Pender County

Agenda

Board of County Commissioners Meeting
Monday, May 1, 2023 @ 4:00 PM
Pender County Public Assembly Room
805 S. Walker Street, Burgaw, NC

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20.	CLOSED SESSION (IF APPLICABLE).			
21.	ADJOURNMENT			

Board of County Commissioners
Jacqueline A. (Jackie) Newton – Chair
Wendy Fletcher-Hardee – Vice Chair
Archibald (Fred) McCoy - Commissioner
Jerry Groves – Commissioner
Brad George – Commissioner

County Manager
David Andrews
Assistant County Manager
Allen Vann
County Attorney
Carl W. (Trey) Thurman

PROCLAMATION

Conferring the Rank of Eagle
Abigail Elizabeth Holloman

WHEREAS, Abigail Holloman has been on the trail to Eagle earning the ranks of Scout, Tenderfoot, Second Class, First Class, Star, Life and finally Eagle,

WHEREAS, She earned the 13 required merit badges and eighty nine elective merit badges, served in troop leadership as Senior Patrol Leader, Assistant Senior Patrol Leader, Venture Crew Treasurer and currently Ship Boatswain; and

WHEREAS, She spent at least 16 hours and more on service projects, not including the many hours spent on her Eagle Scout Service Project, and

WHEREAS, In all she has completed 325 requirements; and

WHEREAS, Abigail constructed a Veteran's Memorial for the Town of Topsail Beach to provide the town with a location for ceremonies, especially, Memorial Day, July 4th, Labor Day and Veteran's Day, and

WHEREAS, The Eagle Project is an opportunity for the scout to plan, organize, construct and carry out a project that develops leadership skills necessary for continuing as a productive citizen and life time community volunteer, and

NOW, THEREFORE BE IT RESOLVED that Abigail Holloman has preserved the character of Pender County. In keeping with the time-honored tradition of honoring those who have the best interest of Pender County at heart, the Board of Commissioners of Pender County does hereby extend its gratitude to Abigail Holloman for service and contributions to scouting and to the community.

Proclaimed this the ___ day of _____, 2023.

_____
Jacqueline A. Newton, Chairwoman
Pender County Board of Commissioners

ATTEST: _____
David Andrews, Clerk to the Board

PO Box 5, 805 S. Walker Street
Burgaw, NC 28425

910-259-1200 office
www.pendercountync.gov

A RESOLUTION OF THE PENDER COUNTY BOARD OF COMMISSIONERS EXPRESSING CONCERN AS THE POTENTIAL IMPACT OF SENATE BILL 673, V.1 TO THE CITIZENS AND BUSINESSES OF PENDER COUNTY AND URGING THE GENERAL ASSEMBLY TO CONSIDER REVISIONS TO THAT LEGISLATION

WHEREAS, on April 6th, 2023, Senate Bill 673 titled "Water and Wastewater Regulatory Relief Act" was filed for consideration by the North Carolina General Assembly; and

WHEREAS, a portion of the Bill, as written, would amend N.C.G.S. 143-215.22L pertaining to the regulation of surface water transfers to allow 5 million gallons per day of water to be transferred from one river basin to another without need of obtaining an Interbasin Transfer Certificate from the Environmental Management Commission. The current threshold is 2 million gallons per day; and

WHEREAS, the proposed more than doubling of the amount of unregulated transfers between river basins poses a serious threat to Pender County and all areas in southeastern North Carolina that rely on the Cape Fear River as a primary water source for drinking water; and

WHEREAS, there are approximately 10-15 municipal water systems in the Triangle area that would be eligible to take advantage of the proposed increase in the interbasin transfer threshold. As a result, this legislation would allow for approximately 50 to 75 million gallons per day to be transferred from the Cape Fear River Basin to the Neuse River Basin completely outside of the Interbasin Transfer Certificate process; and

WHEREAS, transfers out of the Cape Fear River Basin affect the total amount of allocation that downstream users can safely withdraw from the Cape Fear River; and

WHEREAS, because of existing data on low flow studies, transfers of the amount proposed by this bill would likely exceed safe scientific practice and would thereby threaten the state's water resources; and

WHEREAS, neighboring states do not allow anywhere near 5 million gallons per day to be transferred in the manner proposed by the legislation, with many capping it at 100,000 galloons per day (SC, GA, FL) and some prohibiting any interbasin transfer without permit (TN, TX); and

WHEREAS, the newly added provisions to N.C.G.S 142-215.1 regarding peak daily sewage flow rates and calculation of permitted hydraulic capacity would have the potential impact and effect of hampering economic growth in Pender County by limiting development and curtailing the availability of water supply in Pender County.

NOW, THEREFORE BE IT RESOLVED that the Pender County Board of Commissioners expresses its concern over the potential impacts of Senate Bill 673, version 1, because of the potential negative impacts on Pender County's ability to provide drinking water to its citizens and to facilitate the continued economic growth of Pender County, and urges the General Assembly to consider revisions to that legislation to address these concerns. because it would negatively impact Pender County's ability to provide drinking water to its citizens and it poses a threat to the continued growth and economic vitality of Pender County.

Adopted this the ____ day of May, 2023.

_____
Jacqueline A. Newton, Chairwoman
Pender County Board of Commissioners

ATTEST: _____
David Andrews, Clerk to the Board

MINUTES
Board of County Commissioners Meeting
Monday, April 3, 2023 4:00 PM
Pender County Public Assembly Room

MEMBERS PRESENT: Fred McCoy
Jacqueline A. Newton
Jerry Groves
Wendy Fletcher-Hardee
Brad George

MEMBERS ABSENT:

OTHERS PRESENT: David Andrews, County Manager
Trey Thurman, County Attorney
Tera Cline, Clerk to the Board
Allen Vann, Assistant County Manager
Other Staff and Members of the Press and Public.

1 CALL TO ORDER

1.1 Chair Newton called the meeting to order at 4 pm.

2 INVOCATION

2.1 Commissioner George gave the invocation.

3 PLEDGE OF ALLEGIANCE

3.1 Commissioner Groves led the Pledge of Allegiance

4 ADOPTION OF AGENDA

Chair Newton stated that the presenter for item 5.1 under Public Information is not able to attend.

Moved by Fred McCoy, seconded by Wendy Fletcher-Hardee

Motion to adopt the agenda as amended with the removal of items 5.1, 8.4 and 8.7.

	For	Against	Abstained	Absent
Fred McCoy	x			

Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

5 PUBLIC INFORMATION

5.1 Final FY 2023-2024 CSBG Grant Application by Kathleen Lowe Jacobs, Director, Southeastern Community Action Partnership

Presenter unable to attend - removed from agenda

5.2 Presentation of the Water & Sewer System Development Fee Study by Stantec Consulting Services Inc.

Mr. Keel introduced Mr. David Hyder from Stantec Consulting Services to present the systems development fee study to the board. Mr. Hyder recommended using the combined approach.
There were no questions from the board and no action taken.

6 PUBLIC COMMENT FOR AGENDA ITEMS ONLY

6.1 There were no public comments.

7 CONSENT AGENDA

7.1 Acceptance of Deed of Easement for Pump Station Site

7.2 Acceptance of Deed of Easement for Water Pipeline for Blake Farm Near Island Creek Road

7.3 Increase PO# 184 to Core & Main for Supplies for Water & Sewer System

7.4 Approval of minutes

7.5 Approval of Tax Releases and Refunds

7.6 Approval of Contract for Seven Oaks Management to go to Excel Property Management

7.7 Approval of new hire for Tax Administrator, Melissa Radke effective May 1, 2023.

Moved by Brad George, seconded by Fred McCoy

Motion to approve consent agenda as presented.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8 APPROVALS AND RESOLUTIONS

8.1 Appointment of Michael Carlisle & Joseph Hedricks to the Pender EMS & Fire, Inc to the Relief Fund Board of Trustees

Mr. Batson stated GS 58-84-30 for appointment of Michael Carlisle and Joseph Hendrick to serve on the Pender EMS and Fire Relief Fund Board.
There was no discussion.

Moved by Jerry Groves, seconded by Wendy Fletcher-Hardee

Motion to approve the appointments as presented by Mr. Batson.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.2 Approval of Award to L.R. Thomas & Sons for WTP HSPS construction project, Budget Ordinance Amendment, Associated Purchase Order, and Reimbursement Resolution

Mr. Keel requested the board to approve the water treatment plant high service pump station construction project to L.R. Thomas & Sons. The

construction would increase the water pump capacity from two million gallons per day to four million gallons per day. Mr. Keel informed the board that L.R. Thomas & Sons had the lowest responsible bid and that the bid was $384,320 over budget. Mr. Keel addressed questions from the board.
Motion to approve the project to L.R. Thomas & Sons and the budget amendment by Mr. George.

8.3 Approval of Budget Amendment to Increase Fuel Sales & Purchases for Remainder of FY2023

Ms. Blue presented budget amendment to increase fuel sales and purchases for the remainder of FY2023 due to the cost increase of fuel.
There were no questions from the board and no discussion.
Motion to approve 8.3 by Fred McCoy.

8.4 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 2259-60-8304-0000 - Off of Asa Lane, Long Creek

This item was pulled from the agenda by staff.

8.5 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 2259-92-5101-0000 - Off of McAllister Road, Columbia

Ms. Blue requested the board approve the offer and authorization of sale for surplus property, parcel 2259-92-5101-0000, off McAllister Road a 7 acer lot of woods. The tax value of property is $28,000, the bid was for $32,000, $4,000 over value.
There were no questions from the board and no discussion.

Moved by Fred McCoy, seconded by Jerry Groves

Motion to approve 8.5 by Fred McCoy.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.6 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 2350-15-2730-0000 - At 3340 Halfway Branch School Road, Columbia

Ms. Blue requested the board approve the offer and authorization of sale of surplus property, parcel 2350-15-2730-0000, 3340 Halfway Branch School Road 1.2 acer residential lot. The tax value of property is $12,125, the bid is for $12,800, $675 over value.
There was no discussion.

Moved by Fred McCoy, seconded by Jerry Groves

Motion for approval 8.6 by Fred McCoy.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.7 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 3224-46-2015-0000 - At 600 Cheshire Road, Rocky Point

Item was pulled from the agenda by staff.

8.8 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 3320-82-9153-0000 - At 208 Burgaw Creek Loop, Burgaw

Ms. Blue requested the board approve the offer and authorization of sale of surplus property, parcel 3320-82-9153-0000, 208 Burgaw Creek Look 0.3 acre cleared residential lot. The tax value of property is $2,500, the bid is for $8,200, $5,700 over value.
There was no discussion.

Moved by Brad George, seconded by Jerry Groves

Motion to approve 8.8 by Brad George.

	For	Against	Abstained	Absent

Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.9 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 3392-538565-0000 - At 960 Lee Road, Holly Ridge

Ms. Blue requested the board to approve the offer and authorization of sale of surplus property 3392-538565-0000, 960 Lee Road a 0.23 acre wooded lot. The tax value of property is $7,062, the bid is $7,700, $638 over value.
There was no discussion.

Moved by Brad George, seconded by Fred McCoy

Motion to approve 8.9 by Brad George.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.10 Approval of Offer & Start of Upset Bid Process for Sale of Surplus Property - Parcel 3393-74-8900-0000 on Rock Road, Maple Hill

Ms. Blue requested the board to approve the offer and start an upset bid process for sale of surplus property 3393-74-8900-0000, on Rock Road a 0.63 acre wooded lot. The tax value of property is $6,300, the bid is $6,300.
There was no discussion.

Moved by Fred McCoy, seconded by Wendy Fletcher-Hardee

Motion to approve 8.10 by Fred McCoy.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.11 Approval of Offer & Start of Upset Bid Process for Sale of Surplus Property - Parcel 3393-84-1762-0000 at 144 Rockfish Road, Maple Hill

Ms. Blue requested the board to approve the offer and start an upset bid process for sale of surplus property 3393-84-1762-0000, 144 Rockfish Road a 1 acre wooded residential lot. The tax value of property is $37,089, the bid is $37,089.
There was no discussion.

Moved by Fred McCoy, seconded by Wendy Fletcher-Hardee

Motion to approve 8.11 by Fred McCoy.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.12 Courthouse Space Needs Authorization- RFQ#230209-243

Mr. Avery requested the board approve the RPF from Moseley Architect to conduct the courthouse space needs assessment. The defining factor for the recommendation is Moseley has NC experience.
Mr. Avery addressed questions from the board.

Ms. Elizabeth Craver, Clerk of Superior Court addressed the board and clarified and expressed the needs for the study for more space at the courthouse.
Judge Jay Corpening addressed the board to express his support of the study and he spoke on his experience working with Moseley in the past. Judge Corpening informed the board he has to hear Pender County court cases in New Hanover County due to lack of space in Pender County courthouse and expressed the lack of safety in the current courthouse. Judge Corpening also informed the board what should be housed in the courthouse.
Both Ms. Craver and Judge Corpening thanked the board for approving the study.

Moved by Fred McCoy, seconded by Brad George

Motion to approve Mr. Avery's recommendation for 8.12 by Fred McCoy.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.13 Consideration of Purchase Order to Bost Tune-up & Argo ATV Sales LLC in the amount of $33,579.01

Mr. Adams requested the board approve the purchase order for the purchase of the Argo ATV an amphibious ATV. Mr. Adams informed the board the purchase of the ATV is fully funded by grant money. Mr. Adams addressed questions from the board.
There was no discussion.

Moved by Wendy Fletcher-Hardee, seconded by Fred McCoy

Motion to approve 8.13 by Wendy Fletcher-Hardee.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			

Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

8.14 ABC Board regarding closing cost for construction loan.

Ms. Crawford requested the board to approve $70,000 for the closing cost on the construction loan. Ms. Crawford addressed questions from the board. Ms. Crawford summarized her presentation from November 2022 for the benefit of the new board members.
Ms. Crawford answered clarifying questions from the board.

Moved by Brad George, seconded by Wendy Fletcher-Hardee

Motion to approve 8.14 by Brad George.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

9 APPOINTMENTS

9.1 Board appointment

Interim Clerk Avery stated District 1 representation Chuck Strickland resigned from the Tourism Development Authority (TDA) board due to work scheduling.

Applicant Lori Chaney-Hastings has applied for this position. This will be her first appointment to the board. Her referral comes from the TDA chair. I am requesting the Board appoint Lori Chaney-Hastings to the Tourism Development Authority as District 1 representative.

Moved by Brad George, seconded by Wendy Fletcher-Hardee

Motion to appoint Lori Chaney-Hastings as the District 1 representative to the Tourism Development Board.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Wendy Fletcher-Hardee	x			
Brad George	x			
	5	0	0	0

CARRIED.

10 ITEMS FROM THE COUNTY ATTORNEY, COUNTY MANAGER, ASSISTANT COUNTY MANAGERS, & COUNTY COMMISSIONERS

10.1 Attorney Thurman requested the Board go into closed session as per NCGS 143-318.11(3) attorney client and (5) acquisition of real property.

Manager Andrews informed the board their first budget work session is scheduled April 27th at 4:00PM and he would have a balanced budget ready to present at that meeting. Mr. Andrews announced Pender County now has a staff attorney, Patrick Buffkin and he will start on April 17th. Pender Counties new Tax Assessor/Collector, Melissa Radke will start May 1st.

Assistant Manager Vann mentioned this meeting was Ms. Nancy Avery's last night with the county and introduced and welcomed Ms. April Radford, the Clerk to the Cape Fear Council of Governments who will be temporarily helping Pender County with their board meetings. Mr. Vann also mentioned the Service Awards luncheon at the Burgaw Train Depot Thursday April 6th 11:30AM-2:00PM and invited all the board to attend. Mr. Vann also reminded the board that this Friday, April 7th and Monday, April 10th the Pender County offices would be closed in observance of the Easter holiday.

Commissioner Brad George mentioned an EDO study approved by board October 2018 and not being able to find any official conclusion of the study and asked for help finding the achieved video for this study. Mr. George thanked Ms. Avery for her help.

Commissioner Fred McCoy thanked Ms. Avery for all she has done. Mr. McCoy recognized the passing of Commissioner Deb Hays from New Hanover County.

Vice-Chair Wendy Fletcher-Hardee thanks Ms. Avery for all she has done for her and the county. Ms. Fletcher-Hardee also recognized the passing of Ms. Hays.

Commissioner Jerry Groves thanked Ms. Avery for all the help she has provided. Mr. Groves would like the board to look further into the barking dog nuisance. Mr. Groves thanked the county parks & recreation department for clearing Millers Pond and making is safe.

Chair Jackie Newton informed all that she witnessed ALICE training earlier in the day. Ms. Newton recommended the all board and department heads participate in ALICE training. Ms. Newton spoke in support of American Flood Coalition.

11 PUBLIC COMMENT

11.1 Public Comments

1. Michele Hickman of Scotts Hill spoke against the proposed Circle K to be built at the entrance of a community neighborhood. Ms. Hickman asked the board to uphold the tree protection ordinance 8.1.3 and ask that the owners of the property be to asked for a different business to go on the property.

2. Jennifer Mackenzie of Scotts Hill with Scotts Hill community in regards to the 65 acers of forest land including Abbey Nature Trails. Ms. Mackenzie explained the importance of forest when it comes to rain, prevention of flooding and drought.

3. Kim Meyer of Scotts Hill presented the Pender County Development and Community Vision Statement to the board. Ms. Meyer invited the board to go to the Abbey Nature Trail and to help safe the forest from being clear cut for development. Ms. Meyer asked the board to consider hiring a Storm Water supervisor. Ms. Meyer invited the board to go to the Abbey Nature Trail to view the 65 acers of mature forest land that is not protected by the trust preserve and take action to protect that forest land.

4. Richard Lewis of Scotts Hill asked Commissioner Fletcher-Hardee to attend their community meetings. Commissioner Fletcher-Hardee stated she would be happy to attend their meetings and asked for details.

12 CLOSED SESSION (IF APPLICABLE).

12.1 Motion to go into Closed Session at 5:30 pm as per NCGS 143-318.11 (3) attorney client and (5) acquisition of real property.

Motion to go to closed session by Brad George.

13 ADJOURNMENT

13.1 Meeting adjourned

Motion to adjourn meeting at 7:15PM by Jerry Groves.

MINUTES
Board of County Commissioners Meeting
Monday, March 13, 2023 4:00 PM
Pender County Public Assembly Room

MEMBERS PRESENT: Fred McCoy
Jacqueline A. Newton
Jerry Groves
Brad George
Wendy Fletcher-Hardee

MEMBERS ABSENT: None

OTHERS PRESENT: David Andrews, County Manager
Trey Thurman, County Attorney
Nancy Avery, Interim Clerk to the Board
Allen Vann, Assistant County Manager
Other Staff and Members of the Press and Public.

1 CALL TO ORDER

1.1 Chair Newton called the meeting to order at 4:00 pm.

2 INVOCATION

2.1 Vice Chair Hardee gave the invocation.

3 PLEDGE OF ALLEGIANCE

3.1 Commissioner McCoy led the Pledge of Allegiance

4 ADOPTION OF AGENDA

Moved by Fred McCoy, seconded by Brad George

Motion to adopt the agenda as presented

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			

Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

5 PUBLIC INFORMATION

5.1 Trillium Health Resources annual report

Cecelia Peers gave the Board an update on Trillium services stating Trillium is an insurer provider and manages health care plans for local entity and members of regional government. Commissioners from all counties serve on their board. Plans offered as of July 2021 were Amerihealth Caritas NC Inc., Blue Cross Blue Shield of NC, UnitedHealthcare of NC Inc., and WellCare of NC Inc. Most of their counties are rural with barriers to accessing care and doctors.
We are adding additional call lines for pharmacy benefits, nurse and a behavioral health crisis line. We will support opioid settlement projects. There are three tribes in their area and we are working with them to ensure correct coverage. We partnered with New Hanover County on the Healing Place, a 200-bed program that is peer led for opioid use disorder. The company also provides Community Outreach and Education.

Chair Newton asked how residents reach Trillium.
Ms. Peers said they call Help Care line at 877-685-2415.

6 PUBLIC COMMENT FOR AGENDA ITEMS ONLY

6.1 None

7 CONSENT AGENDA

7.1 Approval of Budget Amendment for the transfer of revenue funds from insurance claims in the amount of $45,302.33.

7.2 Approval of minutes

7.3 Approval of Tax Releases and Refunds

7.4 Increase PO# 58 to Professional Mail Services Inc for Postage & Mailing of PCU Water Bills

7.5 PCU Full-Service Odor Control Program

Moved by Jerry Groves, seconded by Wendy Fletcher-Hardee

Motion to adopt the Consent Agenda as presented.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8 APPROVALS AND RESOLUTIONS

8.1 Consideration of Granting an Easement to NCDOT for Drainage Infrastructure and Roadway Improvements

Planning Director Adams introduced Katie Hite, Division Project Development Engineer with NC Department of Transportation.

Ms. Hite stated she is here to speak about the Pender Commerce Park on Highway 421. Proposed roadways improvements are necessary for safety and future development. DOT received $4 million in funding for these improvements. Construction is expected to begin in April and be completed in August of this year. Improvements will be at Corporate Drive, Quality Way, Vitamin Drive, and the I-140 ramp. DOT needs right of way donations from the County at Corporate Drive and Quality Way for this project to move forward. Corporate Drive at US 421 will have a new signal, offset lefts north and southbound for easier site lines. A temporary construction easement is needed for this location. Quality Way will have offset lefts and be a new intersection. A temporary construction easement and permanent drainage/utility easement is needed. Vitamin Drive will have an offset left installed off Highway 421. Changes will also be made at Highway 421 and I-140 intersection.

Moved by Fred McCoy, seconded by Wendy Fletcher-Hardee

Motion to allow DOT a temporary construction easement and drainage easement for Quality Way and a temporary construction easement for Corporate Drive improvements as requested.

	For	Against	Abstained	Absent

Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.2 Resolution in support of stoplight

Manager Andrews explained that DOT is requesting a resolution of support for a stoplight at intersection of Grandview and Highway 17. They conducted a study that supports the need and they have funds available. There is no cost to the County.

Moved by Wendy Fletcher-Hardee, seconded by Brad George

Motion to approve resolution in support of a stoplight at the intersection of Grandview and Highway 17 in Hampstead.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.3 Resolution for current and future NC DOT petitions

Interim Clerk Avery stated DOT is requesting approval of petitions to add the following roads to the state maintained system:
1. Preswick Drive, Trevor Court, Sterling Glenn Drive, and Brisbaine Drive in the Avendale subdivision in Hampstead
2. Dreyton Hall Court and Transfer Station Road Extension

Interim Clerk Avery also asked the Board to approve in the resolution issuing a blanket approval to DOT for all future roads petitions for

addition to the state maintained system so each one does not have to appear before the Board.

Moved by Fred McCoy, seconded by Jerry Groves

Motion to approve resolution for current road petitions as presented and issue blanket authorization to DOT for future road petitions.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.4 Approval of EverBridge for Mass Notification and ending contract with CodeRed

Emergency Manager Batson stated he is requesting the Board approve ending the expiring contract with CodeRed and entering into a contract with Everbridge for mass notification. The County has used mass notification via phone call, text and email notification since 2013 through CodeRed at a cost of around $20,000 annually. As the contract is expiring, we would like to switch to Everbridge starting July 1, 2023. Cost savings would be $12,000 annually.

Discussion:
Chair Newton asked how will we change folks over?
Manager Batson stated 60% of data is old and not usable. We will do a mass advertisement to sign up everyone with current information. We had multiple vendors apply and reviewed all of the proposals and Everbridge is the staff recommendation.

Moved by Wendy Fletcher-Hardee, seconded by Brad George

Motion to approve changing contracts for mass notification system to Everbridge, as presented.

	For	Against	Abstained	Absent

Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.5 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 2277-21-5048-0000 - Off of McDuffie Road, Grady

Finance Director Blue said this was readvertised at minimum tax value of $4,200 and this bid was received from Reem Yousif in the amount of $5,050. Staff requests Board approval to move forward with the sale.

Moved by Jerry Groves, seconded by Fred McCoy

Motion to accept bid and sell.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.6 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 2277-87-5471-0000 - King's Estates, Burgaw

Finance Director Blue said tax value on this property is $6,175 and a bid was received from Terry Xiong of $6,175. Staff requests authorization to accept the bid and move foward with selling the property.

Moved by Fred McCoy, seconded by Wendy Fletcher-Hardee

Motion to accept bid as presented.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			

Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.7 Approval of Offer & Authorize Closing Process for Sale of Surplus Property - Parcel 2354-71-6682-0000 - Off of Little Egypt Road, Columbia

Finance Director Blue stated tax value is $131,250 and a bid was received from Gabriel Romero for $149,250. Staff is requesting Board approval to accept the bid and move forward with the sale of the property.

Moved by Brad George, seconded by Fred McCoy

Motion to accept bid and sell the property.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.8 Approval of Primary & Secondary Contract and Purchase Order for Professional Services related to future land planning - RFQ#230119-241

Finance Director Blue stated we put out a Request for Qualifications for due diligence and suitability evaluations of potential property such as surveying and master plan design for potential purchase of future property. Property puchased may be used for schools, parks, water treatment plants, etc.
Staff received two responses and after review, staff recommends entering into two contracts: one with a primary contractor to be ECS for $40,000 and a secondary contractor to be Summit for $10,000.

Moved by Brad George, seconded by Fred McCoy

Motion to approve primary contractor as ECS and secondary contractor as Summit as presented.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.9 Approval of Purchase Order for the Axon Body Camera 3 & Axon Air Contract in the amount of $45,811.81.

Sheriff Cutler stated this is a contract re-write for Axon body cameras. Some cameras are on unlimited storage basis, and some are ala carte. This rewrite consolidates all cameras with unlimited storage and consolidates two contracts into one for a savings. He is requesting approval from the Board to rewrite existing contracts with Axon into one contract. Funding is already in place.

Moved by Wendy Fletcher-Hardee, seconded by Fred McCoy

Motion to approve rewriting of Axion contracts into one contract as presented.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.10 Resolution Requesting Funding of a 10 Mile Parallel Line Phase 2 For the Lower Cape Fear Water and Sewer Authority

Utilities Director Keel stated the Lower Cape Fear Water/Sewer Authority provides raw (untreated) water from the Cape Fear River to Pender County as the supply to our surface water treatment plant off US 421.

Phase 1 of the 48" parallel pipeline project is approved, funded, and underway, and will provide a redundant supply pipeline all the way to the Pender County surface water plant intake. The Phase 2 project is seeking funding to parallel the pipeline from the Pender County intake to the CFPUA intake, which will also include the US 421 industries. The Pender County Board has previously committed to a $1.53 million contribution to Phase 1 of the parallel line project. The Phase 2 project will not require any Pender County contribution, as it will only benefit downstream users. This resolution will support LCFWASA's efforts to obtain funding from the state legislature.
He asked the Board to approve the resolution requesting the General Assembly to appropriate in the FY24-FY25 state budget an allocation of funding for the second phase of the ten-mile parallel line project for redundancy, reliability, and emergency management of the critical regional water supply in Eastern North Carolina.

Moved by Wendy Fletcher-Hardee, seconded by Fred McCoy

Motion to approve resolution requesting the General Assembly to appropriate in the FY 23-25 state budget an allocation for funding for second phase of the ten-mile parallel line project for redundancy, reliability and emergency management of the critical regional water supply in Eastern North Carolina.

	For	**Against**	**Abstained**	**Absent**
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

8.11 Resolution authorizing execution of opioid settlements and approving the supplemental agreement for additional funds between the state of

North Carolina and local governments on proceeds relating to the settlement of opioid litigation.

Health Director Moser said five new national opioid settlements have been reached with Teva, Allergan, CVS, Walgreens and Walmart. (Wave Two). This resolution and the Supplemental Agreement must be approved in order to directly share in the settlement funds.
Pender allocations are as follows:
Wave One - $3,772,960.81 from 2022-2038
Wave Two - $3,020,171.24 from 2023-2036
She requested the Board approve the resolution to receive opioid settlement proceeds.

Moved by Wendy Fletcher-Hardee, seconded by Fred McCoy

Motion to approve resolution to receive opioid settlement proceeds as presented.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

9 APPOINTMENTS

9.1 Appointment to Southeastern Partnership Inc.

Interim Clerk Avery requested appointment of County Manager David Andrews as representative to the Southeastern Partnership. This organization provides economic development services for 20 counties. The former County manager was the representative.

Moved by Fred McCoy, seconded by Jerry Groves

Motion to appoint County Manager Andrews as the representive to the Southeastern Partnership.

	For	Against	Abstained	Absent
Fred McCoy	x			

Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

10 SOCIAL SERVICES BOARD

10.1 Medicaid expansion update

Social Services Director Stewart stated House Bill 76 is for Medicaid expansion. It appears the House and Senate have come to some sort of an agreement on this that provides support for counties, enrollment expansion, upcoming technology and process improvements to support expansion and implementation by July 1, 2023. Pender County may increase by 6,000 new recipients under this expansion. House Bill calls for $4 million in funding to counties to start implementation, then $70 million in Fiscal Year 2023-2024, with $30 million to Social Services; $20 million for incarcerated people and $20 million for improvements in system and staffing. The Senate bill has not been passed and no funding was included in that version.

Director Stewart said this will be a challenge for my department to handle an additional 6,000 cases to hire and train additional staff in addition to the fact that we are required to recertify all participants on an annual basis.

11 PUBLIC COMMENT

1. Michael Thurlow, 5263 Highway 117 South, Burgaw, questioned the change in policy about tire disposal. He used to haul them all at once a mile down the road from his shop. Last week they told me I could only go to Rocky Point and to Hampstead. This is a big county. Why is Pender County making us do all this driving?

Manager Andrews will follow up with him on this.

2. Kim Meyer, 102 Leslie Lane, stated she proposes making a permanent position for stormwater manager or supervisor in Pender County. She has been attending a lot of planning meetings and she is concerned that when new projects are evaluated do have stormwater evaluation done but not by anyone local who is looking at surrounding communities for new developments to look

at stormwater management. She proposes an annual meeting with the individual commissioner for their district to discuss what is going on in that area.

12 ITEMS FROM THE COUNTY ATTORNEY, COUNTY MANAGER, ASSISTANT COUNTY MANAGERS, & COUNTY COMMISSIONERS

Manager Andrews reminded Board members of the retreat this Thursday and Friday in Hampstead. He stated we have recruited and hired a staff attorney effective April 17th. We started internal budget reviews with department heads today.

Attorney Thurman stated the Board needs to go into closed session as per NCGS 143-318.11(3) attorney client privilege, item (5) land acquisition and item (6) personnel.

13 CLOSED SESSION (IF APPLICABLE).

Moved by Jerry Groves, seconded by Wendy Fletcher-Hardee

Motion to go into closed session as per NCGS 143-318.11(3) attorney client privilege, (5) land acquisition and (6) personnel at 6 pm.

	For	Against	Abstained	Absent
Jerry Groves	x			
Fred McCoy				
Jacqueline A. Newton				
Brad George				
Wendy Fletcher-Hardee				
	1	0	0	0

CARRIED.

Moved by Wendy Fletcher-Hardee, seconded by Fred McCoy

Motion to return to Open Session at 7:04 pm.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			

Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

14 7PM PUBLIC HEARINGS: SPECIAL USE PERMITS/ZONING MAP AMENDMENTS/ RESOLUTIONS

14.1 SUP 2023-41: Special Use Permit request for Artisan Manufacturing in the Rocky Point Township

Attorney Thurman administered the oath to all those wishing to testify.

Chair Newton opened the Public Hearing at 7:06 pm.

Planner Feldman stated this is case 2023-41 by applicant Allan McVay on behalf of owner Joseph Brian West, for a Special Use Permit for Artisan Manufacturing to allow design, modification and crafting of custom artisan wood furniture, shelving and cabinetry. Property is located on NC Highway 133 approximately 1000 feet west of the intersection with Cheshire Road in the Rocky Point Township.

Testimony
1. Applicant McVay testified he would have no more than four employees and he plans to manufacture cabinets. He said no customers will be onsite and it will be open one to two days a week. There will be no motion light on the property.
2. Sabrina Vincent, 311 Apple Blossom Drive, testified her mother is a resident nearby. She owns the property, and her mother lives there. She is concerned that the property will be rezoned commercial and change the community. She asked if material will be brought in and out that will affect traffic?

Chair Newton closed the Public Hearing at 7:20 pm as there were no more witnesses to testify.

Board discussion
The Board discuss hours of operation planned, distance of the closet neighbor, dust collection method and possible traffic impact.

Moved by Jerry Groves, seconded by Brad George

Motion to approve SUP Case 2023-41 for Artisan Manufacturing as presented.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

15 Closed session

Moved by Wendy Fletcher-Hardee, seconded by Fred McCoy

Motion to go into Closed Session at 7:21 pm as per NCGS 143-318.11(3) attorney client, (5) land acquisition, (6) personnel.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

16 ADJOURNMENT

Moved by Wendy Fletcher-Hardee, seconded by Fred McCoy

Motion to return to open session at 7:59 pm and adjourn.

	For	Against	Abstained	Absent
Fred McCoy	x			
Jacqueline A. Newton	x			
Jerry Groves	x			
Brad George	x			
Wendy Fletcher-Hardee	x			
	5	0	0	0

CARRIED.

Pender County
Request for Board Action

TO:	Board of County Commissioners
FROM:	Wes Stewart
DATE:	May 1, 2023
SUBJECT:	Approval of a Budget Amendment to Budget Foster Children Donation Monies Received: $500

SUMMARY:
The Department of Social Services is requesting approval of a Budget Amendment to Budget Foster Children Donation monies received in the amount of $500. These funds were donated by Kiwanis of Burgaw for foster care.

Expenditure:100087-462423 $500
Revenue: 12-335010 $500

ACTION REQUESTED:
To consider approving the budget amendment to increase programmatic revenues and related expenditures for DSS Foster care by $500.

Tuesday, April 4, 2023

Pender County Budget Ordinance Amendment

Fiscal Year FY 2022-2023

Department 100 - PUBLIC ASSISTANCE

Division, Program, Project, etc. DSS Fostercare Donation

REVENUES

	Account # (ORG-OBJECT)	Account Description	Amount
1	12	335010	500
2			
3			
4			
5			
6			
7			
8			
9			
10			

Proposed Amendment:

EXPENDITURES

	Account # (ORG-OBJECT)	Account Description	Amount
1	100087	462423	500
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total Revenues 500

Total Expenditures 500

Budget Amendment Balances when Zero. 0

Prepared By: Savannah Hubach

Email shubach@pendercountync.gov

Pender County
Request for Board Action

TO:	Board of County Commissioners
FROM:	Kenneth Keel
DATE:	May 1, 2023
SUBJECT:	Approval of $43,015 Increase to PO# 52 to 274 Construction Group for Change Order to the Pender Commerce Park Water & Sewer Extensions Project

SUMMARY:
A significant change to the water extension connection at US 421 and Quality Way is required for the Pender Commerce Park Water & Sewer Extensions Project. The record drawings indicated that there was a valve on the 24" existing water line in a location favorable to an extension southward. After extensive investigations during construction, it was found that the valve was actually on the water plant side of the tee rather than the southward stub-out. This location would require another valve be closed during the tie-in to shut off water to the stub-out. The next closest valve to serve this purpose was on the opposite side of the Pender Commerce Park entrance, over a half-mile away, which would dump 65,000 gallons of water within the pipe into the excavation for the tie-in. To make matters worse, closing that valve for the tie-in would shut down water service to the entire Pender Commerce Park, and require PCU to issue a 24-hour minimum boil water notice for the park. This shut-down and boil water notice would have a very negative impact on the businesses in the industrial park, especially considering that one tenant is a food manufacturing plant.

As a result of these potential issues, performing a wet tap on the existing pipeline is the best solution. A wet tap allows a water pipe to remain under pressure and in-service while the pipe is tapped and a valve installed. This size tap requires a specialty contractor and additional fittings and supplies, which will result in a $43,015 increase in the construction cost. We do have sufficient funds available for this change order within the project budget at account # 86-407460-6963. Also, early in construction we unexpectedly received a $262,000 grant to assist with project construction costs, allowing us to spend much less of PCU funds than originally anticipated.

ACTION REQUESTED:
Approve $43,015 Increase to PO# 52 to 274 Construction Group

ATTACHMENTS:
Work Change Directive

Work Change Directive

Date of Issuance:	04/03/2023	Effective Date:	04/03/2023
Owner:	Pender County Utilities	Owner's Contract No.:	
Contractor:	274 Construction Group, Inc.	Contractor's Project No.:	
Engineer:	McKim & Creed, Inc.	Engineer's Project No.:	00542-0080
Project:	Pender Commerce Park Water & Sewer Main Extension	Contract Name:	Pender Commerce Park Water & Sewer Main Extension

Contractor is directed to proceed promptly with the following change(s):

Description:

This Work Change Directive (WCD) supersedes WCD1. The existing 24" valve was not able to be located during construction, facilitating the need for a wet tap to connect the new water main extension to the existing 24" main. Work shall include installation of a 24"x12" tapping sleeve and valve assembly, wet tap, piping, fittings, joint restraints, thrust blocking, thrust collar and additional shoring and all other labor, materials and work as described in the attached documents for a complete and operational installation.

Attachments:

Exhibit A - Water Main Connection Detail; Exhibit B - Thrust Block Detail; Exhibit C - 274 Change Proposal

Purpose for Work Change Directive:

Directive to proceed promptly with the Work described herein, prior to agreeing to changes on Contract Price and Contract Time, is issued due to: *[check one or both of the following]*

☐ Non-agreement on pricing of proposed change.

☐ Necessity to proceed for schedule or other Project reasons.

Estimated Change in Contract Price and Contract Times (non-binding, preliminary):

Contract Price $ 43,015.00 (increase) ~~[decrease]~~.

Contract Time 60 days (increase) ~~[decrease]~~.

Basis of estimated change in Contract Price:

☐ Lump Sum ☐ Unit Price

☐ Cost of the Work ☐ Other

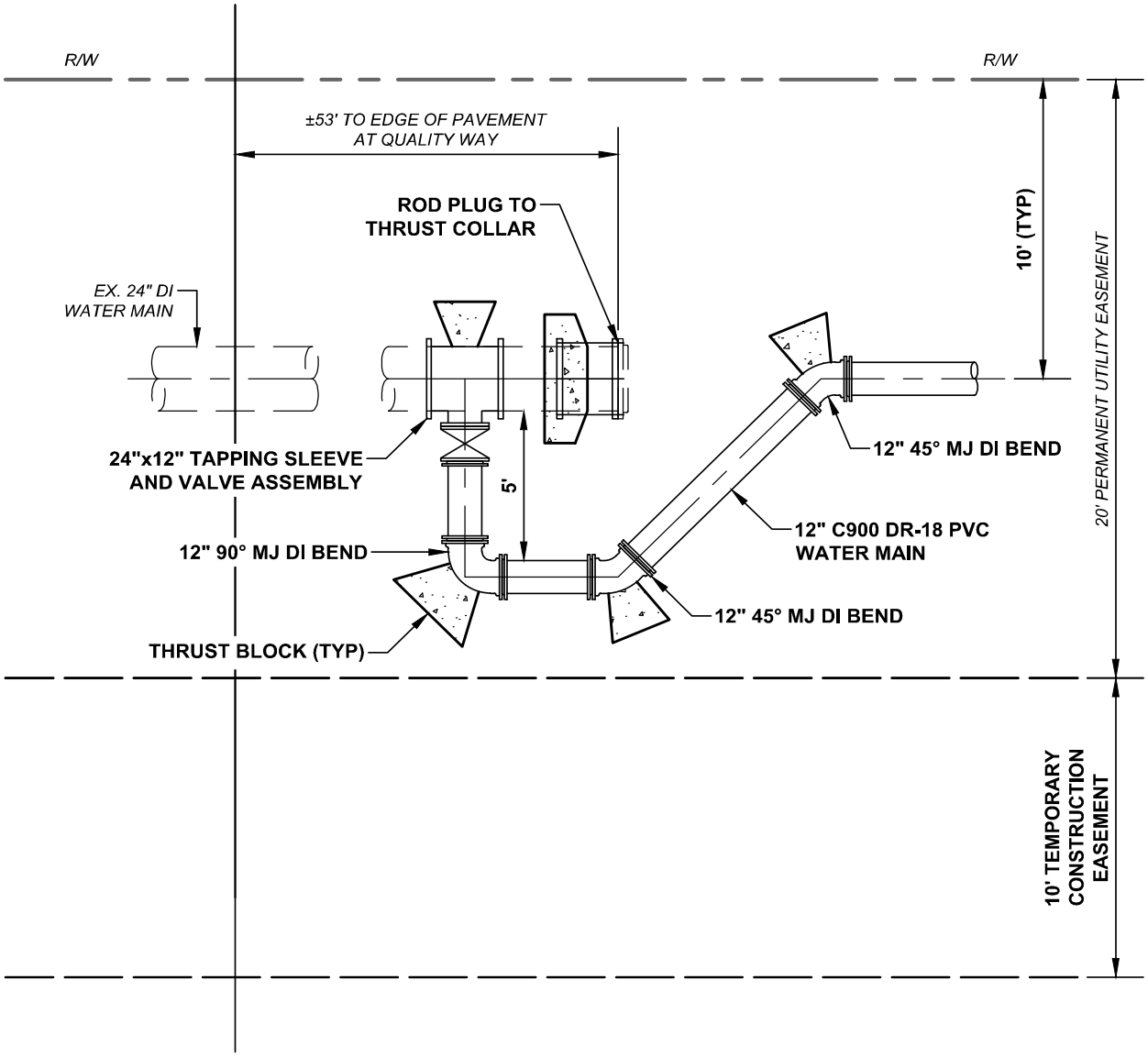
RECOMMENDED:	AUTHORIZED BY:	RECEIVED:
By: Sean Kenny	By: David Cardwell	By:
Engineer (Authorized Signature)	Owner (Authorized Signature)	Contractor (Authorized Signature)
Title: Sr. Project Engineer	Title: County Manager	Title:
Date: 04/03/2023	Date: 4/12/23	Date:

Approved by Funding Agency (if applicable)

By: Date:

Title:

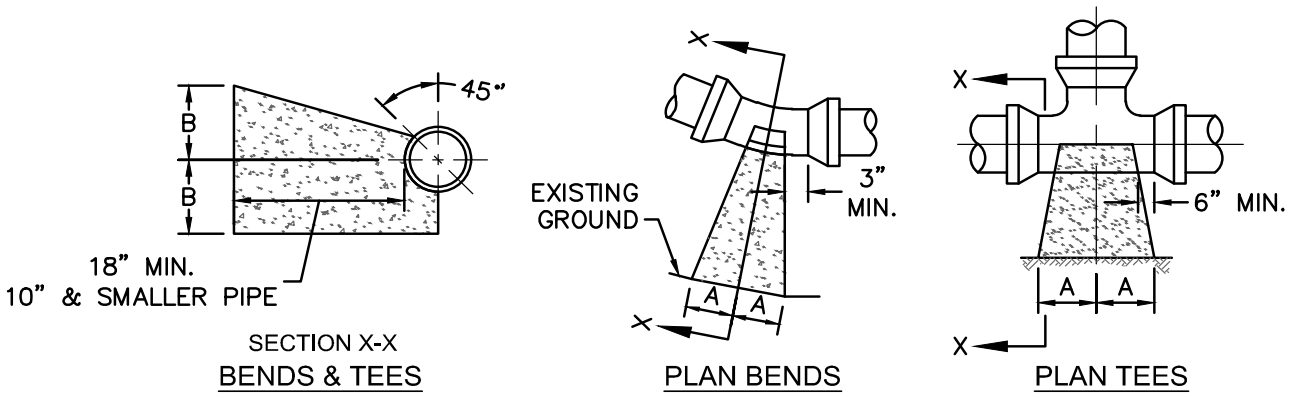
EXHIBIT A - WATER MAIN CONNECTION DETAIL



NOTES:

1. **CONTRACTOR SHALL INSTALL TAPPING SLEEVE AND VALVE ASSEMBLY IN ACCORDANCE WITH TAPPING SLEEVE AND VALVE ASSEMBLY DETAIL ON SHEET D00.2 OF THE CONTRACT DOCUMENTS.**
2. **PIPING SHALL BE FULLY RESTRAINED THROUGH THE ENTIRE ASSEMBLY AT THE LENGTHS INDICATED IN THE RESTRAINED JOINT TABLE STANDARD DETAIL ON SHEET D00.2 OF THE CONTRACT DOCUMENTS.**
3. **THRUST BLOCKS SHALL BE INSTALLED IN ACCORDANCE WITH ATTACHED THRUST BLOCK DETAIL.**
4. **CONTRACTOR SHALL PROVIDE A COMPLETE SUBMITTAL ON EQUIPMENT, MATERIALS, AND TAPPING SUBCONTRACTOR. SUB-CONTRACTOR SHALL HAVE A MINIMUM OF 5 YEARS EXPERIENCE AND SHALL DEMONSTRATE EXPERIENCE THROUGH DOCUMENTATION. REQUIRED EXPERIENCE SHALL INCLUDE AT A MINIMUM 10 EXAMPLES OF TAPPING THE EXACT KIND/TYPE OF PIPE BEING TAPPED HEREIN. ALL TAPPING EXPERIENCE EVIDENCE SHALL BE FOR TAPS ON LINES GREATER THAN 12 INCHES.**

EXHIBIT B - THRUST BLOCK DETAIL



SIZE	90 BENDS		45 BENDS		22-1/2 BENDS		TEES/PLUGS		45 VERT. BENDS
	A	B	A	B	A	B	A	B	
3"	8"	6"	5"	6"	3"	7"	6"	8"	27"
4"	8"	9"	5"	8"	3"	11"	6"	9"	28"
6"	14"	11"	9"	9"	8"	8"	12"	9"	36"
8"	16"	16"	12"	12"	10"	13"	14"	13"	42"
10"	18"	22"	15"	14"	14"	16"	18"	15"	50"
12"	20"	28"	18"	17"	16"	16"	22"	18"	62"
14"	26"	29"	21"	19"	18"	18"	26"	20"	72"
16"	33"	29"	25"	21"	20"	21"	32"	21"	83"
18"	40"	30"	28"	24"	22"	23"	36"	24"	88"

NOTES:
1. ALLOW 7-DAY MINIMUM CONCRETE CURE TIME BEFORE PLACING LOAD ON THRUST BLOCK
2. BASED ON 150 PSI TEST PRESSURE AND 2,000 PSF SOIL BEARING CAPACITY.
3. ALL BEARING SURFACES TO BE CARRIED TO UNDISTURBED GROUND.
4. PIPE & FITTINGS TO BE WRAPPED IN 10 MIL PLASTIC PRIOR TO THRUST BLOCK BEING POURED.

EXHIBIT C - 274 CHANGE PROPOSAL

March 23, 2023

Pender Commerce Park
Water & Sewer Main Extension
McKim & Creed, Inc.
Sean Kenyon

RE: Work Change Directive #2

Sean,

Please review this proposal for the Field Order #3 requested. We anticipate three additional workdays for this work.

By our records the substantial completion date was set for February 12, 2023. Based on the changes in design and additional required work we are asking for Sixty additional days which will change the substantial completion date to April 13th, 2023.

Scope of work per Work Change Directive #2: To install a 24" x 12" tapping sleeve and valve assembly to connect the new water main extension to the existing 24" main.

Item	Description	Quantity	Units	Unit Price	Bid Total
100	MOBILZATION	1.000	LS	$ 4,000.00	$ 4,000.00
200	TAPPING SLEEVE	1.000	EA	$ 23,800.00	$ 23,800.00
300	TAPPING SUB (KOPPL PIPELINE SERVICES)	1.000	EA	$ 4,950.00	$ 4,950.00
	Total				**$ 32,750.00**

Total additive Change Order: **$32,750.00**

Please sign this estimate and return indicating your acceptance of our proposal.

Thank you,

Phillip Fields
Operations Manager

McKim & Creed, Inc.
Signature of Acceptance: _____

274 CONSTRUCTION GROUP

EXHIBIT D - 274 CHANGE PROPOSAL FROM WCD1

January 9, 2023

Pender Commerce Park
Water & Sewer Main Extension
McKim & Creed, Inc.
Sean Kenyon

RE: Field Order 2 – Change Order

Dewatering of water main no longer required due to wet tap noted on WCD2 SK

Sean,

Please review this proposal for the Field Order #2 requested. We anticipate two additional days for this work

Scope of work per Field Order #2: To make the proposed connection for the 12" water main extension, and nighttime shutdown of the 24" main required for the 24" butterfly valve.

Biditem	Description	Quantity	Units	Unit Price	Bid Total
100	WEDGE ACTION RESTRAINER	1.000	EA	$ 5,100.00	$ 5,100.00
200	CONCRETE THRUST COLLAR - 3000 PSI	1.000	EA	$ 4,600.00	$ 4,600.00
~~300~~	~~DEWATERING~~	~~1.000~~	~~EA~~	~~$ 2,200.00~~	~~$ 2,200.00~~
400	SHORING	1.000	EA	$ 565.00	$ 565.00
	Bid Total				~~$ 12,465.00~~

$ 10,265.00 SK

Total additive Change Order: ~~$12,465.00~~
$ 10,265.00 SK

Please sign this estimate and return indicating your acceptance of our proposal.

Thank you,

Jaime Martinez
Project Manager

McKim & Creed, Inc.
Signature of Acceptance: _____

Pender County
Approval of BOA for closing transfer for PCU project

TO:	Board of County Commissioners
FROM:	Meg Blue
DATE:	May 1, 2023
SUBJECT:	Approval of BOA for closing transfer for PCU project

SUMMARY:
This PCU project was completed and capitalized as part of our assets already. This BOA is to close the project on our books and transfer the remaining fund balance of the project to the PCU operating funds where the related expenditures are made for this asset.

ACTION REQUESTED:
Approval of BOA for closing transfer for PCU project

Monday, April 17, 2023

Pender County Budget Ordinance Amendment

Fiscal Year FY 2022-2023

Department 072 - WATER OPERATIONS

REVENUES

	Account # (ORG-OBJECT)	Account Description	Amount
1	072-399000		671851.78
2	81-399072		135251.78
3			
4			
5			
6			
7			
8			
9			
10			

Proposed Amendment:

EXPENDITURES

	Account # (ORG-OBJECT)	Account Description	Amount
1	072-409081		671851.78
2	81-404505		94302.65
3	81-404507		90407.24
4	81-407460		24241.89
5	81-409600		-73700
6			
7			
8			
9			
10			

Total Revenues 807103.56

Total Expenditures 807103.56

Budget Amendment Balances when Zero. 0

Prepared By: Meg Blue

Email mblue@pendercountync.gov

Pender County
Approval of Surplus Property Advertisement for Auction - Listed Parcels

TO:	Board of County Commissioners
FROM:	Meg Blue
DATE:	May 1, 2023
SUBJECT:	Approval of Surplus Property Advertisement for Auction - Listed Parcels

SUMMARY:
Please consider attached documentation requesting authorization to surplus listed parcels. These parcels were acquired through tax foreclosure and are recommended to be deemed surplus and auctioned on GovDeals.

ACTION REQUESTED:
Approval of Surplus Property Advertisement for Auction - Listed Parcels

Pender County Finance Department
PO Box 1578
Burgaw, North Carolina 28425

Asset Manager
Andy Devane

adevane@pendercountync.gov

Letter of recommendation for sale of real property

4/17/2023

Dear Commissioners,

For your consideration is a proposed sale of multiple properties listed on attached spreadsheet. We acquired these parcels through tax foreclosure proceedings. The parcel consists of a wooded lot to lots with structures ranging from 0.14 acre to 2.06 acres. The estimated tax value of these parcels ranges from $5,332.00 to $45,860.00 in GIS.

I recommend the sale, via auction, of this parcel on the GovDeals.com website as it reaches a global audience. I recommend the starting bid for this parcel will be the current tax value of the land and go up from there. The County will not make any guarantees on the use of these properties.

Published notice of the summary of this resolution and subsequent auction will be by electronic advertisement only on the County's website located under "Bid & RFP's." The electronic publication will provide a link to the GovDeals.com auction website. The electronic published notice and auction is pursuant to G.S. Chapter 160A-270(c).

Sincerely,

Andy Devane

Asset Manager

Pender County Finance Department
PO Box 1578
Burgaw, North Carolina 28425

Asset Manager
Andy Devane

adevane@pendercountync.gov

Resolution

Resolution declaring the sale of a surplus asset to be Sold at Electronic Auction on GovDeals.com

LEGISLATIVE INTENT/PURPOSE:

The resolution declares the real properties (listed on spreadsheet) as a surplus asset that will be sold as is on GovDeals.com after board approval for a duration of 31 days.

Published notice of the summary of this resolution and subsequent auction will be by electronic advertisement only on the County's website located under "Bids and RFP's." The electronic publication will provide a link to the GovDeals.com auction website.

THEREFORE, BE IT RESOLVED:

THAT, the real property more particularly described in Exhibit "A" is hereby declared surplus and the Asset Manager is authorized to publish notice and disposal of the property at public auction of the summary of this resolution and subsequent auction pursuant to G.S. Chapter 160A-270(c).

