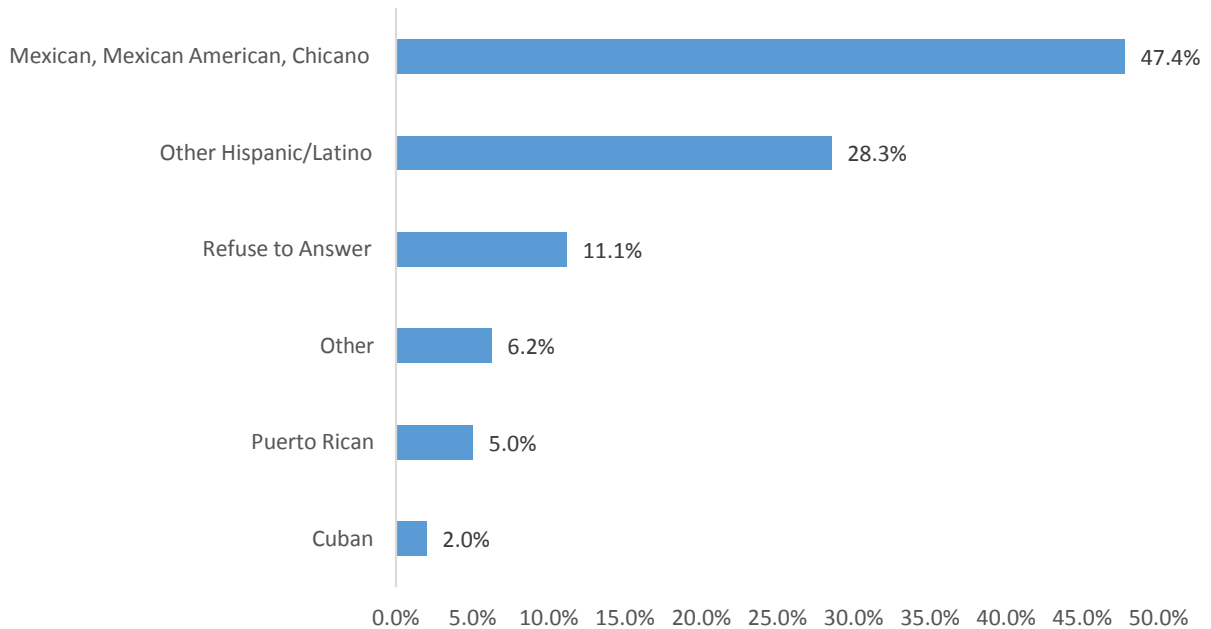
### 35. Are you Male or Female?



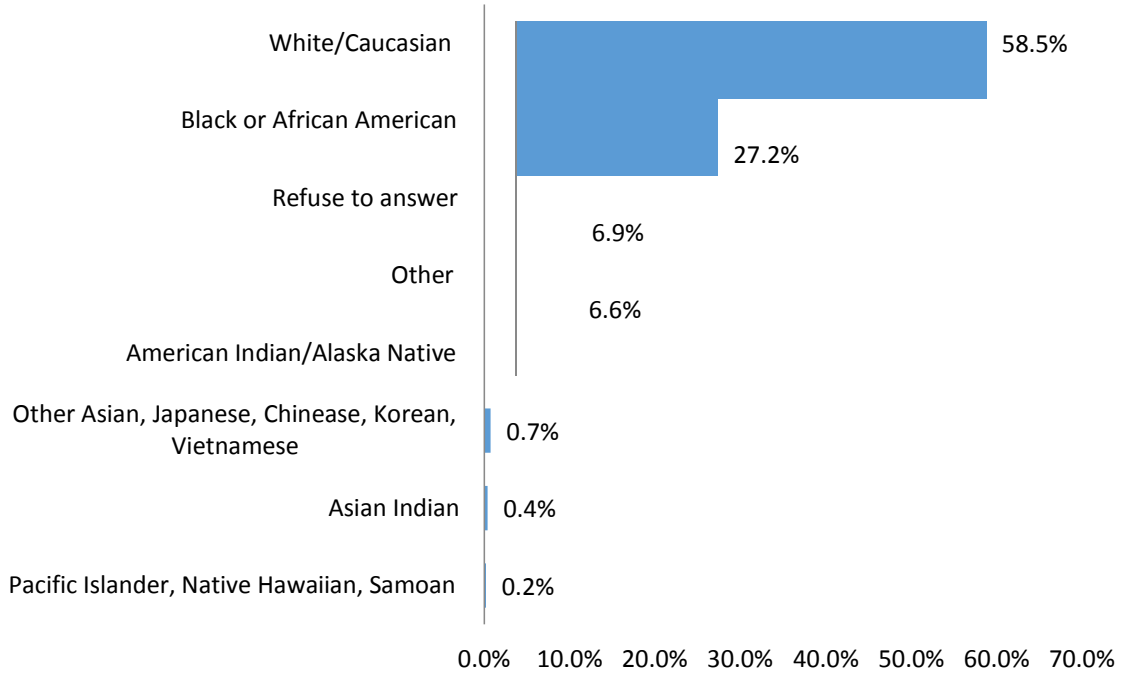
**36. Are you of Hispanic, Latino, or Spanish origin?**



