



2021-2022 Community

Health Needs Assessment

SAMPSON COUNTY,
NORTH CAROLINA



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.

Table of Contents

Contact Information	1
Executive Summary	5
Vision Statement.....	5
Leadership.....	5
Partnerships/Collaborations.....	5
Regional/Contracted Services.....	6
Theoretical Framework/Model.....	6
Collaborative Process Summary.....	6
Key Findings.....	7
Health Priorities.....	7
Next Steps.....	8
Chapter 1 Introduction	9
Description of County.....	9
Overview of Health ENC.....	9
Overview of Community Health Needs Assessment Process.....	9
Participating Health ENC Counties.....	10
Health Data Sources.....	10
Primary Data – Community Survey.....	10
Survey Methodology/Design.....	10
Key Areas Examined.....	12
Sampson County Responses.....	12
Secondary Data Sources.....	12
Healthy North Carolina 2030 (HNC 2030).....	12
NC State Center for Health Statistics.....	12
Robert Wood Johnson County Health Rankings and Roadmaps.....	12
Limitations.....	12
Chapter 2 Demographic Profile	13
Total Population.....	13
Population Growth.....	13
Minority Populations.....	14
Age Groups.....	14

Military/Veteran Populations	15
Military Population.....	15
Veteran Population	15
Birth Rates.....	16
Analysis of Demographic Data	16
Chapter 3 Socioeconomic Profile.....	17
NC Department of Commerce Tier Designation	17
Income	18
Poverty	18
Poverty by Race and Ethnicity.....	19
Children in Poverty.....	19
Older Adults in Poverty	20
Disabled People in Poverty	20
Housing	21
Median Monthly Housing Costs.....	21
Median Monthly Household Costs in Sampson County and Surrounding Counties.....	21
Severe Housing Problems	22
Food Insecurity.....	22
Households with SNAP Benefits.....	22
Education	23
Educational Attainment	23
High School Drop Out Rate	23
High School Suspension Rate	24
Crime and Safety.....	24
Juvenile Crime	25
Child Abuse	26
Incarceration	26
Civic/Political Engagement.....	27
Transportation	27
Analysis of Socioeconomic Profile	28
Chapter 4 Clinical Care Profile.....	29
Health Insurance Coverage.....	29
Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare	29

Primary Care Practitioners..... 30

Analysis of Clinical Care Profile 31

Chapter 5 Chronic and Communicable Disease Profile32

 Leading Causes of Death..... 32

 Leading Causes of Injury Death, Injury Hospitalizations, and Injury Emergency Department (ED) Visits 33

 Top Ten Reportable Communicable Diseases 33

 33

 Analysis of Chronic and Communicable Disease Profile 33

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions34

Chapter 7 County Health Ranking Indicators35

 Population Health Model 35

Chapter 8 Survey Findings36

Chapter 9 Inventory of Resources37

Chapter 10 Community Prioritization Process.....38

CHNA References39

Appendices to the 2021 Community Health Needs Assessment40

 Appendix A: Community Health Needs Assessment Survey (Health ENC 2021) 40

 Appendix B. HNC 2030 State and County Data (December 2021)..... 40

 Appendix C. County Data Tables (Spring 2021) 40

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. Clinton is quiet and rural, often referred to as a nice place to raise children. Currently, there is a major highway expansion project (to widen Hwy 24) underway.

Overview of Health ENC

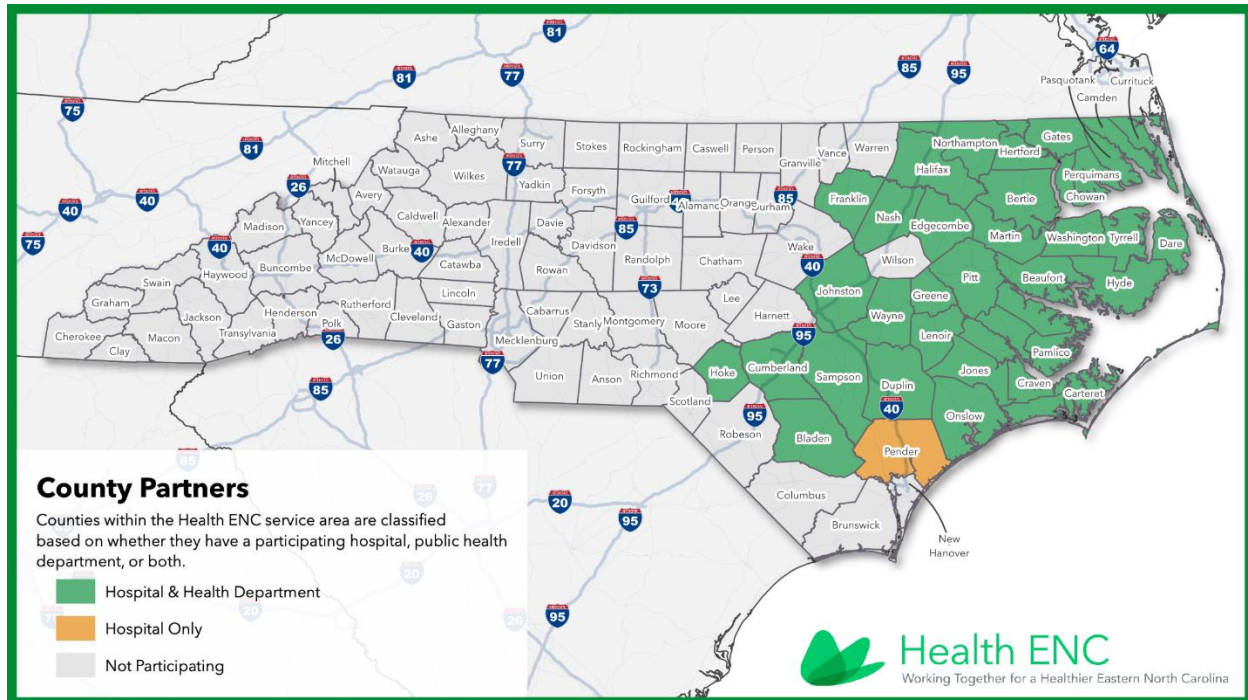
Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce 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.

Survey Design:

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.

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](#)

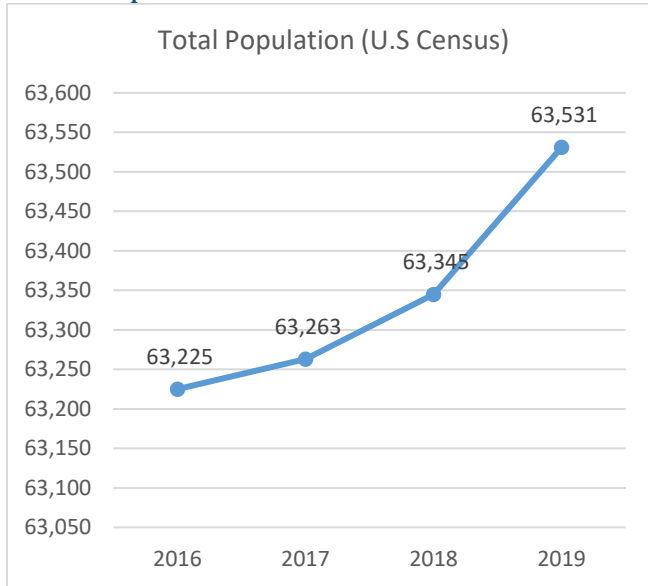
[Robert Wood Johnson County Health Rankings and Roadmaps](#)

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



In 2019, Sampson County had a population estimate of 63,531.

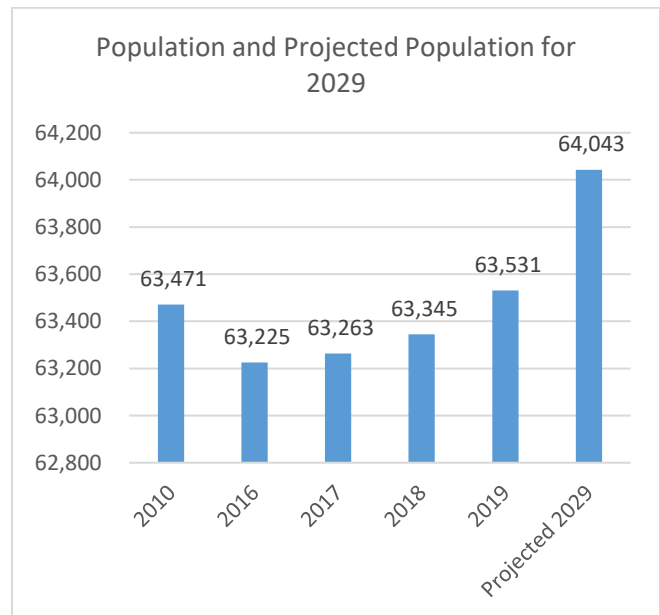
From 2016 to 2019, this is an increase of only 306 people.