Adopted at a _____ meeting on

_____ 2023

_____

Pender County Authorized Representative

ATTEST:

_____

County Clerk

SERIAL/PARCEL	LOCATION MEMO	ESTIMATED TAX VALUE	ESTIMATED ACREAGE	ESTIMATED ACCESS/NO ACCESS
2385-24-8225-0000	ON RD 1305 NEAR RD 1001	$5,332.00	0.14	ACCESS
2353-74-1898-0000	ON E/S 421 N OF 1211	$12,500.00	0.22	ACCESS
2353-83-6241-0000	.51 ACRES OFF US HWY 421	$45,860.00	0.5	NO ACCESS
2393-57-8698-0000	OFF N/SIDE NC 11	$7,251.00	0.5	NO ACCESS
3323-70-5947-0000	.57 AC RADIE WHEELER KING TRACT	$9,200.00	0.56	NO ACCESS
4226-74-2369-0000	OFF S/E SIDE 17 AT EDGECOMBE	$18,000.00	0.6	NO ACCESS
2341-38-3612-0000	LOT 5 LIZZIE HENRY S/R 1210	$7,600.00	0.69	NO ACCESS
3219-30-4406-0000	N/S HWY 53 2 MI W/BURGAW	$13,520.00	0.75	ACCESS
4214-28-3069-0000	LOT 13 PB 20/50 OFF E/SIDE 1562	$45,270.00	1.19	NO ACCESS
2353-65-3425-0000	1.5 ACRES HWY 421	$8,043.00	1.2	ACCESS
2248-75-3059-0000	OUT OF TOWN OFF S/W SIDE SUNSET AVE	$14,750.00	1.75	NO ACCESS
4302-02-4780-0000	BEAR GARDEN RD	$5,400.00	1.89	ACCESS
2373-67-4493-0000	ON 1300 S/SIDE	$8,274.00	1.9	ACCESS
3392-84-6566-0000	1532 W/SIDE	$31,200.00	2.06	ACCESS

Pender County
Request for Board Action

TO:	Board of County Commissioners
FROM:	Jessica Hudson
DATE:	May 1, 2023
SUBJECT:	Approval of Tax Releases and Refunds

SUMMARY:
Releases and refunds result from listing and assessing due to incorrect and incomplete information. Taxpayers will or have overpaid taxes. Board action rectifies the mistake. The refunds and releases are recommended as follows:

ACTION REQUESTED:
Staff requests that the board approves the attached list of releases and refunds for April 2023.

Pender County

Request For Board Action

DATE OF MEETING: May 1, 2023

REQUESTED BY: Jessica Hudson, Interim Tax Assessor, Tax Office

SHORT TITLE: Approval of Tax Releases and Refunds

BACKGROUND: Releases and refunds result from listing and assessing due to incorrect and incomplete information. Taxpayers will or have overpaid taxes. Board action rectifies the mistake. The refunds and releases are recommended as follows:

RELEASES OVER $100

YEAR	NAME	ACCOUNT	AMOUNT	REASON
NONE				

REFUNDS OVER $100

YEAR	NAME	ACCOUNT	AMOUNT	REASON
2022	JENNIFER LYNN CORBETT	274105260	195.81	MILTRY EXEMPT
2022	CRUZ, YURIDIA	272622294	183.23	SOLD
2022	FOWLER, DEBORAH FULKS	273977652	466.96	OUT OF STATE
2022	HOPE, KYLE MICHAEL	272503209	169.24	MILTRY EXEMPT
2022	INMAN, BILLY JOE	366086016	408.24	SITUS
2020	INMAN, BILLY JOE	366086040	222.18	SITUS
2022	JENKINS, MICHAEL ANDREW	274564362	711.78	SOLD
2022	KIRCHOFF, CHRISTOPHER	274584953	101.15	SOLD
2022	LANGSTON, MICKEY VERNON	274206936	465.15	EXEMPT
2022	LMSWADE INC	366085840	159.93	SITUS
2021	MCGAHA, DENNIS EDWARD	274848222	146.07	OUT OF STATE
2022	MCKINNEY, TIMOTHY BRENDON	274206837	122.43	MILTRY EXEMPT
2021	MOKRIS, BRANDON PHILIP	272306640	163.74	MILTRY EXEMPT
2022	REMSPECHER, EDGAR BENARD JR	274105191	398.12	SOLD
2022	RUSSELL, ROBERT THOMAS	274309713	560.56	SOLD
2022	SACHS, SEWALL KENT LAWRENCE	274981404	415.04	SOLD
2022	TRI-STATE LAND & TIMBER LLC	272878290	218.02	SOLD
TOTAL REFUNDS OVER $100			$5,107.65	

RELEASES UNDER $100

YEAR	NAME	ACCOUNT	AMOUNT	REASON
NONE				

REFUNDS UNDER $100

YEAR	NAME	ACCOUNT	AMOUNT	REASON
2021	CAGLE, ANN BRADSHAW	272878530	2.97	SOLD
2022	CAMACHO, FIGUEROA ARACELI	366464456	92.11	SITUS
2021	CLECKLER, ERIC LANE	274981641	57.85	SOLD
2022	CORNELISON, JAMES ALLEN	364871388	71.40	SITUS
2022	DENNIS, ROBERT	274564995	24.39	MILTRY EXEMPT
2021	DRAPER, DANIEL DAVID	274722018	16.33	SOLD
2021	DRAPER, DANIEL DAVID	366296016	17.00	SITUS
2022	GAGNON, KEVIN MICHAEL	364596324	10.16	SITUS
2022	GAGNON, KEVIN MICHAEL	364596328	47.05	SITUS
2021	GREENE, JOHN WESLEY	273446931	8.35	SOLD
2022	HAND, DALE LANCE	273433086	48.94	SOLD
2021	HERITAGE ROOFING & SHEET METAL LLC	273548151	35.84	SOLD
2020	INMAN, BILLY JOE	366086032	17.35	SITUS
2020	INMAN, BILLY JOE	366086060	1.03	SITUS
2021	JAMES, MICHELLE PHYLICIA	272503476	1.61	SOLD
2021	JAMES, MICHELLE PHYLICIA	272503470	3.39	SOLD
2022	JOHNSON, CLAY EDGAR	272503221	34.36	SOLD
2021	LANIER, JESSICA NICHOLE	273548184	7.58	DESTROYED
2021	LEIVISKA, VICTOR JOHN	272985525	4.36	SOLD
2021	LEIVISKA, VICTOR JOHN	272985522	11.38	SOLD
2022	LOPEZ, JOSEPH STEVEN	274206840	41.54	MILTRY EXEMPT
2022	LOWE, CHARLES MICHAEL	274105095	53.51	SOLD
2022	MASER, JANIS READ	272878446	31.99	SOLD
2021	MCGAHA, DENNIS EDWARD	274848231	10.07	OUT OF STATE
2022	NARRAMORE, AMBER LYNNE	363818748	12.04	SITUS
2022	PAYNE, TERRY ANN	363338132	42.33	SITUS
2022	RIVENBARK, PRISCILLA	273432873	30.54	SOLD
2022	SPENCER, TAMMY MARIE	363837736	55.40	SITUS
2021	SPONSELLER, MEGAN RYAN	273653610	18.59	DESTROYED
2021	WALSH, TIMOTHY PATRICK	274105497	8.52	SOLD
2022	WELLS, JOSHUA TYLER	274981086	13.26	SOLD

TOTAL REFUNDS UNDER $100 $831.24

TOTAL OF ALL RELEASES NONE

TOTAL OF ALL REFUNDS $5,938.89

Pender County
Request Board Approval

TO:	Board of County Commissioners
FROM:	Carolyn Moser
DATE:	May 1, 2023
SUBJECT:	Resolution to Request Approval to Increase Purchase Order to Cape Fear Engineering by $63,000 to conduct Environmental Investigation Services.

SUMMARY:
The Health and Human Services requests the Board of County Commissioners to Approve an increase to an existing Purchase Order to Cape Fear Engineering. The increase of $63,000 is for Phase II of the Environmental Investigation Service.

At the January 17, 2023 Board of County Commissioners agenda meeting a resolution was presented to the board and a Purchase Order was approved in the amount of $51,000 to Cape Fear Engineering for an Environmental Assessment and Geotechnical Engineering Services. If approved the total purchase order to Cape Fear Engineering will be $114,000.

ACTION REQUESTED:
Request BOCC to approve Purchase Order increase in the amount of $63,000 for Phase II of the Environmental Investigation Service to Cape Fear Engineering.

CAPE FEAR ENGINEERING

April 13, 2023

Mr. Buddy Avery
Office of the County Manager, Pender County, North Carolina
805 S. Walker Street
Burgaw, NC 28425

Re: Proposal for Phase II Environmental Investigation Services:
Pender County - Proposed HHS Building

Dear Mr. Avery:

Cape Fear Engineering (CFE) is pleased to present this proposal to provide a Phase II Environmental Site Assessment (ESA) for the proposed Pender County Health and Human Services (HHS) building site located east of Progress Drive in Burgaw, Pender County, North Carolina (Site).

A Phase I ESA was completed for the site during February and March 2023. The Phase I identified three recognized environmental conditions (RECs) in connection with the Site:

- Previous use of the Site in the 1980's contributed to automobile part debris being found throughout the southern part of the Site.
- A turned over 55-gallon drum with puncture holes was identified in the southern portion of the Site. The former contents of the drum are unknown.
- A group of railroad ties were found in the northern section of the Site near the modular buildings. It is common to find railroad ties treated with creosote and chromated cooper arsenate (CCA). With it being unknown how long the railroad ties have been on the Site, and creosote being a petroleum hydrocarbon, it is considered a recognized environmental condition for the Site.

Our proposal, estimated costs, and associated schedule to complete the requested work are provided in the following text.

Scope of Work
Based on our discussions, CFE proposes to conduct the following environmental investigation:

- Conduct a geophysical survey using ground penetrating radar to identify any anomalies in the subsurface.
- Conduct a soil investigation of up to 48 soil borings at locations across the southern portion of the Site. Two subsurface soil samples (0-2 feet bgs and 2-5 feet bgs) will be collected and analyzed from each boring for the following:
    - o Eight RCRA metals, Volatile Organic Compounds (VOCs), Semi Volatile Organic Compounds (SVOCs), Pesticides, PCBs, MADEP VPH, MADEP EPH, and corrosivity (pH)
- Two additional soil borings and one temporary monitoring well will be advanced in the northern section of the Site adjacent to the railroad ties. The soil in these locations will be analyzed for:
    - o VOCs, SVOCs, Pentachlorophenol, Arsenic, Copper and Chromium
- Install and sample five temporary groundwater monitoring wells located in the southern portion of the Site, and analyze the samples for:
    - o VOCs, SVOCs, Pesticides, PCBs, 6200B, MADEP EPH, MADEP VPH, and the eight RCRA metals.

Prior to the investigation activities, CFE will notify North Carolina One Call to mark utilities at the Site prior to the investigation.

We understand that the proposed boring locations are present in vegetated areas that are accessible to a tracked Geoprobe drill rig and that clearing of the vegetation is not necessary. If clearing is necessary, additional costs and time will be incurred.

Geophysical Survey
A geophysical survey will be conducted in the southern portion of the Site to identify any anomalies in the subsurface. Since it is unclear the amount of debris that is buried at the Site, it is necessary to properly identify and document the extent of the debris. A qualified CFE representative will survey the area using ground penetrating radar and mark where anomalies are present. If additional anomalies are identified during the survey, soil borings will be added in these locations to further investigate.

Soil Investigation
Subsurface soil samples will be collected in areas where automobile part debris has been identified or are suspected based on the geophysical surveys results. Soil borings will be advanced using a Geoprobe or similar direct-push drilling rig equipped with sampling sleeves. Each boring will be advanced using decontaminated tools into the subsurface until groundwater is encountered or to a depth of at least 5 feet. As each sampling sleeve is removed from the ground, a CFE geologist will visually describe the soil and perform screening using a photoionization detector (PID), which will provide an indication of the

relative concentration of volatile organic compounds. Soil samples from each boring will be selected for laboratory analysis based on the proposed depth, visual evidence of contamination, high PID screening results, or other indications of potential contamination.

As each surface (0-2 feet bgs) or subsurface sample (2-5 feet bgs) is collected an aliquot will be placed into a laboratory-supplied container that will then be placed on ice in a cooler for VOC analysis. The remaining soil will be composited and then placed in a laboratory supplied container and placed in a cooler for the remaining analyses. The cooler will be delivered under chain-of-custody procedures to the laboratory for analyses. Laboratory analyses will be performed by a qualified commercial laboratory, most likely Eurofins. Once the samples have been collected, the borings will be abandoned by filling the holes with bentonite pellets.

The soil results will be compared to USEPA Regional Screening Levels (RSLs) for residential and industrial properties. These standard, risk-based levels are typically used by state regulatory agencies, including the North Carolina Department of Environmental Quality (NCDEQ) to evaluate the significance of detected contaminants.

Groundwater Investigation

An attempt will be made to install a temporary groundwater monitoring well at up to six of the soil borings. If groundwater is encountered while drilling, a 1-inch diameter PVC temporary monitoring well will be set and screened appropriately. A CFE professional geologist will provide oversight for installation, log soil and geologic information.

Using a disposable baler or peristaltic pump with dedicated tubing, water will be purged from the temporary well and an initial groundwater sample will be collected and immediately placed into laboratory-supplied bottles. The containers will then be placed on ice in a cooler and delivered under chain-of-custody procedures to the laboratory for analyses. Laboratory analyses will be performed by a qualified commercial laboratory. Please note that the use of temporary wells may not be capable of yielding sufficient quantities of water to allow collection of the required volumes for all requested analyses. In the event that sufficient water for all analyses cannot be collected, VOCs will be the first priority. It is also possible that the temporary wells will not yield water of low turbidity. If turbidity remains greater than 50 NTU after reasonable attempts at purging, the metals sample will be field filtered using a 0.45 micron filter and the sample will be analyzed for dissolved rather than total RCRA metals.

Once the laboratory completes the analysis, CFE will compare the results to the USEPA maximum contaminant levels (MCLs) and RSLs to evaluate the significance of any detected concentrations.

Upon completion of the analyses, CFE will provide, in the form of a letter report, an evaluation of the results including a figure showing the approximate location of each sampling location, a summary table presenting the analytical results along with the applicable regulatory standards, boring logs, laboratory report, and conclusions and recommendations based on the data.

Project Cost
CFE's estimated price for performing the above-described services is **$63,000** including drilling and laboratory services as well as CFE labor and expenses. This estimate will not be exceeded without your prior approval. Actual costs will be incurred on a time-and materials basis in accordance with CFE's Standard Schedule of Fees, a copy of which is attached. All laboratory analyses are assumed to be conducted on a normal turn-around time.

Because this scope of work involves intrusive investigation related to potentially hazardous substances, CFE requires a written agreement with you covering terms and conditions of service. A model Master Services Agreement is attached for your review. Please let us know if you have questions about this agreement. Receipt of a signed agreement will be considered authorization to proceed.

Schedule
Once we have approval from you, we will schedule the field work as soon as possible. The investigation report should be completed within three weeks of the completion of the field work.

We appreciate the opportunity to provide you this proposal. Please call if you have any questions or would like to discuss the proposal further.

Sincerely,

Drew Daymond, P.G.

CFE Environmental Consultants, Inc.
Attachment

DRAFT

Pender County
Request Approval of FY 2023-2024 Pender County Juvenile Crime Prevention Council's Annual Plan, Funding Recommendation and Board Members

TO:	Board of County Commissioners
FROM:	Dee Turner
DATE:	May 1, 2023
SUBJECT:	Request Approval of FY 2023-2024 Pender County Juvenile Crime Prevention Council's Annual Plan, Funding Recommendation and Board Members

SUMMARY:
The Juvenile Crime Prevention Council (JCPC) is a state mandated county board which one of its duties is to administer and monitor the state funds disbursed to programs serving youth who are currently in the juvenile justice system or at-risk of entering it. The amount of funding is based on a youth per capita basis. It is anticipated that Pender County will receive $153,959 for FY 2023-2024. To receive these funds, the JCPC must complete an Annual Plan of which a major component is doing an assessment of the risks, needs and available resources for the youth of Pender County. As a result of the assessment, the following needs were identified: 1) Psychological Assessments, 2) Counseling, 3) Mentoring, 4) Skill Building (including but not limited to Parent/Family Skill Building, Interpersonal Skill Building, Vocational Skill Building), 5) Community Service and Restitution, and 6) Teen Court. A Request for Proposals was advertised for programs that could meet the identified needs. Only the four (4) existing programs submitted Program Agreements. The Pender County JCPC recommends the following programs receive funding:

Psychological Services	$ 47,312
Community Service/Restitution/Teen Court	$ 49,947
Customized Youth Development Training	$ 35,000
Systematic Training for Effective Parenting	$ 15,000
JCPC Administration	$ 6,700
	$153,959

ACTION REQUESTED:
Request Approval of FY 2023-2024 Pender County Juvenile Crime Prevention Council's Annual Plan, Funding Recommendation and Board Members

Juvenile Crime Prevention Council
County Plan

Pender County

For FY 2023-2024

Table of Contents

I. Executive Summary

II. County Funding Plan

III. Juvenile Crime Prevention Council Organization

IV. County Risk and Needs Assessment Summary

V. County Juvenile Crime Prevention Council Request for Proposals

VI. Funding Decisions Summary

VII. Funded Programs Descriptions

Attachments:

Executive Summary

The Pender County Juvenile Crime Prevention Council (JCPC), in fulfillment of the duties and responsibilities as set forth in the General Statutes of the State of North Carolina, has reviewed and updated the County Plan.

The JCPC has identified the issues and factors which have an influence and impact upon delinquent youth, at-risk youth, and their families in Pender County. Further, the JCPC has identified the strategies and services most likely to reduce/prevent delinquent behavior.

JCPC Action Plan Progress:
Over the past year, the JCPC has worked diligently to recruit new members and increase community awareness. As a result the JCPC has increased participation at the JCPC meetings; Board vacancies have been filled; and various agencies began participating in the monthly meetings. This has not only benefited the JCPC, but also the community as agencies that work with families and children become aware of the various services offered in Pender County.

As a result of JCPC funded programs, there has been a decrease in the number of petitions filed, adjudication and probation cases. The Community Service program continues to serve a large number of youth and the Restitution program assists youth and their families by being able to repay victims for crimes committed. More youth were able to receive psychological services and counseling while non-residential and residential programs/group homes had a decrease in referrals. The JCPC programs in Pender County continue to make a difference by serving the youth in the County and decreasing juvenile delinquent activity.

Priorities for Funding: Through a risk & needs assessment and a resource assessment, the JCPC has determined that the following services are needed to reduce/prevent delinquency Pender County.

- Psychological Assessments
- Counseling
- Mentoring
- Skill Building
- Community Service and Restitution
- Teen Court

Monitoring and Evaluation: Each program funded in the past year by the JCPC has been monitored. The monitoring results and program outcomes evaluations were considered in making funding allocation decisions. The JCPC continues to conduct implementation monitoring of its action plan and its funded programs on a quarterly basis.

Funding Recommendations: Having published a Request for Proposals for these needed services for a minimum of thirty (30) days, the JCPC has screened the submitted proposals and has determined which proposals best meet the advertised needed services. As required by statute, the JCPC recommends allocation of the NC Department of Public Safety, Division of Juvenile Justice funds, to the following Programs in the amounts specified below for the upcoming fiscal year: (See JCPC Funding Allocations page):

1. Psychological Services $47,312
2. Customized Youth Development Training $35,000
3. Teen Court & Community Service $49,947
4. Systematic Training for Effective Parenting (STEP) $15,000

(Please see attached program description pages)

The JCPC further recommends that the following amount be allocated from the NCDPS Division of Juvenile Justice funds for the administrative costs of the Council for the upcoming fiscal year: $6,700

Respectfully Submitted,

Dee Turner

Chair, Pender County Juvenile Crime Prevention Council
April 11, 2023

Pender County
NC DPS - Community Programs - County Funding Plan

Available Funds: $ $153,959 Local Match: $ $15,633 Rate: 10%

DPS JCPC funds must be committed with a Program Agreement submitted in NC Allies and electronically signed by authorized officials.

#	Program Provider	DPS-JCPC Funding	LOCAL FUNDING			OTHER	OTHER	Total	% Non DPS-JCPC Program Revenues
			County Cash Match	Local Cash Match	Local In-Kind	State/ Federal	Funds		
1	Administration	$6,700						$6,700	
2	Pender County - Psychological Services	$47,312			$4,732			$52,044	9%
3	Mt. Calvary University - Customized Youth Development Training	$35,000			$3,500			$38,500	9%
4	Coastal Horizons - Systematic Training for Effective Parenting (STEP)	$15,000			$1,811			$16,811	11%
5	Communities in Schools - Teen Court, Community Service & Restitution	$49,947			$5,590			$55,537	10%
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
	TOTALS:	$153,959			$15,633			$169,592	9%

The above plan was derived through a planning process by the Pender County Juvenile Crime Prevention Council and represents the County's Plan for use of these funds in FY 2023-2025.

Amount of Unallocated Funds _____

Amount of funds reverted back to DPS _____

Discretionary Funds added _____

Dee Turney 4/14/23
Chairperson, Juvenile Crime Prevention Council (Date)

check type ☐ initial plan ☐ update ☐ final

-----DPS Use Only-----

Reviewed by _____ _____
Area Consultant Date

Reviewed by _____ _____
Program Assistant Date

Verified by _____ _____
Designated State Office Staff Date

_____
Chairperson, Board of County Commissioners (Date)
or County Finance Officer

ver 03/04/2016

Juvenile Crime Prevention Council Organization

	Name	Organization	Title
Chairperson	Dee Turner	Pender County Parks & Recreation Dept.	Director
Vice-Chairperson	Shirley Steele	Pender County Health Department	Director of Nursing
Secretary	Bob Speight	Division of Juvenile Justice	Chief Court Counselor
Treasurer	Bob Speight	Division of Juvenile Justice	Chief Court Counselor
Assessment Committee Chairperson	Bob Speight	Division of Juvenile Justice	Chief Court Counselor
Funding Committee Chairperson	Bert Wilson	Member at Large	Community Member

Number of members: 16

List meeting dates during the current fiscal year and identify the number of JCPC members in attendance for each.

Meeting Date	Number of Members in Attendance	Quorum Present? Yes/No
July 2022	no meeting	not applicable
August 19, 2022	11	Yes
September 9, 2022	11	Yes
October 2022	no meeting	not applicable
November 18, 2022	10	Yes
December 2022	no meeting	not applicable
January 20, 2023	9	Yes
February 17, 2023	11	Yes
March 10, 2023	9	Yes
April 2023	no meeting	not applicable
May 19, 2023		
June 2023	no meeting	not applicable

SUMMARY REPORT OF THE
PENDER COUNTY RISK AND NEEDS ASSESSMENT COMMITTEE

- **Youth Assessment Screening Instrument Summary**
- **County Observations**
- **Summary of Existing Community Resources**
- **Summary of Gaps and Barriers in the Community Continuum**
- **Proposed Priority Services for Funding**

YASI Summary

The Risk and Needs Assessment Committee reviewed data collected from the Youth Assessment Screening Instrument (YASI) administered by Juvenile Court Counselors after juveniles are referred with a complaint alleging that a delinquent act. Once a youth has been adjudicated, the Court Counselor collects additional data from the juvenile. The YASI is comprehensive assessment used to predict the likelihood of the juvenile being involved in future delinquent behavior based on the juvenile's risk and needs. Data collected is used in service planning for the youth. For some youth, some of the individual item ratings may be heavily dependent upon information reported by the juvenile or the parent(s). For these items, there is a likelihood of under-reporting the incidence of a particular behavior, and the actual incidence may be higher than suggested by these figures. In those cases, the figure should be interpreted as a measure of the minimum level of occurrence.

The population of Pender County continues to grow. Even though the population has increased, the number of youth seen at intake has decreased. Of the 9,893 youth living in Pender County, only 27 youth were assessed by the YASI for FY 2021-2022. Observations from the data collected is below.

County Observations: FY 2021-2022

- The number of youth with a low risk level is 63% and very low needs is 56%. This is better than the state rate.
- Legal History Q3 - 63% of youth are diverted or screened out before, or at court. This is significantly higher than the state rate and an indication that youth are able to be served by community programs.
- Family Q1 - Youth who report they have been kicked out of the home is slightly higher than the state rate.
- Family Q4 – One in four juveniles live in a home where a family member has a mental health issue. This information is self-reported and can be slightly skewed. What is acceptable in one household may not be acceptable in another.
- Family Q7 – 89% of the youth indicate that they live with a sibling, relative, foster care or independent/other. This is higher than the state average of 75%.
- Alcohol/Drugs Q1 – The number of youth who indicate alcohol/drug use is 37% which closely matches the state rate of 38%. However, of youth assessed, 60% report their drug/alcohol use disrupts their function. This is significantly higher than the state rate of 27%. The number of youth who report drug/alcohol use under the age of 12 is 20% which is double the state rate.
- Alcohol/Drugs Q3 – Youth who report treatment for drug/alcohol use is 40% compared with the state rate of 15%. This is an indicator that the youth being seen by Juvenile Justice staff have had prior issues with substance use.
- Mental Health – Q1 – Youth who are currently in treatment, have had treatment in the past, are currently or have previously received medication (this includes treatment for ADD and ADHD), is higher than the state rate.
- Mental Health – Q5 – 19% of juveniles seen report being sexually abused. This is double the state rate.

Summary of the Existing Community Resources

- Juvenile Psychological Services (JCPC funded)
- Community Service & Restitution program (JCPC funded)
- Integrated Family Services Mobile Crisis
- Alexander Youth Network / MST
- Teen Court (JCPC funded)
- Coastal Horizons – STEP parenting program and In-Home Counseling services
- AMI Kids
- The Dunes Behavioral Health
- The Matthew 25 Center
- Cooperative Extension 4H services
- Smart Start
- STAR Academy (Alternative Learning Program within the school system)
- Organized youth athletic organizations (i.e. soccer, baseball, basketball, cheerleading)
- DARE (Pender County Sheriff's Office)
- PATH (Pender Alliance Teen Health school-based health center)
- Pender County Schools – Second Step, PBIS, Rachel's Challenge, Multi-tiered Student Support System (MTSS), Elementary After School program
- Pender County Parks and Recreation Department (Middle School Summer Enrichment Camps, Elementary Summer Day Camps, Sports Camps)
- Communities in Schools – Baby Fast, Afterschool programming for middle school and high school, summer programming for middle school and high school
- Crisis Text Line – county wide through Pender High School

Summary of Gaps and Barriers in the Continuum of Services

- Continued need for additional comprehensive mental health services to include substance abuse treatment and in-home counseling
- Programs to address substance use/abuse (i.e. DARE program, Street Safe)
- Rapid access to PRTF services for court involved kids, regardless of ability to pay or third-party coverage. The gap is the access to PRTF services that are not denied, based on diagnosis, legal status, or the ability to pay.

Proposed Priority Services for Funding

The committee compared the services needed with services currently available in the community. Services which are currently available in the community and sufficient to meet the needs of court involved youth or those youth most at risk for court involvement are not considered as a priority for JCPC funding.

The Risk and Needs Committee proposes the following services be approved as the funding priorities for FY 2023-2025

- Teen Court
- Psychological Assessment
- Counseling
- Mentoring
- Skill Building
- Community Service & Restitution program

A motion to accept the proposed funding priorities was made by Bob Speight, seconded by Kent Harrell and unanimously approved by the Risk and Needs Committee members. The Risk and Needs Committee report and funding priorities will be presented to the JCPC membership for approval.

Pender County Research-Based Programs Summary

JCPC Funded Program Name	Program Type	Does program provide service(s) or is it a structure?	Evidence of Research Base	SPEP			
				Primary Service	Supplemental Service	SPEP Ratings Prevention/Intervention	
Restitution Program	Resitution	☑ Service ☐ Structure	Program is consistent with other restitution programs in NC	Restititon	N/A	N/A	48
Teen Court	Teen Court	☐ Service ☑ Structure	Program is consistent with other Teen Court programs in NC	N/A	N/A	N/A	N/A
Court Psychological Services	Assessment / Evaluation	☐ Service ☑ Structure	Clinical practice is consistent with standards of NC Board of psychology	N/A	N/A	N/A	N/A
Court Psychological Services	Counseling	☑ Service ☐ Structure	Clinical practice is consistent with standards of NC Board of psychology	Individual Counseling	Cognitive Behavior	*	*
Mt. Calvary Leadership Development	Life Skills	☑ Service ☐ Structure	Program uses an evidenced based research/appraoch to teach life & entrepreneurship skills	Life Skills	N/A	N/A	N/A
Systematic Training for Effective Parenting (STEP)	Parenting	☐ Service ☑ Structure	Uses an evidenced based model on how to handle misbehavior, parent-teen relationships	Parenting	N/A	N/A	N/A
		☐ Service ☐ Structure					
		☐ Service ☐ Structure					
		☐ Service ☐ Structure					
		☐ Service ☐ Structure					
		☐ Service ☐ Structure					
		☐ Service ☐ Structure					
		☐ Service ☐ Structure					
		☐ Service ☐ Structure					

Juvenile Crime Prevention Council Funding Decisions Summary

Program Funded	Reason for Funding (Check all that apply)
Teen Court	☒ Meets funding priority ☒ Compatible with research ☒ Cost efficient ☒ Addresses reductions of complaints, violations of supervision & convictions ☒ Has evaluation component ☒ Addresses parental accountability ☒ Addresses use of alcohol/controlled substances ☒ Addresses restitution to victims ☒ Addresses gang participation ☒ Other Juveniles participate in the community service program as part of their sentence ☐ Other ☐ Would increase funding to this service if funds were available
Court Psychological Services	☒ Meets funding priority ☒ Compatible with research ☒ Cost efficient ☒ Addresses reductions of complaints, violations of supervision & convictions ☒ Has evaluation component ☒ Addresses parental accountability ☒ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☒ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
Community Service & Restitution	☒ Meets funding priority ☒ Compatible with research ☒ Cost efficient ☒ Addresses reductions of complaints, violations of supervision & convictions ☒ Has evaluation component ☒ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☒ Addresses restitution to victims ☒ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
Mt. Calvary Leadership Development Program	☒ Meets funding priority ☒ Compatible with research ☒ Cost efficient ☒ Addresses reductions of complaints, violations of supervision & convictions ☒ Has evaluation component ☐ Addresses parental accountability ☒ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☒ Addresses gang participation ☒ Other Teaches job/employment skills ☐ Other ☐ Would increase funding to this service if funds were available
Systematic Training for Effective Parenting (STEP)	☒ Meets funding priority ☒ Compatible with research ☒ Cost efficient ☒ Addresses reductions of complaints, violations of supervision & convictions ☒ Has evaluation component ☒ Addresses parental accountability ☒ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☒ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available

Juvenile Crime Prevention Council Funding Decisions Summary

	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available
	☐ Meets funding priority ☐ Compatible with research ☐ Cost efficient ☐ Addresses reductions of complaints, violations of supervision & convictions ☐ Has evaluation component ☐ Addresses parental accountability ☐ Addresses use of alcohol/controlled substances ☐ Addresses restitution to victims ☐ Addresses gang participation ☐ Other ☐ Other ☐ Would increase funding to this service if funds were available

Program Not Funded	Reason for Not Funding (Check all that apply)
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other
	☐ Lack of funding, addresses priority need and would fund if resources allowed ☐ Does not meet funding priority ☐ Not compatible with research ☐ Lesser quality than another program funded of it's type ☐ Greater cost than program of same type and quality ☐ Other ☐ Other

Juvenile Crime Prevention Council Action Plan: FY: 2023-2025

Goal: To prevent or reduce delinquent behavior

Objective	Activities	Output/Outcome Measures	Evaluation/Results	Person(s) Responsible	Timeframe
1.0 To reduce alcohol and substance abuse/use by 20 % among juveniles served	Intervention/Prevention programs Substance Abuse Assessments & referrals Drug Screens	Program Tracking Monitoring by JCPC Drug Screens Referrals to programs (i.e. Psychological Services, GREAT) NC-JOIN data JCPC Monitoring	At the end of the first year, there were no alcohol offenses, previous year there was 1 and there were 3 drug offenses, down from the previous year of 5. This is well within the 5% reduction that the Council anticipated.	Court Counselors Psychological Services Family & child	5% each year for the next four years
2.0 To reduce subsequent complaints by 16 % among juveniles served	Psychological Assessments Inpatient Treatment Group Counseling Consultations Teen Court diversions JCPC / community programs Contracts & Plans	# of complaints filed in NC-JOIN Unsuccessful contracts		Court Counselor Community Programs JCPC programs Family & child	4% annually for the next 4 years

3.0 To reduce violations of community supervision by 12 % among juveniles served	Enforce supplemental contracts Electronic Monitoring use Reduce school suspensions Psychological Assessments Out of Home placements	NC-JOIN data Referrals to out of home placements & treatment		Court Counselors Child & family Psychologist Treatment staff	3% annually for the next 4 years
4.0 To reduce subsequent convictions by 12 % among juveniles served	Enforce supplemental contracts Electronic Monitoring use Reduce school suspensions Psychological Assessments Out of Home placements	NC-JOIN data Referrals to out of home placements & treatment		Court Counselor Child & family Psychologist Treatment staff	3% annually for the next 4 years
5.0 To fulfill 80 % of restitution contracts to victims	Provide opportunities for restitution Assess & refer youth to appropriate service providers Ensure adequate funds allocated for the restitution bank	Commuity Services client tracking forms Timesheets and progress reports from worksites		Court Counselor Child Worksite personnel	2.5% increase over the next 4 years

6.0 To increase parental accountability by 20 % among parents of juveniles served	Psychological Services Enforce supplemental contracts	Number of show causes on parents client tracking data from Skills for Success program # of DSS referrals for abuse & neglect		Court Counsleor Child & Family Therapist/Social Worker	5% each year for the next 4 years
7.0					
8.0					
9.0					

Goal:

Objective	Activities	Output/Outcome Measures	Evaluation/Results	Person(s) Responsible	Timeframe
1.0 To reduce alcohol and substance abuse/use by 20% of youth served	Implementation of a drug awareness prevention program, GREAT program, psychological services program	NC-JOIN data, YASI data	Youth reporting no substance abuse has increased by 15% over the previous FY and those needed assessments or treatment has decreased 15%	Juvenile Justice staff, Psychological Services staff, Pender County schools	Previous FY
2.0 To reduce subsequent complaints by 16%	Juvenile Justice staff, Teen Court program, Community Service program, Psychological Services program	NC-JOIN data, YASI data	Juveniles with only one (current) complaint has decreased 14% in the last 3 years	Juvenile Justice staff, Psychological Services staff, Outpatient Mental Health Counseling for Anger Problems, Pender County schools, Teen Court and Community Service staff	Previous 3 FYs.

3.0 Reduce violations of community supervision by 12%	Juvenile Justice staff, Teen Court program, Community Service program, Psychological Services program	NC-JOIN data, YASI data	Juveniles with no prior adjudications has decreased 8% over the previous 2 FYs.	Juvenile Justice staff, Psychological Services staff, Outpatient Mental Health Counseling for Anger Problems staff, Pender County schools, Teen Court and Community Service staff	Previous 2 FYs.
4.0 To reduce susbsequent convictions by 12%	Juvenile Justice staff, Teen Court program, Community Service program, Psychological Services program	NC-JOIN data, YASI data	Juveniles with no prior convictions decreased 8% in the previous 2 years.	Juvenile Justice staff, Psychological Services staff, Outpatient Mental Health Counseling for Anger Problems program, Pender County schools, Teen Court and Community Service staff	Previous 2 FYs
5.0 To fulfill 80% of restitution contracts to victims	Community Service program staff, Juvenile Justice staff	NC-JOIN data, Community Service data	95% of youth eligible for restitution received it and were able to pay victims.	Community Service staff	Previous 4 FYs
6.0 To increase parental accountability by 20% among parents of juveniles served.	Juvenile Justice staff, Psychological Services staff, Pender County schools, Teen Court and Community Service staff	NC-JOIN data, YASI data	Parents willing and able to supervise increased 11% over the previous FY but there was a 18% decrease compared to the data from 2 years ago. This is attributed to a downturn in the economy.	Juvenile Justice staff, Psychological Services staff, Outpatient Mental Health Counseling for Anger Problems program, Pender County schools, Teen Court and Community Service staff	Previous 2 FYs

Goal:

Objective	Activities	Output/Outcome Measures	Evaluation/Results	Person(s) Responsible	Timeframe
1.0					
2.0					
3.0					
4.0					
5.0					
6.0					

JUVENILE CRIME PREVENTION COUNCIL CERTIFICATION STANDARDS

G.S. 143B-853 allows for a 2-year funding cycle for programs that meet the requirements of the statute and have been awarded funds in a prior funding cycle. Indicate below if the JCPC plans to allow for a 1-year or 2-year funding cycle.

2-Year Funding: FY 2023-2024 and FY 2024-2025

Membership

A. Have the members of the Juvenile Crime Prevention Council been appointed by county commissioners? Yes

B. Are members appointed for two-year terms and are those terms staggered? Yes

C. Is membership reflective of social-economic and racial diversity of the community? Yes

D. Does the membership of the Juvenile Crime Prevention Council reflect the required positions as provided by N.C.G.S. §143B-846? No

If not, which positions are vacant and why?

Youth representative is vacant. Due to the size of the county and travel time as well as the time JCPC meetings are held, it is difficult to find a student who can be away from class for that period of time. The Council will attempt to recruit a youth under the age of 21.

Representatives from the faith community and business community are vacant and the Council is actively seeking citizens to fill these positions.

Organization

A. Does the JCPC have written Bylaws? Yes

B. Bylaws are Attached

C. Bylaws contain Conflict of Interest section per JCPC policy and procedure. Yes

D. Does the JCPC have written policies and procedures for funding and review? Yes

E. These policies and procedures On file

F. Does the JCPC have officers and are they elected annually? Yes

Meetings

A. JCPC meetings are considered open and public notice of meetings is provided. Yes

B. Is a quorum defined as the majority of membership and required to be present in order to conduct business at JCPC meetings? Yes

C. Does the JCPC meet six (6) times a year at a minimum? Yes

D. Are minutes taken at all official meetings? Yes

E. Are minutes distributed prior to or during subsequent meetings? Yes

Planning

A. Does the JCPC conduct a biennial planning process which includes a needs assessment, monitoring of programs and funding allocation process? Yes

B. Is this Biennial Plan presented to the Board of County Commissioners and to DPS? Yes

C. Is the Funding Plan approved by the full council and submitted to Commissioners for their approval? Yes

Public Awareness

A. Does the JCPC communicate the availability of funds to all public and private non-profit agencies which serve children or their families and to other interested community members? Yes

☑ RFP, Distribution List, and Advertisement attached

B. Does the JCPC complete a biennial needs assessment and make that information available to agencies which serve children or their families, and to interested community members? Yes

JUVENILE CRIME PREVENTION COUNCIL CERTIFICATION STANDARDS

No Overdue Tax Debt

A. As recipient of the county DPS JCPC allocation, does the County certify that it has no overdue tax debts, as defined by N.C.G.S. §105-243.1, at the Federal, State, or local level? Yes

Briefly outline the plan for correcting any areas of standards non-compliance.

No areas of standard non-compliance as the County has no overdue tax debts, as defined by N.C.G.S. §105-243.1, at the Federal, State, or local level.

JUVENILE CRIME PREVENTION COUNCIL CERTIFICATION STANDARDS

Instructions: N.C.G.S. § 143B-846 specifies suggested members be appointed by county commissioners to serve on local Juvenile Crime Prevention Councils. In certain categories, a designee may be appointed to serve. Please indicate the person appointed to serve in each category and his/her title. Indicate appointed members who are designees for named positions. Indicate race and gender for all appointments.

Specified Members	Name	Title	Designee	Race	Gender
1) School Superintendent or designee	Leanne Radabaugh	Director of Student Services	☑	White	Female
2) Chief of Police or designee	Jim Hock	Chief of Police		White	Male
3) Local Sheriff or designee	Keith Wells	Captain	☑	White	Male
4) District Attorney or designee	Rosetta Royster	Assistant District Attorney	☑	Black or African-American	Female
5) Chief Court Counselor or designee	Robert Speight	Chief Court Counselor		White	Male
6) Director, Local Management Entity/ Managed Care Organization (LME/MCO), or designee	Dena Hamilton	System of Care Coordinator	☑	White	Female
7) Director DSS or designee	Monique Moore	CPS Supervisor		Black or African-American	Female
8) County Manager or designee	Dee Turner	Parks & Recreation Director	☑	White	Female
9) Substance Abuse Professional	Erin Ditta	Counselor		White	Female
10) Member of Faith Community					
11) County Commissioner	Brad George	County Commissioner		White	Male
12) A Person Under the Age of 21					
13) A Person Under the Age of 21, or a member of the public representing the interests of families of at-risk juveniles					
14) Juvenile Defense Attorney	Kent Harrell	Attorney		White	Male
15) Chief District Judge or designee	Jay H. Corpening II	Chief District Court Judge		White	Male
16) Member of Business Community					
17) Local Health Director or designee	Shirley Steele	Nursing Director	☑	White	Female
18) Rep. United Way/other non-profit	Sally Fields	Communities in Schools		White	Female
19) Representative/Parks and Rec	Dee Turner	Parks & Recreation Director		White	Female
20) County Commissioner appointee	Bertram Wilson	Member at large		Black or African-American	Male
21) County Commissioner appointee	Tandra Shepard-Henderson	Magistrate		Black or African-American	Female
22) County Commissioner appointee					
23) County Commissioner appointee					
24) County Commissioner appointee					
25) County Commissioner appointee					
26) County Commissioner appointee					

Pender County Juvenile Crime Prevention Council
By-Laws

Article I: Name & Purpose

Section 1. The name of the Council shall be the Pender County Juvenile Crime Prevention Council

Section 2. The purpose of the Council is to:

a. Annually review the needs of the juveniles in the county who are at risk of delinquency or who have been adjudicated undisciplined or delinquent and the resources available to address those needs; develop and advertise a request for proposal process and submit a written plan of action for the expenditure of juvenile sanction and prevention funds to the board of county commissioners for approval. Upon the county's authorization, the plan shall be submitted to the state for final approval and subsequent implementation.

b. Ensure that appropriate intermediate dispositional options are available and shall prioritize funding for dispositions of intermediate and community level sanctions for court adjudicated juveniles pursuant to minimum standards adopted by the state.

c. Perform the following functions on an ongoing basis:

(1) Assess the needs of juveniles in the community, evaluate the adequacy of resources available to meet those needs, and develop or propose ways to address unmet needs;

(2) Evaluate the performance of juvenile services and programs in the community. The Council shall evaluate each funded program as a condition of doing continued funding.

(3) Increase public awareness of the causes of delinquency and of strategies to reduce the problem;

(4) Develop strategies to intervene and appropriately respond to and treat needs of juveniles at risk of delinquency through appropriate risk assessment instruments;

(5) Provide funds for services for treatment, counseling, or rehabilitation for juveniles and their families, including court-ordered parenting responsibility classes; and

(6) Plan for the establishment of a permanent funding stream for delinquency prevention services.

Article II: Membership

Section 1. The Board of County Commissioners shall appoint a Juvenile Crime Prevention Council. As outlined in the General Statute, the membership shall be no more than 26 persons and should include, if possible:

(1) Local school superintendent or designee
(2) Chief of Police or designee
(3) Local Sheriff of designee
(4) District Attorney or designee
(5) Chief Court Counselor or designee
(6) The Director of the Local Managed Entity/Managed Care Organization LME/MCO or that person's designee
(7) Director of Social Services, or consolidated human services agency, or designee
(8) County Manager or designee
(9) Substance Abuse Professional

(10) Member of Faith Community
(11) County Commissioner or designee
(12) Two persons under 21, or one person under the age of 21 years and one member of the public representing the interests of families of at-risk juveniles
(13) Juvenile Defense Attorney
(14) Chief District Court Judge or designee
(15) Member of Business Community
(16) Health Director or that person's designee
(17) Representative from United Way or another nonprofit agency
(18) Parks and Recreation representative
(19) Up to 7 members appointed by the Board of Commissioners

Section 2. A. Any time an appointed member has three consecutive unexcused absences, the Chair will recommend to the Board of County Commissioners that the Member be removed from the Board and a replacement to fill his/her unexpired term recommended.

B. Members are responsible to advise the Chair of absences from meetings. Absences will be considered excused if the Chair is advised 24 hours in advance.

C. In the event a member is unable to attend a meeting, the member shall submit a proxy to the Chair prior to the meeting.

Article III: Officers

Section 1. The officers shall include a Chairperson, Vice Chairperson and Secretary

Section 2. Officers shall be elected by the Council Membership and will serve in the position to which be elected for one year and may succeed themselves.

Section 3. Elections will be held during the July meeting with newly elected officers assuming their duties at the following (July) meeting.

Section 4. The Chair will determine the qualifications of each Board Member assigned to Committees. If, in the opinion of the Chair, a conflict of interest is, of may be, present in an appointment to a Committee the Chair may refuse to appoint the member to the Committee. The decision of the Chair is final. If a Board Member believes that a conflict of interest exists in an appointment to a Committee, it is the responsibility of the Board Member to bring this to the attention of the Chair. Upon receipt of information from a Board Member, the Chair will determine the selected Board Members eligibility to serve on the Committee.

Article IV: Meetings

Section 1. Regular Meetings

a. **Regular Meetings**. The JCPC shall meet at least six times a year in accordance with a schedule and at a location adopted by the JCPC.

b. **Special Meetings**. The Chairperson may call such special meetings as deemed necessary to carry out the duties of the JCPC and notice shall be given to all members of the JCPC in writing, by email or by phone at least three (3) days prior to the scheduled meeting.

c. **Virtual Meetings.** Meetings may be held virtually when necessary. If/when meetings are held virtually, the link to join the meeting will be distributed to the

membership. A link to join the meeting will also be made available to anyone requesting it.

d. In the event a meeting must be canceled, the Chairperson shall notify the Council Members by email, telephone or fax immediately upon determination that the meeting is to be canceled.

e. All meetings shall be open to the public, with notification of time, date and place made available on the County's webpage ten days prior to the meeting.

f. No official business will be enacted unless a quorum, consisting of a majority of membership, is present, whether it be an in-person or virtual meeting. A quorum is a majority of the total members of the JCPC. A majority vote of the quorum is required for passing a motion.

g. Minutes will be taken at each meeting. The minutes will be available to Council Members and persons requesting them as authorized by the Chair.

Article V: Committees

Section 1. The Chair shall appoint at least three members of the Council to each Committee appointed. The Chair shall appoint a Chairperson for each committee.

a. A Risk and Needs Committee whose purpose shall be to assist the Council in planning and carrying out the process of determining the needs of youth in Pender County and putting those needs in priority order.

b. A Monitoring Committee whose purpose shall be to gather information about existing programs and monitor the performance of these programs; as well as to make recommendations for the use of the Department of Juvenile Justice funds, or any funds available to Pender County that would meet the criteria for the Pender County Juvenile Crime Prevention Council.

c. Public Awareness Committee, whose purpose shall be to keep youth-serving agencies, appropriate governmental and community boards and the general public aware of existing services and the unmet needs of the community.

d. A Funding and Review Committee, whose purpose shall be to review the grant proposals and make recommendations to the JCPC for the use of DJJDP funds, or any other funds available to the County that would meet the needs as prioritized by the JCPC and recommend the level of funding to the JCPC.

e. The Chairperson may at his/her discretion appoint any other Committee, which he/she deems necessary to carry out the general purposes of the Pender County Juvenile Crime Prevention Council.

Article VI: Conflict of Interest

Section 1. Juvenile Crime Prevention Council (JCPC) members are public officers. N.C. Gen. Stat. § 14-234 requires that (1) No public officer or employee who is involved in making or administering a contract on behalf of a public agency may derive a direct benefit from the contract except as provided in this section, or as otherwise allowed by law; (2) A public officer or employee who will derive a direct benefit from a contract with the public agency he or she serves, but who is not involved in making or administering the contract, shall not attempt to influence any other person who is involved in making or administering the contract; and (3) No public officer or employee may solicit or receive any gift, reward, or promise of reward in exchange for recommending, influencing, or attempting to influence the award of a contract by the public agency he or she serves.

Accordingly, no JCPC member or managing staff may receive directly or indirectly, any funds disbursed from the State of North Carolina, except for duly, authorized staff compensation and benefits, and reimbursement for expenses actually incurred in connection with the Council's business and in accordance with final approved grant agreements.

WHEREAS, Pender County (JCPC Collaborative) desires to require its members to avoid conflicts of interest or the appearance of impropriety in the disbursement of State funds;

PROVIDED, no member of the JCPC shall be deemed to benefit directly or indirectly from any contract or grant funded in whole or in part by State funds if he/she receives only the salary or stipend due to him/her in the normal course of employment with, or service to, said JCPC.

FURTHERMORE, said JCPC has written conflict of interest policies and reporting procedures applicable to members who have any interest or any authority regarding the resources of JCPC. These policies have been communicated to members and full disclosure has been provided for any possible appearance of conflict of interest that may exist.

Council members shall not use their official affiliation with the JCPC to secure preferential treatment for any juvenile. Council members shall not use confidential information regarding juveniles or their families, JCPC agencies or other council members for personal gain or benefit. Council members must disclose a (potential) conflict of interest when the council member:

1. Is related to a program staff member;
2. Is related to another JCPC member;
3. Has/may have personal, financial, professional, and/or political gain at the expense or benefit of the JCPC, other than the benefit of therapeutic intervention for the juveniles and families served by JCPC funded programs;
4. Or a council member's family member participates in activities of, is a member of, or is an employee of a business entity that may be viewed as having direct or indirect influence over the JCPC's business;
5. Or a council member's family member may be viewed as having direct or indirect financial gain from personal or business investments/interest in real property held by that council member;
6. Received honorarium or other compensation outside of the scope of employment and operations that creates or appears to create bias;
7. Secured employment with a competing applicant for JCPC funding; and
8. Has a relationship other than professional with a JCPC funded program or applicant for funding, or any staff member or volunteer working for the program/applicant.

Article VII: Funding and Selection of Programs

Section I. The Juvenile Crime Prevention Council conducts a Risk and Needs Assessment each year. Through the Risk and Needs Assessment, the JCPC determines the priority needs for funding. The JCPC will prioritize programs that serve as disposition or diversion

resources for delinquent or undisciplined youth. The JCPC will publicly advertise the availability of funds and request proposals for the priority services for a period of no less than 30 days.

Section II. A Funding and Review Subcommittee will be appointed from the JCPC Membership to screen and review the applications (program agreement proposals). Applicants with proposals for services which match the advertised needs will be asked to appear before the subcommittee with a brief presentation of the proposed service and to answer questions.

Section III. Criteria for consideration of proposals shall include: the program's ability to address the advertised priority needs, past performance of the program, the cost of delivering the service, the effectiveness of the program model as established by research. Programs, which have received funding in previous years, will not automatically receive precedence over new proposals.

Section IV. The subcommittee will submit a written report to the JCPC listing all proposals reviewed, the recommendations to fund or not fund the proposal, the rationale why each program was or was not recommended, and if recommended, the recommended amount of funding. Recommendations must be consistent with the Risk and Needs Assessment. The subcommittee chair will notify the applicants of the recommendation to approve or not to approve prior to the next JCPC meeting

Section V. The JCPC will meet to consider and act upon the written recommendations of the Funding and Review Subcommittee. The JCPC Chairperson will notify the programs of the Council decision and will then submit the Council's recommendations to the County Board of Commissioners for their approval. Following the Board of Commissioners' approval, the proposals will be submitted to the DJJDP for final approval. DJJDP approval is required for programs to receive funding.

Pender County
Consideration of Cooperative Agreement with the North Carolina Office of Recovery and Resiliency for the implementation of their Strategic Buyout Program

TO:	Board of County Commissioners
FROM:	Daniel Adams
DATE:	May 1, 2023
SUBJECT:	Consideration of Cooperative Agreement with the North Carolina Office of Recovery and Resiliency for the implementation of their Strategic Buyout Program

SUMMARY:
The North Carolina Office of Recovery and Resiliency (NCORR) has developed a Strategic Buyout Program designed to mitigate future impacts of flood events by removing people and property from flood prone areas. The program would use grant funding to pay eligible landowners market value for their property, whereby the County would take ownership of the land. Any structures would be demolished and the property would be deed restricted as open space in perpetuity. This is a voluntary program and there are no penalties for choosing not to participate.

NCORR has developed two Disaster Risk Reduction Areas (DRRA's) in the County; one in Currie along Canetuck Road and the other outside of Burgaw in the Whitestocking area and along River Birch Road, River Trail, and Bear Run Road. Included as an attachment are maps of the DRRA's. Only eligible property owners in these DRRA's would be able to apply for this program.

This program is similar in function to other acquisition, or buyout, programs that have occurred in the County; however, NCORR has not been involved in those previous buyout programs. NCORR would be responsible for implementing this program and the County would not fund any portion of it. NCORR's funding for this program comes from the federal Housing and Urban Development (HUD) Department's Community Development Block Grant - Mitigation (CDBG-MIT).

At the January 17, 2023, Commissioner's meeting, a representative from NCORR gave a presentation to the Board about this program. Included as an attachment is the slide deck from that presentation.

ACTION REQUESTED:

Consider approval of the Cooperative Agreement with the North Carolina Office of Recovery and Resiliency to implement the Strategic Buyout Program.

ATTACHMENTS:
1. Cooperative Agreement
2. DRRA Maps
3. Presentation from January 17, 2023 Board of Commissioners meeting

COOPERATIVE AGREEMENT
BETWEEN
THE NORTH CAROLINA OFFICE OF RECOVERY AND RESILIENCY
AND
PENDER COUNTY, NORTH CAROLINA
(STRATEGIC BUYOUT PROGRAM)

THIS COOPERATIVE AGREEMENT (the "Agreement") is entered into by and between the North Carolina Office of Recovery and Resiliency, a division of the North Carolina Department of Public Safety, an agency of the State of North Carolina ("Grantee" or "NCORR") and Pender County, North Carolina, a body politic and corporate, created by the General Assembly of North Carolina for certain public and political purposes (the "County"). Each, individually, a "Party", and collectively, the "Parties". This Agreement is made effective [_____], 2023.

PERIOD OF PERFORMANCE: Effective Date until March 1, 2032.