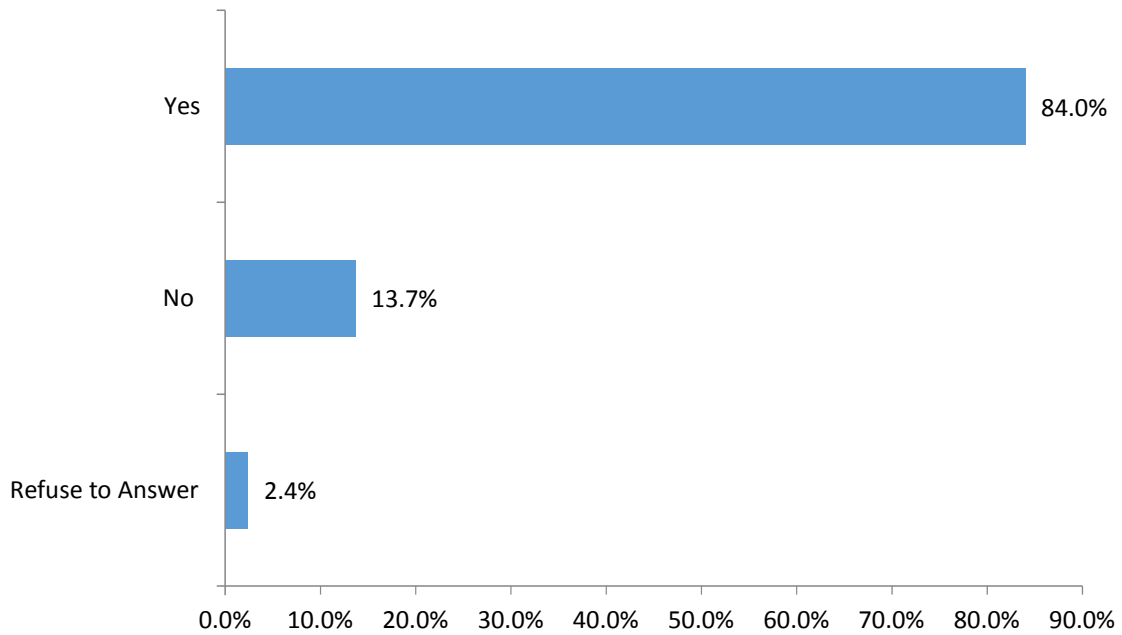
**37. If you answered yes to Question 36, are you:**



