2021-2022 Community
Health Needs Assessment

SAMPSON COUNTY,
NORTH CAROLINA

SAMPSON
REGIONAL MEDICAL CENTER

Health ENC
Working Together for a Healthier Eastern North Carolina

Contact Information

Sampson Regional Medical Center (SampsonRMC) and Sampson County Health Department (SCHD) work together to complete the Sampson County Community Health Needs Assessment. SampsonRMC and SCHD have a positive and productive working relationship and are committed to continuing their work together to improve the health of the citizens of Sampson County.

Sampson Regional Medical Center will have an electronic copy of this report at www.SampsonRmc.org. Paper copies may be requested by contacting SampsonRMC Community Wellness Coordinator at 910-596-5406 or srmcpr@sampsonrmc.org.

Sampson County Health Department will have an electronic copy of this report at www.sampsonnc.com. Paper copies may be requested by contacting Sampson County Health Department at (910) 592-1131.

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Executive Summary

Vision Statement

The Community Health Needs Assessment (CHNA) provides the foundation for improving and promoting good health in our community. The CHNA process gives key stakeholders in Sampson County the opportunity to work together to understand and address the most important community health issues. With this process, our goals are to: identify and address key health needs/issues; plan health and disease prevention services; and improve health, partnerships, and communication. Together, Sampson County stakeholders will create a Community Health Improvement Plan (CHIP).

Leadership

Sampson Regional Medical Center (SampsonRMC) and Sampson County Health Department (SCHD) work together to complete the Sampson County Community Health Needs Assessment. SampsonRMC and SCHD have a positive and productive working relationship and are committed to continuing their work together to improve the health of the citizens of Sampson County. Along with SampsonRMC and SCHD, the NC Extension Agency plays an integral part of the leadership team. The leadership team includes:

- Robin Palmer, M.B.A., Community Wellness Coordinator - Sampson Regional Medical Center
- Sydney (Luke) Smith, B.S., Public Health Educator II - Sampson County Health Department
- Sydney Knowles, M.A., Health Education – NC Extension Agent, Sampson County

Partnerships/Collaborations

Community wellness stakeholders have been engaged throughout the data results presentation and follow-up meeting to discuss and confirm Sampson County's health priorities. The following are some of the community leaders involved in the process:

- ❖ Jerol Kivett - Sampson County Commissioner
- ❖ Ed Causey - Sampson County Manager
- ❖ Nancy Dillman - Sampson County Human Resources Director
- ❖ Jonathan Allen - Clinton Recreation and Parks Director
- ❖ Shelvia Ashford - Clinton City Human Resource Director
- ❖ Mary Rose - Clinton City Planning and Development Director
- ❖ Marvin Rondon - SCC Acting Dean of Student Services
- ❖ Anthony Davis - Clinton City Interim Chief of Police
- ❖ Wesley Johnson - Clinton City Schools Superintendent
- ❖ Shirley Williams - SHAC Chair, CCS Director of Student Services

❖ Jennifer Daughtry - SHAC Chair, Director of Secondary Ed.

❖ Jared Barrier - YMCA Director

❖ Diane Barwick - Coordinator-CCS Healthier Lives and Beyond

❖ Melissa Reese - Community Relations Specialist, Eastpointe

❖ Lauren McCallum - Asst Director, Nutrition Education, Poe Center

❖ Veronica Stevens - Director of Nursing, SCC

❖ Kristy Bland - Business Development Liaison, SampsonRMC

❖ Deanna Joyner - Sampson County Substance Abuse Coalition

Regional/Contracted Services

Sampson County is part of Health ENC, which is a program of the Foundation for Health Leadership & Innovation (FHLI), a nonprofit organization focused on improving health in North Carolina. Health ENC is a collaborative of more than thirty counties which works together to identify health issues and concerns across eastern North Carolina (ENC).

Theoretical Framework/Model

A Population Health Model guides the CHNA process and is being used to improve the health and wellness of communities across eastern North Carolina.   This simply means using a model that focuses on health equity and the many distinct factors that drive health outcomes, including health behaviors, clinical care, social and economic and physical environment factors. These are important because they all contribute to health and wellness. Knowing which factors or combination of factors contribute to poor health outcomes can provide critical information for developing prevention and intervention strategies to improve health.

Collaborative Process Summary

The most recent Community Health Needs Assessment began in the Spring of 2021. The Community Health Survey was distributed in April 2021 and was available through June 2021. Both primary and secondary data was shared by Health ENC as a PowerPoint presentation in October 2021. There were errors and edits, and the presentation was recalled, and an updated version was sent in December 2021. The information was shared with community stakeholders in February 2022 and health priorities were set. The final report will be completed by June 2022.

Key Findings

The Community Health Needs Assessment (CHNA) uses both primary and secondary data to identify health trends, needed resources, and opportunities related to improving the health of Sampson County.

The primary data includes the Community Health Survey. The list of community issues that were ranked by residents as most affecting the quality of life in Sampson County are:

- Low income/ Poverty was the most frequently selected issue.
- Drugs (Substance abuse) was ranked second by survey respondents.
- Lack of Community Resources ranked as the third issue most affecting quality of life in Sampson County.

The secondary data includes leading causes of death, socio-economic factors like poverty, unemployment, and education. Some of the significant health indicators and determinants of Premature Death in Sampson County include adult smoking rate, adult obesity numbers, number of teen births, leading causes of death, percentage of the population that is uninsured, and percentage of children living in poverty.

Knowing which factors or combination of factors contribute to poor health outcomes can provide critical information for developing prevention and intervention strategies to improve health.

Health Priorities

The Premature Death rate (years of potential life lost before age 75) in Sampson County is significant and much higher than the NC state rate and it encompasses many issues that factor into good health and mortality. Because there are so many factors that drive health outcomes (like Premature Death rate), a population health framework is being used to improve health and wellness. This simply means using a model that focuses on the many varied factors that drive health outcomes, including health behaviors, clinical care, social and economic and physical environment factors. These are important because they all contribute to health and wellness.

This aligns with the Healthy NC 2030 action plan, which uses this population framework approach to direct state and local efforts of improving community health. In the past, Healthy NC plans have focused on individual health topics, which we aligned with in previous community health improvement plans.

As health priorities, Sampson County has chosen to continue its work on:
- **Obesity**, through exercise and nutrition. When obesity is addressed, chronic diseases (affected by exercise and nutrition) are also impacted.
- **Substance Use**
- **Teen Pregnancy**

Next Steps

Community health stakeholders, who were positively engaged in the data findings report meeting, met to discuss best ways to collaborate moving forward. Discussion continued about Sampson County health issues, along with a proposal and confirmation of the three specific health priorities.

Community health stakeholders will break into sub-committees to address each specific health priority. The ultimate goals are to:

- Collaborate to ensure our county resources are best utilized and that the health concerns are addressed in the most efficient and effective way
- Communicate, support, and promote each other's programs so our community is aware of and utilizes our resources
- Improve the health, partnerships, and communication within our community

As a guide, a logic model will be used. A logic model represents a picture of how your effort or initiative is supposed to work. It explains why your strategy is a workable solution to the problem at hand. Effective logic models make an explicit, often visual, statement of the activities that will bring about change and the results you expect to see for the community and its people. A logic model keeps participants in the effort moving in the same direction by providing a common language and point of reference.

Chapter 1 Introduction

Description of County

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

Overview of Health ENC

Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to:

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions
- Improve health, partnerships, and communication

Participating Health ENC Counties
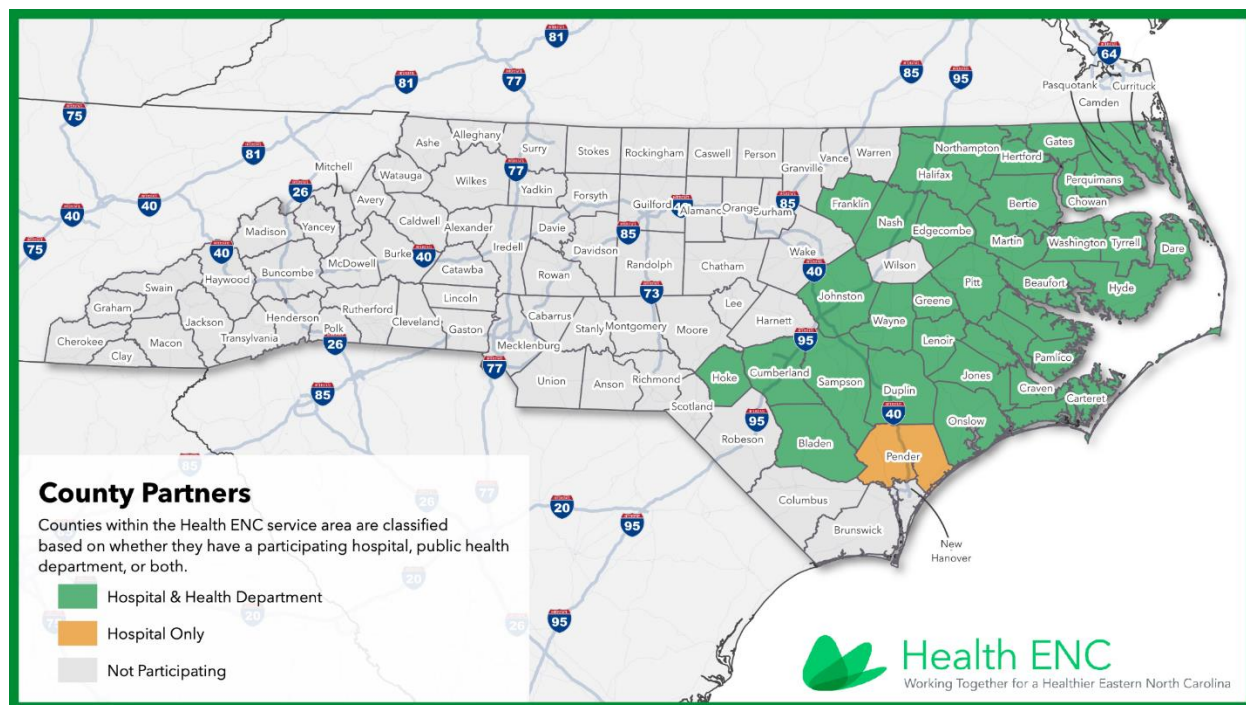
Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

The Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population. Sampson County did not hold focus group discussions for the 2021-2022 Community Health Needs Assessment.

<u>Survey Design</u>:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021, in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. Sometimes, underserved populations' feedback is not adequately reflected in surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

The surveys consisted of 25 questions. Paper copies were distributed at the health department (SCHD) sponsored drive-through COVID-19 vaccine clinics. Electronic versions were sent to various organizations - Sampson County and Clinton City employees, Clinton City and Sampson County school system contacts, Sampson Community College staff and students, local industry administrators, local hospital employees and several churches.

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Key Areas Examined
- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

Sampson County Responses

Sampson County returned 561 total responses, which is almost twice as many as the 300 surveys per county requested. The Sampson County Spanish surveys accounted for over 20% of the total ENC counties Spanish surveys returned.
- 458 Total English (Total in ENC survey =16,661)
- 103 Total Spanish (Total in ENC survey =502)

Secondary Data Sources
Healthy North Carolina 2030 (HNC 2030)
NC State Center for Health Statistics
Robert Wood Johnson County Health Rankings and Roadmaps

Limitations
- The data presented represents a snapshot of the population - economic and leading health and wellness issues in eastern NC communities.
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region.
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities.

Chapter 2 Demographic Profile

Total Population

Total Population (U.S Census)
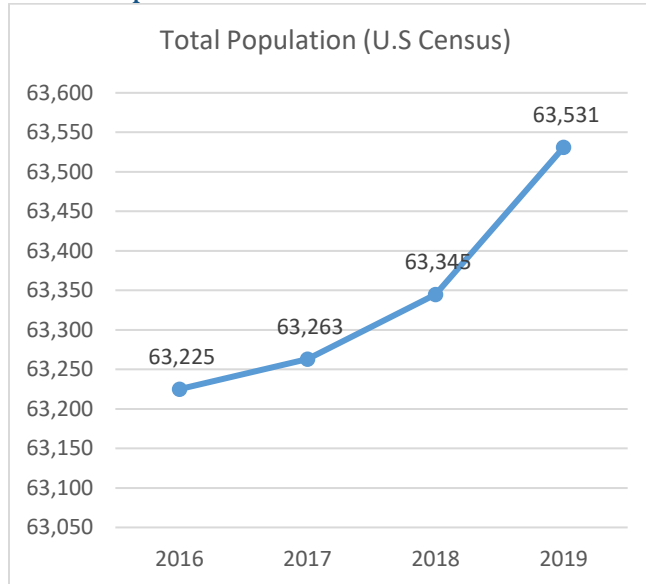
In 2019, Sampson County had a population estimate of 63,531.

From 2016 to 2019, this is an increase of only 306 people.

Population Growth

From 2010 to 2019, the total population of Sampson County has remained at 0% growth. During the same time period, North Carolina population grew 10% and the Health ENC counties grew 4.6%.

The projected population growth for Sampson County for 2029 is estimated at 64,043 persons which is an additional 512 more people. This is 0.8% growth.

Note: Population projection for 2029 comes from the NC Office of State Mgmt and Budget Pop Projections. All the other population data is from the Census

Population and Projected Population for 2029

Minority Populations

Percent of Population by Race/Ethnicity (Census, 2015-2019)

	Sampson	North Carolina	Health ENC Counties
White	66.6	61.9	64.9
Black	26.6	20.4	30.0
Am Indian or Alaska Native	3.7	1.3	1.0
Asian	0.6	3.4	1.3
Native Hawaiian & Other Pacific Islander	0.3	0.3	0.1
Multiracial (Two or More Races)	2.3	6.9	3.5
Hispanic or Latino	20.6	9.6	9.6
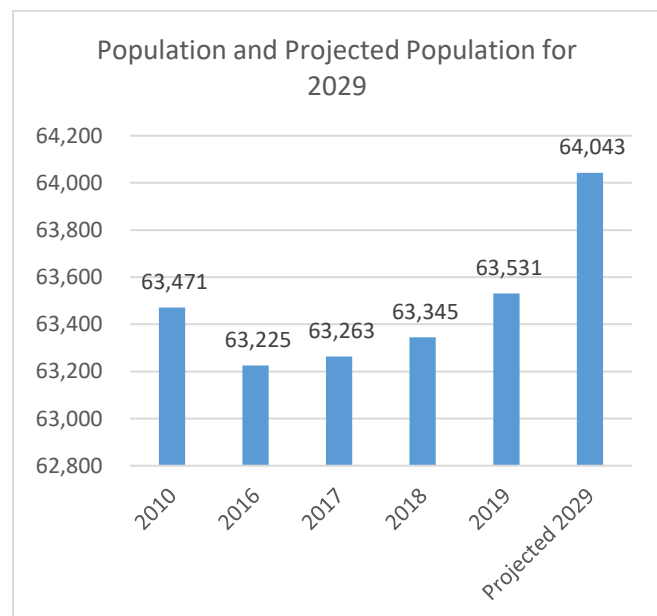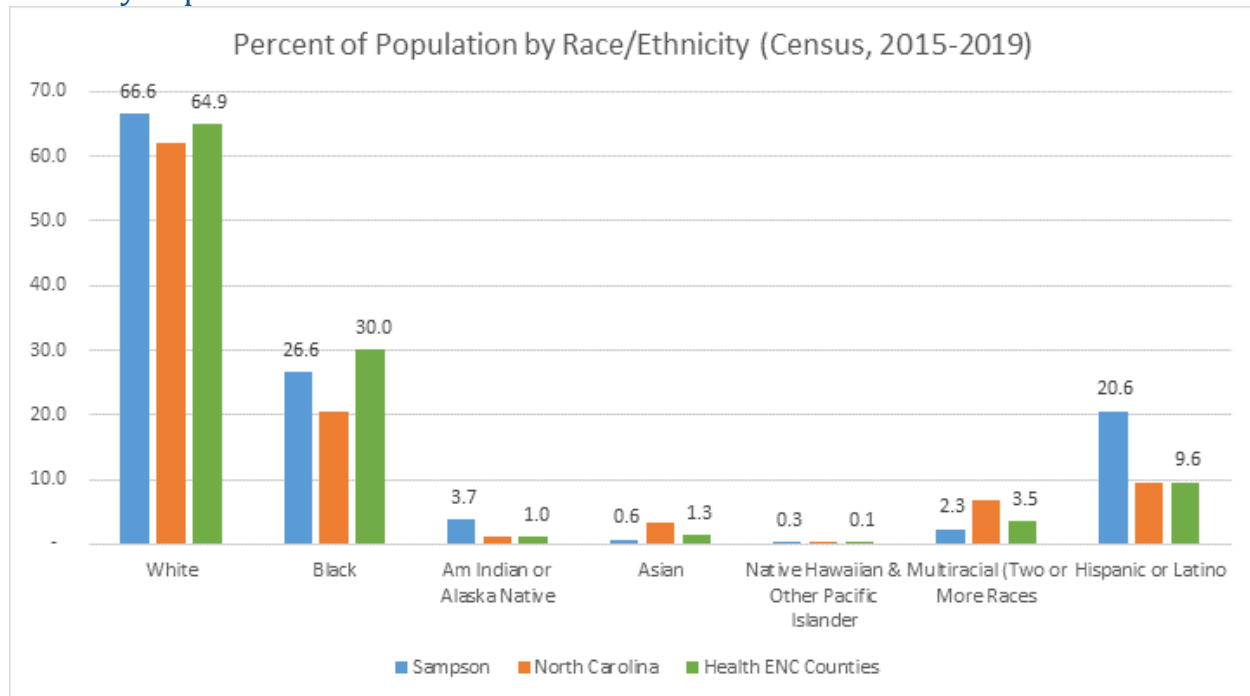
Of significance in Sampson County Minority populations: (1) The Hispanic or Latino population comprises 20.6% of Sampson County which is significantly higher than North Carolina (9.4%) and Health ENC Counties (9.6%). (2) Even though population estimates of tribal data are not available at the county level, the Coharie Tribe is a large part of the Native American/American Indian population in Sampson County. The Coharie Tribe is located primarily in Harnett and Sampson counties and has been recognized by the state of North Carolina since 1971. According to the U.S. Census Bureau, the estimated Native American population (2019) in Sampson County was 1,166.

Age Groups

Percent of the Population by Age Group

	Sampson	NC	HealthENC
Under age 5	6.4	5.9	6.3
Age 5-14	13.8	12.6	12.7
Age 15-24	12.7	13.5	14.9
Age 25-34	11.1	13.3	13.5
Age 35-44	12.2	12.6	11.7
Age 45-54	13.2	13.4	12.2
Age 55-64	13.1	12.8	12.8
Age 65-74	10.2	9.5	9.4
Age 75-84	5.7	4.6	4.7
Age 85+	1.5	1.7	1.6
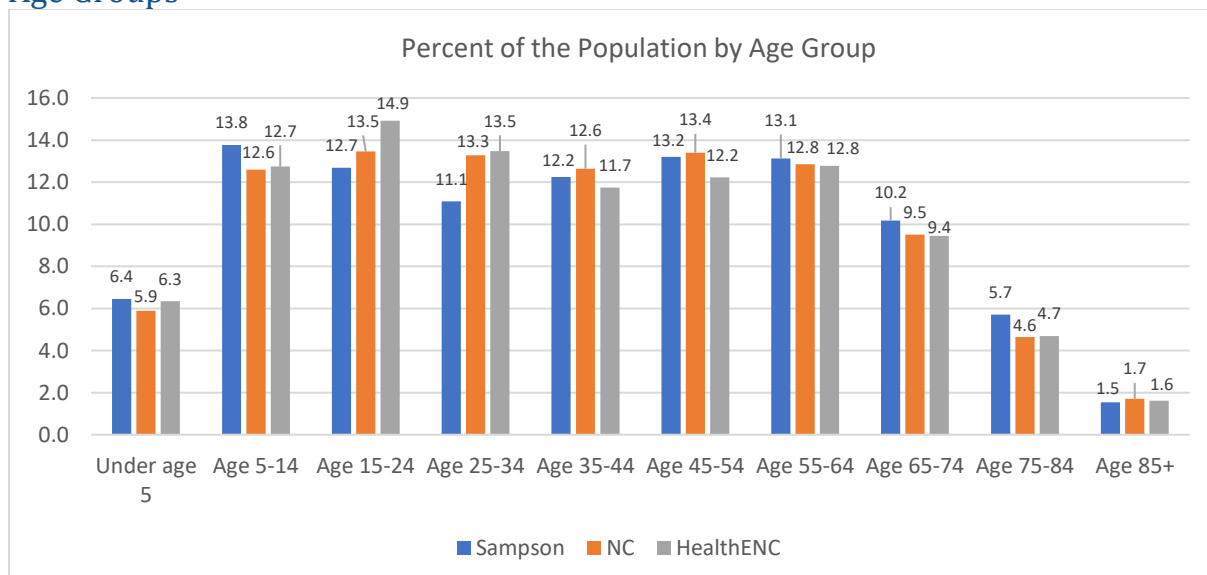
Military/Veteran Populations

Military Population

Percent of Population in Military (2015-2019)

Location	Percent
Sampson	-
North Carolina	1.1
Health ENC Counties	4.8
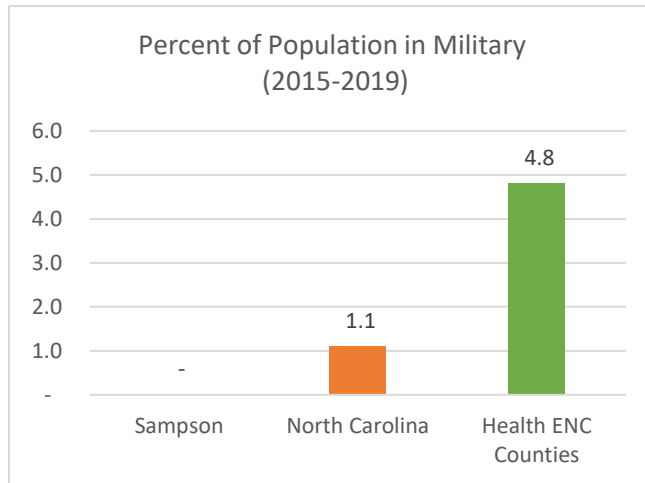
The percentage of Military Population in Sampson County is 0.0%.

Compared to North Carolina (1.1%) and the Health ENC Counties (4.8%), Sampson County has a non-existent military population.

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Sampson County has a veteran population of 7.1% in 2015-2019, compared to 8.4% for North Carolina and 12.1% for Health ENC Counties.

Percent of Population that are Veterans (2015-2019)

Location	Percent
Sampson	7.1
North Carolina	8.4
Health ENC Counties	12.1

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Birth Rates

Live Birth Rate per 1,000 Population (NC SCHS)

Year	2016	2017	2018	2019
Sampson	13.2	13.1	13.1	11.4
NC	11.9	11.7	11.5	11.3
HEALTHENC	13.1	13.1	12.7	12.7
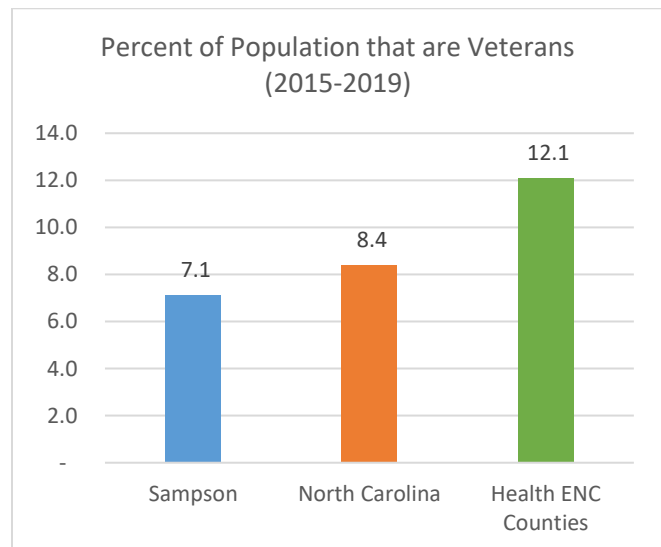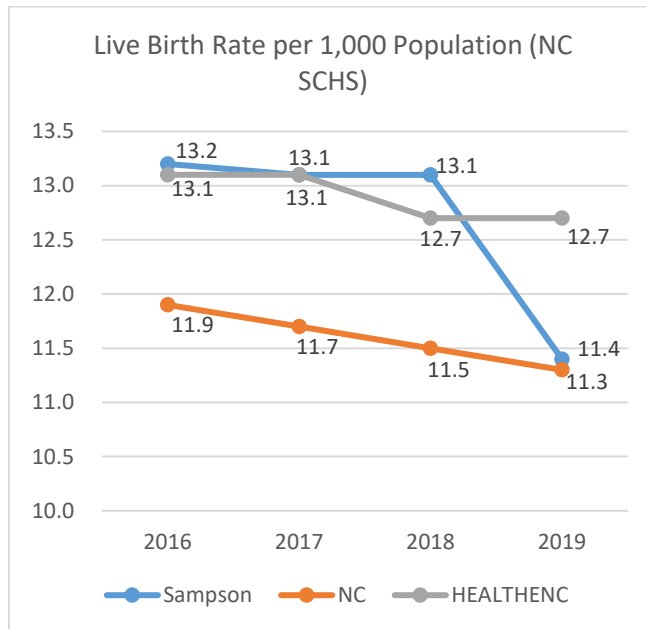
Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. The Sampson County birth rate dropped significantly in the last measurement period (2018-2019).

Analysis of Demographic Data

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

Sampson County's total population has minimally increased, and the projected population growth is expected to remain low. Sampson County has a higher White population, a higher population in the 5-14 and 45-54 age groups, a non-existent military population, a low veteran population, and has seen a significant decrease in birth rates.

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation
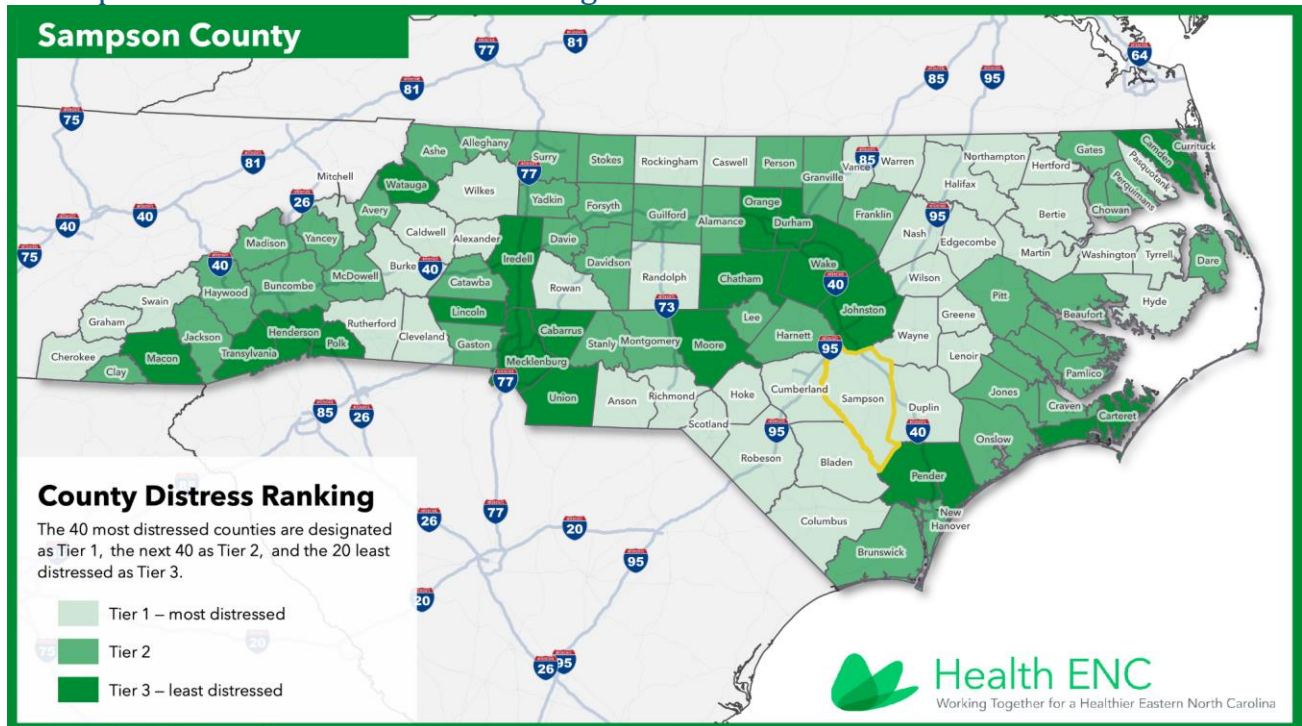
The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Sampson County has been assigned a Tier 1 designation for 2021.

Sampson County has been assigned a Tier 1 designation for 2021.

County Tier Rankings are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

Income

Median Household Income in Dollars (2015-2019)

	Sampson	North Carolina
	42,151	54,602
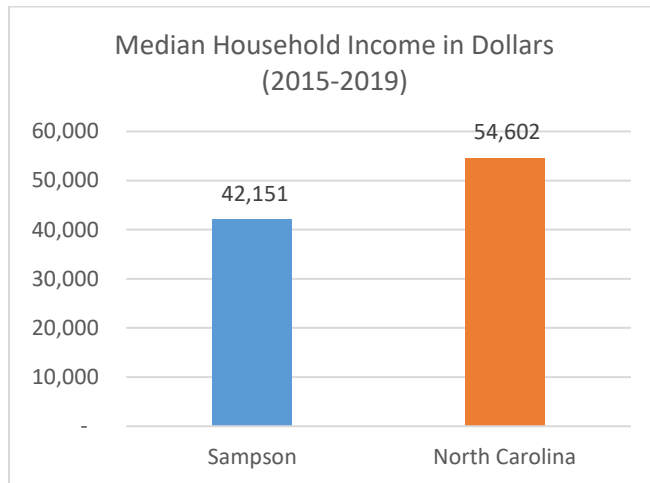
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. This figure shows the median household income in Sampson County ($42,151), which is much lower than the median household income in North Carolina ($54,602).

Poverty

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

In Sampson County, an estimated 21.0% of the population lives below the poverty level compared to 15.0% of the population in N.C. and 17.5% in the Health ENC Counties.

Percent People Living Below Poverty Level (2015-2019)

	Sampson	North Carolina	Health ENC Counties
	21	15	17.5
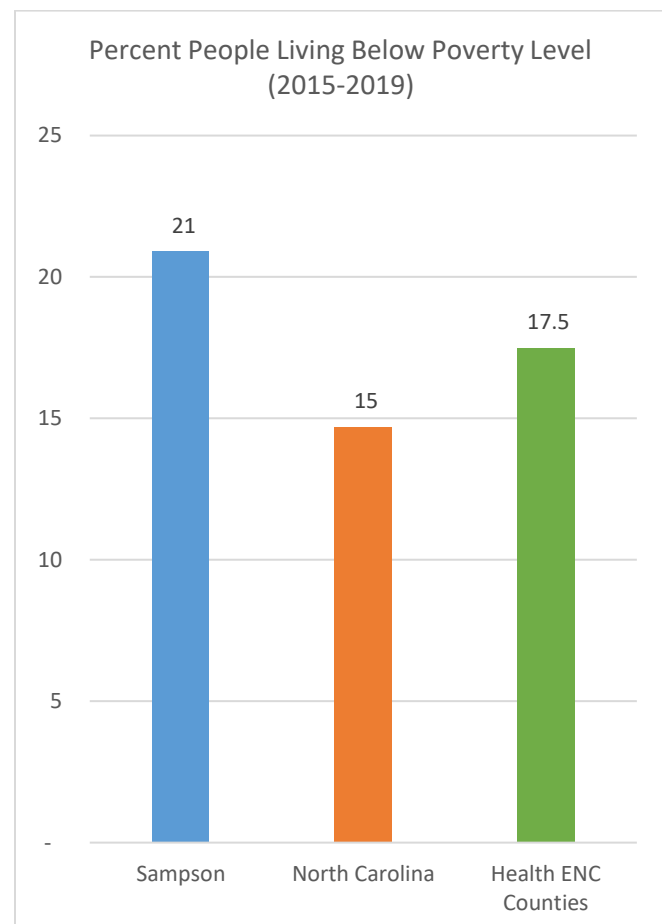
Poverty by Race and Ethnicity

Source: U.S. Census Bureau ACS 5-year Estimate
https://datausa.io/profile/geo/sampson-county-nc#economy
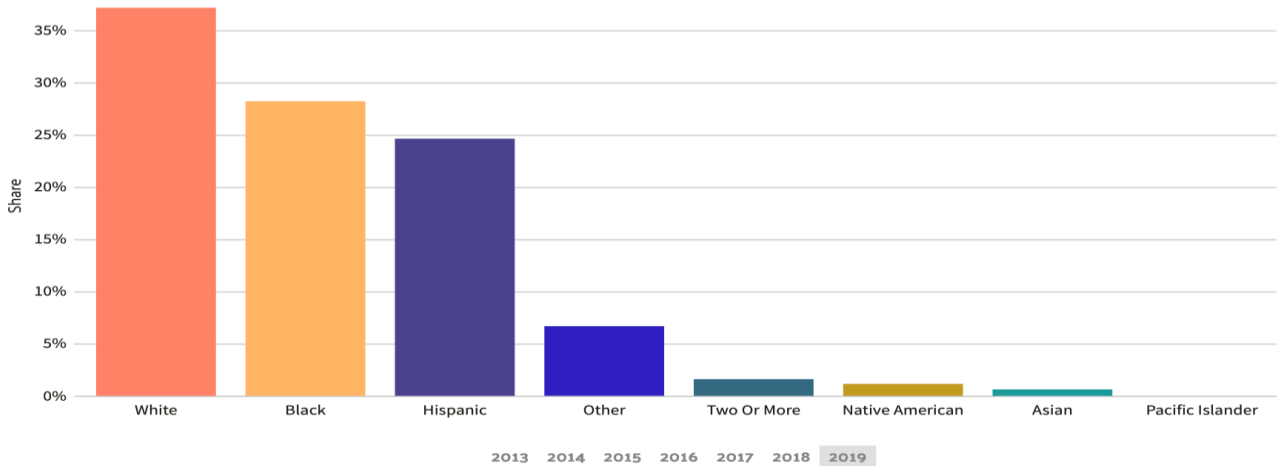
The most common racial or ethnic group living below the poverty line in Sampson County is White, followed by Black and Hispanic.

The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold, then that family and every individual in it is considered to be living in poverty.

*Data from the Census Bureau ACS 5-year Estimate.

