

Sampson County Summary of Assessment Findings

Purpose/Overview:

Southeastern North Carolina and northeastern South Carolina is a region with large numbers of ethnic minorities, increased poverty and high risk for chronic health conditions that burden the health care system and reduce quality of life. The region is largely rural with diminished access to many services. In order to assess and prioritize the greatest needs of the community, Coastal Carolinas Health Alliance (CCHA) in conjunction with other contributing community organizations conducted a regional needs assessment. Through the use of both quantitative and qualitative data, health disparities within the region can be identified. Once the disparities are recognized, a plan of action to improve the health of the region can be formulated with focus in such areas. The assessment comprises secondary health statistics as well as primary data collected from local residents via surveys and in some areas, focus groups. This compilation of information provides vital information necessary to identify the overwhelming needs of the area's residents and develop programs to address those needs. CCHA also hopes to obtain grant funding, where appropriate, to aid in launching suitable initiatives.

Cause of Death/Health Issues:

- The Sampson County incidence rate for AIDS cases decreased 14% from 2001-2006 and is below the NC rate by 18% (2002-2006 data). **The mortality rate for AIDS cases is above the NC rate by 4% (2002-2006 data).**
- **The Total Asthma hospitalization rate for Sampson increased 6% from 2003-2006 and remains well above the NC rate for 2006.**
- **The Asthma hospitalization rate for children ages 0-14 increased 22% from 2003-2006 and is well above the NC rate for 2006.**
- **Total Cancer mortality rate increased 4% from 2001-2006 and exceeds the NC rate by 8% (2002-2006 data).** Minority males demonstrate the highest rate with white males second.
- Colon, Rectum and Anus cancer mortality rate decreased 5% from 2001-2006; **however, is above the NC rate by 15% (2002-2006 data).** Minority males demonstrate the highest rate with white males second.
- **Breast cancer mortality rate for Sampson increased 58% from 2001-2006 and exceeds the NC rate by 24% (2002-2006 data).** Minority females demonstrate the highest rate.
- Prostate cancer mortality rate decreased 21% from 2001-2006 and is below the NC rate (2002-2006 data). Minority males demonstrate the highest rate.
- **The Lung cancer incidence rate increased by 16% from 2000-2005 and is above the statewide incidence rate (2001-2005 data).** The



county mortality rate for Trachea, Bronchus and Lung cancer is above the NC rate by 5% (2002-2006 data).

- The county mortality rate for Cerebrovascular Disease (stroke) decreased by 4% from 2001-2006. **The county rate is above the NC rate by 43% (2002-2006 data).** Minority females have the highest rate in the county with minority males second.
- **The county mortality rate for Diabetes Mellitus increased 7% from 2001-2006 and exceeds the NC rate by 61% (2002-2006 data).** Minority females have the highest rate with minority males a close second.
- Total Heart Disease mortality rate decreased 8% from 2001-2006; however, **is 7% above the NC rate (2002-2006 data).** Minority males demonstrate the highest rate with white males a very close second.
- Acute Myocardial Infarction (heart attack) mortality rate for Sampson County decreased by 22% from 2001-2006; however, **is above the NC rate by 28% (2002-2006 data).**
- Other Ischemic Heart Disease mortality rate has decreased by 15% from 2001-2006 and is below the NC rate.
- **Sampson County mortality rate for Homicide is above the NC rate by 64% (2002-2006 data).** Minority males demonstrate the highest rate.
- Total Syphilis incidence rate decreased 62% from 2001-2006 in Sampson County and is well below the NC rate. The Minority incidence rates decreased 62% from 2001-2006 as well.

Lifestyle Issues:

- **The number of persons in poverty increased less than 1% from 1980-2000.**
- The percent of persons in poverty in Sampson County decreased 17% from 1980-2000 but **exceeds NC by 43% (2000 data).**
- The unemployment rate in Sampson decreased 30% from 2003-2006 and remains below the NC rate by 4% (2006 data).
- **The number of household recipients of food stamps steadily increased from 2001-2003 (trend: 2001: 2109, 2002: 2370, and 2003: 2628), demonstrating an overall increase of 25%.**
- The number of persons served in area Alcohol and Drug treatment centers decreased from 2001-2006 with an overall decrease of 9%.
- The number of persons served in area mental health programs has decreased 5% from 2001-2006.
- **The number of high school dropouts increased 35% from 2001-2005.**
- **Sampson County mortality rate for Motor Vehicle Accidents (MVA) exceeds the NC rate by 75% (2002-2006 data).**

Maternal and Infant Health:

- **The rate of teen pregnancies for girls ages 15-19 has increased from 2001-2006 with an overall increase of 19%. The rate of teen**



pregnancies for girls ages 15-19 in Sampson County is above the percent for NC by 36% (2006 data).

- The rate of teen pregnancies for minority girls ages 15-19 for Sampson County exceeds the percent of teen pregnancies for white girls by 7% (2006 data).
- The percentage of low birth weight births increased 9% from 2001-2006. The Sampson County rate is within 1% of the NC rate (2006 data).
- The percent of births to mothers who smoke decreased 9% from 2001-2006. The County percentage is above NC by 7% (2002-2006 data).

Community Survey Results:

- Based on community survey results, **heart disease/stroke** was strongly felt to be the greatest cause of death, which correlates well with secondary data results discussed above. Cancer was second.
- When asked what the biggest health issue of concern within the community is, the majority reported **drug/alcohol abuse**. Obesity was second.
- **Lack of health insurance and/or unable to pay for doctor's visits** were reported as the major factor which keeps people in the community from seeking medical treatment. No appointments available at doctor when needed/Have to wait too long at doctor's office was the second factor.
- **Income** was strongly felt to be the biggest factor affecting the health care of people in the community. Age was second.
- It was felt that people in the community lack funds for **health insurance**. Medicine was second.
- Community members would like to see more: **1) safe places to walk/play**; 2) healthier food choices; and 3) job opportunities within the community to help improve the health of family, friends and neighbors.
- Community members would like to see more: **1) cholesterol/blood pressure/diabetes**; 2) breast cancer; and 3) family planning and prostate cancer (tie) screenings or classes in the community.
- **65%** of participants in this study support all public places/buildings being tobacco-free. 25% support, but not in or at all public places/buildings. 10% do not support tobacco-free public places/buildings.