GRANT NUMBER: B-18-DP-37-0001

CFDA NUMBER: 14.228

1. RECITALS

1.1. Pursuant to the Federal Register notice dated August 30, 2019 (84 Fed. Reg. 45838) and the Federal Register notice dated January 6. 2021 (86 Fed. Reg. 561) (together, with the Federal Register notice dated September 28, 2020 (85 Fed. Reg. 60821) and other applicable Federal Register Notices, referred to as the "Federal Register Notices" herein) the State received allocations of CDBG-Mitigation ("CDBG- MIT") funds from U.S. Department of Housing and Urban Development ("HUD") in the total amount of $202,686,000; and

1.2. NCORR has designated $123,103,334 of the allocation from these funds for use by the Strategic Buyout Program ("Buyout Program") to carry out strategic and high-impact activities to mitigate disaster risks and reduce future losses, and to meet remaining unmet recovery needs caused by federally declared disasters, including Hurricanes Matthew and Florence, that were not met through FEMA, private insurance proceeds, loans, or other funding sources in at-risk locations; and

1.3. Pender County will assist NCORR in carrying out the Buyout Program by accepting ownership of properties purchased from program applicants ("Designated Property" or "Designated Properties") pursuant to this Agreement; and

1.4. The Parties desire to enter into this Agreement and intend to be bound by its terms; and

1.5. Pender County has legal authority to enter into this Agreement, and by signing this Agreement assures NCORR that it will comply with all requirements of the Agreement as described herein; and

1.6. This Agreement constitutes the entire agreement between the Parties, superseding all prior oral and written statements or agreements regarding the Buyout Program between NCORR and Pender County.

1.7. Now, therefore, in consideration of the need to carry out strategic and high-impact activities to mitigate disaster risks and reduce future losses, and the promises and mutual covenants described herein, the parties mutually agree to the terms described in this Agreement.

2. GENERAL TERMS AND CONDITIONS OF AGREEMENT

2.1. Not Federal Subaward. This Agreement does not constitute a subaward of federal grant funds to the County nor does this Agreement create a federal assistance relationship between the County and Grantee.

2.2. Notice; Notice Information. All required documentation, notices, requests or other communications permitted or required to be made by the County under this Agreement or other documentation relating to this Agreement shall be given to Grantee or Grantee's designee.

Notice shall be in writing, signed by the Party giving such notice. Notice shall be deemed given 3 business days following the date when deposited in the mail, postage prepaid, registered or certified mail, return receipt requested. Electronic notice and signatures are acceptable as described in Section 6.12.

Grantee
Maggie Battaglin, Director of Mitigation
North Carolina Office of Recovery and Resiliency
PO Box 110465
Durham, NC 27709
984-220-4998
Maggie.Battaglin@ncdps.gov

Pender County
David Andrews, County Manager
Pender County, NC
805 S. Walker Street
Burgaw, NC 28425
910-259-1200
dandrews@pendercountync.gov

3. PERIOD OF PERFORMANCE, TERM, AMENDMENTS AND TERMINATION

3.1. HUD Grant Agreement. The County hereby acknowledges that this Agreement is subject to the requirements of the grant agreement between the State of North Carolina, Grantee, and HUD (the "Federal Grant Agreement") and the availability of the allocated CDBG-MIT funds. the County also acknowledges and agrees that any suspension, cancellation, or termination of the CDBG-MIT allocation(s) or funds by HUD will result in the immediate suspension, cancellation, or termination of this Agreement, upon Grantee's notice to the County.

3.2. Period of Performance and Term. The period of performance for this Agreement commences on the Effective Date and ends on the later of: (i) March 1, 2032; (ii) the date as of which the Parties agree in writing that all Designated Properties have been transferred to the County and that neither

Party has any further obligation, except to enforce perpetual use restrictions, under this Agreement; or (iii) such later date as the parties may agree to in a written, executed amendment to this Agreement.

This Agreement and its terms and conditions shall remain in effect during any period in which the County has control over Grant Funds provided through this Agreement, including program income as defined in Section 4.8 and 24 CFR 570.489(e), to the extent that applicable Federal Register Notices further waive or define program income.

3.3. Amendments. Grantee and County may amend this Agreement at any time provided that such amendments are in writing, make specific reference to this Agreement, are approved by all Parties, and are signed by a duly authorized representative of each Party. Such amendments shall not invalidate this Agreement, nor relieve or release Grantee or County from their obligations under this Agreement.

Grantee may, unilaterally and in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons with written notice to the County.

3.4. Suspension or Termination.

3.4.1. **Termination for Convenience**. Grantee may terminate this Agreement, in whole or in part, for convenience, with 30 days written notice to the County.

3.4.2. **Termination in the Event of Default**. Grantee may suspend, reduce, or terminate its obligations under this Agreement, in whole or in part, upon 30 days' notice, whenever Grantee determines that the County has failed to comply with any term, condition, requirement, or provision of this Agreement. The County shall be afforded a reasonable period to cure any noncompliance. Failure to comply with any terms of this Agreement, include (but are not limited to) the following:

3.4.2.1. Default in Performance. The default by the County or a subsequent recipient in the observance or performance of any of the terms, conditions or covenants of this Agreement.

3.4.2.2. Misrepresentation. If any representation or warranty made by the County or any information, certificate, statement or report given by the County in connection with the Grant shall be untrue or misleading in any material respect at the time made.

3.4.2.3. Abandonment of the Project. If the County abandons or otherwise ceases to continue to make reasonable progress towards completion of the program activities.

If, after notice of default or non-compliance, the County has not cured such default within a reasonable time or is not diligently pursuing a cure satisfactory to Grantee, then Grantee shall promptly notify the County, in writing, of its determination, the reasons for the termination, and the date on which the termination shall take effect.

3.4.3. **Remedies**. Upon termination, Grantee retains the right to recover any improper expenditures from the County and the County shall return to Grantee any improper

expenditures no later than 30 days after the date of termination. If Grantee terminates this Agreement because of an Event of Default, Grantee shall have the exclusive right to designate, assign, or transfer ownership of any and all Designated Properties conveyed through this Agreement to an entity designated by Grantee.

Grantee shall have the power and authority, consistent with statutory authorities: (a) to prevent any impairment of the activities funded by this Agreement by any acts which may be unlawful or in violation of this Agreement or any other item or document required hereunder; (b) to compel specific performance of any of the County's obligations under this Agreement; (c) to obtain return of all Grant Funds, including equipment if applicable; and (d) to seek damages from any appropriate person or entity. Grantee shall be under no obligation to complete the activities funded by this Agreement.

3.5. Nonwaiver. No delay, forbearance, waiver, or omission by Grantee to exercise any right, power or remedy upon any event of default shall exhaust or impair any such right, power or remedy or shall be construed to waive any such event of default or to constitute acquiescence therein.

4. RESPONSIBILITIES OF COUNTY

4.1. Acceptance of Properties. The County covenants and agrees to accept ownership and stewardship of all Designated Properties purchased by Grantee in the predetermined Disaster Risk Reduction Area (Appendix A). The County shall take all necessary measures for acceptance of Designated Properties, including but not limited to, resolution(s) approved by the Pender County Board of County Commissioners. If the County refuses to take ownership of a Designated Property, purchased by Grantee and in the Disaster Risk Reduction Area, the County will be in default under this Section 4.1 of this Agreement and Grantee may, at its discretion, seek available remedies.

4.2. Use Restrictions. Under the Buyout Program and the Federal Register notice dated August 30, 2019 (84 FR 45865), each Designated Property shall be dedicated and maintained in perpetuity for uses compatible with open space, recreational, natural floodplain functions, other ecosystem restoration, or wetlands management practices. Such uses may include: outdoor recreational activities; nature reserves; cultivation; grazing; unimproved, unpaved parking lots; buffer zones; and other uses consistent with CDBG-DR guidance for open space acquisition. In all cases, a deed restriction or covenant running with each Designated Property must require that the Designated Property be dedicated and maintained for compatible uses in perpetuity.

4.3. Buyout Requirements.

4.3.1. **No New Structures**. No new structure will be erected on any Designated Property from which a structure was removed under the Buyout Program other than: (a) A public facility that is open on all sides and functionally related to a designated open space (e.g., a park, campground, or outdoor recreation area); (b) a rest room; or (c) a flood control structure, provided that structure does not reduce valley storage, increase erosive velocities, or increase flood heights on the opposite bank, upstream, or downstream and that the local floodplain manager approves, in writing, before the commencement of the construction of the structure. No new structures or improvements shall be erected on any Designated Property without the prior, written consent of Grantee. Any improvements on

a Designated Property shall be in accordance with proper floodplain management policies and practices and shall comply with all state, local, and federal laws and regulations.

4.3.2. **No Additional Disaster Assistance**. After receipt of the assistance, with respect to any Designated Property, no subsequent application for additional disaster assistance for any purpose or to repair damage or make improvements of any sort will be made by the owner of the Designated Property (including subsequent owners) to any federal entity in perpetuity.

4.4. Closing. At the closing of the purchase of each Designated Property, the County must: (i) make available a duly authorized representative of the County to attend the closing and (ii) ensure that the deed and restrictive covenant are duly recorded at the Pender County Register of Deeds Office.

4.5. Right of Entry. After closing for each Designated Property, the County grants Grantee and its employees, agents, contractors, consultants, and related parties (individually and collectively "Agents") an unconditional right of access and entry to the Designated Property to perform any necessary demolition and/or environmental remediation work on the Designated Property, and to perform such other work including, but not limited to, tests, studies, investigations, and remediation, as necessary or desirable or as may be required by applicable federal, state or local laws, regulations or codes.

4.6. Maintenance of the Property. After a Designated Property has been transferred to the County and the site has been cleared by Grantee, the County shall assume ongoing maintenance of the Designated Property in perpetuity.

4.7. Future Transfer. The County may lease a Designated Property to adjacent property owners or other parties, including nonprofit land conservation organizations, for compatible uses in return for a maintenance agreement. Although federal policy encourages leasing rather than selling such Designated Property, a Designated Property may also be sold. Grantee must approve the transfer, in writing, in accordance with the following:

4.7.1. The County may convey a property interest in a Designated Property only to a public entity or other qualified organization whose use of such Designated Property will be compatible with the use requirements in this Agreement.

4.7.2. The County may convey an easement or lease to a private individual or entity for purposes compatible with the uses described in this Agreement, so long as the conveyance does not include the authority to control and enforce the terms and conditions of this Agreement

4.7.3. The County must submit to Grantee a transfer request including, but not limited to, a signed statement from the proposed transferee stating that it acknowledges and agrees to be bound by the terms of this Agreement. If conveying to a nonprofit land conservation organization, transferee must provide documentation of its status as such.

4.7.4. If a Designated Property is sold and title is transferred to a public entity other than one with a conservation mission, it must be conveyed subject to a conservation easement that shall be recorded with the deed and shall incorporate all terms and conditions set forth in

this Section 4.7, including the easement holder's responsibility to enforce the easement. This shall be accomplished by one of the following means:

4.7.4.1. The County shall convey a conservation easement to an entity other than the title holder, which shall be recorded with the deed, or

4.7.4.2. At the time of title transfer, the County shall retain such conservation easement, and record it with the deed.

4.7.5. Conveyance of any property interest must reference and incorporate the original deed restrictions providing notice of the terms and conditions of this Agreement and must incorporate a provision for the transferred Designated Property to revert to the County in the event that the transferee ceases to exist or loses its eligible status under this section.

4.7.6. The County shall be responsible in perpetuity for monitoring the compliance with and enforcement of all terms of this Agreement, as well as in the restrictive covenant(s) governing the transferred Designated Property.

4.8. Program Income. Program income includes, but is not limited to, gross income received by a State, a unit of general local government, a tribe, or a subgrantee of the unit of general local government that was generated from the use of CDBG-MIT funds, regardless of when the funds were appropriated and whether the activity has been closed out, except in certain limited circumstances. The Buyout Program is not expected to produce program income. If program income is generated from the Buyout Program and this Agreement, Grantee will, on a case-by-case basis, evaluate the impact of the repayment and/or collection of any and all program income received by the County and will appropriately address the treatment of program income under this Agreement and work with the County to determine the appropriate reporting to comply with HUD requirements.

4.9. Liabilities; Claims. Neither Grantee nor the State will be responsible for any costs or financial liabilities associated with the maintenance of any and all Designated Property after said Designated Property has been transferred to the County and Grantee has completed all responsibilities, including any required demolition, as outlined in Article 5. The County agrees to save Grantee harmless from and against any and all loss, damage, claim, demand, liability, or expense, including reasonable attorney fees, by reason of damage to person or property on or about each Designated Property, which may arise or be claimed to have arisen as a result of the use or operation of the Designated Property, including but not limited to, where (a) damages or injuries to persons or property caused by the negligent acts or omissions of the County, its employees, or agents and (b) for any claims, whether brought in contract, tort, or otherwise, arising out of this Agreement, if related to the County's actions or omissions, except where such loss or damage arises from the willful or negligent misconduct of Grantee, its agents or employees. The obligations under this section are independent of all other rights or obligations set forth herein and shall closeout or termination of this Agreement.

4.10. Access to Records. The County shall provide any duly authorized representative of Grantee, the North Carolina State Auditor, the North Carolina Office of State Budget and Management, HUD, and the Comptroller General, the Inspector General and other authorized

parties at all reasonable times access to and the right to inspect, copy, monitor, and examine all of the books, papers, records, and other documents relating to any Designated Property during the period of performance of this Agreement and for three years following the completion of all closeout procedures. All original files shall be maintained at the offices of the County for access purposes.

4.11. Client Data and Other Sensitive Information. The County may be required to maintain potentially sensitive data under this Agreement and must maintain and preserve the confidentiality of any and all information and records that are subject to protection by state and federal laws, which include, but are not limited to, the laws regarding: Personally Identifiable Information (including names, addresses, birth dates, driver's license information, social security numbers, and financial information); data provided to Subrecipient and Grantee in the form of FEMA Individual Assistance, Public Assistance, Hazard Mitigation Assistance, National Flood Insurance Program, as well as Small Business Administration disaster loans; trade secrets; tax records; and, individually identifiable health information. The County may not disclose information to current or prospective vendors regarding ongoing procurements. If the County receives a public record request or request for protected information, the County must notify and refer the request to Grantee. The County must ensure that all employees and contractors return all physical and electronic copies of all Grantee files and other records containing confidential information upon termination or completion of his or her position with the County.

5. GRANTEE RESPONSIBILITIES

5.1. Identifying Properties; Outreach; Due Diligence. Grantee will identify eligible Disaster Risk Reduction Area and ensure each area is eligible for the Strategic Buyout Program and meets federal requirements. Grantee will conduct community engagement efforts in a manner compliant with federal and state policies or regulations. After this Agreement is executed, Grantee will diligently work to contact owners of Designated Properties identified in Appendix A to inform them of the program and solicit applications. Grantee staff or its agents will provide intake and case management services to interested owners of Designated Properties.

Grantee will perform all required due diligence, including but not limited to, title reviews, environmental reviews, asbestos surveys and testing, lead based paint tests, boundary surveys, appraisals and closing services. In-depth overviews of due diligence activities may be found at in the Strategic Buyout Program policy manual, located at rebuild.nc.gov/buyout.

5.2. Environmental Reviews. Each Designated Property must be in compliance with the National Environmental Policy Act (NEPA), and other related Federal and state environmental laws, including 24 CFR Part 58, 40 CFR Part 1500 through 1508, and other federal and state laws and regulations (some of which are enforced by state agencies) that may also apply.

An environmental review must be completed for each Designated Property prior to obligating CDBG-MIT funds. Grantee will complete an environmental review for each Designated Property before an offer is made to the owner of a Designated Property. To mitigate the risk of the repayment or recapture of HUD funding, no choice-limiting activities may occur prior to Grantee obtaining an environmental clearance of a Designated Property, per 24 CFR 58.22. Choice-limiting

activities may include but are not limited to a commitment of funds to purchase a Designated Property; a transfer of deed or conveyance of title to such Designated Property; or acquisition of such Designated Property.

Grantee shall be solely responsible for any and all environmental remediation work necessary on a Designated Property.

5.3. Asbestos Survey and Testing, Lead-Based Paint Testing. Per State requirements, Grantee will cause a licensed asbestos inspector to perform an asbestos survey for all structures that are safe to enter on a Designated Property. All demolition activities will be done compliant with applicable local, state, and federal requirements related to asbestos.

In addition, a lead-based paint assessment will be performed on all Designated Properties that do not meet the exemption criteria outlined in 24 CFR 35.155. All Designated Properties built prior to 1978 will be demolished using lead-safe practices, as required by regulations.

5.4. Boundary Surveys. Grantee will cause a North Carolina licensed Professional Land Surveyor to perform a boundary survey to ascertain the legal boundaries of each Designated Property.

5.5. Appraisals, Grantee will cause a North Carolina licensed appraiser to perform an appraisal of each Designated Property to establish the current fair market value. This appraisal will serve as the basis for the Buyout Program's offer to applicants.

5.6. Title Searches; Closing. Grantee will cause a licensed professionals to perform title searches, including a title commitment and title insurance, and closings for each eligible Designated Property. The program will ensure the necessary deed restriction is properly recorded. The program will also confirm the Designated Property is vacant prior to closing and ensure that the Designated Property is secured after closing has occurred.

5.7. Demolition of Structures. Each Designated Property from which a structure will be removed pursuant to the Buyout Program will be dedicated and maintained in perpetuity for a use that is compatible with open space, recreational, or floodplain and wetlands management practices. After such time that each Designated Property is conveyed to the County, Grantee shall secure and demolish all existing structures located on each Designated Property and complete all work necessary to convert each Designated Property to green space.

6. MISCELLANEOUS PROVISIONS

6.1. Complaints. The County may address complaints to Grantee and/or through the ReBuild NC website (https://www.rebuild.nc.gov/). Citizen complaints can be filed directly to Grantee and/or through the ReBuild NC website (https://www.rebuild.nc.gov/).

6.2. Benefit. This Agreement is made and entered into for the sole protection and benefit of Grantee and the County, and their respective successors and assigns. Except as herein provided otherwise, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and assigns. It is expressly understood and agreed that the enforcement of the terms and conditions of this Agreement, and all rights of action relating to such enforcement, shall be strictly reserved to Grantee and the County and their respective successors and assigns. Nothing contained in this Agreement shall give or allow any claim or right of action whatsoever by

any other third person, other than as expressly provided in this Agreement. It is the express intention of the Parties and their respective successors and assigns that any such person or entity, other than the State, Grantee, and the County, receiving services or benefits under this Agreement shall be deemed an incidental beneficiary only.

6.3. Further Assurance. In connection with this Agreement, upon the reasonable request of Grantee, the County shall execute, acknowledge and deliver or cause to be delivered all such further documents and assurances, and comply with any other requests as may be reasonably required by Grantee or otherwise appropriate to carry out and effectuate this Agreement. Grantee may require the delivery of documents in hard copy or by electronic media.

6.4. Independent Status of the Parties. The Parties are independent entities and neither this Agreement nor any provision of it or any of the documents or records that may or may not be made part of this Agreement shall be deemed to create a partnership or joint venture between the Parties. Further, neither the Agreement nor any of the documents or records that may or may not be made part of this Agreement shall in any way be interpreted or construed as making the County, its agents or employees, agents or representatives of Grantee. Given that the County is independent and apart from Grantee, and therefore acting as an "independent contractor," the County is and shall be wholly responsible for the work to be performed and for the supervision of its employees. In no event shall Grantee be liable for debts or claims accruing or arising against the County. The County represents that it has, or shall secure at its own expense, all personnel required in the performance of this Agreement. Such employees shall not be employees of, nor have any individual contractual relationship with Grantee.

6.5. Binding Effect, Contract Not Assignable by County. The terms hereof shall be binding upon and inure to the benefit of the successors, assigns, and personal representatives of the parties hereto; provided, however, that the County may not assign this Agreement or any of its rights, interests, duties or obligations hereunder or any Grant Funds, program income or other moneys to be advanced hereunder in whole or in part unless expressly allowed under this Agreement, without the prior written consent of Grantee, which may be withheld for any reason and that any such assignment (whether voluntary or by operation of law) without said consent shall be void.

6.6. Successor in Interest and Assignment by Grantee. This Agreement shall be transferred from Grantee to any successor in interest designated by the US Department of Housing and Urban Development as Grantee for the CDBG-MIT program for the State of North Carolina immediately upon that designation.

6.7. Savings Clause. Invalidation of any one or more of the provisions of this Agreement, or portion thereof, shall in no way affect any of the other provisions hereof and portions thereof which shall remain in full force and effect.

6.8. Additional Remedies. Except as otherwise specifically set forth herein, the rights and remedies provided hereunder shall be in addition to, and not in lieu of, all other rights and remedies available in connection with this Agreement.

6.9. Survival. Where any representations, warranties, covenants, indemnities or other provisions contained in this Agreement by its context or otherwise, evidences the intent of the parties that such

provisions should survive the termination of this Agreement or closeout of the Agreement, the provisions shall survive any termination or Closeout.

6.10. Headings. The headings of the various sections of this Agreement have been inserted for convenience only and shall not modify, define, limit or expand the express provisions of this Agreement.

6.11. Entire Agreement. This Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof. All recitals, exhibits, schedules and other attachments hereto are incorporated herein by reference.

6.12. Counterpart. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which, taken together, shall constitute one and the same agreement. Execution by facsimile, by scanned attachments, or by electronic signature (including, but not limited to DocuSign) has the same force and effect as a wet signature. An executed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

[*signature page follows*]

IN WITNESS WHEREOF, the undersigned, as authorized officials on behalf of the Parties have executed this Agreement, which shall be effective as of the date first stated above.

GRANTEE

NORTH CAROLINA OFFICE OF RECOVERY AND RESILIENCY,
a division of the North Carolina Department of Public Safety,
an agency of the state of North Carolina

By: _____
Laura Hogshead, Director
Date: _____

SUBRECIPIENT

PENDER COUNTY, NORTH CAROLINA
a body politic and corporate

By: _____
David Andrews, County Manager
Date: _____

APPENDIX A

Disaster Risk Reduction Area

Parcel Number	Address, if available	Parcel Number	Address, if available
2243-56-6482-0000	4368 CANETUCK RD	3341-40-7966-0000	53 HWY OFF
2243-56-6728-0000		3341-40-8962-0000	625 RIVER TR
2243-57-5364-0000		3341-40-9940-0000	53 HWY OFF
2243-57-9596-0000		3341-41-0095-0000	480 MURRAY TURNER FARM RD
2243-65-0655-0000		3341-41-2004-0000	53 HWY OFF
2243-65-0655-0000		3341-41-3001-0000	
2243-65-8266-0000	4197 CANETUCK RD	3341-41-4006-0000	53 HWY
2243-66-0927-0000	592 KEITH RD	3341-41-4010-0000	510 MURRAY TURNER FARM RD
2243-66-8380-0000	4486 CANETUCK RD	3341-41-5075-0000	
2243-67-4565-0000		3341-50-0855-0000	565 RIVER TR
2243-67-9553-0000	462 KEITH RD	3341-50-1872-0000	565 RIVER TR
2243-74-1640-0000	CANETUCK RD	3341-50-2769-0000	545 RIVER TR
2243-75-5428-0000		3341-50-4735-0000	491 RIVER TR
2243-75-6165-0000		3341-50-6602-0000	485 RIVER TR
2243-75-6855-0000		3341-50-8571-0000	53 HWY OFF
2243-75-8364-0000	3975 CANETUCK RD	3341-50-8989-0000	371 RIVER TR
2243-76-1287-0000		3341-51-7020-0000	
2243-76-1694-0000	295 KEITH RD	3341-60-0961-0000	53 HWY OFF
2243-76-2949-0000		3341-60-3639-0000	375 RIVER TRAIL
2243-76-3597-0000		3341-60-4217-0000	53 HWY OFF
2243-76-4068-0000		3341-60-4685-0000	53 HWY OFF
2243-76-4104-0000		3341-60-6110-0000	285 BEAR RUN RD
2243-76-6729-0000		3341-60-7018-0000	
2243-76-6960-0000	240 KEITH RD	3341-60-8044-0000	229 BEAR RUN RD
2243-85-0813-0000	CANETUCK RD	3350-02-7162-0000	3742 WHITESTOCKING RD
2243-76-7128-0000		3350-04-6958-0000	
2243-76-7764-0000	230 KEITH RD	3350-02-8229-0000	3706 WHITESTOCKING RD
2243-76-8774-0000		3350-02-8448-0000	3684 WHITESTOCKING RD
2243-77-4383-0000		3350-02-8687-0000	3650 WHITESTOCKING RD
2243-77-6575-0000	CANETUCK RD	3350-02-8905-0000	
2243-86-0214-0000		3350-02-9825-0000	3616 WHITESTOCKING RD
2243-94-0646-0000	CANETUCK RD	3350-03-8059-0000	3566 WHITESTOCKING RD
2243-96-3090-0000	CANETUCK RD	3350-03-8286-0000	3536 WHITESTOCKING RD
2243-87-9101-0000	114 KEITH RD	3350-03-9467-0000	3510 WHITESTOCKING RD
2253-35-7206-0000		3350-03-9995-0000	
2253-05-4279-0000	3485 CANETUCK RD	3350-04-6424-0000	3250 WHITESTOCKING RD
2253-34-0883-0000	5485 HEADING BLUFF RD	3350-05-0235-0000	WHITESTOCKING RD

2253-35-4377-0000	5484 HEADING BLUFF RD	3350-05-0977-0000	2641 WHITESTOCKING RD
2253-14-4738-0000	3245 CANETUCK RD	3350-05-4380-0000	2766 WHITESTOCKING RD
2253-15-3863-0000		3350-05-6246-0000	WHITESTOCKING RD
2253-24-8895-0000	5485 HEADING BLUFF RD	3350-05-6874-0000	73 WHITESTOCKING RD
2253-25-2796-0000		3350-05-7258-0000	2786 WHITESTOCKING RD
2253-35-9192-0000	5376 HEADING BLUFF RD	3350-05-8264-0000	WHITESTOCKING RD
2253-36-4204-0000	124 SHANE PRIDGEN RD	3350-06-0887-0000	
2253-37-0920-0000	2678 CANETUCK RD	3350-06-9362-0000	77 BALLARDS LN
2253-37-2144-0000		3350-13-0616-0000	3470 WHITESTOCKING RD
2253-37-7047-0000		3350-13-0846-0000	3410 WHITESTOCKING RD
2253-38-5292-0000	2678 CANETUCK RD	3350-13-3576-0000	3500 WHITESTOCKING RD
2253-38-5292-0000	2678 CANETUCK RD	3350-14-0180-0000	3360 WHITESTOCKING RD
2253-44-0114-0000		3350-14-1217-0000	33330 WHITESTOCKING RD
2253-44-0830-0000	5324 HEADING BLUFF RD	3350-14-2507-0000	3300 WHITESTOCKING RD
2253-44-2628-0000	5282 HEADING BLUFF RD	3350-14-2813-0000	3240 WHITESTOCKING RD
2253-44-3529-0000	5258 HEADING BLUFF RD	3350-14-8403-0000	3325 WHITESTOCKING RD
2253-44-3550-0000		3350-14-8577-0000	3301 WHITESTOCKING RD
2253-44-3894-0000		3350-14-8678-0000	3279 WHITESTOCKING RD
2253-44-5556-0000		3350-14-9820-0000	
2253-44-6211-0000	5182 HEADING BLUFF RD	3350-15-5263-0000	
2253-44-6440-0000		3350-15-5316-0000	2956 WHITESTOCKING RD
2253-45-2062-0000	5302 HEADING BLUFF RD	3350-15-1167-0000	2870 WHITESTOCKING RD
2253-45-5015-0000	5292 HEADING BLUFF RD	3350-15-1529-0000	2905 WHITESTOCKING RD
2253-45-5718-0000	336 SHANE PRIDGEN RD	3350-15-1860-0000	45 BALLARDS LN
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2253-47-2748-0000		3350-15-3943-0000	66 BALLARDS LN
2253-47-3275-0000	2531 CANETUCK RD	3350-15-4581-0000	2958 WHITESTOCKING RD
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2253-55-5037-0000	562 SHANE PRIDGEN RD	3350-15-6507-0000	2986 WHITESTOCKING RD
2253-55-5180-0000		3350-15-6868-0000	
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2253-57-1462-0000	2465 CANETUCK RD	3350-15-7236-0000	
2253-64-6812-0000		3350-15-7462-0000	
2253-64-8728-0000		3350-15-7576-0000	
2253-65-7392-0000	4624 HEADING BLUFF RD	3350-15-8609-0000	3030 WHITESTOCKING RD

3350-04-9928-0000		3350-15-8920-0000	3045 WHITESTOCKING RD
3340-69-9972-0000	209 BEAR RUN RD	3350-15-9052-0000	3225 WHITESTOCKING RD
3340-79-8450-0000	29 BEAR RUN RD	3350-15-9274-0000	3177 WHITESTOCKING RD
3340-79-5567-0000	103 BEAR RUN RD	3350-15-9917-0000	3055 WHITESTOCKING RD
3340-79-0887-0000	205 BEAR RUN RD	3350-16-8392-0000	11 WHITESTOCKING EXT
3340-79-1862-0000	199 BEAR RUN RD	3350-16-0309-0000	
3340-79-2756-0000		3350-16-0443-0000	87 BALLARDS LN
3340-79-3751-0000	153 BEAR RUN RD	3350-16-1044-0000	
3340-79-4635-0000	127 BEAR RUN RD	3350-16-1144-0000	
3340-85-7859-0000		3350-16-1246-0000	135 BALLARDS LN
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3340-86-9231-0000		3350-16-1546-0000	
3340-86-9400-0000	2410 WHITESTOCKING RD	3350-16-2382-0000	136 BALLARDS LN
3340-86-9664-0000		3350-16-3145-0000	110 BALLARDS LN
3340-89-1058-0000		3350-16-8561-0000	100 BROWN MOORE RD
3340-95-6484-0000	WHITESTOCKING RD	3350-16-3414-0000	
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3340-96-1468-0000	2441 WHITESTOCKING RD	3350-16-6038-0000	63 BROWN MOORE RD
3340-96-2432-0000	2461 WHITESTOCKING RD	3350-16-6220-0000	
3340-96-2468-0000		3350-16-6452-0000	116 BROWN MOORE RD
3340-96-3339-0000		3350-16-7371-0000	90 BROWN MOORE RD
3340-96-3507-0000		3350-16-7425-0000	106 BROWN MOORE RD
3340-97-3436-0000		3350-16-7496-0000	
3340-96-4083-0000		3350-16-8015-0000	50 BROWN MOORE RD
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3340-96-6224-0000		3350-24-2836-0000	
3340-96-7119-0000		3350-24-5942-0000	144 HEIGHTS DR
3340-96-8125-0000		3350-25-0404-0000	
3340-96-9081-0000	2625 WHITESTOCKING RD	3350-25-0569-0000	
3340-96-9100-0000		3350-25-0751-0000	3081 WHITESTOCKING RD
3340-97-1755-0000		3350-25-1840-0000	
3340-97-2015-0000		3350-25-2845-0000	
3340-97-2638-0000	350 CHORLEY RD	3350-25-4347-0000	138 HEIGHTS DR
3340-97-2683-0000	330 CHORLEY RD	3350-25-4517-0000	108 HEIGHTS DR
3340-97-6354-0000	234 CHORLEY RD	3350-25-4931-0000	
3340-97-8202-0000		3350-25-7954-0000	
3340-97-9006-0000		3350-25-8085-0000	145 HEIGHTS DRIVE
3341-01-3113-0000		3350-25-8453-0000	
3341-01-6005-0000	290 RIVERBIRCH RD	3350-25-8615-0000	107 HEIGHTS DR
3341-01-8033-0000	300 RIVER BIRCH RD	3350-26-0155-0000	35 WHITESTOCKING EXT

3341-10-1978-0000	354 RIVER BIRCH RD	3350-26-2444-0000	105 WHITESTOCKING EXT
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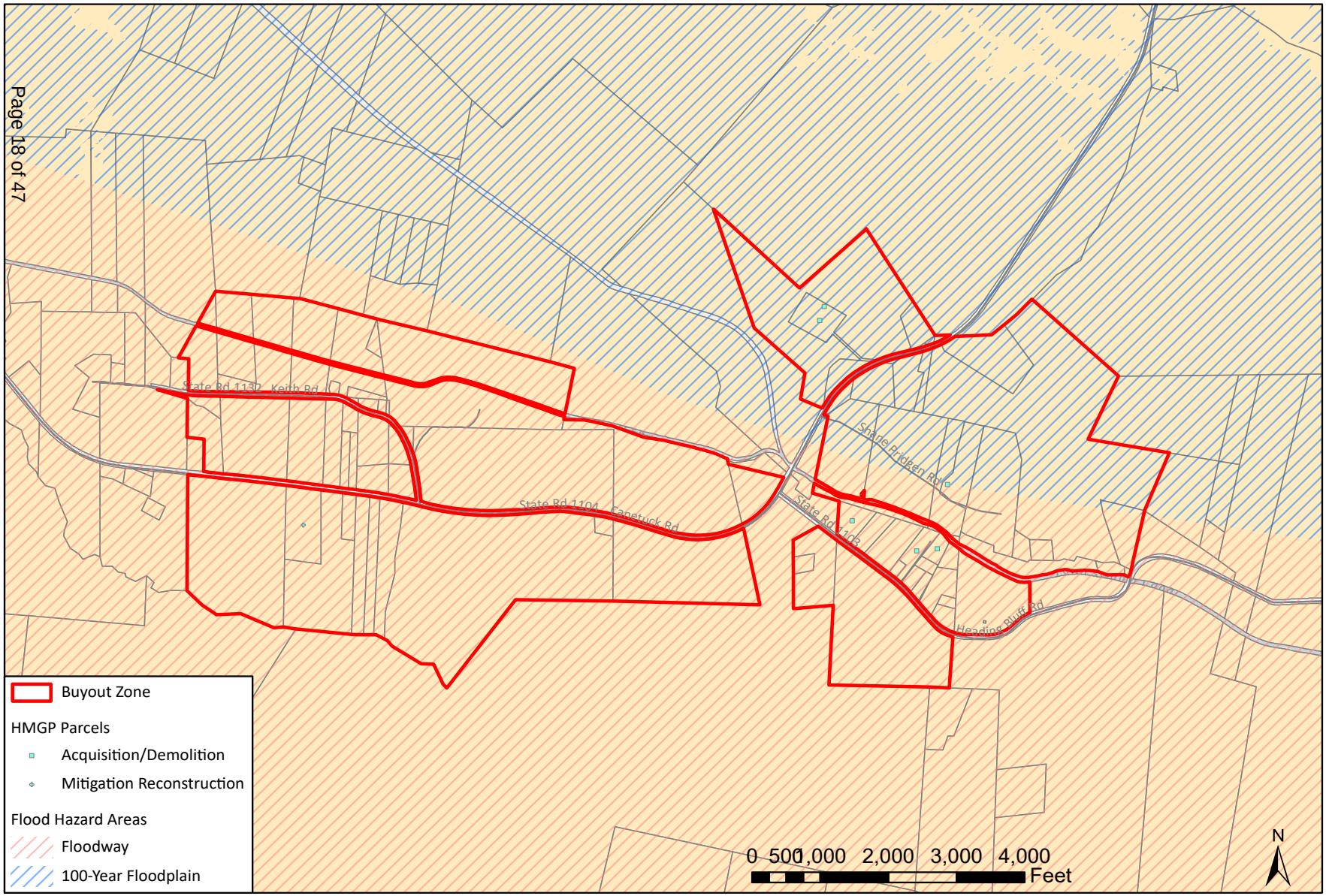
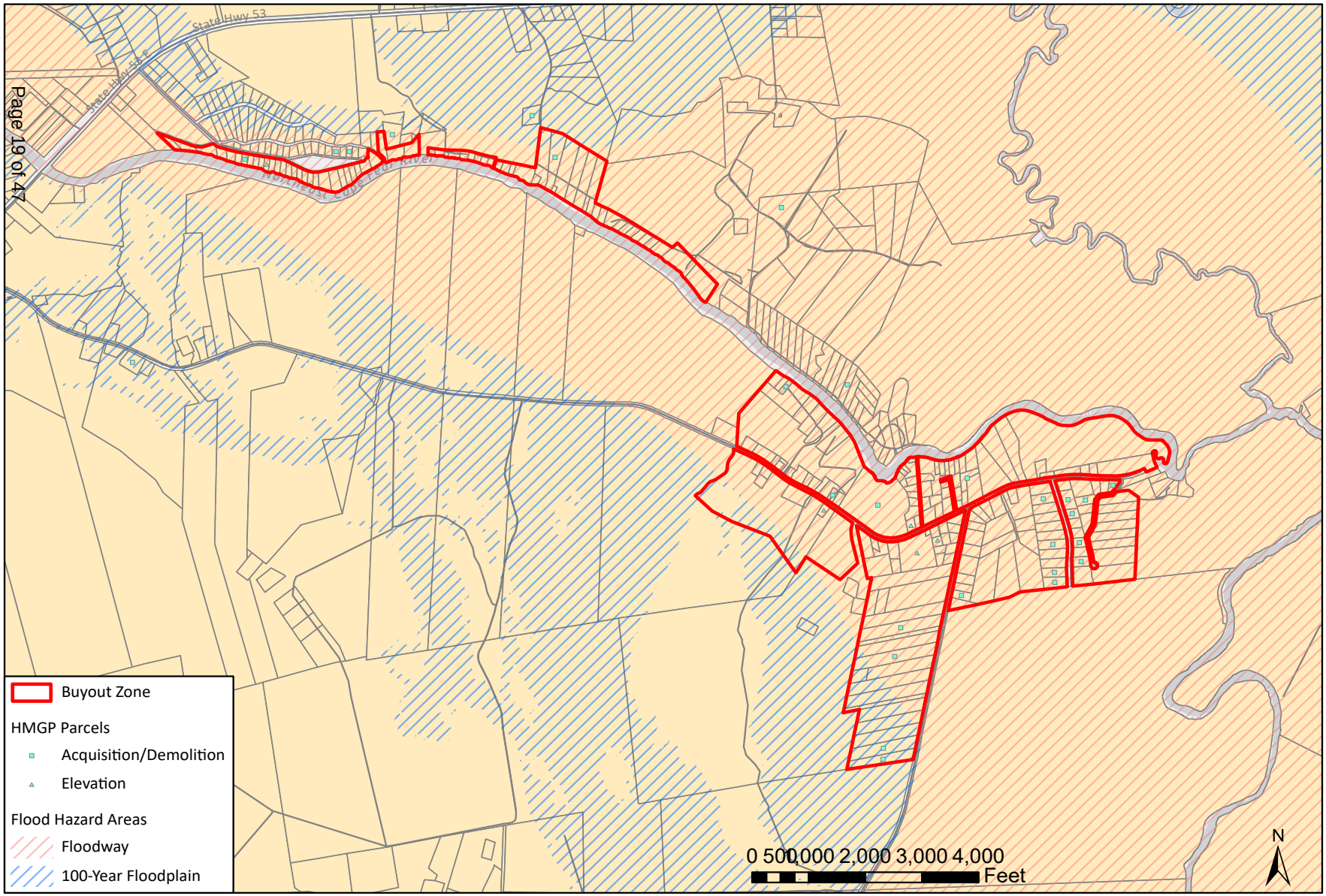
3341-10-3960-0000	384 RIVER BIRCH RD	3350-35-2418-0000	150 SPORTSMAN DR
3341-10-4859-0000	404 RIVER BIRCH RD	3350-26-5910-0000	
3341-10-5827-0000	414 RIVER BIRCH RD	3350-26-6005-0000	130 WHITESTOCKING EXT
3341-10-6817-0000	53 HWY OFF	3350-34-2767-0000	280 SPORTSMAN DR
3341-10-6885-0000	444 RIVER BIRCH RD	3350-34-2954-0000	260 SPORTSMAN DR
3341-10-7865-0000	464 RIVERBIRCH RD	3350-34-6806-0000	281 SPORTSMAN DR
3341-10-8843-0000	472 RIVER BIRCH RD	3350-35-1682-0000	120 SPORTSMAN DR
3341-10-9821-0000		3350-35-1744-0000	100 SPORTSMAN DR
3341-11-0040-0000	320 RIVERBIRCH RD	3350-35-1818-0000	70 SPORTSMAN DR
3341-20-0719-0000	510 RIVER BIRCH RD	3350-35-2046-0000	220 SPORTSMAN DR
3341-20-0795-0000	530 RIVER BIRCH RD	3350-35-2231-0000	220 SPORTSMAN DR
3341-20-1771-0000	540 RIVER BIRCH RD	3350-35-2334-0000	182 SPORTSMAN DR
3341-20-2657-0000	53 HWY OFF	3350-35-4861-0000	91 SPORTSMAN DR
3341-20-3624-0000	53 HWY OFF	3350-35-5388-0000	185 SPORTSMAN DR
3341-20-4614-0000	592 RIVER BIRCH RD	3350-35-5562-0000	153 SPORTSMAN DR
3341-20-5643-0000	616 RIVER BIRCH RD	3350-35-5625-0000	121 SPORTSMAN DR
3341-20-6691-0000		3350-35-6009-0000	227 SPORTSMAN DR
3341-20-7696-0000	654 RIVER BIRCH RD	3350-35-6203-0000	211 SPORTSMAN DR
3341-20-8689-0000	53 HWY OFF	3350-35-6793-0000	112 LIZARD LICK TR
3341-20-9761-0000	670 RIVER BIRCH RD	3350-35-6899-0000	
3341-30-0728-0000	690 RIVER BIRCH RD	3350-36-0072-0000	44 SPORTSMAN DR
3341-30-1833-0000	RIVER BIRCH RD	3350-36-0136-0000	16 SPORTSMAN DR
3341-60-2718-0000	53 HWY OFF	3350-36-0417-0000	225 WHITESTOCKING EXT
3341-30-2964-0000	750 RIVER BIRCH RD	3350-36-1306-0000	
3341-31-3250-0000		3350-36-2803-0000	
3341-31-5083-0000	53 HWY OFF	3350-36-3252-0000	31 SPORTSMAN DR
3341-31-7067-0000	354 MURRAY TURNER FARM RD	3350-36-4011-0000	51 SPORTSMAN DR
3341-40-5968-0000	540 MURRAY TURNER FARM RD	3350-36-4411-0000	
3341-40-6978-0000	655 RIVER TR	3350-36-6080-0000	108 LIZARD LICK TR
3350-45-1327-0000	127 LIZARD LICK TR	3350-36-6119-0000	340 WHITESTOCKING EXT
3350-45-1531-0000	123 LIZARD LICK TR	3350-36-6454-0000	341 WHITESTOCKING EXT
3350-45-1645-0000	119 LIZARD LICK TR	3350-36-7485-0000	351 WHITESTOCKING RD
3350-45-1757-0000	115 LIZARD LICK TR	3350-36-8250-0000	354 WHITESTOCKING RD
3350-45-1951-0000	111 LIZARD LICK TR	3350-36-9260-0000	
3350-46-0284-0000	410 WHITESTOCKING EXT	3350-44-1903-0000	141 LIZARD LICK TR
3350-46-1074-0000	109 LIZARD LICK TR	3350-45-1109-0000	131 LIZARD LICK TR
3350-46-2551-0000			

Pender County - Currie DRRA



Pender County - NECFR DRRA



NCORR
NORTH CAROLINA OFFICE OF RECOVERY AND RESILIENCY

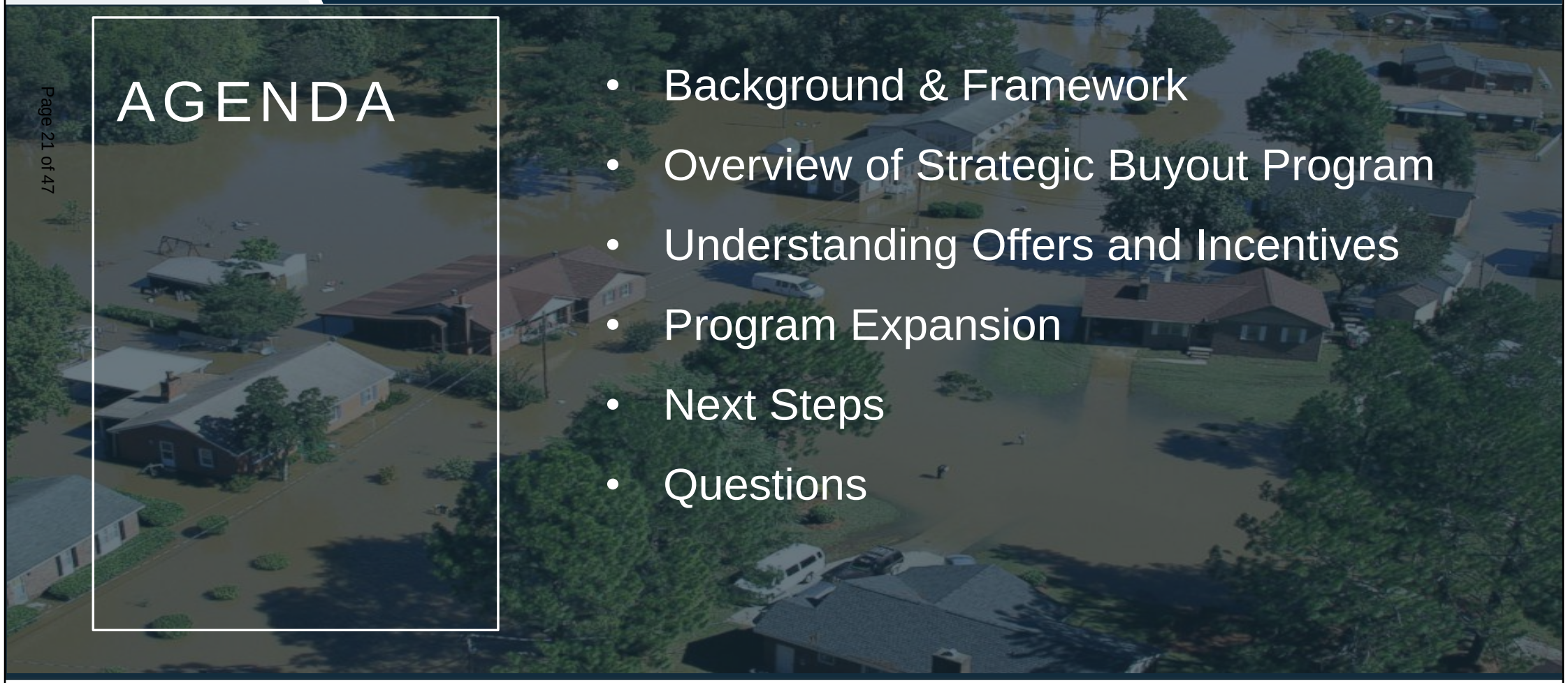
NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

OFFICE OF RECOVERY AND RESILIENCY

Strategic Buyout Program Overview

Maggie Battaglin
Mitigation Director
NCORR

AGENDA



- Background & Framework
- Overview of Strategic Buyout Program
- Understanding Offers and Incentives
- Program Expansion
- Next Steps
- Questions

NC Department of Public Safety

NC Office of Recovery and Resiliency

Other NCORR Programs

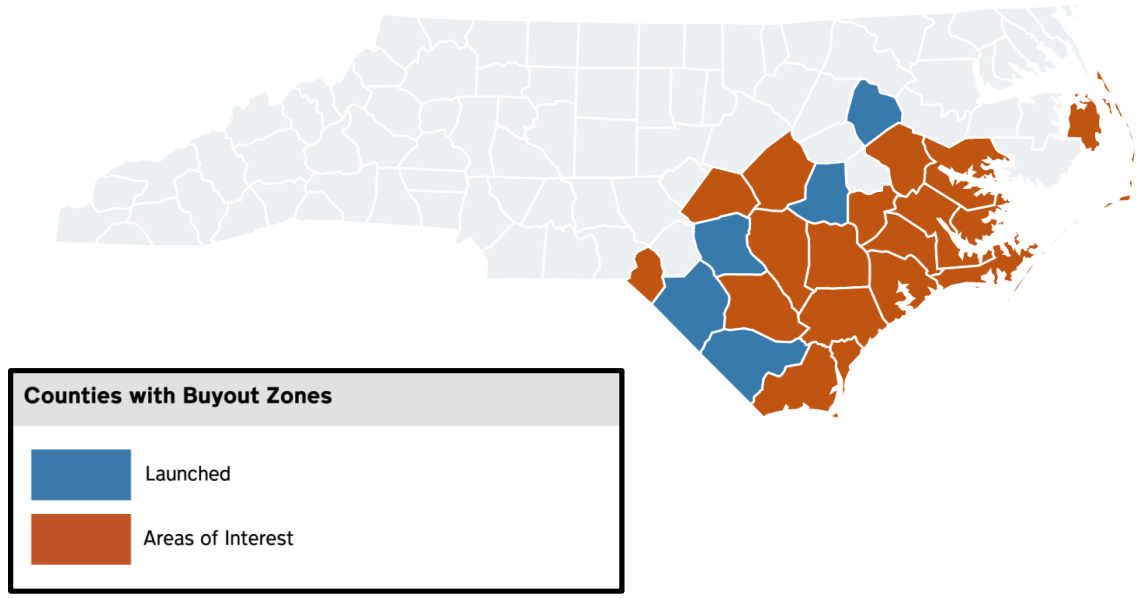
- ReBuild NC Homeowner Recovery Program
  - Provides assistance to help repair, reconstruct, replace, or elevate homes, or reimburse homeowners for completed repairs.
  - Allocated more than $500 million in Community Development Block Grant (Disaster Recovery) funds

Other NCORR Initiatives

- Affordable Housing Development Fund
- Multi-Family Development Fund
- Infrastructure Recovery Program
- Public Housing Restoration Fund
- Resilient Communities Program
- Homeownership Assistance Program
- Regions Innovating for Strong Economies and Environment (RISE) Program
- Planning initiatives

Program Expansion

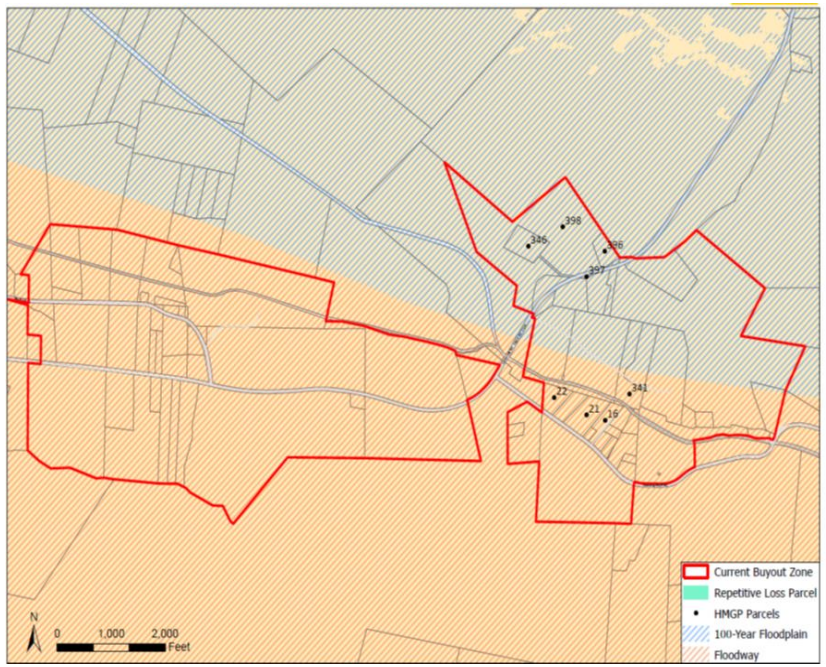
SBP Florence Launch



Counties being considered for buyout zone development:

- Beaufort
- Bladen
- Brunswick
- Carteret
- Columbus
- Craven
- Cumberland
- Harnett
- Johnston
- Jones
- Lenoir
- Nash
- New Hanover
- Onslow
- Pamlico
- Pender
- Pitt

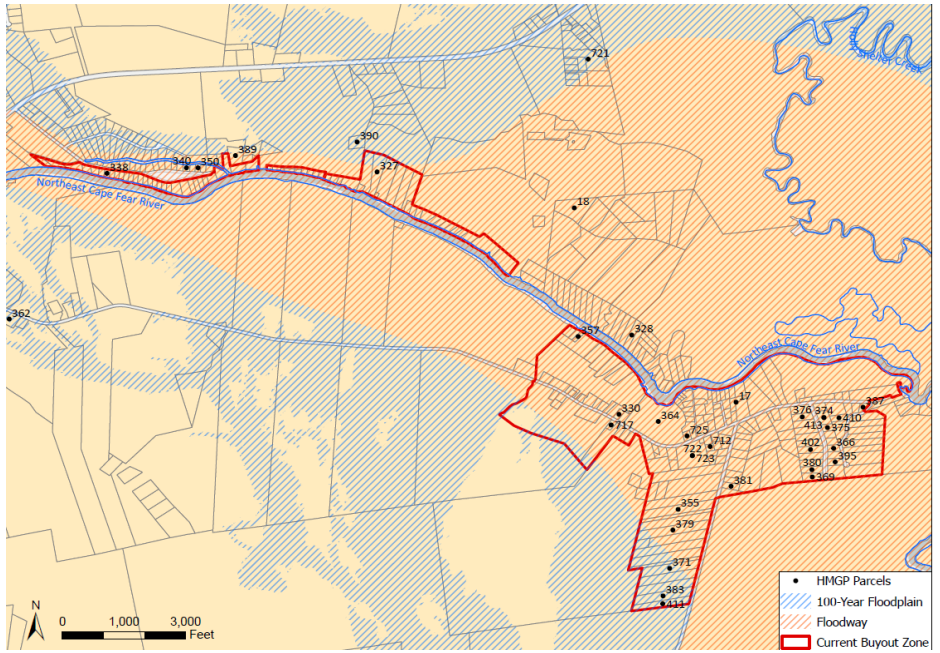
Potential Pender County Buyout Zone - Currie



- 78 total properties generally around the intersection of Canetuck Road and Heading Bluff Road southwest of Currie
  - An estimated 30% in the 100-year floodplain and the remaining 70% in the floodway.
  - Mostly vacant lots – based on Pender County tax data, we believe that 47 of these lots are “unimproved”
  - 8 properties expressed interest in or applied for the Hazard Mitigation Grant Program

Potential Pender County Buyout Zone - NECFR

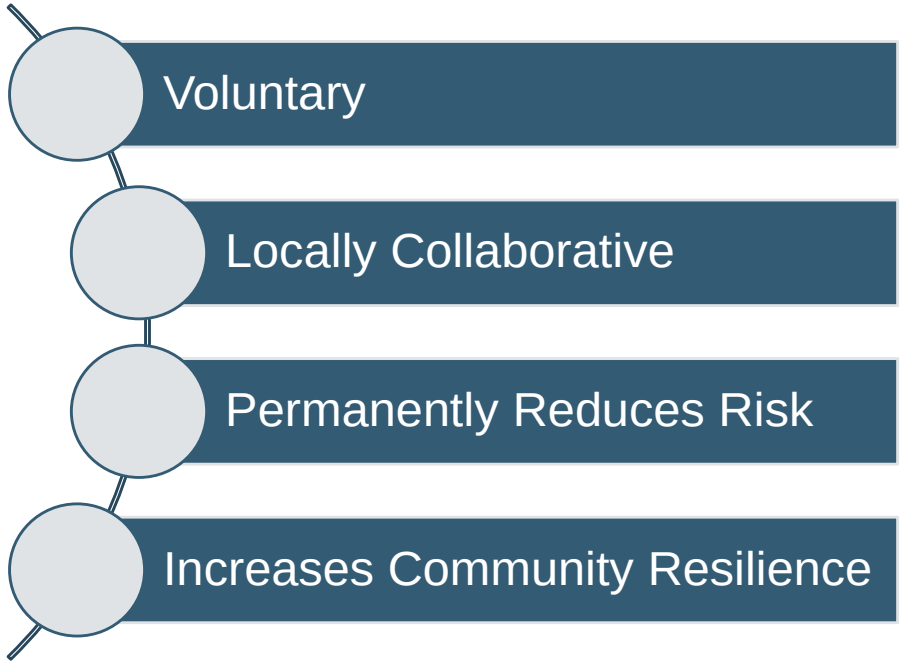
- 224 total properties located along the Northeast Cape Fear River and close to Whitestocking Road.
  - An estimated 10% in the 100-year floodplain and the remaining 90% in the floodway.
  - Mostly vacant lots – based on Pender County tax data, we believe that 114 of these lots are “unimproved”, and 23 of those are already owned by the county
  - 23 properties expressed interest in or applied for the Hazard Mitigation Grant Program



Strategic Buyout Program Overview

Strategic Buyout Program (SBP)

The Strategic Buyout Program (SBP) is a **voluntary program** that works to permanently reduce the risk to life and property of North Carolinians by purchasing storm impacted and at-risk properties. After being purchased, these properties are then owned by the local government and their structures demolished, with the land held as open space in perpetuity.