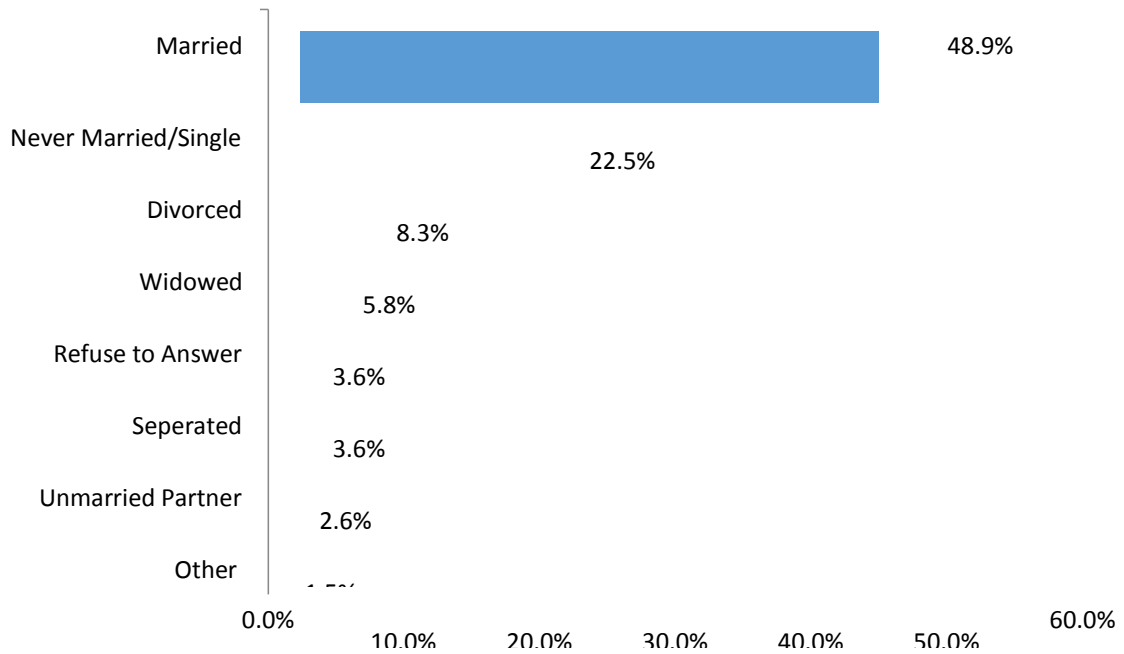
**38. What is your race?**



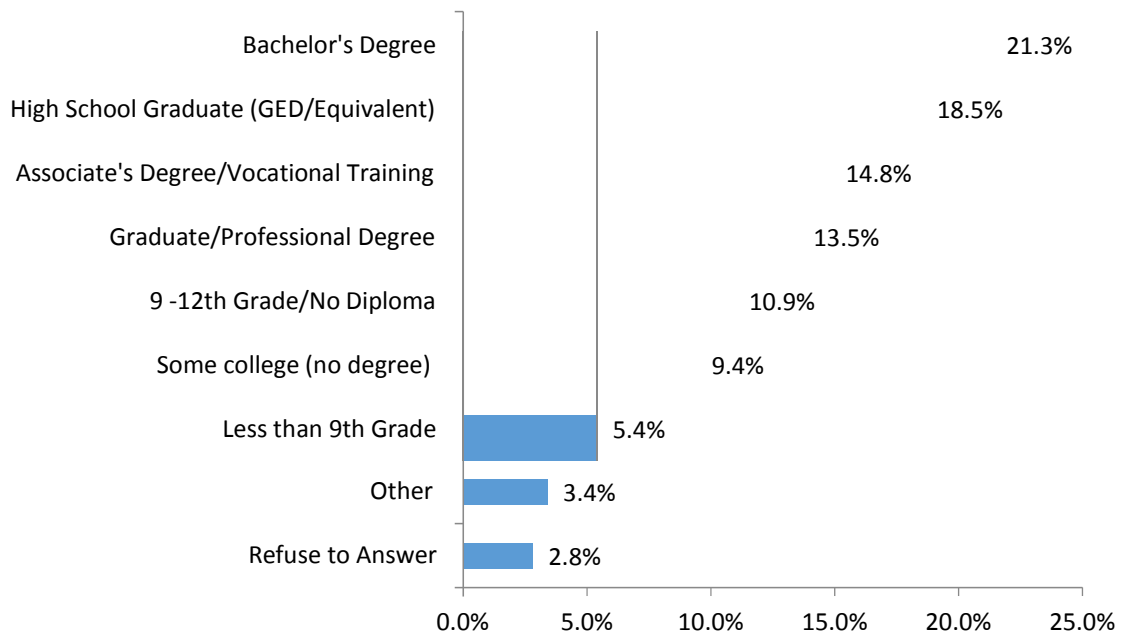
**39. Do you speak a language other than English at home?**