Population Growth

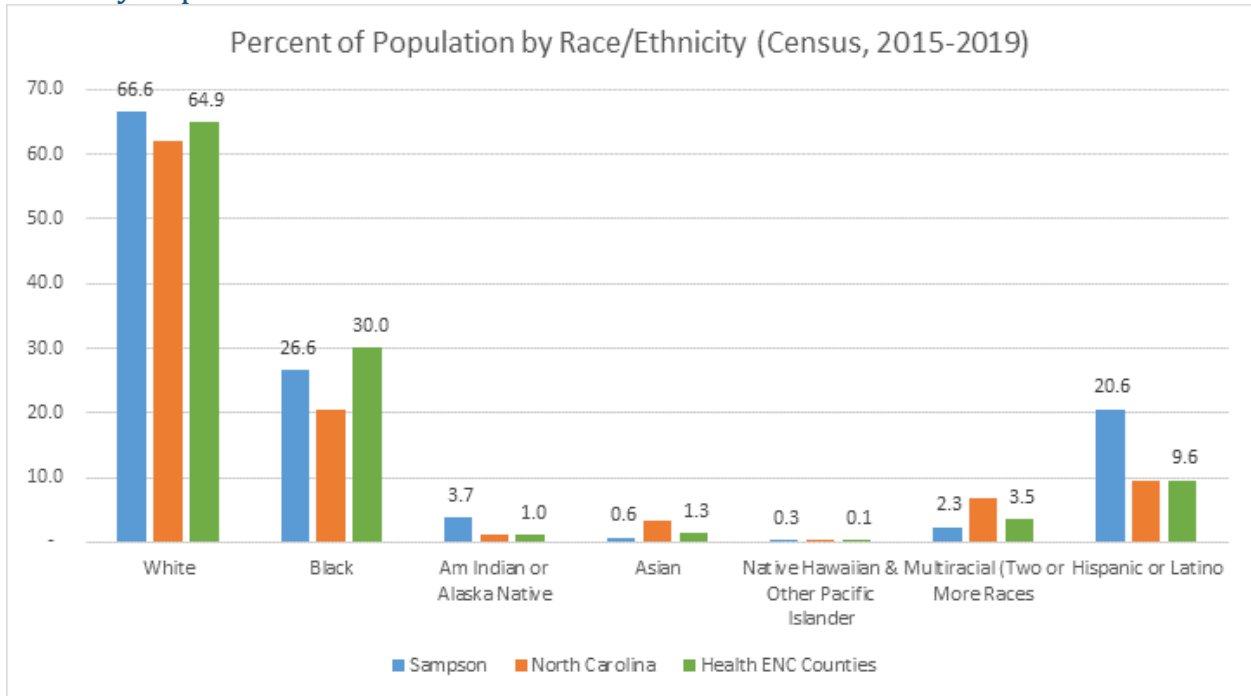
From 2010 to 2019, the total population of Sampson County has remained at 0% growth. During the same time period, North Carolina population grew 10% and the Health ENC counties grew 4.6%.

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

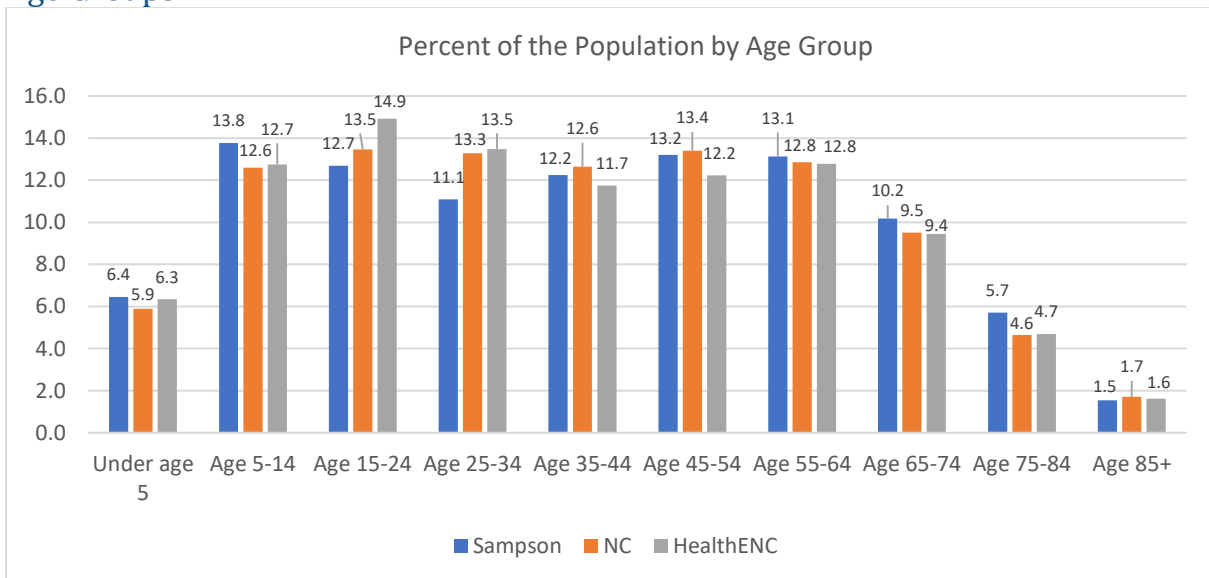


Minority Populations



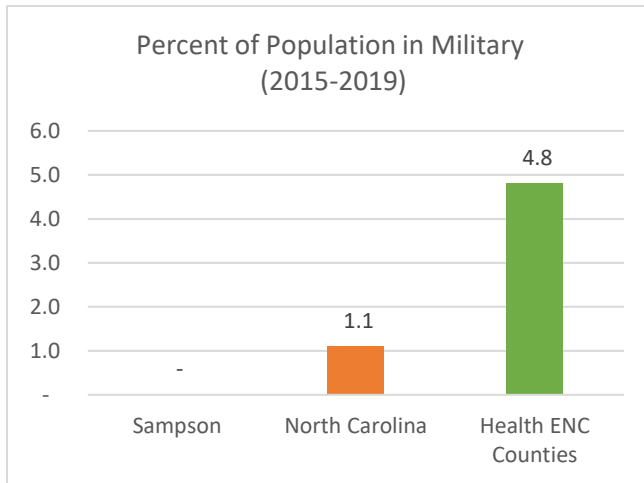
Of significance in Sampson County Minority populations: (1) The Hispanic or Latino population comprises 20.6% of Sampson County which is significantly higher than North Carolina (9.4%) and Health ENC Counties (9.6%). (2) Even though population estimates of tribal data are not available at the county 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



Military/Veteran Populations

Military Population

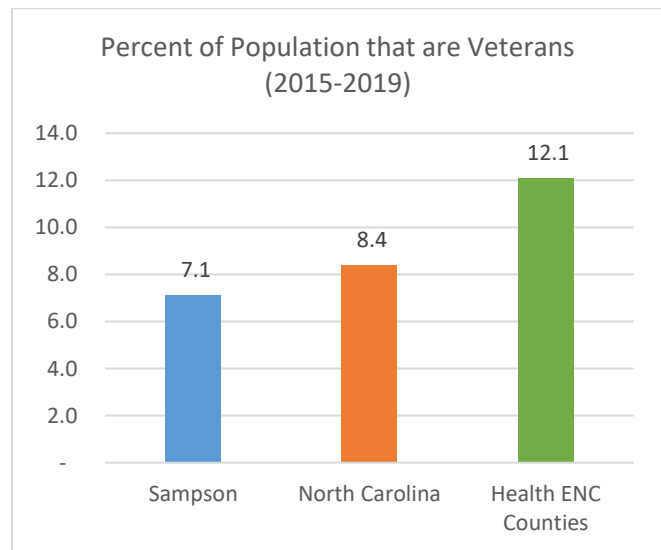


The percentage of Military Population in Sampson County is 0.0%.