Program Administration

- This program is fully funded through funds provided by HUD through the Community Development Block Grant – Mitigation (CDBG-MIT).
- There is no state or local share required.
- NCORR will be administering the program, including providing case management to applicants and procuring the services required to successfully complete this program.
- Applicants will sell their properties directly to the local government (funded by NCORR). NCORR will demolish the structures, and the local government will be responsible for ongoing maintenance.

Program Goals

Reduce risk to life and property of North Carolinians

Buyouts are a permanently mitigative risk reduction strategy.

Preserve community character and tax base

This is achieved through spatially targeted buyouts and monetary incentives that reward people for staying in their county.

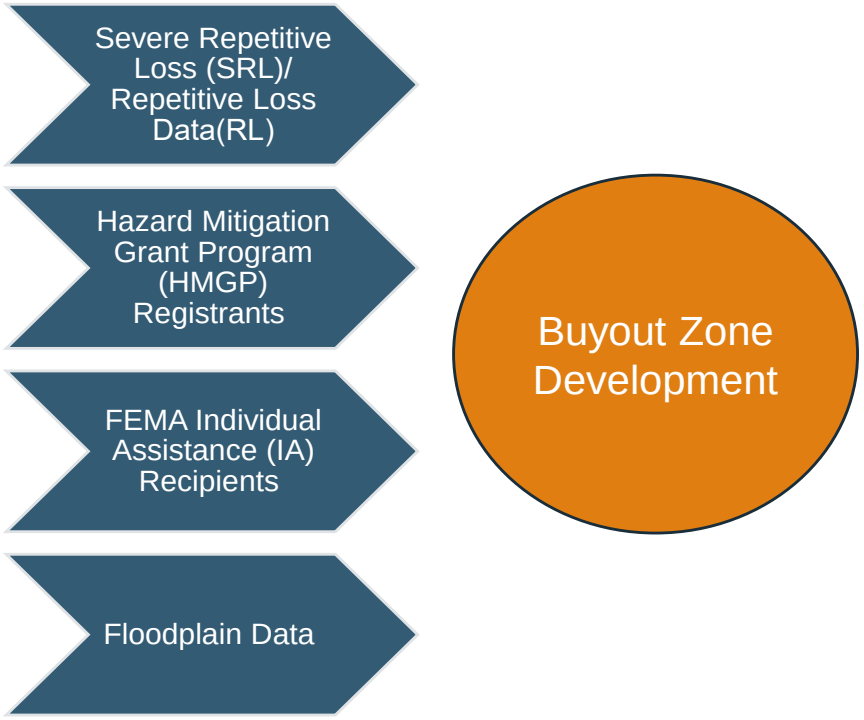
Support community planning and resiliency

Buyouts are most effective when integrated into community resilience planning. The land once acquired can be used to support nature based flooding solutions.

Support high need areas

SBP targets areas that are at least 40% LMI and have demonstrated flood risk

SBP Buyout Zones



Buyout zones allow SBP to target specific areas for buyout. Multiple datapoints were used to identify potential buyout zone locations.

The process for establishing buyout zones involves working with local governments.

Currently SBP has 15 buyout zones in 6 different counties.

Significant evidence that clustered as opposed to checkerboarded buyouts can more effectively contribute to flood mitigation.

Policy Overview

Initial Offer Price
- Based on current Fair Market Value (FMV)

Incentives
- Risk Reduction Incentive
- Affordable Housing Incentives

Duplication of Benefits
- Other assistance received is **not** factored in to the SBP review unless the applicant applies for incentives

Applicant Eligibility Criteria

- Applicant requirements depend on the type of property
- Applicants cannot be dual enrolled in other disaster recovery programs, such as HMGP or the ReBuild NC Homeowner Recovery Program
- Applicants must currently own the property for which they are applying and be able to sell the property (title must be clean)
- Applicants must be able to retire any existing mortgages before or at closing
  - Program funds can be used to help satisfy this criterion

Property Eligibility Criteria

- Property must be located in an approved buyout zone.
- Property must be a:
  - Single family residential property
  - Vacant land
  - Non-residential property (e.g. non-profit, religious institutions, and commercial properties)
- There are additional program caps on the number of properties an individual can apply for and parcel size.

Application Process

At a high level, the Strategic Buyout process follows the 8 steps shown here. These steps can happen concurrently to increase program efficiencies.

Significant applicant involvement ends in Step 5.

Applicant Support

SBP is designed to be as supportive as possible for applicants and local communities

- Each applicant has a **dedicated case manager**, providing them with a consistent point of contact throughout the process.
- All participating properties must have clear titles. NCORR can provide services to applicants to **assist in clearing title clouds**.
- NCORR has entered a subrecipient agreement with the North Carolina Housing Coalition to make **housing counseling** services available to our applicants. This includes four pre-recorded classes on homebuyer education, foreclosure prevention, rental awareness and credit awareness, as well as individual counseling sessions.

Understanding Offers and Incentives

Offer Overview

Why are incentives offered?

This is a **VOLUNTARY** buyout program

Almost all of our incentives encourage households to relocate locally, thus preserving the tax base

Generally, homes in high-risk areas have lower values than other comparable homes in lower-risk areas

Incentives offer additional assistance to encourage households to relocate to a lower-risk area

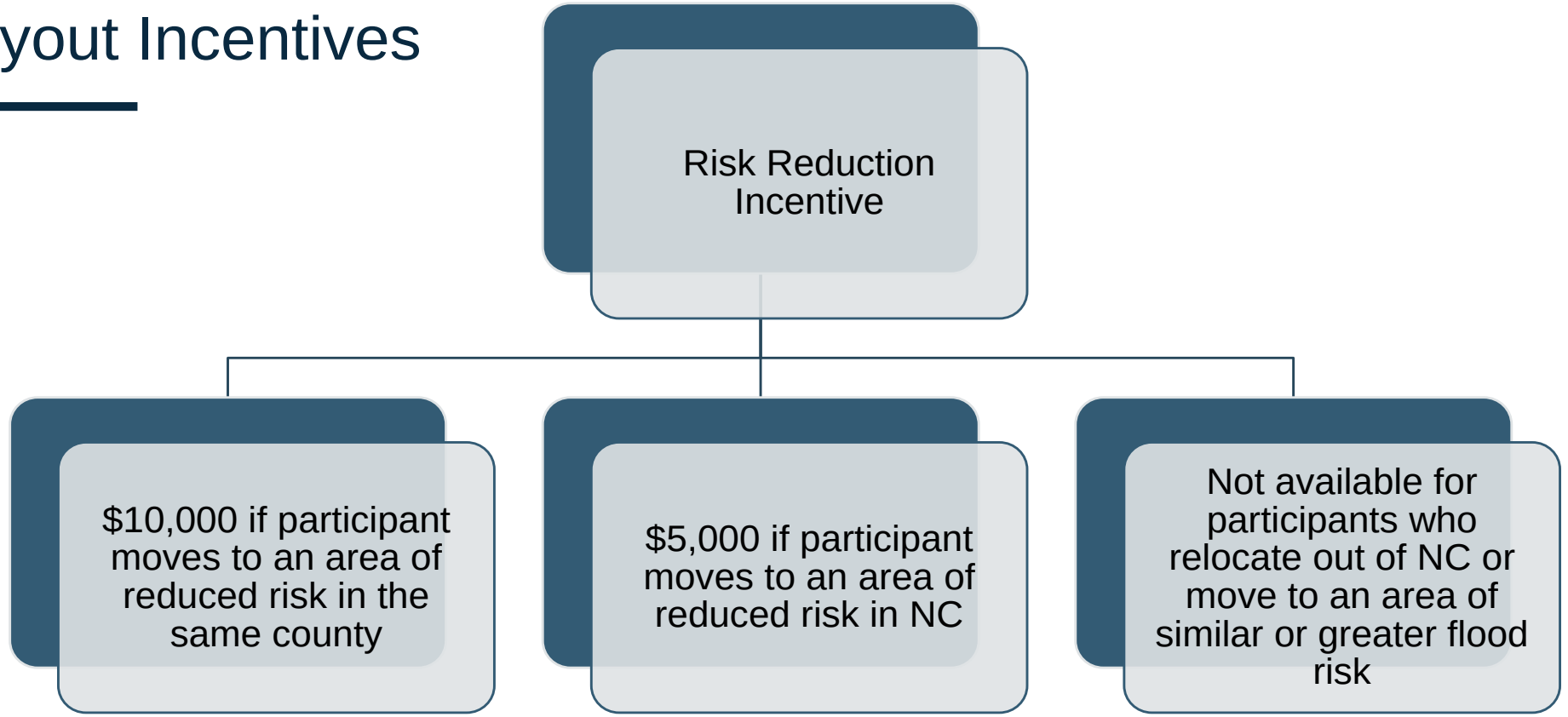
Incentive Eligibility

Applicants must:

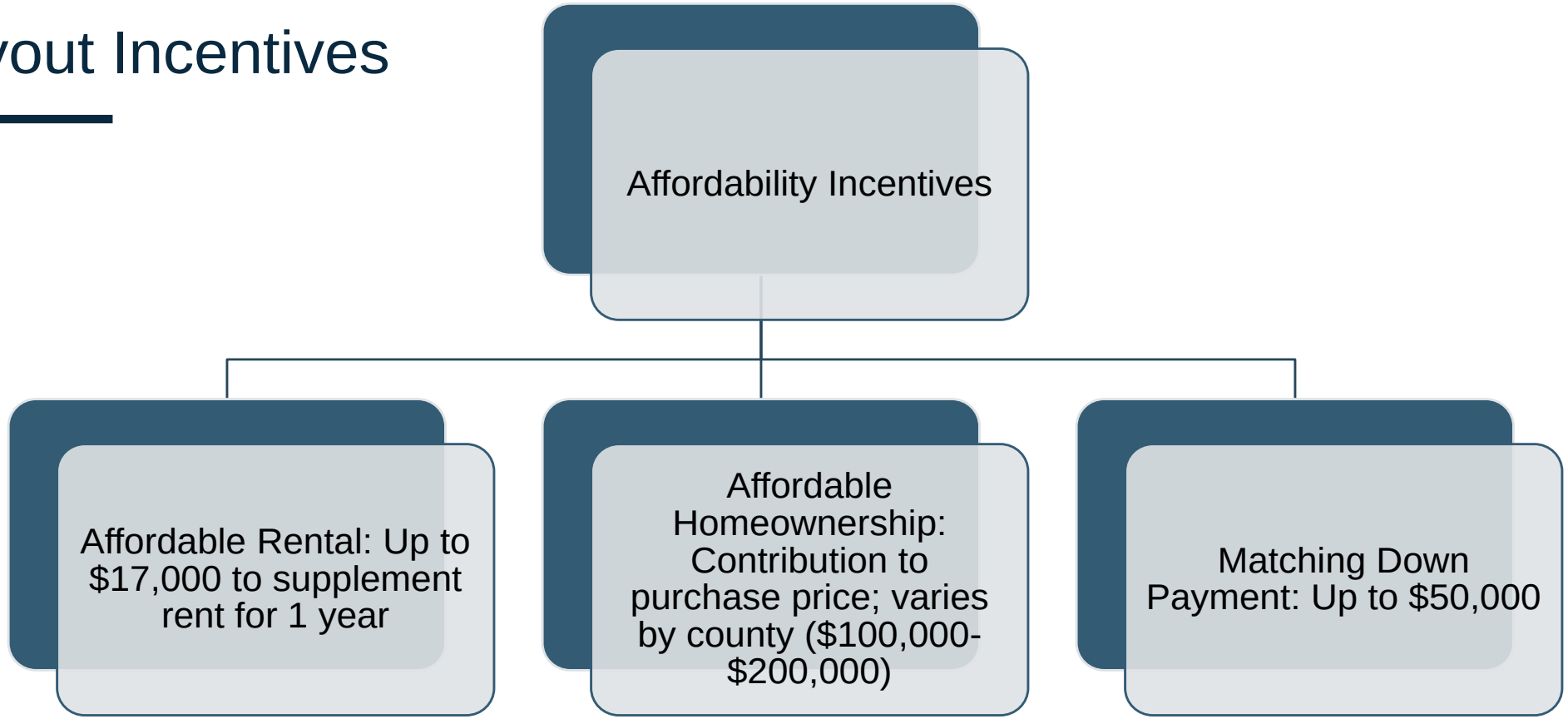
- Have occupied the damaged property at the time of the storm as their primary residence
- Non-applicant owners are not eligible to receive an incentive

In addition, most incentives are restricted to applicants within certain area median income ranges.

Buyout Incentives



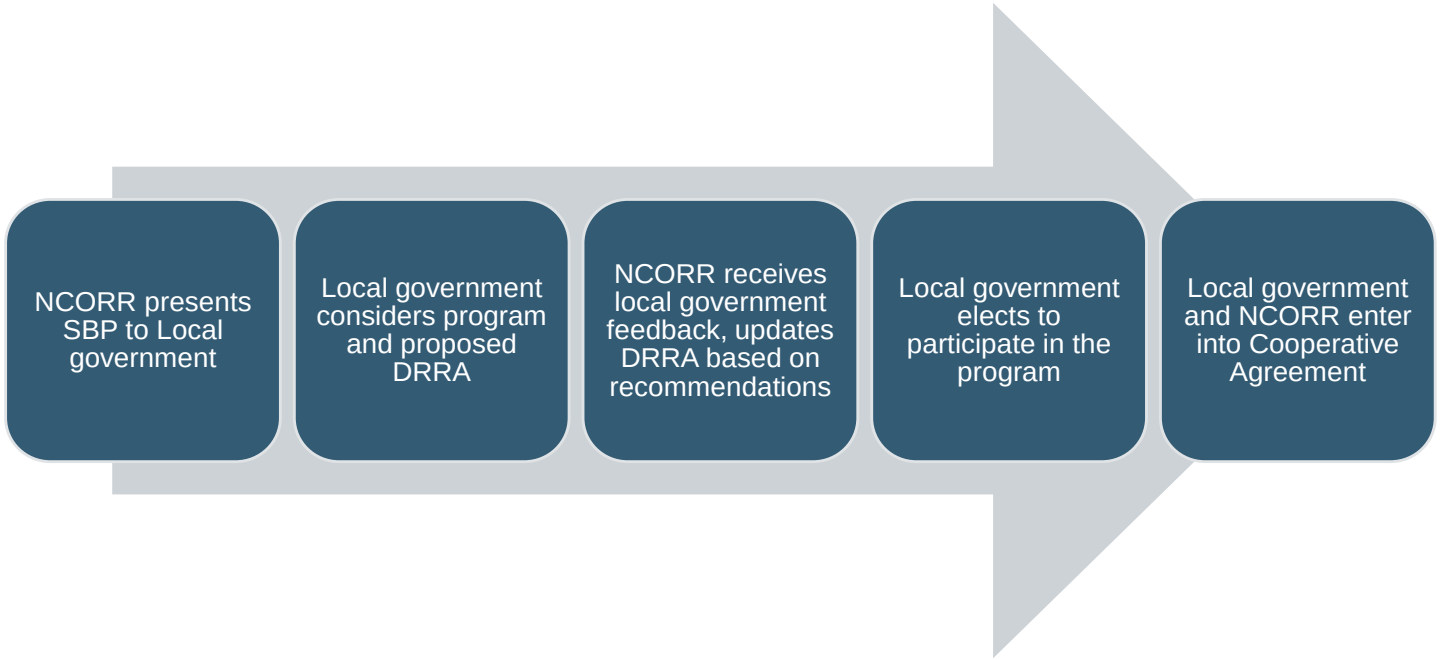
Buyout Incentives



Next Steps

Local Partnership

While NCORR staff are responsible for program implementation, our local government partnerships are the backbone of the program allowing us to pursue **voluntary, targeted,** and **impactful** buyouts.



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OFFICE OF RECOVERY AND RESILIENCY

Questions and Thank You

Maggie Battaglin
Mitigation Director

Pender County
Request for Board Action

TO:	Board of County Commissioners
FROM:	Alan Cutler
DATE:	May 1, 2023
SUBJECT:	Approval of Purchase Order to Performance Automotive for the purchase of 9 (nine) 2023 Dodge Charger Pursuit Patrol Vehicles in the amount of $428,000.00.

SUMMARY:
Pender County Sheriff's Office is requesting approval of a Purchase Order to Performance Automotive for the purchase of 9 (nine) 2023 Dodge Charger Pursuit vehicles in the amount of $428,000.00. This amount includes the upfit of each vehicle. These vehicles were requested in the upcoming Fiscal Year (2023-2024) budget, but we're asking the Board's consideration to allow us to purchase them in advance.

ACTION REQUESTED:
Approval of Purchase Order to Performance Automotive as well as Budget Ordinance Amendment (BOA) for the purchase of 9 (nine) 2023 Dodge Charger Pursuit Patrol vehicles in the amount of $428,000.00.

Wednesday, April 19, 2023

Pender County Budget Ordinance Amendment

Fiscal Year FY 2022-2023

Department 510 - SHERIFFS DEPARTMENT

REVENUES

	Account # (ORG-OBJECT)	Account Description	Amount
1	695-399000	Fund Balance	428,000
2			
3			
4			
5			
6			
7			
8			
9			
10			

Proposed Amendment:

EXPENDITURES

	Account # (ORG-OBJECT)	Account Description	Amount
1	510-407403	Capital Outlay Vehicles	428,000
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total Revenues 428000

Total Expenditures 428000

Budget Amendment Balances when Zero. 0

Prepared By: Meg Blue

Email mblue@pendercountync.gov

Batteries of NC & S.W.S. LLC

81 Medical Drive
Angier, NC 27501
(919) 331-0241
www.batteriesofnc.com

Estimate

ADDRESS	SHIP TO		
Pender County Sheriff's Office P.O Box 1449 Burgaw, NC 28425	Pender County Sheriff's Office 605 E FREMONT ST BURGAW, NC 28425-5115 US	ESTIMATE DATE	23031 04/19/2023

SALES REP
Jessie

PRODUCT/SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
Non-Inventory	2023 Dodge Charger Light Bar Package with Grpahics	1	0.00	0.00T
Non-Inventory Item - Strobe Lights	Federal Signal 44" Intgrity Dual Color Light Bar Package Blue/White in Front and Blue/Amber in Rear with Pathfinder Siren, Speaker and Bracket with Rumbler	1	3,195.00	3,195.00T
PF200R	Part Number: PF200R Federal Signal Pathfinder with Rumbler Capability Remote Head	1	0.00	0.00T
ES100C	Part Number: ES100C Federal Signal DynaMax Siren and Speaker	1	0.00	0.00T
ESB-CHGR15	Part Number: ESB-CHGR15 Federal Signal Dodge Charger Speaker Bracket	1	0.00	0.00T
EXPMOD24	Part Number: EXPMOD24 Federal Signal 24-Channel Expansion Module	1	0.00	0.00T
OBDCABLE25-DGCAN	Part Number: OBDCABLE25-DGCAN Federal Signal OBDII Interface Cable for Dodge	1	0.00	0.00T
RBKIT2	Part Number: RBKIT2 Federal Signal Dual Rumbler Woofer for Use With Pathfinder Siren	1	0.00	0.00T
RB-CHGR15	Part Number: RB-CHGR15 Federal Signal Rumbler Bracket for Dodge Charger	1	0.00	0.00T
MPS62U-BW	Part Number: MPS62U-BW Federal Signal MicroPulse Ultra Dual Color 12-LED Light Head Blue/White ****Front Grill and Bumper for Intersection ****	4	85.00	340.00T
MPS62U-BA	Part Number: MPS62U-BA Federal Signal MicroPulse Ultra Dual Color 12-LED Light Head Blue/Amber ****Rear LIcense Plate****	2	85.00	170.00T
C-VS-0909-CHGR-PM-2	Part Number: C-VS-0909-CHGR-PM-2 Havis Vehicle-Specific 18" Angled Console With Internal PockJet 8 Printer Mount For 2021-2023 Dodge Charger Police	1	473.60	473.60T

Returns: 30 Days to return merchandise. Returns within the 30 days will have a 25% restocking fee. Special Order are Non-Returnable.

CUP2-1001	Part Number: CUP2-1001 Havis Self-Adjusting Double Cup Holder (4")	1	42.88	42.88T
C-AP-0325-1	Part Number: C-AP-0325-1 Havis 3" Accessory Pocket, 2.5" Deep (3")	1	32.64	32.64T
C-ARM-103	Part Number: C-ARM-103 Havis Armrest for Top Mount, Console, Large Pad	1	116.48	116.48T
C-HDM-204	Part Number: C-HDM-204 Havis 8.5" Heavy-Duty Telescoping Pole, Side Mount, Short Handle	1	147.20	147.20T
C-MD-112	Part Number: C-MD-112 Havis 11" Slide Out Locking Swing Arm with Motion Adapter	1	234.88	234.88T
DS-DELL-426	Part Number: DS-DELL-426 Havis Docking Station For Dell 5430, 7330, 5420, 5424 & 7424 Notebooks With Standard Port Replication & LIND Power Supply	1	643.63	643.63T
C-LP2-USB-BL2	Part Number: C-LP2-USB-BL2 Havis Console Accessory Bracket With 2 Lighter Plug Outlets,1 USB-C & USB Type A Dual Port Charger And 2 Blanks For Rectangular Accessories (2")	1	99.84	99.84T
C-MCB	Part Number: C-MCB Havis Mic Clip Bracket	2	12.16	24.32T
MMBP	Part Number: MMBP Magnetic Mic Clip	2	39.00	78.00T
WK0513CGR11	Part Number: WK0513CGR11 Setina Window Barrier S Steel Vertical	1	188.30	188.30T
1K0573CGR11P	Part Number: 1K0573CGR11P Setina #6S Single Prisoner Transport- Coated Poly Window Stock Seat	1	818.30	818.30T
TK1189CGR11	Part Number: TK1189CGR11 Setina Slide Out Trunk Tray for Dodge Charger	1	328.30	328.30T
GK0068E	Part Number: GK0068E Setina Single T Rail Mount 1080E Blac-Rac Weapons Mount System	1	538.30	538.30T
GK10251STHK	Part Number: GK10251STHK Setina Single T-Rail Trunk Tray Mount Small, Handcuff Key Override	1	216.30	216.30T
78104	Part Number: 78104 Streamlight Stinger 2020 Rechargeable Flashlight with 12V DC Charger	1	150.00	150.00T
488756	Part Number: 488756 Tessco Laird 806-866 MHZ Phantom Elite 3/4 Hole	1	35.00	35.00T
391637	Part Number: 391637 Tessco Brass 3/4 Hole Permanent Mount 25' Cable	1	29.35	29.35T
Shipping, Delivery, Freight	Shipping Charges Will Apply	1	455.00	455.00T
Shop Supplies	Shop Supplies	1	300.00	300.00T
Inside Labor	Installation of Equipment Listed Above	1	1,895.00	1,895.00T
Inside Labor	Graphic Package Allowance	1	1,295.00	1,295.00T
Sales Tax	Sales Tax calculated by AvaTax on Wed 19 Apr 16:18:11 UTC 2023	1	799.71	799.71
	SUBTOTAL			12,647.03

TAX (0%)	0.00
TOTAL	**$12,647.03**

Accepted By

Accepted Date

PERFORMANCE AUTOMOTIVE

CHRYSLER DODGE Jeep RAM Ford

2023 Dodge Charger Pursuit

North Carolina Statewide Vehicle Contract #202100002

Category H - Law Enforcement Vehicles

Contract Term Dates: May 10, 2021 - May 9, 2023

Pender County

Drivetrain Configurations

5.7L Hemi V-8	☑	LDDE48	2023 Charger Pursuit, 5.7L Hemi V-8 RWD	$ 35,328.69
3.6L V-6	☐	LDEE48	2023 Charger Pursuit, 3.6L V-6 AWD	$ 34,639.64

NC70A Base Vehicle Configuration

Base Powertrain Configuration

LDDE48	5.7L Hemi V-8 MDS VVT Engine, 8 Speed Automatic Transmission	Base
LDEE48	3.6L V-6 24 Valve VVT Engine, 8 Speed Automatic Transmission	Base

Base Interior Configuration

Vinyl	Vinyl Floor Covering	Base
Front	Cloth Front Seat Covering	Base
C8/X9	Cloth Rear Seat Coverning	Base

Base Package / Options

Wheels	Black Steel Wheels with Chrome Center Caps	Base
Tires	P225/60R18 BSW Performance Tires	Base
	Power Windows, Door Locks, Mirrors	Base
	Rear View Camera	Base
	140 MPH limited top speed	Base
	No Overhead Dome/Map Light - No Spotlight standard	Base
FOBS	2 Key FOBs Standard, Must order GXQ for additional FOBs	

Option Availability and Compatibility Vary
USE THIS FORM AS A GUIDE
Please Return to your Performance Representative For Confirmation

		Seat/Trim Options	MSRP	6% Disc
☐	C8/X5	HD Cloth Bucket Front Seat / Cloth Rear Seat	STD	STD
☑	X5/X9	HD Cloth Bucket Front Seat / Vinyl Rear Seat	$ 135	$ 126.90
		Functional Packages	**MSRP**	**6% Disc**
☐	AEB	Street Appearance Group	$ 420	$ 394.80
☐	AHM	Convenience Group I	$ 540	$ 507.60
☐	AWC	Fleet Safety Group	$ 395	$ 371.30
☐	AYJ	Max Flow Package	$ 170	$ 159.80
		Interior Options	**MSRP**	**6% Disc**
☐	CKD	Carpet Floor Covering	$ 140	$ 131.60
☑	LBG	Overhead Map and Reading Lights	$ 85	$ 79.90
☐	CUF	Full Length Floor Console	$ 330	$ 310.20
☐	UJG	Uconnect 4 Radio with 7" Screen	$ 995	$ 935.30
☑	FOB	2 Key Fobs Standard	STD	STD
☑	GXQ	Additional Non Keyed Alike FOBS *(8 Total)*	$ 170	$ 159.80
☐	XFX	Equipment Mounting Bracket	$ 115	$ 108.10
		Exterior Options	**MSRP**	**6% Disc**
☐	CAPS	Black Steel Wheels with Chrome Center Caps	STD	STD
☑	W8A	18" Wheel Covers *(W8A 5 Spoke RWD, W8B Slotted AWD)*	$ 45	$ 42.30
☐	TYL	245/55R18 BSW Performance Tires	$ 200	$ 188.00
☐	TBF	Spare Tire Delete	$ (90)	$ (84.60)
☐	TBH	Full Spare Tire Relocation Bracket	$ 165	$ 155.10
☐	GUK	Power Heated Mirrors with Manual Fold Away	$ 70	$ 65.80
☐	MDA	Front License Plate Bracket	N/C	N/C
☐	HGC	Rear Shelf Silencer Insulation	$ 45	$ 42.30
		Spotlight Options	**MSRP**	**6% Disc**
☐	LNF	Black Driver Side Spotlight (Halogen)	$ 235	$ 220.90
☐	LNA	Matching Passenger Side Spotlight (Halogen)	$ 235	$ 220.90
☐	LNX	LED Spotlight Bulb	$ 150	$ 141.00
		Law Enforcement Options	**MSRP**	**6% Disc**
☐	CUG	Police Floor Console	$ 840	$ 789.60
☐	CW6	Deactivate Rear Doors & Windows	$ 85	$ 79.90
☐	LSA	Security Alarm	$ 165	$ 155.10
☐	MSY	Delete Exterior Badging	N/C	N/C
☐	XDG	Passenger Side Ballistic Door Panel	$ 2,635	$ 2,476.90
☐	XDV	Driver's Side Ballistic Door Panel	$ 2,635	$ 2,476.90
☐	CBT	Steel Seat Back Panel Inserts	$ 150	$ 141.00
☐	GXF	Fleet Keyed Alike *(Freq 1-GXF, Freq 2-GXA, Freq 3-GXE, Freq 4-GXG)*	$ 160	$ 150.40

		Additional Options		
☐				$ -
☐				$ -
☐				$ -
☐				$ -
☐	Tier 1	Tier 1 Color Upcharge ($90 Per Car)		$ 90.00
☐	Tier 2	Tier 2 Color Upcharge ($375 Per Car)		$ 375.00
☐	Tier 3	Tier 3 Color Upcharge ($525 Per Car)		$ 525.00

Standard Colors:

			Quantity
		No Cost Colors	
☑	PX8	Pitch Black Clear Coat	9.00
☐	PR3	TorRed Clear Coat	
☐	PW7	Bright White Clear Coat	
		Tier 1 - Additional $90 Per Car	
☐	PAU	Granite Pearl Coat	
☐	PSE	Triple Nickel Clear Coat	
☐	PCA	Frostbite	
☐	PFQ	F-8 Green	
		Tier 2 - Additional $375 Per Car	
☐	PRV	Octane Red Pearl Coat	
☐	PVP	Go Mango	
☐	PEC	Sinamon Stick	
		Tier 3 - Additional $525 Per Car	
☐	PB8	Midnight Blue Pearl Coat	
☐	P79	Michigan State Police Blue	
☐	PB5	Electric Blue Pearl Coat	
☐	P82	Ranger Clear Coat	

Enter Quantity Here

Emergency Equipment/Lighting Upfit

☐			
☐			
☐			
☐			

Option Availability and Compatibility Vary
USE THIS FORM AS A GUIDE
Please Return to your Performance Representative For Confirmation

Total Price Per Vehicle: $ 35,737.59

Number Units This Spec: 9.00

Total this Order: $ 321,638.31

Notes & Instructions:

Seven on the ground, ready for immediate delivery, subject to prior sale.

Quote Date: 4-18-23

Agency Information:

Agency Name:	Pender County
Contact:	Andy Devane
Position:	Asset Manager
Address 1:	805 S Walker Avenue
Address 2:	
City, State, Zip:	Burgaw, NC 28425
Office Phone:	910-259-1467
Cell Phone:	910-512-1270
Email:	adevane@pendercountync.gov

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Clinton, NC 28328
ahill@ramclinton.com
(336) 687-7964 Cell

Dianne Nelms

Government & Fleet Sales

605 Warsaw Road
Clinton, NC 28328
dnelms@ramclinton.com
(910) 214-2956 Cell

Pender County
Appointment to the Board of Adjustment

TO:	Board of County Commissioners
FROM:	Daniel Adams
DATE:	May 1, 2023
SUBJECT:	Appointment to the Board of Adjustment

SUMMARY:
Staff received an application from Mr. Gregory Sloan to serve on the County's Board of Adjustment. Mr. Sloan would serve as an alternate if appointed. The term of office is three years.

ACTION REQUESTED:
Consider appointing Gregory Sloan to the Board of Adjustment as an alternate.

ATTACHMENTS:
1. Gregory Sloan Board of Adjustment Application

PENDER COUNTY

Application for Appointment to Boards/Commissions/Committees

Appointees to Pender County Boards/Commissions/Committees must be a Pender County resident and must be at least 18 years of age. Please complete this application and return to: Pender County Manager's Office, PO Box 5, Burgaw, NC 28425.

APPLICANT INFORMATION			
Last Name: Sloan	First: Gregory	M.I.	Date: 03-02-2023
Physical Address: 121 Mallard Drive		Apartment/Unit #	
City: Hampstead	State: North Carolina	ZIP: 28443	
Mailing Address (if different from above): 121 Mallard Drive			
City: Hampstead	State: North Carolina	ZIP: 28443	
Home Phone: (910) 632-4691	Work Phone	E-mail Address 1: info@satchelfishdesignbuild.com	
Fax Number		E-mail Address 2: g5sloan@yahoo.com	
Board Interest(s): Board of Adjustment			
How long have you been a resident of Pender County? 3			

EDUCATION								
High School: Lee County Senior High School					Location: Sanford		NC	
From: 1989	To: 1991	Did you graduate?	YES ☑	NO ☐	Diploma			
College: UNC Charlotte					Location: Charlotte		NC	
From: 2000	To: 2003	Did you graduate?	YES ☑	NO ☐	Degree: Bachelors Degree			
Other					Location			
From	To	Did you graduate?	YES ☐	NO ☐	Degree			

EMPLOYMENT HISTORY		
Current Employment	SatchelFish Design Build	Job Title: Founder
Responsibilities	small business owner of a custom home building company	
Previous Employment	Level Homes	Job Title: Operations Manager
Previous Employment	CalAtlantic Homes	Job Title: Area Construction Manager
Previous Employment	Ryland Homes	Job Title: Operations Manager

COMMUNITY INVOLVEMENT

Please list current and past membership in civic or other organizations and offices held:

- Treasurer and Executive Committee Member of the Wilmington Cape Fear Home Builders Association.
- Project Coordinator for Operation Coming Home - Hero Home #13 in Holly Springs, NC for combat wounded Marine Raider Brandan Taylor and his family.

Have you ever served or are you currently a member of any Pender County or other local government board/commission/committee?		
YES ☐	NO ☑	If yes, explain (including length of service).

State reasons why you feel qualified for this appointment(s):

I feel qualified for this appointment because I have over 25 years of experience in construction, land development and working with the real estate communities in both small towns and larger cities across the state of North Carolina. I feel that with my experience and love for our local communities that I would be a strong advocate for the people in those communities throughout all of Pender County.

MILITARY SERVICE

Branch None	From	To
Rank at Discharge	Type of Discharge (optional)	

CONFLICTS OF INTEREST

Are you aware of any legal, ethical or personal conflict of interest by serving as a member of this Pender County board/commission/committee?

YES ☐	NO ☑	If yes, explain.

Are you or any member of your family employed by Pender County, or currently serving on any Boards/Committee/Commission appointed by or affiliated with Pender County?

YES ☐	NO ☑	If yes, list family member name(s) and position/board or committee(s).

Please add any additional information you would like to share supporting your interest and qualifications for this appointment.

I truly appreciate the opportunity to be considered for this appointment. Respectfully submitted,

Greg Sloan.

DISCLAIMER AND SIGNATURE

NOTE: This information will be used by the Pender County Board of Commissioners in making appointments to Pender County Boards/Commissions/Committees. In the event you are appointed, it may be used as a news release to identify you to the community. This application is considered a public record.

Signature	Date
G. Sloan	4.5.23

Pender County
Public Information

TO:	Board of County Commissioners
FROM:	Carolyn Moser
DATE:	May 1, 2023
SUBJECT:	Presentation of 2022 Community Health Assessment

SUMMARY:
Local Health Departments are required to conduct a Community Health Assessment every four years. The 2022 Pender County report will serve as a guide over the next four years as the department plans to address the top concerns that have been identified.

PENDER COUNTY COMMUNITY HEALTH ASSESSMENT

2022 REPORT

INTRODUCTION LETTER

Pender County Health Department

...Building a healthier tomorrow…

Carolyn Moser, BSN, MPA
Health and Human Services Director

To Pender County Residents:

"You are a part of Public Health History!" This was a phrase I repeated often to staff and to myself. The Pender County Health Department staff lead the county's response to COVID-19 that evolved into a world-wide pandemic. The last event of such magnitude occurred in 1918 with the Influenza pandemic. Such a response took a toll on staff, but they prevailed. Pandemic or not, public health carries on: *Everyday, Everywhere, Everybody!*

And one public health responsibility includes this presentation of the *2022 Pender County Community Health Assessment Report.* It will serve as the county's blueprint the next four years as we strive to improve the health and well-being of our residents. But we cannot do this work alone. Only through partnerships, stakeholders, and our residents can we hope to make a difference.

Thanks to Pender County Health and Human Services staff, many county government employees, community partners, and our Pender County residents who assisted in this effort. Once again, staff with the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health are to be commended for their consultation and assistance throughout the assessment process and development of the final report.

Building a healthier tomorrow begins today. Join us.

In the Spirit of Public Health,

Carolyn Moser, Director

Pender County Health and Human Services

803 S. Walker St., Burgaw, NC 28425 (910) 259-1230 Fax (910) 259-1258

Dental Center (910) 259-1503 Environmental Health (910) 259-1233 WIC (910) 259-1290

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ACKNOWLEDGMENTS

COMMUNITY HEALTH ASSESSMENT LEADERSHIP TEAM

- Carolyn Moser, Health and Human Services Director, Pender County Health Department (PCHD)
- Shirley Steele, Director of Nursing, PCHD
- Margaret Nemitz, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health
- Lauren Schauer, North Carolina Institute for Public Health, UNC Gillings School of Global Public Health

COMMUNITY HEALTH ASSESSMENT STEERING COMMITTEE

- Cynthia Avery, Pender County Schools
- Ashley Batts, WHNP, PCHD, Women's Health
- Heather Biddix, Novant Health Pender Medical Center
- Kyle Breuer, Surf City Town Manager
- Jan Dawson, Burgaw Commissioner, PCHD Advisory Board of Health Member
- Pam Dibiase, PCHD, WIC Director
- Mike Dickson, Pender County GIS
- Vence Dodge, PCHD, Environmental Health Supervisor
- Kira Frawley, PCHD, Preparedness Coordinator
- Ruth Glaser, Novant Health Pender Medical Center, President
- Teresa Ham, PCHD, Administrative Support
- Eileen Harris, PCHD, Lab Manager
- Sandy Harris, Pender County Christian Services
- Erik Harvey, Pender County ITS, Director
- Travis Henley, Pender County Planning
- Cydney Herring, PCHD, Health Educator
- Pepper Hill, Pender County Christian Services
- Jim Hock, Burgaw Police Department, Chief
- Sherry Horrell, Pender County DSS
- Samenthia Jones, Pender County Jail, PCHD Advisory Board of Health Member
- Ben Kane, PCHD, Environmental Health Supervisor, Vector Control Program
- Randolph King, Pender County Sheriff's Office
- Casey LaFleur, RN, PCHD, Communicable Disease Nurse
- Sally Lawson, Veterans Services
- Kimberly Leonard, Pender County Finance
- Lakeata Lisane, RN, PCHD, Nurse Supervisor
- Abby Modlin, PCHD, Tax Office
- Kim Morgan, Coastal Horizons, Director
- Carolyn Moser, PCHD, HHS Director
- Donna Murphrey, Pender Adult Services, Inc.
- Frank Perez, PCHD Advisory Board of Health Member
- Tammy Proctor, Pender County Tourism, Director
- Cynthia Rivenbark, NC Cooperative Extension
- Mark Seitz, NC Cooperative Extension, Director
- Anahita Shaya, PCHD, Dentist
- Shirley Steele, RN, PCHD, Nurse Director
- Wes Stewart, Pender County DSS, Director
- Sarah Taylor, Emergency Management
- Stephanie Todd, PCHD, Health Educator
- Kimberli Trotman, RN, PCHD
- Dee Turner, Pender County Parks and Recreation
- Allen Vann, Pender County Manager's Office, Assistant County Manager
- Aimee Watson-Green, Pender County DSS, Supervisor
- Zach White, Pender County Parks and Recreation

EXECUTIVE SUMMARY

PURPOSE OF THE COMMUNITY HEALTH ASSESSMENT

The community health assessment (CHA) is the foundation of health improvement for a community. Its purpose is to identify the factors that affect the community's health and quality of life and the resources available to address these factors. The Pender County Health Department leads a CHA every four years. The process involves working collaboratively across sectors in a steering committee, collecting and analyzing health data, and setting priorities for health improvement.

By systematically identifying a county's health resources and challenges, county leadership can make strategic choices to prioritize top areas of concern. This report provides data and priorities to support a Community Health Improvement Planning process that outlines action steps and tracks progress on identified issues. This collaborative cycle of steady, incremental progress helps create a healthier community for all.

COLLABORATION AND COMMUNITY ENGAGEMENT

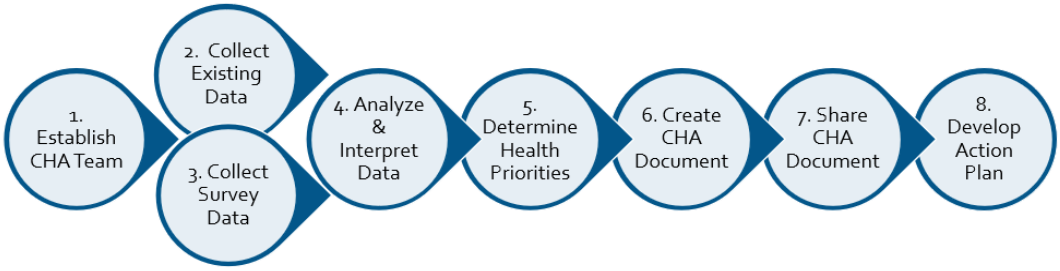
Figure 1: Photo from Steering Committee Meeting

With consultation from the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health, the health department formed a steering committee that represented a myriad of sectors in the community.

County residents were engaged throughout the completion of the Healthy Pender Survey, review of community data, and participation in a community forum. While reviewing community data, community members voted on top priority areas which were discussed in further detail during an open community forum. The steering committee then used this community input to inform the selection of priorities.

PROCESS

Together, the steering committee completed the first five steps of a community health assessment process outlined by the North Carolina Division of Public Health as shown below:



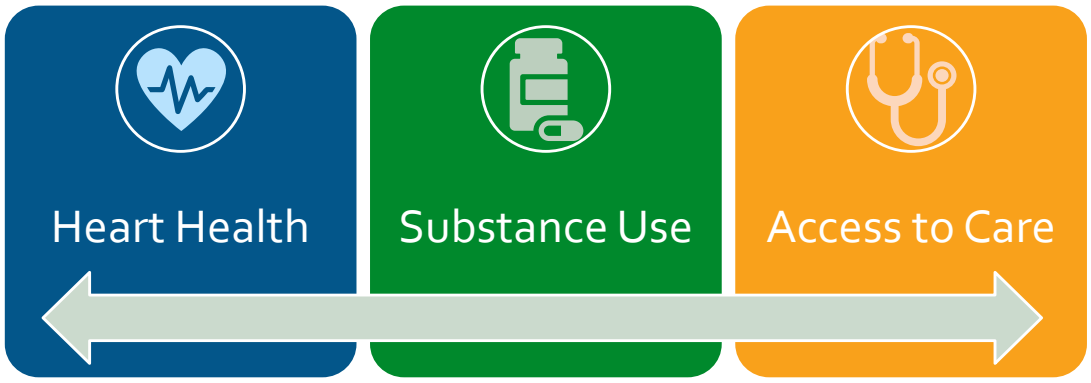
COMPARISONS AND TARGETS

The CHA team collected new primary data from a community survey, and existing secondary data related to socioeconomic and health factors. Secondary data were disaggregated by race and other demographics when available. Pender County data was compared to Carteret and Franklin Counties due to similarities in population characteristics, density, geography, and demographics. Data were also compared to state averages and the Healthy North Carolina 2030 objectives.

PRIORITIES

The steering committee initially reviewed all survey data and existing secondary data, comparing data to peer counties and Healthy North Carolina 2030 indicators. The CHA Team defined 14 topic areas as prioritization options with feedback from community meetings and a community forum. At community meetings, community members reviewed data summaries, followed by an opportunity to vote on their top three priorities. The forum provided an opportunity to discuss data themes in additional detail.

The steering committee met to review feedback from community meetings, forum discussion notes, and complete a voting process to determine Pender County's priority areas for 2023-2026. Final priorities by leadership are:



The next page shows a summary of each of these priority areas.

NEXT STEPS

Once the CHA results are shared throughout the community, the health department will develop community health improvement plans for each of the priority areas to complete the final two steps of the process. Pender County Health Department will lead the effort to develop and track progress on objectives, strategies, and action plans related to each priority. Collaboration with key stakeholders will be important as the activities and strategies are implemented.

PRIORITY SUMMARIES

PRIORITY 1: HEART HEALTH

- Heart attacks and other diseases of the heart are a top cause of death, and rates have increased in Pender County.
- Heart health touches many other health topics of concern including physical activity, nutrition, and possible impacts of COVID.
- Pender County Health Department is well equipped to address heart health in the next few years with existing staff and resources.

PRIORITY 2: SUBSTANCE USE

- Medication and drug overdose deaths have increased - most recently 42.8 deaths per 100,000 residents in 2021, compared to a rate of 28.5 deaths per 100,000 in 2020.
- Alcohol, drugs, and medication misuse was voted as a top issue in the Healthy Pender Survey and in community meetings.
- Funding to address substance use is newly available through opioid settlement funds.

PRIORITY 3: ACCESS TO CARE

- Pender County is a Health Professional Shortage Area, with too few primary care providers to adequately serve the population.
- Access to primary care was ranked second by community meeting votes and by steering committee votes on importance.
- Exciting new partnerships show promise and are positioned to improve access to care in the coming years.

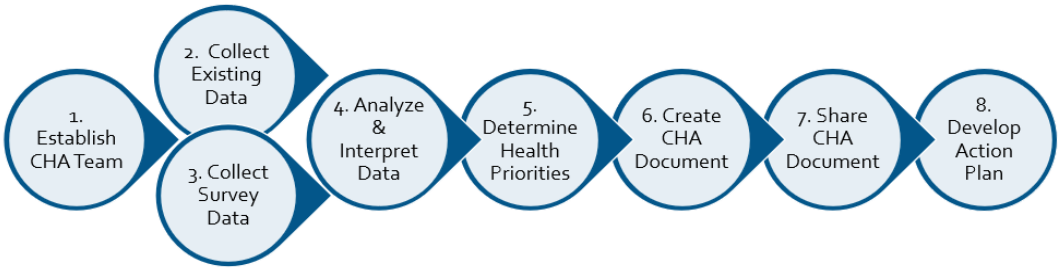
CHAPTER 1: INTRODUCTION

COMMUNITY HEALTH ASSESSMENT (CHA) OVERVIEW

The community health assessment (CHA) process embodies many core functions and services of public health. Assessment is one of the three core functions of public health. Through completion of a CHA, public health demonstrates the foundational capabilities of Community Partnership Development and Assessment and Surveillance. The CHA process provides an opportunity for county agencies and partners to assess the state of the county's health, understand local needs, and make strategic choices about what the county should prioritize in the coming years. This process is followed by an improvement planning process to create action plans and monitor progress aligned with the selected priorities.

In recognition of its value, the CHA is a required element of both the national Public Health Accreditation Board process and the North Carolina Local Health Department Accreditation (NCLHDA) program process. Because NCLHDA is mandated by the North Carolina General Assembly, all local health departments in North Carolina participate in a community health assessment process every three to four years.

The North Carolina Department of Health and Human Services outlines eight standard phases for the community health assessment process. Pender County concurrently completed phases two and three during this cycle to allow secondary data to inform primary data collection.



COLLABORATION

CROSS-SECTOR COLLABORATION

A CHA Leadership Team comprised of Pender County Health Department leadership and North Carolina Institute for Public Health staff worked closely together throughout the CHA process to plan data collection, conduct initial data analysis, plan meetings, and produce deliverables. The steering committee provided critical input and feedback throughout the process by giving advice on data indicators, promoting the survey in the community, sharing insights through the process, reviewing data, and determining priorities. The Steering Committee met a total of six times, primarily in-person, to walk through the initial five CHA phases. These meetings included project kickoff on July 26, data planning on August 23, survey promotion on September 27, data updates on October 25, data review on December 6, and prioritization and report updates on January 31.

Figure 2: Photos from the steering committee kick-off meeting on July 26, 2022. Photos provided by PCHD staff.

COMMUNITY ENGAGEMENT

Community members living in Pender County were engaged throughout the process through completion of the Healthy Pender Survey, review of community data, and participation in a community forum.

SURVEY COMPLETION: Health Educators at Pender County Health Department promoted the survey countywide and collected 1,245 completed surveys from adults living throughout Pender County. To get the word out about the survey, Health Educators visited recreational events, schools, clinics, community meetings, and other public spaces in the county in addition to promoting the opportunity on social media and email platforms. Additional details about the survey instrument, methods, and respondent demographics are highlighted throughout the report, specifically in Chapter 3 in the Overview of Healthy Pender Survey Results section and Appendix 2.

REVIEW OF DATA: After the steering committee reviewed data takeaways from both survey and secondary data, the Health Educators shared data summary posters throughout the community to allow community members a chance to review and respond to the data. They shared these posters at meetings with community organizations and posted them at the Burgaw and Hampstead Annex health department locations. The voting results are included in the Prioritization Process Section of Chapter 4.

COMMUNITY FORUM: Community members were invited to attend a Community Forum conversation about health resources and challenges in Pender County. This conversation was facilitated by NCIPH staff and allowed the team to hear more qualitative perspectives behind the quantitative data. The forum was held on January 24, 2023 at the NC Cooperative Extension in Burgaw. In Chapter 4, the Community Forum Section includes a summary of this discussion.

DATA COLLECTION AND COMPARISONS

The CHA process requires both primary and secondary data collection to assess the health status and needs of the community.

PRIMARY DATA COLLECTION: Primary data refers to new data which is collected directly by the CHA Team. Using primary data provides timely data that is coming directly from community members themselves. The main

source of primary data in this CHA cycle was a convenience-based community health assessment survey, titled the "Healthy Pender Survey," which was distributed throughout the community with the help of steering committee promotion.

The Healthy Pender Survey consisted of 37 questions and covered topics of physical health, mental health, health behaviors, community opinions, county services, housing, emergency preparedness and communication, and demographics. The full survey instrument is included in Appendix 2. Given the ongoing COVID pandemic and staff restraints, Pender County opted to use a convenience sampling strategy to collect this cycle's data, whereas in previous years they have employed a two-stage cluster sampling method. The convenience method involved promoting the survey via social media outlets, email listservs, and in-person events. At in-person events, trained staff had both printed surveys and electronic tablets available for individuals to complete the survey. NCIPH provided the leadership team with weekly updates on survey completion data by demographic markers, which enabled the survey team to intentionally reach out to populations with fewer responses to ensure their voices were included in survey results. Full survey results are included in Appendix 2.

Data collection protocol was submitted to the UNC Institutional Review Board (IRB). The Office of Human Research Ethics reviewed the protocol and determined that the submission does not constitute human subjects research as defined under federal regulations and therefore does not require IRB approval.

In order to better understand the health needs and opportunities in Pender County, survey results were stratified based on age and income categories.

SECONDARY DATA COLLECTION: Secondary data refers to data from other sources, including the Centers for Disease Control and Prevention, the United States Census Bureau, and the North Carolina State Center for Health Statistics. During the CHA cycle, over 80 secondary data indicators were collected, analyzed, and reviewed using an online, interactive data dashboard made available at https://go.unc.edu/PenderDashboard. These indicators were selected based on input from the steering committee at the start of the assessment, considering the timeliness of data, data quality, and overlap with the Healthy North Carolina 2030 indicators. Secondary data for Pender County were compared to the State of North Carolina and Franklin and Carteret counties as peer comparisons. These counties were selected as peer counties during the 2018 CHA cycle due to similarities in demographics, density, and other characteristics. Data are also compared to the Healthy North Carolina 2030 goals.[1]

To compare across regions and across time, the data are often reported as rates, which show the count of an event within a defined population during a specified time interval. This allows comparisons over time, even when the size of the population is changing from year to year. Additionally, since many health conditions are related to age and the different communities may have older or younger populations, an age-adjusted rate is often used. Factoring in the age distribution allows for comparisons of disease burdens across different communities more accurately. Finally, some secondary data are presented as 5-year averages so that events in smaller communities or less frequent events are not distorted by the natural fluctuations of a few people from year to year. For the purposes of this report, 5-year averaged data will be referenced by the final year in the range. For example, the "2019 estimate" of a 5-year average refers to the average of data from 2015-2019. Full date ranges are referenced in figure captions. Alternatively, some secondary data from infrequent events are not aggregated and are suppressed (or withheld) from official reports. Aggregation or suppression is noted where appropriate.