Children in Poverty
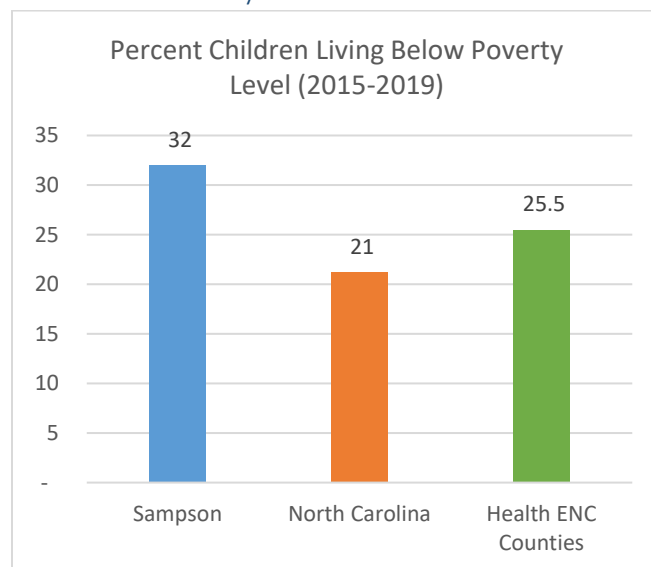
The rate of children living below the poverty level is much higher for Sampson County when compared with N.C. and the Health ENC Counties.

Older Adults in Poverty

The rate of older adults (65+) below the poverty level is slightly higher for Sampson County when compared with N.C. and the Health ENC Counties.

Percent Adults 65+ Living Below Poverty Level (2015-2019)

Sampson	North Carolina	Health ENC Counties
11.3	9.1	10.3

Disabled People in Poverty

Percent Persons with Disability Living Below Poverty Level (2015-2019)

Sampson	North Carolina
28	20
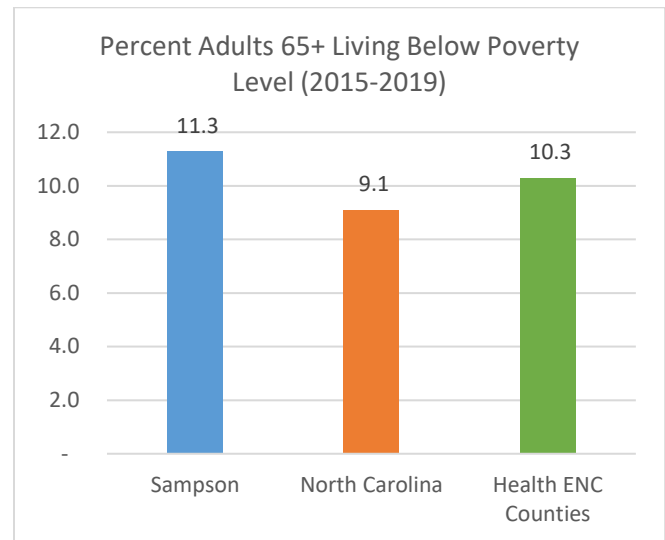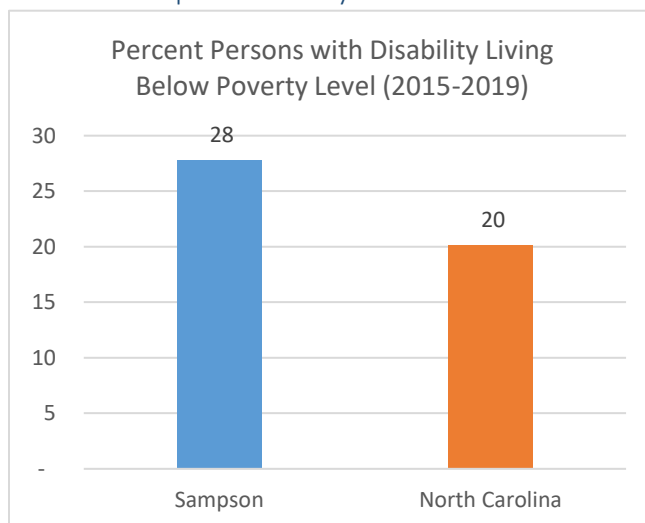
The percent of disabled people living in poverty in Sampson County (28%) is higher than NC (20%).

Housing

Median Monthly Housing Costs

Median Monthly Housing Costs for Owners with a Mortgage in Dollars (ACS 2015-2019)

Sampson	1,053
North Carolina	1,314
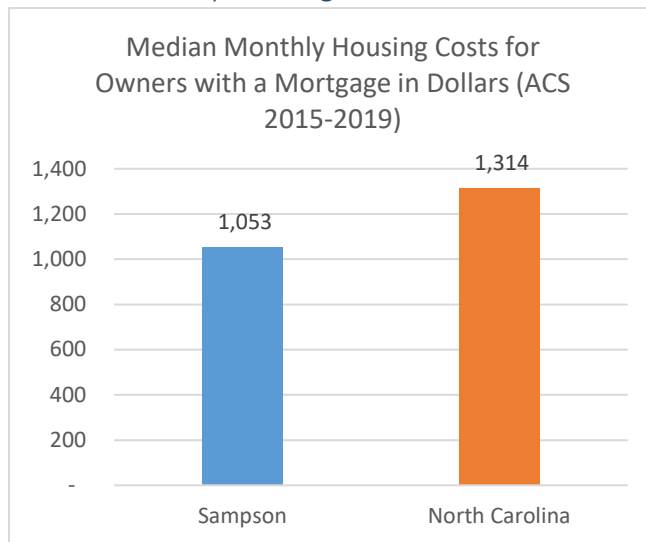
The average household size in Sampson County is 2.68 people per household (owners) and 2.61 people per household (renters), which is slightly higher the North Carolina value of 2.57 people per household (owners) and for renters (2.43 people per household).

In Sampson County, the median housing costs for homeowners with a mortgage is $1,053, which is slightly lower than the N.C. median $1,314 costs.

Median Monthly Household Costs in Sampson County and Surrounding Counties

Sampson County

Median Monthly Owner Costs for Housing Units with a Mortgage

- < $1000
- $1000 - $1200
- $1200 - $1400
- $1400 - $1600
- >= $1600
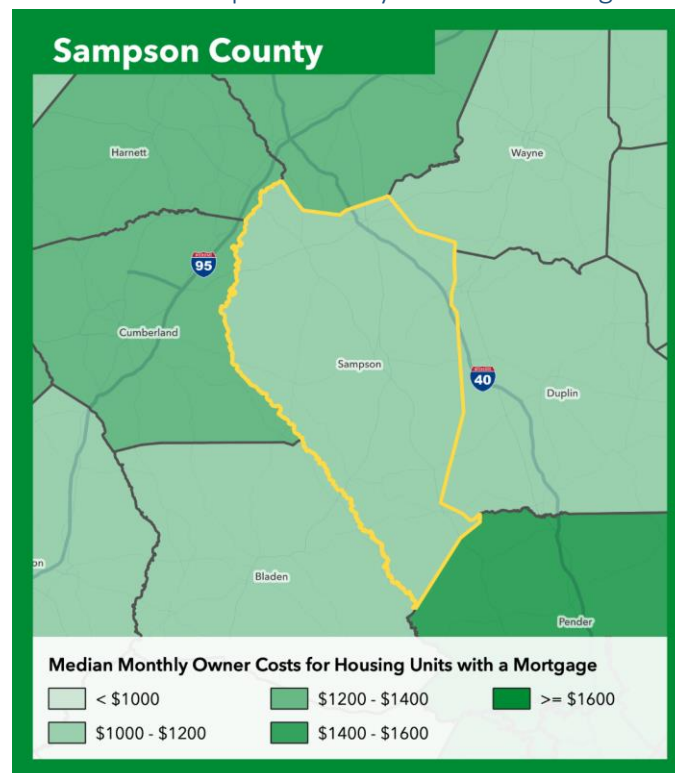
Severe Housing Problems

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.

Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.

Slightly more than 18.0% of households in Sampson County have severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.

Percent with Severe Housing Problems (County Health Rankings 2013-2017)
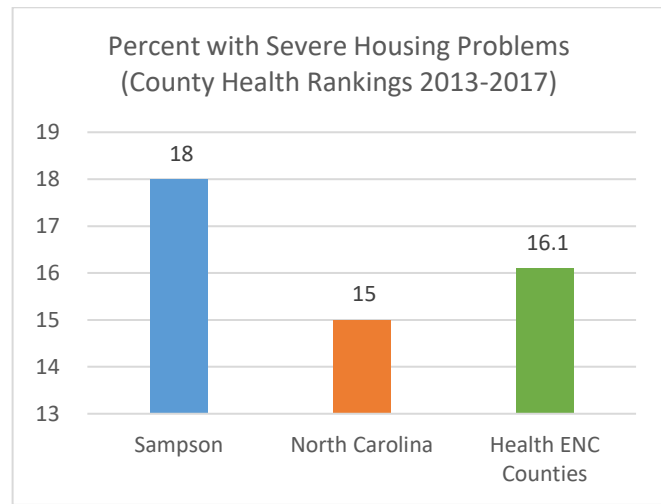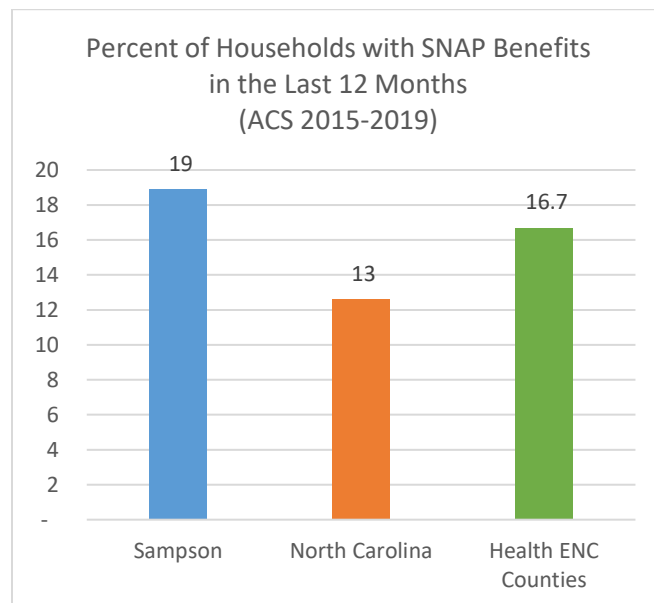
Sampson	North Carolina	Health ENC Counties
18	15	16.1

Food Insecurity

Households with SNAP Benefits

Percent of Households with SNAP Benefits in the Last 12 Months (ACS 2015-2019)

Sampson	North Carolina	Health ENC Counties
19	13	16.7

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

This figure shows the percent of households with children that participate in SNAP. The percent of households with SNAP benefits in Sampson County is 19%, which is 6% higher than the N.C. value of 13% and 2.3% higher than the Health ENC Counties.
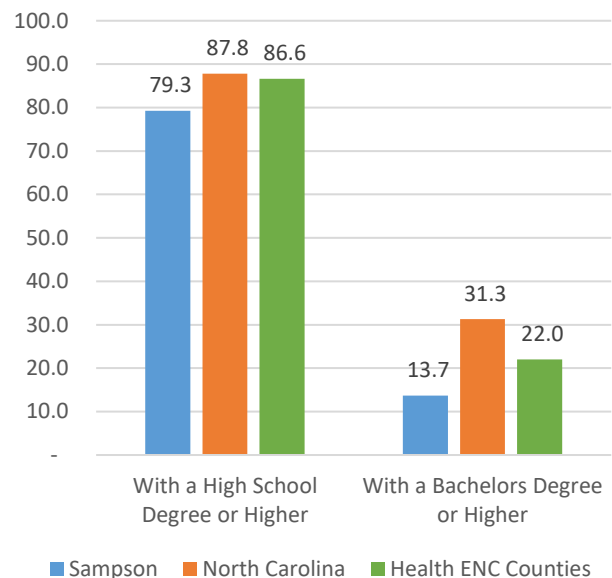
Education

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.
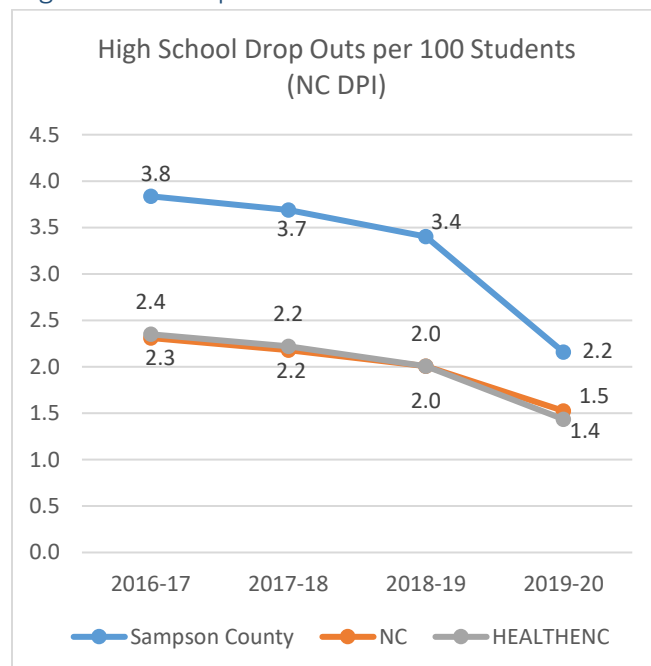
In Sampson County the percent of residents 25 or older with a high school degree or higher was lower (79.3%) than the state value (87.8%) and the Health ENC Counties (86.6%).

Percent with a higher education attainment in Sampson County was significantly lower (13.7%) compared to N.C. (31.3%) and also lower than the Health ENC Counties (22.0%).

Percent of People 25+ with High School or Higher and Bachelor's Degree or Higher (ACS 2015-2019)

Legend: Sampson ■ North Carolina ■ Health ENC Counties ■

With a High School Degree or Higher: Sampson 79.3, North Carolina 87.8, Health ENC Counties 86.6

With a Bachelors Degree or Higher: Sampson 13.7, North Carolina 31.3, Health ENC Counties 22.0

High School Drop Out Rate

High School Drop Outs per 100 Students (NC DPI)

	2016-17	2017-18	2018-19	2019-20
Sampson County	3.8	3.7	3.4	2.2
NC	2.3	2.2	2.0	1.5
HEALTHENC	2.4	2.2	2.0	1.4

High school dropouts earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.
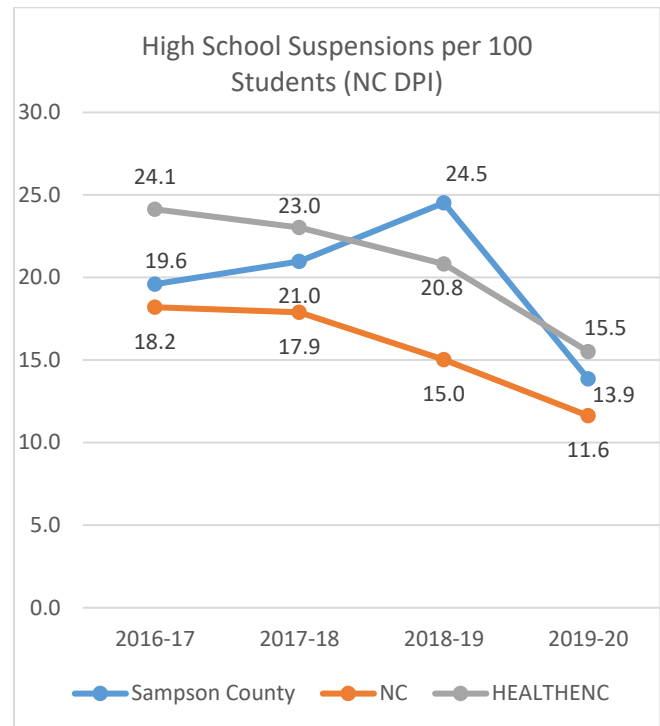
Sampson County's high school dropout rate was 2.2% in 2019-2020, which was higher than the rate in North Carolina (1.5%) and the Health ENC Counties (1.4%).

Sampson County's high school dropout rate has been on a decline over the last four measurement periods.
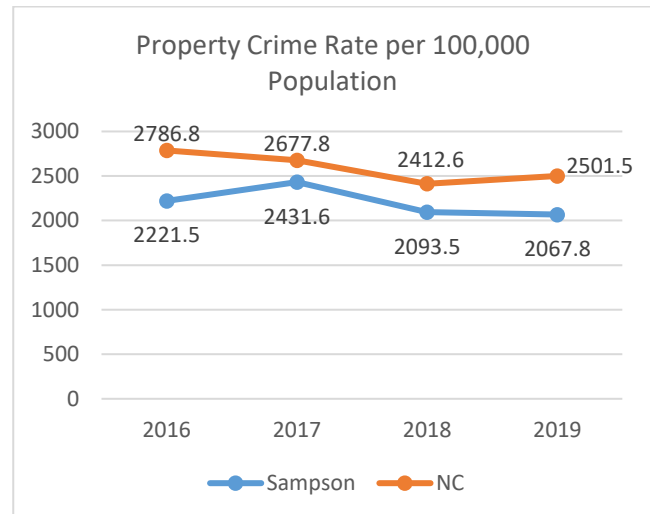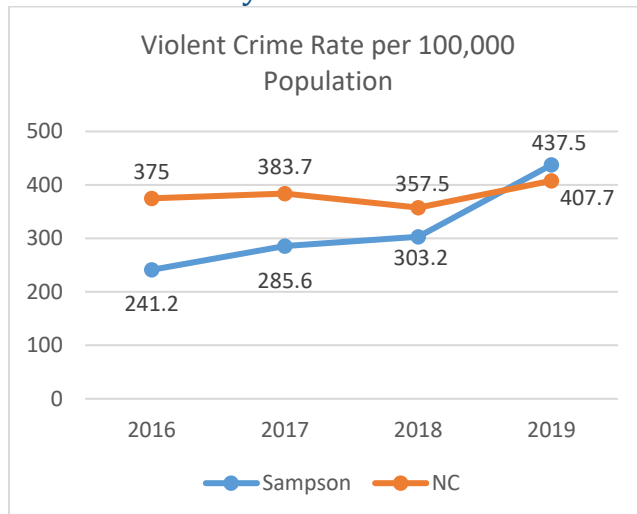
High School Suspension Rate

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

Sampson County's rate of high school suspension (13.9 per 100 students) was higher than North Carolina's rate (11.6), but lower than the Health ENC Counties (15.5) in 2019-2020.

High School Suspensions per 100 Students (NC DPI)

Crime and Safety

Violent Crime Rate per 100,000 Population

Property Crime Rate per 100,000 Population

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

- From 2016 to 2019, the violent crime rate in Sampson County increased from 241.2 to 437.5.
- During the same time period, the property crime rate decreased from 2221.5 to 2067.8, which was lower than the N.C. rate.

Juvenile Crime

Juvenile Undisciplined Rate per 1,000 Pop Age 6-17

Juvenile Delinquent Rate per 1,000 Pop Age 6-15 (for 2020 Age 6-17)
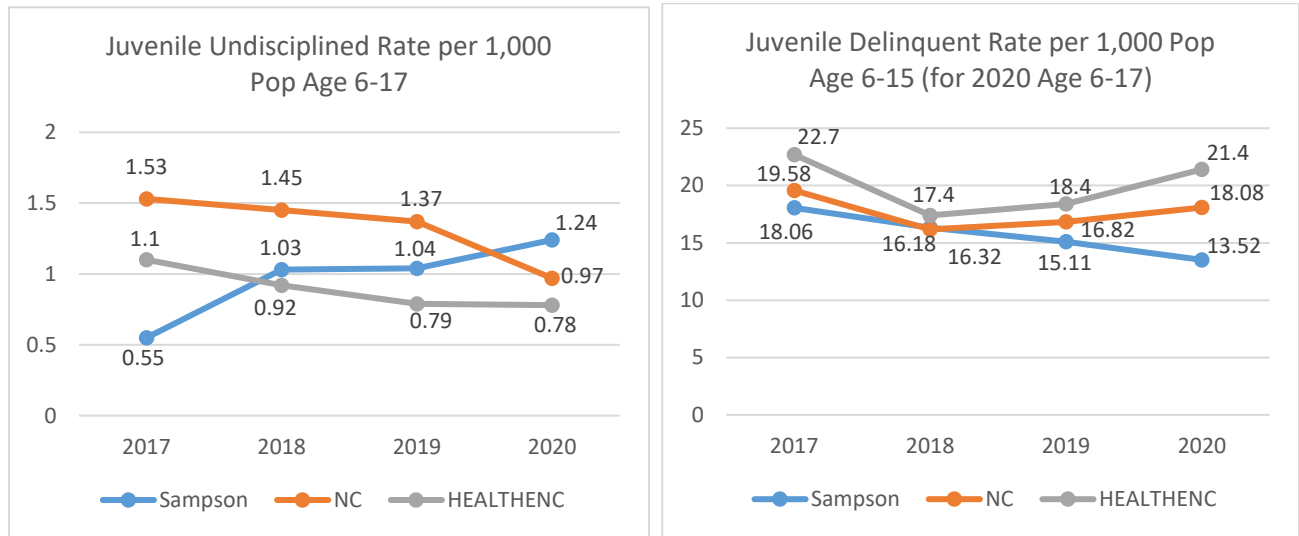
Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate in Sampson County (1.24) was higher than the rate in North Carolina (0.97) and the Health ENC Counties (0.78).
- In 2020, the juvenile delinquent rate for Sampson County was lower (13.52) than N.C. (18.1) and the Health ENC Counties (21.4).

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Child Abuse

Child Abuse Reports Substantiated Rate per 1,000 Population Age 0-18
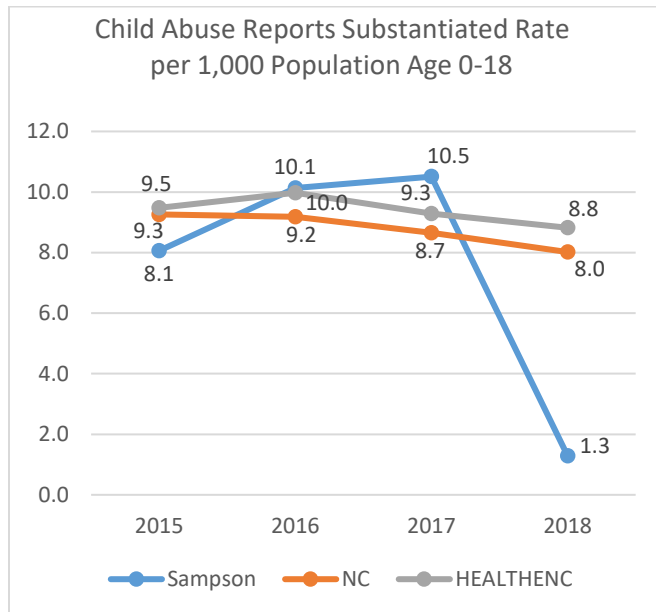
Child abuse includes physical, sexual, and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

The 2018 child abuse rate in Sampson County was significantly lower (1.3 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.) and the Health ENC Counties (8.8 per 1,000 pop.).

Incarceration

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

Over the past four measurement periods, the incarceration rate in Sampson County has decreased.

In 2019-2020, the incarceration rate in Sampson County was significantly higher (454.8 per 1,000 population) than N.C. (304.2) and the Health ENC Counties (345.2).

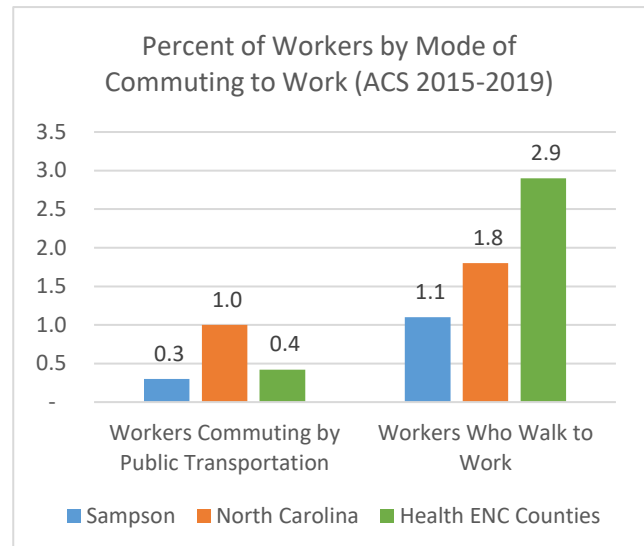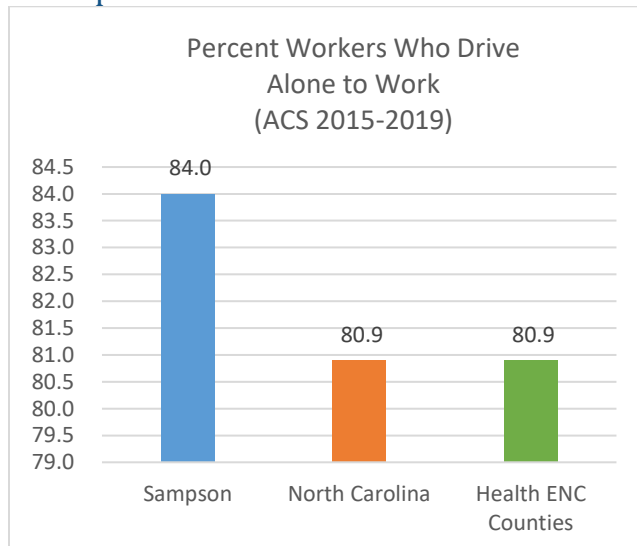Incarceration Rate per 100,000 Population (NC Dept of Public Safety)
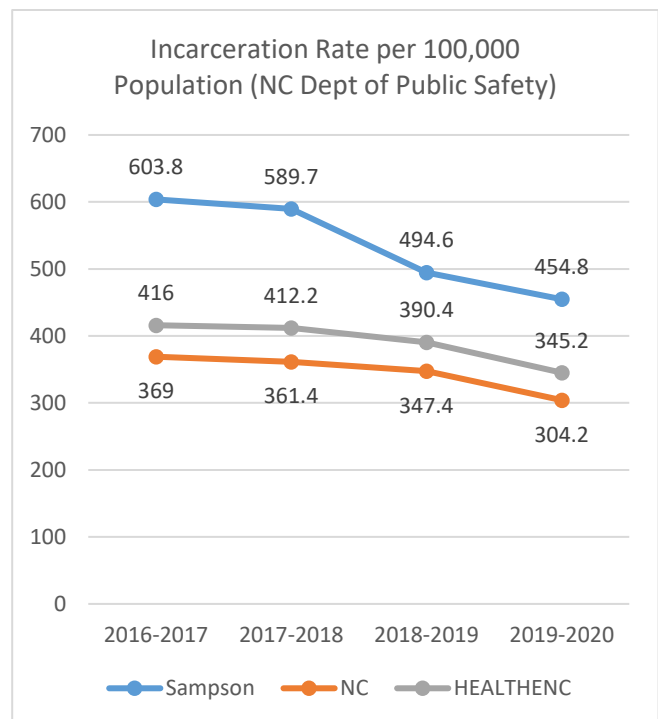
Civic/Political Engagement

Percent of Population of Voting Age (ACS 2015-2019)
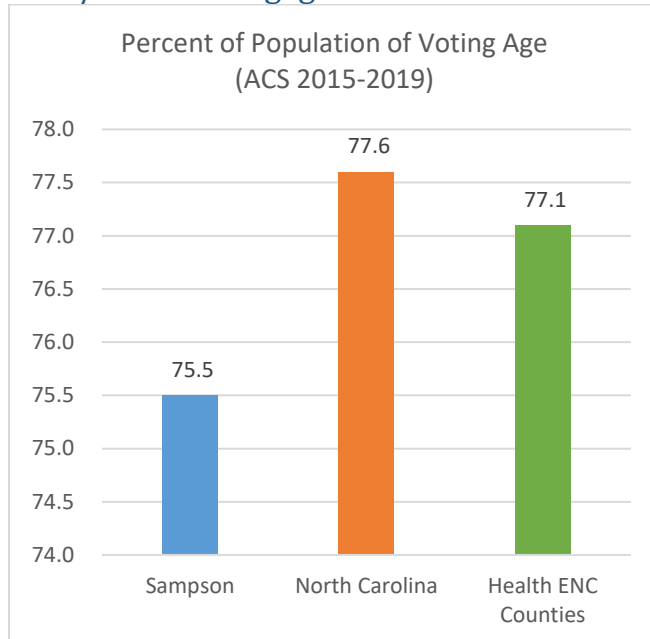
Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights, and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Sampson County has a slightly lower percentage of residents of voting age (75.5%) than North Carolina (77.6%) and the Health ENC Counties (77.1%).

Transportation

Percent Workers Who Drive Alone to Work (ACS 2015-2019)

Percent of Workers by Mode of Commuting to Work (ACS 2015-2019)

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

- In Sampson County, an estimated 0.3% of residents commute to work by public transportation, compared to the state value of 1.0%. Approximately 1.1% of residents walk to work, which was lower than the Health ENC Counties value of 2.9%. An estimated 84% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

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Analysis of Socioeconomic Profile

Socio-economic issues are drivers of health and wellness, and often are associated with poor health. Poverty, unemployment, and lack of educational attainment affect access to care and a community's ability to engage in healthy behaviors. Sampson County has prevalent poverty levels, lower education attainment percentages, a higher number of uninsured people and ranks as one of the state's more economically distressed counties.

Chapter 4 Clinical Care Profile
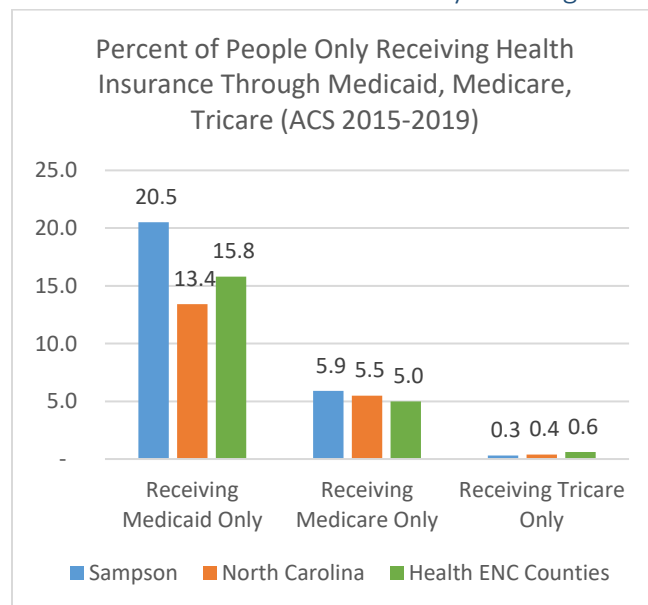
Health Insurance Coverage

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

Nearly 19% of the population 0-64 years of age in Sampson County are uninsured.

The percentage of individuals aged 0-64 years old that have health insurance coverage in Sampson County is 81.2%, which was lower than the rate for North Carolina (87.3%) and the Health ENC Counties (87.0%).

Percent Age 0-64 with Health Insurance (ACS 2015-2019)
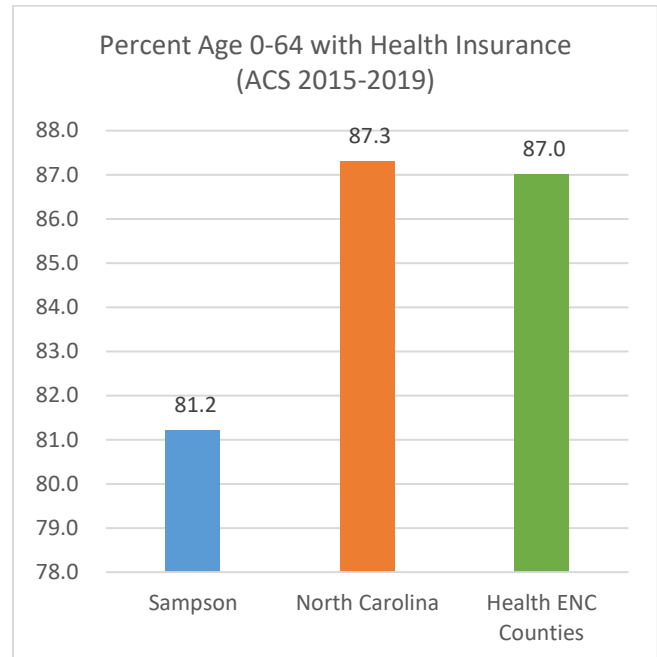
Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare

Percent of People Only Receiving Health Insurance Through Medicaid, Medicare, Tricare (ACS 2015-2019)

This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or Tricare (military healthcare).

In Sampson County, 20.5% of the population report receiving health insurance coverage through Medicaid, 5.9% Medicare and 0.3% Tricare.

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Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017
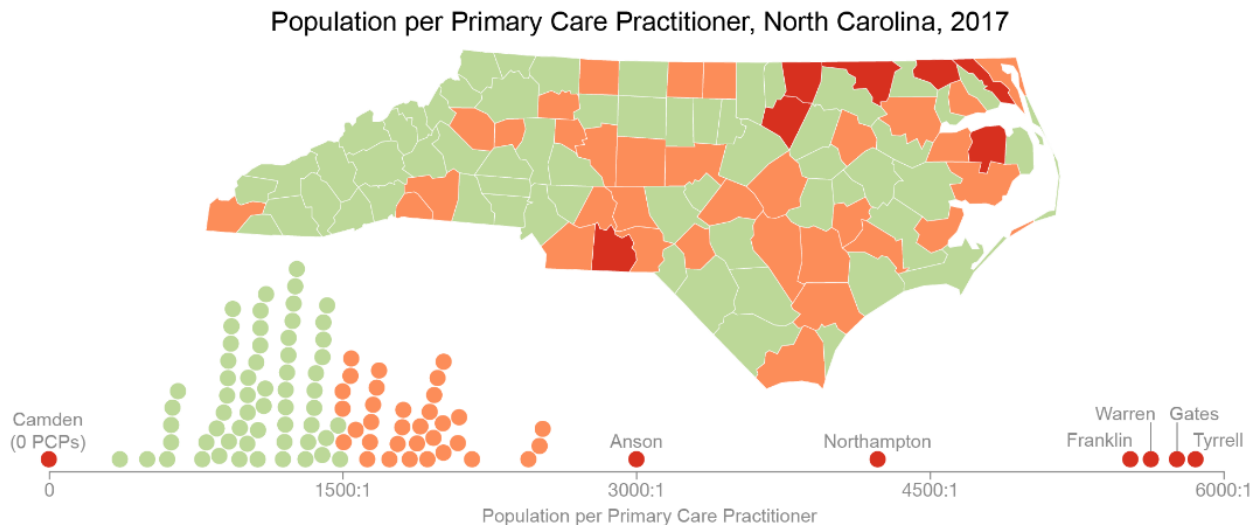
Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel [coronavirus](#) in North Carolina, primary care is critical as an entry-point to further care.

Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in North Carolina.

On the map above, Sampson County is orange in color, indicating the county is not meeting the NC Institute of Medicine's target ratio of one primary care provider to every 1,500 people.

Currently**, 60% of NC's 100 counties meet the NCIOM's target.** Seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell and Camden. Camden has a population of just over 10,000, and no primary care providers. Sampson County is below target.