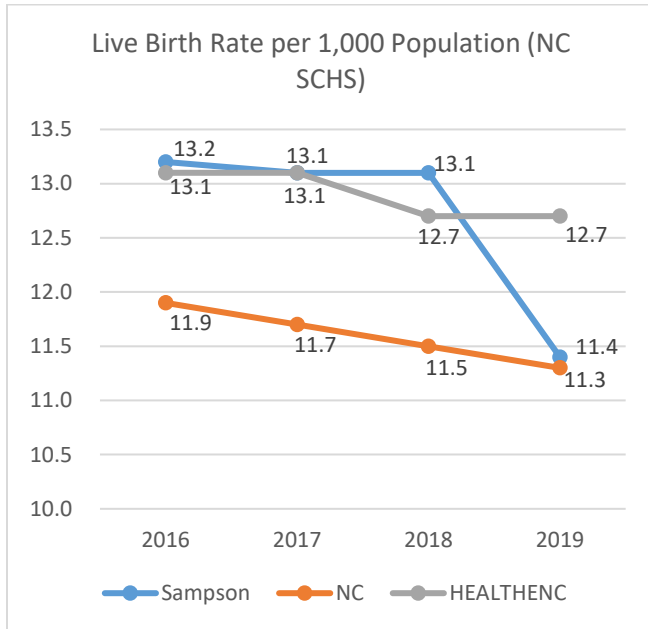
Compared to North Carolina (1.1%) and the Health ENC Counties (4.8%), Sampson County has a non-existent military population.

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.



Birth Rates



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).

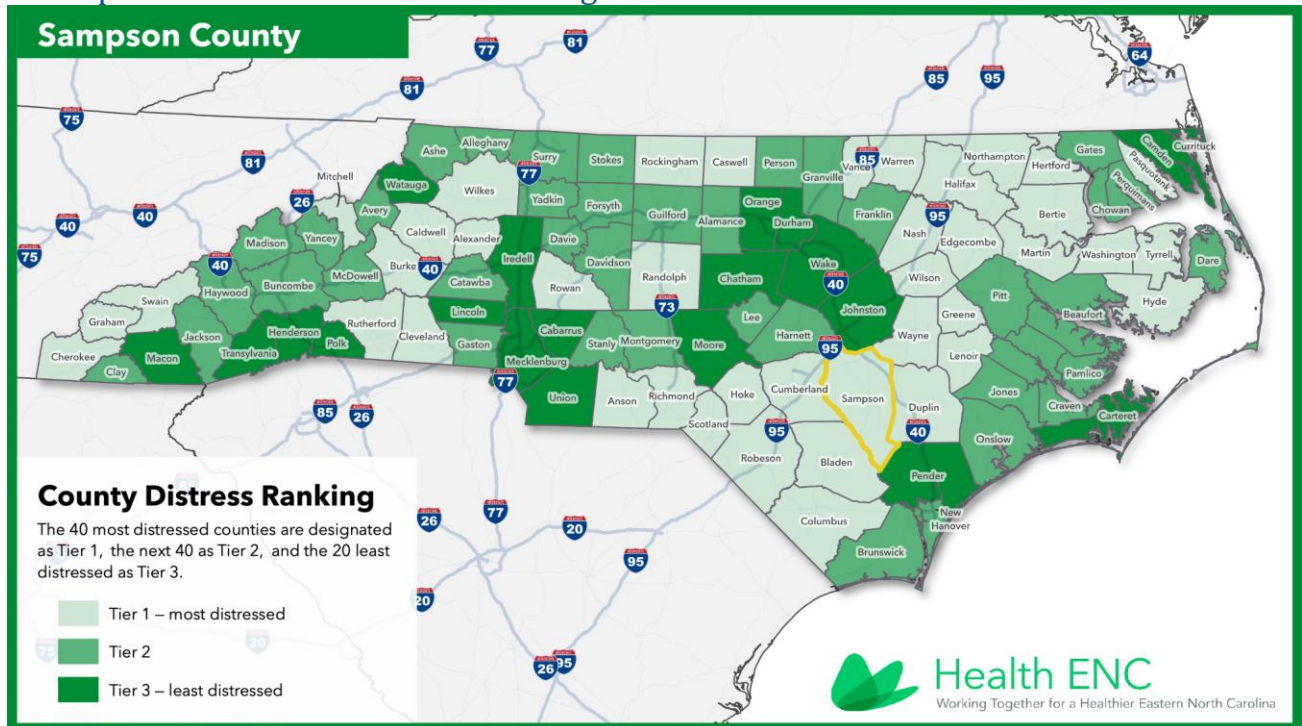
Analysis of Demographic Data

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



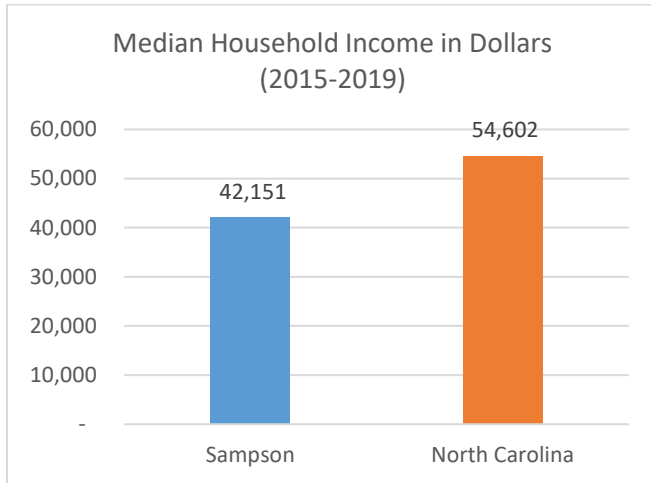
The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Sampson County has been assigned a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

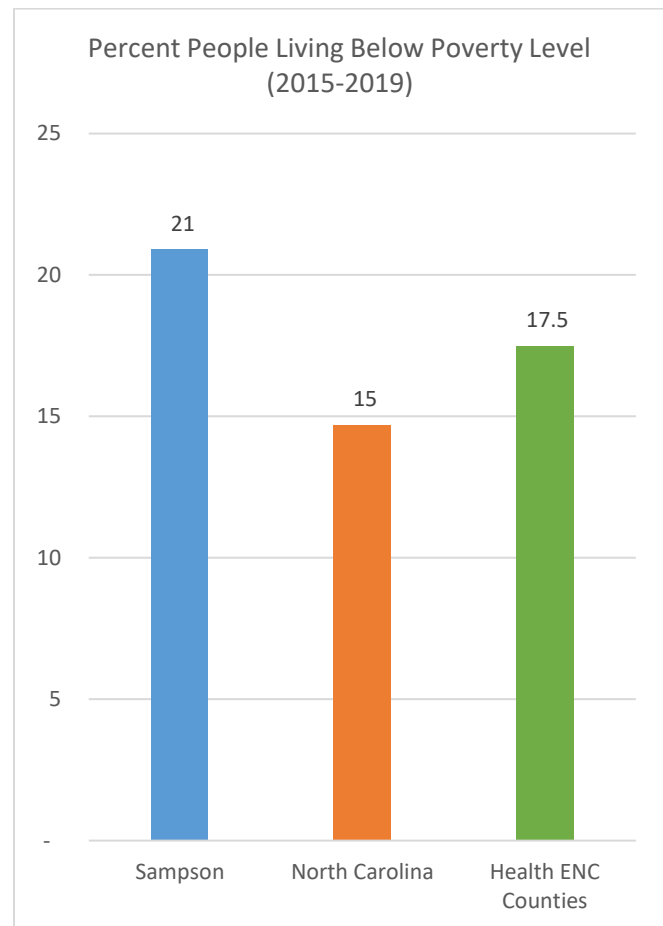


Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. This figure shows the median household income in Sampson County (\$42,151), which is much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