Secondary data is a useful tool for understanding community health at the population level. However, this type of data can be delayed by a few years due to the need to collect, process, and analyze data which can be time and

resource intensive. Efforts were made to collect the most recent data available in Fall 2022, but please be aware of a potential lag between what is happening today in the county and the latest available data. The COVID-19 pandemic has added to this challenge as data collection and reporting activities may have been negatively impacted, resulting in delays and interrupted processes. Secondly, the data presented an estimation of the true value in the population; while efforts are made to collect data using tools such as outreach and sampling, it is not possible to collect data on every single point of interest for every single resident. Citations throughout this document refer to the general source of the data, for example "U.S. Census Bureau, American Community Survey 5-year Data" with the most recent year of data included. The complete list of secondary data sources, including specific data table numbers and all years accessed, can be found in Appendix 8.

COVID CONTEXT

Pender County completed progress on previous priorities all while responding to the ongoing COVID pandemic as a result of the SARS-CoV-2 virus, which the World Health Organization declared as a pandemic on March 11, 2020. On March 13, 2020, the United States declared the COVID pandemic a national emergency and effectively went into lockdown to contain the spread of the virus. In North Carolina, Governor Roy Cooper issued a stay-at-home order on March 27, 2020, due to the rampant spread of COVID-19 in the state. Between March 2020 and February 2023, the COVID pandemic infected over 3.4 million North Carolinians, with at least 18,572 positive cases and 150 deaths confirmed in Pender County.[2] In addition to the loss of life, the pandemic has impacted long-term health outcomes, healthcare and social service delivery, community cohesion, and the community needs assessment process.

Pender County Health Department staff were directly on the front lines of the COVID response: testing for COVID, coordinating vaccine clinics and events in the community, and providing COVID prevention education.

IMPACTS OF COVID ON PRIMARY DATA COLLECTION

The 2022 CHA was conducted during a period with lower cases of COVID and when stay-at-home orders and mask mandates were no longer in effect. However, the ongoing nature of the pandemic means that COVID still impacted elements of the CHA process.

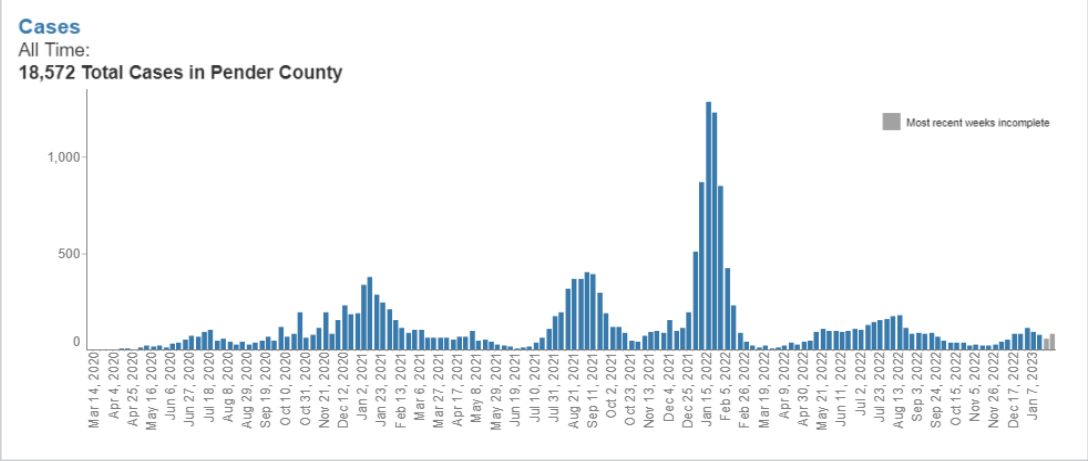


Figure 3: Pender County COVID cases by week. Source: North Carolina Department of Health and Human Services. North Carolina COVID-19 Dashboard.

IMPACTS OF COVID ON SECONDARY DATA AND INTERPRETATION

Data from surveillance systems and national surveys is often available on a delay, so for some measures the most recent data available is for 2017, 2019, or 2021. This is a limitation normally, but especially during COVID as we seek to measure its impact on our communities. Average life expectancy between 2018-2020 will not yet fully reflect the loss of life due to the pandemic. Similarly, data for 2020 and 2021 should be considered within the context of COVID. For example, hospitalization data will not reflect the individuals who needed services but avoided seeking care because of risk of exposure to the virus. Due to these limitations, the data presented in this report will not be wholly comprehensive of all health characteristics within the communities. Rather, the data provides us with a point of reference for tracking social, economic, and health indicators in our community.

CHANGES TO COVID SUPPORT

The COVID national emergency was in effect for the entire length of the CHA process, which has been providing communities across the country with additional support and benefits during the pandemic. These supports have helped ensure coverage for COVID tests, vaccines, and treatment for individuals, as well as increased Medicaid payment rates for hospitals. Under the emergency, people were able to receive emergency allotments including auto-renewing Medicaid enrollment, an extra supplement for Food and Nutrition Services like the SNAP program of at least $95 extra per month, auto-renewing benefits for Women, Infants, and Children (WIC) services, and a partial suspension of work requirements for able-bodied adults without dependents on Food and Nutrition Services.[3] Both primary and secondary data are likely impacted by the presence of these supports in recent years by providing increased insurance and financial stability.

During the assessment cycle, the government announced that emergency allotments would end in March 2023, and that the national emergency is expected to end in May 2023. The conclusion of the emergency benefits will impact healthcare access, financial stability, and food security for many Pender residents.

PROGRESS ON PREVIOUS PRIORITIES

Pender County conducted its previous community health assessment in 2018. During this process, the county adopted Mental Health and Substance Use Disorders, Cancer, and Nutrition and Physical Activity as priorities from 2018-2022. Pender County Health Department coordinated improvement plans and tracked progress in State of the County Health (SOTCH) Reports across the priority areas, which can be read in full at https://www.pendercountync.gov/hhs/health-human-services/health-department/state-of-the-county-health-report-sotch/.

CHAPTER 2: COUNTY PROFILE

Pender County is part of North Carolina's Coastal Plains and spans 870 square miles. With its temperate climate, woodlands, beaches, and inland waterways, Pender offers residents and vacationers ample outdoor recreation opportunities almost year-round. Pender has six municipalities: Atkinson, Burgaw (the county seat), St. Helena, Surf City, Topsail Beach, and Watha. There are also seven unincorporated communities: Currie, Hampstead, Maple Hill, Penderlea, Rocky Point, Scotts Hill, and Willard.

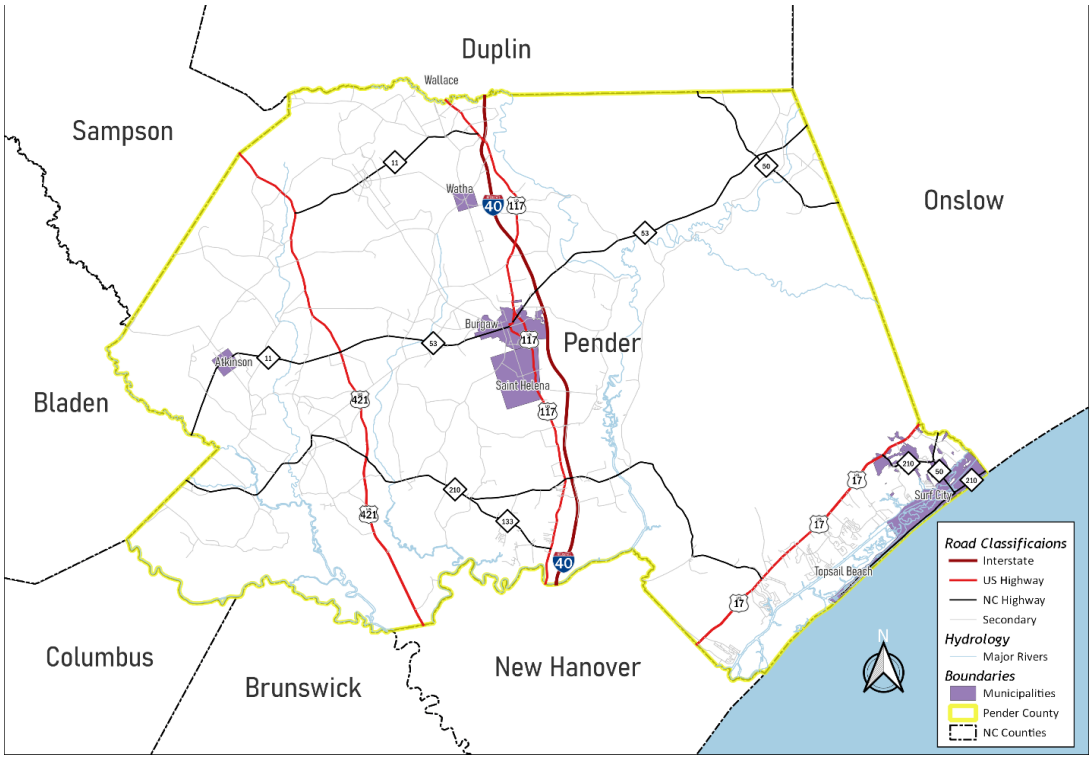


Figure 4: Map of Pender County

HISTORY

Lumbee, Waccamaw, and Burgaw Native Americans lived in the area now known as Pender County before European settlers colonized the area in the 17th century.[4,5] During the Revolutionary War, the first battle fought in North Carolina occurred in present-day Pender County at Moore's Creek Bridge. The battle was a victory for the Patriots that is credited with ending British rule in North Carolina and preventing the British from gaining control of the South at the beginning of the war.[6] In the period leading up to the Civil War, the Pender area was home to many plantations and farms, including Sloop Point Plantation, the oldest house in North Carolina. The Pender area supported the Confederacy during the Civil War, sending more than 4,000 troops to battle.[4] Following the Civil War, the county was formed out of New Hanover County in 1875 and named for the Confederate Army's youngest general, William D. Pender, who died at the Battle of Gettysburg. The county seat was named Burgaw in 1879 after the county's original native inhabitants.[7]

Pender County contributed to early public health in North Carolina through the work of Solomon Sampson Satchwell, a physician and Confederate Army surgeon who established practices in Rocky Point and Burgaw after the war. He had an interest in diseases prevalent in Eastern North Carolina, particularly malaria, and was an early proponent of hygiene therapy and public health. Satchwell was a leader in the creation of the State Board of Health and served as its first president.[8]

GEOGRAPHY

Pender County is a large coastal county in the Cape Fear region of southeastern North Carolina. The 5th largest county in the state by area, Pender has 870 square land miles and 62 square miles of water. Topographically, the county is mostly flat or gently rolling. Pender County includes Topsail Island, one of North Carolina's most popular beaches, as well as miles of intracoastal and inland waterways such as the Cape Fear River.[9]

Pender County has many natural areas to explore. The county is home to two state natural areas and approximately 62,000 acres of protected wildlife refuge through Holly Shelter and Angola Bay Game Lands.[10] The Mountain-to-Sea Trail crosses the county in Segments 14 and 15, including the Cape Fear River region, Burgaw, the Holly Shelter Game Land, Surf City, and Topsail.[11]

While the county continues to have many rural areas, the urban population has grown in the last decade. In 2010, about two-thirds of Pender County's population was rural, with just over 16,000 people living in urban areas.[12] As of 2020, in Hampstead alone, the urban population grew to over 23,000 people.[13,14] Population density is highest along the coast in the Hampstead area.

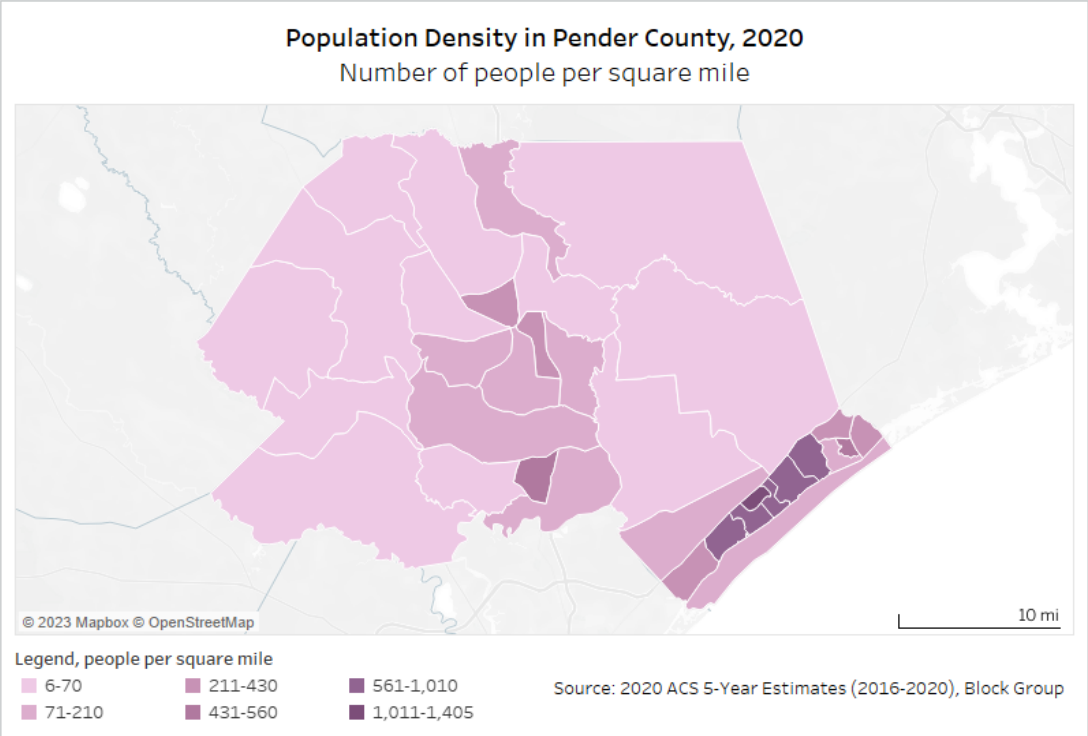


Figure 5: Map showing population density by block group

ECONOMY

As of 2022, some of the top employers in Pender County include Pender County Schools, Pender County Government, Wal-Mart Associates, Inc., and RC Creations, LLC.[15]

Agricultural products account for a large part of Pender County's economy. The terrain and soil are ideal for the county's primary food crop, blueberries. Other agricultural products include sweet potatoes, strawberries, tobacco, soybeans, peanuts, corn, and grapes.[16]

The North Carolina Department of Commerce assigns County Distress rankings, or tiers, annually. County tiers are calculated using four factors: average unemployment rate, median household income, percentage growth in population, and adjusted property tax base per capita. The 40 most distressed counties are designated as Tier 1, and the 20 least distressed are Tier 3. The 2023 County Tier Designations ranked Pender as a Tier 3 county.[17]

DEMOGRAPHICS

The demographics of the people living in Pender County are similar to those of Carteret and Franklin Counties. Throughout this report, Pender County data is compared to Carteret and Franklin Counties as a point of reference due to these counties' similarities.

PENDER COUNTY AND PEER COUNTIES

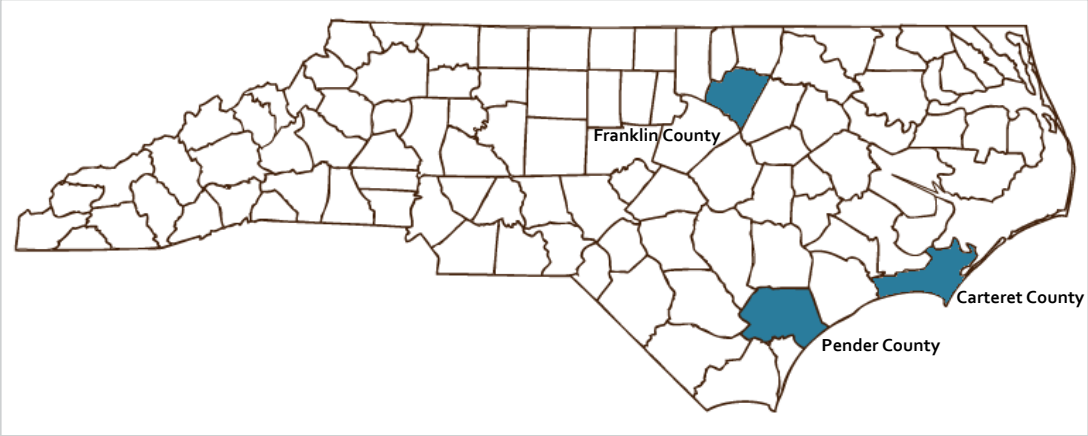


Figure 6: Map showing Pender, Carteret, and Franklin Counties

RACE AND ETHNICITY

Based on the 2020 Decennial Census, nearly three-quarters (73.8%) of the Pender County population is non-Hispanic White, 12.5% is Black or African American, and 8.3% are Hispanic or Latino of any race. Compared to the state overall and peer counties, Pender has less racial and ethnic diversity than Franklin County and the State of North Carolina averages and more racial and ethnic diversity than Carteret County.[13]

Race and Ethnicity Distribution	Pender	Carteret	Franklin	N.C.
White*	73.8%	85.0%	61.7%	60.5%
Black or African American*	12.5%	4.7%	23.0%	20.2%
Hispanic or Latino of Any Race	8.3%	4.6%	10.2%	10.7%
Two or More Races*	4.1%	3.9%	3.7%	3.9%
Asian*	0.5%	0.9%	0.7%	3.3%
Some other Race*	0.4%	0.4%	0.4%	0.4%
American Indian and Alaskan Native	0.3%	0.4%	0.4%	1.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%	0.0%	0.1%

Figure 7: Table of race and ethnicity distribution in Pender and peer counties. * Racial categories are non-Hispanic
Source: U.S. Census Bureau, 2020 Decennial Census: Table P2.

AGE AND SEX DISTRIBUTION

Pender has similar distributions of age and sex as North Carolina averages. Pender has an estimated 22.2% of the population under the age of 18 as of 2019, and just over half of the population is 44 years or younger. This age distribution is similar to Franklin and North Carolina, and younger than that of Carteret.[18]

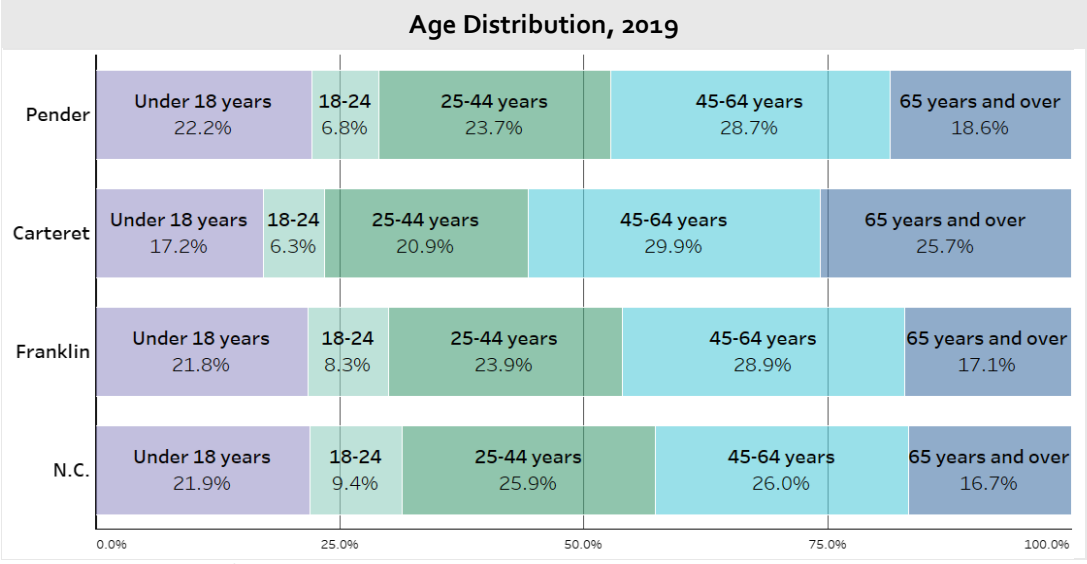


Figure 8: Stacked bar chart of age distribution in Pender and peer counties. Source: U.S. Census Bureau, Population Estimates Program, 2019

POPULATION SIZE AND GROWTH

Pender County's has an estimated population size of 62,815 as of 2021, at least 5,000 people fewer than Carteret or Franklin County.[18] Pender's population density is 69 persons per square mile, substantially less than that of Carteret (134) and Franklin (139).[13] While the population size is lower than peers right now, Pender County's population is growing. Pender is expected to match or exceed Carteret County's population size in the next 30 years.[19] The area around Hampstead has especially seen growth in recent years, with some areas seeing more than a 60% growth in population size between the 2015 and 2020 5-year estimated populations.[20] The elderly population in Pender is expected to increase at a similar rate to the state and Franklin County.[19]

Population growth is more likely a result of people moving into the county rather than due to new births, as birth rates are either stable or declining in Pender County, similar to trends in peer counties and the state.[21]

Veterans make up more than 10% of the Pender County population, which is higher than Franklin and North Carolina overall, yet lower than Carteret. In Pender, 44.7% of the veteran population is 65 years or older.[20]

LIFE EXPECTANCY

Life expectancy in Pender County matches that of the state, including disparities between race and gender. White people are expected to live 5 years longer than African American people, and females are expected to live 6 years longer than males.[22]

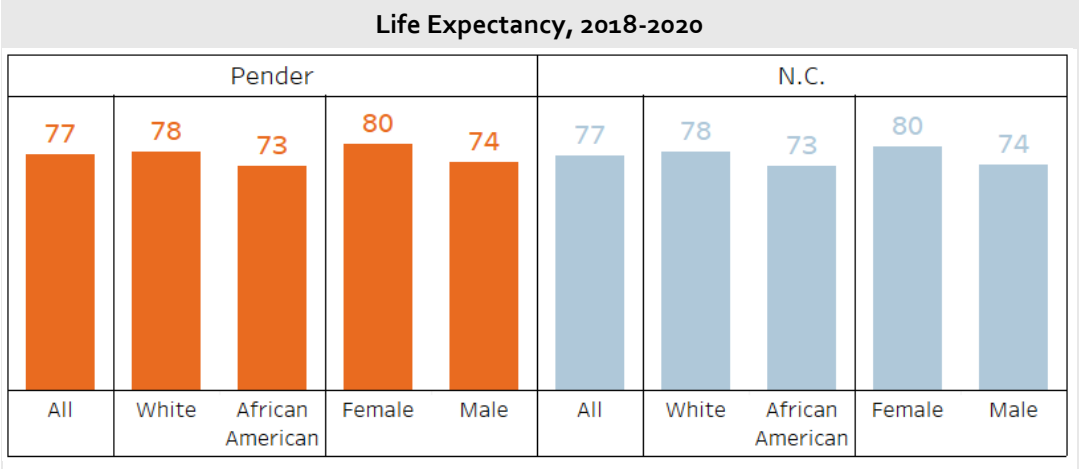


Figure 9: Bar chart of life expectancy in Pender County and the State of North Carolina. Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, 2018-2020

CHAPTER 3: ASSESSMENT FINDINGS

Assessment findings summarize the key takeaways across all data reviewed in the CHA process. This chapter includes data from primary survey data collection and secondary existing data sources. Throughout the chapter, state and peer county data are shown as reference points to provide additional context. Survey and secondary data tables are included in Appendix 2 and Appendix 9, respectively.

The Data Collection and Comparison section outlines the collection methods and important reminders when reviewing the data contained in Chapter 3. As the steering committee, Healthy Pender Survey respondents, and Community Forum attendees noted, the life experiences of people on the eastern versus western side of the county vary significantly. These differences can be better understood by looking at more specific census data, which are shown through maps in the following chapter.

"Rural areas of Pender County are often overlooked when it comes to improving or offering services. We often have to travel a distance to reap the benefits." – Healthy Pender Survey respondent

COMPARISONS TO HEALTHY NORTH CAROLINA 2030

In 2019, public health partners across the state of North Carolina came together to determine a set of 21 health indicators to guide efforts to improve the health and well-being of North Carolinians between 2020-2030. A report from the North Carolina Institute of Medicine outlines these indicators along with desired results and 2030 target measures. This report has been adopted as a guiding document for public health efforts across the state.[1]

Pender County is close to meeting or exceeding 3 Healthy North Carolina 2030 indicators: overall infant mortality rate, short-term suspension rate, and HIV diagnosis rate. For the remaining 16 indicators, there is still work to be done to achieve the 2030 targets. Looking at trend data, Pender is seeing movement in a positive direction for indicators such as poverty and incarceration, not much change in housing problems or insurance, and trends in the negative direction for third-grade reading proficiency and drug overdose deaths. A table comparing Pender County's most recent data on the Healthy North Carolina 2030 indicators can be found in Appendix 1, and these data are referenced throughout the Assessment Findings chapter.

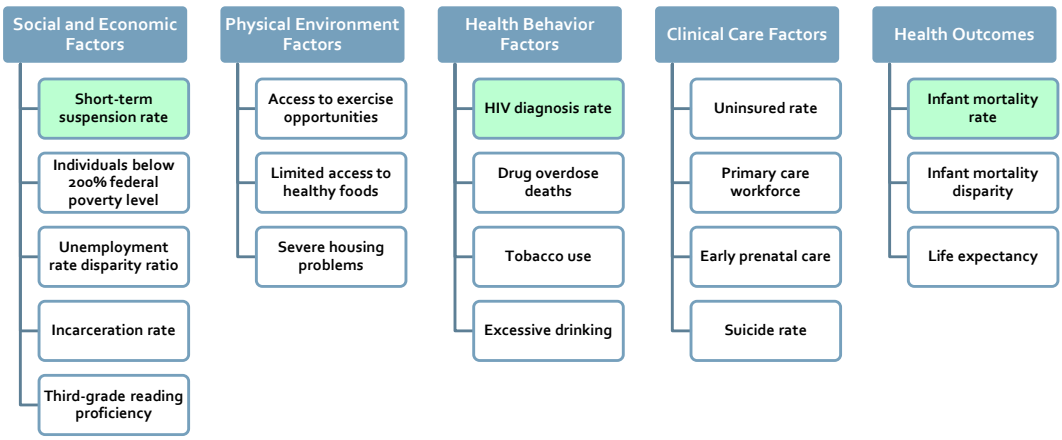


Figure 10: List of Healthy North Carolina 2030 Indicators, with indicators that Pender is meeting or exceeding highlighted in green

OVERVIEW OF HEALTHY PENDER SURVEY RESULTS

The Healthy Pender survey was open to all interested adults living in Pender County from September 15 to November 9, 2022. The survey received 1, 245 eligible responses.

About one third of respondents lived in zip code 28443, where Hampstead is located. Adults ages 25-44 were over-represented in survey responses, and young adults ages 18-24 were under-represented. Children under 18 years old were ineligible to complete the survey; therefore, they are not represented in the survey results. Over 30% of respondent households have at least one child less than 5 years old at home, and 60% have at least one child between the ages of 5-12 at home. Women were over-represented in survey respondents, with just over 70% of respondents identifying as women.

Survey respondents closely matched the racial demographics of the community according to 2020 census data, with 73.1% of respondents identifying as White, 16.3% identifying as Black or African American, and 7.7% identifying as Hispanic, Latino, or Spanish origin.

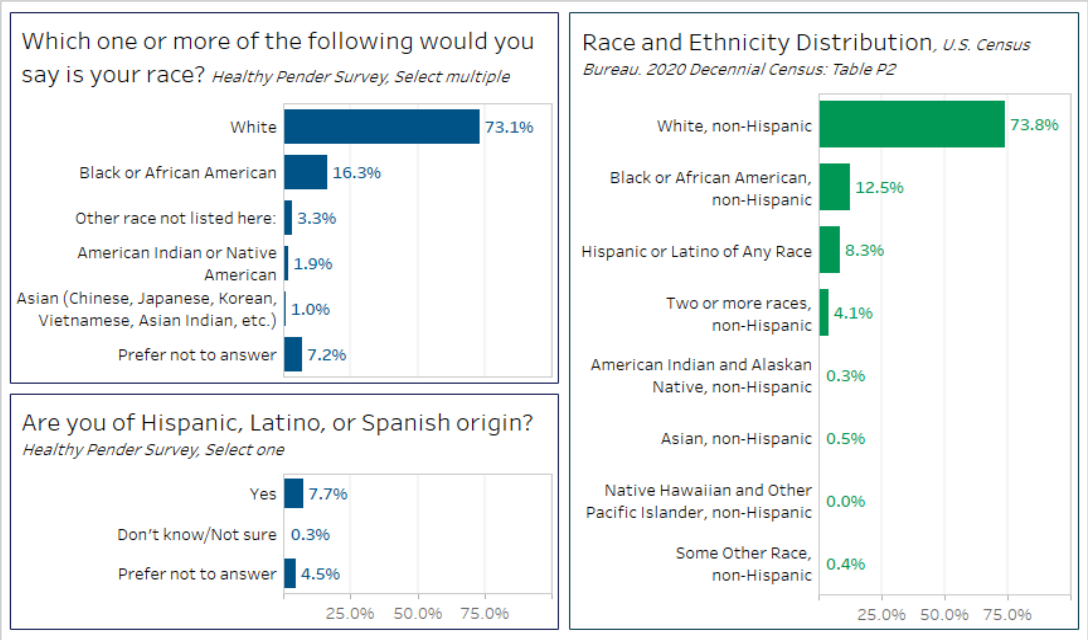


Figure 11: Healthy Pender Survey respondents' race and ethnicity (left) compared to county racial demographics (right)

When looking at educational attainment, the percentage of survey respondents with a college or graduate degree (35.3%) was higher than the percentage with these degrees in the county overall (29.0%). Additionally, households with incomes below $35,000 were underrepresented among respondents who chose to provide this information in the survey.

Survey respondents were asked which issues most affect the quality of life in Pender County and could select up to three issues. Alcohol, drugs, or medication misuse was the most frequently selected issue (35.0%), followed by low income/poverty (26.6%), lack of affordable housing (26.0%), and road infrastructure/traffic (26.0%). People with household incomes over $75,000 selected road infrastructure/traffic more frequently. Older adults and

people with incomes under $35,000 more frequently selected crime rates as an issue impacting quality of life, and respondents aged 18-39 more frequently selected lack of childcare compared to other groups.

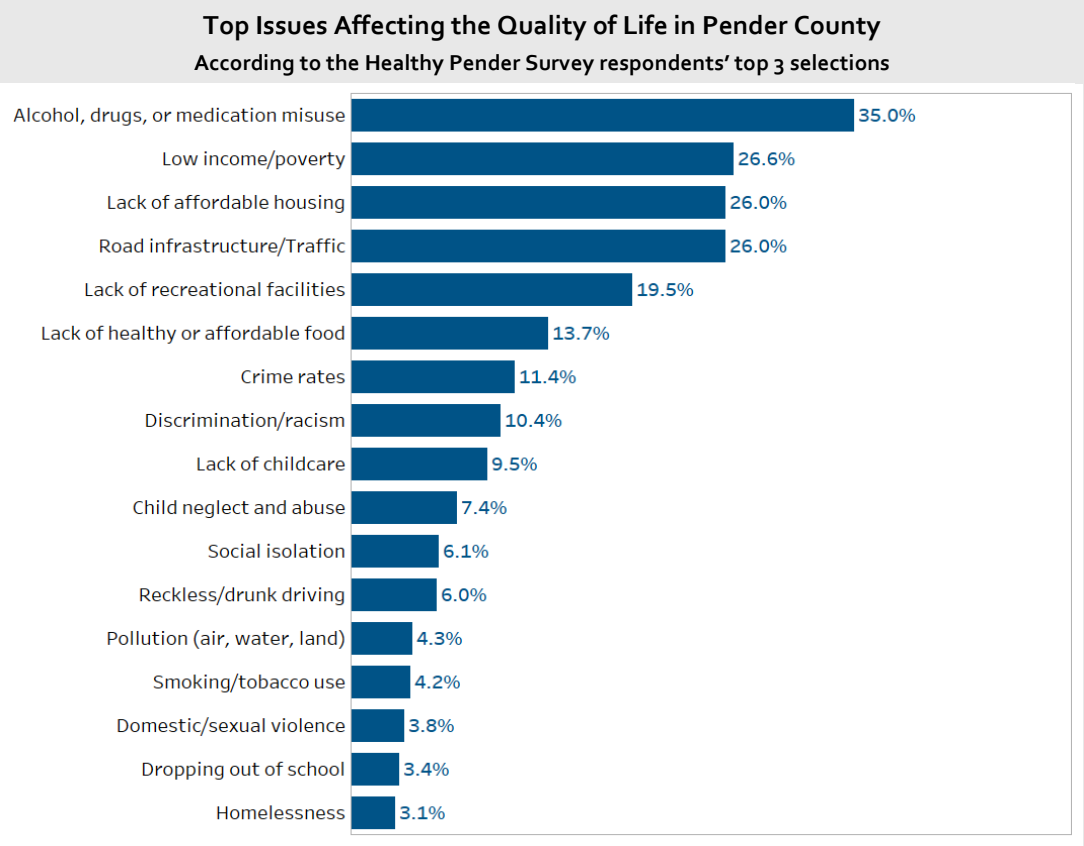


Figure 12: Top issues affecting quality of life in Pender County according to all Healthy Pender Survey respondents

Survey respondents were asked about community services that they have used in the past year. Respondents reported using parks and recreation centers (37.7%) and the health department clinic (36.3%) more than other resources listed. When asked which services they were aware of, respondents were most aware of recreational opportunities, dental services, and senior services. Finally, when asked how important these services were to them and their families, respondents ranked recreation opportunities and senior services as the most important.

The survey also included a free response question: "Is there one thing you would like to share with us that you think would make Pender County or your community a healthier place to live?" Respondent quotes that demonstrate themes across responses are incorporated throughout assessment findings. Many comments addressed multiple topics, with the most prevalent themes of expanding recreational opportunities, improving food access, and addressing population growth. Other topics included social and economic resources, transportation, water quality, youth engagement, safety, mental health, education, housing, and equality.

"The over development and lack of green space is concerning..."
– Healthy Pender Survey respondent

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health include economic factors, social factors, and physical environments. Each of these areas contributes towards how well and how long we live, and they encourage us to improve our community's health and well-being by addressing the sources or "root causes" of many health outcomes.[23]

Health equity is defined by the Centers for Disease Control and Prevention as *"the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."*[24] Health equity relates to all social determinants of health and health outcomes. In order to eliminate preventable health disparities, an important step is understanding where and why these disparities exist. Some of these disparities are referenced throughout the rest of Chapter 3. These data can then help inform subsequent action items in order to advance health equity.

EDUCATION

Improving education access and attainment can improve the overall health and well-being of a community through increasing health literacy, expanding employment opportunities, increasing income, and providing social support. "Individuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive." -County Health Rankings[25]

EDUCATIONAL ATTAINMENT

Comparing the 2015 estimate and 2020 estimate of the 5-year average, the percentage of Pender County adults ages 25 and older with a bachelor's degree increased from 14.0% to 19.0%. A high school diploma or equivalent is the highest level of education for 27.5% of Pender County adults. 11.3% have less than a high school diploma, and 9.7% have a graduate or professional degree in Pender. Pender County's educational attainment overall is similar to that of the state and peer counties.[26,27]

Pender County has a strong public school system. Pender County Schools had 9,819 students initially enrolled in the 2020-2021 school year and had 28 students drop out, with a drop-out rate of 0.92 per 100 students.[28,29] Pender County Schools had 93.2% of eligible students graduate in 2020-2021.[30] Franklin and Carteret, in comparison, have smaller public school systems with around 8,000 students enrolled, higher drop-out rates, both greater than 2 drop-outs per 100 students, and lower graduation rates.

High School Graduation	Pender	Carteret	Franklin	N.C.
All Students	93%	84%	82%	87%
Male	91%	81%	75%	84%
Female	95%	89%	89%	90%
White	95%	87%	87%	90%
Black	92%	72%	76%	84%
Two or More Races	88%	72%	90%	85%
Hispanic	86%	80%	74%	82%

Figure 13: Table of high school graduation rates from school year 2020-2021. Source: North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022

Improving third-grade reading proficiency is a Healthy North Carolina 2030 indicator, with a goal of 80% or more of third-grade students reading at a third-grade reading level or higher. In the 2020-2021 school year, just 44.7% of Pender County third graders were able to read at or above the third-grade reading level, down from 58.7% in the 2018-2019 school year. Pender County's reading proficiency trend is similar to that of the state average, which also saw a recent decline.[30] A report from the North Carolina Department of Public Instruction connects the decline in reading proficiency in the 2020-2021 school year to impacts that COVID-19 had on school instruction.[31]

Given Pender County's growth, Pender County Schools have struggled to maintain appropriate facilities for the student body, which was mentioned in meeting discussions and Healthy Pender Survey responses.

What's already happening: In November 2022, Pender County voters approved a $178 million bond meant to cover a new elementary and middle school plus additional renovations across other Pender County schools.[32] Pender County Schools is in a two-year professional learning process to increase literacy proficiency using Science of Reading practices.[33]

SCHOOL DISCIPLINE

The short-term suspension rate is another Healthy North Carolina 2030 social and economic indicator. Suspending students often inhibits academic achievements, which can lead to subsequent involvement with the justice system.[1] Pender County Schools has already exceeded the HNC 2030 target with just 0.75 suspensions per 10 students; however, the suspension rates experienced among Black students (1.8), male students (1.1), and economically disadvantaged students (1.1) are much higher and remain above the HNC 2030 goal.[30]

COMMUNITY COHESION AND SAFETY

Community cohesion and safety data help describe Pender County residents' connection to their community. *"People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated."* -County Health Rankings[25]

LINGUISTIC ISOLATION AND SEGREGATION

8.6% of households in Pender County have household members that speak a language other than English, including 6.3% Spanish-speaking households. Of those households, 91.4% are a limited English-speaking household. A limited English-speaking household is one where all household members 14 years and older have at least some difficulty speaking English. 14.3% of households speaking Spanish are considered limited English-speaking households. The percentage of Spanish-speaking households that are limited English-speaking has decreased in Pender from 2016-2020.[27]

CIVIC PARTICIPATION

As of 2022, Pender County has 47,836 registered voters. In Pender, 77.2% of registered voters are White and 12.4% of registered voters are Black. This is fairly similar to the overall county demographics (73.8% White and 12.5% Black), yet only 2.5% of registered voters identify as Hispanic or Latino. In 2020, 76.0% of people registered to vote in Pender County voted in the election, compared to 49.3% who voted in 2022, a non-presidential election year.[34]

SOCIAL VULNERABILITY

Social vulnerability is a collective measure of factors that increase individuals' and families' ability to recover from times of crisis (or from a natural disaster, as was the original intent). This is a relative measure comparing all NC counties (or tracts) to identify the resiliency of communities.

Compared to all North Carolina counties, Pender is ranked in the top one-third of counties that demonstrate ability to recover from times of crises. This is indicated by a low social vulnerability score. Counties with higher social vulnerability scores are less resilient during times of adversity.

Social vulnerability is broken into four categories: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type and transportation. Across all four themes, Pender is in the top 40% of North Carolina counties as of 2020.[35]

CRIME RATES

While property crime (including burglary, larceny, and motor vehicle theft) rates have decreased in the state and peer counties in recent years, the Pender crime rate started lower and has remained more consistent. Violent crime (including murder, rape, robbery, and aggravated assault) rates are lower in Pender and peer counties compared to the state average.[36]

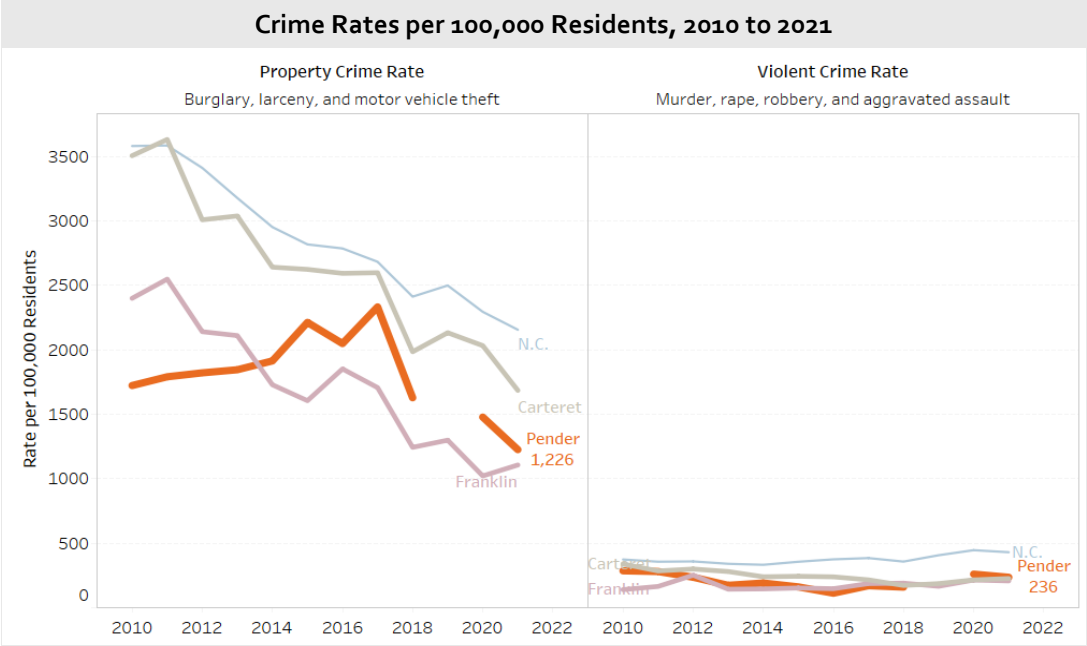


Figure 14: Trend lines showing property and violent crime rates per 100,000 residents between 2010-2021. Source: NC State Bureau of Investigation, NC Uniform Crime Reporting Program

ECONOMIC OPPORTUNITY

Economic opportunities influence health outcomes. Employment opportunities and income influence decisions around housing, education, childcare, nutrition, healthcare, and social activities which all independently function as determinants of health. Health insurance coverage and access to other health benefits are also often tied to employment.[25]

EMPLOYMENT AND INCOME

In 2021, 4.2% of Pender County labor force participants were unemployed, with unemployment trends following that of state and peer counties.[37] More than half of workers in Pender County work outside of the county itself, with an estimated 42.0% working within the county.[27] Within Pender, the county provides many jobs, with the school system and government listed as top employers.

Between 2016-2020, the average median household income in Pender County was $60,044. During that same period, per capita income (income per person) in Pender was $30,666. Pender County's median household income increased 34% and per capita income increased 30% since 2011-2015 averages;[27] however, these increases are offset by inflation, which was estimated to be around 10% across the country between 2015 to 2020 according to the U.S. Bureau of Labor Statistics.[38] Median household income is lower on the western side of the county, with highest incomes along the coast.

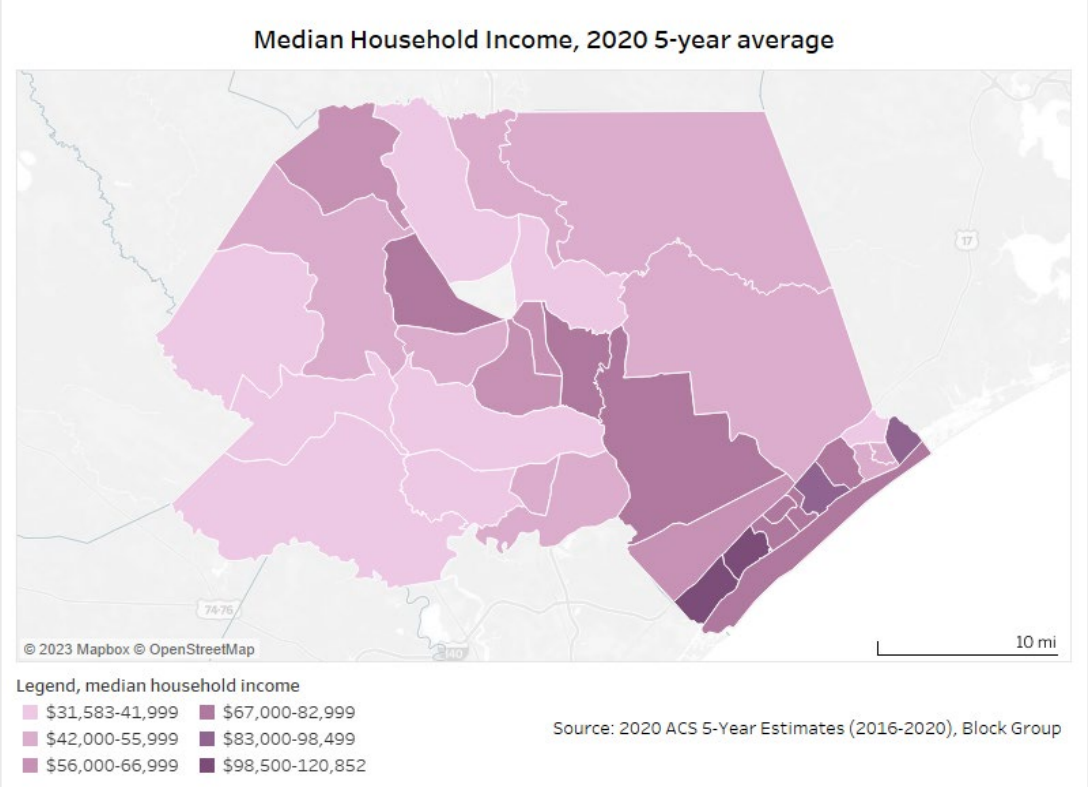


Figure 15: Map of median household income by block group, 2020 5-year estimate. Source: American Community Survey

According to a living wage calculator from the Massachusetts Institute of Technology, the living wage for one adult with no children in Pender County is $15.84 an hour. In a household with two working adults and one child, the living wage increases to $17.53. For a household with one working adult and one child, the living wage is just over $30 an hour. This tool calculates a living wage based on full-time work of 2080 hours per year and estimated cost of living amounts based on market rates for food, childcare, health insurance, housing, transportation, and other basic necessities.[39]

Income inequality measures how income is distributed across a population. Residents in the top 20% for incomes earn 4.6 times more than residents in the bottom 20% for incomes. Pender County income inequality is slightly higher than Carteret and Franklin counties.[27]

POVERTY

The social and economic context creates conditions such that 14.0% of the population lives below the poverty level in Pender County, higher than Carteret (9.2%) and Franklin (11.4%) and equal to the state. Overall, 29.2% of the population lives below 200 percent of the poverty level, which is lower than Franklin (33.5%) and the state (33.0%) and similar to Carteret (27.6%).[27] 20% of children under 5 years old live under the poverty level. While Pender County has similar poverty levels compared to Franklin County, Pender has greater variance by racial and ethnic categories. In Pender, 36.5% of Hispanic or Latino origin residents live in poverty compared to 9.1% of White, non-Hispanic residents.[27] Poverty levels also vary across different regions of the county.

Percent of Population Below the Federal Poverty Level by Racial & Ethnic Categories, 2020 5-year average

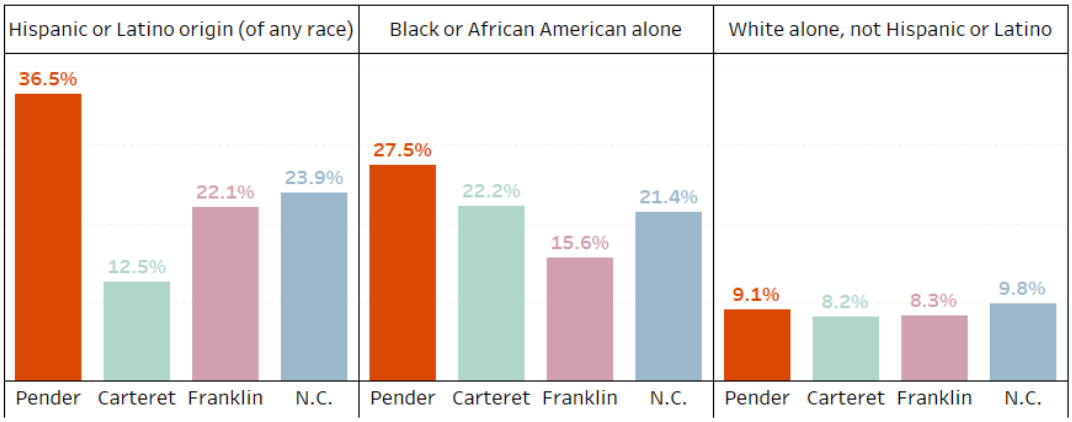


Figure 16: Bar chart of poverty status (100% FPL) in the past 12 months by select race/ethnicity in Pender and peer counties, 2020 5-year averages. Source: American Community Survey Table S1701

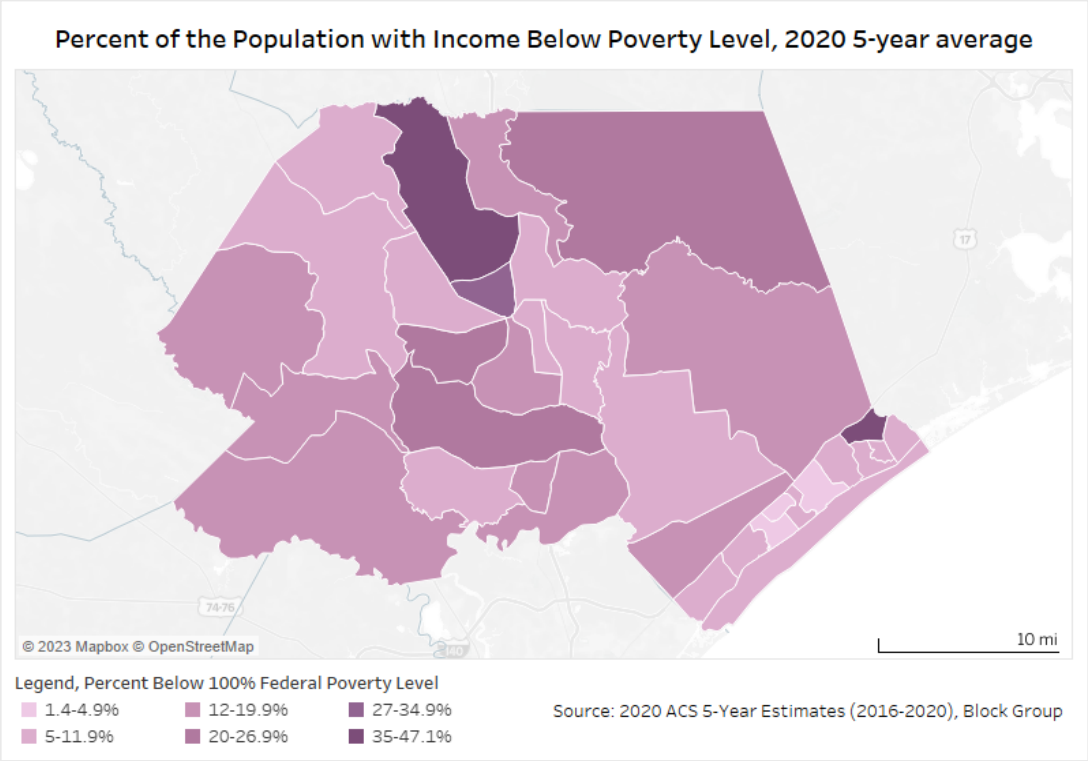


Figure 17: Map showing percent of the population with income below the poverty level (100% FPL), 2020. Source: American Community Survey, 5-year averages

HOUSING

Housing impacts health in many direct and indirect ways. The quality and safety of our homes impacts our exposure to toxins like lead and allergens like mold and dust that can negatively impact our physical health. Where we live also influences our availability of and proximity to resources. Housing stability is important as a psychological protective factor. Housing instability and homelessness can create many adverse health impacts including psychological distress, increased alcohol use, and suicide.[23]

HOUSING DENSITY

Given Pender County's smaller population size to peer counties, it is not surprising that Pender County has fewer households than peer counties, with an estimated 22,812 households between 2016-2020.[27] However, Pender County does have similar or higher people per household compared to peer counties and the state. In recent years, Pender County has consistently had an average of 2.7 people per household, slightly higher than the state estimate of 2.5.[27] An estimated 28.3% of households consisted of one person living alone in Pender County, with 12.4% of those ages 65 and older living alone.[27]

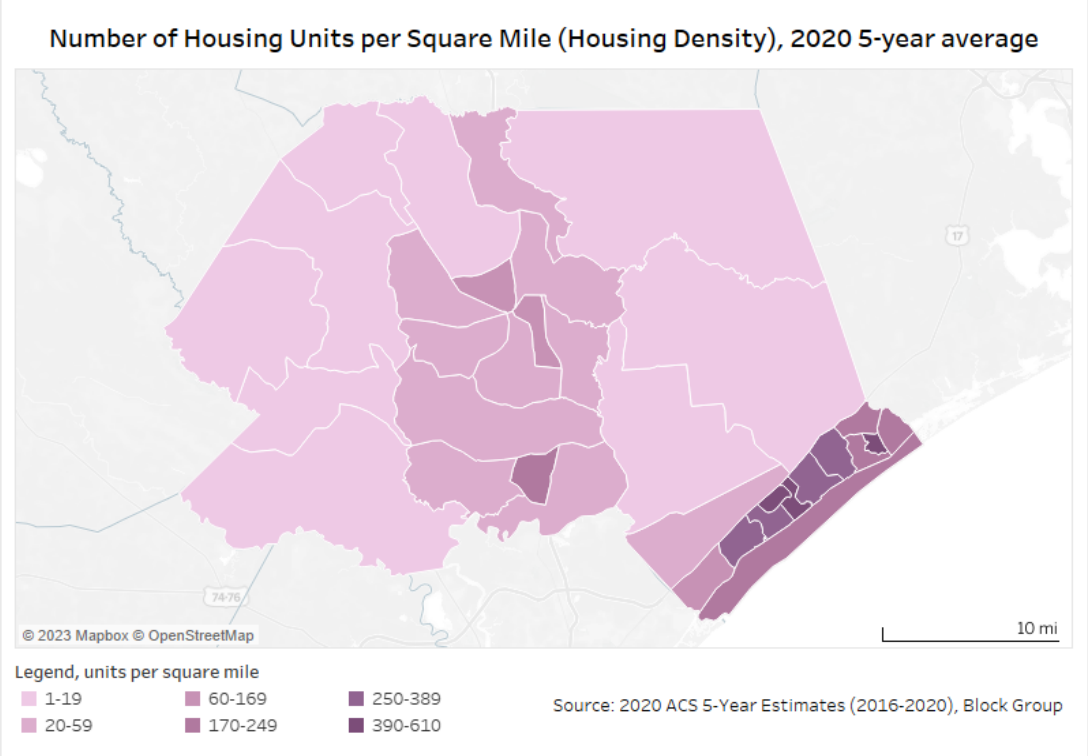


Figure 18: Map of housing unit density by census block group. Source: American Community Survey, 2020 5-year averages

Pender County has lower housing occupancy than the state and Franklin County, and more than Carteret County. 77.2% of Pender's housing units are occupied compared to 86.0% across the state.[27]

About 80.6% of housing units are owner-occupied in Pender, with the other 19.4% renter-occupied. Compared to peers and the state, Pender County has a higher percentage of owner-occupied housing units. Areas near Burgaw have a higher percentage of renter-occupied units.[27]

HOUSING COST AND HOMELESSNESS

Housing costs have increased in Pender County. Comparing the 2015 estimate and 2020 estimate of the 5-year average, mortgage costs increased from $1,223 to $1,473 and rental costs increased from $818 to $907.[20] During the data walk, steering committee members commented that housing costs have continued to increase since 2020, especially noting increases in rental costs. As of the 2020 5-year estimate, 28.1% of households paying mortgages and 52.2% of households paying rent are considered housing cost burdened in Pender County, meaning they spend 30% or more of their income on housing costs.[20]

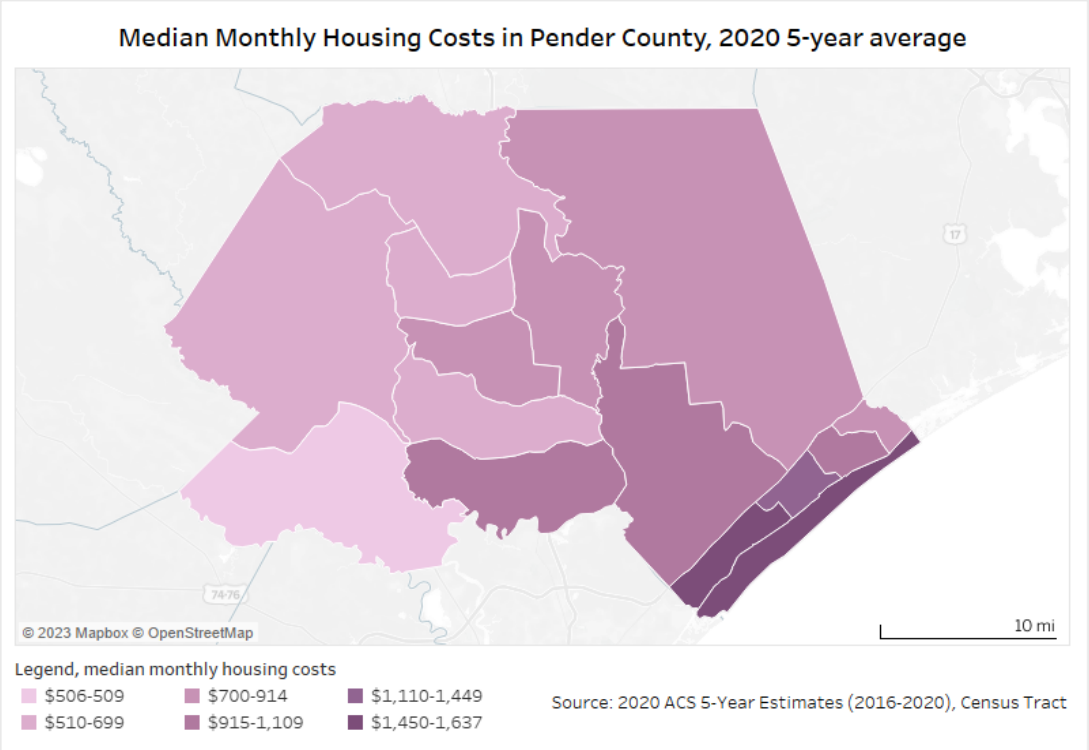


Figure 19: Map of median monthly housing costs by census tracts. Source: American Community Survey, 2020 5-year averages

Both steering committee and community forum members discussed the lack of available, affordable housing options, citing that there are no openings for Section 8 housing given the limited stock and long waiting lists. A number of survey respondents mentioned housing as the one thing that would make Pender a healthier place to live.