**40. What is your marital status? (Choose only one)**

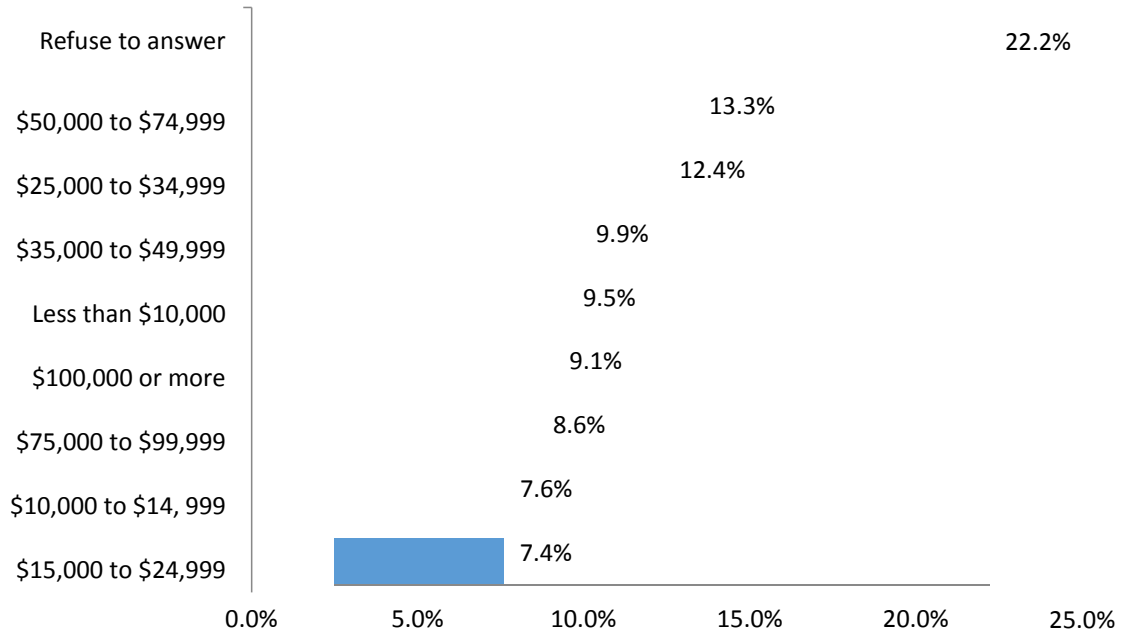


**41. What is the highest level of school, college, or vocational training that you have finished?**

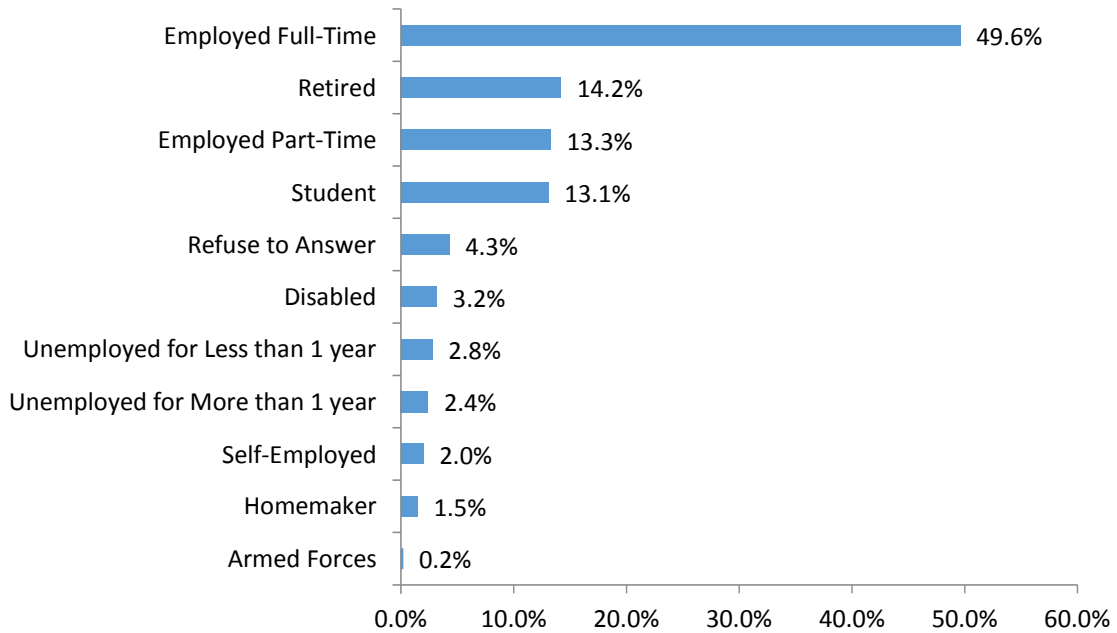




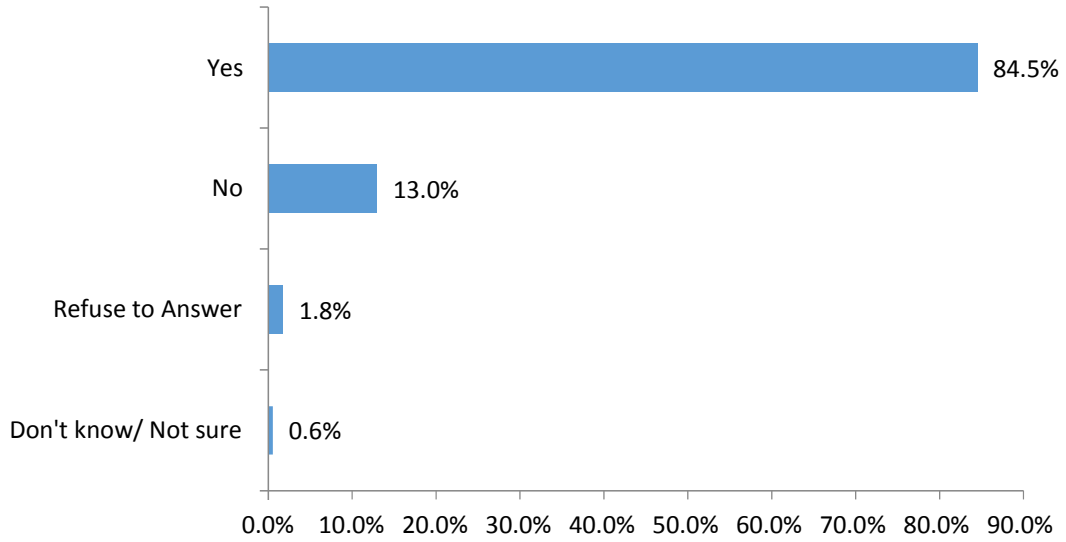
**42. What was your total household income last year, before taxes?**