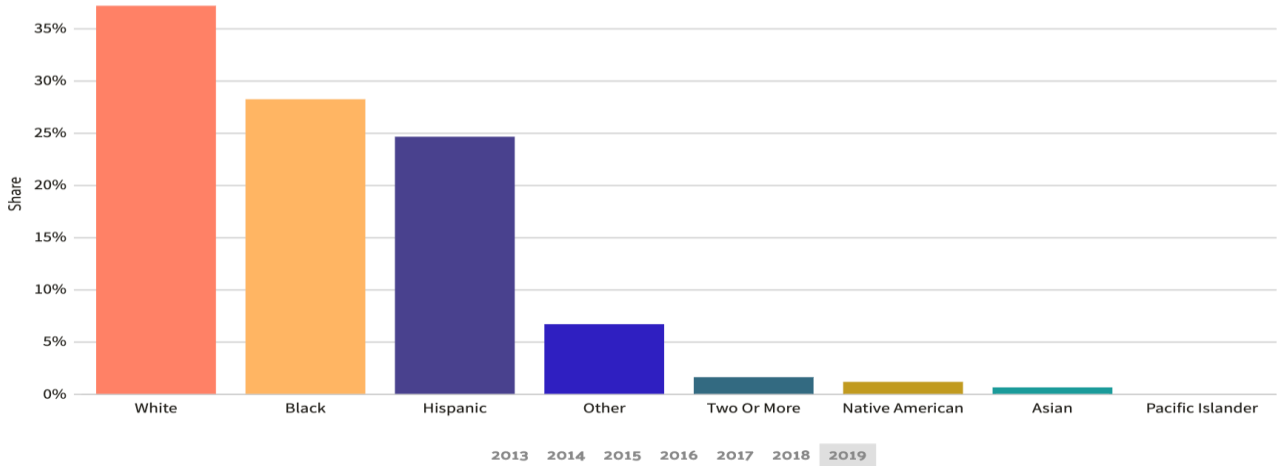
Poverty

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.



Poverty by Race and Ethnicity



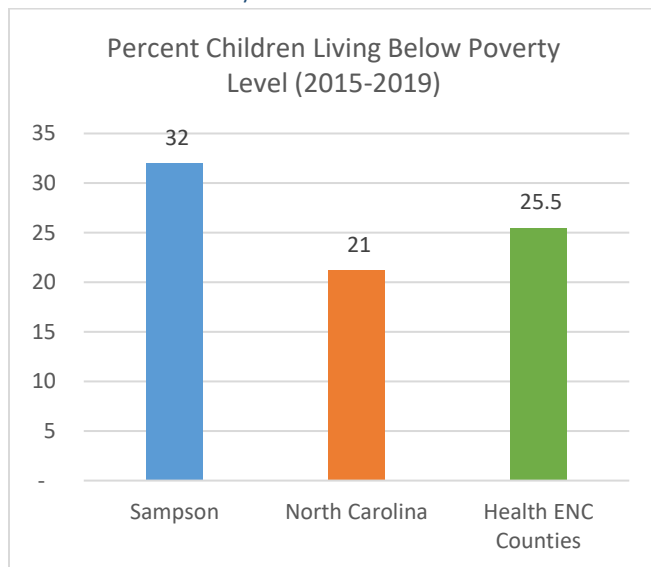
Source: U.S. Census Bureau ACS 5-year Estimate
<https://datausa.io/profile/geo/sampson-county-nc#economy>

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](#).

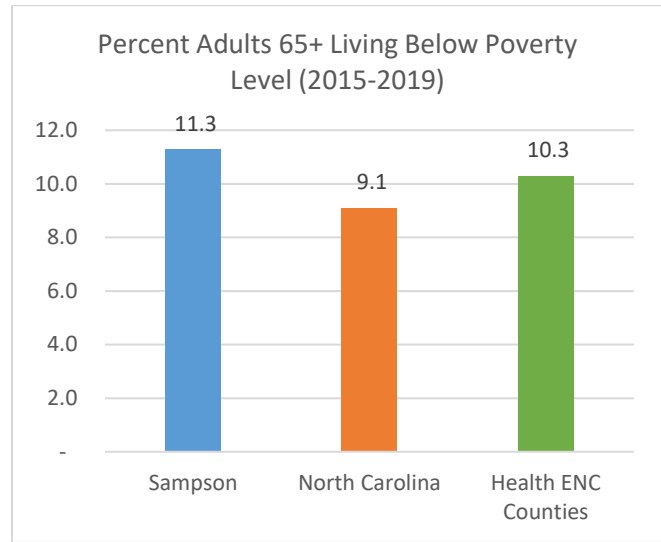
Children in Poverty



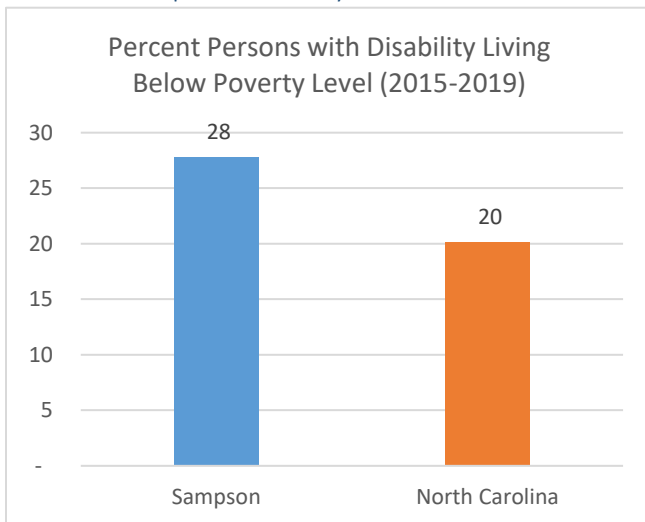
The rate of children living below the poverty level is much higher for Sampson County when compared with N.C. and the Health ENC Counties.

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.



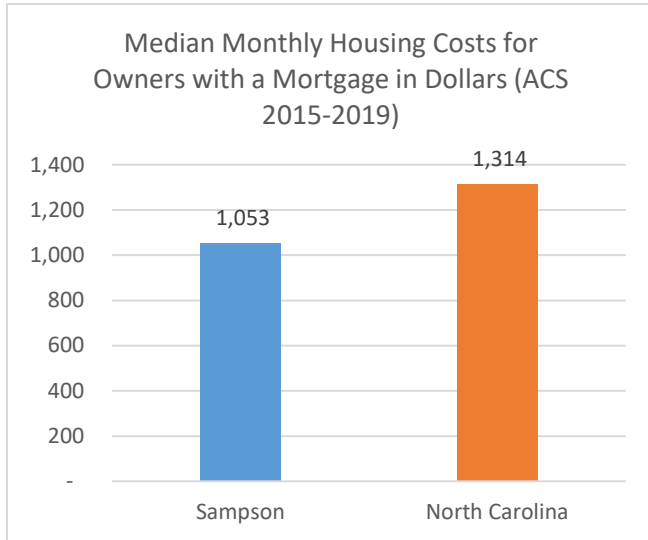
Disabled People in Poverty



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

Housing

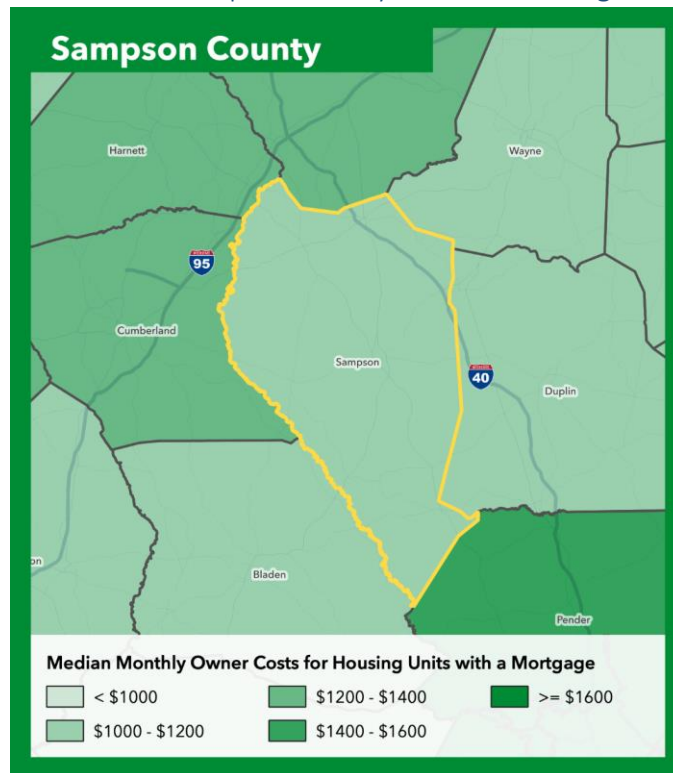
Median Monthly Housing Costs



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 than 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