The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019

— Interstates

State Rate: 24.3
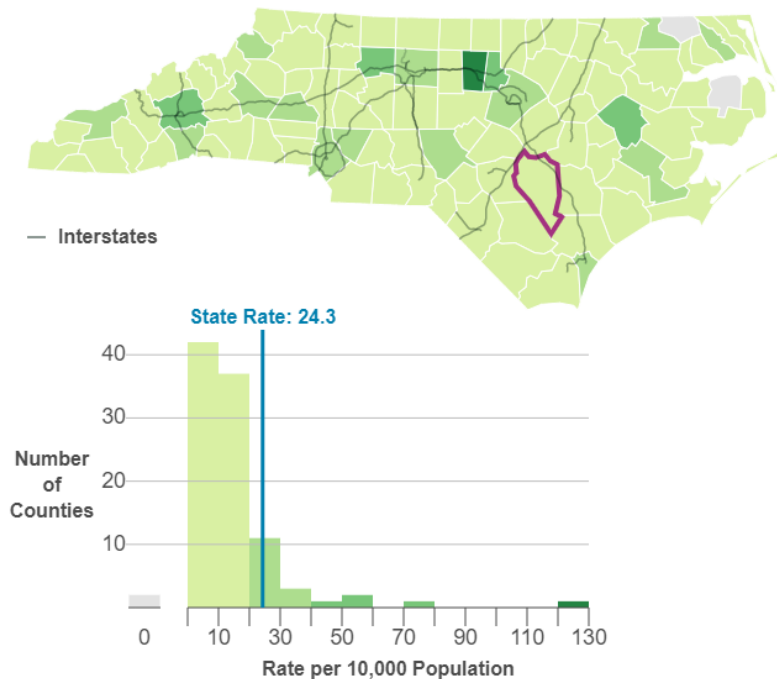
Profession Demographics for Sampson County
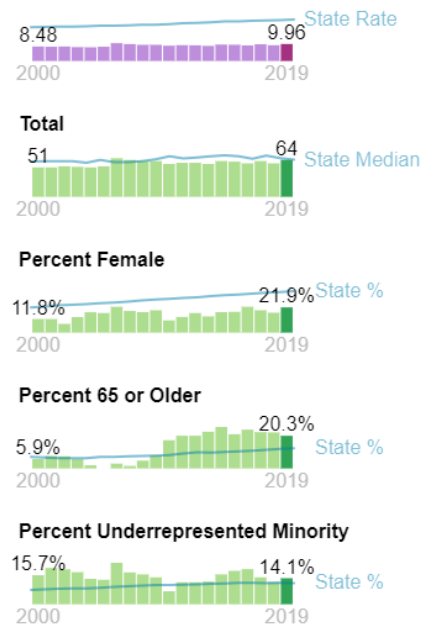
Rate per 10,000 Population
8.48 ... 9.96 State Rate
2000 ... 2019

Total
51 ... 64 State Median
2000 ... 2019

Percent Female
11.8% ... 21.9% State %
2000 ... 2019

Percent 65 or Older
5.9% ... 20.3% State %
2000 ... 2019

Percent Underrepresented Minority
15.7% ... 14.1% State %
2000 ... 2019

Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at https://nchealthworkforce.unc.edu/interactive/supply/.

The number of physicians per 10,000 population in Sampson County has increased from 8.48 physicians in 2000 to 9.96 in 2019.

Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021, at https://nchealthworkforce.unc.edu/interactive/supply/.

Analysis of Clinical Care Profile

Along with the lack of health insurance coverage, the availability of physicians in Sampson County creates another barrier with access to health care. Access to health care is necessary for better health outcomes.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Sampson County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Cancer	153	240.83	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Heart Disease	152	239.25	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Chronic Lower Respiratory Diseases	40	62.96	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Cerebrovascular Disease	36	56.67	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Diabetes Mellitus	32	50.37	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Other Unintentional Injuries	29	45.65	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Alzheimer's Disease	27	42.5	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Motor Vehicle Injuries	16	25.18	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Essential Primary Hypertension	12	18.89	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Nephritis Nephrotic Syndrome and Nephrosis	12	18.89	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in **2019.**
Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

This table shows the leading causes of mortality in Sampson County, North Carolina, and Health ENC Counties.

The top two leading causes of death in all three geographies are heart disease and cancer. Chronic lower respiratory diseases and cerebrovascular diseases rank amongst the top 5 causes of death for all three locales, which indicates chronic disease as an area of concern for Sampson County and the state as a whole. Diabetes ranks higher as a leading cause of death in Sampson County than in both North Carolina and the Health ENC region, while Alzheimer's ranks lower in Sampson County than in the other two locales.
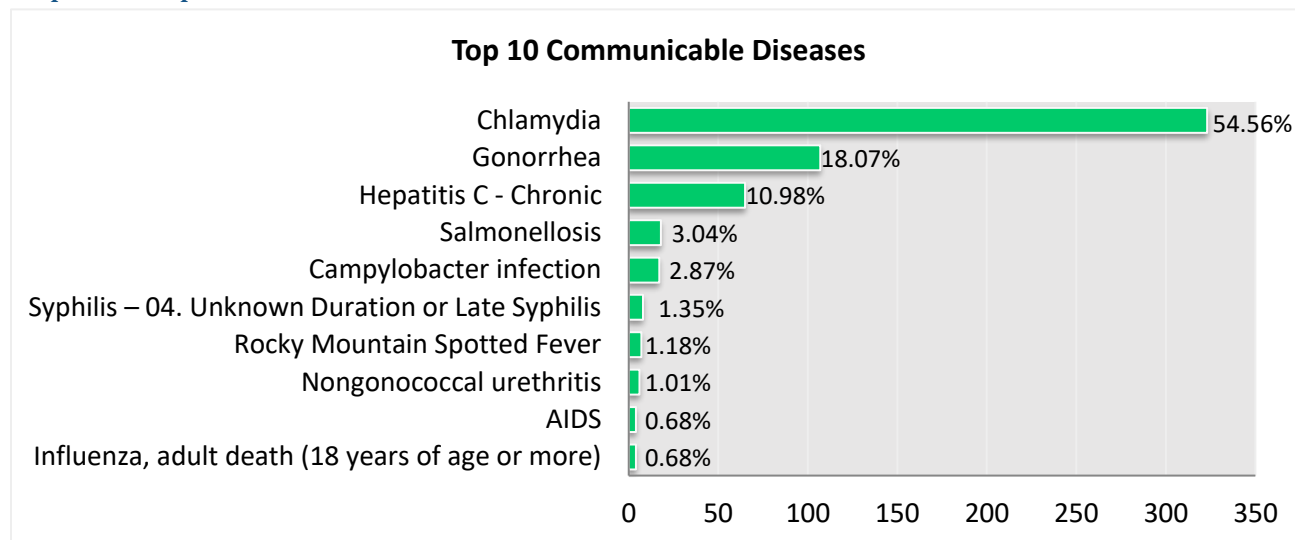
Leading Causes of Injury Death, Injury Hospitalizations, and Injury Emergency Department (ED) Visits

Leading Causes of Injury Death 2016 to 2019 SAMPSON		
Rank	Cause	#
1	MVT - Unintentional	74
2	Poisoning - Unintentional	52
3	Fall - Unintentional	35
4	Firearm - Assault	16
5	Firearm - Self-Inflicted	11
TOTAL		240

Leading Causes of Injury Hospitalization 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Fall - Unintentional	667
2	MVT - Unintentional	239
3	Poisoning - Unintentional	134
4	Fire/Burn - Unintentional	69
5	Unspecified - Unintentional	49
TOTAL		1,395

Leading Causes of Injury ED Visits 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Fall - Unintentional	3,984
2	MVT - Unintentional	3,021
3	Natural/Environmental - Unintentional	1,435
4	Unspecified - Unintentional	1,329
5	Struck By/Against - Unintentional	819
TOTAL		28,034

MVT – motor vehicle traffic (2016-2019, all ages)

Source: https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData

Top Ten Reportable Communicable Diseases

Top 10 Communicable Diseases

Disease	Percent
Chlamydia	54.56%
Gonorrhea	18.07%
Hepatitis C - Chronic	10.98%
Salmonellosis	3.04%
Campylobacter infection	2.87%
Syphilis – 04. Unknown Duration or Late Syphilis	1.35%
Rocky Mountain Spotted Fever	1.18%
Nongonococcal urethritis	1.01%
AIDS	0.68%
Influenza, adult death (18 years of age or more)	0.68%

Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard
https://NCD3NorthCarolinaDiseaseDataDashboard
Data Source: NCDHHS, 2018 (latest available)

Preventing and controlling the spread of communicable diseases are a top concern among communities. The top communicable diseases as reported by NC DHHS in Sampson County in 2018 are shown above. Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

Analysis of Chronic and Communicable Disease Profile

Knowledge about the leading causes of death and communicable diseases in a population is important to monitoring trends, recognizing challenges, and understanding how to target and track interventions to maximize population health. Chronic disease is an area of concern for Sampson County based on the top 5 causes of death.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Sampson	NC
Health Outcomes		
Premature Death (Years of Potential Life Lost before age 75 per 100,000 pop)	9000	7600
Low Birthweight (% of babies born < 2,500 grams)	9%	9%
Health Factors		
Health Behaviors		
Adult Smoking (% of adults, age adjusted, that currently smoke)	24%	18%
Adult Obesity (% of adults, BMI greater than 30 kg/m2)	39%	32%
Excessive drinking (% of adults reporting binge or heavy drinking)	16%	18%
Teen Births (Number of births per 1,000 of females 15-19 years old)	42	22
Clinical Care		
Uninsured (% of population < 65 years of age without insurance)	19%	13%
Preventable hospital stays (Rate of hospital stays for ambulatory care per 100,000 Medicare enrollees.	6927	4539
Mammography Screening (% female Medicare 65-74 old had annual screening)	46%	46%
Social & Economic Factors		
High School Completion (% of adults 25 older with HSD or equivalent)	79%	88%
Some College (% of adults 25-44 of age with some post secondary education	50.00%	67.00%
Unemployment (% 16 and older unemployed but seeking work)	3.90%	3.90%
Children in Poverty (% < 18 years in poverty)	26%	19%
Physical Environment		
Air Pollution – Particulate Matter (Avg. daily density of PM2.5 in mg per cubic meter)	8.6	8.5

Areas to Explore	Areas of Strength

Source: County Health Rankings
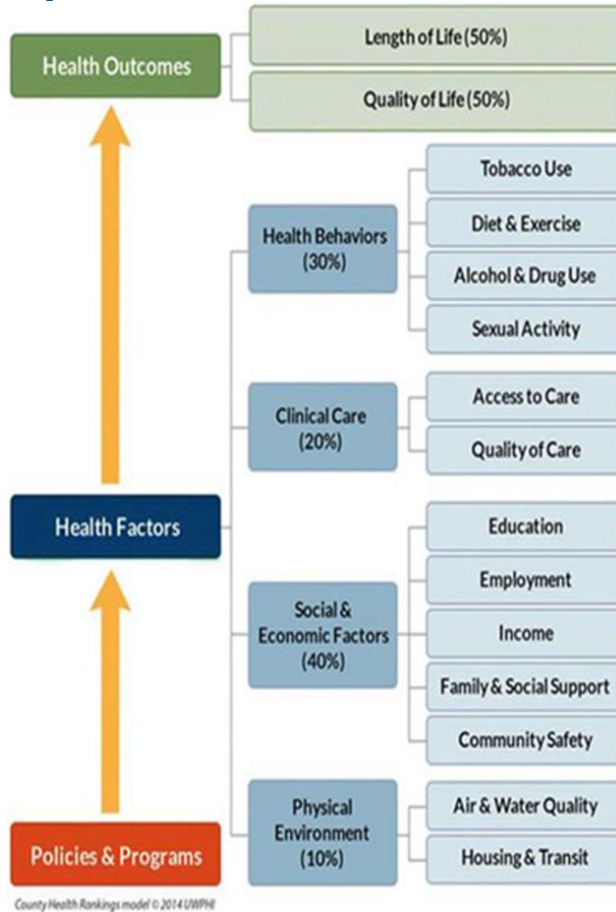https://www.countyhealthrankings.org/

Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic, which is simply calculated by subtracting the age at death from the standard year, and then summing the individual YPLL across each cause of death. For example, if three people died from a certain cause who were ages 2, 37, and 74, the YPLL - 65 for that cause of death would be (65 - 2) + (65 - 37) = 63 + 28 = 91. The YPLL for Sampson is much higher compared to the state. Although YPLL for Sampson is higher, data from the County Rankings shows that Sampson is having a downward trend, meaning Sampson is getting better for this measure.

Note that children in poverty from a previous graph (page 18) shows a higher percent of children in poverty; the previous graph used average data from combined years from the ACS, whereas this graph used 2019 dataset called the Small Area Income and Poverty Estimates, however, both are derived from the US Census.

The Air Pollution trend continues to improve (from 14 mg per cubic meter in 2002 to 8.6 -9.0 in 2016). This is the same for NC, but slightly higher than the US (9) average.

Chapter 7 County Health Ranking Indicators

Population Health Model

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

There are many factors that influence how well and how long people live.

The *County Health Rankings* model (left) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.

The rankings provide county-level data on health behavior, clinical care, social, economic, and physical environment factors.
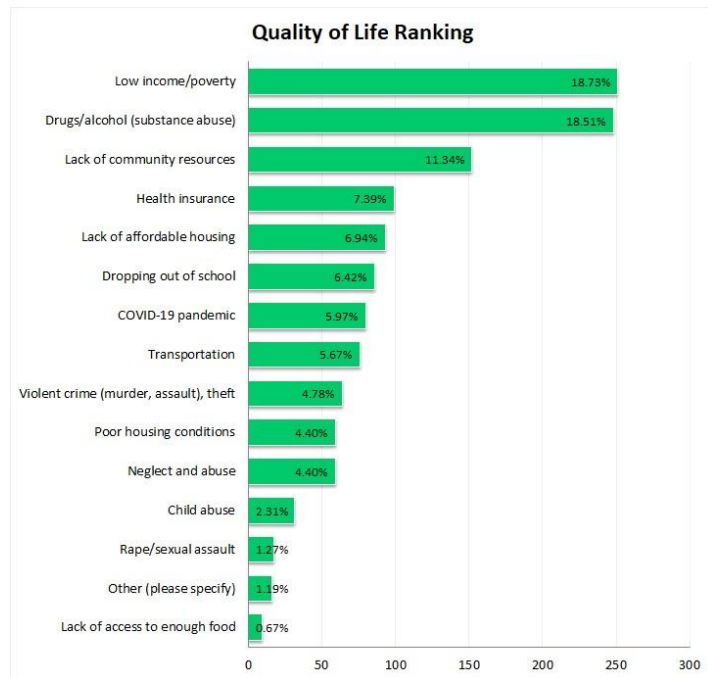
Source: County Health Rankings
https://www.countyhealthrankings.org

Chapter 8 Survey Findings

COMMUNITY SURVEY RESULTS:

Top 3 Quality of Life Issues

• Low Income/Poverty

• Drugs/Alcohol (substance abuse)

• Lack of Community Resources

Quality of Life Ranking

Issue	Value
Low income/poverty	18.73%
Drugs/alcohol (substance abuse)	18.51%
Lack of community resources	11.34%
Health insurance	7.39%
Lack of affordable housing	6.94%
Dropping out of school	6.42%
COVID-19 pandemic	5.97%
Transportation	5.67%
Violent crime (murder, assault), theft	4.78%
Poor housing conditions	4.40%
Neglect and abuse	4.40%
Child abuse	2.31%
Rape/sexual assault	1.27%
Other (please specify)	1.19%
Lack of access to enough food	0.67%

This graph shows the list of community issues that were ranked by residents as **most affecting the quality of life in Sampson County**. Low income/ Poverty was the most frequently selected issue and was ranked by 18.73% of survey respondents, followed by Drugs (Substance abuse). Survey respondents ranked Lack of Community Resources as the third issue most affecting quality of life in Sampson County. Less than 1% of survey respondents selected Lack of Access to Enough Food as issues most affecting the quality of life in Sampson County.

Chapter 9 Inventory of Resources

Sampson County has community health stakeholders committed to working together and supporting and promoting each other's programs. Some of the organizations engaged in the Sampson County's Community Health Improvement Plan (CHIP) include:

- Clinton City Schools
- City of Clinton Government
- Sampson County Government
- Sampson County Commissioners
- Sampson County Schools
- Sampson Community College
- YMCA of Southeastern North Carolina
- Sampson County Health Department
- Sampson Regional Medical Center
- Sampson County Extension Agency
- Clinton Recreation and Parks Department
- Poe Center for Health Education
- ECU – Healthier Lives and Beyond
- Eastpointe

Chapter 10   Community Prioritization Process

A data findings report was presented to community health stakeholders in February 2022. During the discussion, there was an emphasis on using Healthy NC 2030 as a guide to direct our local efforts. And the importance of using a population health framework to improve health and wellness.

The group was engaged in the conversation of how best to work together to make community health improvements. The committee reconvened for a second meeting, continued the discussion and health priorities were set. It was agreed upon to continue regular meetings with sub-committees for each specific health priority. This helps to keep our Community Health Improvement Plan an ongoing conversation. It gives us the opportunity to:

- Collaborate to ensure our county resources are best utilized and that the health concerns are addressed in the most efficient and effective way
- Communicate, support, and promote each other's programs so our community is aware of and utilizes our resources
- Improve the health, partnerships, and communication amongst community health leaders

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018

Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	

Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies

Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021

Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

Appendices to the 2021 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)

Appendix B. HNC 2030 State and County Data (December 2021)

Appendix C. County Data Tables (Spring 2021)
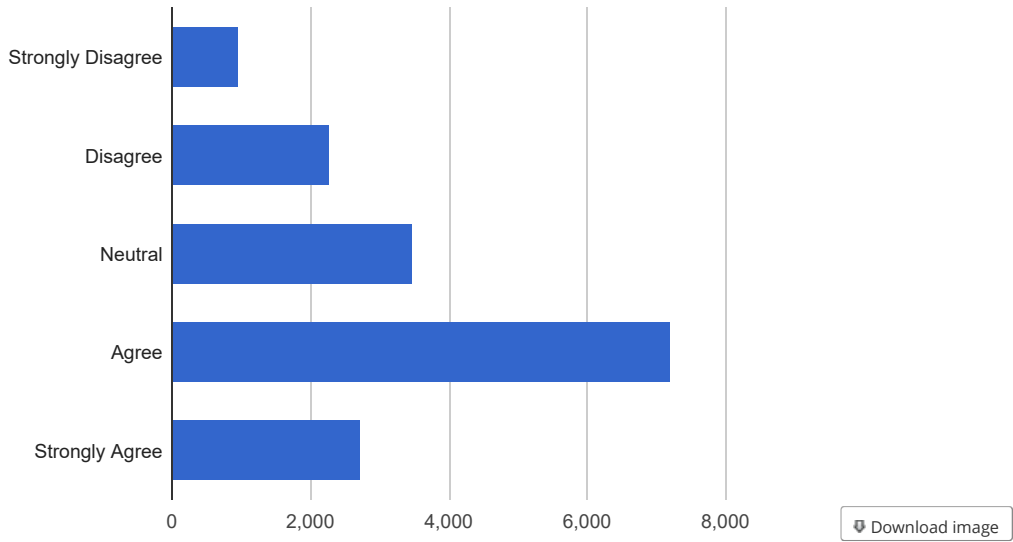
Community Health Needs Assessment 2021   `PID 1535`

Data Exports, Reports, and Stats

Sampson County

There is good healthcare in my county. *(healthcare)*
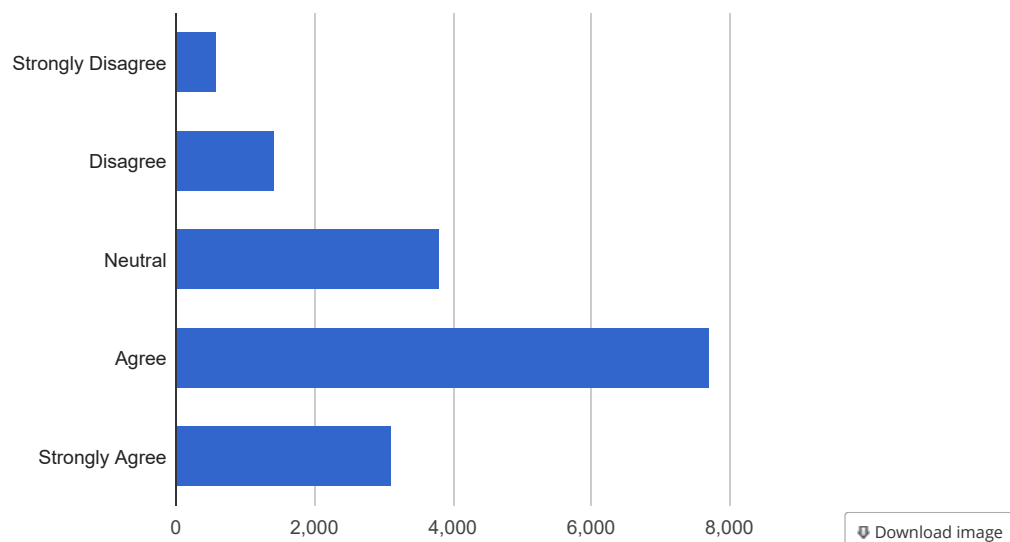
Total Count (N)	Missing*	Unique
458	0 (0.0%)	5

Counts/frequency: Strongly Disagree (17, 3.7%), Disagree (46, 10.0%), Neutral (107, 23.4%), Agree (210, 45.9%), Strongly Agree (78, 17.0%)


⬇ Download image

This county is a good place to raise children. *(raise_children)*

Total Count (N)	Missing*	Unique
458	0 (0.0%)	5

Counts/frequency: Strongly Disagree (10, 2.2%), Disagree (20, 4.4%), Neutral (86, 18.8%), Agree (242, 52.8%), Strongly Agree (100, 21.8%)

This county is a good place to grow old. *(grow_old)*

Total Count (N)	Missing*	Unique
457	1 (0.2%)	5

Counts/frequency: Strongly Disagree (7, 1.5%), Disagree (20, 4.4%), Neutral (94, 20.6%), Agree (229, 50.1%), Strongly Agree (107, 23.4%)
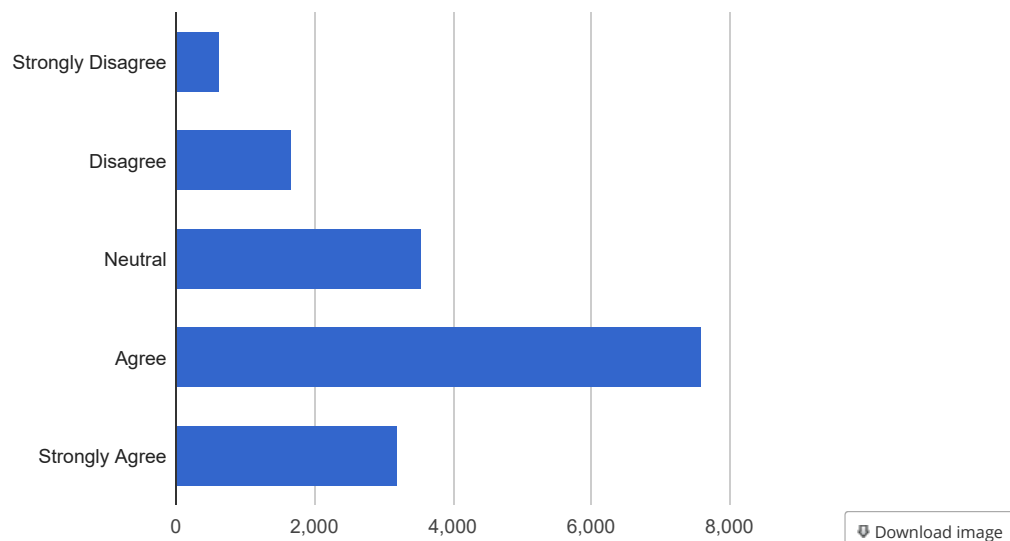
There is plenty of economic opportunity in this county. *(econ_opp)*

Total Count (N)	Missing*	Unique
457	1 (0.2%)	5

Counts/frequency: Strongly Disagree (40, 8.8%), Disagree (120, 26.3%), Neutral (129, 28.2%), Agree (125, 27.4%), Strongly Agree (43, 9.4%)
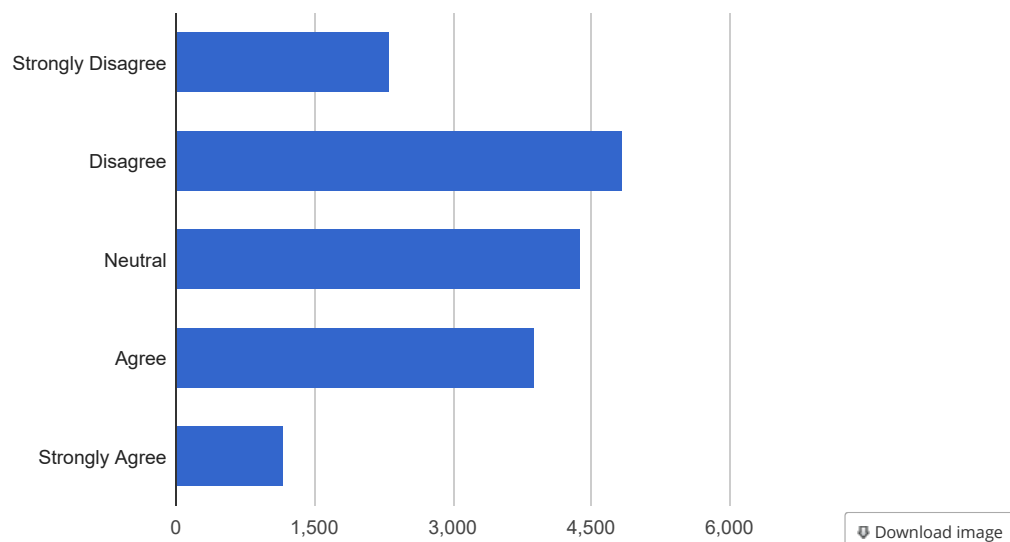
This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
456	2 (0.4%)	5

Counts/frequency: Strongly Disagree (5, 1.1%), Disagree (20, 4.4%), Neutral (131, 28.7%), Agree (232, 50.9%), Strongly Agree (68, 14.9%)
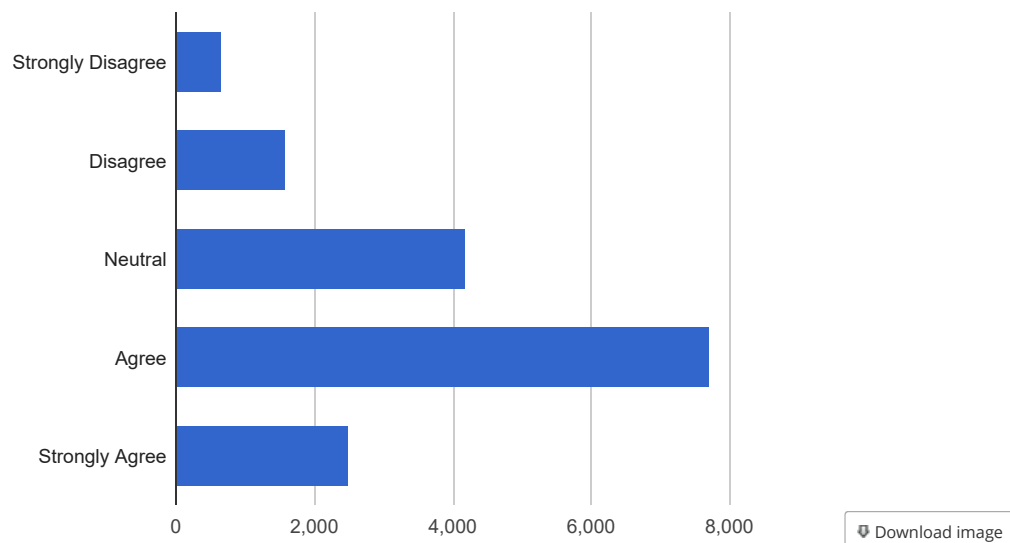
There is plenty of help for people during times of need in this county. *(help)*

Total Count (N)	Missing*	Unique
457	1 (0.2%)	5

Counts/frequency: Strongly Disagree (25, 5.5%), Disagree (55, 12.0%), Neutral (127, 27.8%), Agree (189, 41.4%), Strongly Agree (61, 13.3%)
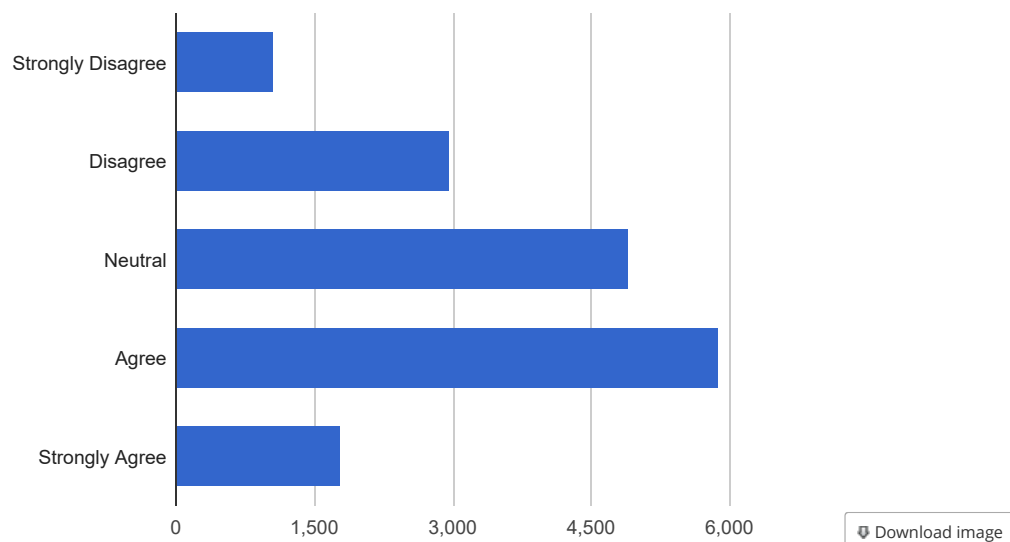
There is affordable housing that meets the needs in this county *(affordable)*

Total Count (N)	Missing*	Unique
457	1 (0.2%)	5

Counts/frequency: Strongly Disagree (29, 6.3%), Disagree (82, 17.9%), Neutral (156, 34.1%), Agree (151, 33.0%), Strongly Agree (39, 8.5%)
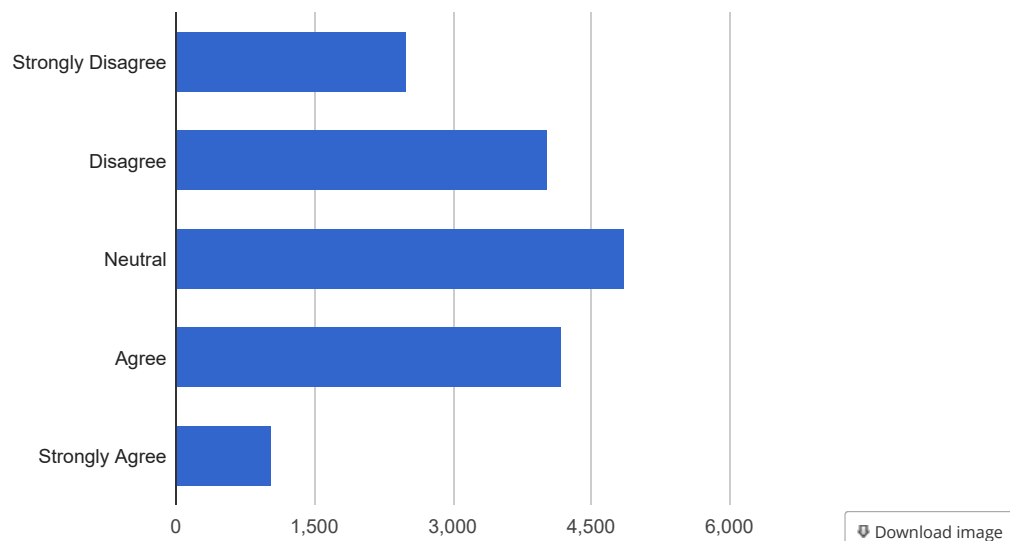
There are good parks and recreation facilities in this county. *(parks)*

Total Count (N)	Missing*	Unique
457	1 (0.2%)	5

Counts/frequency: Strongly Disagree (25, 5.5%), Disagree (84, 18.4%), Neutral (135, 29.5%), Agree (168, 36.8%), Strongly Agree (45, 9.8%)
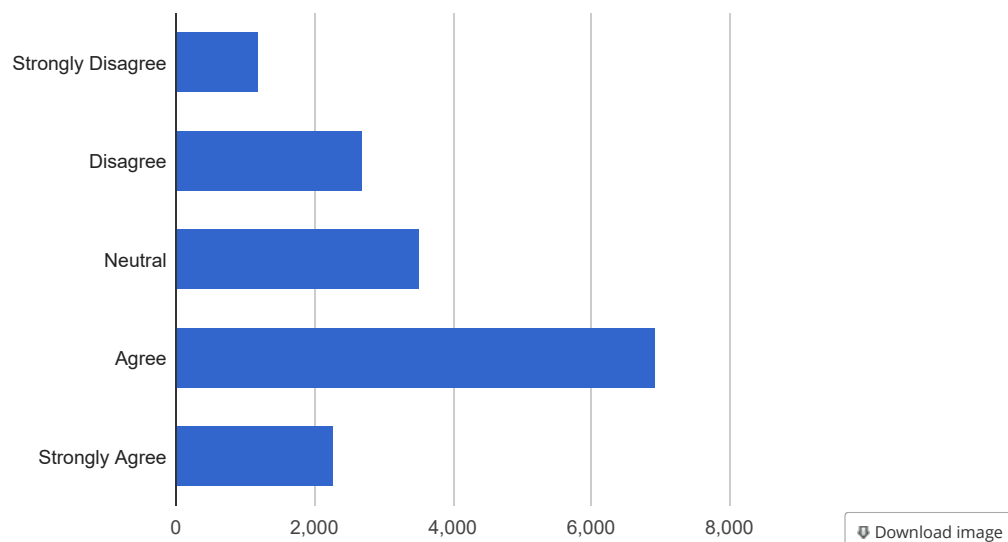
It is easy to buy healthy foods in this county. *(healthyfood)*