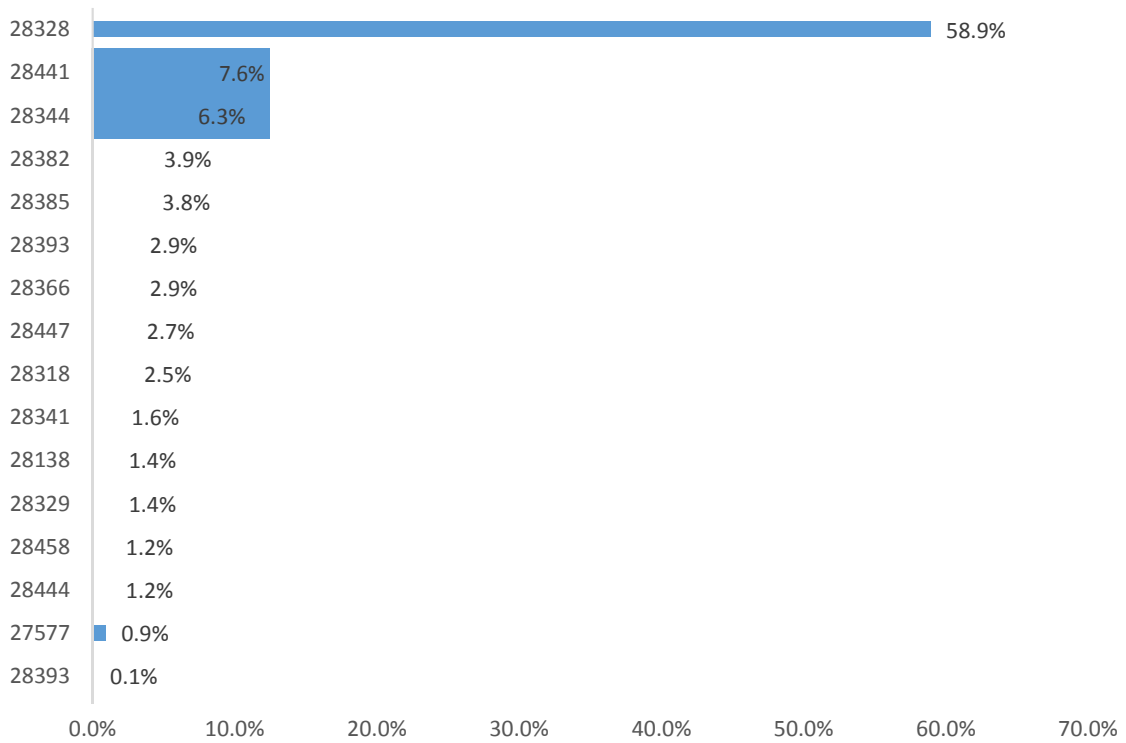
**43. What is your employment status?**



**44. Do you have access to the Internet?**



**45. What is your zip code?**



## APPENDIX C – COMMUNITY RESOURCE DIRECTORY

### **Allergy-Immunology**

Eastern ENT Sinus & Allergy Ctr.  
504 Balsey St.  
Clinton, NC 28328  
(910) 592-9993

Erica Wimberly, PA-C  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

Gilbert Palmer, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0603

### **Anesthesiology**

Eskander Morkos, MD  
417 Vance St., Suite C  
Clinton, NC 28328  
(910) 596-4288

Michael Lewis, PA-C  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

John B. Smith, JR, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0609

Henry Tsao, MD  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

Steven D. Kelley, MD, FACEP  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

John Thomas Newton, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0615

### **Dermatology**

Atlantic Dermatology Assoc. PA  
1104 Medical Center Dr.  
Wilmington, NC 28401  
(910) 251-9944

### **Family Medicine**

Agapito Fajardo, MD  
Goshen Medical Clinic  
906 N US Hwy  
Clinton, NC 28328  
(910) 592-1462

Ken T. Yang, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 592-0803

Goldsboro Skin Center  
2613 Hospital Rd  
Goldsboro, NC 27534  
(919) 736-0222

Albert A. Verrilli III, MD  
Woodside Professional Bldg.  
603 Beaman St., Ste. 402  
Clinton, NC 28328  
(910) 590-3397

Lawrence J. Watts, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0619

Polley Clinic Dermatology  
110 N Barcelona Dr.  
Fayetteville, NC  
(910) 485-5105

Amy Straiko-Howerton, MD  
Howerton Family Medicine  
304 W NC Highway 24  
Roseboro, NC 28382  
(910) 525-5848

Richard Troyon, PC-C  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0609

### **Emergency Medicine**

Arthur Fajardo, MD  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

Arthur Apolinario, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 592-6011

Shawn Howerton, MD  
Howerton Family Medicine  
304 W NC Highway 24  
Roseboro, NC 28382  
(910) 525-5848

Danny Winn, PA-C  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

Elizabeth Bryan, MD  
227 Beaman St.  
Clinton, NC 28328  
(910) 592-8243

Ted Bauman, MD  
Clinton Medical Clinic  
403 Fairview Street  
Clinton, NC 28328  
(910) 592-0808

**General Surgery**

James Thomas, MD  
SRMC Wound Care & Hyperbaric  
Center  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8710

Jason W. Cotter, MD FACS  
Clinton Surgical Associates  
603 Beaman St., Ste. 200  
Clinton, NC 28328  
(910) 592-8711

John F. McPhail, MD  
Clinton Surgical Associates  
603 Beaman St., Ste. 200  
Clinton, NC 28328  
(910) 592- 8711

John M. Roberts, MD, FAC  
SRMC Wound Care & Hyperbaric  
Center  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8710

Michael A. Valenti, MD  
Clinton Surgical Associates  
603 Beaman St., Ste. 200  
Clinton, NC 28328  
(910) 592-8711

**Internal Medicine**

Paul E. Viser, MD  
Woodside Professional Bldg.  
603 Beaman St., Ste. 401  
Clinton, NC 28328  
(910) 592-2285

Roderic Carney, MD  
Woodside Professional Bldg.  
603 Beaman St., Ste. 401  
Clinton, NC 28328  
(910) 596-0046

Tracie M. Bellanger, MD  
Sampson Internal Medicine  
606 Beaman St.  
Clinton, NC 28328  
(910) 596-0061

William N. Newman, MD  
Wake Heart Associates  
603 Beaman St.  
Clinton, NC 28328  
(910) 590-2038

**Nephrology**

Carolina Kidney Care  
557 Sandhurst Dr.  
Fayetteville, NC 28304  
(910) 484-8114

Clinton Dialysis  
1740 Southeast Blvd.  
Clinton, NC 28328'  
(910)592-1600

Robert Dunmire III, MD,  
Tu Li-Kun (Oliver), MD  
417 Vance St., Ste. B  
Clinton, NC 28328  
1-800-747-5078