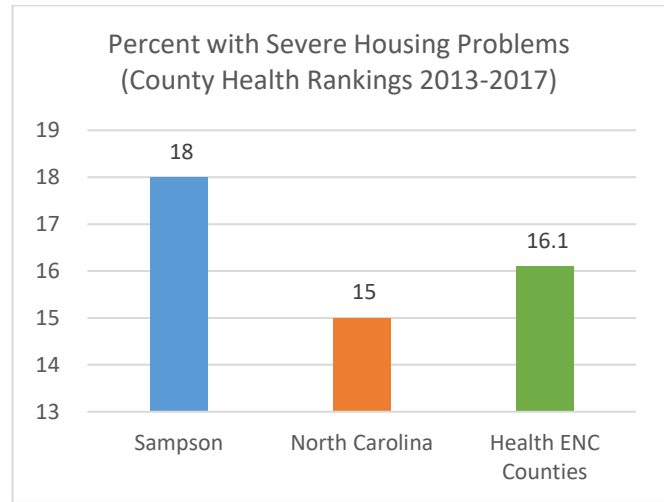


Severe Housing Problems

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

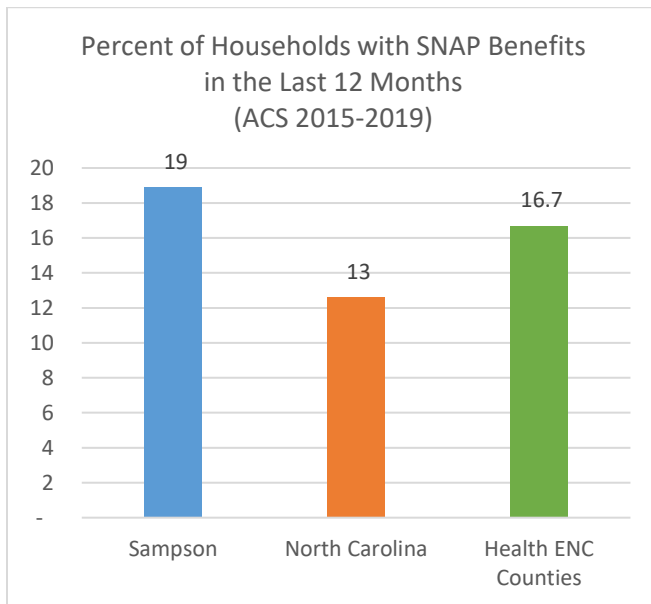
Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.

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.



Food Insecurity

Households with SNAP Benefits



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.

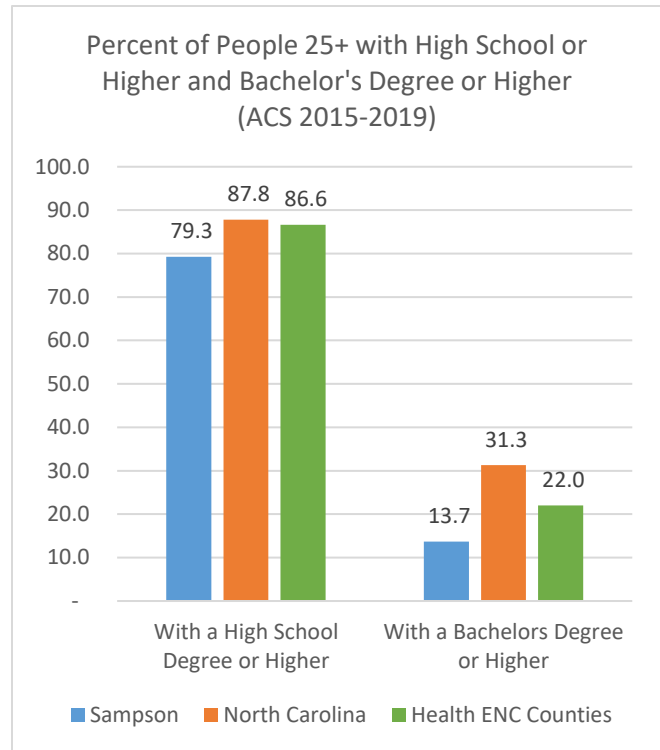
Education

Educational Attainment

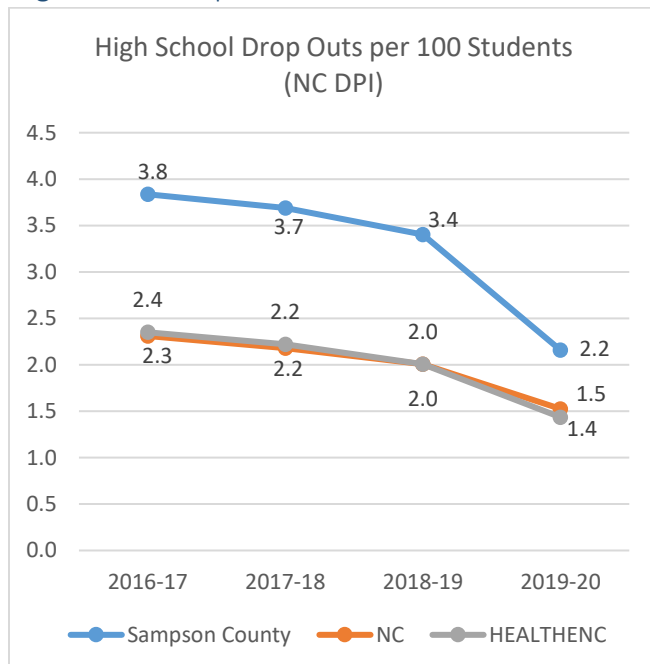
Graduating from high school is an important personal achievement and is essential for an individual’s social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor’s degree opens up career opportunities in a variety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



High School Drop Out Rate



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.

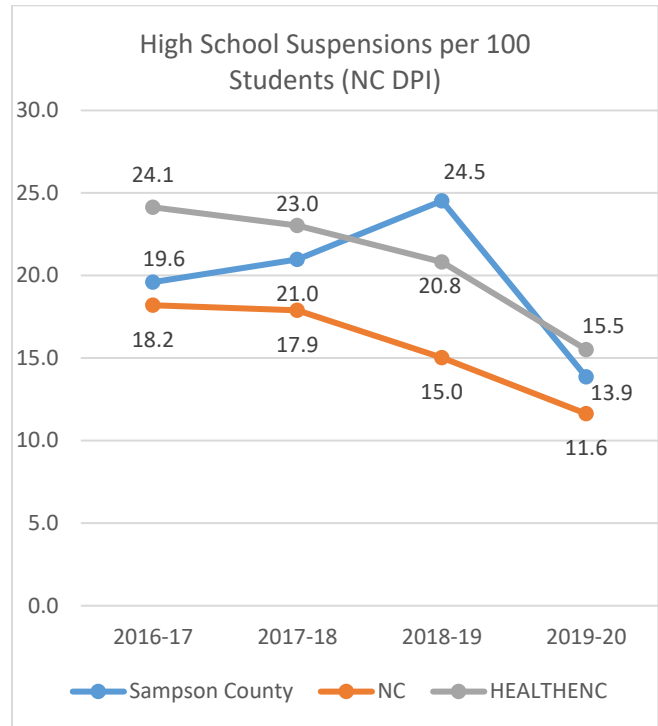
Sampson County’s high school dropout rate was 2.2% in 2019-2020, which was higher than the rate in North Carolina (1.5%) and the Health ENC Counties (1.4%).

Sampson County’s high school dropout rate has been on a decline over the last four measurement periods.