Total Count (N)	Missing*	Unique
454	4 (0.9%)	5

Counts/frequency: Strongly Disagree (28, 6.2%), Disagree (84, 18.5%), Neutral (101, 22.2%), Agree (179, 39.4%), Strongly Agree (62, 13.7%)
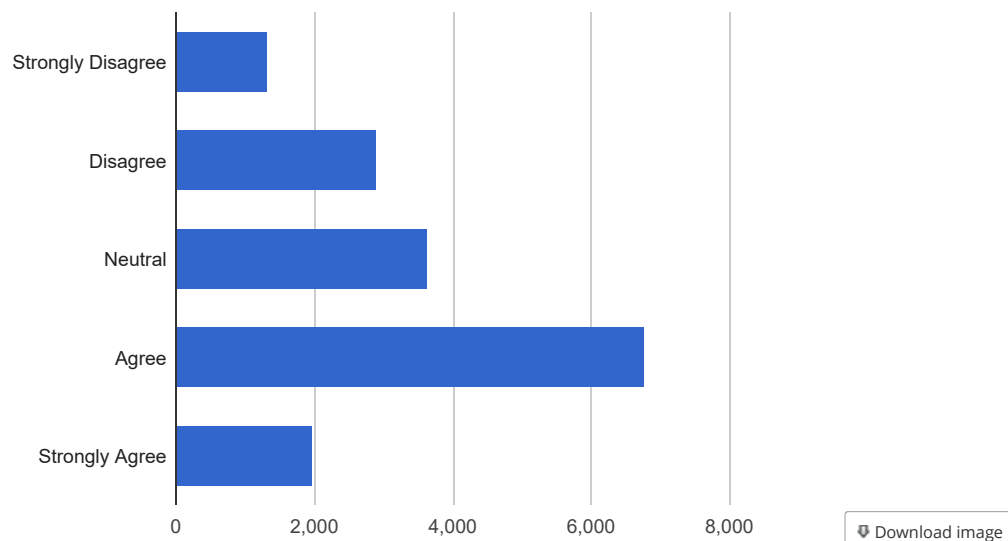
Please select the top 3 issues which have the highest impact on quality of life in this county. *(topissues)*

Total Count (N)	Missing*	Unique
458	0 (0.0%)	15

Counts/frequency: Low income/poverty (251, 54.8%), Dropping out of school (86, 18.8%), Poor housing conditions (59, 12.9%), Lack of affordable housing (93, 20.3%), Lack of community resources (152, 33.2%), Violent crime (murder, assault) Theft (64, 14.0%), Drugs/Alcohol (Substance Use) (248, 54.1%), Rape/Sexual Assault (17, 3.7%), Neglect and Abuse (59, 12.9%), Transportation (76, 16.6%), Child Abuse (31, 6.8%), health insurance (99, 21.6%), Lack of access to enough food (9, 2.0%), COVID-19 pandemic (80, 17.5%), Other (please specify) (16, 3.5%)
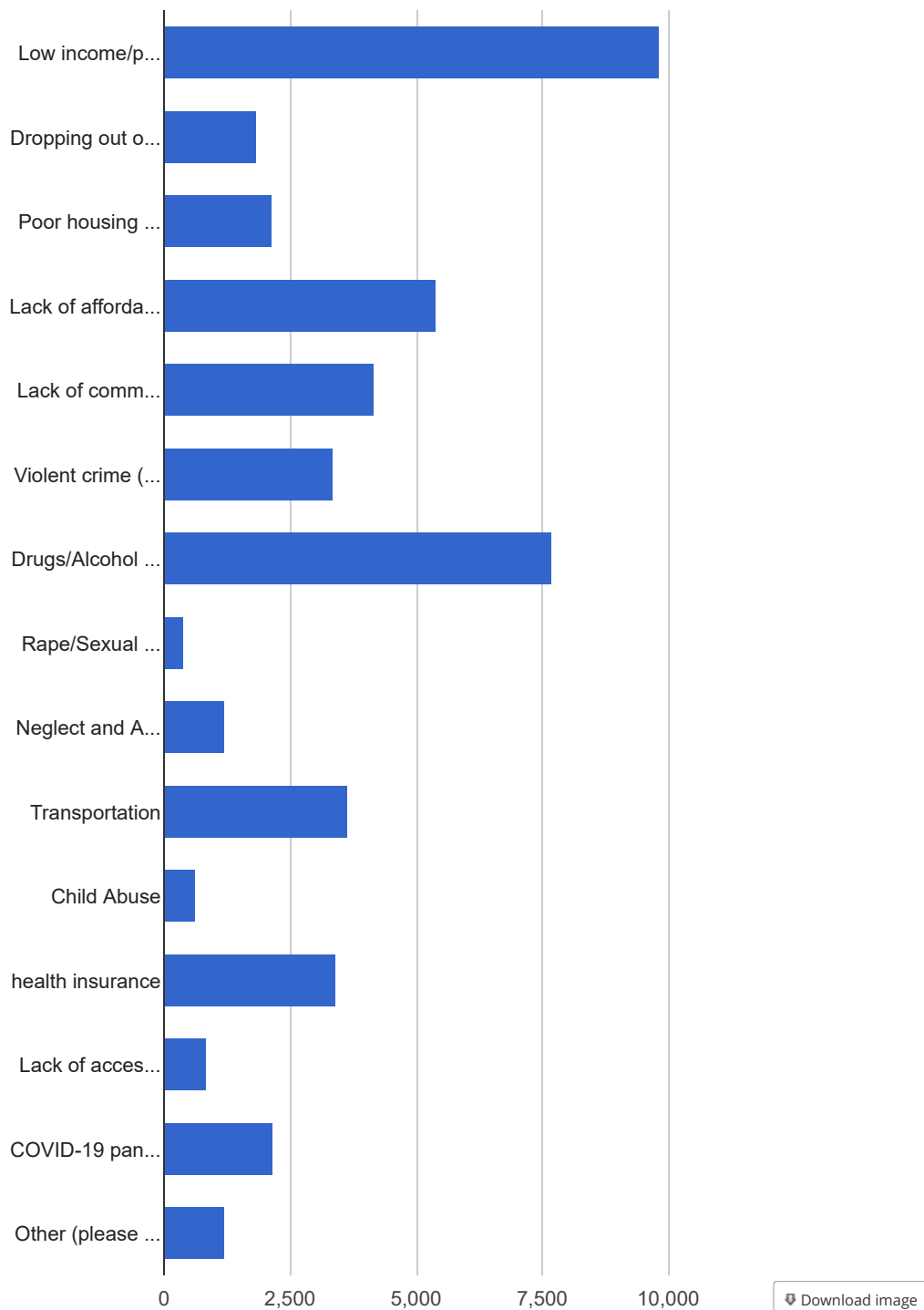
Other *(topthreeother1)*

Total Count (N)	Missing*
16	442 (96.5%)

Please select what you feel are the top 3 services that need the most improvement in your community. *(improvements)*

Total Count (N)	Missing*	Unique

457	1 (0.2%)	21

Counts/frequency: Animal control (30, 6.6%), Child care options (60, 13.1%), Elder care options (109, 23.9%), Services for disabled people (53, 11.6%), More affordable health services (101, 22.1%), Better/More healthy food choices (67, 14.7%), More affordable / better housing (74, 16.2%), Number of healthcare providers (66, 14.4%), Culturally appropriate health services (28, 6.1%), Counseling / mental and behavioral health / support groups (107, 23.4%), Better / more recreational facilities (parks, trails, community centers) (106, 23.2%), Substance Misuse Services/ Recovery Support (69, 15.1%), Positive teen activities (105, 23.0%), Transportation options (36, 7.9%), Availability of employment (45, 9.8%), Higher paying employment (139, 30.4%), Road maintenance (70, 15.3%), Pedestrian and cyclist road safety (9, 2.0%), Healthy family activities (49, 10.7%), None (8, 1.8%), Other (please specify) (8, 1.8%)

    0   1,500   3,000   4,500   6,000   ⬇ Download image
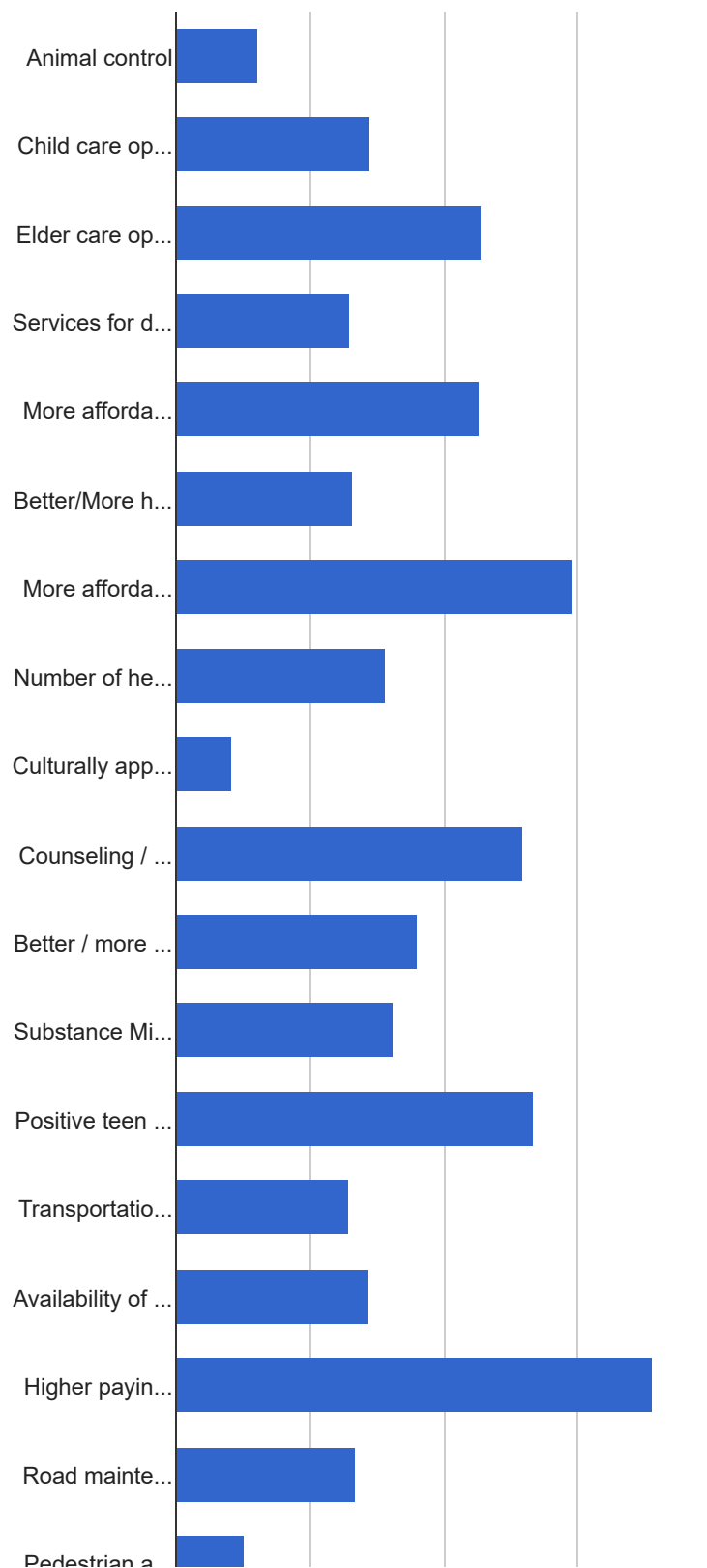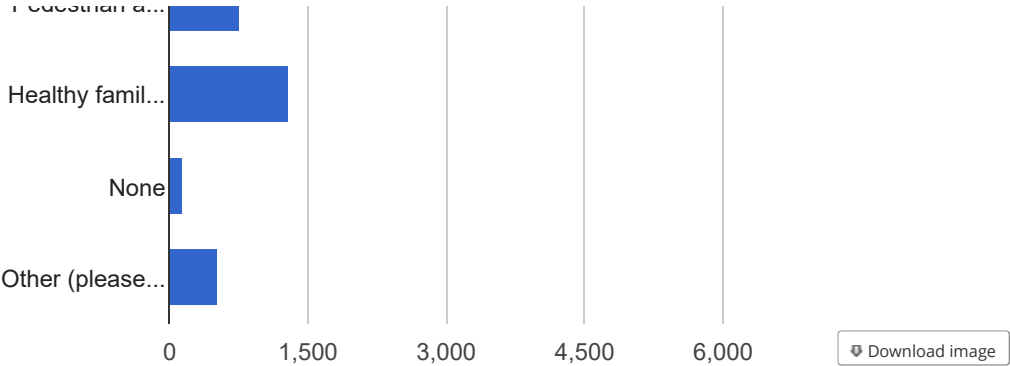
Other *(improvement_other)*

Total Count (N)	Missing*
7	451 (98.5%)

Please select the top 3 health behaviors that you feel people in your community need more information about. *(health_behavin)*

Total Count (N)	Missing*	Unique
456	2 (0.4%)	27

Counts/frequency: Eating well/nutrition (155, 34.0%), Using child safety car seats (15, 3.3%), Exercising/fitness (129, 28.3%), Managing weight (104, 22.8%), Using seat belts (14, 3.1%), Suicide prevention (52, 11.4%), Driving safely (42, 9.2%), Mental/Behavioral Health (159, 34.9%), Domestic violence prevention (55, 12.1%), Crime prevention (73, 16.0%), Elder care (70, 15.4%), Child care/parenting (66, 14.5%), Rape/sexual abuse prevention (15, 3.3%), COVID-19 (26, 5.7%), Going to a dentist for check-ups/preventive care (22, 4.8%), Quitting smoking/tobacco use prevention (25, 5.5%), Substance misuse prevention (101, 22.1%), Harm reduction (7, 1.5%), Breastfeeding (4, 0.9%), Going to the doctor for yearly check-ups and screenings (60, 13.2%), Getting prenatal care during pregnancy (7, 1.5%), Getting flu shots and other vaccines (17, 3.7%), Preparing for an emergency/disaster (27, 5.9%), Caring for family members with special needs / disabilities (41, 9.0%), Preventing pregnancy and sexually transmitted diseases (safe sex) (33, 7.2%), None (7, 1.5%), Other (please specify) (7, 1.5%)
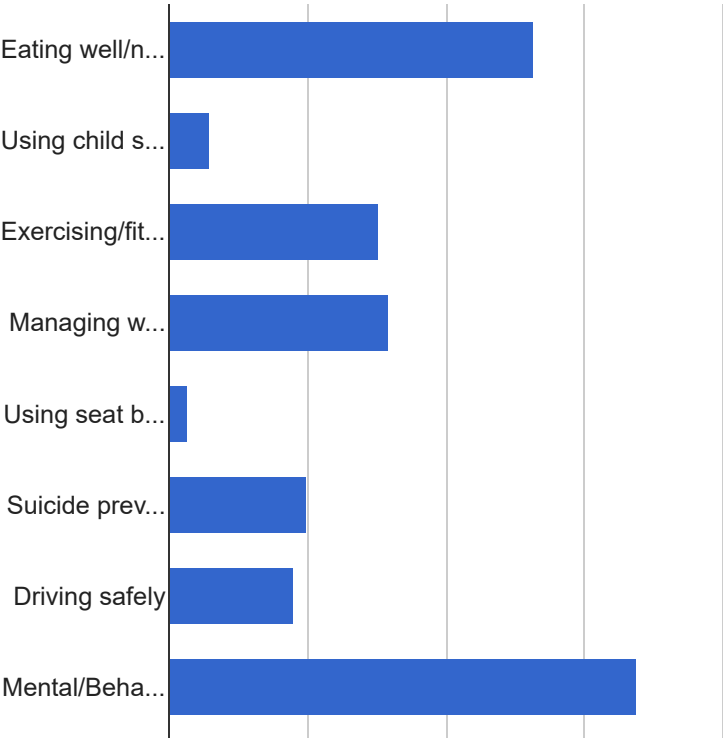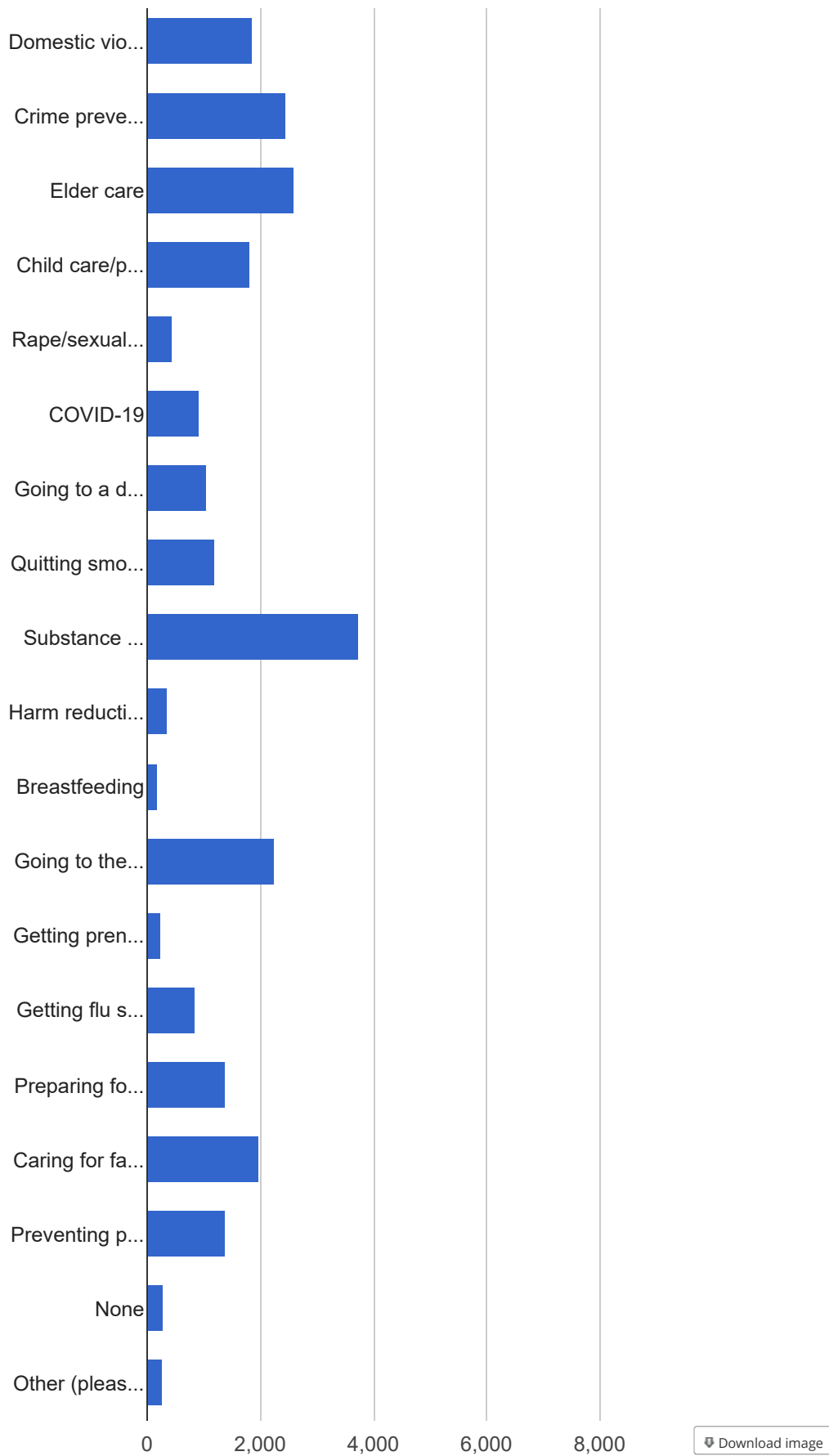
Other *(heath_behavin_other)*

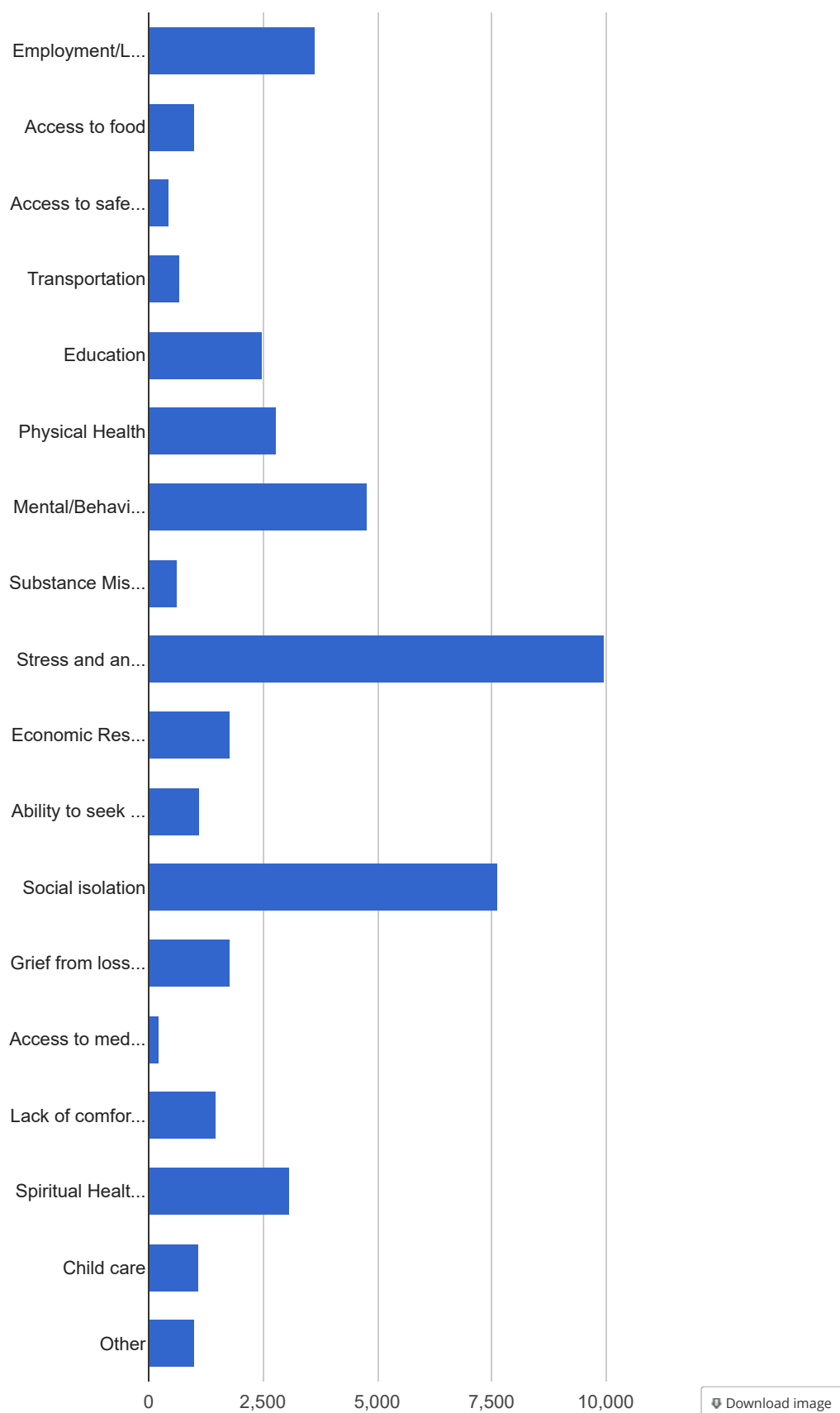| Total Count (N)	Missing*
7	451 (98.5%)

Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? *(covid)*

Total Count (N)	Missing*	Unique
447	11 (2.4%)	18

Counts/frequency: Employment/Loss of Job (86, 19.2%), Access to food (20, 4.5%), Access to safe housing (13, 2.9%), Transportation (21, 4.7%), Education (81, 18.1%), Physical Health (81, 18.1%), Mental/Behavioral Health (94, 21.0%), Substance Misuse (17, 3.8%), Stress and anxiety (277, 62.0%), Economic Resources (61, 13.6%), Ability to seek medical care (38, 8.5%), Social isolation (200, 44.7%), Grief from loss of loved one (41, 9.2%), Access to medication (4, 0.9%), Lack of comfort in seeking medical care (40, 8.9%), Spiritual Health/Well-being (91, 20.4%), Child care (37, 8.3%), Other (23, 5.1%)

Other (other_covid)

Total Count (N)	Missing*
17	441 (96.3%)

Where do you get most of your health-related information? (Please check all that apply)

(health_info)

Total Count (N)	Missing*	Unique
457	1 (0.2%)	17

Counts/frequency: Friends and family (158, 34.6%), Internet (245, 53.6%), Social Media (103, 22.5%), Employer (76, 16.6%), Television (92, 20.1%), Radio (28, 6.1%), Doctor / Nurse (273, 59.7%), My child's school (9, 2.0%), Help lines (7, 1.5%), Pharmacist (79, 17.3%), Hospital (54, 11.8%), Books / magazines (46, 10.1%), Church (21, 4.6%), Health department (75, 16.4%), Community health worker (25, 5.5%), Newspaper (29, 6.3%), Other (please specify) (13, 2.8%)
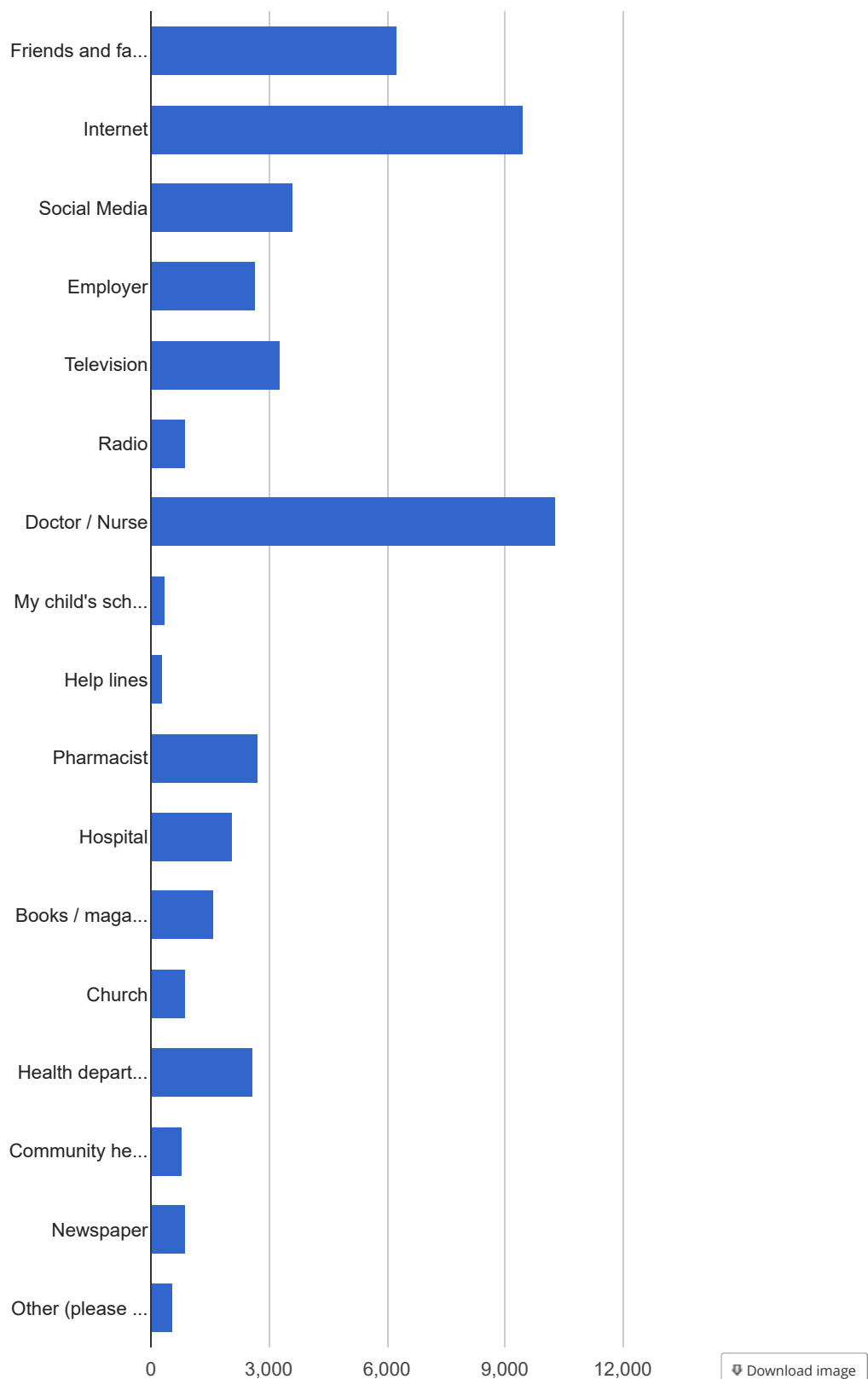
Other *(health_info_other)*

Total Count (N)	Missing*
13	445 (97.2%)

Which of the following preventative services have you had in the past 12 months? (Check all that apply) *(prevent_services)*

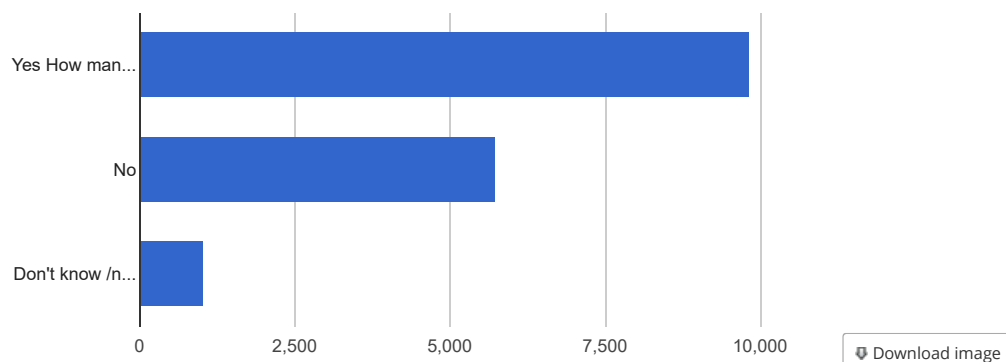| Total Count (N)	Missing*	Unique
457	1 (0.2%)	16

Counts/frequency: Mammogram (161, 35.2%), Prostate cancer screening (35, 7.7%), Colon / Rectal exam (42, 9.2%), Blood sugar check (189, 41.4%), Cholesterol (224, 49.0%), Hearing Screening (30, 6.6%), Bone density test (34, 7.4%), Physical Exam (229, 50.1%), Pap Smear (96, 21.0%), Flu shot (211, 46.2%), Blood pressure check (256, 56.0%), Skin cancer screening (61, 13.3%), Vision screening (166, 36.3%), Cardiovascular screening (35, 7.7%), Dental cleaning / x-rays (239, 52.3%), None of the above (55, 12.0%)
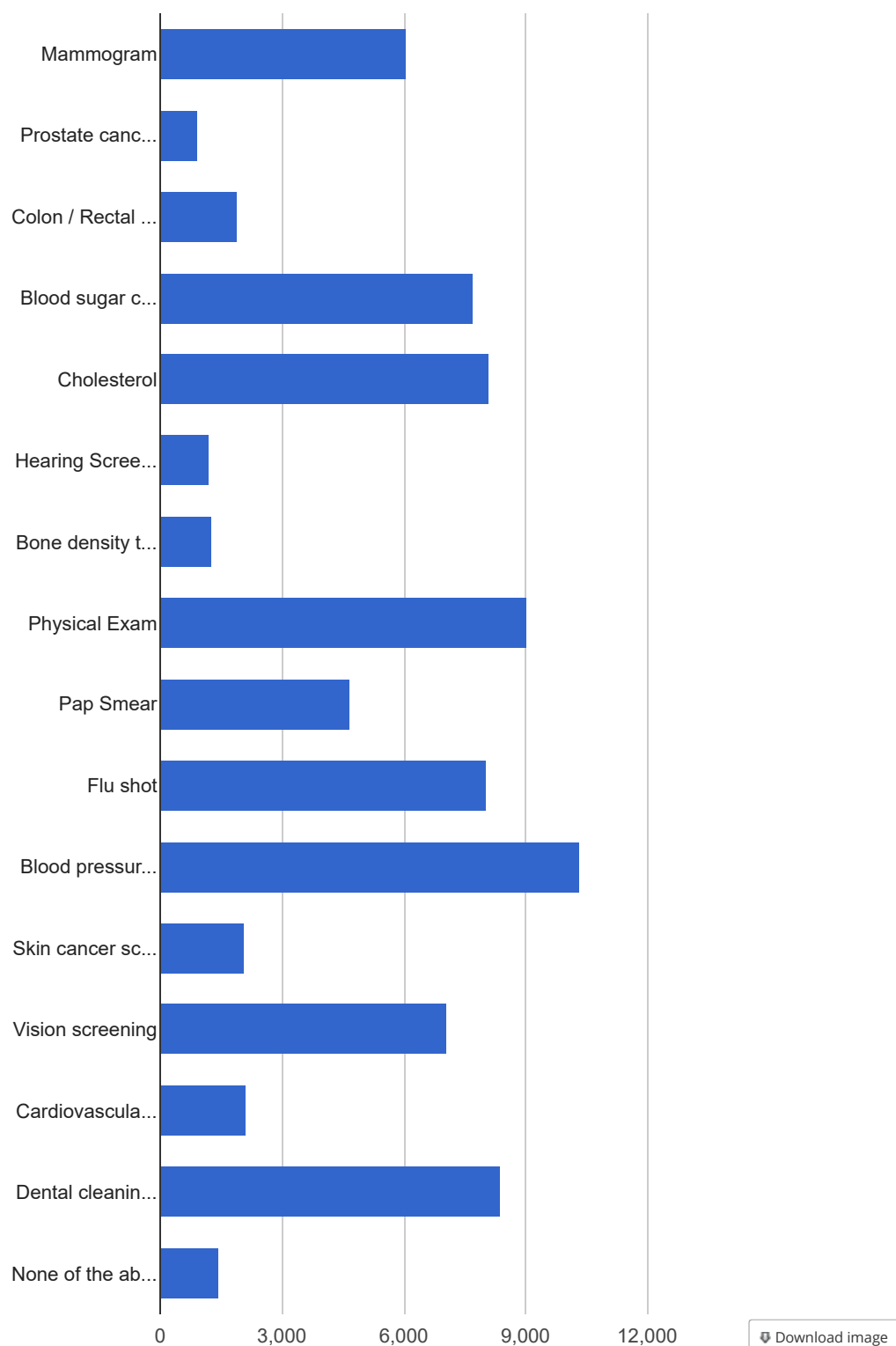
During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