**Obstetrics/Gynecology**

Henry T. Hyman, DO  
Goshen Medical Clinic  
605 Beaman St.  
Clinton, NC 28328  
(910) 592-1414

Scott D. Augustine, MD  
Sampson Women's Center  
603 Beaman St., Ste. 100  
Clinton, NC 28328  
(910) 590-8050

S. LaShawn Strayhorn  
Sampson Women's Center  
603 Beaman St., Suite 501  
Clinton, NC 28328  
(910) 590-8002

Teresa T. Birchard, MD  
Goshen Medical Clinic  
516 Beaman St.  
Clinton, NC 28328  
(910) 592-1414

**Ophthalmology**

Robert T. Barowsky, MD  
Carolina Eye Care Professionals  
340 Northeast Blvd. #A  
(910) 592-5379

Ron C. Faircloth, MD  
R. Max Raynor, MD  
Professional Eye Care  
124 East Main St.  
Clinton, NC 28328  
(910) 592-1908

Ron C. Faircloth, MD  
R. Max Raynor, MD  
Professional Eye Care  
305 W. Roseboro St.  
Roseboro, NC 28382  
(910) 525-5296

**Orthopaedics**

W. Alexander Huff, MD  
Huff Orthopaedics & Sports  
Medicine  
520 Beaman St.  
Clinton, NC 28328  
(910) 596-5633

Joyce Weber, PA-C  
Huff Orthopaedics & Sports  
Medicine  
520 Beaman St.  
Clinton, NC 28328  
(910) 596-5633

**Pathology**

Carl Barr Jr., MD  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

**Pediatrics**

Ada M. Conway, MD  
Clinton Medical Clinic  
403 Fair View St.  
Clinton, NC 28328  
(910) 590-1201

Ginger McCullen, PN-P  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-1207

Karen Bradfield, PA-C  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0617

William C. Carr, MD  
Clinton Medical Clinic  
403 Fair View St.  
Clinton, NC 28328  
(910) 590-0607

**Psychiatry**

Winston Jennings, Jr., MD  
CommWell Health  
306 Beaman St.  
Clinton, NC 28328  
(910) 567-7107

**Urology**

Robert W. Reagan, Jr., MD  
Sampson Urology Associates  
417 Vance St. #B  
Clinton, NC 28328  
(910) 590-3569

**Radiation Oncology**

Brian C. Cook, MD  
Sampson Regional Medical Ctr.  
215 Beaman St.  
Clinton, NC 28328  
(910) 590-2065

**Radiology**

Gordon R. McDevitt, MD  
Clinton X-Ray Associates  
409 C Cooper Drive  
Clinton, NC 28328  
(910) 592-8070

Rolf P. Gobien, MD  
Clinton X-Ray Associates  
409 C Cooper Drive  
Clinton, NC 28328  
(910) 592-8070

Terry P. Ginthner, MD  
Clinton X-Ray Associates  
409 C Cooper Drive  
Clinton, NC 28328  
(910) 592-8070

**Sampson County Physicians**

Allyn B. Dambeck, MD  
Goshen Medical Clinic  
444 SW Center St.  
Faison, NC 28341  
(910) 267-0421

Ann Lewis- Peterson  
Sampson Medical Services  
408 Fairview St.  
Clinton, NC 28328  
(910) 596 – 2400

Eddie Powell, MD  
Powell’s Medical Clinic  
201 W. Clinton St.  
Roseboro, NC 28382  
(910) 525-4062

Kenyon Chavis, MD  
Goshen Medical Clinic  
906 N US Hwy 421  
Clinton, NC 28328  
(910) 592-1462

Linda Heath, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-1205

Michael Galletti, DO  
Sampson Regional Medical Ctr.  
516 Beaman St.  
Clinton, NC 28328  
(910) 592-1462

Racarin Johnson, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0601

Rajesh Subedi, MD  
CommWell Health  
3331 Easy St.  
Dunn, NC  
(910) 567-6194

Richard Baler, MD  
Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 590-0605

Rodney K. Sessoms, MD  
Sessoms Medical Practice  
500 Beaman St.  
Clinton, NC 28328  
(910) 596-2800

Subodh Pal, MD  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

Timothy Smith, DO  
Quick Med Urgent Care  
340 NE Blvd., Suite B  
Clinton, NC 28328  
(910) 596-0093

William Grover, MD  
Sampson Regional Medical Ctr.  
607 Beaman St.  
Clinton, NC 28328  
(910) 592-8511

**Urology**

Robert W. Reagan, Jr., MD  
Sampson Urology Associates  
417 Vance St. #B  
Clinton, NC 28328  
(910) 590-3569

AUNC Clinton Urology  
358 NE Blvd  
Clinton, NC 28328  
(910) 592 – 7129

**Medical Centers, Clinics, Health**

**Dept., Hospitals**

Carolina Pines  
500 Fayetteville Street  
Salemberg, NC 28325  
(910) 525- 5515

Clinton Medical Clinic  
403 Fairview St.  
Clinton, NC 28328  
(910) 592 – 6011

Clinton Urgent Care  
1004 Beaman St.  
Clinton, NC 28328  
(910) 592-9113

Sampson Women’s Center  
603 Beaman St.  
Clinton, NC 28328  
(910) 590 -8050

Commwell Health  
Medical Director  
500 S. Fayetteville St.  
Salemberg, NC 28385  
(910) 525-5515