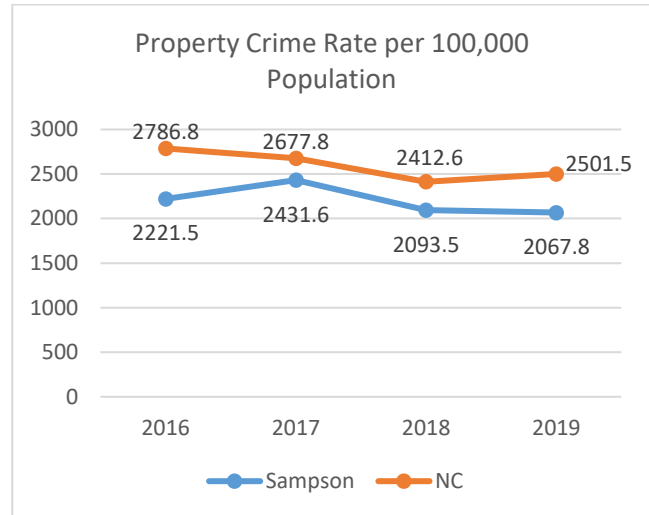
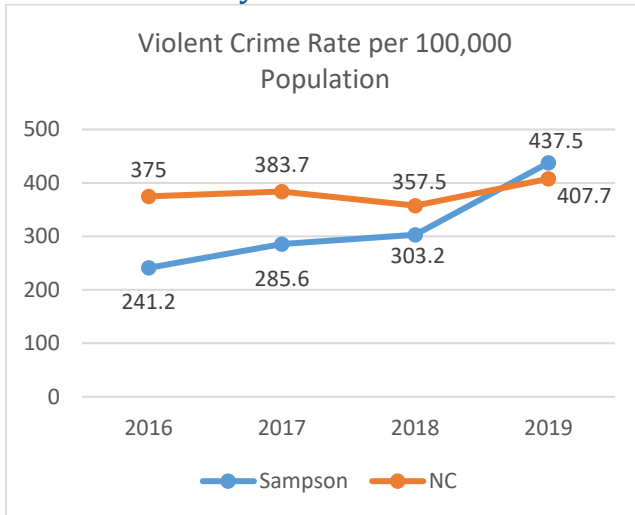
High School Suspension Rate

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.



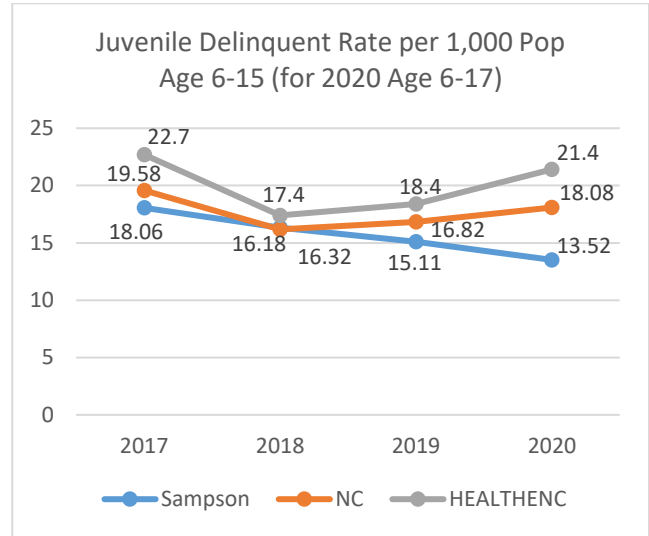
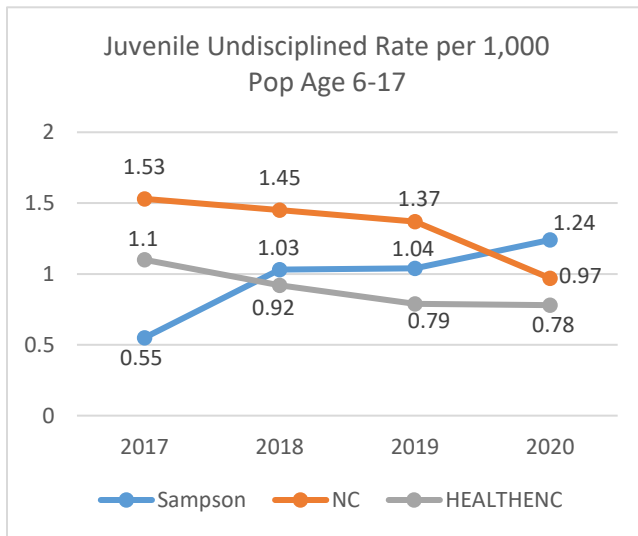
Crime and Safety



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

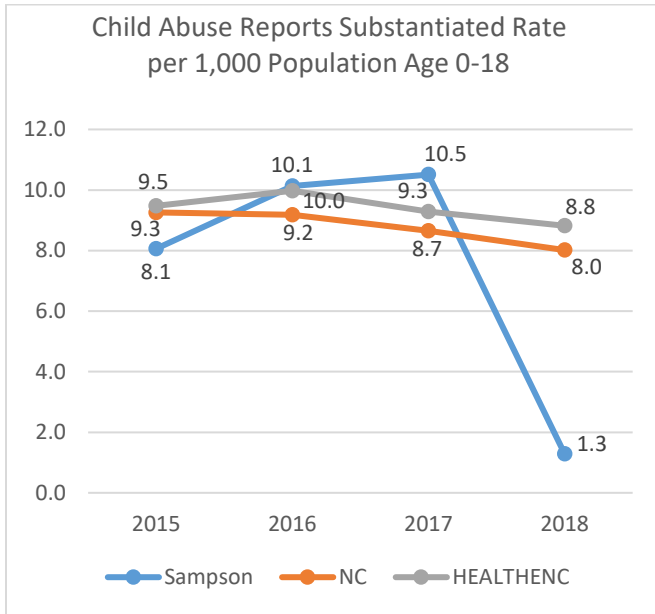


Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims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

Child Abuse



Child abuse includes physical, sexual, and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

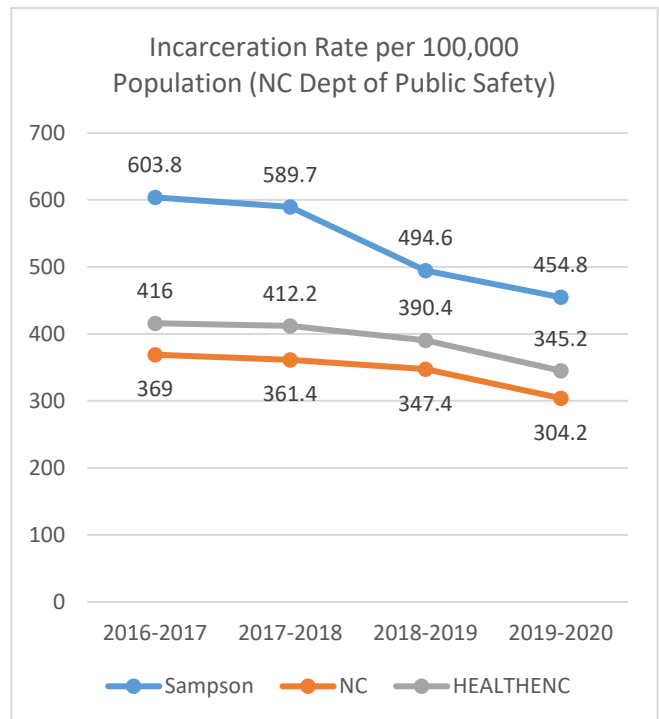
The 2018 child abuse rate in Sampson County was significantly lower (1.3 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.) and the Health ENC Counties (8.8 per 1,000 pop.).

Incarceration

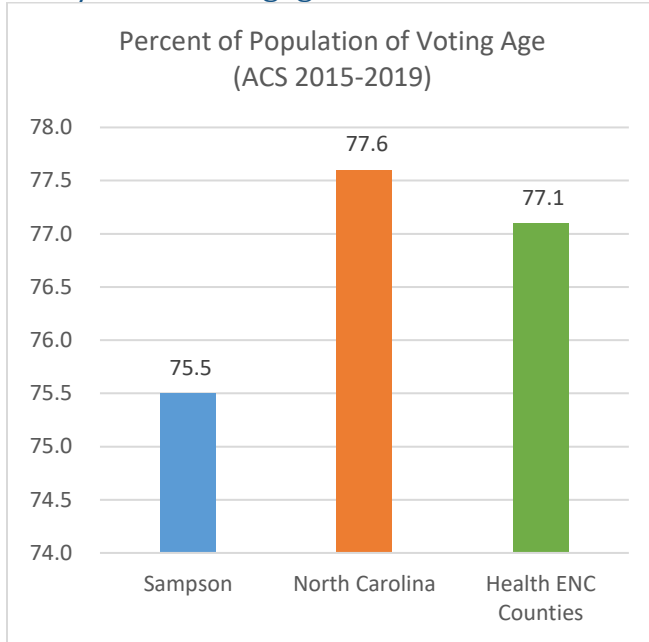
According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, 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).