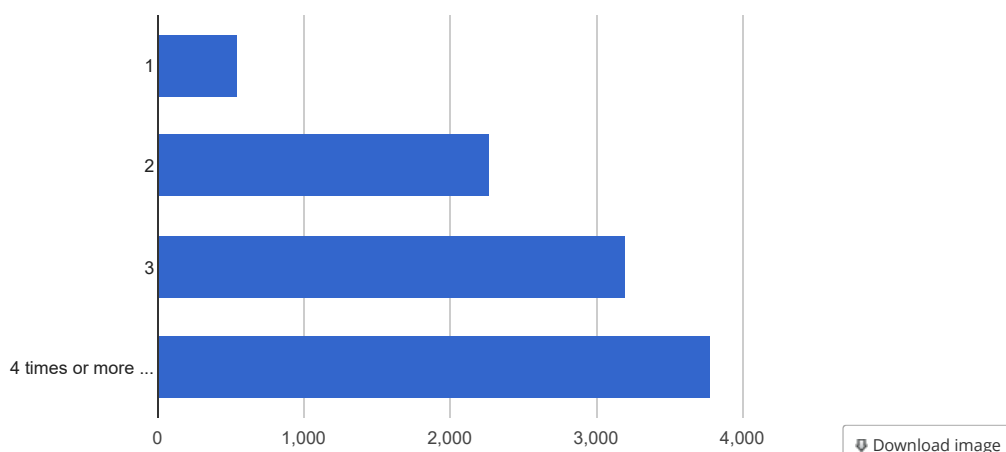| Total Count (N)	Missing*	Unique
456	2 (0.4%)	3

Counts/frequency: Yes How many times per week? (211, 46.3%), No (199, 43.6%), Don't know /not sure (46, 10.1%)

## How many times per week? *(excercisetimesweek)*

Total Count (N)	Missing*	Unique
211	247 (53.9%)	4

Counts/frequency: 1 (15, 7.1%), 2 (64, 30.3%), 3 (64, 30.3%), 4 times or more per week (68, 32.2%)

If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply) *(notexercise)*

Total Count (N)	Missing*	Unique
335	123 (26.9%)	16

Counts/frequency: My job is physical or hard labor. (51, 15.2%), Exercise is not important to me. (18, 5.4%), It costs too much to exercise. (26, 7.8%), There is no safe place to exercise. (33, 9.9%), I don't have enough time to exercise. (110, 32.8%), I'm too tired to exercise. (126, 37.6%), I would need child care and I don't have it. (20, 6.0%), I'm physically disabled. (25, 7.5%), I don't know how to find exercise partners. (10, 3.0%), I don't know how to safely (4, 1.2%), I would need transportation and I don't have it. (2, 0.6%), I don't like to exercise. (59, 17.6%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (44, 13.1%), Facilities closed due to COVID 19 (57, 17.0%), Low self-image (32, 9.6%), Other (please specify) (29, 8.7%)
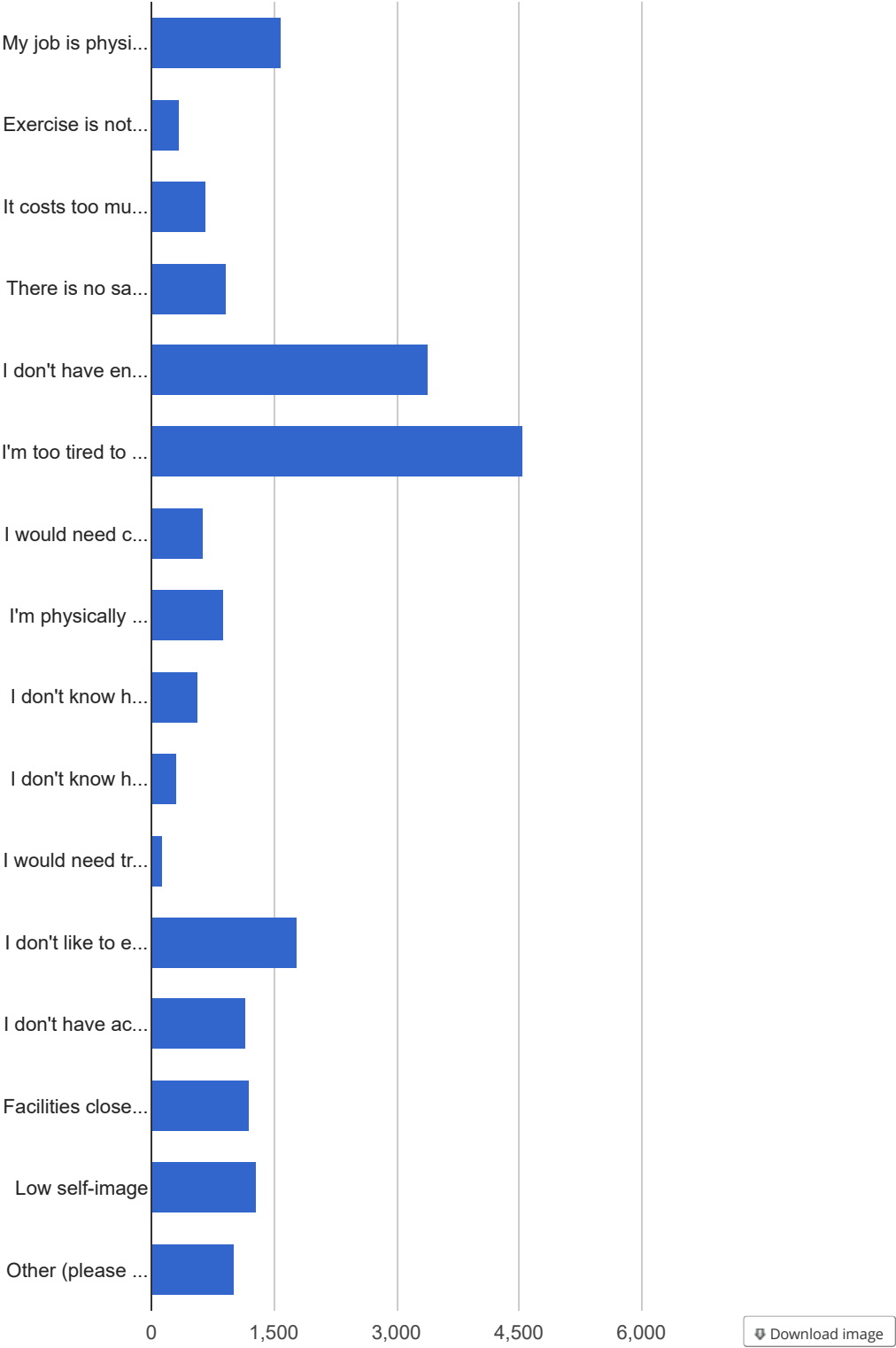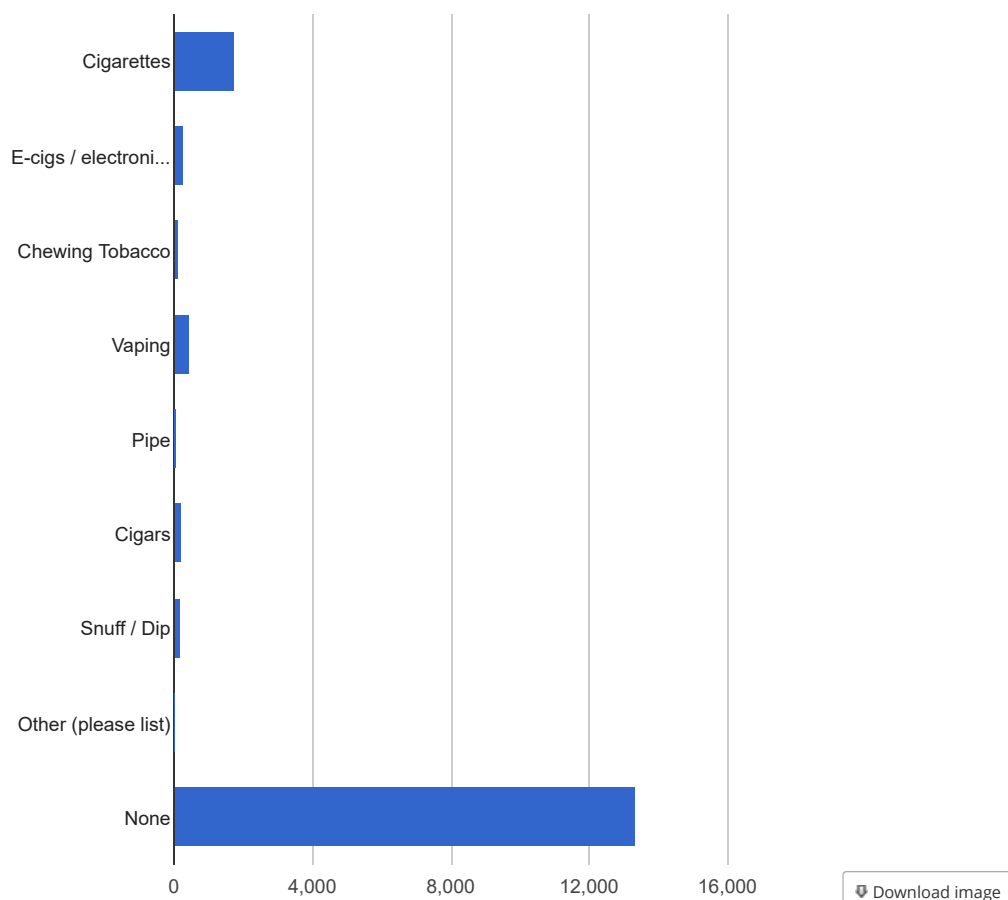
Other *(exercise_other)*

Total Count (N)	Missing*
29	429 (93.7%)

Please select any tobacco product you currently use, *(please_select_any_tobacco)*

Total Count (N)	Missing*	Unique
445	13 (2.8%)	9

Counts/frequency: Cigarettes (48, 10.8%), E-cigs / electronic cigarettes (5, 1.1%), Chewing Tobacco (6, 1.3%), Vaping (7, 1.6%), Pipe (1, 0.2%), Cigars (2, 0.4%), Snuff / Dip (8, 1.8%), Other (please list) (1, 0.2%), None (373, 83.8%)
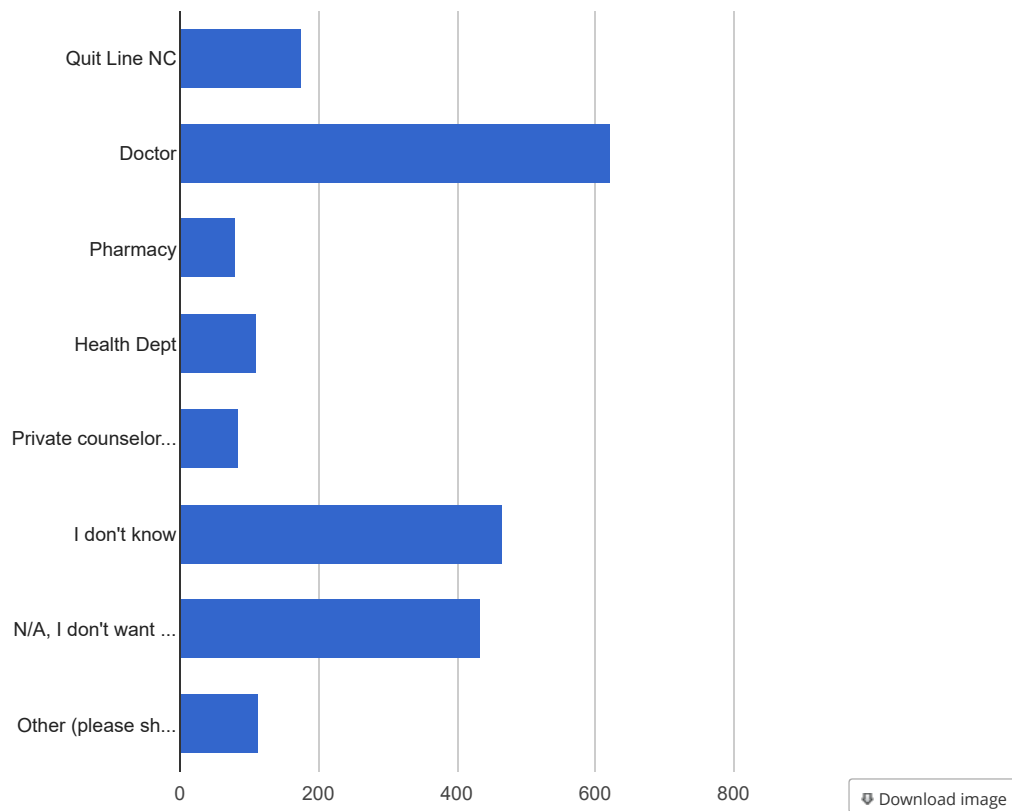

Other (please list) *(other_please_list)*

Total Count (N)	Missing*
0	458 (100.0%)

Where would you go for help if you wanted to quit? *(quit)*

Total Count (N)	Missing*	Unique
40	418 (91.3%)	7

Counts/frequency: Quit Line NC (3, 7.5%), Doctor (8, 20.0%), Pharmacy (1, 2.5%), Health Dept (0, 0.0%), Private counselor / therapist (1, 2.5%), I don't know (10, 25.0%), N/A, I don't want to quit (15, 37.5%), Other (please share more) (2, 5.0%)

Other: *(quit_other)*

Total Count (N)	Missing*
0	458 (100.0%)

An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal flu vaccine? (Choose only one) *(flu)*

Total Count (N)	Missing*	Unique
457	1 (0.2%)	4

Counts/frequency: flu shot (304, 66.5%), flu mist (7, 1.5%), No (122, 26.7%), Don't know or not sure (24, 5.3%)
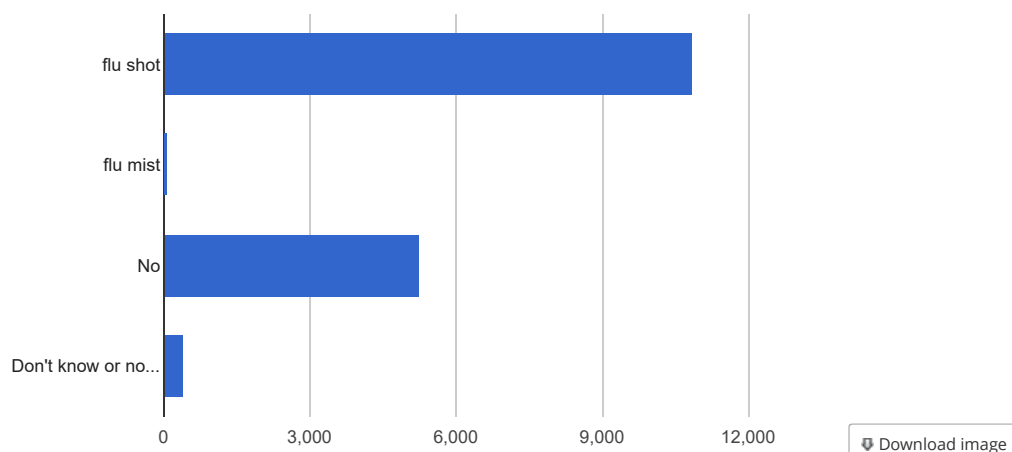
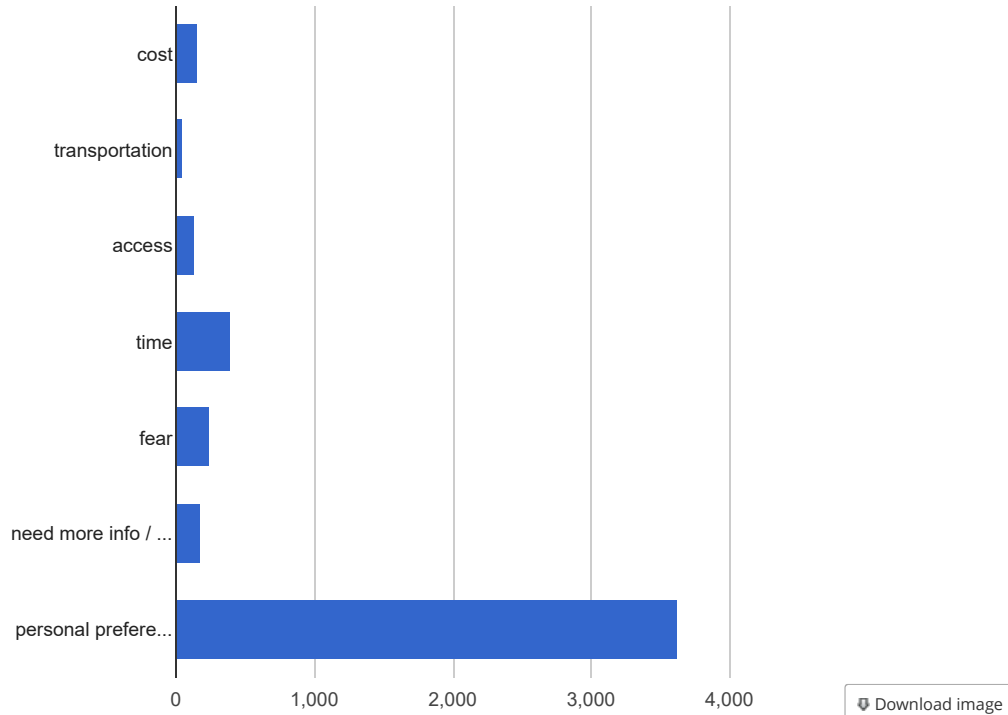## If you did not get your flu vaccine, why not? Please check any barriers. *(flu_barriers)*

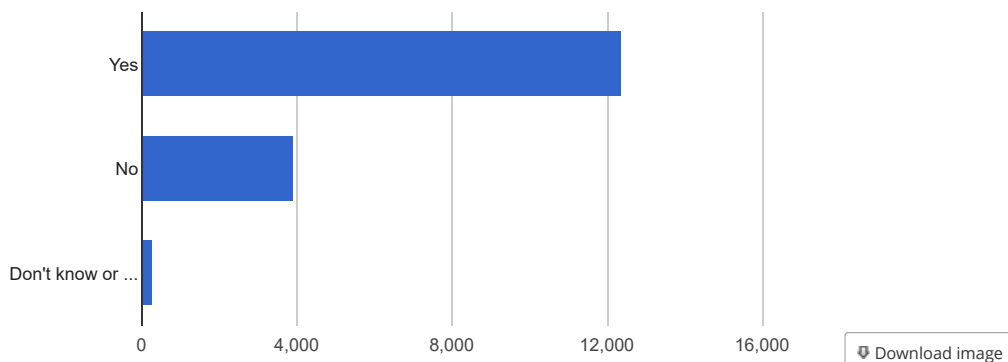| Total Count (N)	Missing*	Unique
118	340 (74.2%)	7

Counts/frequency: cost (1, 0.8%), transportation (1, 0.8%), access (2, 1.7%), time (12, 10.2%), fear (8, 6.8%), need more info / have questions (2, 1.7%), personal preference (92, 78.0%)

Have you had a COVID-19 vaccine? *(covidshot)*

| Total Count (N)	Missing*	Unique
457	1 (0.2%)	3

Counts/frequency: Yes (299, 65.4%), No (126, 27.6%), Don't know or not sure (32, 7.0%)

If you did not get your COVID-19 vaccine, why not? Please check any barriers. *(covidyesskip)*

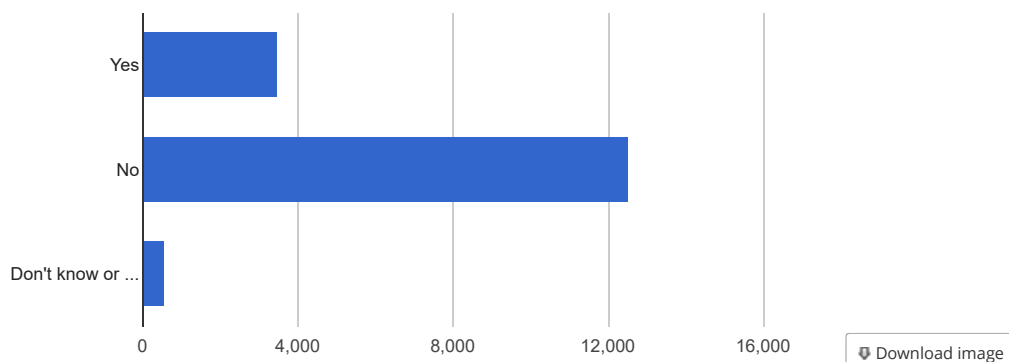| Total Count (N)	Missing*	Unique
123	335 (73.1%)	7

Counts/frequency: cost (0, 0.0%), transportation (1, 0.8%), access (1, 0.8%), time (1, 0.8%), fear (11, 8.9%), need more info / have questions (19, 15.4%), personal preference (80, 65.0%), other (10, 8.1%)
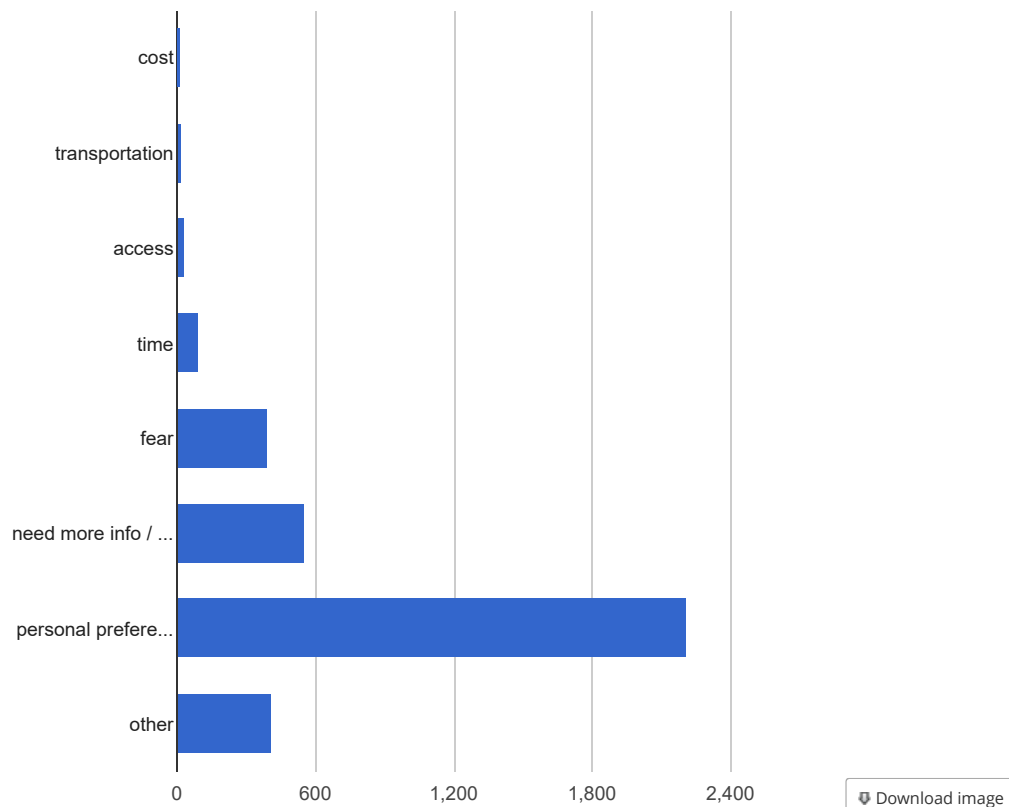
In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Please choose only one) *(healthcarehelp)*

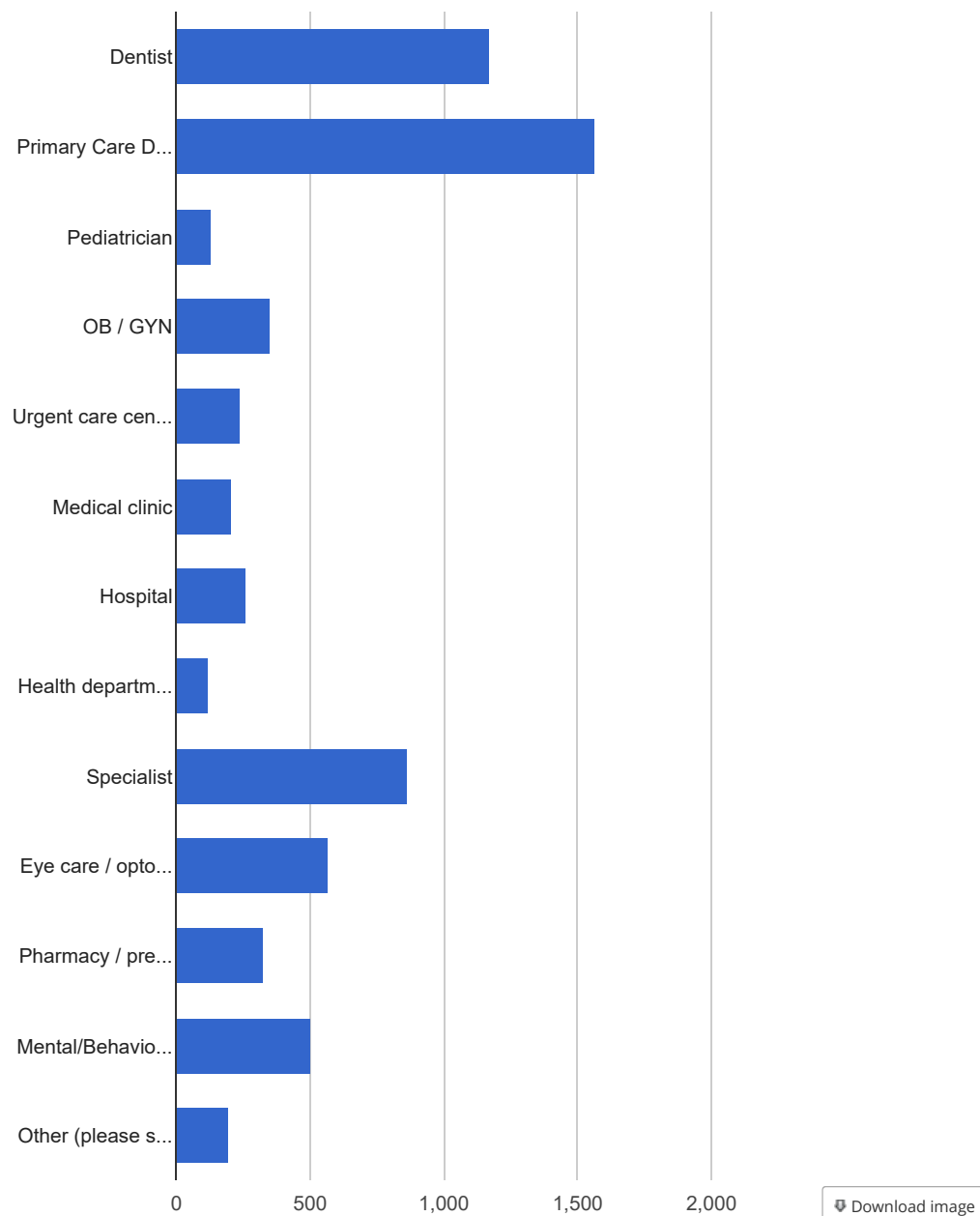| Total Count (N)	Missing*	Unique
448	10 (2.2%)	3

Counts/frequency: Yes (50, 11.2%), No (347, 77.5%), Don't know or not sure (51, 11.4%)

If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) *(healthcareproviderhelp)*

Total Count (N)	Missing*	Unique
48	410 (89.5%)	13

Counts/frequency: Dentist (15, 31.3%), Primary Care Doctor (24, 50.0%), Pediatrician (1, 2.1%), OB / GYN (5, 10.4%), Urgent care center (4, 8.3%), Medical clinic (3, 6.3%), Hospital (3, 6.3%), Health department (1, 2.1%), Specialist (11, 22.9%), Eye care / optometrist / opthamologist (9, 18.8%), Pharmacy / prescriptions (3, 6.3%), Mental/Behavioral Health Providers (6, 12.5%), Other (please share more) (4, 8.3%)


Other *(healthcareprovider_other)*

Total Count (N)	Missing*
2	456 (99.6%)

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply) *(healthcarewhichproblems)*

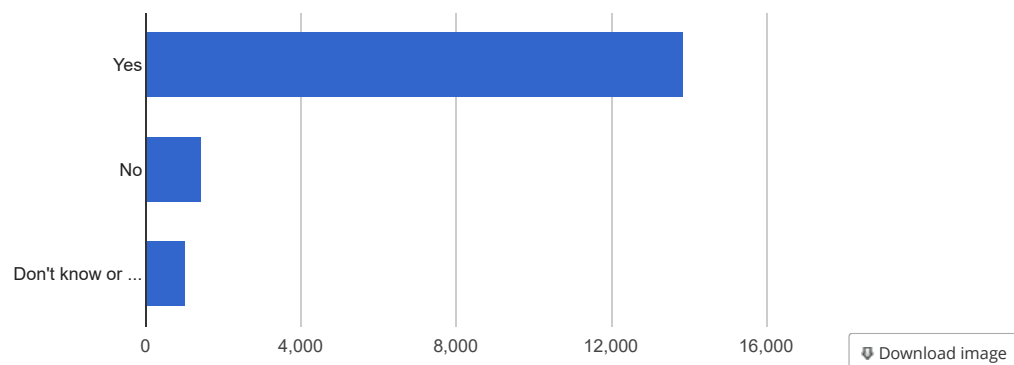| Total Count (N)	Missing*	Unique
45	413 (90.2%)	12

Counts/frequency: No health insurance (10, 22.2%), Insurance didn't cover what I / we needed. (8, 17.8%), My / our share of the cost (deductible / co-pay) was too high. (5, 11.1%), Service provider would not take my / our insurance or Medicaid. (3, 6.7%), No way to get there. (2, 4.4%), Didn't know where to go (2, 4.4%), Couldn't get an appointment (12, 26.7%), The wait was too long (3, 6.7%), Did not speak my language (0, 0.0%), Could not miss work to go (2, 4.4%), Hours did not work with my availability (5, 11.1%), COVID 19 (15, 33.3%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (4, 8.9%)
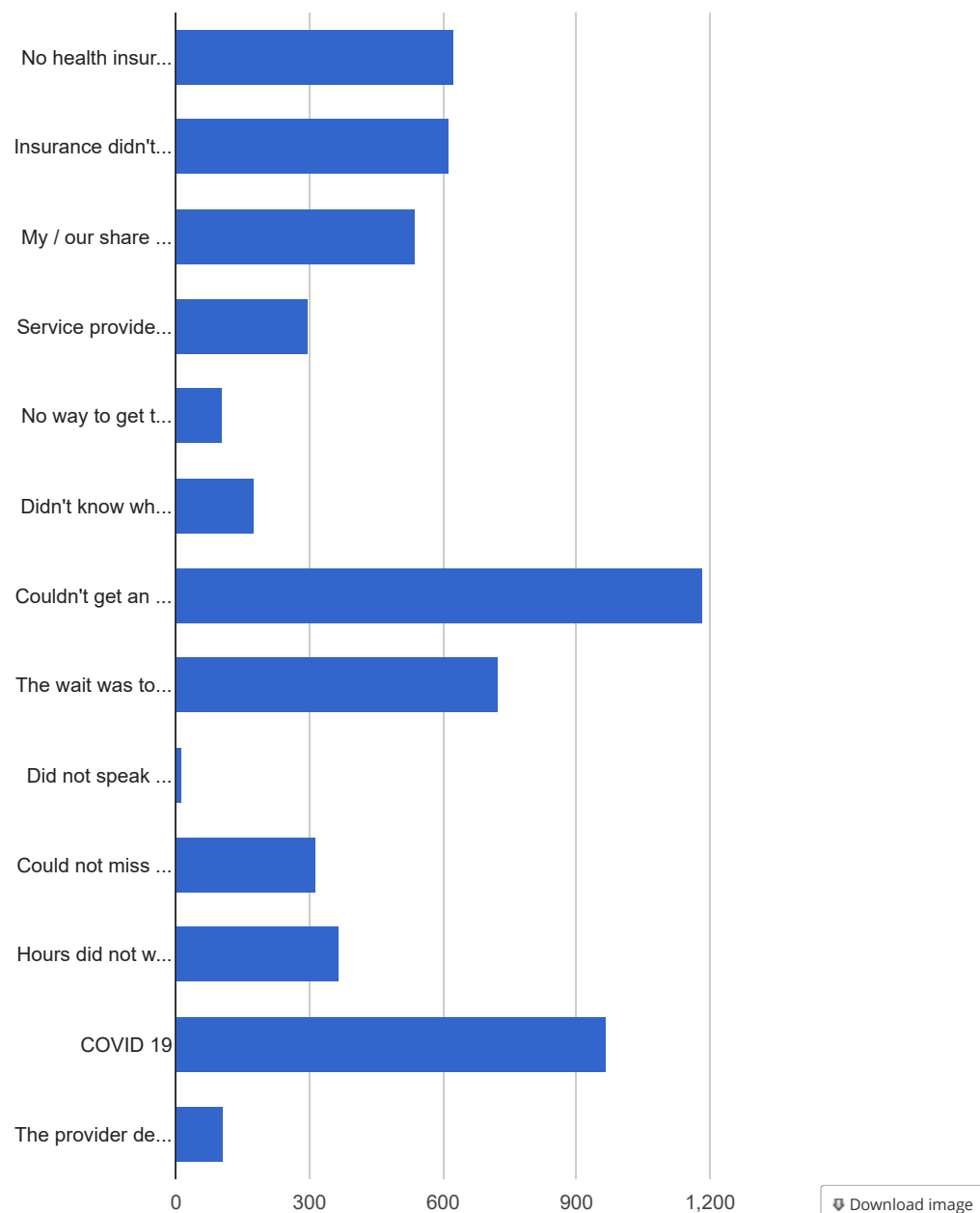
In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? *(naturaldisasteraccess)*