CommWell Health  
(formerly Four County)  
194 Tomahawk Hwy.  
Harrells, NC 28444  
(910) 532-4106

CommWell Health  
(formerly Tri-County)  
3331 Easy St.  
Dunn, NC 28334  
(910) 567-6194

Garland Family Medical  
105 Lisbon Avenue  
Garland, NC 28441  
(910) 529 – 1827

Goshen Medical Center  
516 Beaman St.  
Clinton, NC 28328  
(910) 592-1414

Goshen Medical Center  
906 N US 421 Hwy  
Clinton, NC 28328  
(910) 592-1462

Goshen Medical Center  
444 SW Center St.  
Faison, NC 28341  
(910) 267-0421

Quick Med Urgent Care  
Timothy Smith, DO  
340 NE Blvd., Suite B  
Clinton, NC 28328  
(910) 596-0093

Sampson County Health Dept.  
360 County Complex Rd,  
Ste. 200  
Clinton, NC 28328  
(910) 592-1131

Sampson Regional Medical Ctr.  
603 Beaman Street  
Clinton, NC 28328  
(910) 592-8511

Southeastern Oncology  
211 Beaman Street  
Clinton, NC 28328  
(910) 592-5727

**Pharmacies**

Butler’s Pharmacy  
204 E Main St.  
Clinton, NC 28328  
(910) 592-2111

Clinton Drug Company  
307 Beaman St.  
Clinton, NC 28328  
(910) 592-8444

Matthews Drug Store  
408 NE Blvd  
Clinton, NC 28328  
(910) 592-3121

Newton Grove Drug Co.  
305 W Weeks Circle  
Newton Grove, NC 28366  
(910) 594 – 1183

Rite Aid Pharmacies  
408 Beaman St.  
Clinton, NC 28328  
(910) 592-8039

Roseboro Pharmacy  
124 W Roseboro St.  
Roseboro, NC 28382  
(910) 525- 7948

Salemberg Pharmacy  
112 W College St.  
Salemberg, NC 28385  
(910) 525- 4490

Walgreens  
601 College St.  
Clinton, NC 28328  
(910) 592- 4058

Walgreens  
218 West Dr. Martin Luther  
King Jr. Blvd.  
Roseboro, NC 28328  
(910) 525- 5100

**Government Agencies**

Aging/In-Home Services  
405 County Complex  
Rd., Ste 140  
Clinton, NC 28328  
(910) 592-4653

Animal Control  
168 Agriculture Place  
Clinton, NC 28328  
(910) 592-8493

Board of Commissioners 435  
Rowan Road  
Clinton, NC 28328  
(910) 592- 6308

Board of Education- Clinton City  
301 Westover Rd.  
Clinton, NC 28328  
(910) 592-3132

Board of Education- Sampson  
County 437 Rowan Road  
Clinton, NC 28328  
(910) 592-1401

County Manager's Office  
435 Rowan Road  
Clinton, NC 28328  
(910) 592-6308

Emergency Management  
Services  
107 Underwood Street  
Clinton, NC 28328  
(910) 592-8996

Employment & Training  
337 County Complex Rd.  
Clinton, NC 28328  
(910) 592-4124

Finance Department  
433 Rowan Road  
Clinton, NC 28328  
(910) 592-7181

Head Start  
435 Rowan Road  
Clinton, NC 28328  
(910) 592-7323

Magistrate's Office  
112 Fontana Street  
Clinton, NC 28328  
(910) 592-6963

NC Cooperative Extension  
51 Agriculture Place  
Clinton, NC 28328  
(910) 592-7161

Public Works  
827 Southeast Blvd.  
Clinton, NC 28328  
(910) 592-0188

Register of Deeds  
126 A West Elizabeth Street  
Clinton, NC 28328  
(910) 592-8026

Sampson County Sheriff's  
Department  
112 Fontana Street  
Clinton, NC 28328  
(910) 592-4141  
Jail (Detention Center)  
(910) 592-8178

Social Services  
360 County complex  
Rd., Ste. 100  
Clinton, NC 28328  
(910) 592-7131

Soil Conservation  
(Natural Resource Conservation  
Services) USDA Service Center  
84 County Complex Road  
Clinton, NC 28328  
(910) 592-8146

Tax Administration  
126 West Elizabeth Street  
Clinton, NC 28328  
(910) 592-8146

Veterans Services  
120 County Complex Road  
Clinton, NC 28328  
(910) 592-2862

**Environmental Health**  
City of Clinton Planning/  
Zoning Department  
P.O. Box 199  
Clinton, NC 28328  
(910) 299-4904

NC DENR-Fayetteville  
Regional Office  
225 Green St, Suite 714  
Fayetteville, NC 28301  
(910) 433-3300

Sampson County  
Cooperative Extension  
Sampson County Disposal  
55 Agriculture Place Clinton, NC  
(910) 592-7161

Sampson County  
Environmental Health  
405 County Complex Rd,  
Ste. 120  
Clinton, NC 28328  
(910) 592-4675