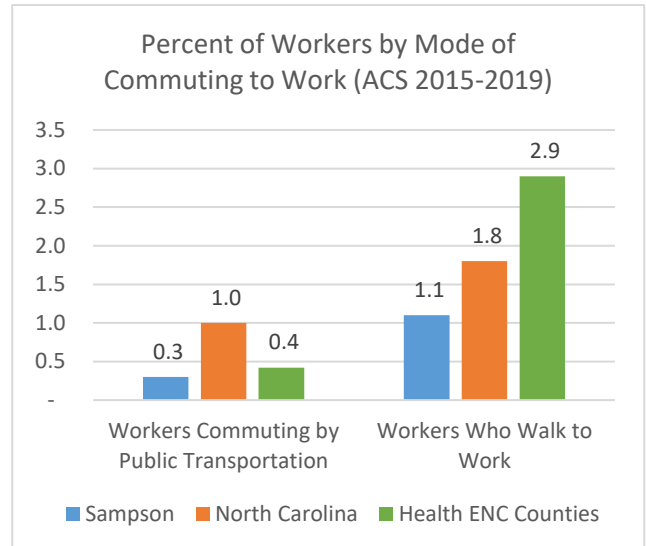
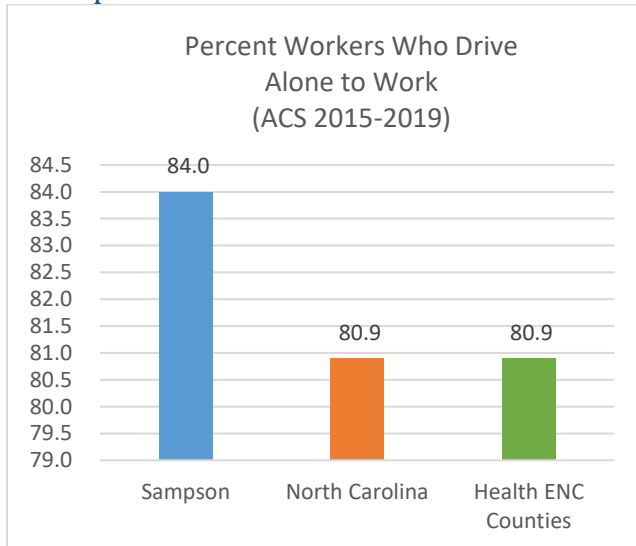
Civic/Political Engagement



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



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.

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.

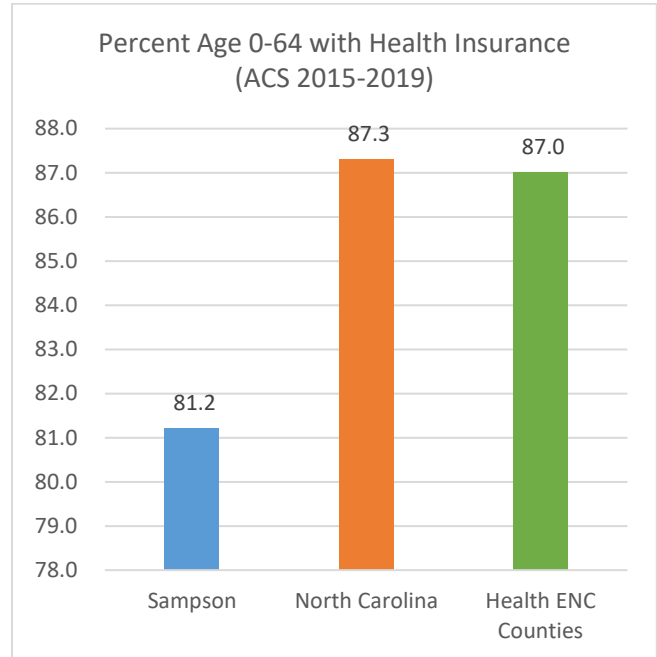
Chapter 4 Clinical Care Profile

Health Insurance Coverage

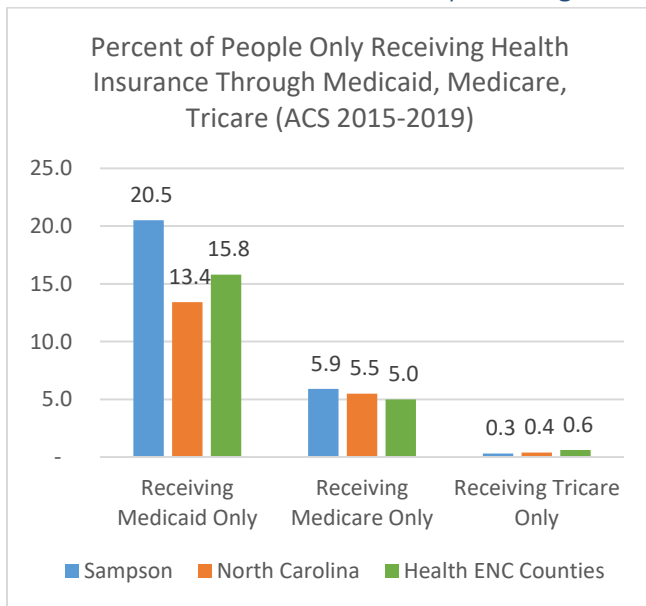
Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they may not seek treatment until the condition is more advanced,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



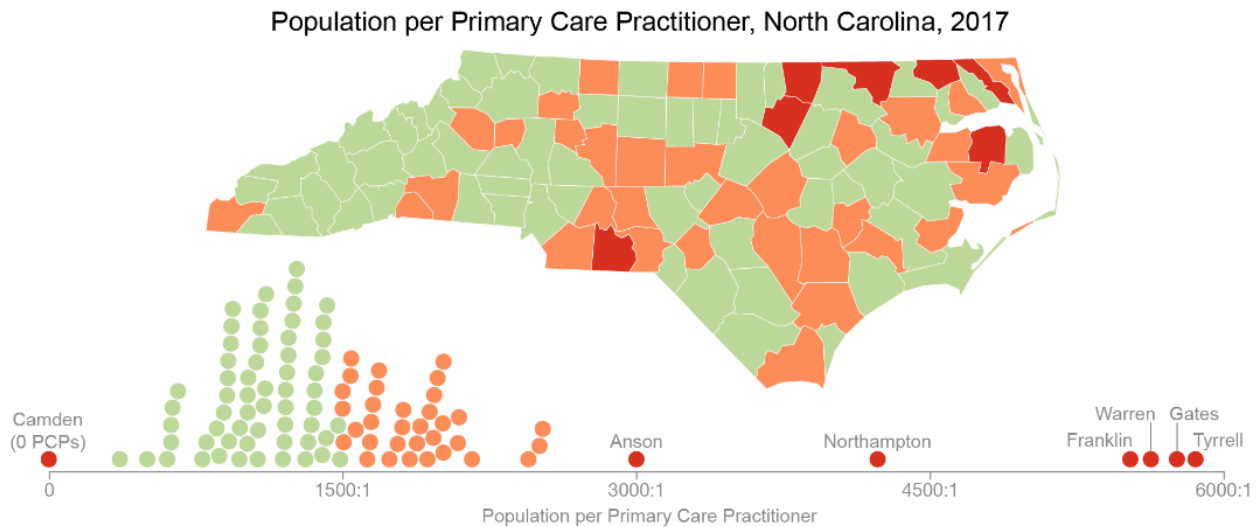
Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare



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.

Primary Care Practitioners



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

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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.

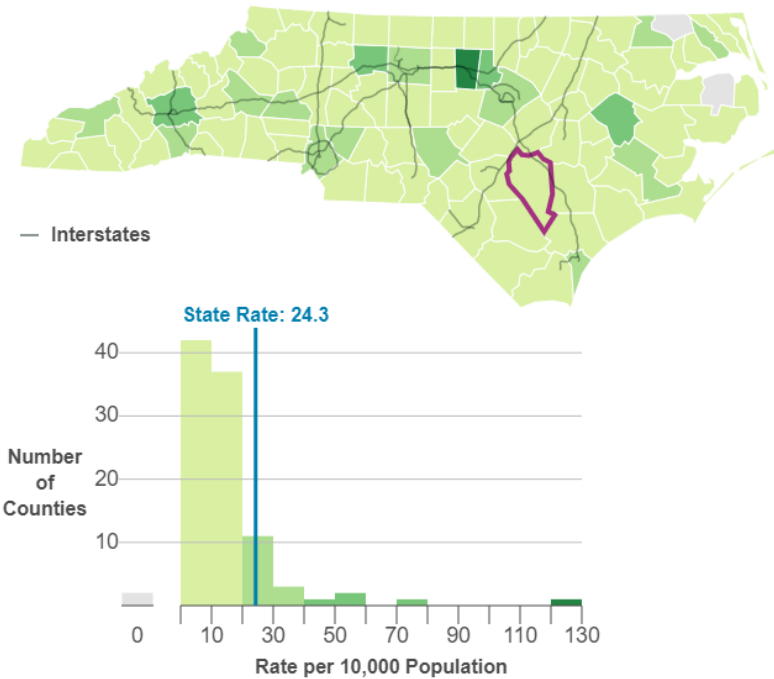
On the map above, Sampson County is orange in color, indicating the county is not meeting the NC Institute of Medicine's target ratio of one primary care provider to every 1,500 people.