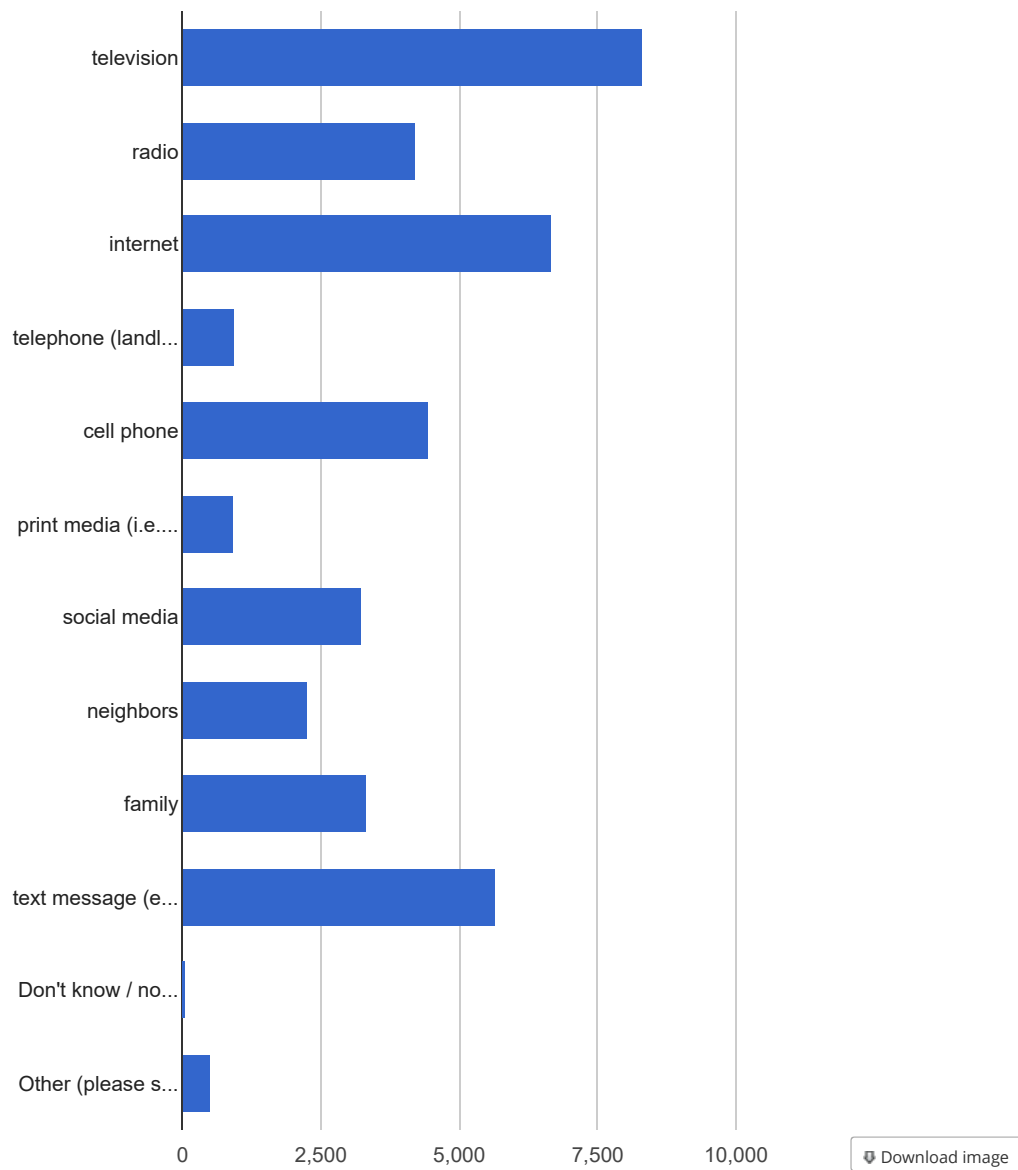| Total Count (N)	Missing*	Unique
436	22 (4.8%)	3

Counts/frequency: Yes (340, 78.0%), No (51, 11.7%), Don't know or not sure (45, 10.3%)

If so, where do you get your information to stay safe? *(naturaldisasterinfo)*

Total Count (N)	Missing*	Unique
337	121 (26.4%)	12

Counts/frequency: television (170, 50.4%), radio (67, 19.9%), internet (98, 29.1%), telephone (landline) (15, 4.5%), cell phone (78, 23.1%), print media (i.e.. newspaper) (15, 4.5%), social media (45, 13.4%), neighbors (22, 6.5%), family (56, 16.6%), text message (emergency alert system) (104, 30.9%), Don't know / not sure (1, 0.3%), Other (please specify) (14, 4.2%)
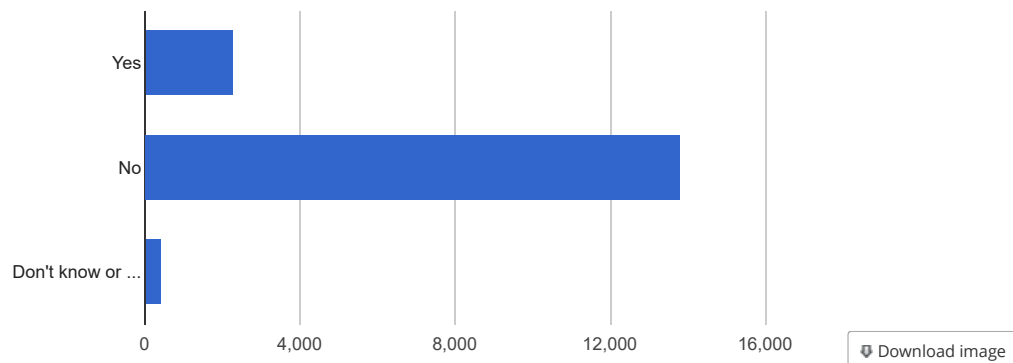
Other *(natural_disaster_other)*

Total Count (N)	Missing*
14	444 (96.9%)

In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one) *(foodworried)*

Total Count (N)	Missing*	Unique
450	8 (1.7%)	3

Counts/frequency: Yes (47, 10.4%), No (349, 77.6%), Don't know or not sure (54, 12.0%)
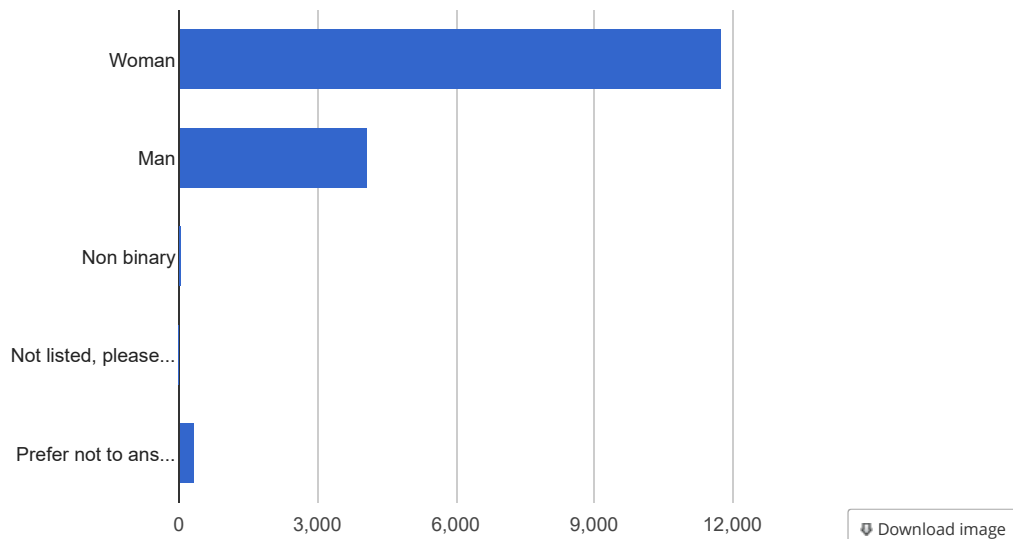
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
66	392 (85.6%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
424	34 (7.4%)	4

Counts/frequency: Woman (294, 69.3%), Man (121, 28.5%), Non binary (2, 0.5%), Not listed, please share more: _____ (0, 0.0%), Prefer not to answer (7, 1.7%)

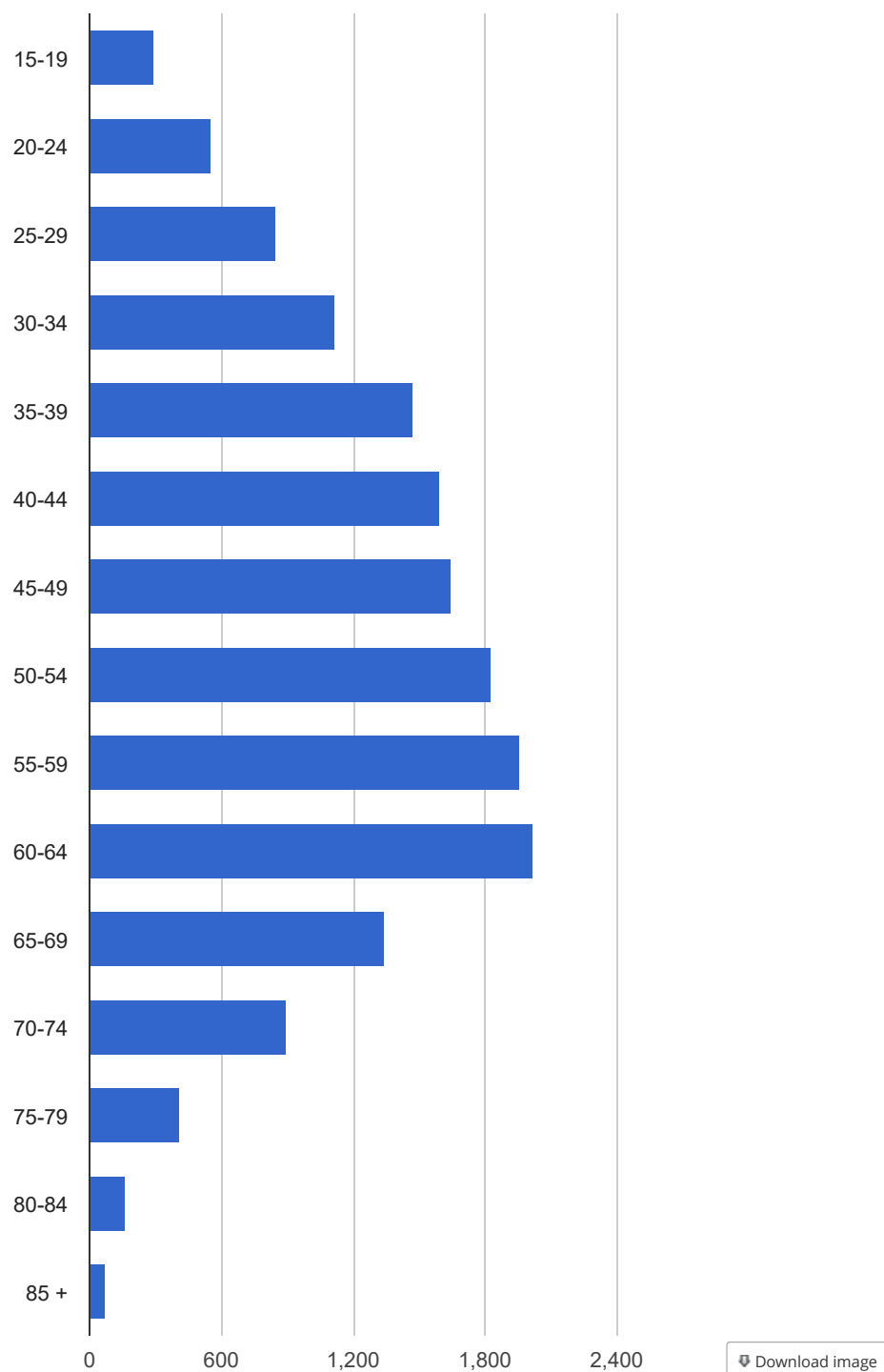## Please share more. *(gender_other)*

Total Count (N)	Missing*
0	458 (100.0%)

How old are you? *(age)*

Total Count (N)	Missing*	Unique
431	27 (5.9%)	14

Counts/frequency: 15-19 (2, 0.5%), 20-24 (14, 3.2%), 25-29 (35, 8.1%), 30-34 (29, 6.7%), 35-39 (30, 7.0%), 40-44 (48, 11.1%), 45-49 (49, 11.4%), 50-54 (48, 11.1%), 55-59 (63, 14.6%), 60-64 (54, 12.5%), 65-69 (29, 6.7%), 70-74 (17, 3.9%), 75-79 (12, 2.8%), 80-84 (1, 0.2%), 85 + (0, 0.0%)
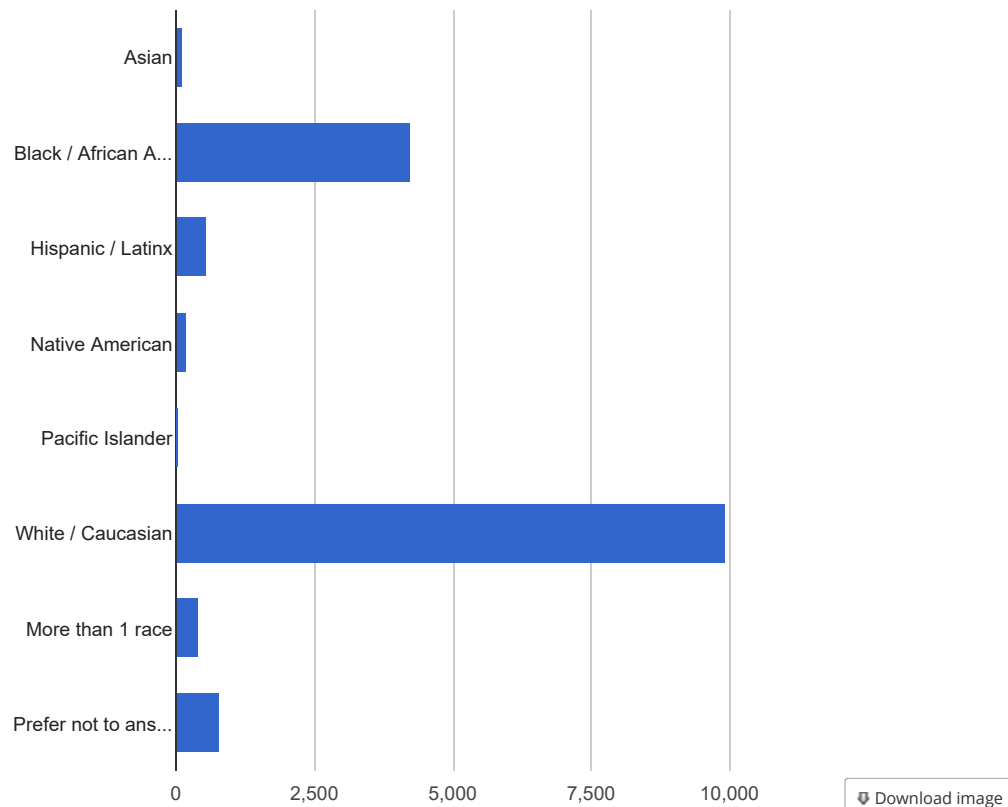

How do you describe your race/ethnicity? *(raceethnicity)*

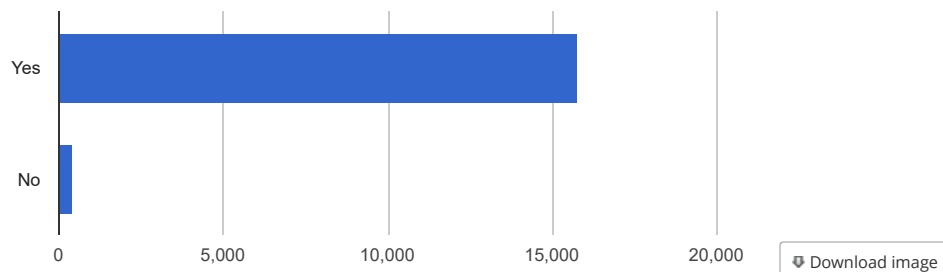| Total Count (N)	Missing*	Unique
428	30 (6.6%)	6

Counts/frequency: Asian (0, 0.0%), Black / African American (112, 26.2%), Hispanic / Latinx (15, 3.5%), Native American (2, 0.5%), Pacific Islander (0, 0.0%), White / Caucasian (274, 64.0%), More than 1 race (14, 3.3%), Prefer not to answer (11, 2.6%)

Is English the primary language spoken in your home? *(language)*

Total Count (N)	Missing*	Unique
428	30 (6.6%)	2

Counts/frequency: Yes (412, 96.3%), No (16, 3.7%)

If no, please share which primary language *(languageno)*

Total Count (N)	Missing*	Unique
16	442 (96.5%)	2

Counts/frequency: Spanish (14, 87.5%), Creole (0, 0.0%), French (0, 0.0%), Chinese (0, 0.0%), Other (2, 12.5%)
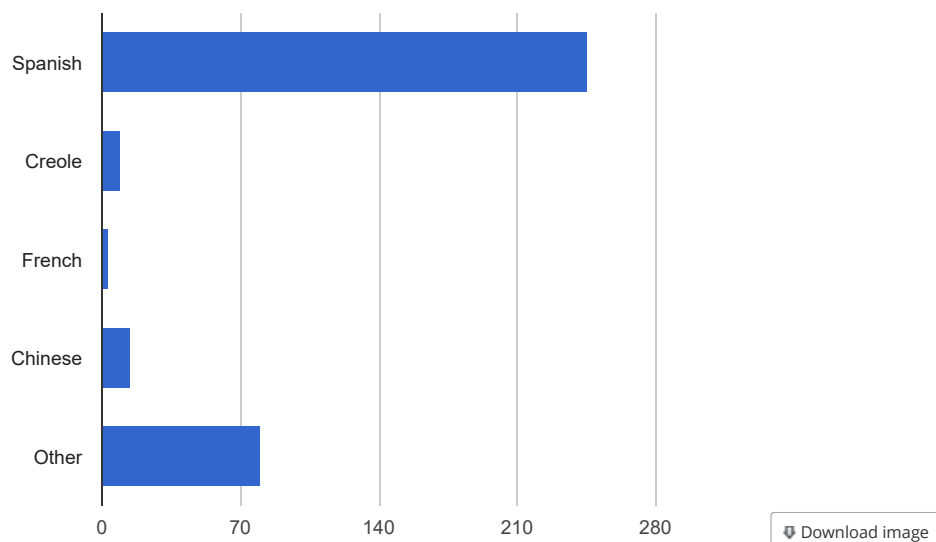
What is your marital status? *(marriagestatus)*

Total Count (N)	Missing*	Unique
425	33 (7.2%)	7

Counts/frequency: Never married/Single (70, 16.5%), Married (258, 60.7%), Unmarried partner (22, 5.2%), Divorced (54, 12.7%), Widowed (16, 3.8%), Separated (3, 0.7%), please share more (2, 0.5%)
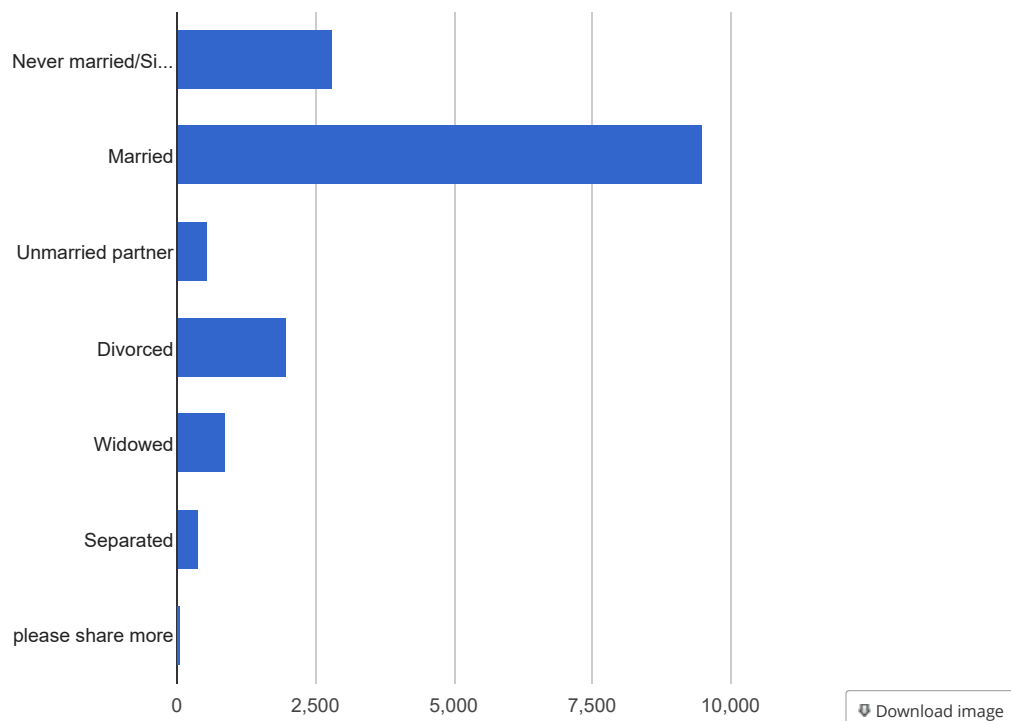
please share more. *(marital_other)*

Total Count (N)	Missing*
2	456 (99.6%)

What is the highest level of education you have completed? *(education)*

Total Count (N)	Missing*	Unique
421	37 (8.1%)	8

Counts/frequency: Less than 9th grade (1, 0.2%), 9th - 12th grade, no diploma (21, 5.0%), High School graduate (or GED/equivalent) (54, 12.8%), Associate's Degree or Vocational Training (108, 2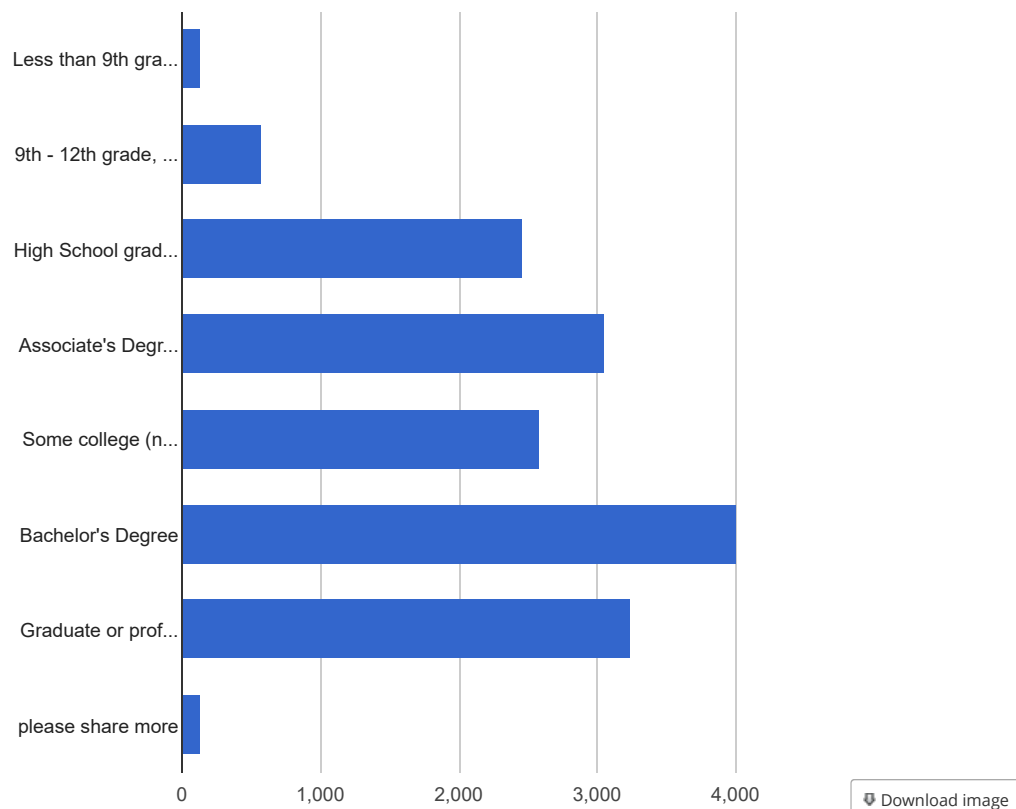5.7%), Some college (no degree) (57, 13.5%), Bachelor's Degree (111, 26.4%), Graduate or professional degree (68, 16.2%), please share more (1, 0.2%)

Please share more *(please_share_more)*

Total Count (N)	Missing*
1	457 (99.8%)

How is your current job best described? *(job)*

Total Count (N)	Missing*	Unique
409	49 (10.7%)	10

Counts/frequency: Agriculture (32, 7.8%), Business / Industry (33, 8.1%), Retail (21, 5.1%), Homemaker (13, 3.2%), Government (78, 19.1%), Healthcare (119, 29.1%), Student (4, 1.0%), Education (46, 11.2%), Food Service (6, 1.5%), please share more (57, 13.9%)
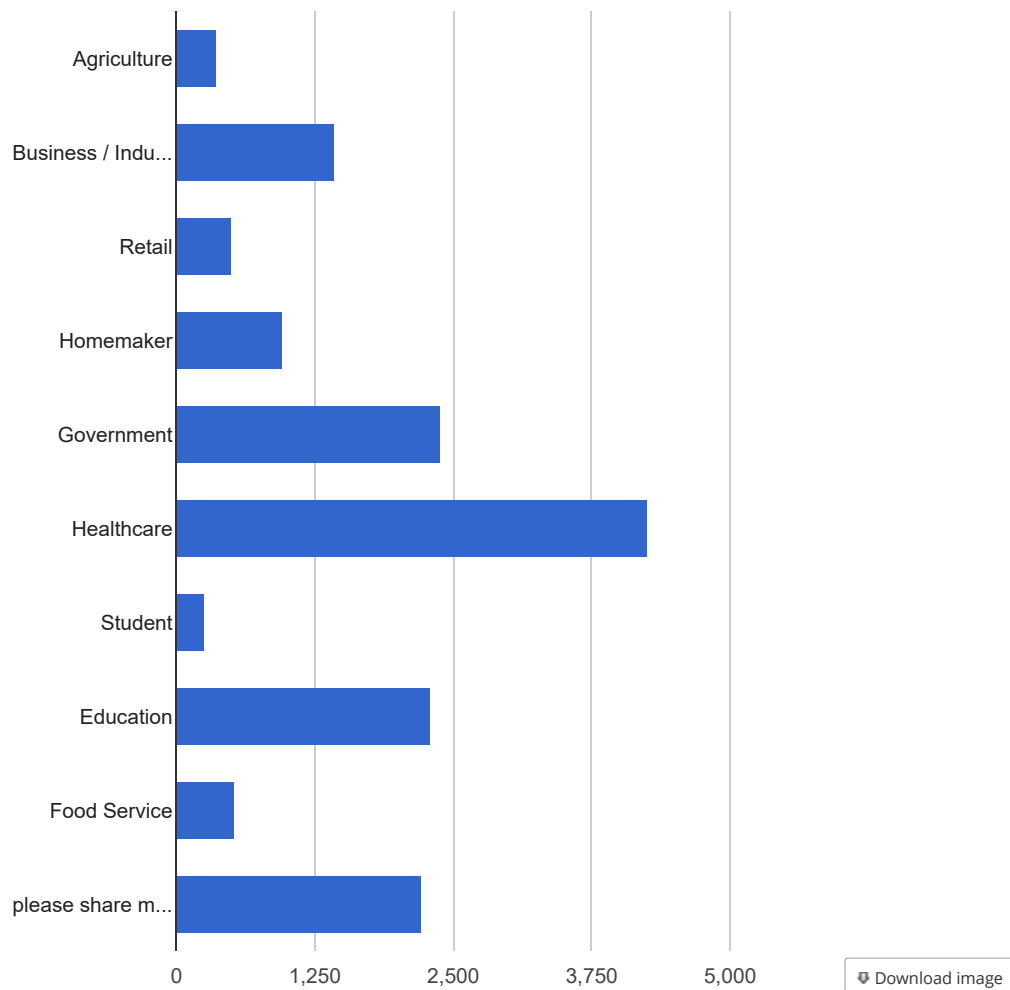
Please share more *(job_other)*

Total Count (N)	Missing*
57	401 (87.6%)

What is your total household income? *(income)*

Total Count (N)	Missing*	Unique
399	59 (12.9%)	8

Counts/frequency: Less than $10,000 (10, 2.5%), $10,000 to $14,999 (14, 3.5%), $15,000 to $24,999 (28, 7.0%), $25,000 to $34,999 (61, 15.3%), $35,000 to $49,999 (63, 15.8%), $50,000 to $74,999 (75, 18.8%), $75,000 to $99,999 (65, 16.3%), $100,000 or more (83, 20.8%)
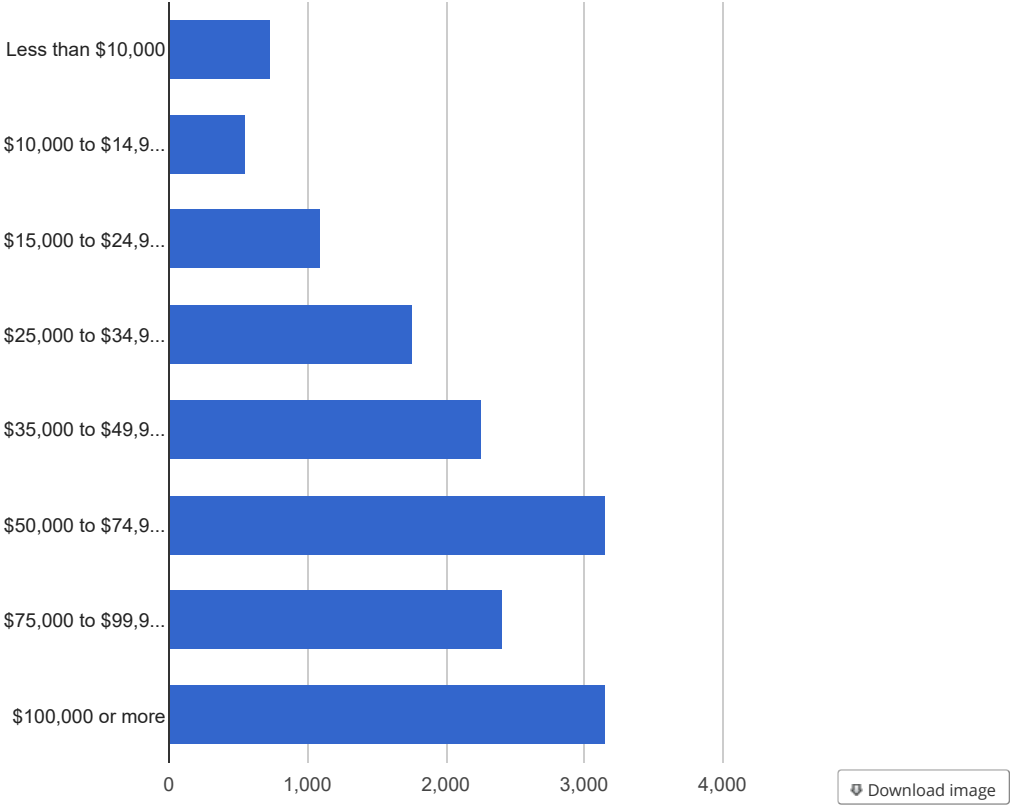
How many people live in your household? *(householdnumber)*

Total Count (N)	Missing*	Unique
417	41 (9.0%)	5

Counts/frequency: I live alone (52, 12.5%), 2 (156, 37.4%), 3-4 (165, 39.6%), 5-6 (41, 9.8%), 7-8 (3, 0.7%), 9-10 (0, 0.0%), More than 10 (0, 0.0%)
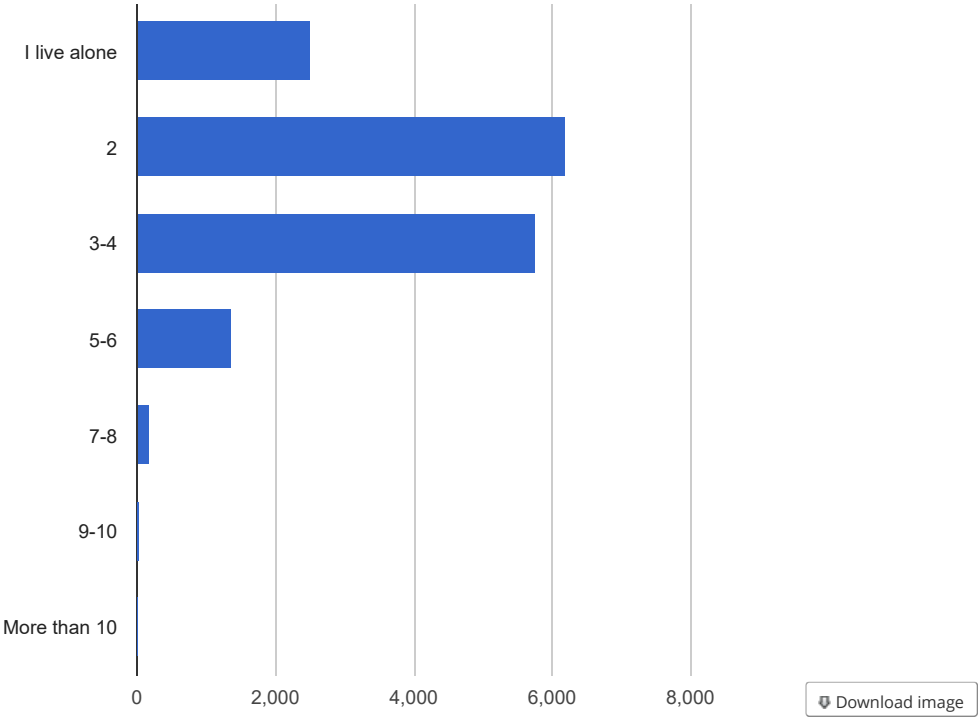
What is your employment status? Please check all that apply. *(employment)*

Total Count (N)	Missing*	Unique
416	42 (9.2%)	11

Counts/frequency: Employed full-time (276, 66.3%), Employed part-time (34, 8.2%), Employed in multiple jobs (38, 9.1%), Seasonal Worker/Temporary (11, 2.6%), Retired (64, 15.4%), Armed forces (0, 0.0%), Disabled (18, 4.3%), Student (6, 1.4%), Homemaker (7, 1.7%), Self-employed (17, 4.1%), Unemployed for 1 year or less (3, 0.7%), Unemployed for more than 1 year (5, 1.2%)
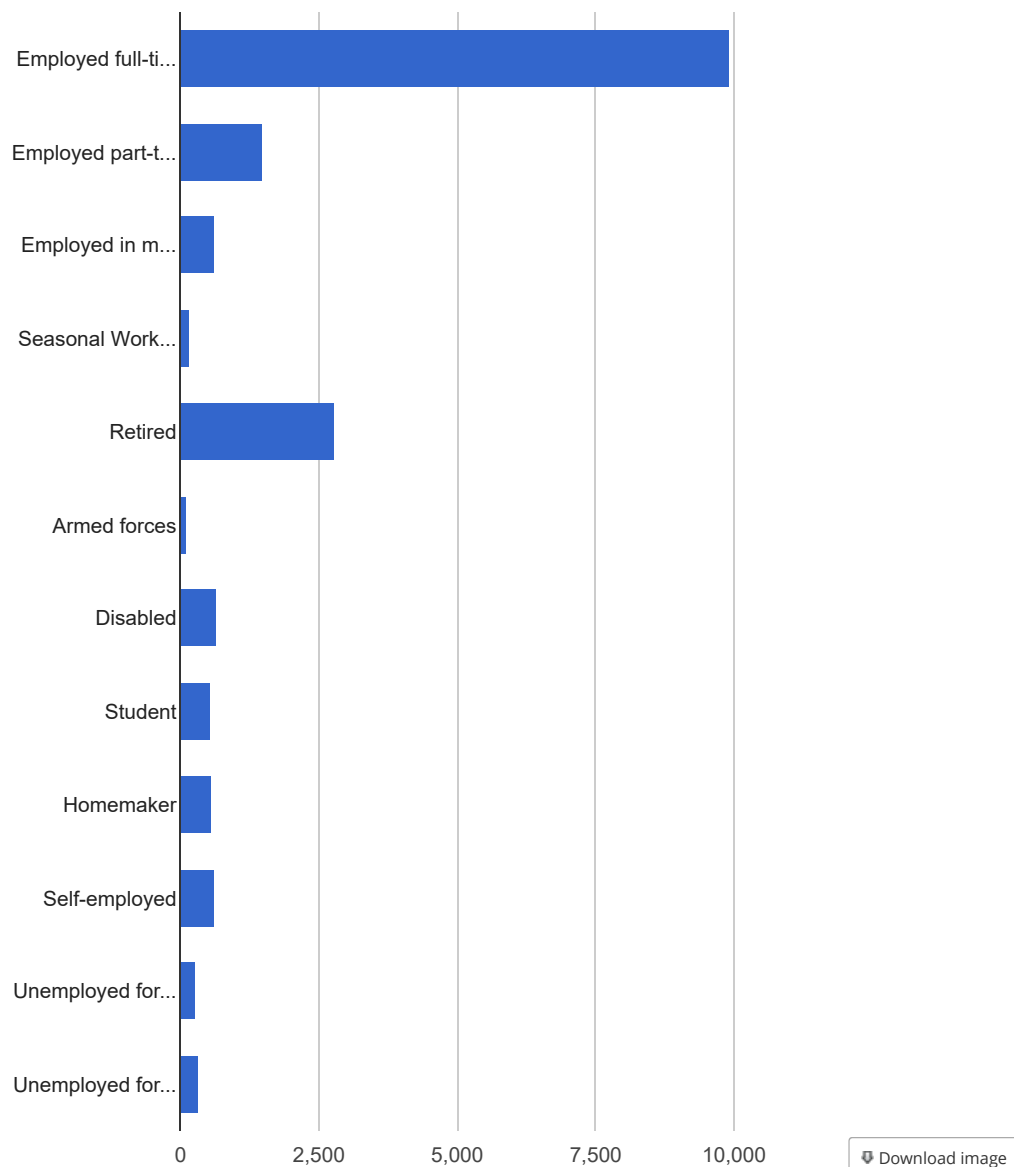
What type of internet access do you have at your home? *(internet_or_wifi)*