> *"Make it easier to get help/find low-rent houses."*
> – Healthy Pender Survey respondent

As of the 2013-2018 5-year average, 16.1% of Pender households had at least one of four conditions defined as "severe housing problems" by the U.S. Department of Housing and Urban Development (HUD). These problems include incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and cost burden greater than 50%.[40]

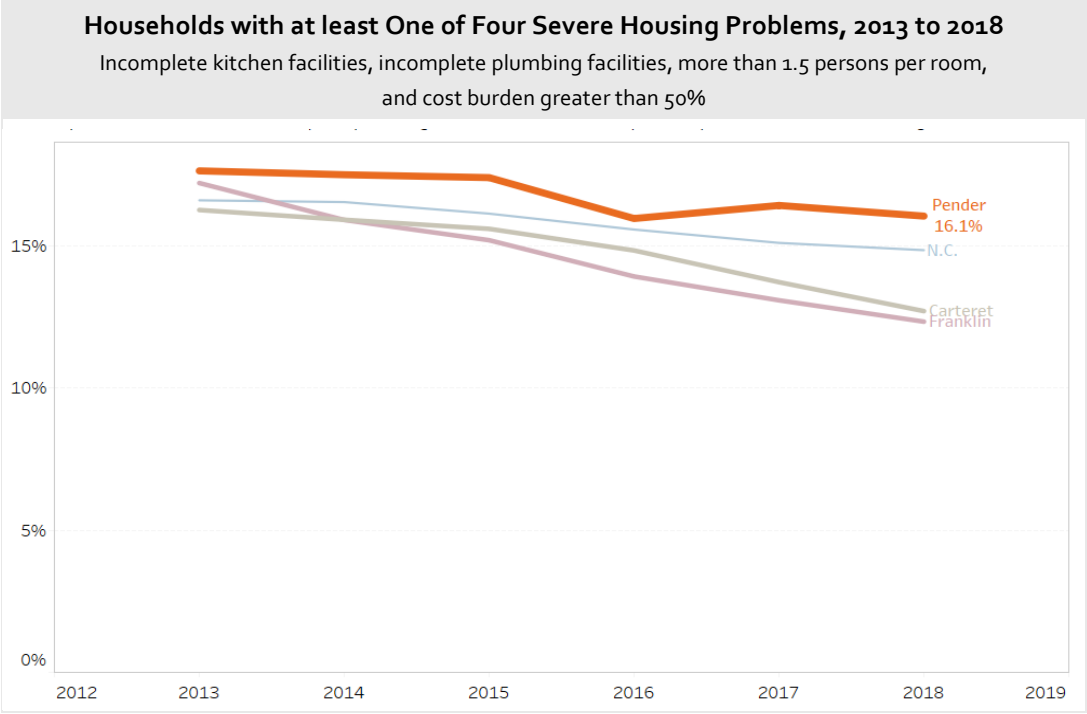


Figure 20: Line chart of households with at least one of four severe housing problems. Source: U.S. Department of Housing and Urban Development (HUD), 2013-2018

Pender County is included in the Cape Fear Homeless Continuum of Care, serving the City of Wilmington, Brunswick, New Hanover, and Pender Counties.[41] The annual point-in-time count for people experiencing homelessness in this combined region was 301 people, with a calculated rate of 7.01 people per 100,000 residents. When stratified by race, the point-in-time homelessness rate was estimated as 25.9 per 100,000 among Black or African American residents compared to 5.7 per 100,000 among White residents.[42] The point-in-time count is an estimate of all people living in shelters or transitional housing facilities or in unsheltered locations on a single night in January. It does not include people "doubled up" with family or friends or living in a hotel/motel. As such, this data point is generally recognized as an undercount of the true number of people experiencing homelessness.

NEIGHBORHOOD AND ENVIRONMENT

Similar to how housing impacts proximity to resources, the neighborhood and environment around us can protect and harm our health in many ways. Infrastructure like roads, public transportation and internet services influence how easily accessible the services around us are. The quality of the air we breathe and water we drink can impact many different health outcomes. Finally, the built environment around the community such as sidewalks, parks, grocery stores, and restaurants influence our access to physical activity and healthy foods.

In Pender County, an estimated 82.4% of households had an internet subscription between 2016-2020, which has slowly increased from 72.4% between 2013-2017. Internet coverage is similar to Franklin County and North Carolina overall, and lower than that of Carteret County with 87.5% coverage.[27]

Public transportation is limited in Pender County, and it can be difficult for residents to access services like Uber. Between 2016-2020, 81.0% of workers ages 16 and older drove alone to work, with 9.7% carpooling and 7.5% working from home.[27]

What's already happening: Wave Transit, a public transportation service in the region, launched a rideshare platform called RideMICRO in October 2021. This platform, funded by a North Carolina Department of Transportation grant and the state, allows residents to pay approximately $2 for curb-to-curb service across Pender, Brunswick, and New Hanover counties.[43] Currently RideMICRO is available on the eastern side of Pender County.

AIR AND WATER

Concerns over water quality came up during steering committee discussions, Healthy Pender Survey responses, and the Community Forum.

> *"Water quality is awful. Have to spend a lot of money to access clean water, on top of the cost of paying for dirty water."* – Healthy Pender Survey respondent

Pender County is contained within the Cape Fear River Basin, which has become an area of focus for water quality following the identification of the manufactured chemical GenX and other per-/poly-fluoroalkyl substances (PFAS) in the water system, in large part due to Chemours Fayetteville Works' production. PFAS chemicals like GenX do not break down easily and can build up in the human body, presenting a variety of potential health effects including cancers, cholesterol diseases, impacts on reproductive health, and others.[44] In June 2022, the EPA announced a final health advisory for GenX chemicals as 10 parts per trillion (ppt).[45] The North Carolina Department of Environmental Quality (DEQ) requires that Chemours expands their off-site assessment and offer private drinking water well tests to residents in impacted areas, providing alternate water when needed. Chemours must also operationalize a project that will address the current flow of the facility's contaminated, untreated water directly into the Cape Fear River by March 15, 2023.[46]

Pender County Utilities also receives some of its water from the Cape Fear River. In their 2021 Annual Water Quality Report, Pender County Utilities & Solid Waste shared that their water sources had a moderate susceptibility rating overall and an average GenX quantity of 7.06 ppt, with a range between 4.61 and 12.50.[47]

Air pollution data was not specifically available for Pender County through the Environmental Protection Agency's Air Data; however, the region generally maintains low air pollutant levels.[48]

What's already happening: During the writing of this report, DEQ was holding local information sessions to promote well water testing services and inform the community about PFAS contamination.[49]

ACCESS TO PHYSICAL ACTIVITY

When asked to share ideas to make the community a healthier place to live, many Healthy Pender Survey respondents shared ideas about recreational opportunities like pools, sidewalks, and trails. 69.4% of survey respondents engaged in physical activity at least three times each week, defined as having an elevated heart rate for at least 10 minutes. Respondents most commonly exercise at home (63.3%) and in their neighborhood (35.8%). Barriers to physical activity include not having enough time and lacking motivation.

"We need a community pool so we can exercise in it, teach kids how to swim, and have fun in it. We also need safe walking places in the western part of the county." – Healthy Pender Survey respondent

What's already happening: The town of Burgaw has been making progress on more accessible sidewalks and expanding sidewalk and path access in the downtown area through an ADA Transition Plan and a Courthouse Avenue Streetscape.[50] Pender County Parks and Recreation have received two $500,000 grants to expand opportunities in Burgaw and Hampstead.[51]

ACCESS TO HEALTHY FOOD

Access to healthy food relates to both economic and built environment opportunities. People must be able to afford adequate food and have access to healthy food options through establishments like grocery stores, food banks, and restaurants.

Pender County's food insecurity rate as of 2019 is 13.2%, which is consistent with the state average, slightly higher than Franklin County (12.6%) and slightly lower than Carteret County (14.2%). In Pender, 5.7% of the population is both low-income and has poor access to a grocery store.[52] In Pender County Schools, 45.6% of students were enrolled in free or reduced-price lunch during the 2018-2019 school year, lower than Carteret and Franklin. Considering that poverty rates are similar in Pender and Franklin counties, more students may be eligible for free or reduced-price lunch in Pender than are enrolled.[53]

Many Healthy Pender Survey participants shared that more food options would make Pender County a healthier place to live, including specific references to healthier restaurant choices and improved access to fresh foods. Just over a third (35.7%) of survey respondents report eating the recommended 2 cups of fruit and 3 cups of vegetables every day. For those that are not able to meet these recommendations, respondents' top barriers were convenience – taking too much time to shop for and prepare fruits and vegetables. Finding and preparing fruits and vegetables did not seem to be a concern – cited by less than 2% of respondents.

"Would love to see more healthy farm to table food options. We have too many fast-food places" - Healthy Pender Survey respondent

About one in ten (11.1%) survey respondents skipped or cut the size of a meal due to costs within the last 12 months. For survey respondents making less than $35,000 in household income, that percentage nearly doubled – 20.6% had cut the size of a meal or skipped a meal because there wasn't enough money for food.

What's already happening: Organizations such as Pender Christian Services work to provide food for Pender County residents in need. In 2023, they plan to prioritize the provision of fresh fruits and vegetables. Recently, they have partnered with DoorDash through Project DASH to deliver charitable food items and increase access.[54]

HEALTH ACCESS AND OUTCOMES

Healthcare serves an important role in preventing illness and providing diagnosis and treatment. Access to care directly impacts health outcomes through both preventative health services and timely diagnoses.

45.3% of survey respondents described their overall physical health as very good or excellent, while 13.8% of respondents reported their physical health as fair or poor. Respondents making less than $35,000 in household income reported poorer physical health.

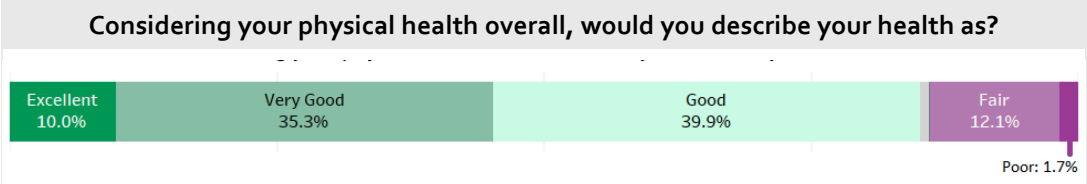


Figure 21: Healthy Pender Survey 2022 responses to physical health status

ACCESS TO CARE

Access to care includes the availability of high-quality care and community members' ability to take advantage of that care. A community's access to healthcare can be challenged by barriers such as lack of health insurance, high cost of care, few providers, and limited transportation to healthcare facilities. Among Healthy Pender Survey respondents, 15.4% reported trouble getting the healthcare they needed personally or for a family member in the past 12 months. Out of that 15.4%, the most common problems were related to having a hard time finding satisfactory service, followed by insurance limitations. When asked specifically about problems receiving dental care, cost and insurance were the most common concerns.

INSURANCE

In Pender County, 12.6% of the population under 65 years old are uninsured. This number has decreased from 21.5% in 2010 and is similar to state and peer county percentages; however, it remains higher than the Healthy North Carolina 2030 target of 8% or less. Among children, 6.2% of children under 19 years are uninsured, compared to 5.3% in the state overall.[55] Pender County has 15,868 people enrolled in Medicaid as of 2021. Programs with the highest enrollment are Infants and Children, Family Planning, and Temporary Assistance for Needy Families (TANF).[56]

Of Healthy Pender Survey respondents, 11.4% did not have any kind of healthcare coverage.

PROVIDERS

In the Healthy Pender Survey, 69.2% of respondents reported going to the doctor's office most often when they were sick, with 13.1% going to an urgent care center. 18.7% of younger adults most often go to urgent care.

Pender County is a Health Professional Shortage Area as defined by the US Health Resources & Services Administration.[57] As of 2019, Pender County has a primary care provider ratio of 1 to 2,009, meaning that there is one full-time equivalent primary care clinician for every 2,009 residents.[58] The recommended ratio is at least one clinician per every 1,500 residents, indicating a moderate provider shortage in the area.[1] Full-time equivalent primary care clinicians include physicians, nurse practitioners, physician assistants, and certified nurse midwives. Looking specifically at physician capacity, in 2021 there was an estimated 21 total physicians in the county at a rate of 3.25 per 10,000 residents, much lower than the state rate of 27.7 per 10,000.[59]

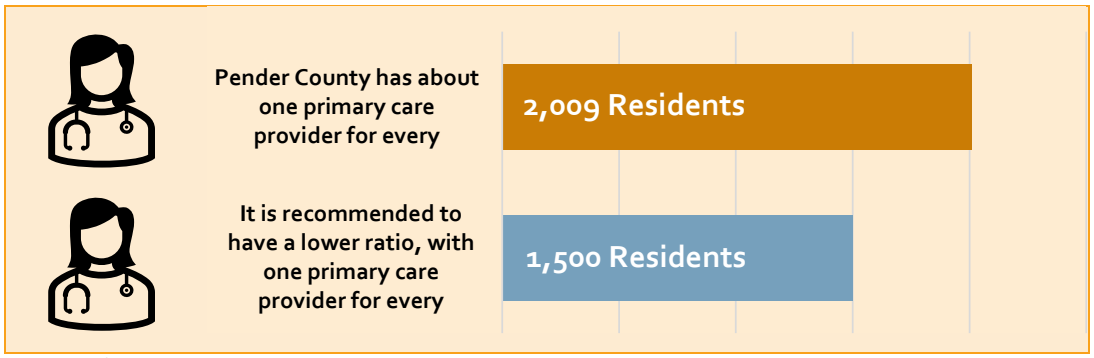


Figure 22: Infographic showing Pender County's primary care provider ratio compared to the Healthy North Carolina 2030 goal. Source: Cecil G. Sheps Center for Health Services Research, 2019, Received via Data Request

When comparing access to care to North Carolina averages and peer counties, Pender County is most similar to Franklin County and has less access than Carteret and the state averages.

In discussion with the steering committee, these data felt like they may overestimate the availability of providers in Pender County, describing how the shortage of healthcare professional seems to be worsening. The steering committee, Healthy Pender Survey respondents, and Community Forum members described difficulties receiving specialty care.

> *"More services available at Pender Memorial Hospital, not having to go to Wilmington hospital."* – Healthy Pender Survey respondent

Not only does Pender have fewer healthcare providers than recommended, but the county also has fewer beds in general hospitals and nursing facilities than peer counties and the state overall.[60]

What's already happening: Members of the steering committee noted the availability of telehealth services at the schools through Pender Alliance for Total Health (PATH; www.pathhealth.org), and an upcoming rural family medicine track at Black River Health Services in Pender County. Planning is currently underway, with an implementation date of July 2024. They hope this program will attract more providers to the area.[61]

DISEASE, ILLNESS, AND INJURY

Pender County has a mortality rate of 813.4 per 100,000 residents, which is slightly higher than that of Carteret (774.7), Franklin (797.2), and North Carolina overall (793.7). While top causes of death follow similar patterns, Pender County has higher mortality rates from cerebrovascular disease and other ischemic heart disease.[21]

Top Causes of Death by Type:
Mortality Rate per 100,000 Residents, 2020 5-year average

	Pender	Carteret	Franklin	N.C.
Total Cancer	160.2	168.5	165.9	154.6
Trachea, Bronchus, and Lung Cancer	44.2	49.2	46.6	40.1
Breast Cancer	19.4	17.5	21.7	20.1
Prostate Cancer	21.5	14.6	17.1	19.5
Pancreatic Cancer	11.2	12.6	11.2	10.9
Colon, Rectal, and Anal Cancer	10.9	16.4	11.6	12.9
Diseases of Heart	158.8	157.4	164.5	156.1
Acute Myocardial Infarction	18.8	23.7	21.0	26.1
Other Ischemic Heart Disease	67.6	60.1	62.9	57.0
Cerebrovascular Disease	54.2	40.4	49.1	42.7
All Other Unintentional Injuries	44.0	61.3	42.6	43.2
Chronic Lower Respiratory Diseases	37.4	43.6	44.3	42.5
Alzheimer's Disease	26.9	23.4	29.6	37.4
Unintentional Motor Vehicle Injuries	24.4	11.3	24.6	15.1
Diabetes Mellitus	23.6	20.5	20.6	24.5
Suicide	22.6	23.1	14.2	13.4
Nephritis, Nephrotic Syndrome, and Nephrosis	17.1	13.1	14.4	16.4
Septicemia	15.4	11.2	11.6	12.5
Pneumonia and Influenza	13.8	13.7	11.6	15.7
Chronic Liver Disease and Cirrhosis	8.2	15.9	9.3	11.1
COVID-19 Mortality	8.1	4.8	10.4	12.8

Figure 23: Table with bar charts of top causes of death by type for Pender and peer counties. Source: NC DHHS North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 2020 5-year average

Mortality rates are higher among African Americans and males in Pender County. The all-cause mortality rate for African Americans is higher at 994.2 deaths per 100,000 residents than the overall mortality rate in the county (813.4 deaths per 100,000 residents). The all-cause mortality rate for males is 958.1 deaths per 100,000 residents compared to 682.8 deaths per 100,000 for females.[21]

CANCER

Both cancer mortality and cancer incidence are similar in Pender County as it is in peer counties and the state. Total cancer mortality rates are higher for males than females. Between 2016-2020, trachea, bronchus, and lung

cancers have the highest mortality of cancer types. Female breast cancer has a higher incidence (154.6 diagnoses per 100,000 residents), followed by prostate cancer (19.2 per 100,000) and then lung and bronchus cancers (60.5 per 100,000).[21]

DISEASES OF THE HEART

Heart attack deaths have increased across the United States since 2020.[62] Diseases of the heart, as included in data reported by the North Carolina State Center for Health Statistics, include acute heart attack and coronary artery diseases.[21] The mortality rate for heart disease between 2016-2020 was estimated at 158.8 deaths per 100,000 residents in Pender County. As noted in the graph below, the rate for deaths from heart disease has slightly risen since 2015 5-year estimates, while deaths from cancer have declined.

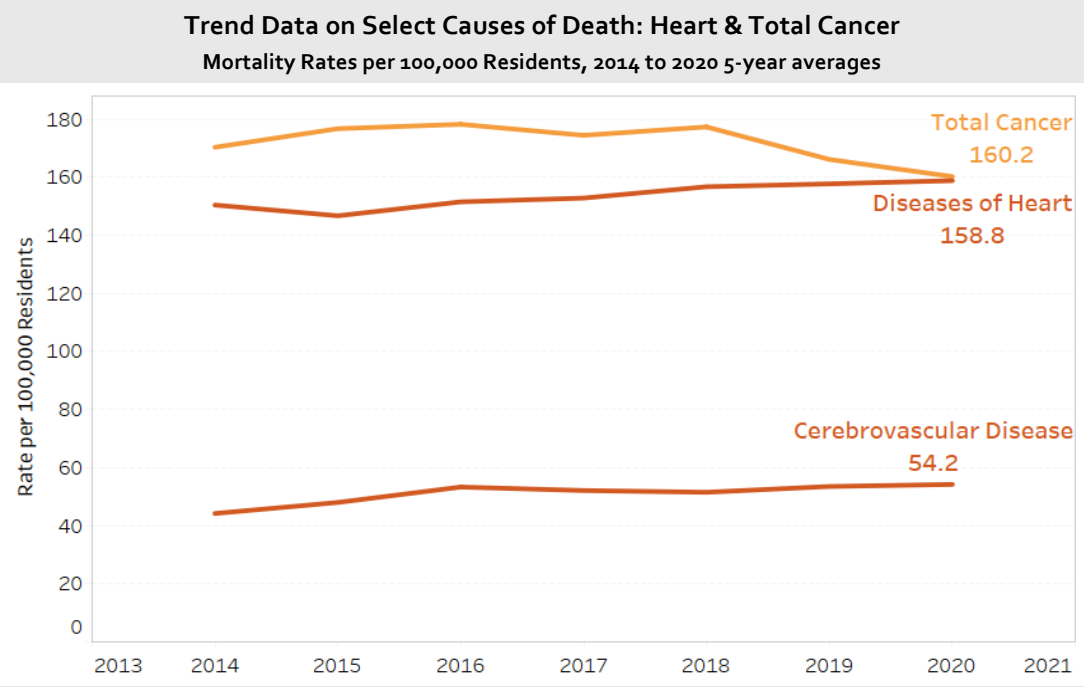


Figure 24: Trend data on select causes of death in Pender County. Source: NC DHHS North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, 2014-2020 5-year averages

OTHER CHRONIC CONDITIONS

We can get a sense of how other chronic conditions are impacting the community by looking at data made available through the Medicare program. Among Medicare recipients, more than half have high blood pressure, which is referred to as hypertension (63.8%) and high cholesterol, which is referred to as hyperlipidemia (57.4%) in Pender County, and about a quarter or more have arthritis (32.9%), diabetes (29.5%), ischemic heart disease (25.6%), or chronic kidney disease (24.6%) as of 2018. Between 2013 and 2018, the prevalence of arthritis and chronic kidney disease increased in this population, while other conditions remained stable. Pender County's Medicare population has a higher prevalence of hyperlipidemia (57.4%) compared to the state (48.8%), Franklin (48.6%), and Carteret (44.3%).[64]

INFECTIOUS DISEASE

COVID-19 has impacted the health of communities in many ways since 2020. As of January 2023, Pender County has slightly lower percentages of people who have received COVID vaccines as compared to peer counties. 52% of people in Pender County had completed the initial vaccine series.[2]

Chlamydia is one of the most common infectious diseases across the U.S. In Pender County, the rate for newly diagnosed Chlamydia was 321.6 per 100,000 residents in 2020. Pender County's rates for other STIs and STDs are below the North Carolina rate.[65]

What's already happening: Steering committee and Community Forum attendees praised the county's COVID vaccine efforts. Pender County Health Department maintains a Communicable Disease Control Program that works to prevent the spread of communicable diseases, such as tuberculosis and sexually transmitted diseases through a range of services.[66]

MENTAL HEALTH AND SUBSTANCE USE

"Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood." – Centers for Disease Control and Prevention[67]

When it comes to overall health, mental health and physical health are equally important. This section covers both mental health and substance use, two related but distinct topics. Both are shaped by the social and structural determinants of health, and both are often stigmatized, making it challenging to identify, discuss, and improve outcomes.

MENTAL HEALTH

Mental health can vary over time, depending on a wide range of factors. A person's mental health could be impacted when the demands placed on them exceeds their resources and coping abilities.[67] For example, someone may experience poor mental health if they are experiencing economic hardship or working long hours.

Healthy Pender Survey respondents rated their mental health similarly to their physical health, with 54.7% reporting their overall mental health as very good or excellent and 15.7% reporting fair or poor mental health. However, respondents making $35,000 or less in household income and respondents ages 18-39 reported poorer overall mental health.

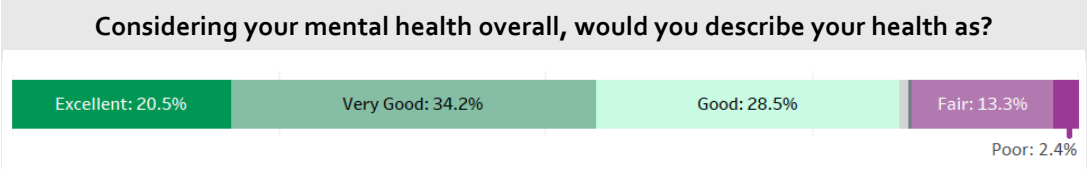


Figure 25: Healthy Pender Survey 2022 responses to mental health status

The prevalence of depression among Medicare recipients, limited to individuals 65 and older, in Pender has steadily increased from 15.2% in 2013 to 21.2% in 2018, surpassing the 2018 depression prevalence of peer counties (Franklin: 18.8%, Carteret: 18%) and the state (19.3%).[64]

Across all Healthy Pender Survey respondents, 15.9% experienced mental health symptoms that kept them from doing daily activities within the last 6 months. Of those, about two-thirds (65.6%) received treatment for depression, anxiety, or other mental health concerns. Respondents most commonly sought treatment from a primary care provider followed by a mental health counselor. A handful of survey respondents called for more and improved mental health care access as the one thing that would make Pender County a healthier place to live.

"Adding mental health services that are accessible to the uninsured community. The county is in need of additional providers..."
– Healthy Pender Survey respondent

Local Management Entities/Managed Care Organizations (LME/MCOs) manage care for NC Medicaid beneficiaries, including services related to mental health, developmental disabilities, or substance use disorders. For Pender and many neighboring counties, Trillium Health Resources is the LME/MCO managing this care. Between 2016-2020, the rate of persons served by Trillium's mental health programs in Pender County fell below peer and state trends.[68] The most recent data in 2020 show 203.9 persons per 10,000 in Pender were served in an area mental health program, compared to 329.7 per 10,000 across the state.[68] In 2016, the rate of persons served in NC alcohol drug and treatment centers (2.8 per 10,000) and in state mental health development centers (1.2 per 10,000) was similar to or slighter lower than that of peer and state trends.[69]

Across all survey respondents, 7.5% reported a problem getting the care they needed personally or for a family member from a mental health provider. About half (48.0%) of survey respondents did not need to seek care from a substance use treatment center within the last 6 months, and of those who did, the large majority (90.9%) did not have a problem receiving care. For those that did have an issue receiving care either from a mental health or substance use treatment center, 23.6% had trouble with insurance covering what they needed. For those with a household income less than $35,000, about half (47.1%) did not have insurance coverage for what they needed.

The rate of suicide can reflect the limited availability of access to comprehensive, high-quality healthcare. Reducing the rate of suicide to 11.1 per 100,000 is a Healthy North Carolina 2030 indicator aimed at improving both access to and treatment for mental health needs. Between 2016-2020, the 5-year rate of suicide in Pender was 22.6 per 100,000, compared to a state rate of 13.4 per 100,000.[21]

What's already happening: Coastal Horizons provides mental health services in the community and in schools in collaboration with Pender Alliance for Total Health (PATH). Pender County Schools employs counselors, school nurses, and social workers.[70]

SUBSTANCE USE

In 2021, North Carolina updated the Opioid Action Plan to become the Opioid and Substance Use Action Plan (OSUAP) 3.0, broadening the focus to polysubstance use and centering equity and lived experiences.[71] The plan has four priority areas to address the epidemic: center equity and lived experiences, prevent future addiction, reduce harm, and connect to care.[71]

Historically, prescription opioids have been a driver of overdoses in North Carolina.[72] However, overdoses due to illicit drugs, like heroin or fentanyl, are on the rise. Between 2017 and 2018, Pender experienced a steep decline (342.0 visits per 100,000 to 167.4 visits per 100,000) in emergency department visits due to medication or drug overdose. This rate has increased since 2018, a trend that peer counties and the state mirrored from 2019-2020.[73]

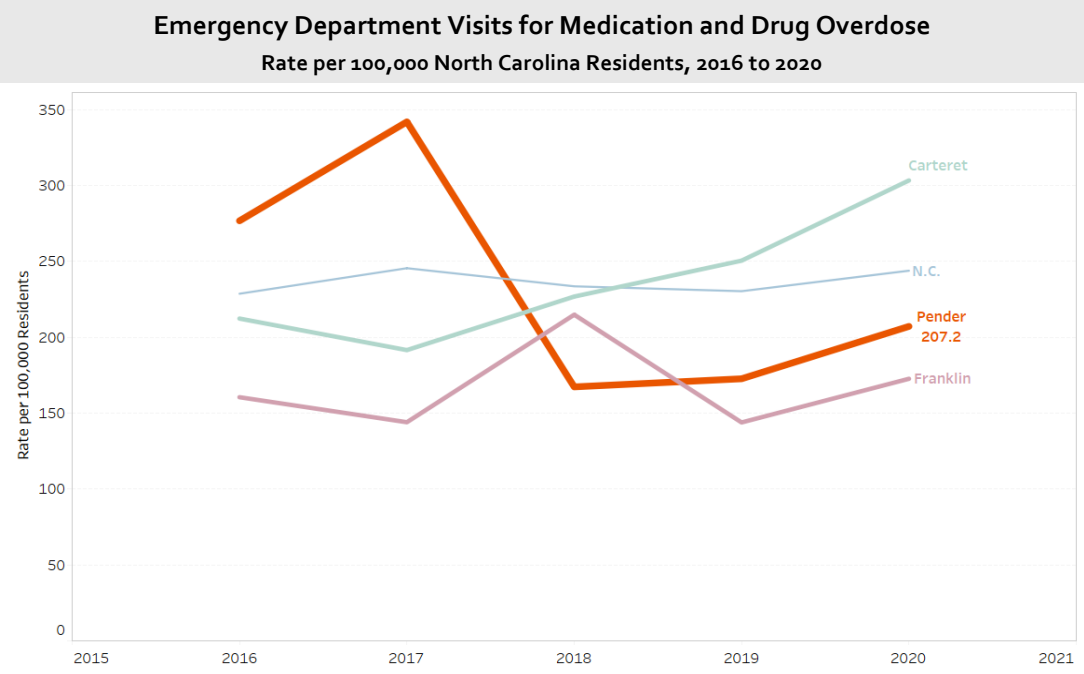


Figure 26: Trendlines of emergency department visits for medication/drug overdose. Source: Analysis by NC DPH, Injury and Violence Prevention with data from NC DETECT, 2016-2020

In recent years, medication and drug poisoning deaths have risen, following a pattern seen across the state. In 2019, Pender County had 14 medication and drug overdose deaths, with a rate of 22.2 deaths per 100,000. In 2020, Pender had 18 overdose deaths with a rate of 28.5 per 100,000. In 2021, there were 27 deaths with a rate of 42.8 per 100,000.[71,74] Since 2014 in Pender County, heroin and fentanyl have been involved in more overdose deaths than any other substances.[74]

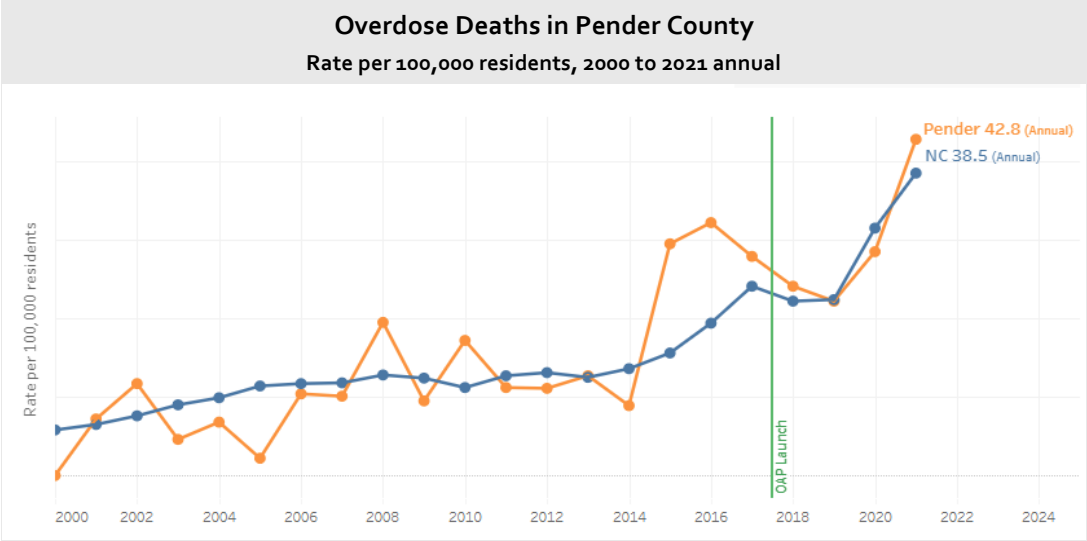


Figure 27: Trendlines of drug overdose deaths in Pender County and North Carolina from 2000-2021.
Data and image source: NC DHHS Opioid and Substance Use Action Plan Data Dashboard

In an effort to center equity and lived experience, OSUAP 3.0 tracks progress on counties that have partnered with community-based organizations (CBOs) serving historically marginalized populations (HMP) and the extent to which people with lived experience of substance use are involved in both planning and implementing overdose prevention and harm reduction programs. Pender County has indicated some level of partnership with CBOs serving marginalized populations and people with lived experience of substance use.[71]

REPRODUCTIVE AND CHILD HEALTH

Reproductive and child health data describe the care and outcomes for pregnant women and their children, which can serve as a proxy indicator for broader health systems.

FERTILITY, PREGNANCY, AND PRENATAL CARE

Pender County has had stable pregnancy and abortion rates between 2015-2020, with 68.0 pregnancies per 1,000 females ages 15-44 and 7.7 abortions per 1,000 females ages 15-44, similar to the state and peers.[21]
In 2020, Pender saw a decrease in the county's teen pregnancy rate down to 15.6 pregnancies per 1,000 females ages 15-19.[75]

Many people in Pender County use the women's health clinic at the Pender County Health Department for prenatal and postnatal care. Steering committee and community forum participants spoke favorably of this resource while highlighting the lack of additional OB/GYN services in the county.

63.5% of Pender County's births received prenatal care in the first trimester, which is lower than the Healthy North Carolina target of 80% and Carteret (74.9%) and North Carolina (67.5%). Steering committee members and community forum attendees both noted the lack of OB/GYN services in the county. Most Pender County residents receive later-term care and give birth in neighboring New Hanover County. Prenatal smoking in Pender County happened in 9% of births as of 2020.[76]

BIRTH OUTCOMES

Since Pender County does not have delivery resources, the prenatal clinic partners with Novant in Wilmington for birthing. Some families in Pender County opt for at-home births.

Pender County's preterm births were 10.4% in 2019, similar to that of the state and peer counties. Looking at trend data, Pender saw an increase to 14.0% in 2016-2017 that has since leveled back down. Disparities in preterm births by race show that Black and Non-Hispanic mothers are more likely to experience preterm birth.[76] The percentage of low birth weights is most recently 8.8% of births as of the 2020 5-year average, similar to Franklin and the state. However, the percentage of births with low birth weight among Non-Hispanic Black/African American births has increased in Pender in recent years up to 18.1%, indicating a racial disparity.[21]

Infant mortality is an indicator that can reflect the health of the broader community and future generations, and it also serves as a proxy indicator for health disparities. The United States consistently has large racial disparities in infant mortality, especially between Black and White births.[77]

The overall infant mortality in Pender was 3.4 per 1,000 live births in 2020, which is lower than the HNC 2030 target of 6.8 per 1,000 live births. Pender County's infant mortality has decreased in recent years; however infant mortality is higher among Black and Hispanic births than White births.

The Black/White disparity ratio between infant mortality rates is another specific indicator identified in Healthy North Carolina 2030. In Pender County, the disparity ratio is 7.1 as of the 2020 5-year average, and in recent years it appears that this gap is increasing.[78] While the specific rates in Pender County involve small numbers and therefore need to be interpreted with caution, the magnitude of the disparity ratio across years still raises concern.

CHILD HEALTH

The overall child mortality rate in Pender is 56.2 per 100,000 resident children ages 0-17 as of the 2020 5-year average. The top causes of mortality are perinatal conditions (18.9 per 100,000), illnesses (10.9 per 100,000), and birth defects (7.7 per 100,000).[74]

The rate of children in foster care under Department of Social Services custody decreased between fiscal years 2018-2019 and 2020-2021, dropping down to 9.7 per 1,000 children. The number of children entering child welfare custody under 18 years old is lower at 2.8 per 1,000 children in fiscal year 2020-2021.[79]

In Pender, the large majority of investigated abuse and neglect reports were classified as "services not recommended" or lower.[79] Looking specifically at substantiated child neglect and abuse, counts increased in 2020, surpassing Franklin's count despite Pender having an overall smaller population size. This increase was reflected across race, ethnicity, age, and sex categories.[79]

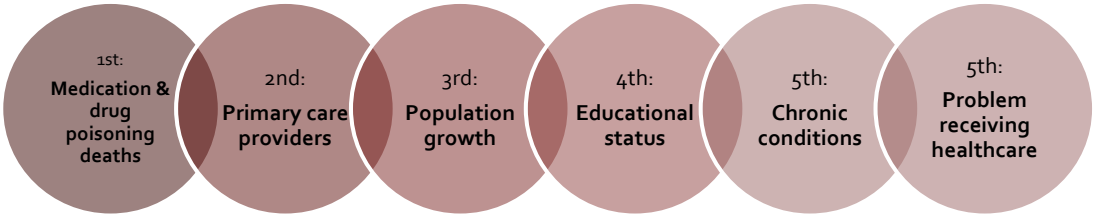
CHAPTER 4: COMMUNITY PRIORITIES AND RESOURCES

PRIORITIZATION PROCESS

The steering committee initially reviewed the Healthy Pender Survey and secondary data in December 2022, with summary sheets for different data topics. Committee members provided feedback and additional context on the data, which led to revisions to the data summary sheets.

COMMUNITY MEETINGS

Revised data summary sheets were displayed during five community meetings in addition to being posted at both Health Department locations. As community members reviewed data summary sheets, they were asked to vote on the top three topics they would like to see addressed in Pender County. From the votes captured, medication and drug poisoning deaths, primary care providers, population growth, and education status received the most votes, with chronic conditions and problem receiving healthcare tied for the fifth-most votes. See Appendix 4 for all voting results.



COMMUNITY FORUM

Community members who participated in the Healthy Pender Survey and who voted in the community meetings were invited to attend the Pender County Community Forum on Tuesday, January 24 to discuss health resources and challenges in Pender County. The forum was held at the NC Cooperative Extension in Burgaw, NC. See Appendix 5 for the flyer invitation and Appendix 6 for a more detailed summary of the discussion. The community members who participated represented a range of generations, county geographies, and length of residency in the county.

The goal of the community forum was to have an open and honest discussion to gain insight on opinions, perspectives, and lived experiences of residents in the area. However, these experiences cannot be generalized to the Pender County population in general.

COMMUNITY FORUM HIGHLIGHTS

- *Pender Strengths*: safe, nice people, natural resources, sense of community, great organizations, ideal location
- *Barriers to Health*: lack of funding, school overcrowding, overdevelopment, lack of access to specialty care
- *Topics to Address*: mental health services and access, appropriate community planning for population growth/crowding, primary care providers, housing to income burden, food insecurity, bridging eastern and western sides of the county

PRIORITY VOTING

During the January 31 meeting, the steering committee participated in a voting process with a modified list of 14 priority options based on data summaries, community voting, and community forum comments. These included:

- Access to healthcare
- Access to healthy food
- Affordable housing
- Chronic disease
- Education
- Employment & income
- Infectious disease
- Mental health
- Physical activity opportunities
- Population growth
- Reproductive health
- Substance use
- Transportation
- Water quality

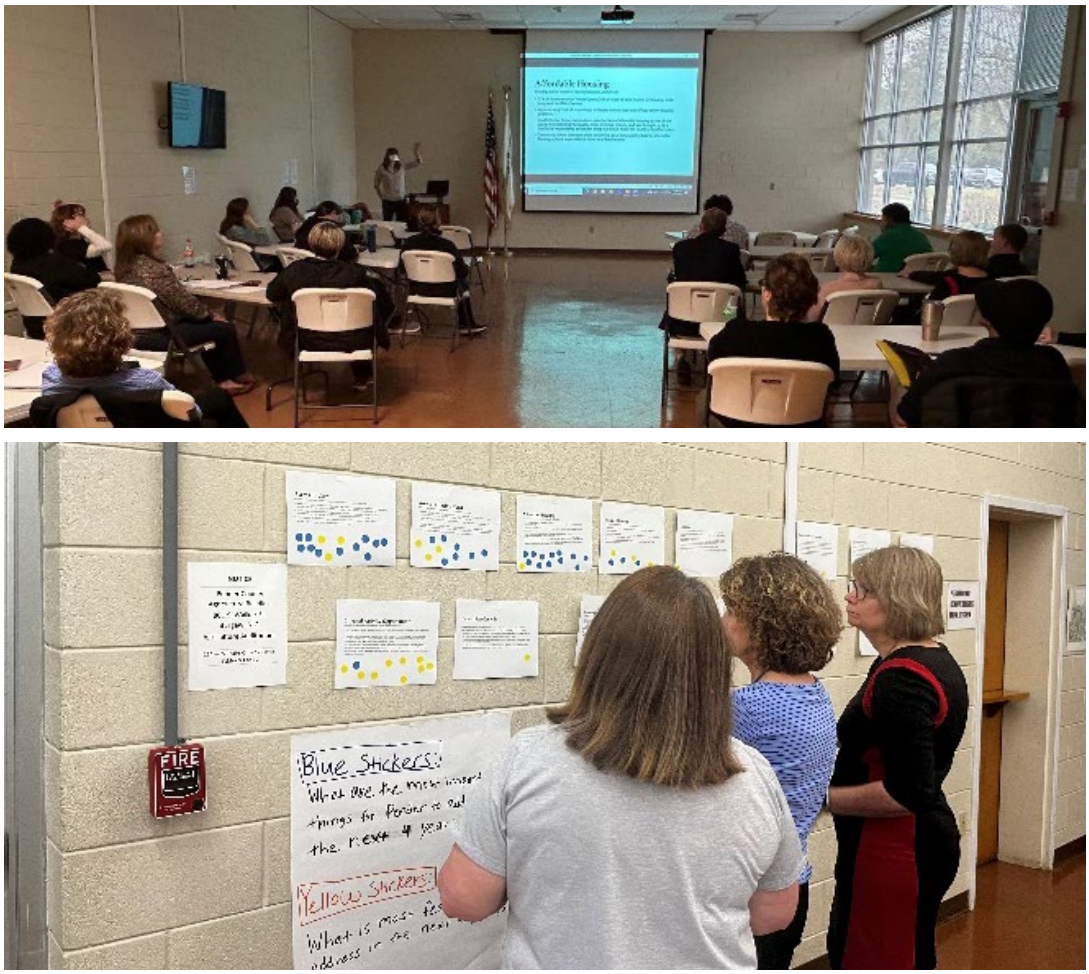
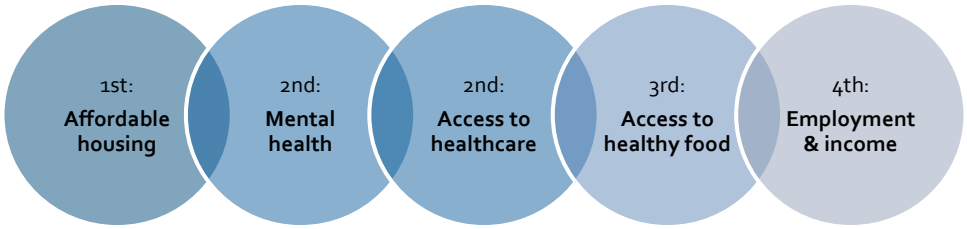
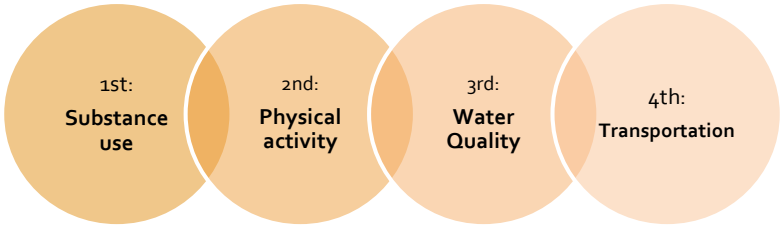


Figure 28: Photos from the January Steering Committee meeting. Photo on left shows presentation of data summaries, photo on right shows participants voting on top priorities. Photos provided by CHA Leadership Team

Members voted on the top three most important and most feasible areas based on the data. Categories receiving the most votes by importance included:



Categories receiving the most votes by feasibility included:



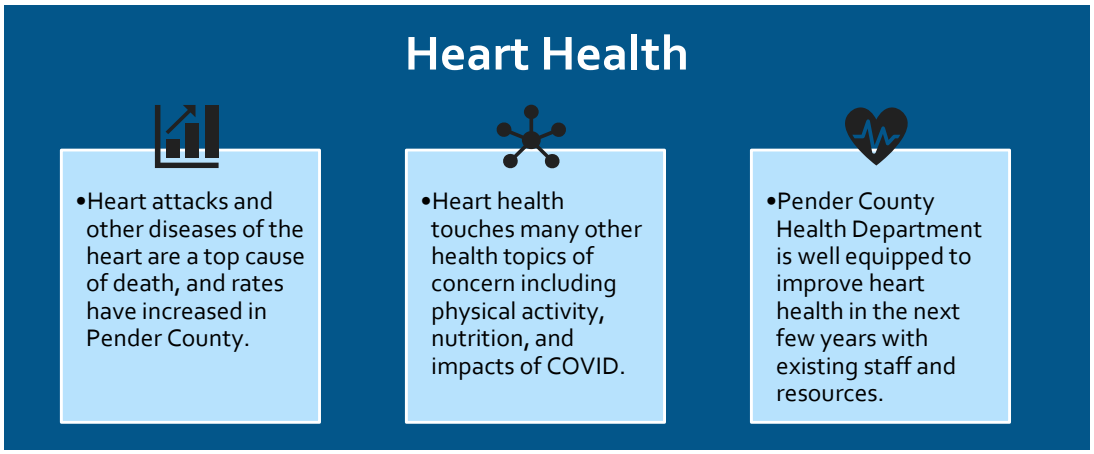
The CHA Leadership Team then reviewed data and votes before meeting to finalize priorities. In deciding which priorities to focus on between 2023-2026, Pender County Leadership considered assessment data and steering committee votes, complemented with progress on and lessons learned from the previous priorities and context on the momentum to improve the health needs of Pender County through the Community Health Improvement Plan. For topics like water quality and physical activity opportunities, county utilities, and parks and recreation services are leading promising efforts to address these concerns.

SELECTED PRIORITIES

The following three priorities were selected, described in additional detail below:

PRIORITY 1: HEART HEALTH

Leadership decided to focus on heart health. While this was not a specific category initially, the team felt that this was an area with both high importance and feasibility, especially considering a recent rise in cardiac arrests in the county. This priority area encompasses and helps address many other items that have come up throughout the assessment cycle, including physical activity opportunities and access to healthy food, yet is specific enough that the health department feels it can appropriately lead efforts with others. Partners like Pender Parks and Recreation are addressing physical activity opportunities. Rather than focusing on physical activity or healthy food as previous cycles have, prioritizing heart health will define a clear lane for the improvement planning process to focus its efforts in a way that complements existing resources.



This priority area was selected in large part due to concerning data trends. The official mortality data that is available through 2020 shows that diseases of the heart mortality was already increasing, and local death certificate data indicates that it has continued to rise since 2020.

Heart health matters for everyone; however, some populations are at increased risk of heart health concerns. Older populations experience higher rates of heart disease and heart attacks. Experience of financial instability and chronic stress can also increase risks of heart disease.[1]

Pender County has various resources related to heart health. The health department provides chronic disease self-management programs and free blood pressure checks at health department sites and community locations. They also partner with Parks and Recreation to provide healthy walking opportunities. There are also programs available to address other risk factors, such as free smoking cessation programs. For more community resources, please see Appendix 10.

PRIORITY 2: SUBSTANCE USE

Mental health and substance use disorders were previously combined as one priority area; however, the team felt that this priority was too broad to adequately address. To set Pender County up for clearer action items, the group decided to prioritize just substance use in this next cycle, as it felt like a more feasible area to make progress on especially given current funding available through opioid settlements. With a focus on substance use specifically, Pender County hopes to see related impacts on mental health as well.

As described in Assessment Findings, the rate of medication and drug poisoning deaths of all intents is 42.8 deaths per 100,000 residents as of 2021, a rate that has increased in Pender County as it has across the state in recent years.[71] Heroin and/or fentanyl are the substances contributing the most to these deaths compared to other types of substances.[74]

Across the state, death rates are higher among the White population compared to Black and Hispanic populations; however, 2020 showed rates increasing faster in American Indian/Alaska Native, Black, and Hispanic populations than in the non-Hispanic White population.[71]

Pender County has a number of organizations providing substance use related counseling and treatment, including Coastal Horizons, Little Gerald, Superior Innovative Services, Port Health, and Shoreline Family Practice. Drop boxes are located in Surf City Police Department, Pender County Sheriff's Office, Novant Health Pender Medical Center, and Rocky Point Pavilion. For more details on available community resources, see Appendix 10.