Waste Industries  
P.O. Box 640  
Roseboro, NC 28382  
910-525-4132

**Higher Education**  
Sampson Community College  
1801 Sunset Ave  
Clinton, NC 28328  
(910) 592-7176

Sampson Early College  
1801 Sunset Ave  
Clinton, NC 28328  
(910) 592-7176

NC Justice Academy  
200 West College  
Salemberg, NC 28385  
(910) 525-4151

### **Libraries**

JC Holiday Library  
217 Graham St.  
Clinton, NC 28328  
(910) 592-4153

Bryan Memorial Library 302  
West Weeksdale St Newton  
Grove, NC 28366  
(910) 594-1260

Miriam Lamb Memorial  
144 N Church St  
Garland, NC 28441  
(910) 529-2441

Roseboro Public Library  
300 West Roseboro Street  
Roseboro, NC 28382  
(910) 525-5436

### **Abuse Assistance**

Dept. of Social Services  
360 County Complex Rd.  
Clinton, NC 28328  
(910) 592-07131

U-Care, Inc.  
Clinton, NC 28328  
(910) 596-0931

### **Crisis Helplines**

Sampson County Crisis Ctr.  
309 East Main Street  
Clinton, NC 28328  
(910) 592-3599

U-Care, Inc.  
Clinton, NC 28328  
(910) 596-0931

### **Disabilities**

Duplin-Sampson Area Mental  
Health Ctr.  
117 Beasley Street  
Kenansville, NC 28349  
(910) 296-1851

NC Division of Vocational  
Rehabilitation Services  
(910) 592-4051

### **Drug & Alcohol**

Eastpointe Behavioral Services  
1-800-913-6109

### **Alcoholism & Treatment**

McCoy & Associates  
409 Cooper Drive  
Clinton, NC 28328  
(910) 592-2818

### **Food**

Dept. of Social Services  
360 County Complex Rd  
Clinton, NC 28328  
(910) 592-7131

First Baptist Church  
900 College St  
Clinton, NC 28328  
(910) 592-2883

Sampson County WIC Dept.  
360 County Complex Rd  
Clinton, NC 28328  
(910) 592-1131

### **Housing**

Sampson County  
Habitat for Humanity  
807 Carol St.  
Fayetteville, NC  
(910) 592-0461

NC Commission of Indian Affairs  
Section 8 Housing  
7531 N US 421 Hwy  
Clinton, NC 28328  
(910) 564-6152

### **Job Assistance**

Employment and Training  
337 County Complex Road  
Clinton, NC 28328  
(910) 592-4124

### **Physical Fitness/Recreation**

Clinton City  
Parks and Recreation  
119 Leisure Lane  
Clinton, NC 28328  
(910) 299-4906

Lean Bodz Gym  
204 Wall St.  
Clinton, NC 28328  
(910) 596-2739

Sampson County  
Parks and Recreation  
369 Rowan Road  
Clinton, NC 28328  
(910) 299-0924

The Center for Health +  
Wellness  
417 E Johnson St.  
Clinton, NC 28328  
(910) 596-5400

Fitness for Women  
317 N Blvd  
Clinton, NC 28328  
(910) 299 - 0440

Seven Gables Skating Rink  
840 Overland Rd.  
Clinton, NC 28328  
(910) 592-3948



Laurel Lake Campground  
1100 Laurel Lake Rd  
Salemberg, NC 28325  
(910) 422- 8413

**Dance Studios**

Quisan’s Dance Academy  
216 McKoy St.  
Clinton, NC 28328  
(910) 385-4665

Lori’s School of Dance  
710 Southeast Blvd.  
Clinton, NC 28328  
(910) 592-1280

Gotta Dance Fine Arts Ctr.  
412 Vance St.  
Clinton, NC 28328  
(910) 592 - 3569

**Clubs**

Girl Scouts-NC Coastal Pines  
(910) 592-6681

Sampson County 4-H  
51 Agriculture Place  
Clinton, NC 28328  
(910) 592-7161

**Entertainment**

East Park Cinema 122 S East  
Blvd Clinton, NC 28328  
(910) 592-2800

Sampson County Theater  
115 Fayetteville Street  
Clinton, NC 28328  
(910) 592-8653

**Hispanic/Latino Services**

Episcopal Farmworker Ministry  
Father Tony Rojas  
& Silvia Zendeja  
2989 Easy St.  
Dunn, NC 28334  
(910) 567-6917

Saint Martin Migrant  
Head Start  
Evelyn Hernandez  
3201 Easy St.  
Dunn, NC 28334  
(910) 567-5510

Sampson Community College  
Nydia Gonzalez  
1801 Sunset Ave  
Clinton, NC 28328  
(910) 592-7176

**Additional Resources**

Sampson County  
Health Department  
360 County Complex Rd  
Clinton, NC 28328  
(910) 592 – 1131

Sampson County Partners  
for Healthy Carolinians  
360 County Complex Road  
Clinton, NC 28328  
(910) 592-1131  
[www.scpfhc.org](http://www.scpfhc.org)

NC Care Line  
1-800-662-7030

NC Quit Line  
1-800-QUIT-NOW

**Transportation**

Sampson Area Transportation  
311 County Complex Road  
Clinton, NC 28328  
(910) 299-0127