Total Count (N)	Missing*	Unique
410	48 (10.5%)	6

Counts/frequency: Dial up (8, 2.0%), Broadband (52, 12.7%), Wi-Fi (285, 69.5%), Cellular or Hotspot (35, 8.5%), None (21, 5.1%), please share more (9, 2.2%)
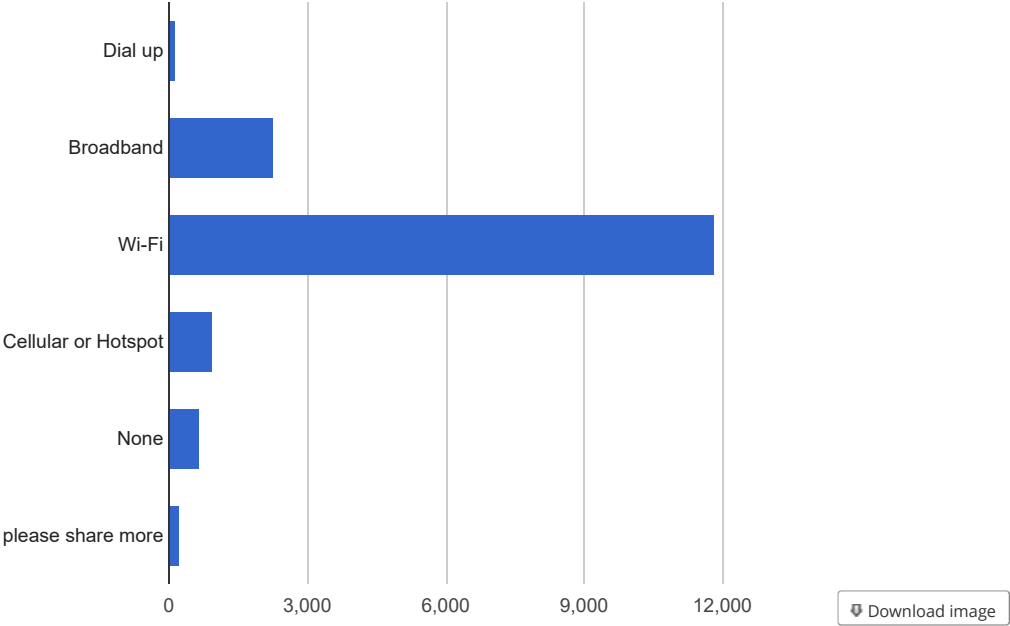
Other *(internet_or_wifi_other)*

Total Count (N)	Missing*
9	449 (98.0%)

Which county do you live in? *(county)*

Total Count (N)	Missing*	Unique
458	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (0, 0.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (458, 100.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)
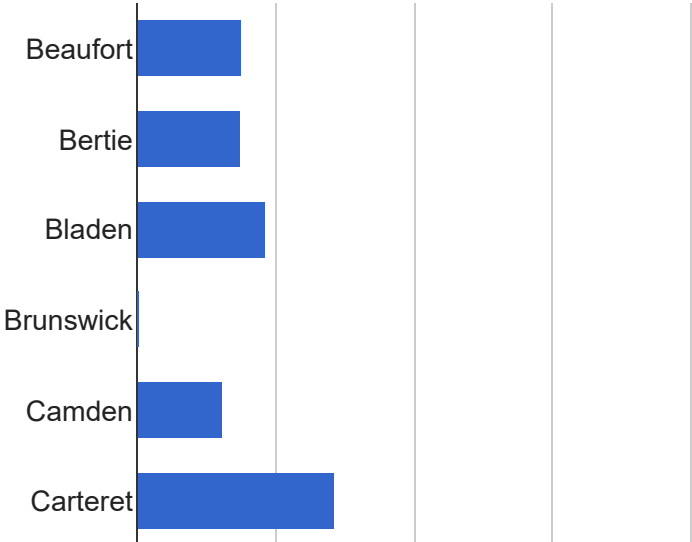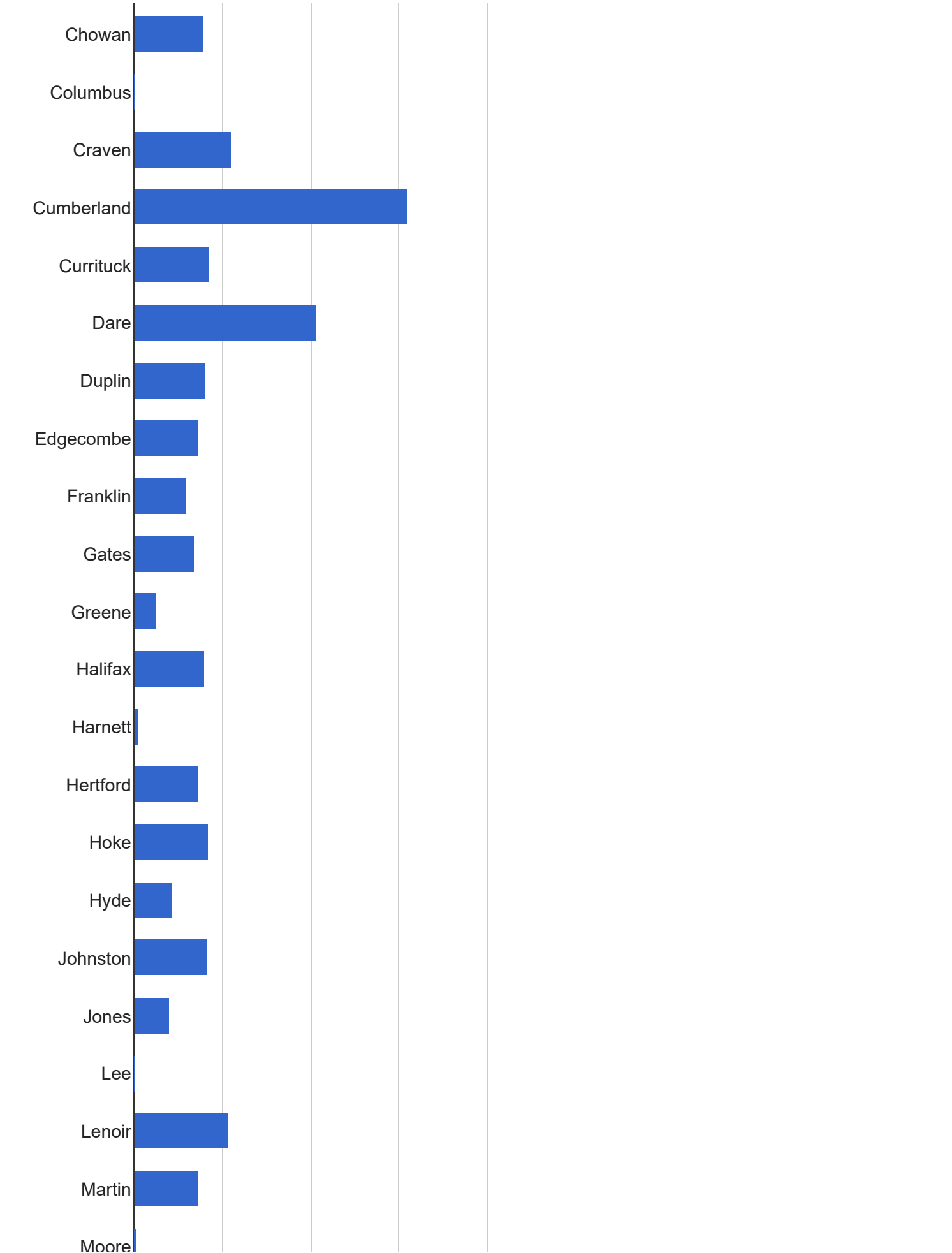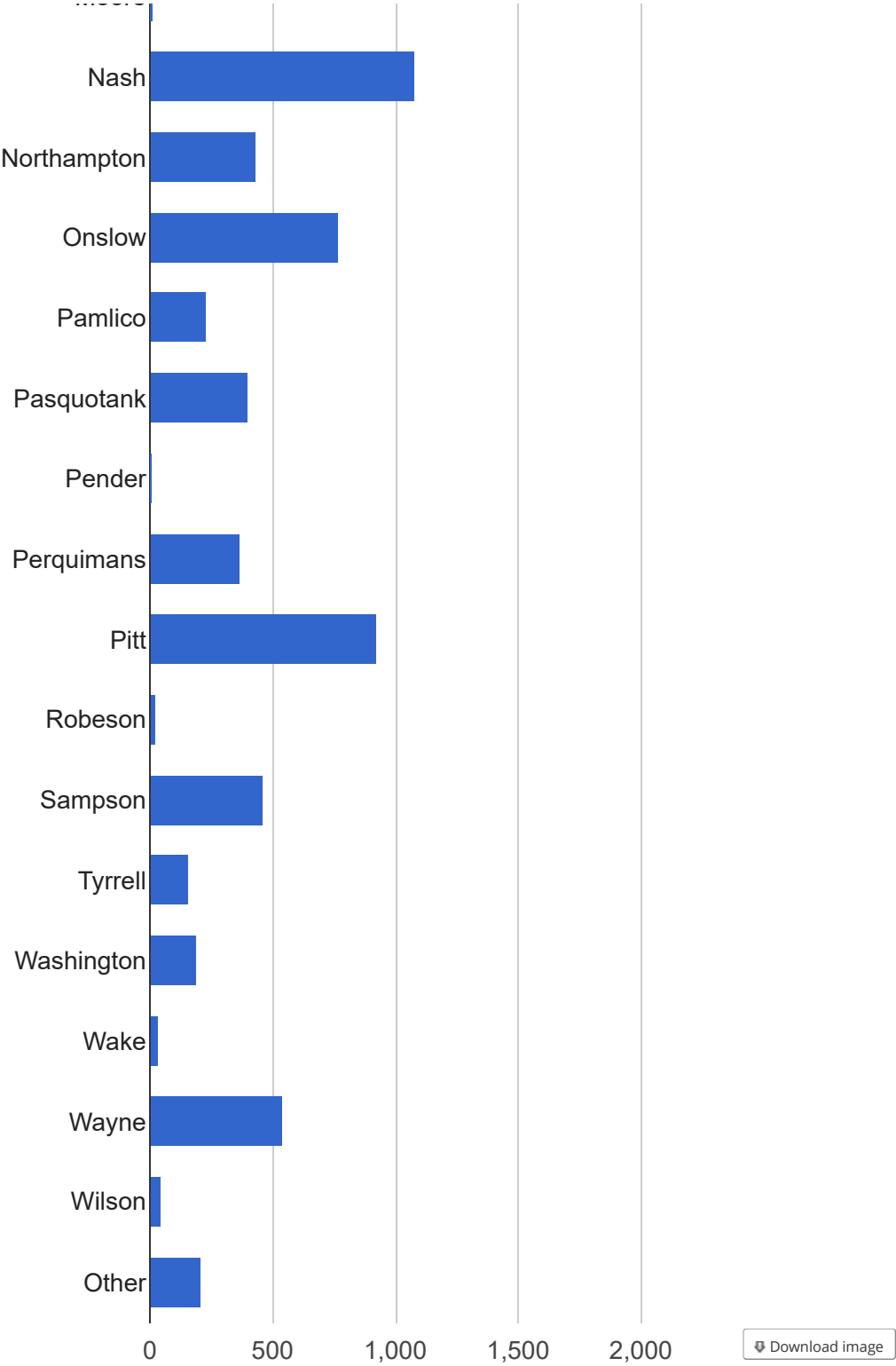
Other *(county_other)*

Total Count (N)	Missing*
0	458 (100.0%)

What is your 5 digit zip code? *(zip_code)*

Total Count (N)	Missing*
256	202 (44.1%)

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine? (Please select all that apply) *(covidconcerns)*

Total Count (N)	Missing*	Unique
333	125 (27.3%)	13

Counts/frequency: I don't plan to get a vaccine. (50, 15.0%), I'm worried that the COVID-19 vaccine isn't safe. (51, 15.3%), I would rather take the risk of getting sick with COVID-19. (14, 4.2%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (61, 18.3%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (2, 0.6%), I have already had COVID-19 so I don't believe a vaccine is necessary. (11, 3.3%), I don't trust the distribution process of the COVID-19 vaccine. (7, 2.1%), I'm worried the COVID-19 vaccine has not been distributed fairly. (1, 0.3%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (1, 0.3%), I'm concerned that I won't have time to get the COVID-19 vaccine. (1, 0.3%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (19, 5.7%), I don't have any concerns about getting the COVID-19 vaccine. (187, 56.2%), Other (please specify) (28, 8.4%)
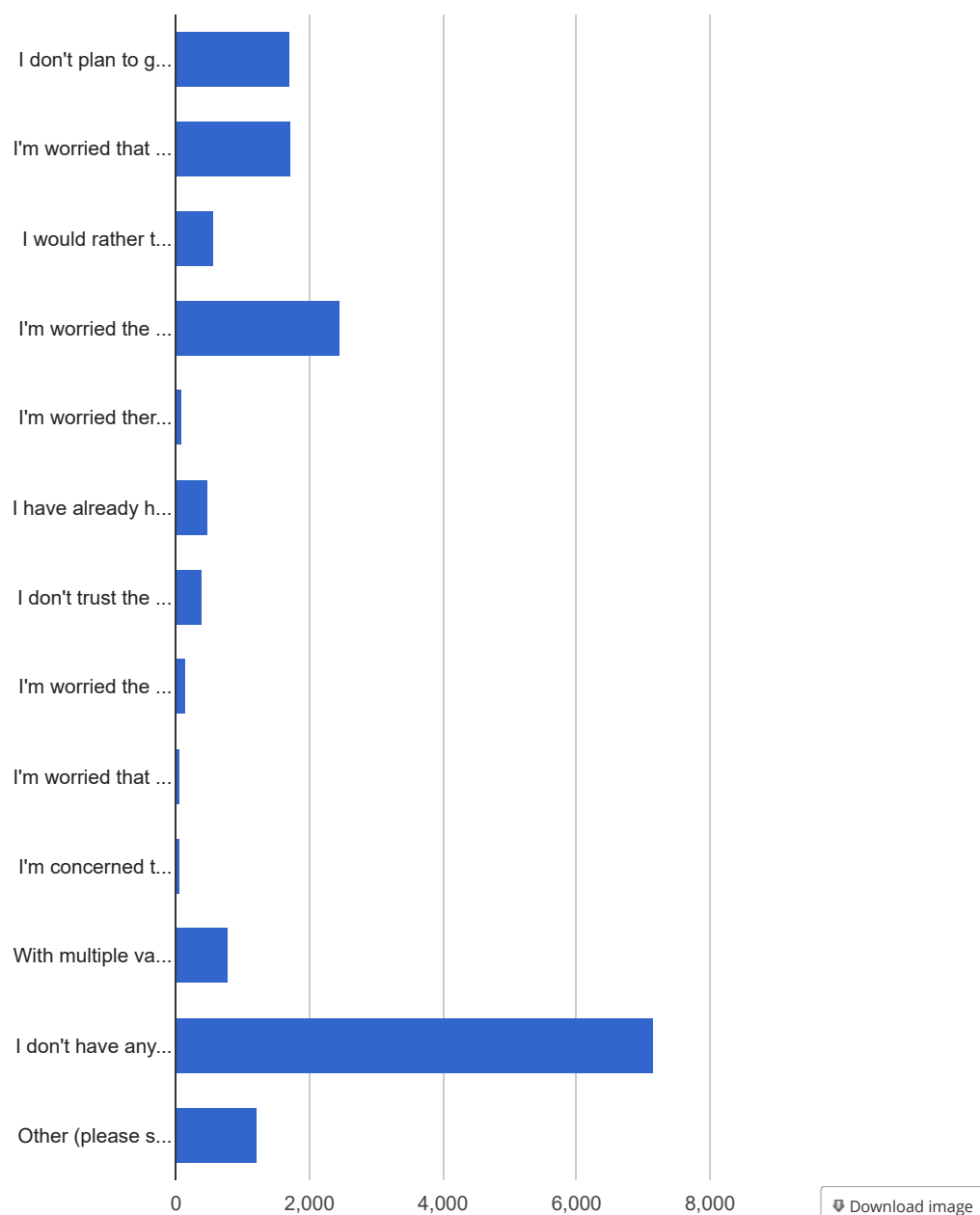
Other *(covid_concerns_other)*

Total Count (N)	Missing*
26	432 (94.3%)

Find the information you need related to COVID-19? *(covideasy)*

Total Count (N)	Missing*	Unique
360	98 (21.4%)	5

Counts/frequency: Very Difficult (4, 1.1%), Somewhat Difficult (11, 3.1%), Moderate (64, 17.8%), Somewhat Easy (110, 30.6%), Very Easy (171, 47.5%)
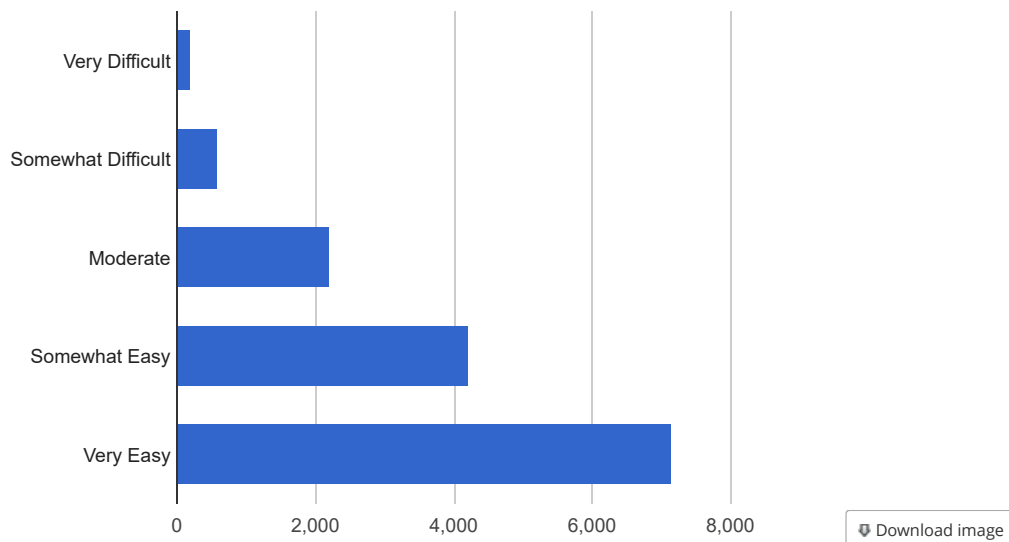
Find out where to go to get a COVID-19 vaccine? *(covidwhere)*

Total Count (N)	Missing*	Unique
358	100 (21.8%)	5

Counts/frequency: Very Difficult (2, 0.6%), Somewhat Difficult (4, 1.1%), Moderate (54, 15.1%), Somewhat Easy (98, 27.4%), Very Easy (200, 55.9%)
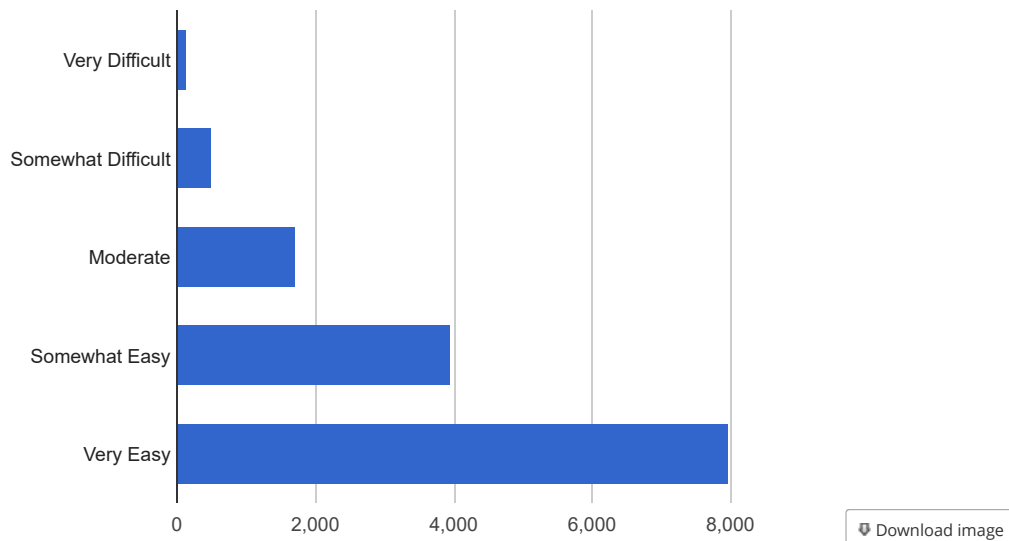
Understand information about what to do if you think you have COVID-19? *(covidunderstand)*

Total Count (N)	Missing*	Unique
355	103 (22.5%)	5

Counts/frequency: Very Difficult (2, 0.6%), Somewhat Difficult (6, 1.7%), Moderate (56, 15.8%), Somewhat Easy (110, 31.0%), Very Easy (181, 51.0%)
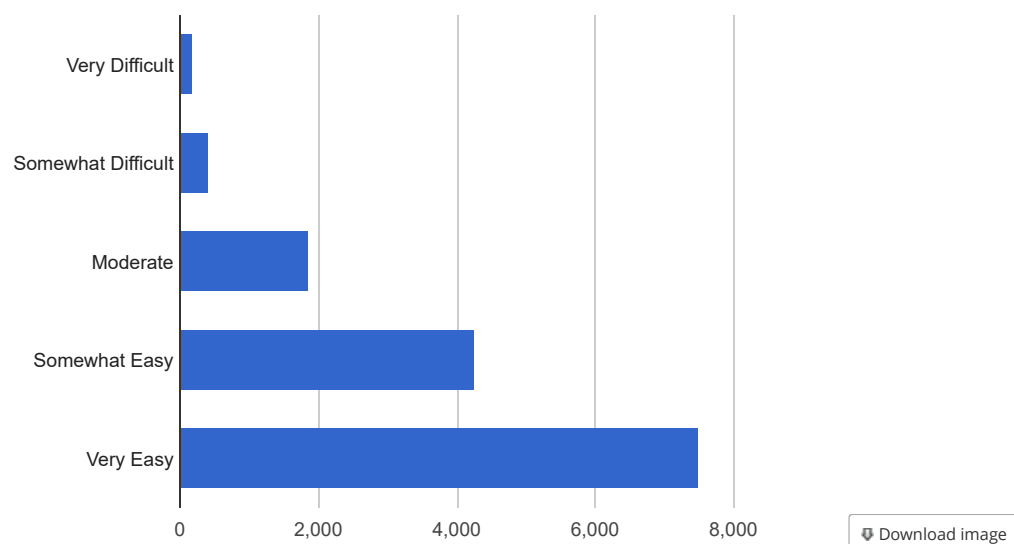
Trust if the information about COVID-19 in the media is reliable? *(covidtrust)*

Total Count (N)	Missing*	Unique
356	102 (22.3%)	5

Counts/frequency: Very Difficult (61, 17.1%), Somewhat Difficult (38, 10.7%), Moderate (102, 28.7%), Somewhat Easy (77, 21.6%), Very Easy (78, 21.9%)
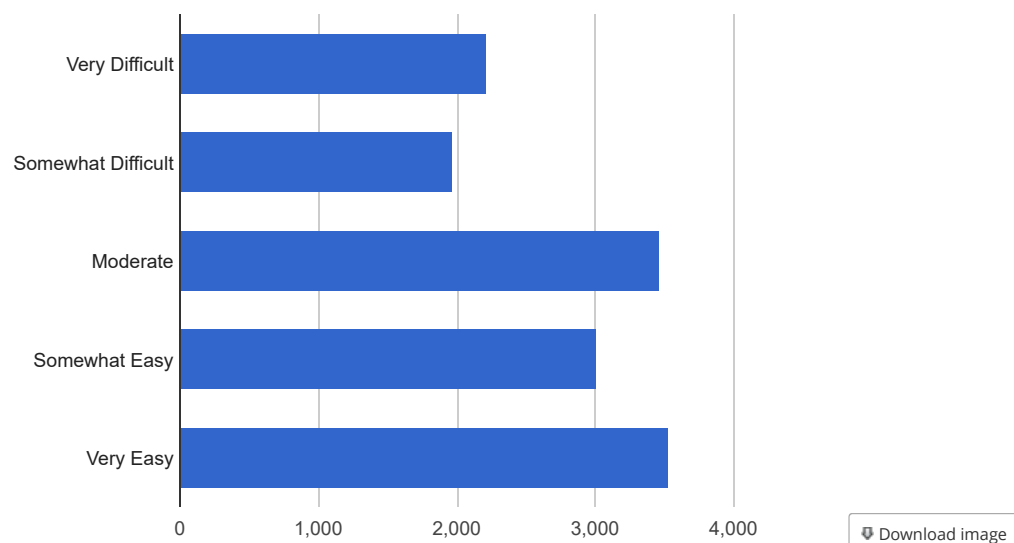
I know how to protect myself from coronavirus. *(covidprotect)*

Total Count (N)	Missing*	Unique
361	97 (21.2%)	2

Counts/frequency: Not at all (0, 0.0%), Somewhat (47, 13.0%), Very much (314, 87.0%)
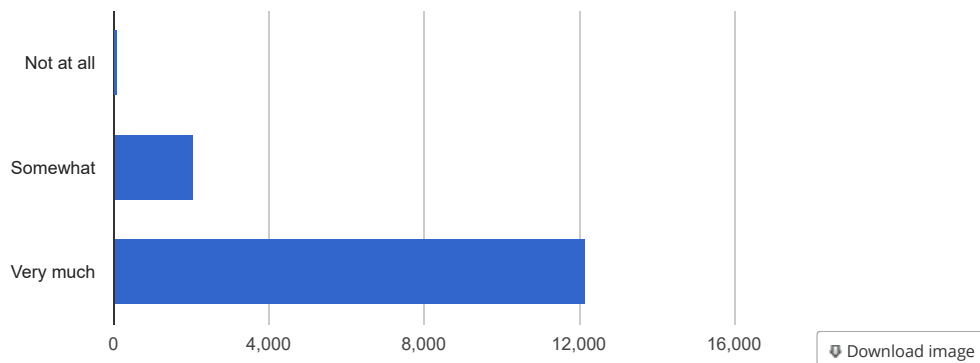
For me avoiding an infection with COVID-19 in the current situation is... *(covidavoid)*

Total Count (N)	Missing*	Unique
351	107 (23.4%)	3

Counts/frequency: difficult to avoid (13, 3.7%), unsure about how to avoid (45, 12.8%), easy to avoid (I have no problem) (293, 83.5%)
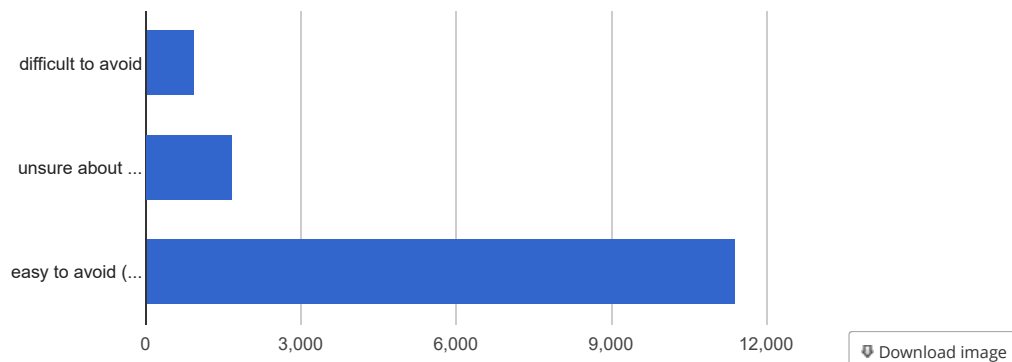
Do you think that global warming is happening? *(warmingyesno)*

Total Count (N)	Missing*	Unique
360	98 (21.4%)	3

Counts/frequency: Yes (213, 59.2%), No (63, 17.5%), Don't know or unsure (84, 23.3%)
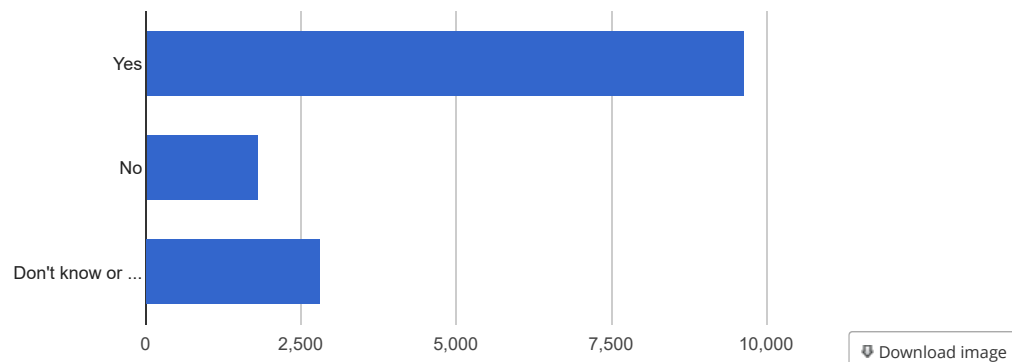
Assuming global warming is happening, do you think it is... ? *(warmingdoyouthink)*

Total Count (N)	Missing*	Unique
354	104 (22.7%)	5

Counts/frequency: Caused mostly by human activities (156, 44.1%), Caused mostly by natural changes in the environment (85, 24.0%), None of the above because global warming isn't happening (18, 5.1%), Other (13, 3.7%), Don't know (82, 23.2%)
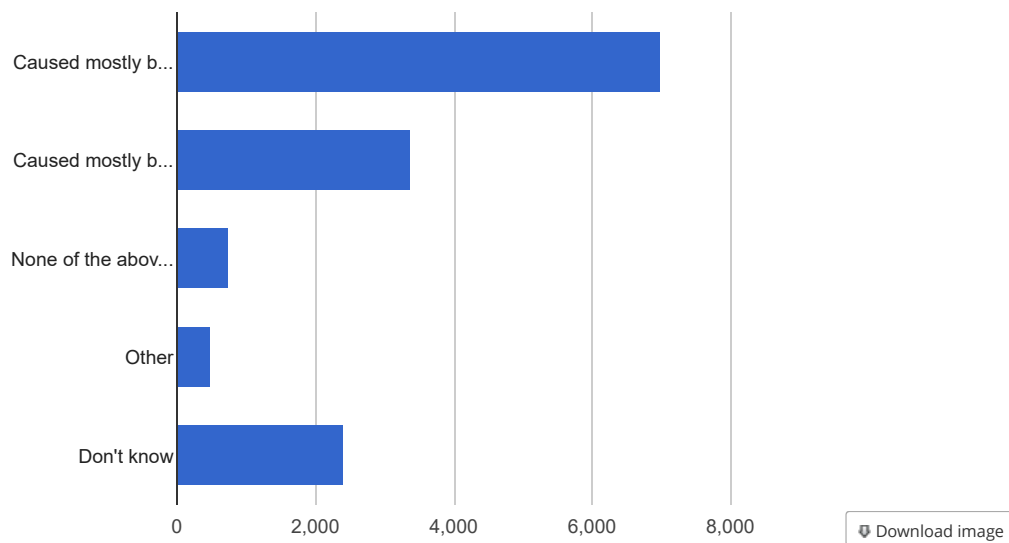
How worried are you about global warming? *(warmingworried)*

Total Count (N)	Missing*	Unique
356	102 (22.3%)	4

Counts/frequency: Very worried (35, 9.8%), Somewhat worried (127, 35.7%), Not very worried (119, 33.4%), Not at all worried (75, 21.1%)
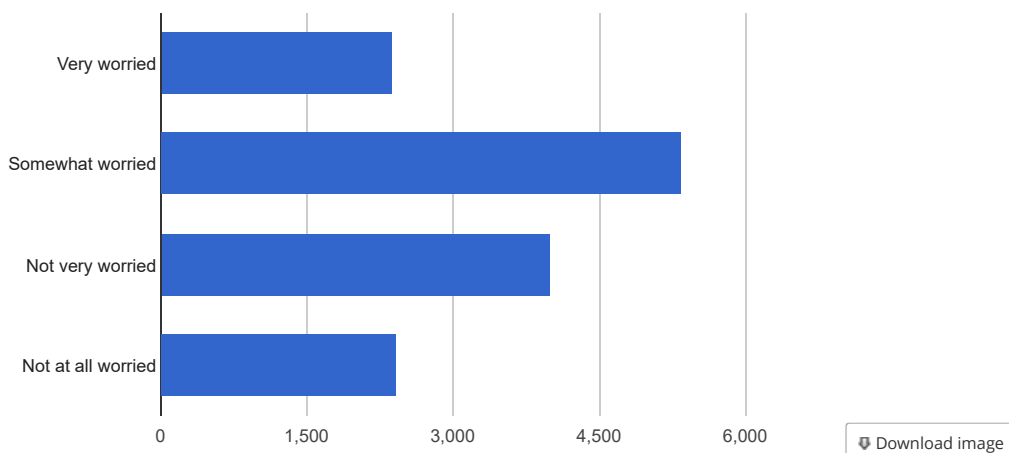
How much do you think global warming will harm you personally? *(warmingharm)*