Funding is available to support projects in addressing substance use. In North Carolina, 85% of opioid settlement funds are being directed to counties and municipalities. Opioid settlement funding was scheduled to begin county distribution in 2022 and is set to continue for 18 years.[80]

Looking at the local actions outlined in the State Opioid and Substance Use Action Plan may be a helpful starting place to think about opportunities to address this health priority. Some recommendations include engaging people with experience of substance use, distributing drug test strips, and having a Sobriety Treatment and Recovery Teams program and other community response programs to support families.[71]

PRIORITY 3: ACCESS TO CARE

Access to care is a topic that has come up across many of the previous CHA cycles and is a critical area to address to improve the health of Pender County residents. While this priority was rated less feasible, leadership felt that there are enough resources in place to make a difference in this priority area in the coming years. There is momentum through partners and programs like Black River Health Services.

Common barriers to care include lack of health insurance, high cost of care, too few providers, and limited transportation to healthcare facilities. As noted previously in assessment findings, Pender County is a Health Professional Shortage Area as defined by the US Health Resources & Services Administration. [57] As of 2019, Pender County has a primary care provider ratio of 1 to 2,009, meaning that there is one full-time equivalent primary care clinician for every 2,009 residents, compared to a rate of 1 to 935 across the state.[58] The steering committee reported that even these numbers overestimate the availability of providers in the county. Additionally, the steering committee, Healthy Pender Survey respondents, and Community Forum members described difficulties receiving specialty care.

There are several programs in Pender County that seek to increase access to care. The health department provides a full array of clinical services. Immunizations and WIC services are also available at the Hampstead Annex. Novant Health Pender Medical Center offers financial assistance through Charity Care and Black River Health Services has a medical access program (MAP) to reduce the financial impact of medical visits. Other services in the county include mobile dental services and Pender Adult Services' medication assistance program. There are also new initiatives to address access to care, such as the development of a new rural family medicine track at Black River Health Services slated to begin in July 2024 in partnership with SEAHEC, UNC, Novant Health New Hanover Regional Medical Center, and Novant Health Pender Medical Center. For additional information on available community resources, see Appendix 10.

CHAPTER 5: NEXT STEPS

Pender County's 2022 CHA is shared with the community and stakeholders through print and online platforms. Current and previous CHAs are found on the Pender County Health Department's website at https://www.pendercountync.gov/hhs/health-human-services/health-department/community-health-assessment-cha/

The health department will develop community health improvement plans for each of the priority areas to complete the final two steps of the process. Pender County Health Department will lead the effort to develop and track progress on objectives, strategies, and action plans related to each priority. Collaboration with key stakeholders will be important as the activities and strategies are implemented.

In the interim years before the next CHA cycle, the health department will release State of the County Health (SOTCH) reports outlining the progress made on each priority, detailing new initiatives, and identifying any emerging issues that may impact the county's health. These reports are posted on Pender County Health Department's website at https://www.pendercountync.gov/hhs/health-human-services/health-department/state-of-the-county-health-report-sotch/

Pender County Health Department thanks everyone who shared information and contributed to the 2022 CHA process. The hope is that this report serves as a resource for community partners across the county, whether preparing for a grant application, understanding current data, or planning a new community activity. It is only through strong partnerships that we can work to build a healthier tomorrow.

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APPENDICES

The following appendices provide additional data and reference materials used throughout the CHA process.

APPENDIX 1: PROGRESS ON HEALTHY NORTH CAROLINA 2030 INDICATORS

The following table outlines the Healthy North Carolina (HNC) 2030 indicators that are available on a county level, the 2030 target, and the most recently available data for Pender County and North Carolina. When reliable trend data are available, the direction of the trend is noted in italicized text.

The table is color coded according to the following:

- Green: Pender is exceeding the HNC 2030 target
- Orange: Pender is meeting the HNC 2030 target
- Pink: Pender is not yet meeting the HNC 2030 target
- Dark Pink: Pender is not yet meeting the HNC 2030 target and recent data is trending in a negative direction

Indicators not included in table due to lack of local data:
Adverse childhood experiences (ACEs) and sugar-sweetened beverage consumption

Table notations:

* Data for marked indicators pulled and calculated by Cape Fear Collective, available on the Healthy Communities NC Dashboard: https://healthycommunitiesnc.org/profile/geo/pender-county

† Data reflect small numbers and therefore should be interpreted with caution.

≠ Data reflect rankings across the state rather than state data, as statewide data either are not available or are not equivalent comparisons

HNC INDICATOR	2030 TARGET	PENDER	NC
SOCIAL AND ECONOMIC FACTORS			
Individuals below 200% federal poverty level[20]	27% or lower	29.2% (2020 5-year avg.), *+ declining in recent years*	33.0% (2020 5-year avg.)
Unemployment rate disparity ratio[81]	1.7 or lower between white and other races	Black:White ratio: 2.6 Hispanic:White ratio: 2.6 (2021 5-year avg)	Black:White ratio: 1.9 Hispanic:White ratio: 1.3 (2021 5-year avg)
Short-term suspension rate[30]	0.80 per 10 students or lower	0.75 per 10 overall (2019-2020); *Higher among Black (1.76), male (1.12), and economically disadvantaged (1.07) students*	0.97 per 10 overall (2019-2020); *Higher among Black (2.14), male (1.39), and economically disadvantaged (1.59) students*
Incarceration rate[71]	150 per 100,000 people or lower	218.8 per 100,000 (2021), *+ declining in recent years*	282.5 per 100,000 (2021)
Third-grade reading proficiency[30]	80.0% or higher based on level 3+ EOG exams,	44.7% (2020-2021), *- declining in recent years*	45.1 (2020-2021)
PHYSICAL ENVIRONMENT FACTORS			
Access to exercise opportunities[82*]	92% or higher	60.2% (2019)	Ranked 58th in the state‡
Limited access to healthy foods[82*]	5% or lower	88th in the state for Food Hardship Index	Ranked 88th in the state‡
Severe housing problems[40]	14% or lower	16.1% (2014-2018) *Stable in recent years*	14.9% (2014-2018)
HEALTH BEHAVIOR FACTORS			
Drug overdose deaths[71]	18.0 per 100,000 people or lower	42.8 per 100,000 (2021) *- Increasing in recent years*	38.5 per 100,000 (2021)
Tobacco use[82*]	9.0% (youth), 15.0% (adults) or lower	18.6% in adults (2019)	Ranked 74th in the state‡
Excessive drinking[82*]	12% or lower	15.4% (2019)	Ranked 20th in the state‡
HIV diagnosis rate[65]	6.0 per 100,000 or lower	6.4 per 100,000 (2019-2021 avg)	14.5 per 100,000 (2019-2021 avg)
Teen Birth Rate[83/84]	10.0 per 1,000 people	15.2 per 1,000 females ages 15-19	17.3 per 1,000 females ages 15-19
CLINICAL CARE FACTORS			
Uninsured rate[55]	8% or lower	12.6% (2020) *Stable in recent years*	12.9% (2020)
Primary care workforce[58]	1:1,500 or 25% decrease	1:2,009 (2019)	1:935 (2019)
Early prenatal care[76]	80.0% or higher	63.5% (2019)	67.5% (2019)
Suicide rate[21]	11.1 per 100,000 people or lower	22.6 per 100,000 (2020 5-year avg)	13.4 per 100,000 (2020 5-year avg)
HEALTH OUTCOMES			
Infant mortality rate[85]	6.0 per 1,000 live births	3.4 per 1,000 (2020)†	6.9 per 1,000 (2020)
Infant mortality disparity[78]	Black/white disparity ratio: 1.5 or lower	7.1 (2020 5-year avg)†	2.59 (2020 5-year avg)
Life expectancy[22]	82 years or higher	77 years (2018-2020 3-year avg)	77 years (2018-2020 3-year avg)

APPENDIX 2: COMMUNITY HEALTH OPINION SURVEY INSTRUMENT WITH RESPONSES

Pender County 2022

Healthy Pender Survey

Pender County Health Department and partner organizations are conducting a survey to learn more about the health and topics of concern among the residents living in Pender County. We will use the results of this survey to help address major community health issues in our county.

This survey is completely voluntary, and it should take about 10-15 minutes to complete. Your answers will be completely confidential and the information you give us will not be linked to you in any way.

CONSENT, ELIGIBILITY, AND PARTICIPATION

1309 potential respondents started the eligibility section of the survey.

Eligibility Questions	Yes	No	Missing
Would you like to participate?	1264	12	33
We are only surveying adults 18 and older. Are you 18 years old or older?	1276	4	29
Do you live in Pender County?	1262	16	31

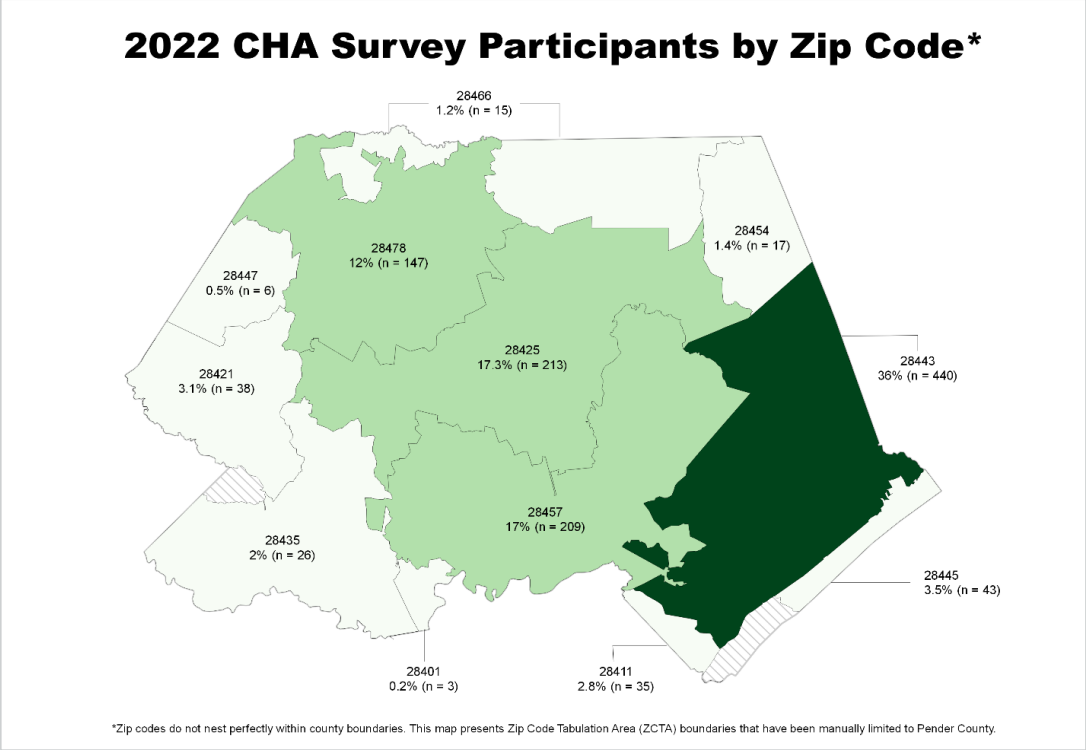
If respondents answered "no" to any of the following questions, the survey ended at that time with the following messages

- At this time, we are only speaking to residents 18 and older. Thank you for your time and have a great day.
- At this time, we are only speaking to residents 18 and older residing in Pender County. Thank you for your time and have a great day.

Based on the responses across the three questions, there were 1,245 eligible survey participants who met each of the requirements.

What is your Zip Code where you currently live? You may enter 99999 if you do not know your zip code.

About one third of respondents lived in zip code 28443, where Hampstead is located.



SECTION 1: PHYSICAL HEALTH

1. Considering your physical health overall, would you describe your health as…

Response	Percent (%)	Count (n)
Good	39.9%	481
Very Good	35.3%	425
Fair	12.1%	146
Excellent	10.0%	120
Poor	1.7%	21
Prefer not to answer	0.8%	10
Don't know/Not sure	0.2%	2

2. Where do you go most often when sick?

Response	Percent (%)	Count (n)
Doctor's Office	69.2%	832
Urgent Care Center	13.1%	158

Emergency Room	3.9%	47
Community Clinic	3.9%	47
Other (specify):	3.7%	44
Health Department	3.7%	45
Prefer not to answer	1.3%	16
Don't know/Not sure	0.7%	9
Hospital Clinic	0.4%	5

3. In the past 12 months, did you have a problem getting the healthcare you needed for you personally or for a family member from any healthcare provider?

Response	Percent (%)	Count (n)
No	82.1%	986
Yes	15.4%	185
Don't know/Not sure	1.6%	19
Prefer not to answer	0.9%	11

3a. What were the problems that prevented you or your family member from getting the necessary health care? Select all that apply. (Answer if "yes" to #3)

Response	Percent (%)	Count (n)
Not enough providers offer the service	34.1%	59
Unhappy with doctor/service provided	22.5%	39
Service was not available in Pender County	21.4%	37
Other (specify):	19.1%	33
Doctor would not take my/our insurance or Medicaid	16.2%	28
Insurance didn't cover what I/we needed	17.3%	30
No health insurance	15.0%	26
Office hours were not convenient	15.6%	27
Share of the cost (deductible/co-pay) was too high	12.7%	22
Didn't know where to go	4.0%	7
Don't know/Not sure	1.7%	3
Did not have transportation	1.7%	3
Prefer not to answer	1.2%	2

4. Do you have any kind of healthcare coverage, such as private insurance, Medicare, Medicaid, or Indian Health Service?

Response	Percent (%)	Count (n)
Yes	86.5%	1,049
No	11.4%	138
Prefer not to answer	1.2%	14
Don't know/Not sure	1.0%	12

5. How long has it been since you last visited a dentist or a dental clinic for a routine check up?

Response	Percent (%)	Count (n)
Within the past year (anytime less than 12 months ago)	64.4%	780
Within the past 2 years (More than 1 year ago but less than 2 years ago)	13.9%	169
Within the past 5 years (More than 2 years but less than 5 years ago)	8.8%	107
5 or more years ago	8.7%	106
Don't know/Not sure	3.1%	38
Prefer not to answer	1.0%	12
Within the past year (anytime less than 12 months ago)	64.4%	780

5a. Did any of the following problems prevent you from receiving dental care in the past year? Select all that apply. (Answer if #5 response is "within the past two years", "within the past 5 years," "5 or more years ago," "Don't know/Not Sure," or "Prefer not to answer")

Response	Percent (%)	Count (n)
Cost was too high	34.3%	138
No dental insurance	26.4%	106
None of the above - I did not experience any problems	18.7%	75
Concern about COVID-19 exposure	13.7%	55
Didn't want to go (fear/nervousness/dislike)	11.9%	48
Other:	6.5%	26
Didn't know where to go	6.0%	24
Could not take time off work	5.5%	22
Didn't have transportation	3.5%	14
Don't know/Not sure	3.7%	15
Dental office was not accepting new patients	3.5%	14
Prefer not to answer	3.7%	15
Unhappy with doctor/service provided	1.7%	7
Office hours were not convenient	2.0%	8
Difficulty finding a dentist that speaks my language	1.2%	5

SECTION 2: MENTAL HEALTH

6. Considering your mental health overall, would you describe your health as…

Response	Percent (%)	Count (n)
Very Good	34.2%	413
Good	28.5%	344
Excellent	20.5%	248
Fair	13.3%	161
Poor	2.4%	29
Prefer not to answer	0.8%	10
Don't know/Not sure	0.2%	3

7. In the last 6 months have you experienced any mental health symptoms that kept you from doing your daily activities in any way?

Response	Percent (%)	Count (n)
No	79.5%	960
Yes	15.9%	192
Don't know/Not sure	2.2%	27
Prefer not to answer	2.4%	29

7a. Did you receive treatment for depression, anxiety, or other mental health concerns? If so, from where? (Answer if "yes" to #7)

Response	Percent (%)	Count (n)
From primary care provider (PCP)	37.0%	70
Did not receive treatment	33.3%	63
Mental health counselor	20.1%	38
Mental health agency	4.8%	9
Other:	3.7%	7
Prefer not to answer	1.1%	2
Don't know/Not sure	0.0%	0

8. In the last 6 months did you have a problem getting the care you needed for you personally or for a family member from a mental health provider?

Response	Percent (%)	Count (n)
No, I did not have a problem	51.6%	613
No, I did not need to seek care	36.2%	430
Yes	7.5%	89
Prefer not to answer	3.2%	38
Don't know/Not sure	1.6%	19

9. In the last 6 months did you have a problem getting the care you needed for you personally or for a family member from a substance use treatment center?

Response	Percent (%)	Count (n)
No, I did not need to seek care	48.0%	576
No, I did not have a problem	47.2%	566
Prefer not to answer	2.1%	25
Don't know/Not sure	1.3%	15
Yes	1.4%	17

10. What were the problems that prevented you or your family member from getting the necessary mental health care or substance use treatment? Select all that apply. (Answer if "yes" to #8 or #9)

Response	Percent (%)	Count (n)
Other (specify):	47.2%	42
Insurance didn't cover what I/we needed	23.6%	21
Office hours were not convenient	15.7%	14

Didn't know where to go	**19.1%**	**17**
No health insurance	**14.6%**	**13**
Share of the cost (deductible/co-pay) was too high	**14.6%**	**13**
Didn't have transportation	**5.6%**	**5**
Don't know/Not sure	**2.2%**	**2**
Prefer not to answer	**2.2%**	**2**

SECTION 3: HEALTH BEHAVIORS

11. Do you currently use any kind of tobacco or nicotine product, including smokeless products or vapes, on a daily basis?

Response	Percent (%)	Count (n)
No	83.3%	991
Yes	15.1%	180
Prefer not to answer	1.6%	19

12. In a typical week, do you engage in physical activity at least 3 times each week? Physical activity is defined as having an elevated heart rate for at least 10 minutes.

Response	Percent (%)	Count (n)
Yes	69.4%	826
No	29.5%	351
Prefer not to answer	1.2%	14

13. When you are active, where do you engage in exercise or physical activities? Select all that apply.

Response	Percent (%)	Count (n)
Home	63.3%	749
Neighborhood	35.8%	423
Public rec center, parks, or trails	23.5%	278
Work	20.7%	245
Beach	21.7%	257
Private gym/pool	19.4%	230
I don't exercise	7.6%	90
Other (specify):	4.8%	57
Malls	3.7%	44
Prefer not to answer	1.4%	16
Don't know/Not sure	0.3%	3

14. If you skip physical activity or do it less often than you want, what are some of the reasons? Select all that apply.

Response	Percent (%)	Count (n)
I don't have enough time to exercise	32.9%	366
Lack of motivation	27.8%	309

Does not apply - I get regular exercise	24.7%	274
I don't like to exercise	12.7%	141
I have a disability that makes exercise challenging	8.9%	99
Lack of access to facilities (sidewalks, facilities, pool, green spaces, gym, etc.)	9.0%	100
Lack of childcare	7.7%	86
It costs too much to exercise (equipment, shoes, gym)	5.2%	58
Other (specify):	4.3%	48
Prefer not to answer	4.6%	51
There is no safe place to exercise	2.4%	27
I don't need to exercise	2.3%	25
Don't know/Not sure	1.3%	14
Lack of transportation	1.0%	11

15. Nutrition experts recommend adults eat 2 cups of fruit and 3 cups of vegetables every day. If there are times you don't have the recommended serving, what are the reasons? Choose all that apply.

Response	Percent (%)	Count (n)
Does not apply - I always eat enough fruits and vegetables	35.7%	412
Convenience- it takes too much time to shop for and prepare fruits and vegetables when I am busy	24.5%	283
Fruits and vegetables cost too much	20.3%	234
There are a lot of other, less healthy and more affordable, food options offered around me	9.3%	107
I wasn't aware of the recommended serving size	6.9%	80
It's hard to find fruits and vegetables when you eat outside the home	5.9%	68
Don't know/Not sure	4.7%	54
Fruits and vegetables don't fill me up	4.6%	53
Other (specify):	4.0%	46
Nobody else in my family would eat them	3.5%	40
Prefer not to answer	4.2%	49
Fruits and vegetables don't taste good	2.9%	34
There aren't places in my neighborhood to buy these foods	1.6%	19
I don't know how to prepare fruits and vegetables	1.3%	15

16. Thinking about breakfast, lunch and dinner, how many times in a typical week do you eat meals that were not prepared at home, like from restaurants, cafeterias, or fast food?

Response	Percent (%)	Count (n)
Once a week or less	45.7%	540
2-3 times a week	32.1%	379
More than 3 times a week	13.1%	155
Never	7.7%	91
Prefer not to answer	1.4%	17

17. In the last 12 months, did you or others in your household ever cut the size of a meal or skip meals because there wasn't enough money for food?

Response	Percent (%)	Count (n)
No	87.1%	1,031
Yes	11.1%	131
Prefer not to answer	1.5%	18
Don't know/Not sure	0.3%	4

SECTION 4: COMMUNITY OPINIONS

18. In your opinion, which THREE issues most affects the quality of life in Pender County? Select up to 3.

Response	Percent (%)	Count (n)
Alcohol, drugs, or medication misuse	35.0%	410
Low income/poverty	26.6%	312
Lack of affordable housing	26.0%	305
Road infrastructure/Traffic	26.0%	305
Lack of recreational facilities (parks, trails, community centers, pools, etc.)	19.5%	229
Lack of healthy food choices or affordable healthy food	13.7%	161
Crime rates	11.4%	134
Discrimination/racism	10.4%	122
Lack of childcare	9.5%	111
Don't know/Not sure	9.9%	116
Child neglect and abuse	7.4%	87
Social isolation	6.1%	72
Motor vehicle injuries including bicyclists and pedestrians	5.7%	67
Reckless/drunk driving	6.0%	70
Other (specify):	5.8%	68
More security for children in neighborhoods	5.0%	59
Smoking/tobacco use	4.2%	49
Pollution (air, water, land)	4.3%	50
Domestic/sexual violence	3.8%	44
Homelessness	3.1%	36
Dropping out of school	3.4%	40
Prefer not to answer	2.9%	34

19. Is there one thing you would like to share with us that you think would make Pender County or your community a healthier place to live? Text entry

Theme	Summary of Responses	Example Quote
Access to Care	• Affordable health care • Patient interaction • More sites or mobile options • More providers, especially for preventative care and specialty services	"More services available at Pender Memorial Hospital, not having to go to Wilmington hospital."

	• Keeping Pender Memorial Hospital open and expanding services • Proactive mask-wearing in healthcare settings to protect vulnerable residents • HIV support group	
County Services	• More resources on west side of the county • More consideration of rural areas	"More options in the Burgaw Willard area please stop putting everything on the east side of the county (Hampstead, Surf city, Scott's hill)"
Economic	• Higher salary jobs • More funding from the state • Lower cost of living	"More businesses with high paying jobs..."
Education	• School building renovation • More schools (concern about overcrowding) • More & better health education	"More schools please- schools overcrowded..."
Equity	• Education on racial discrimination • Cultural competency education for government employees • Equal treatment for everyone	"Treat everyone fair in all areas, if they are taxpayer treat them like one."
Food	• More health restaurant options • Cooking classes on tasty, affordable and healthy meals • Better fruit and vegetable options • More grocery store options • Reduce food costs • More farmers markets	"Would love to see more healthy farm to table food options. We have too many fast food places"
Growth	• Infrastructure planning • Regulating the development of new housing • Overcrowding • Dedicate land to green space alongside development • Consider community amenities and scaling up to meet need	"I think that more planning for infrastructure is paramount if Pender County is to succeed. At this time there is more focus on putting up housing, but without a plan for where these new residents will go to school, receive medical care, or any of the thousand tiny other services that are required to live..."
Housing	• Affordable housing • Housing options for older adults • More temporary/transitional shelter	"Make it easier to get help/ find low-rent houses. Not everyone has the courage or they feel they would be blamed for things, not in their control."
Infrastructure	• Fewer power outages • Cellular phone service across the county • High speed internet access across the county	"We need high speed internet. Many families do not have this access."
Mental Health	• Mental health training for law enforcement • Services for rural areas • More mental health providers • Services for youth	"Adding mental health Services that are accessible to the uninsured community. The county is in need of additional providers..."

Older Adults	• More services for older adults • Outreach facility in every community	"Assist and offer more services to elderly and disabled"
Recreation	• More community pools • More hiking, biking, walking trails/paths and green space • Community recreation centers • Activities for youth & teens, including after school programs • More activities for youth with special needs • More public parks • More affordable access to beach (parking) • Affordable gym/fitness center membership	"More community spaces/activities in Burgaw and west Pender Co. Would love a community pool and/or splash pad. Somewhere to take kids on hot days."
Safety	• Community watch • More police presence in rural areas • Security cameras at parks • More speed limit signs on back roads • More streetlights in walking areas • Safe schools	"More safe public space"
Social	• More community get-togethers and social activities • Support for single mothers	"More social activities… bringing everyone together and involvement/organization from community on helping one another."
Substance Use	• Treatment facility (in addition to detox unit) • Affordable alcohol and drug rehab	"Affordable help for alcohol drug rehab. Places to go for help run by people who truly understand their Condition."
Transportation & Accessibility	• Road repair and infrastructure • More sidewalks across the county • Less traffic, particularly on US 17 • More roads on east side of county • Public transportation across Pender • More bus options	"Sidewalks! We need all communities to build sidewalks so people can go out with their families and get healthy without worrying about traffic."
Water	• Better water quality • Address contaminated water- remove GenX from drinking water	"Water quality is awful. have to spend a lot of money to access clean water, on top of the cost of paying for dirty water."
Youth	• More after school activities • More affordable childcare • Address underage vaping • More programs for students/young adults with Autism	"I wish there was more activities for our young children/youth to keep them active especially when school is out or maybe after school."

SECTION 5: COUNTY SERVICES

20. Have you used any of the following services within the past year? Select all services you have used.

Response	Percent (%)	Count (n)
Health Department Clinic	36.3%	419
Parks and Recreation Centers	37.7%	435
None of the above	29.8%	344
Social Services	12.2%	141
WIC Services	7.0%	81
Trillium Health Resources	3.0%	35
Housing Authority	1.8%	21
Other (specify):	1.7%	20
Don't know/Not sure	1.6%	18
Prefer not to answer	1.7%	20

21. Are you AWARE of the following programs and services? Select all services that you are aware of.

Response	Percent (%)	Count (n)
Recreation opportunities such as parks, activity centers and public pools	51.2%	569
Mobile dental services offered at public schools	46.4%	516
Senior services and programs offered in Burgaw and Hampstead	38.0%	423
Dental services offered at the Health Department's main clinic	30.8%	342
Free or low-cost primary care (or medical home)	24.8%	276
None of the above	18.5%	206
Mobile crisis services for residents with mental health or substance use disorder needs	16.3%	181
Prefer not to answer	5.0%	56

22. How IMPORTANT are the following programs and services to you and your family? Select all services that are important to you.

Response Option:	Extremely Important		Very important		Moderately important		Slightly important		Not at all important		Don't know/ Not sure/N/A	
	%	n	%	n	%	n	%	n	%	n	%	n
Free or low-cost primary care (or medical homes	27.9%	311	22.8%	254	12.6%	140	8.9%	99	17.7%	197	10.1%	113
Mobile dental services offered at public schools	20.0%	220	18.9%	207	15.1%	166	9.3%	102	28.2%	310	8.5%	93
Mobile crisis services for residents with mental health or substance use disorder needs	25.8%	283	22.8%	250	14.5%	159	9.1%	100	19.0%	208	8.8%	96
Recreation opportunities such	42.7%	480	32.1%	361	13.6%	153	4.9%	55	3.4%	38	3.3%	37

as parks, activity centers and public pools												
Senior services and programs offered in Burgaw and Hampstead	30.0%	333	25.5%	283	16.3%	181	7.2%	80	13.0%	144	8.0%	89

SECTION 6: HOUSING

23. Do you have any of the following housing issues or concerns? Select all that apply.

Response	Percent (%)	Count (n)
None of the above	53.6%	607
Concerns about your water	24.5%	277
Difficulty paying utilities	10.7%	121
Pest problems	8.8%	100
Unable to pay rent	6.5%	74
Fear of losing your house	4.6%	52
Structural safety issues	3.3%	37
Prefer not to answer	4.2%	47
Don't know/Not sure	1.9%	22
Unreliable heat source	1.6%	18
Other (specify):	2.0%	23

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

Response	Percent (%)	Count (n)
Yes, both	59.5%	689
Yes, smoke detectors only	29.5%	342
No	7.0%	81
Prefer not to answer	2.4%	28
Don't know/Not sure	1.5%	17
Yes, carbon monoxide detectors only	0.1%	1

SECTION 7: EMERGENCY PREPAREDNESS AND COMMUNICATION

25. Does your household have an emergency plan and/or a basic emergency supply kit? These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.

Response	Percent (%)	Count (n)
Yes, we have both	59.4%	681
No, we have neither	19.8%	227
Yes, emergency plan only	9.2%	106

Yes, supply kit only	6.4%	73
Don't know/Not sure	2.4%	27
Prefer not to answer	2.8%	32

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

Response	Percent (%)	Count (n)
Yes	67.9%	782
Don't know/Not sure	20.3%	234
No	9.5%	109
Prefer not to answer	2.3%	27

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

Response	Percent (%)	Count (n)
No reason, I would definitely evacuate no matter what	22.7%	253
Concern about leaving property behind	15.2%	170
Severity of storm is low	12.6%	141
Concern about leaving pets	10.0%	111
I have prepared my home for emergencies and feel it will remain the safest place to be	7.0%	78
Not having the resources to leave (money, place to go, etc.)	6.5%	73
Concern about traffic jams and inability to get out	5.7%	63
Don't know/Not sure	4.1%	46
Concern about family safety	3.9%	43
Other (specify):	3.9%	44
Concern about personal safety	2.1%	23
Prefer not to answer	3.4%	38
Lack of trust in public officials	1.3%	14
Health problems (could not be moved)	0.6%	7
Lack of transportation	0.4%	5
Homeowners' insurance reasons	0.3%	3
Response efforts	0.3%	3

28. Is there anyone living in your home who would require special assistance during an emergency?

Response	Percent (%)	Count (n)
No	88.0%	1,018
Yes	7.4%	86
Don't know/Not sure	2.2%	26
Prefer not to answer	2.3%	27

28a. If yes, what assistance would be required?

Summary of written responses	Count (n)

- Transportation and mobility needs
  o Wheelchair access, assistance walking, vehicle/driving needs
- Medication and management of chronic conditions (type 1 diabetes, dementia, stroke, kidney failure, cystic fibrosis, heart issues, seizures, COPD,)
  o Delivery of medication, oxygen, dialysis
  o Access to special medical equipment
- Assistance with caring for family members
- Visual aid assistance
- Access to electricity (breathing machines, air conditioning, feeding pump, suction device)
- Financial assistance
	59 written responses

29. What would be your main way(s) of getting information from authorities in a large-scale disaster or emergency? Select all that apply.

Response	Percent (%)	Count (n)
Text Messages (ex: emergency alerts)	59.4%	681
Internet	56.3%	645
Television	52.7%	604
Social media (ex: Twitter, Facebook)	47.5%	544
Phone Call	45.0%	516
Radio	41.1%	471
Pender County Emergency Management	35.6%	408
Word of mouth (Friends, Family, Neighbors)	34.8%	399
911	28.0%	321
Relative in law enforcement, emergency services, or public safety	12.5%	143
Print media (ex: newspaper)	6.2%	71
211	3.1%	35
Don't know/Not sure	1.0%	11
Prefer not to answer	1.9%	22
Other (specify):	0.6%	7

30. Do you know about the county's emergency alert system program called Code Red?

Response	Percent (%)	Count (n)
No	47.0%	539
Yes	44.9%	515
Don't know/Not sure	6.5%	75
Prefer not to answer	1.7%	19

SECTION 8: DEMOGRAPHICS

Finally, we want to hear a bit about who you are. We want to make sure we are hearing from everyone in your community. As a reminder, everything you share with us will remain confidential and anonymous.

31. What is your age?

Response	Percent (%)	Count (n)
18 to 24 years	2.9%	32
25 to 44 years	41.5%	454
45 to 64 years	33.1%	362
65 years and older	22.3%	244
Under 18	0.2%	2

32. Which of the following best describes your gender?

Response	Percent (%)	Count (n)
Woman	71.5%	822
Man	25.7%	296
Prefer not to answer	2.4%	28
Self-identify:	0.3%	4

33. Are you of Hispanic, Latino, or Spanish origin?

Response	Percent (%)	Count (n)
No	87.4%	1,003
Yes	7.7%	88
Prefer not to answer	4.5%	52
Don't know/Not sure	0.3%	4

34. Which one or more of the following would you say is your race? Select all that apply.

Response	Percent (%)	Count (n)
White	73.1%	829
Black or African American	16.3%	185
Prefer not to answer	7.2%	82
Other race not listed here:	3.3%	37
American Indian or Native American	1.9%	22
Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, etc.)	1.0%	11
Native Hawaiian or other Pacific Islander	0.4%	5

35. What is the highest grade or year of school you completed?

Response	Percent (%)	Count (n)
Bachelor's degree	21.7%	248
Some college (no degree)	19.4%	221
High school graduate (or GED/equivalent)	16.2%	185
Associate's Degree or Vocational Training	17.1%	195
Graduate or professional degree	13.6%	155

9-12th grade, no diploma	4.5%	51
Less than 9th grade	2.1%	24
Prefer not to answer	5.4%	62

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

Response	Percent (%)	Count (n)
Less than $10,000	3.0%	34
$10,000 - $14,999	2.7%	31
$15,000 to $24,999	5.5%	63
$25,000 to $34,999	5.6%	64
$35,000 to $49,999	11.9%	136
$50,000 - $74,999	16.7%	191
$75,000 to $99,999	11.9%	136
$100,000 or more	24.5%	280
Don't know/Not sure	2.9%	33
Prefer not to answer	15.3%	175

37. Including yourself, how many people in the following age groups live in your household? Please choose an answer for each age group.

Response Option	None		1		2		3		Prefer not to answer	
	%	n	%	n	%	n	%	n	%	n
Less than 5 years	59.3%	350	25.1%	148	6.9%	41	3.1%	18	5.6%	33
5 to 12 years	34.0%	249	38.1%	279	19.9%	146	3.8%	28	4.2%	31
13 to 17 years	53.8%	309	27.9%	160	10.8%	62	1.4%	8	6.1%	35
18 to 54 years	14.3%	125	20.7%	181	51.6%	452	10.0%	88	3.4%	30
55 years and older	31.9%	229	27.7%	199	33.3%	239	1.9%	14	5.2%	37

CLOSING

Thank you for completing the Healthy Pender Survey.

As a follow-up to the Healthy Pender Survey, community members are invited to participate in the process of selecting health priorities for their community and future health-related surveys.

If you are interested, please use the following page to write your email address so that we may contact you in the future about community health priorities.

Please detach the "Interest in Future Opportunities" page from the survey packet before returning both to a designated person or location.

Paper surveys can be turned in at Pender County Health Department locations until October 31, 2022.

Pender County Health Department
803 South Waler Street
Burgaw, NC 28425

Hampstead Annex
15060 US Hwy 17
Hampstead, NC 28443

INTEREST IN FUTURE OPPORTUNITIES

Write your email address here if you are interested in participating in the process of selecting health priorities for their community and future health-related surveys. Please note that future communications may come from a UNC email address (…@unc.edu).

Your Email Address: _____

APPENDIX 3: DATA SUMMARY SHEETS

Demographic Summary

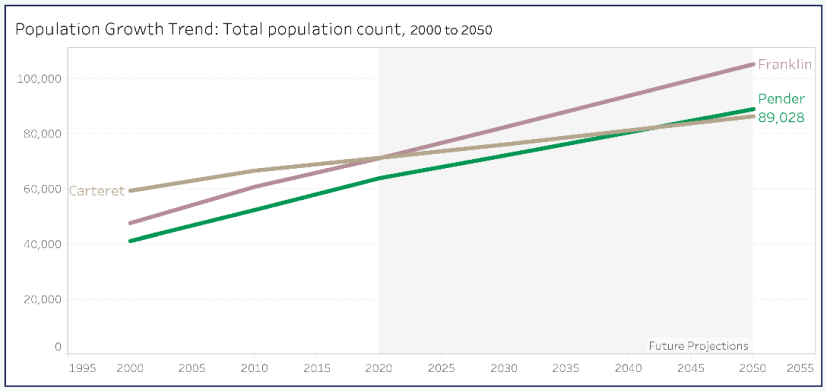
Demographic data help describe the context of Pender County and compare it to its peers. This page presents a summary of key points from across all data considered:

Basic Demographics: race & ethnicity, sex, age, household language, educational attainment, life expectancy
Size & Growth: population count & density, urban & rural status, population growth, immigration, births
Other Context: veteran status, household parent details

In 2010, just over 16,000 people in Pender County lived in urban areas. We know the urban population is growing in Pender County - in Hampstead alone, the urban population grew to over 23,000 people in 2020, based on newly released data from the US Census Bureau.

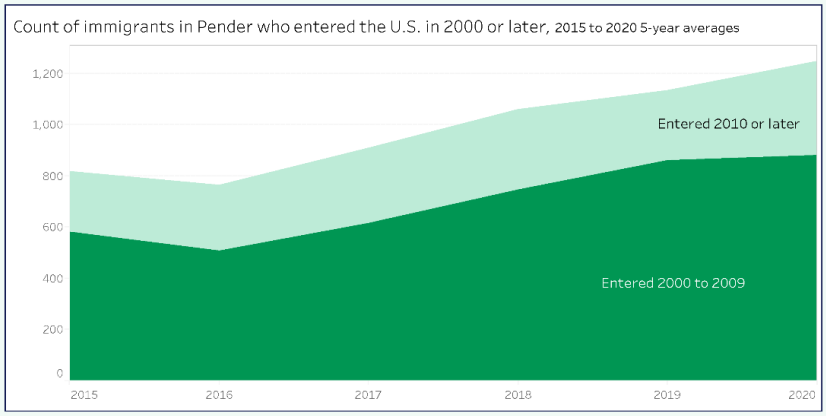
Source: U.S. Census Bureau. 2010 & 2020 Decennial Census: Percent urban and rural in 2010 by State and County, 2020 Census qualifying urban areas

Pender has grown steadily since 2000 and growth is forecasted to continue through 2050. By 2050, it's expected that Pender's population outnumbers Carteret.



Source: NC Office of State Budget and Management, County Population Projections

Pender County saw a growth in immigrant communities entering the United States between 2000-2009 and in recent years.

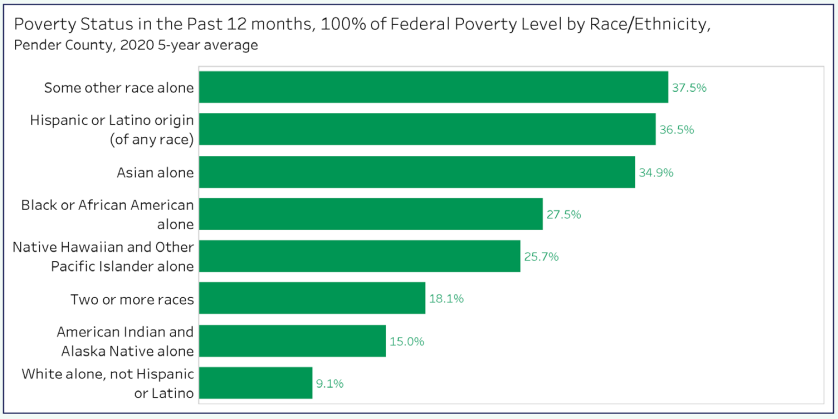


Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005

Economic Opportunity Summary

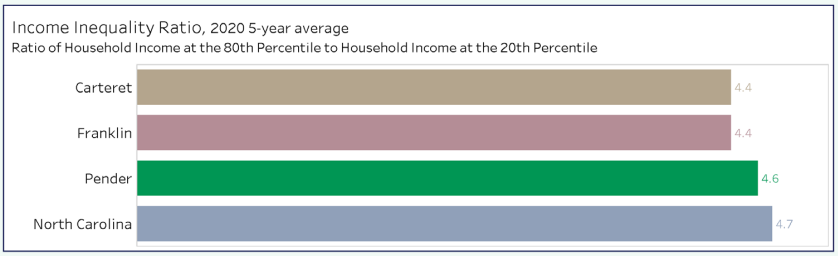
Economic opportunity data describe the economic context of Pender County. This page presents a summary of key points from across all data considered: employment, income, poverty, and food security.

About 30% of Pender County lives below the 200% federal poverty level, with 14% below the 100% federal poverty level. 36.5% of Hispanic or Latino origin residents live below the 100% federal poverty level compared to 9.1% of White residents.



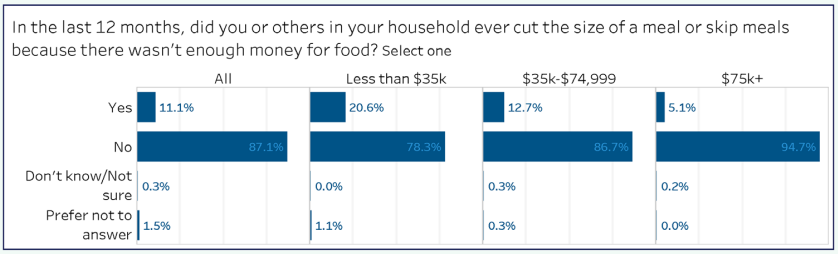
Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

The top 20% of income earners are paid nearly five times that of the bottom 20% of income earners. Pender County's income inequality ratio is slightly higher than that of peer counties.



Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080

Health Pender Survey Results: 11% of respondents skipped or cut the size of a meal due to costs. This percentage nearly doubles for respondents making less than $35,000 in household income.



Source: Healthy Pender Survey Results, 2022

Housing Summary

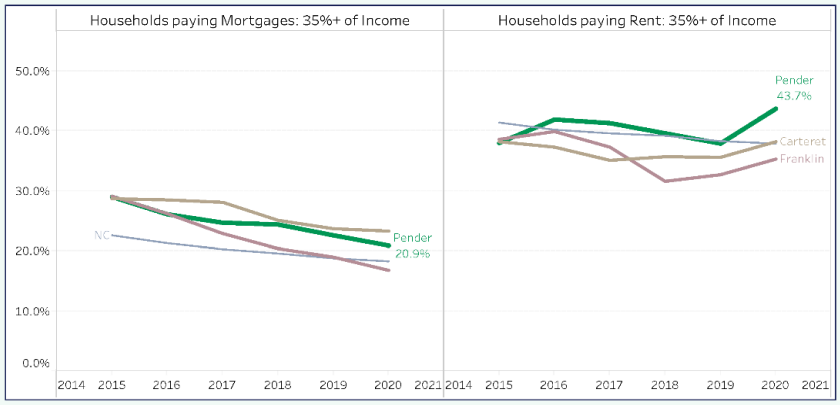
Housing data help the state of housing in Pender County, including cost, homelessness, density, and trends. This page presents a summary of key points from across all data considered:

Housing cost & homelessness: median monthly housing costs, household cost to income percent, people experiencing homelessness point-in-time
Housing density & trends: average persons per household, total households, housing trend, householders age 65+ living alone, householders living alone, severe housing problems

As of 2020, 80% of Pender housing units are owner-occupied.

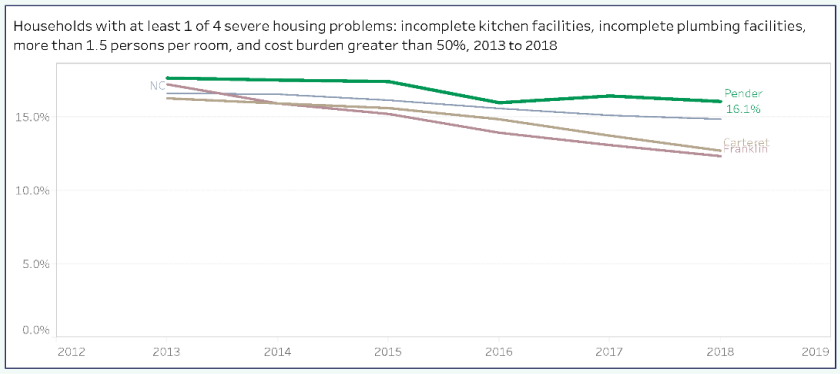
Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

21% of homeowners spend 35% or more of income on housing costs, compared to 44% of renters.



Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

Approximately 16% of households in Pender County have at least one of four severe housing problems. This is a higher percentage than peer counties and the state, with peer counties seeing more of a decrease in recent years.



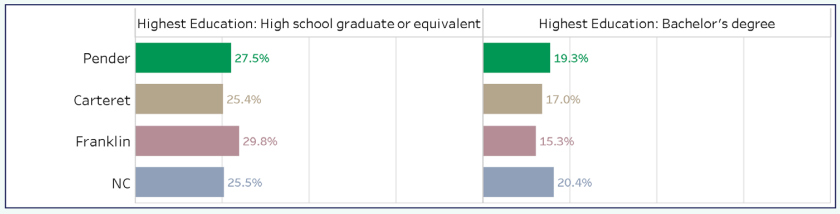
Source: U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data

Lifelong Development Summary

Lifelong development data describe education and school performance in Pender County. This page presents a summary of key points from across all data considered:

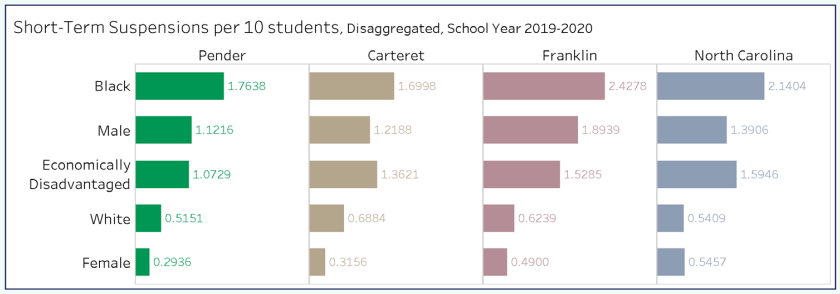
Educational attainment, school enrollment and drop out trends, short term suspension rates, end of grade test results - 3rd grade reading level, and high school graduation rate

Pender has a higher percentage of residents with only a high school diploma or equivalent when compared to the state and is in between peer counties. However, the education level of residents in the county is increasing, as shown by the increase in individuals with a Bachelor's degree. This increase from 14% in 2015 to 19% in 2020 is a higher trend than what was seen in NC and peers.



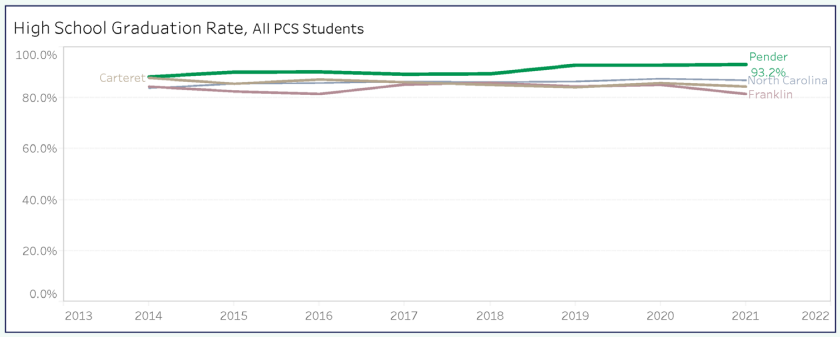
Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501

Short-term suspensions in Pender County are lower than or similar to peer and state trends, and across the board, suspensions have decreased in recent years. However, there are significant disparities. The short-term suspension rate among Black students, male students, and economically disadvantaged students remains higher.



Source: North Carolina Department of Public Instruction. NC School Report Cards (SRC). Researcher dataset uploaded 7/7/2022

Pender County Schools have graduation rates similar or higher than the state and peer counties, averaging 93.2% across all students in for the 2020-2021 school year.



Source: North Carolina Department of Public Instruction. NC School Report Cards (SRC). Researcher dataset uploaded 7/7/2022

Community Cohesion & Safety Summary

Community cohesion and safety data help describe Pender County residents' connection to their community. This page shows a summary of key points across all data considered:

Linguistic isolation, crime data, registered voters, percent of registered voters who voted, social vulnerability index, and incarceration

About 8% of households in Pender County have household members that speak a language other than English. Of those households, about 91% of households are a limited English-speaking household. A limited English-speaking household is one where all household members 14 years and older have at least some difficulty with English.

Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

Compared to all NC counties, Pender has relatively low social vulnerability. Roughly two-thirds of NC counties have higher social vulnerability than Pender. Social vulnerability is a collective measure of factors that increase individuals and families' ability to recover from times of crisis (or a natural disaster, as was its original intent). This is a relative measure comparing all NC counties (or tracts) to identify resiliency of communities.

Themes that contribute to Pender's low social vulnerability ranking include household characteristics and socioeconomic factors that have improved over time.

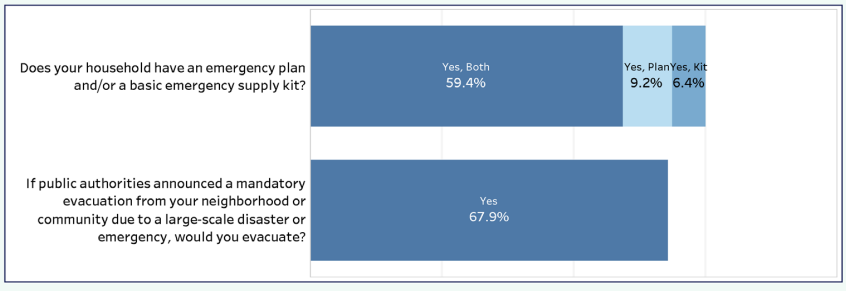
Racial and ethnic minority status and housing and transportation factors that have gotten worse over time.

Pender County Social Vulnerability Index 2018

Overall percentile summary ranking	Percentile ranking for household composition/ disability theme summary	Percentile ranking for socioeconomic theme summary	Percentile ranking for housing type/ transportation theme summary	Percentile ranking for minority status/language theme summary
0.32	0.18	0.32	0.37	0.42

Source: Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry: Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html. Accessed August 2022

Healthy Pender Survey Results: When it comes to emergency preparedness, around two-thirds of respondents have an emergency plan, have a basic emergency kit, and would evacuate if asked to do so. The most common way respondents hear about large-scale disasters or emergencies is through text messages.



Source: Healthy Pender Survey Results, 2022

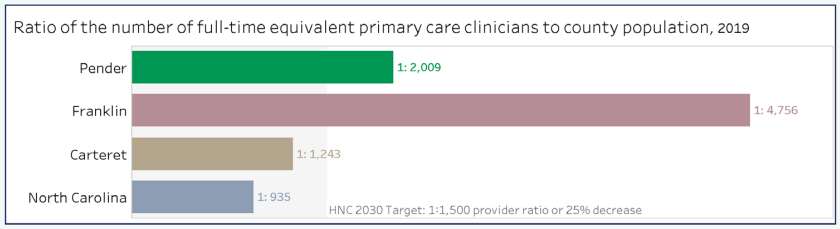
Access to Care Summary

Access to Care data describe the provision of health care and related services in Pender County. This page presents a summary of key points from across all data considered:

Insurance & Providers: uninsurance, Medicaid enrollment, healthcare providers, Medicaid dental providers
Facilities: nursing & adult care facilities
Hospital: preventable hospitalizations for Medicare enrollees, beds in general hospitals, emergency department visits, short-term acute care hospital discharges

Pender County is considered a Health Professional Shortage Area according to the US Health Resources & Services Administration. According to available data, Pender County has an estimated one full-time equivalent primary care clinician per 2,009 residents as of 2019, which does not meet the Healthy North Carolina 2030 Goal of 1:1,500.

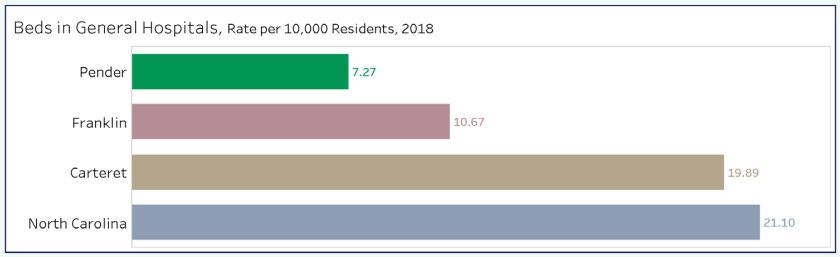
Full-time equivalent primary care clinicians includes physicians, nurse practitioners, physician assistants, and certified nurse midwives; provider location defined by primary practice location on licensure information.



Source: Data request provided by Sheps Health Workforce NC according to the Healthy North Carolina 2030 target.

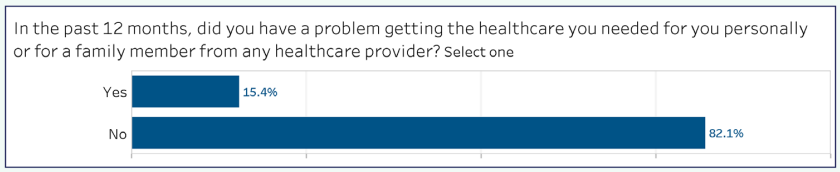
In 2021, there was an estimated 21 total physicians in the county at a rate of 3.25 per 10,000 residents, much lower than the state rate of 27.7 per 10,000. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created December 19, 2022 at https://nchealthworkforce.unc.edu/interactive/supply/.

Pender County has a limited hospital size; therefore, residents are likely leaving the county for hospital services. Children, those insured by Medicare and Medicaid, and Black/African American folks are more likely to seek care at Pender Memorial.



Source: Log Into North Carolina (LINC), population denominator from North Carolina Office of State Budget and Management

Healthy Pender Survey Results: 15% of respondents had a problem receiving healthcare that they or a family member needed. The most common reported barriers to care included not enough providers offer the service, dissatisfaction with service, and insurance limitations.



Source: Healthy Pender Survey Results, 2022

Disease, Illness, & Injury Summary

Disease, illness, and injury data help describe health outcome data. This page presents a summary of key points from across all data considered:

Death rates, cancer incidence by type, chronic conditions, COVID-19 vaccinations, and STD diagnoses.