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.

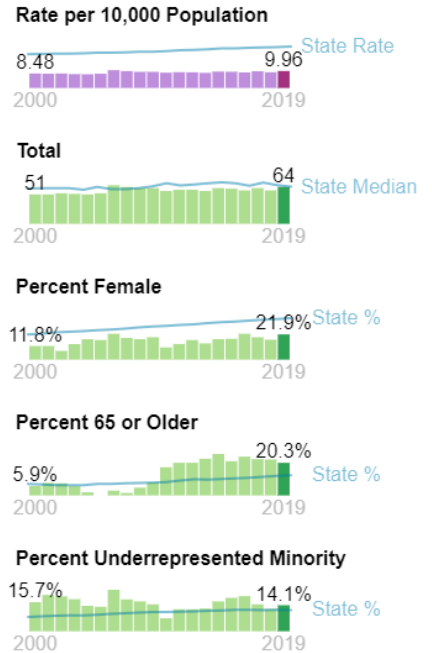
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

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

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



Profession Demographics for Sampson County



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://nhealthworkforce.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://nhealthworkforce.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.

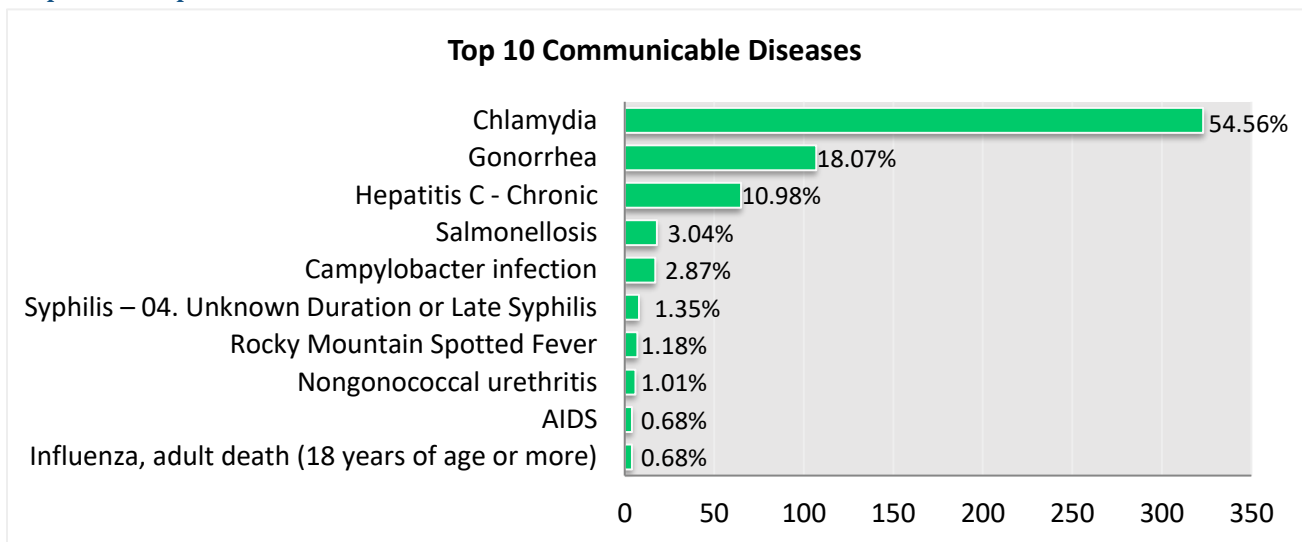
Leading Causes of Injury Death, Injury Hospitalizations, and Injury Emergency Department (ED) Visits

Leading Causes of Injury Death 2016 to 2019 SAMPSON			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

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

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

Top Ten Reportable Communicable Diseases



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/>

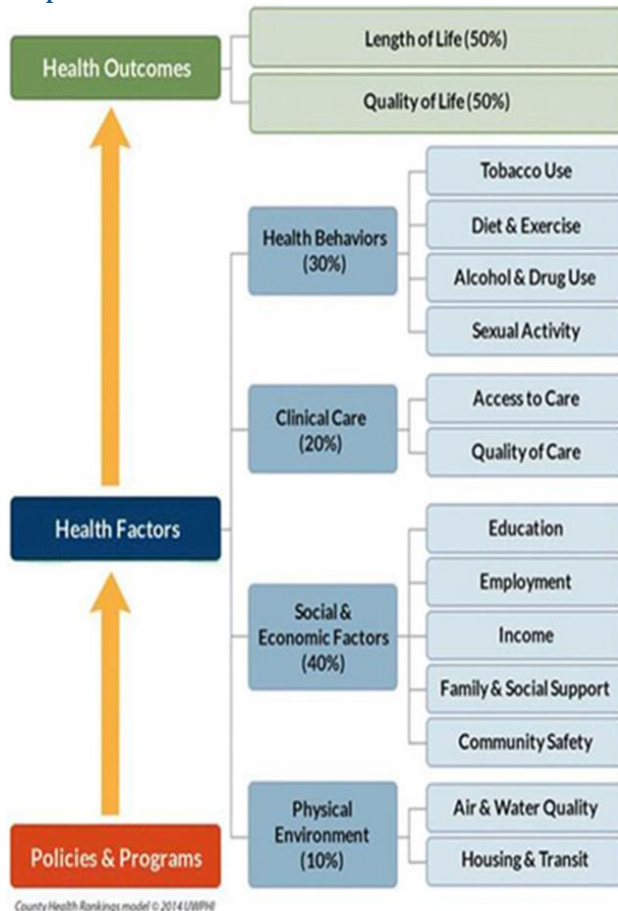
Premature mortality is measured by the Years of Potential Life Lost (YPLL) statistic, which is simply calculated by subtracting the age at death from the standard year, and then summing the individual YPLL across each cause of death. For example, if three people died from a certain cause who were ages 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.

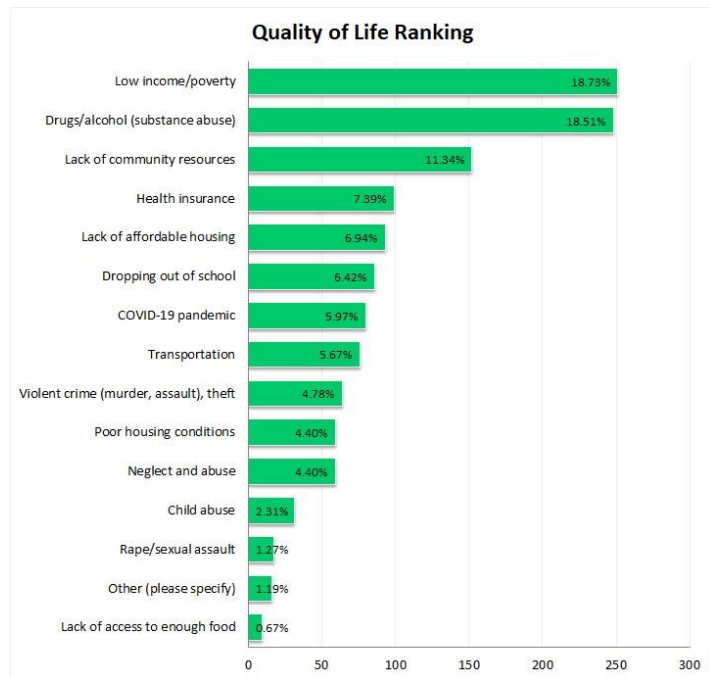
Source: County Health Rankings
<https://www.countyhealthrankings.org>

Chapter 8 Survey Findings

COMMUNITY SURVEY RESULTS:

Top 3 Quality of Life Issues

- Low Income/Poverty
- Drugs/Alcohol (substance abuse)
- Lack of Community Resources



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 \(Spring 2021\)](#)