Total Count (N)	Missing*	Unique
354	104 (22.7%)	5

Counts/frequency: Not at all (52, 14.7%), Only a little (66, 18.6%), A moderate amount (112, 31.6%), A great deal (53, 15.0%), Don't know (71, 20.1%)

Download image
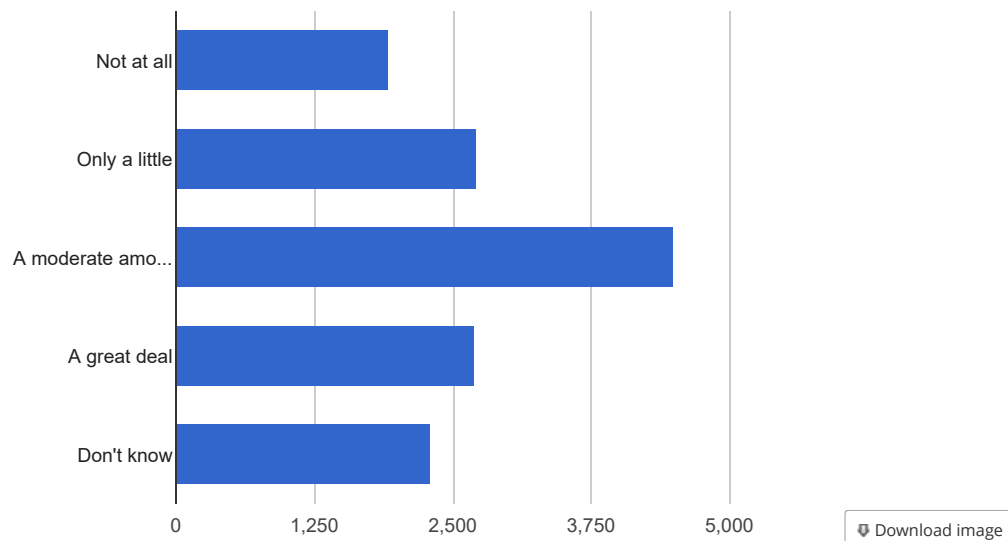
When do you think global warming will start to harm people in the United States?
(warmingwhenharm)

Total Count (N)	Missing*	Unique
339	119 (26.0%)	6

Counts/frequency: They are being harmed right now, (102, 30.1%), In 10 years, (56, 16.5%), In 25 years, (34, 10.0%), In 50 years (40, 11.8%), In 100 years, (35, 10.3%), Never (72, 21.2%)

Download image
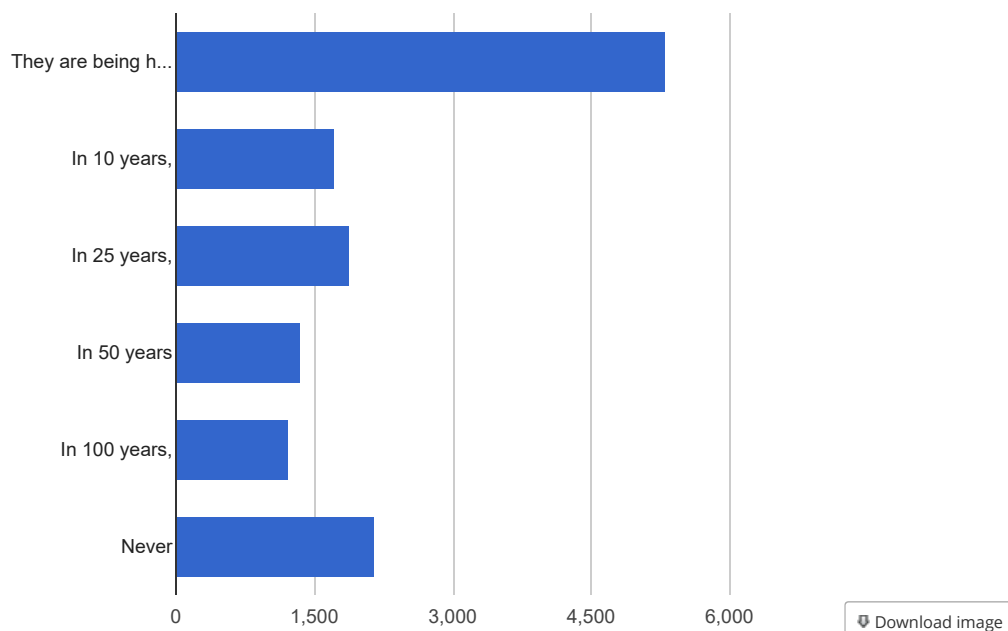
Do you think the government and politicians in your county should be doing more or less to address global warming? *(warminggovt)*

Total Count (N)	Missing*	Unique
350	108 (23.6%)	3

Counts/frequency: More (142, 40.6%), Less (55, 15.7%), Don't know or not sure (153, 43.7%)
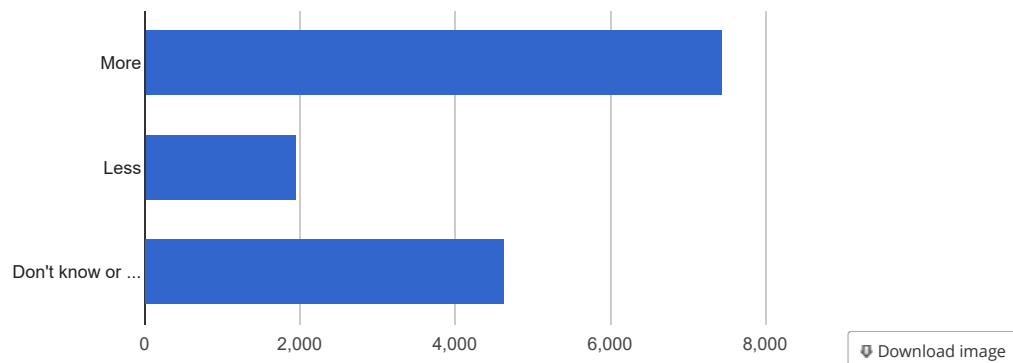
How often do you discuss global warming with your friends and family? *(warmingfriends)*

Total Count (N)	Missing*	Unique
350	108 (23.6%)	4

Counts/frequency: Often (16, 4.6%), Occasionally (83, 23.7%), Rarely (103, 29.4%), Never (148, 42.3%)
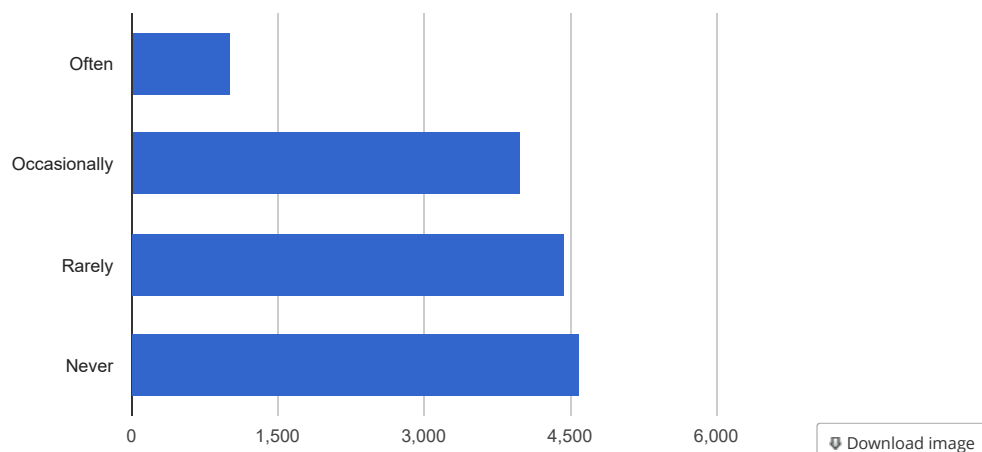
How often do you hear about global warming in the media? *(warmingmedia)*

Total Count (N)	Missing*	Unique
351	107 (23.4%)	5

Counts/frequency: At least once a week (85, 24.2%), At least once a month (74, 21.1%), Several times a year (96, 27.4%), Once a year or less often (61, 17.4%), Never (35, 10.0%)
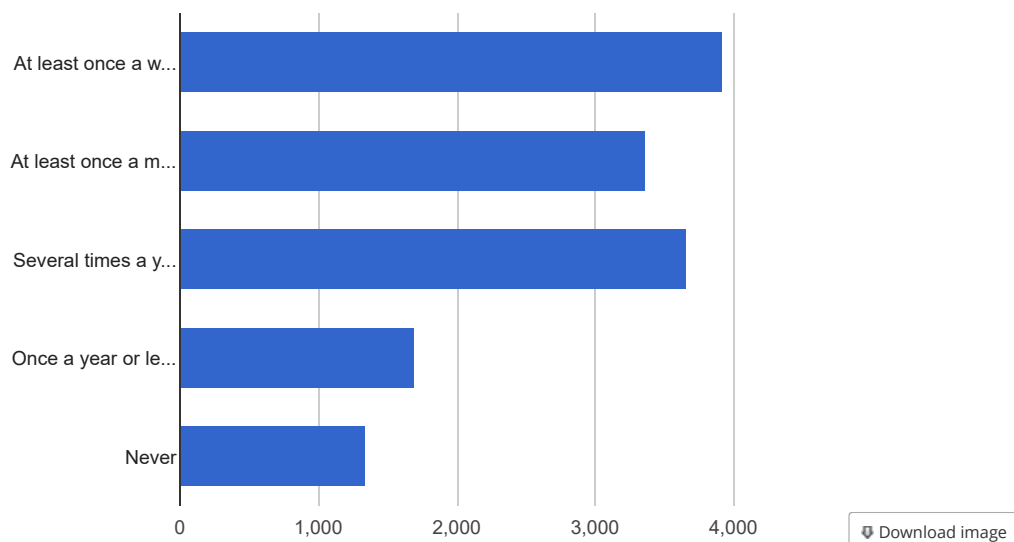
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
20	438 (95.6%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
458	0 (0.0%)	2

Counts/frequency: Incomplete (21, 4.6%), Unverified (0, 0.0%), Complete (437, 95.4%)

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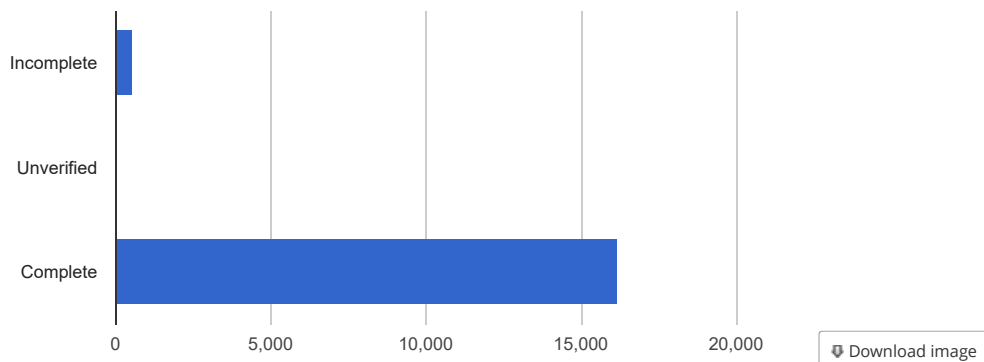
* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B

HNC 2030 County/State Data

Social and Economic Factors					
Health Indicator	**Desired Result**	**Definition**	**Sampson County**	**North Carolina**	**HNC 2030 Target**
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	No data available	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	No data available	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	445 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACEs do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined as Level 3 or higher	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

Notes for social and economic factor data:

*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	**Desired Result**	**Definition**	**Sampson County**	**North Carolina**	**HNC 2030 Target**
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	57% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	2% (2015)	7% (2015)	5.0%
Food Insecurity*			17% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	18% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:
 * The U.S. Department of Agriculture last updated this measure in 2015.
** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	**Desired Result**	**Definition**	**Sampson County**	**North Carolina**	**HNC 2030 Target**
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	23.00 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
				HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	26.4% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	19.5% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	36.1% (20219)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	11.4 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	26.0 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

Health Outcomes					
Health Indicator	**Desired Result**	**Definition**	**Sampson County**	**North Carolina**	**HNC 2030 Target**
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	6.5 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	1.88 (2016-2020)	2.59 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	75.9 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.
https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html

Clinical Care					
Health Indicator	**Desired Result**	**Definition**	**Sampson County**	**North Carolina**	**HNC 2030 Target**
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	No data available	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	73.6 (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self- harm per 100,000 population	4.7 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providers to population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full- time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population

328:1 to 1500:1
1501:1 to 3000:1
3001:1 to 4500:1
4501:1 and up
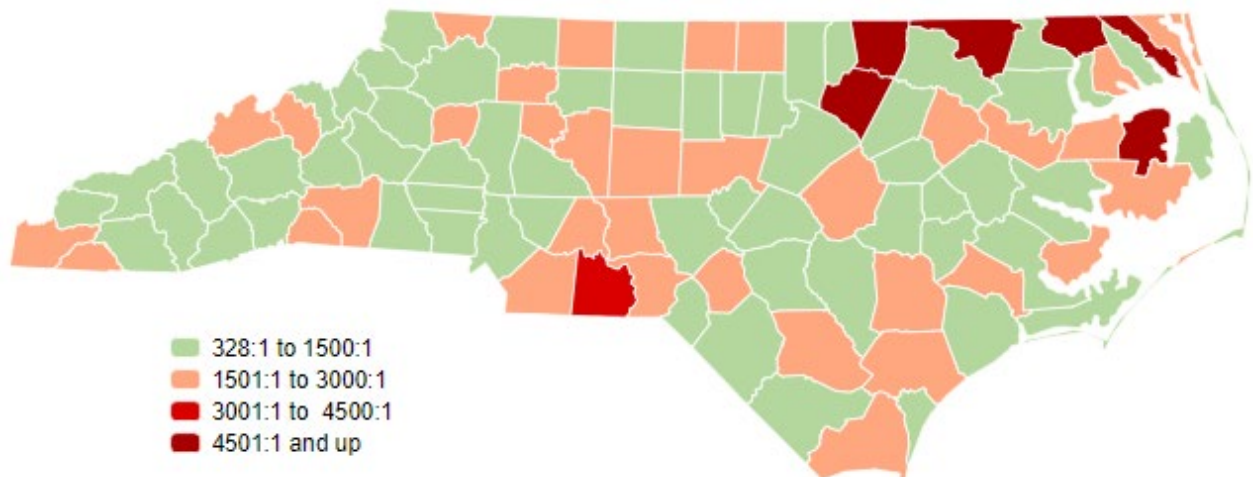
Appendix C

County Data Tables (Spring 2021)

Table 1. Population Estimate, Sampson County, North Carolina, and United States (2019)

Sampson County		North Carolina		United States	
63,531		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	0.1%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/sampsoncountynorthcarolina/RHI825219					

Table 2. Age Distribution, Sampson County and North Carolina (2019)

Age Group	Sampson County (%)	North Carolina (%)
Persons under 5 years	6.5%	5.8%
Persons under 18 years	24.3%	21.9%
Persons 65 years and over	18.3%	16.7%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/sampsoncountynorthcarolina/RHI825219		

Table 3. Age Distribution by Age Group, Sampson County (2015-2019)

Age Group	Estimate	Percent
Total population	63,385	100%
Under 5 years	4,088	6.4%
5 to 9 years	4,202	6.6%
10 to 14 years	4,522	7.1%
15 to 19 years	4,152	6.6%
20 to 24 years	3,891	6.1%
25 to 34 years	7,033	11.1%
35 to 44 years	7,761	12.2%
45 to 54 years	8,370	13.2%
55 to 59 years	4,296	6.8%
60 to 64 years	4,025	6.4%
65 to 74 years	6,453	10.2%
75 to 84 years	3,616	5.7%
85 years and over	976	1.5%
Median age (years)	40.3	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?q=DP05&g=0500000US37163&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Sampson County and North Carolina (2019)

Gender	Sampson (Percent)	North Carolina (Percent)
Female	50.8%	51.4%
Male	49.2%	48.6%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones). https://www.census.gov/quickfacts/fact/table/sampsoncountynorthcarolina/RHI825219

Table 5. Veterans, Sampson County (2015-2019)

	Number	Percent of population 18 years and older
Veterans	3,416	7.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S2101
https://data.census.gov/cedsci/table?q=Pasquotank%20County,%20North%20Carolina&text=veteran%20status&g=0500000US37163&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true

Table 6. Race/Ethnicity, Sampson County and North Carolina (2015-2019)

Race	Sampson County		North Carolina	
	Number	Percent	Number	Percent
White	39,791	62.8%	7,049,919	68.7%
Black or African American	16,080	25.4%	2,200,761	21.4%
American Indian and Alaska Native	1,166	1.8%	123,952	1.2%
Asian	356	0.6%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	0	0.0%	7,213	0.1%
Hispanic or Latino (of any race)	12,445	19.6%	962,665	9.4%
Some other race	4,286	6.8%	316,763	3.1%
Two or more races	1,706	2.7%	273,276	2.7%
Total	63,385		10,264,876	

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
https://data.census.gov/cedsci/table?text=DP05&g=0500000US37163&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

Table 7. Hispanic or Latino Origin and Race, Sampson County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Sampson	51.0%	25.1%	1.6%	0.6%	0.0%	0.0%	2.1%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: DP05
https://data.census.gov/cedsci/table?text=DP05&g=0500000US37163&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false

Table 8. Limited English-Speaking Households, Sampson County (2015-2019)

All households	23,416	100%
Limited English-speaking households	973 ± 213	4.2%
Households Speaking:	Number	Percent
Spanish	3,057 ± 260	13.1%
Other Indo-European languages	73 ± 35	0.3%
Asian and Pacific Island languages	129 ± 81	0.6%
Other languages	114 ± 74	0.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1602
https://data.census.gov/cedsci/table?q=S1602&g=0500000US37163&tid=ACSST5Y2019.S1602&hidePreview=true

Table 9. Educational Attainment Population 25+ years, Sampson County and North Carolina (2015-2019)

	Sampson County	North Carolina
High School Graduate or Higher	79.3%	87.8%
Less than 9th Grade	8.9%	4.5%
High School, No Diploma	11.8%	7.7%
High School Graduate or Equivalency	34.2%	25.7%
Some College, No Degree	21.3%	21.2%
Associate Degree	10.1%	9.7%
Bachelor's Degree	9.7%	20.0%
Graduate or Professional Degree	4.0%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1501
https://data.census.gov/cedsci/table?q=sampson%20county%20north%20carolina%20educational%20attainment&g=0500000US37163&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false

Table 10. SAT scores for Sampson County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Sampson County	1,048	1,035	1,024	919
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
https://ncreports.ondemand.sas.com/src/?county=Sampson

Table 11. ACT Scores for Sampson County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Sampson County	49.7%	52.6%	50.7%	53.5%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
https://ncreports.ondemand.sas.com/src/?county=Sampson

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Sampson County and North Carolina (2015-2019)

Income Level	Sampson County	North Carolina
Below $10,000	8.0%	6.4%
$10,000-$14,999	7.5%	5.0%
$15,000-$24,999	13.8%	10.3%
$25,000-$34,999	12.9%	10.3%
$35,000-$49,999	15.8%	13.9%
$50,000-$74,999	18.1%	18.0%
$75,000-$99,999	10.6%	12.4%
$100,000-$149,999	8.7%	13.1%
$150,000-$199,999	2.5%	5.1%
$200,000 or more	1.9%	5.4%
Median Household Income	$42,151	$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1901
https://data.census.gov/cedsci/table?q=income&g=0500000US37163&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Sampson County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Sampson County	39.5%	29.2%	23.9%	16.6%	11.2%	11.3%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1701
https://data.census.gov/cedsci/table?q=Sampson%20county%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false

Table 14. Means of Transportation to Work by Age, Sampson County (2015-2019)

Label	Estimate
Total:	26,619
Car, truck, or van:	25,127
Drove alone	22,347
Carpooled:	2,780
In 2-person carpool	1,767
In 3-person carpool	507
In 4-person carpool	234
In 5- or 6-person carpool	221
In 7-or-more-person carpool	51
Public transportation (excluding taxicab):	90
Bus	73
Subway or elevated rail	0
Long-distance train or commuter rail	7
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	10
Taxicab	12
Motorcycle	0
Bicycle	7
Walked	302
Other means	177
Worked from home	904

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: B08301
https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37163&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true

Table 15. Financial Characteristics for Housing Units with a Mortgage in Sampson County (2015-2019)

	Sampson County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	7,737	7,737
Less than $50,000	653	8.4%
$50,000 to $99,999	3,008	38.9%
$100,000 to $299,999	3,529	45.6%
$300,000 to $499,999	455	5.9%
$500,000 to $749,999	84	1.1%
$750,000 to $999,999	2	0.0%
$1,000,000 or more	6	0.1%
Median (dollars)	$107,200	$107,200
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	792	10.2%
Second mortgage only	171	2.2%
Home equity loan only	621	8.0%
Both second mortgage and home equity loan	20	0.3%
No second mortgage and no home equity loan	6,925	89.5%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	213	2.8%
$10,000 to $24,999	788	10.2%
$25,000 to $34,999	718	9.3%
$35,000 to $49,999	1,162	15.0%
$50,000 to $74,999	1,602	20.7%
$75,000 to $99,999	1,261	16.3%
$100,000 to $149,999	1,389	18.0%
$150,000 or more	604	7.8%
Median household income (dollars)	$64,782	$64,782
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37163&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true		

Table 16. Financial Characteristics for Housing Units without a Mortgage in Sampson County (2015-2019)		
	Sampson County, North Carolina	
	Owner-occupied housing units without a mortgage	**% owner-occupied housing units without a mortgage**
Owner-Occupied Housing Units with a Mortgage	8,491	8,491
Less than $50,000	2,505	29.5%
$50,000 to $99,999	2,890	34.0%
$100,000 to $199,999	1,858	21.9%
$200,000 to $299,999	673	7.9%
$300,000 to $499,999	428	5.0%
$500,000 to $749,999	40	0.5%
$750,000 to 999,999	47	0.6%
$1,000,000 or more	50	0.6%
Median (dollars)	$78,700	$78,700
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	383	4.5%
$10,000 to $24,999	2,084	24.5%
$25,000 to $34,999	1,155	13.6%
$35,000 to $49,999	1,431	16.9%
$50,000 to $74,999	1,723	20.3%
$75,000 to $99,999	714	8.4%
$100,000 to $149,999	574	6.8%
$150,000 or more	427	5.0%
Median household income (dollars)	$41,636	$41,636
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2507 https://data.census.gov/cedsci/table?q=Mortgage&g=0500000US37163&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true		

Table 17. Live Births, Sampson County and North Carolina (2018)

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Sampson County	834	13.1	366	11.3	161	9.8	282	21.7
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Sampson.html

Table 18. Live Births by Sex, Sampson County (2014-2018)

County/State	Total	Total Rate	White, non-Hispanic	White, non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	422	6.6	176	5.4	91	5.5	137	10.5
Females	412	6.5	190	5.9	70	4.2	145	11.2

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Sampson.html

Table 19. Low Birth Weight, Sampson County and North Carolina (2014-2018)

County of Residence	Birth Weight	Total Births	Total %.	Non-Hispanic Total Births	Non-Hispanic Total Pct.	White Births	White Pct.	Black Births	Black Pct.	Other Births	Other Pct.	Hispanic Births	Hispanic Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
North Carolina	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Sampson	Low	374	9.0	275	10	123	7.3	136	14.5	16	12.1	99	7.0
Sampson	Very Low	76	1.8	52	1.9	17	1.0	31	3.3	4	3.0	24	1.7

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html

Table 20. Fetal Death Rates per 1,000 Deliveries, Sampson County and North Carolina (2014-2018)

	Total Fetal Deaths	Total Fetal Death Rate	White Non-Hispanic Fetal Deaths	White Non-Hispanic Fetal Death Rate	Af. Am. Non-Hispanic Fetal Deaths	Af. Am. Non-Hispanic Fetal Death Rate	Other Non-Hispanic Fetal Deaths	Other Non-Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Sampson	35	8.3	13	*	14	*	1	*	7	*

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Sampson County and North Carolina, (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Sampson	130	33.4	330	80.3	307	153.8	232	120.9	1,846	474.2

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx

Table 22. Neonatal (<28 Days) Death Rates, Sampson County and North Carolina (2014-2018)

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Sampson	13	*	5	*	5	*	2	*	1	*

Prepared by N.C. DHHS State Center for Health Statistics
Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"
https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf

Table 23. Age-Adjusted Death Rates for Sampson County (2014-2018)

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	2,268	924.5	1,046	960.2	72	838.4	6	N/A	119	514.2	1,847	1,106.2	1,664	736.4	3,511	901.6
Diseases of Heart	490	187.0	213	189.4	13	N/A	1	N/A	19	N/A	387	232.3	349	144.9	736	183.5
Acute Myocardial Infarction	101	37.9	48	42.6	1	N/A	0	N/A	9	N/A	87	49.8	72	29.5	159	39.1
Other Ischemic Heart Disease	207	78.2	80	68.4	5	N/A	0	N/A	6	N/A	168	99.4	130	54.4	298	73.4
Cerebrovascular Disease	127	49.4	71	61.8	3	N/A	0	N/A	3	N/A	97	58.4	107	45.4	204	51.4
Cancer	512	196.2	226	197.8	9	N/A	2	N/A	21	93.5	442	246.7	328	147.2	770	188.1
Colon, Rectum, and Anus	45	17.1	18	N/A	0	N/A	1	N/A	1	N/A	37	19.7	28	12.9	65	15.9
Pancreas	27	10.7	14	N/A	1	N/A	0	N/A	3	N/A	23	12.8	22	10.0	45	11.1
Trachea, Bronchus, and Lung	160	58.8	60	50.7	6	N/A	0	N/A	4	N/A	143	77.2	87	37.3	230	54.2
Breast	35	25.6	13	N/A	0	N/A	1	N/A	0	N/A	0	N/A	49	22.6	49	22.6
Prostate	25	22.5	20	48.4	0	N/A	0	N/A	0	N/A	45	27.6	0	N/A	45	27.6
Diabetes Mellitus	109	42.7	92	80.2	5	N/A	0	N/A	6	N/A	106	59.9	106	46.5	212	52.7
Pneumonia and Influenza	46	18.8	18	N/A	3	N/A	0	N/A	1	N/A	38	23.0	30	12.7	68	17.3
Chronic Lower Respiratory Diseases	159	62.5	29	25.7	8	N/A	0	N/A	2	N/A	102	63.0	96	41.3	198	49.6
Chronic Liver Disease and Cirrhosis	28	12.3	4	N/A	0	N/A	0	N/A	4	N/A	22	11.5	14	N/A	36	9.1
Septicemia	27	11.8	18	N/A	2	N/A	0	N/A	1	N/A	21	11.8	27	12.5	48	12.2
Nephritis, Nephrotic Syndrome, and Nephrosis	35	13.7	33	29.0	2	N/A	0	N/A	2	N/A	31	19.3	41	17.7	72	18.0
Unintentional Motor Vehicle Injuries	53	32.1	23	26.6	0	N/A	0	N/A	17	N/A	69	45.5	24	14.5	93	29.6
All Other Unintentional Injuries	111	61.9	30	32.3	4	N/A	0	N/A	8	N/A	97	63.2	56	32.2	153	46.8
Suicide	20	11.1	2	N/A	0	N/A	0	N/A	6	N/A	22	13.2	6	N/A	28	8.5
Homicide	7	N/A	17	N/A	0	N/A	0	N/A	6	N/A	22	14.5	8	N/A	30	9.9
Alzheimer's disease	88	33.9	15	N/A	1	N/A	0	N/A	1	N/A	37	25.7	68	27.1	105	26.9
Acquired Immune Deficiency Syndrome	1	N/A	8	N/A	0	N/A	0	N/A	2	N/A	7	N/A	4	N/A	11	N/A

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis Sampson County (2018-2020)

	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
County	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar
Sampson	80	120	84	35	31	21	1	2	1	0	0	3

Source: North Carolina Division of Health and Human Services Communicable Disease Branch
https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Sampson County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Sampson	33	51.9	153	48.1	46.8
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Sampson County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Sampson County	18	28.3	93	29.3	29.6
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html

Table 27. Crime Rate per 100,000 persons, Sampson County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Sampson County	300.0				2,088.8		

Source: N.C. Bureau of Investigation
'-' indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018
http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Sampson County and North Carolina (2015-2019)

County of Residence	Total Deaths	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	18.25	18.80
Sampson County	53	16.68	18.00

N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 5	549	241	39.3	34.6-44.3	308	60.7	55.7-65.4
GENDER							
Male	218	92	40.4	33.0-48.3	126	59.6	51.7-67.0
Female	331	149	38.3	32.5-44.5	182	61.7	55.5-67.5
RACE							
Non-Hispanic White	259	105	37.2	30.8-44.0	154	62.8	56.0-69.2
Non-Hispanic Black	156	86	49.0	39.8-58.3	70	51.0	41.7-60.2
Other	134	50	32.8	24.6-42.0	84	67.2	58.0-75.4
AGE							
18-44	206	40	17.1	12.0-23.7	166	82.9	76.3-88.0
45-64	187	98	50.1	41.8-58.5	89	49.9	41.5-58.2
65+	150	100	68.3	58.6-76.7	50	31.7	23.3-41.4

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/_RFHYPE.html

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 5	544	75	11.6	8.9-15.1	469	88.4	84.9-91.1
GENDER							
Male	217	34	13.1	8.8-18.9	183	86.9	81.1-91.2
Female	327	41	10.3	7.1-14.7	286	89.7	85.3-92.9
RACE							
Non-Hispanic White	258	40	12.8	9.0-18.1	218	87.2	81.9-91.0
Non-Hispanic Black	153	20	9.5	5.8-15.3	133	90.5	84.7-94.2
Other	133	15	9.8	5.7-16.4	118	90.2	83.6-94.3
AGE							
18-44	206	***	***	***	196	95.3	90.4-97.8
45-64	186	30	15.6	10.5-22.4	156	84.4	77.6-89.5
65+	145	35	21.5	14.2-31.0	110	78.5	69.0-85.8

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/cvdhist.html

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 5	543	83	14.9	11.7-18.8	460	85.1	81.2-88.3
GENDER							
Male	216	26	11.7	7.6-17.4	190	88.3	82.6-92.4
Female	327	57	17.8	13.3-23.4	270	82.2	76.6-86.7
RACE							
Non-Hispanic White	258	40	15.6	11.2-21.2	218	84.4	78.8-88.8
Non-Hispanic Black	152	21	11.0	6.7-17.5	131	89.0	82.5-93.3
Other	133	22	18.1	11.6-27.3	111	81.9	72.7-88.4
AGE							
18-44	205	34	17.4	12.1-24.3	171	82.6	75.7-87.9
45-64	183	33	16.1	10.9-23.0	150	83.9	77.0-89.1
65+	148	16	9.5	5.3-16.3	132	90.5	83.7-94.7

Source: North Carolina State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/FMD.html

Image 4. All Ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Sampson County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 SAMPSON			Leading Causes of Injury Hospitalization 2016 to 2019 SAMPSON			Leading Causes of Injury ED Visits 2016 to 2019 SAMPSON		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	74	1	Fall - Unintentional	667	1	Fall - Unintentional	3,984
2	Poisoning - Unintentional	52	2	MVT - Unintentional	239	2	MVT - Unintentional	3,021
3	Fall - Unintentional	35	3	Poisoning - Unintentional	134	3	Natural/Environmental - Unintentional	1,435
4	Firearm - Assault	16	4	Fire/Burn - Unintentional	69	4	Unspecified - Unintentional	1,329
5	Firearm - Self-Inflicted	11	5	Unspecified - Unintentional	49	5	Struck By/Against - Unintentional	819
TOTAL		240	TOTAL		1,395	TOTAL		28,034

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Sampson County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 SAMPSON			Leading Causes of Injury Hospitalization 2016 to 2019 SAMPSON			Leading Causes of Injury ED Visits 2016 to 2019 SAMPSON		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	3	1	Fire/Burn - Unintentional	23	1	Fall - Unintentional	572
2	Firearm - Self-Inflicted	1	2	MVT - Unintentional	18	2	Natural/Environmental - Unintentional	506
3		0	3	Fall - Unintentional	12	3	MVT - Unintentional	317
4		0	4	Other Specified/Classifiable - Assault	7	4	Unspecified - Unintentional	238
5		0	5	Unspecified - Unintentional; Struck By/Against - Unintentional	6	5	Other Specified/Classifiable - Unintentional	231
TOTAL		4	TOTAL		84	TOTAL		4,787

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Sampson County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 SAMPSON			Leading Causes of Injury Hospitalization 2016 to 2019 SAMPSON			Leading Causes of Injury ED Visits 2016 to 2019 SAMPSON		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	29	1	MVT - Unintentional	82	1	MVT - Unintentional	1,317
2	Poisoning - Unintentional	19	2	Poisoning - Unintentional	17	2	Fall - Unintentional	447
3	Firearm - Assault	9	3	Poisoning - Self-Inflicted	15	3	Unspecified - Unintentional	442
4	Firearm - Self-Inflicted	4	4	Fire/Burn - Unintentional; Fall - Unintentional	14	4	Natural/Environmental - Unintentional	378
5	Suffocation - Self-Inflicted	3	5	Motor Vehicle-Nontraffic - Unintentional	13	5	Struck By/Against - Unintentional	290
TOTAL		73	TOTAL		211	TOTAL		8,291

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Sampson County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Poisoning - Unintentional	29
2	MVT - Unintentional	26
3	Firearm - Assault	7
4	Fall - Unintentional	4
5	Unspecified - Unintentional; Suffocation - Unintentional; Firearm - Self-Inflicted	3
TOTAL		93

Leading Causes of Injury Hospitalization 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Fall - Unintentional	126
2	MVT - Unintentional	93
3	Poisoning - Unintentional	78
4	Fire/Burn - Unintentional	25
5	Poisoning - Self-Inflicted	20
TOTAL		417

Leading Causes of Injury ED Visits 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Fall - Unintentional	1,164
2	MVT - Unintentional	1,095
3	Unspecified - Unintentional	497
4	Natural/Environmental - Unintentional	416
5	Struck By/Against - Unintentional	252
TOTAL		9,643

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Sampson County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Fall - Unintentional	31
2	MVT - Unintentional	16
3	Unspecified - Unintentional	7
4	Poisoning - Unintentional; Fire/Burn - Unintentional	4
5	Firearm - Self-Inflicted	3
TOTAL		70

Leading Causes of Injury Hospitalization 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Fall - Unintentional	515
2	MVT - Unintentional	46
3	Poisoning - Unintentional	36
4	Unspecified - Unintentional	33
5	Struck By/Against - Unintentional	16
TOTAL		683

Leading Causes of Injury ED Visits 2016 to 2019 SAMPSON		
Rank	Cause	#
1	Fall - Unintentional	1,801
2	MVT - Unintentional	292
3	Unspecified - Unintentional	152
4	Natural/Environmental - Unintentional	135
5	Poisoning - Unintentional	108
TOTAL		5,313

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

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