Pender County's overall mortality rate of 813.4 per 100,000 residents is slightly higher than that of the state, Carteret, and Franklin. Mortality rates are higher among African American and male residents than White and female residents.

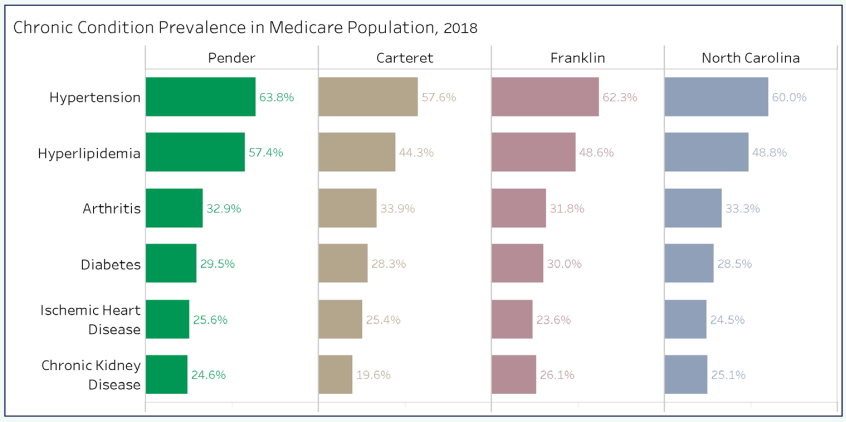
Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data

The leading causes of death in Pender are:

- Motor vehicle injuries for ages 0-19 (18.7 deaths per 100,000)
- Other unintentional injuries for ages 20-39 (69.5 deaths pers 100,000), and
- Cancers and disease of the heart for ages 40 and older.

Source: North Carolina State Center for Health Statistics County Health Data Book: Table CD11A, Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups, 5-year data

More than half of the Medicare population has hypertension and hyperlipidemia in Pender, and a quarter or more have arthritis, diabetes, ischemic heart disease, and chronic kidney disease.



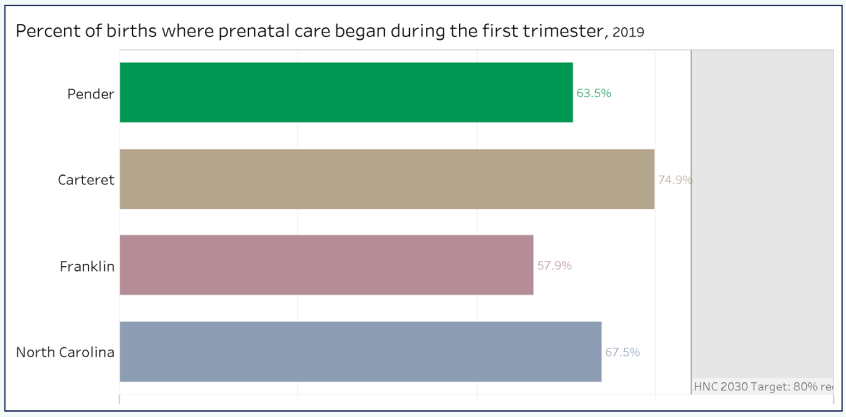
Source: Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW)

Reproductive & Child Health Summary

Reproductive and child health data help describe Pender County health care and outcomes for pregnant people and children in Pender County, which can serve as proxy indicators for broader health systems. This page presents a summary of key points from across all data considered:

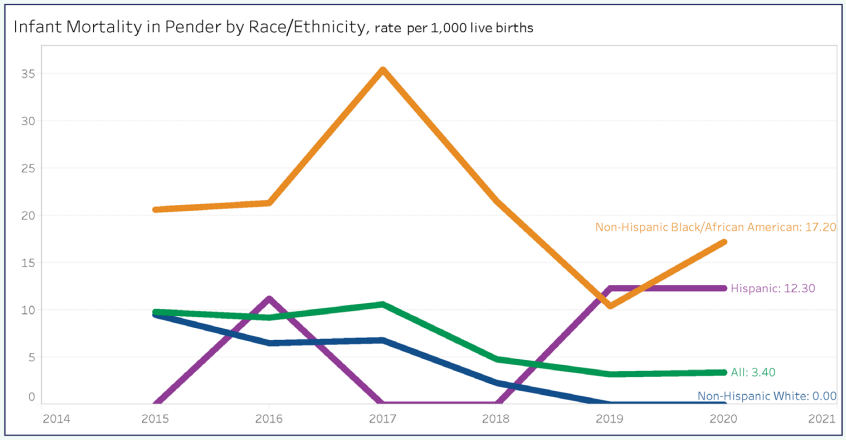
Pregnancy: pregnancy, teen pregnancy, abortion, prenatal care, prenatal smoking
Birth outcomes: preterm births, low birth weight, infant mortality
Child health: child mortality, foster care, child neglect and abuse summary, substantiated child neglect and abuse

Pender County has limited OBGYN services. The percent of births where prenatal care began in the first trimester is 63.5% in Pender, compared to the Healthy North Carolina 2030 target of 80%.



Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

The overall infant mortality rate in Pender was 3.4 per 1,000 live births in 2020, which is lower than the Healthy North Carolina (HNC) target of 6.8. the Black/White disparity ratio comparing infant mortality (used in HNC 2030) is consistently over 2, meaning that the rate of infant mortality for Black births has been at least 2 times the rate for White births since 2015, and that gap is increasing.



Source: North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data

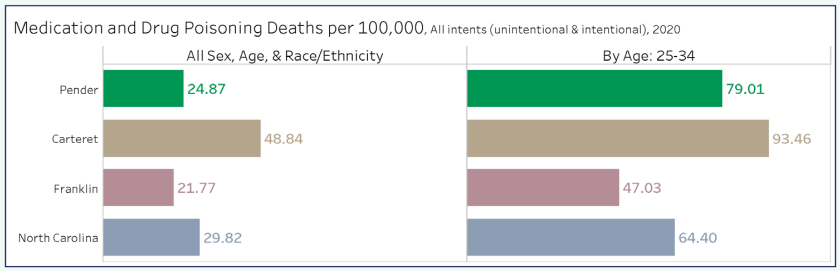
Mental Health & Substance Use Summary

These data describe mental health, substance use treatment, and related health outcomes in Pender County. This page presents a summary of key points from across all data considered:

Overdose Deaths: all intent medication & drug poisoning deaths, % of overdose deaths involving illicit opioid
Overdose ED visits: all intent emergency department visits for poisoning and medication/drug overdose
Facilities: persons served in area mental health programs, persons served in NC alcohol and drug treatment centers, persons served in state mental health development centers
Mental Health: conditions in Medicare populations

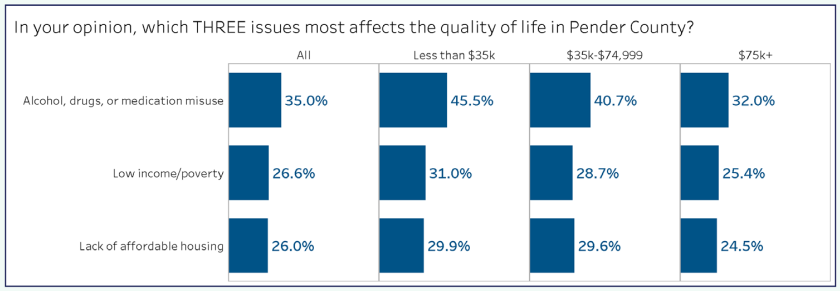
Medication and drug poisoning deaths have stayed consistent in Pender in recent years, most recently at 24.9 deaths per 100,000 residents. In Pender, the rate of total medication and drug poisoning deaths of all intents is 24.9 deaths per 100,000 population. The rate among young adults ages 25-34 is 79 per 100,000 population.

Heroin and/or Fentanyl are the substances contributing the most to these deaths in Pender since 2014.



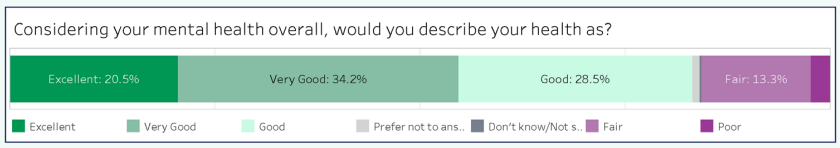
Source: NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations and sex groups are from the North Carolina Office of State Budget and Management.

Healthy Pender Survey Results: Alcohol, drugs, or medication misuse was the most frequently selected issue impacting the quality of life in Pender County.



Source: Healthy Pender Survey Results, 2022

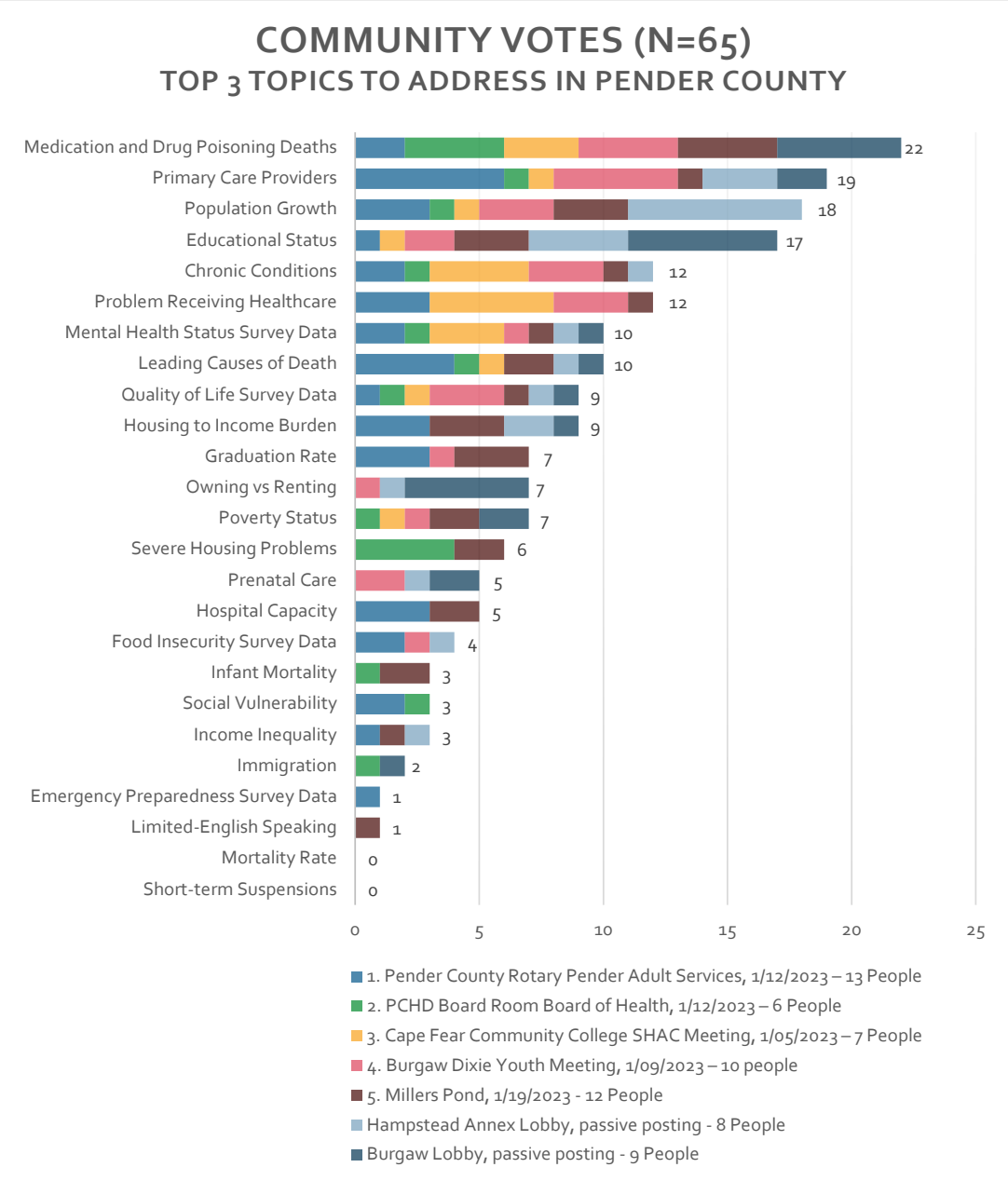
Healthy Pender Survey Results: 55% of survey respondents report their overall mental health as very good or excellent, with 15% reporting fair or poor mental health. 16% of respondents experience mental health symptoms that impact daily activities.



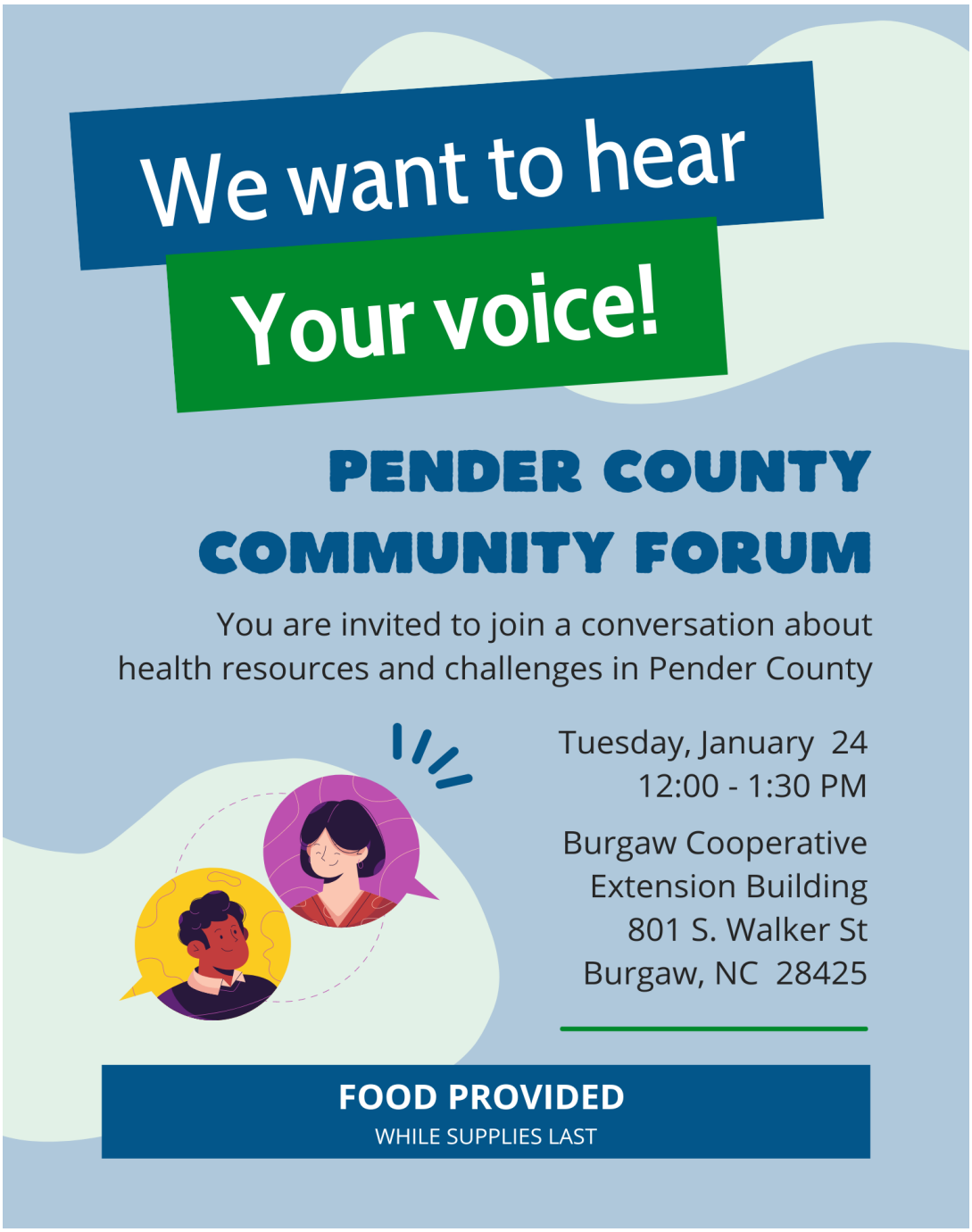
Source: Healthy Pender Survey Results, 2022

APPENDIX 4: COMMUNITY MEETING VOTING RESULTS

Pender County Health Department's Health Educators brought data summary sheets to seven community meetings and locations in January 2022 in order to receive input on priorities. In total, they received votes from 65 people, with each person able to vote on three different data points. The votes were distributed as follows:



APPENDIX 5: COMMUNITY FORUM INVITATION



APPENDIX 6: COMMUNITY FORUM DISCUSSION SUMMARY

The community forum involved eight community members, with perspectives ranging across generations, county geographies, and years lived in the county. The discussion was guided by the following questions.

What's the best thing about living in the area? Participants described Pender as quiet, safe, and full of kind people. They described its ideal location, with mild weather and access to natural resources like reserves, woods, and the ocean – all of which provide great activities for youth. The area feels community based with the help of resources like the senior center and Meals on Wheels, rather than being overwhelmed by stores and businesses.

What additional elements of an ideal healthy community do you currently see in Pender? What is helping people be healthy here? Participants saw strengths in agencies like Parks and Recreation, 4H, and VA services. Participants highlighted how the parks do a great job of communicating and involving residents in planning. Participants learned about services through newspaper, Facebook, PCHD, and the county's tourism website.

What barriers to an ideal healthy community currently exist in Pender County?

- Finances: Services like the senior center lack the financial commitment needed to fully operate and must rely on grants and donations. These services could benefit from more concrete financial support.
- Education: Participants wanted to see more of an investment in school resources, especially considering the increase in students and overcrowding in schools. They shared concerns about the future of Topsail Middle School. Discussion about the school systems in Pender County pointed to differences between the east and west side of the county, with the east having more access to tax resources.
- Transportation: Surf City was noted for having more sidewalks and resources than other parts of the county. Car traffic along Highway 17 was a concern as they wait for the Hampstead bypass completion. People walking and biking along Highway 17 poses safety issues. When sidewalks are built in new development areas, they often don't connect to other areas. Participants appreciated Burgaw installing sidewalk ramps and adding more walk-friendly spaces, but that progress has yet to span to areas such as Rocky Point.
- Lack of specialty health services: Participants described long wait times for private providers and at the ED North in Scotts Hill in order to be triaged and transferred to Wilmington for needed care. They specifically mentioned a lack of OB/GYN care and sufficient mental health services compared to surrounding areas. The eastern part of the county has more access than western and central areas.

Thinking back over 5 years – what change or new developments have had the biggest impact on your life? Participants highlighted the County's COVID-19 response, praising the health department and Black River Rural Health Center's efforts. The Care Act helped provide county services and senior center funding. Participants described demographic shifts, with Pender shifting from being primarily a retiree community to having more young families. With more children, the current "golf cart communities" pose some safety concerns.

What are your initial thoughts on the community meeting voting results? What do you agree/disagree with? Participants were surprised to see that medication and drug poisoning deaths received the most votes. When asked what they would vote on, participants mentioned mental health services and access, population growth/crowding, primary care providers, housing to income burden, food insecurity, and community planning.

If you had a magic wand and could bring a resource to your community or strengthen an existing resource, what would you bring or strengthen? Participants shared the following desires:

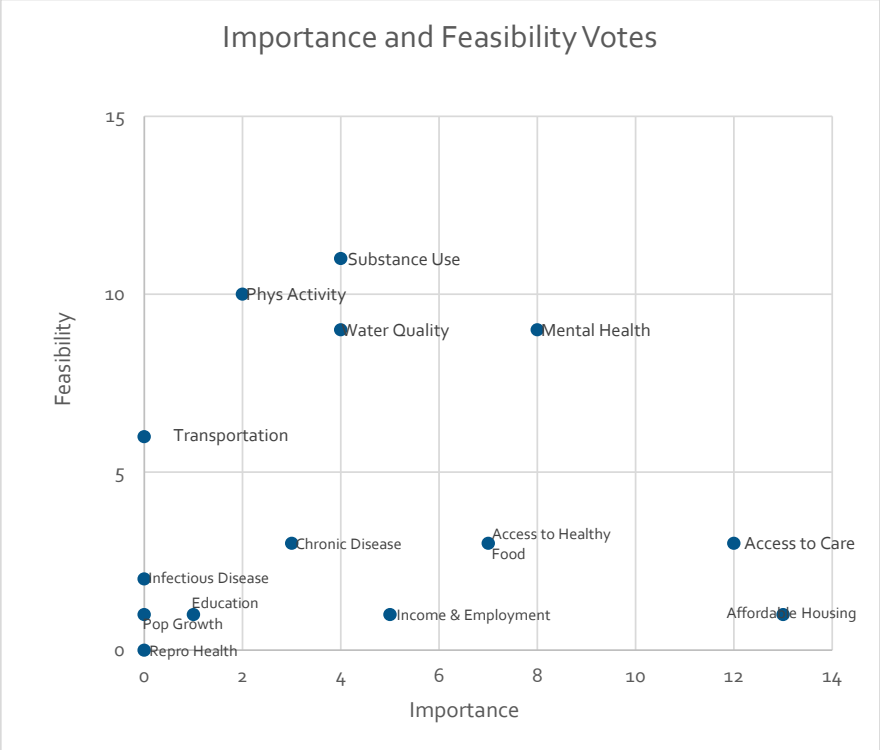
- Improving affordable housing/living
- Creating safer school buildings
- Addressing water and sewage infrastructure
- Including community input in county decisions
- Strengthening partnership between Pender Christian Services and Uber Eats
- Enhancing mental health services, specifically emergency services.

APPENDIX 7: STEERING COMMITTEE PRIORITIZATION RESULTS

Each member distributed three votes based on which topics were most important based on the data, and another three votes based on which topics were most feasible. Votes were distributed as follow:

	Mental Health (MH)	Access to healthcare (ATC)	Substance use (SU)	Affordable housing (AH)	Water quality (WQ)	Physical activity (PA)	Access to healthy food (AHF)
Importance	12	12	4	13	4	2	7
Feasibility	3	3	11	1	9	10	3
Combined	15	15	15	14	13	12	10

	Chronic disease (CD)	Transportation (Tran.)	Employment & income (E&I)	Education (Edu)	Infectious disease (ID)	Population growth (PG)	Reproductive health (RH)
Importance	3	0	5	1	0	0	0
Feasibility	3	6	1	1	2	1	0
Combined	6	6	6	2	2	1	0



APPENDIX 8: DATA SOURCES

DEMOGRAPHICS

Indicator	Source	Years
Age Distribution	U.S. Census Bureau, Population Estimates Program, 2019, Link	2019
Educational attainment: Highest degree or level of school completed for population 25 years and older	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501, Link	2016-2020 5-year estimates
Percentage of language spoken at home	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002, Link	2016-2020 5-year estimates
Race and Ethnicity Distribution	U.S. Census Bureau. 2020 Decennial Census: Table P2, Link	2020
Sex Distribution	U.S. Census Bureau, Population Estimates Program, 2019, Link	2019
Life Expectancy at Birth	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Link	2018-2020
Population density, persons per square mile	U.S. Census Bureau. 2010 and 2020 Decennial Census., Link	2010-2020 by decade
Total Population Counts	U.S. Census Bureau. 2020 Decennial Census: Table P2, Link	2010-2020 by decade
	U.S. Census Bureau, Population Estimates Program, 2021, Link	2021 estimate
Population Growth Trend	NC Office of State Budget and Management, County/State Population Projections, Link	2000-2050 by decade
North Carolina Resident Live Birth Rates per 1,000 Population	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book, Link	2012-2020 5-year estimates
Immigration: Number of people in region arriving in the United States	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005, Link	2016-2020 5-year estimates
Urban and Rural Status: Percentage of the total population of the county represented by the urban population	U.S. Census Bureau. 2010 Decennial Census: Percent Urban and rural in 2010 by State and County, Link	2010
Household Parent Details: Percentage of households with own children of the householder under 18 years	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101, Link	2016-2020 5-year estimates
Veteran Status: Percentage of persons 18 years or older who have served, but are not currently serving, in the U.S. Army, Air Force, Marine Corps, or Coast Guard	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101, Link	2012-2020 5-year estimates
County Health Rankings, 2022	County Health Rankings & Roadmaps 2022, University of Wisconsin Population Health Institute, Link	2022

ECONOMIC OPPORTUNITY

Indicator	Source	Years
Poverty status in the past 12 months: Percentage of population in poverty in the past 12 months	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701, Link	2012-2020 5-year estimates
Families Below Poverty Level: Percentage of families in poverty in the past 12 months	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1702, Link	2012-2020 5-year estimates
Unemployment Rate	North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics (LAUS). Download period = Annual Average., Link	2017-2021
Income: Per capita income in dollars & Median household income in dollars	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03, Link	2016-2020 5-year estimates
Income Inequality: Ratio of Household Income at the 80th Percentile to Household Income at the 20th Percentile	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080, Link	2012-2020 5-year estimates
Food Insecurity Rate: Percentage of inhabitants who are food insecure	Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020. Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America., Link	2018-2019
Percentage of Students Enrolled in Free and Reduced Lunch	The Annie E. Casey Foundation, Kids Count Data Center. Sourced from Public Schools of North Carolina, State Board of Education, Department of Instruction, Child Nutrition, Economically Disadvantaged Student (EDS). Last updated September 2021, Link	2015-2020 School year trends
Low-Income and Low Access to a Grocery Store: Low income population count beyond 1 mile for urban areas or 10 miles for rural areas from supermarket	U.S. Department of Agriculture. Food Access Research Atlas Data Download 2019, Last Updated 4/27/2021, Link	2019

HOUSING AND NEIGHBORHOOD

Indicator	Source	Years
Total number of households	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101, Link	2012-2020 5-year estimates
Average number of persons per household		
Percentage of householders living alone		
Percentage of householders 65 years and over living alone		
Percentage of housing units that are occupied & vacant	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04, Link	

Percentage of housing units that are owner-occupied & renter-occupied		2016-2020 5-year estimates
Median Monthly Housing Costs *With mortgage & paying rent*		
Household Cost to Income Percent *With mortgage & paying rent; spending 30-34.9 percent of income & 35.0 percent or more on costs*		
People Experiencing Homelessness Point-in-Time	NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. Rate denominators are from North Carolina Office of State Budget and Management, Link	2017-2021
Severe Housing Problems: Households with at least 1 of 4 severe housing problems: incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and cost burden greater than 50%	U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data, Link	2010-2018 5-year estimates
Percentage of households with an internet subscription	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2801, Link	2013-2020 5-year estimates
Transportation to work: Means of transportation to work for total population of workers 16 years and older	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08006, Link	2016-2020 5-year estimates

LIFELONG DEVELOPMENT

Indicator	Source	Years
High School Graduation Rate	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022, Link	2020-2021 School year
End of Grade Test Results - 3rd Grade Reading Level	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022, Link	2015-2021 School year trends
Short-Term Suspensions per 10 students	North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022, Link	2020-2021 School year
Drop-Out Trend	North Carolina Department of Public Instruction. Consolidated Data Report, 2019-2020 and 2020-2021, Link	2016-2021 School year trends
School Enrollment Trend	North Carolina Department of Public Instruction, Statistical Profile, Link	2016-2021 School year trends

COMMUNITY COHESION AND SAFETY

Indicator	Source	Years

Social Vulnerability Index Social vulnerability percentile ranking comparing counties within the state with higher percentiles indicating higher social vulnerability	Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database., Accessed January 2022, Link.	2020
Registered Voters	North Carolina State Board of Elections. Historical Registered Voter Stats and Historical Voter History Stats. Downloaded March 2023, Link	2017-2022
Percent of Registered Voters who Voted		
Linguistic Isolation: Percentage of households that are limited English speaking	U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002, Link	2016-2020 5-year estimates
Incarcerated Individuals	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present, Link	2016-2020
Index Crime Rate	North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program, Link	2017-2021
Property Crime Rate		
Violent Crime Rate		

ACCESS TO CARE

Indicator	Source	Years
Percentage of Population Uninsured	U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE), Link	2020
Medicaid Enrollment by Program Aid Category	North Carolina Medicaid Division of Health Benefits. Population counts from North Carolina Office of State Budget and Management, Link	2021
Dental Providers Receiving Medicaid Payments	NC Medicaid Division of Health Benefits, Payments to Providers Dashboard, Link	FY 2020-2021
Healthcare Workforce Providers per 10,000 population	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, Link	2020
Beds in General Hospitals	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2014-2018
Nursing Facility Beds	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2013-2017
Adult Care Facilities	North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021, Link	2021
Licensed Mental Health Facilities	North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021, Link	2021

Emergency Department Visits	North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Link	2016-2020
Preventable Hospitalizations for Medicare Enrollees: *Discharges for Medicare beneficiaries hospitalized for conditions for which preventative or outpatient care or early intervention could prevent per 100,000 Medicare beneficiaries*	Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health, Link	2016-2020

DISEASE, ILLNESS, AND INJURY

Indicator	Source	Years
Age-Adjusted Death Rates Including mortality from: *All Causes; Acquired Immune Deficiency Syndrome; Acute Myocardial Infarction; Alzheimer's Disease; Total Cancer; Breast Cancer; Colon, Rectum, and Anus Cancer; Pancreatic Cancer; Prostate Cancer; Trachea, Bronchus, and Lung Cancer; Cerebrovascular Disease; Chronic Liver Disease and Cirrhosis; Chronic Lower Respiratory Diseases; COVID-19; Diabetes Mellitus; Diseases of Heart; Homicide; Infant Mortality; Nephritis, Nephrotic Syndrome, and Nephrosis; Other Ischemic Heart Disease; Pneumonia and Influenza; Septicemia; Suicide; Unintentional Motor Vehicle Injuries; All Other Unintentional Injuries*	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data, Link	2016-2020 5-year estimates
Cancer Incidence: All Sites, Cervix Uteri, Colon/Rectum, Female Breast, Lung Bronchus, Melanoma, Prostate	North Carolina State Center for Health Statistics County Health Data Book, Cancer Incidence Rates (Age-Adjusted to the 2000 US Census), 5-year data, Link	2016-2020 5-year estimates
Chronic Conditions in Medicare Population Prevalence of chronic conditions in Medicare population	Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW), Link	2018
Diagnosed Diabetes Percentage of adults aged 20+ years with diagnosed diabetes	US Diabetes Surveillance System. Centers for Disease Control and Prevention's National Health Interview Survey (NHIS), Link	2015-2019
COVID-19 Vaccination	NC Department of Health & Human Services, COVID-19 Dashboard, data last updated 7/27/2022, Link	1/30/2023
Newly Reported Chronic Hepatitis C by Year of Report	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report, Link	2016-2020
Newly Diagnosed Chlamydia by Year of Diagnosis	NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report, Link	2016-2020
Newly Diagnosed Gonorrhea by Year of Diagnosis		

REPRODUCTIVE AND CHILD HEALTH

Indicator	Source	Years
Abortion, rates per 1,000 population	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book, 5-year data, Link	2012-2020 5-year estimates
Pregnancy, rates per 1,000 population		
Teen Pregnancy	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Reported Pregnancies, Link	2016-2020
Prenatal Care	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data, Link	2015-2019
Prenatal Smoking	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data, Link	2016-2020
Low Birth Weight (<2500 g)	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity, 5-year data, Link	2012-2020 5-year estimates
Preterm Births	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data, Link	2015-2019
Infant Mortality	North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data, Link	2016-2020
Child Mortality	NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Child Deaths, 5-year data. CDC WONDER Bridged-Race Population Estimates for population denominators, Link	2016-2020 5-year estimates
Foster Care: Children in foster care under DSS custody (under 18)	University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, Link	2016-2021 FY trends
Children Entering Child Welfare Custody (under 18)		
Child Neglect and Abuse Summary		FY 2020-2021

MENTAL HEALTH AND SUBSTANCE USE

Indicator	Source	Years
Persons Served in Area Mental Health Programs	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2016-2020
Persons Served in NC Alcohol and Drug Treatment Centers	Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management, Link	2012-2016
Persons Served in State Mental Health Development Centers		
Emergency department visits for medication/drug overdose, all intents, NC residents	The North Carolina Disease Event Tracking and Epidemiologic Tool (NC DETECT). Data found on County-Level Overdose Data Tables Dashboard published by Injury Epidemiology, Surveillance, and Informatic Unit last updated 5/23/2022, Link	2016-2020
Emergency department visits for poisoning, all intents, NC residents		

	Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management, *Data request*	
Percentage of overdose deaths involving illicit opioid	NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present, Link	2016-2020
Total Medication and Drug Poisoning Deaths, All Intents, North Carolina Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years, *Data Request*	2016-2020
Total Poisoning Deaths, All Intents, North Carolina Residents	Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years, *Data Request*	2016-2020

APPENDIX 9: DATA TABLES

DEMOGRAPHICS

AGE DISTRIBUTION, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Under 18 years	14,002	22%	11,936	17%	15,161	22%	2,300,715	22%
18 to 24 years	4,295	7%	4,362	6%	5,779	8%	990,587	9%
25 to 44 years	14,973	24%	14,533	21%	16,644	24%	2,719,496	26%
45 to 64 years	18,074	29%	20,775	30%	20,166	29%	2,726,192	26%
65 years and over	11,716	19%	17,867	26%	11,935	17%	1,751,094	17%

U.S. Census Bureau, Population Estimates Program, 2019

EDUCATIONAL ATTAINMENT AMONG POPULATIONS AGE 25+, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Less than 9th grade	1,465	3%	1,141	2%	2,637	6%	301,823	4%
9th to 12th grade, no diploma	3,429	8%	3,005	6%	3,752	8%	513,393	7%
High school graduate (includes equivalency)	11,979	28%	13,361	25%	14,137	30%	1,806,403	25%
Some college, no degree	9,745	22%	14,036	27%	11,765	25%	1,500,016	21%
Associate's degree	4,314	10%	6,108	12%	5,148	11%	701,248	10%
Bachelor's degree	8,390	19%	8,961	17%	7,271	15%	1,448,972	20%
Graduate or professional degree	4,226	10%	6,075	12%	2,775	6%	824,918	12%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501

HOUSEHOLD LANGUAGE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
English Only	20,843	91%	27,722	92%	23,782	92%	3,560,803	88%
Spanish	1,442	6%	1,126	4%	1,572	6%	274,393	7%
Indo-European languages	348	2%	834	3%	204	1%	93,400	2%
Asian and Pacific Island languages	129	1%	277	1%	110	0%	74,408	2%
Other languages	50	0%	101	0%	61	0%	28,588	1%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

RACE AND ETHNICITY DISTRIBUTION, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White, non-Hispanic	44,418	74%	57,538	85%	42,285	62%	6,312,148	60%
Black or African American, non-Hispanic	7,544	13%	3,208	5%	15,785	23%	2,107,526	20%
American Indian and Alaskan Native, non-Hispanic	195	0%	252	0%	259	0%	100,886	1%
Asian, non-Hispanic	319	1%	584	1%	452	1%	340,059	3%
Native Hawaiian and Other Pacific Islander, non-Hispanic	23	0%	63	0%	17	0%	6,980	0%
Some Other Race, non-Hispanic	243	0%	252	0%	277	0%	46,340	0%
Two or more races, non-Hispanic	2,479	4%	2,670	4%	2,536	4%	406,853	4%
Hispanic or Latino of Any Race	4,982	8%	3,119	5%	6,962	10%	1,118,596	11%

U.S. Census Bureau. 2020 Decennial Census: Table P2

SEX DISTRIBUTION, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Male	31,400	50%	34,024	49%	34,516	50%	5,100,264	49%
Female	31,660	50%	35,449	51%	35,169	50%	5,387,820	51%

U.S. Census Bureau, Population Estimates Program, 2019

LIFE EXPECTANCY, 2018-2020

Category	Pender	Carteret	Franklin	North Carolina
Overall	77.2	77.1	77.3	76.6
Male	74.4	74.7	74.6	73.7
Female	80.2	79.7	80.1	79.5
White	78.0	77.4	78.2	77.9
African American	73.2	74.3	75.7	73.4

NC Department of Health and Human Services, North Carolina State Center for Health Statistics

POPULATION DENSITY, 2010 & 2020

Year	Pender	Carteret	Franklin
2020	69.2	133.7	139.5
2010	60.0	131.3	123.3

U.S. Census Bureau. U.S. 2020 Decennial Census

TOTAL POPULATION SIZE, 2010 & 2020 COUNT, 2021 ESTIMATE

Year	Pender	Carteret	Franklin	North Carolina
2021*	62,815	68,541	71,703	10,551,162
2020	60,203	67,686	68,573	10,439,388
2010	52,217	66,469	60,619	9,535,483

U.S. Census Bureau. 2010 & 2020 Decennial Census: Table P2,
U.S. Census Bureau, Population Estimates Program, 2021
*2021 reflects an estimate of the population size

POPULATION GROWTH TREND, 2000-2050

Year	Pender	Carteret	Franklin	North Carolina
2050	89,028	86,439	105,359	13,967,473
2040	80,591	81,302	93,888	12,821,708
2030	72,153	76,159	82,418	11,677,603
2020	63,949	71,352	71,196	10,587,440
2010	52,415	66,700	60,835	9,574,323
2000	41,206	59,386	47,636	8,081,986

NC Office of State Budget and Management

POPULATION GROWTH TREND AMONG ELDERLY POPULATIONS AGE 65+, 2000-2050

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2050	20,391	23%	25,291	29%	24,882	24%	3,001,806	21%
2040	18,477	23%	23,791	29%	22,277	24%	2,732,013	21%
2030	16,053	22%	22,312	29%	18,301	22%	2,356,021	20%
2020	12,105	19%	18,310	26%	12,707	18%	1,789,988	17%
2010	7,972	15%	12,768	19%	7,752	13%	1,243,908	13%
2000	5,786	14%	10,213	17%	5,211	11%	969,723	12%

NC Office of State Budget and Management, County/State Population Projections

LIVE BIRTH RATE PER 1,000 POPULATION, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	10.2	7.5	10.7	11.5
2012-2016	10.9	8.8	10.9	12.1

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book

LIVE BIRTH RATES PER 1,000 POPULATION BY RACE/ETHNICITY, 2016-2020

Category	Pender	Carteret	Franklin	North Carolina
White, Non-Hispanic	9.4	7.2	9.7	9.7
Black, Non-Hispanic	9.6	7.5	10.7	12.5
Other, Non-Hispanic	12.1	7.2	16.2	15.4
Hispanic	19.0	14.1	16.7	18.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book

IMMIGRATION, 2016-2020 5-YEAR AVERAGE

Category	Pender	Carteret	Franklin	North Carolina
Entered 2010 or later	364	387	943	249,403
Entered 2000 to 2009	884	531	1,030	272,281
Entered 1990 to 1999	525	590	1,099	221,389
Entered before 1990	1,117	1,195	1,111	218,970

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B05005

URBAN AND RURAL STATUS, 2010

Category	Pender		Carteret		Franklin	
	#	%	#	%	#	%
Urban population	16,315	31%	44,798	67%	8,900	15%
Rural population	35,902	69%	21,671	33%	51,719	85%

U.S. Census Bureau. U.S. 2010 Decennial Census

HOUSEHOLD PARENT DETAILS, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Total households	5,865	26%	6,331	21%	7,293	28%	1,084,168	27%
Married-couple family household	4,242	36%	4,550	29%	4,951	35%	722,573	37%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Male family household without spouse	511	48%	456	47%	624	54%	86,923	48%
Female family household without spouse	1,112	51%	1,325	49%	1,718	47%	274,672	53%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

VETERAN STATUS, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	5,402	11%	7,844	14%	4,008	8%	654,365	8%
2012-2016	4,930	11%	8,074	15%	3,764	8%	683,221	9%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101

VETERAN STATUS BY AGE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Ages 18-34	476	9%	421	5%	379	10%	65,593	10%
Ages 35-54	1,386	26%	1,740	22%	1,148	29%	167,532	26%
Ages 55-64	1,126	21%	1,270	16%	745	19%	123,412	19%
Ages 65-74	1,357	25%	2,437	31%	979	24%	164,783	25%
Ages 75+	1,057	20%	1,976	25%	757	19%	133,045	20%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2101

COUNTY HEALTH RANKINGS, 2022

Category	Pender	Carteret	Franklin
Overall Factors Rank	23	18	43
Overall Outcomes Rank	29	28	35
Clinical Care Rank	30	23	50
Quality of Life Rank	22	6	36
Social & Economic Factors Rank	22	9	29
Health Behavior Rank	22	20	41
Length of Life Rank	35	49	36
Physical Environment Rank	28	54	98

North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics (LAUS). Download period = Annual Average.

ECONOMIC OPPORTUNITY

POVERTY STATUS IN PAST 12 MONTHS BELOW 200% OF THE POVERTY LEVEL, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	17,669	29%	18,743	28%	22,271	34%	3,331,937	33%
2012-2016	20,623	37%	20,997	31%	25,365	41%	3,649,420	38%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

POVERTY STATUS IN PAST 12 MONTHS BELOW 100% OF THE POVERTY LEVEL, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	8,493	14%	6,260	9%	7,592	11%	1,411,939	14%
2012-2016	10,304	19%	8,869	13%	9,967	16%	1,631,704	17%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

POVERTY STATUS IN PAST 12 MONTHS BELOW 100% OF THE POVERTY LEVEL BY AGE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Under 18 years	2,599	19%	1,350	11%	2,682	18%	452,423	20%
Under 5 years	682	20%	348	13%	757	20%	131,206	22%
65 years and over	753	7%	893	5%	786	7%	152,020	9%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

POVERTY STATUS IN PAST 12 MONTHS BELOW 100% OF THE POVERTY LEVEL BY RACE/ETHNICITY, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White alone	4,649	10%	5,130	8%	3,941	9%	742,056	11%
Black or African American alone	2,291	28%	702	22%	2,433	16%	456,894	21%
American Indian and Alaska Native alone	22	15%	18	9%	119	18%	28,165	24%
Asian alone	112	35%	54	7%	40	13%	30,354	10%
Native Hawaiian and Other Pacific Islander alone	19	26%	--	0%	--	0%	1,516	23%
Some other race alone	1,125	38%	--	1%	363	17%	82,109	25%
Two or more races	275	18%	351	14%	696	23%	70,845	19%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Hispanic or Latino origin (of any race)	1,641	36%	366	12%	1,286	22%	230,691	24%
White alone, not Hispanic or Latino	4,155	9%	4,828	8%	3,503	8%	622,712	10%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

FAMILIES BELOW POVERTY LEVEL, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	9%	6%	8%	10%
2012-2016	13%	10%	12%	12%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1702

UNEMPLOYMENT RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	4%	4%	5%	5%
2020	7%	6%	7%	7%
2019	4%	4%	4%	4%
2018	4%	4%	4%	4%
2017	5%	4%	5%	4%

North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics (LAUS). Download period = Annual Average.

INCOME, 2016-2020 5-YEAR AVERAGE

Category	Pender	Carteret	Franklin	North Carolina
Median Household Income	$60,044	$57,871	$58,172	$56,642
Per Capita Income	$30,666	$34,038	$27,588	$31,993
Difference between County and State Median Household Income	$3,402	$1,229	$1,530	--
Difference between County and State Per Capita Income	-$1,327	$2,045	-$4,405	--

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP03

INCOME INEQUALITY, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	4.6	4.4	4.4	4.7
2012-2016	4.9	4.5	4.5	4.8

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080

FOOD INSECURITY RATE, 2018-2019

Year	Pender	Carteret	Franklin	North Carolina
2019	13%	14%	13%	14%
2018	14%	14%	14%	14%

Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America.

PERCENTAGE OF STUDENTS ENROLLED IN FREE AND REDUCED LUNCH, SCHOOL YEAR TRENDS

Year	Pender	Carteret	Franklin	North Carolina
2019-2020	46%	73%	59%	58%
2018-2019	59%	55%	62%	59%
2017-2018	52%	43%	71%	59%
2016-2017	55%	46%	72%	60%
2015-2016	57%	47%	56%	52%

The Annie E. Casey Foundation, Kids Count Data Center. Sourced from Public Schools of North Carolina, State Board of Education, Department of Instruction, Child Nutrition, Economically Disadvantaged Student (EDS). Last updated September 2021.

LOW-INCOME AND LOW ACCESS TO A GROCERY STORE, 2019

Year	Pender		Carteret		Franklin	
	#	%	#	%	#	%
2019	2,978	6%	5,119	8%	1,315	2%

U.S. Department of Agriculture. Food Access Research Atlas Data Download 2019, Last Updated 4/27/2021

HOUSING AND NEIGHBORHOOD

TOTAL HOUSEHOLDS, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	22,812	30,060	25,729	4,031,592
2012-2016	20,534	29,563	23,719	3,815,392

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

HOUSEHOLDERS LIVING ALONE, OVERALL, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	28%	31%	23%	29%
2012-2016	28%	30%	27%	28%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

HOUSEHOLDERS AGE 65+ LIVING ALONE, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	12%	16%	10%	11%
2012-2016	10%	14%	12%	10%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

AVERAGE PERSONS PER HOUSEHOLD, 5-YEAR AVERAGES

Year	Pender	Carteret	Franklin	North Carolina
2016-2020	2.7	2.3	2.6	2.5
2012-2016	2.7	2.3	2.6	2.5

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1101

HOUSING UNITS THAT ARE OCCUPIED AND VACANT, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Occupied housing units	22,812	77%	30,060	59%	25,729	88%	4,031,592	86%
Vacant housing units	6,749	23%	20,535	41%	3,408	12%	655,530	14%
Owner-occupied units	18,390	81%	21,537	72%	18,838	73%	2,649,849	66%
Renter-occupied units	4,422	19%	8,523	28%	6,891	27%	1,381,743	34%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

MEDIAN MONTHLY HOUSING COSTS, 2016-2020 5-YEAR AVERAGE

Category	Pender	Carteret	Franklin	North Carolina
Median Monthly Housing Costs Mortgage Units	$1,473	$1,455	$1,253	$1,328
Median Monthly Housing Costs Rental Units	$907	$921	$855	$932

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

HOUSEHOLD COST TO INCOME PERCENT, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Household Cost to Income 30.0 to 34.9 Percent Mortgage	797	7%	1,007	9%	602	5%	98,468	6%
Household Cost to Income 35.0 Percent or more Mortgage	2,326	21%	2,770	23%	1,951	17%	301,562	18%
Household Cost to Income 30.0 to 34.9 Percent Rental	328	9%	580	8%	362	6%	112,345	9%
Household Cost to Income 35.0 Percent or more Rental	1,679	44%	2,796	38%	2,044	35%	477,922	38%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04

PEOPLE EXPERIENCING HOMELESSNESS POINT-IN-TIME PER 10,000 POPULATION, 2017-2021

Year	Cape Fear CoC*		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2021	301	7.01	--	0.00	--	0.43	7,249	6.88
2020	350	8.26	23	3.40	--	0.73	9,280	8.87
2019	431	10.30	--	--	--	--	9,314	8.97
2018	333	8.05	77	11.34	--	1.22	9,268	9.01
2017	322	7.93	91	13.41	--	1.39	8,962	8.80

NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. Rate denominators are from North Carolina Office of State Budget and Management

* The Cape Fear Homeless Continuum of Care encompasses the city of Wilmington, Brunswick, New Hanover and Pender Counties.

PEOPLE EXPERIENCING HOMELESS POINT-IN-TIME BY RACE AND ETHNICITY PER 10,000 POPULATION, 2020

Category	Cape Fear CoC*		North Carolina	
	#	Rate	#	Rate
White	200	5.68	4,060	5.56
Black or African American	125	25.92	4,757	21.52
Asian or Pacific Islander	--	3.68	50	1.35
American Indian and Alaskan Native	--	3.02	93	5.34
Some other race or Multiracial	22	14.92	320	8.11

NC Coalition to End Homelessness Point-in-Time Count Data and the US Department of Housing and Urban Development PIT and HIC Data. Rate denominators are from North Carolina Office of State Budget and Management

* The Cape Fear Homeless Continuum of Care encompasses the city of Wilmington, Brunswick, New Hanover and Pender Counties.

SEVERE HOUSING PROBLEMS, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2014-2018	3,495	16%	3,775	13%	3,055	12%	582,270	15%
2010-2014	3,530	18%	4,675	16%	3,725	16%	619,445	17%

U.S. Department of Housing and Urban Development (HUD), Comprehensive Housing Affordability Strategy (CHAS) Data

HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	18,804	82%	26,299	88%	21,142	82%	3,374,563	84%
2013-2017	15,148	72%	24,055	80%	17,589	72%	2,959,479	76%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S2801

TRANSPORTATION TO WORK, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Drove Alone	22,132	81%	25,769	84%	25,520	84%	3,831,343	79%
Carpooled	2,661	10%	2,211	7%	2,580	8%	432,543	9%
Used Public Transportation	125	0%	93	0%	82	0%	46,628	1%
Bicycle	--	0%	194	1%	20	0%	8,019	0%
Walked	199	1%	312	1%	308	1%	84,397	2%
Taxicab, motorcycle, or other means	152	1%	461	2%	256	1%	55,839	1%
Worked from home	2,042	7%	1,571	5%	1,712	6%	370,874	8%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B08006

LIFELONG DEVELOPMENT

HIGH SCHOOL GRADUATION RATE, SCHOOL YEAR 2020-2021

Category	Pender	Carteret	Franklin	North Carolina
All	93%	84%	82%	87%
Male	91%	81%	75%	84%
Female	95%	89%	89%	90%
White	95%	87%	87%	90%
Black	92%	72%	76%	84%
Two or More Races	88%	72%	90%	85%
Hispanic	86%	80%	74%	82%
Economically Disadvantaged	90%	74%	76%	80%

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022

END OF GRADE TEST RESULTS, 3RD GRADE READING LEVEL, SCHOOL YEAR TRENDS

Year	Pender	Carteret	Franklin	North Carolina
School Year 2020-2021	45%	61%	28%	45%
School Year 2018-2019	59%	66%	50%	57%
School Year 2017-2018	54%	66%	47%	56%
School Year 2016-2017	64%	67%	50%	58%
School Year 2015-2016	58%	69%	56%	58%

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 7/7/2022

SHORT-TERM SUSPENSIONS PER 10 STUDENTS, SCHOOL YEAR 2020-2021

Category	Pender	Carteret	Franklin	North Carolina
Overall	0.24	0.28	0.07	0.98
Male	0.36	0.43	0.10	0.19
Female	0.11	0.11	0.04	0.07
White	0.20	0.26	0.06	0.12
Black	0.53	0.62	0.08	0.19
Two or More Races	0.35	0.38	0.07	0.19
Hispanic	0.15	0.26	0.08	0.08
Economically Disadvantaged	0.35	0.45	0.08	0.19

North Carolina Department of Public Instruction. NC School Report Cards (SRC). Dataset for researchers uploaded 6/18/2021

DROP-OUTS PER 100 STUDENTS, SCHOOL YEAR TREND

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
School Year 2020-2021	28	0.92	63	2.36	58	2.13	9,147	1.94
School Year 2019-2020	50	1.61	28	1.08	--	0.04	7,194	1.53
School Year 2018-2019	49	1.58	27	1.04	--	0.11	9,512	2.01
School Year 2017-2018	47	1.48	76	2.70	84	2.99	10,523	2.18
School Year 2016-2017	56	1.85	72	2.54	91	3.23	11,097	2.31

North Carolina Department of Public Instruction. Consolidated Data Report, 2019-2020 and 2020-2021

SCHOOL ENROLLMENT, SCHOOL YEAR TRENDS

Year	Pender	Carteret	Franklin	North Carolina
School Year 2020-2021	9,819	8,089	8,187	1,429,275
School Year 2019-2020	9,822	8,242	8,279	1,458,814
School Year 2018-2019	--	--	--	1,469,266
School Year 2017-2018	9,535	8,536	8,442	1,480,016
School Year 2016-2017	9,572	8,535	8,591	1,486,448

North Carolina Department of Public Instruction, Statistical Profile

COMMUNITY COHESION AND SAFETY

SOCIAL VULNERABILITY INDEX, 2020

Category	Pender	Carteret	Franklin
Overall summary ranking	0.31	0.06	0.46
Socioeconomic status ranking	0.27	0.11	0.29
Household characteristics ranking	0.20	0.07	0.42
Racial & ethnic minority status ranking	0.39	0.21	0.57
Housing type and transportation ranking	0.37	0.28	0.66

Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index Database. https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html. Accessed January 2022

REGISTERED VOTERS, 2018-2022

Year	Pender	Carteret	Franklin	North Carolina
2022	47,896	54,720	50,611	7,422,396
2021	45,116	52,321	47,619	7,165,214
2020	45,057	52,335	47,749	7,378,587
2019	40,100	50,920	42,465	6,777,657
2018	41,830	53,141	44,917	7,095,102

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY RACE, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White	36,978	77%	47,217	86%	32,103	63%	4,820,870	65%
Black or African American	5,952	12%	2,205	4%	11,934	24%	1,507,359	20%
Asian	179	0%	265	0%	253	0%	116,174	2%
American Indian or Alaska Native	120	0%	98	0%	143	0%	54,509	1%
Other	1,016	2%	547	1%	1,253	2%	235,714	3%
Two or More Races	163	0%	135	0%	208	0%	42,768	1%
Undesignated	3,484	7%	4,243	8%	4,713	9%	644,393	9%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY ETHNICITY, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Hispanic or Latino	1,180	2%	634	1%	1,586	3%	264,233	4%
Not Hispanic Latino	34,190	71%	41,973	77%	34,459	68%	5,224,631	70%
Undesignated	12,526	26%	12,113	22%	14,566	29%	1,933,532	26%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY SEX, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Female	23,459	49%	26,849	49%	24,385	48%	3,712,087	50%
Male	21,166	44%	23,693	43%	21,364	42%	3,159,461	43%
Undesignated	3,271	7%	4,178	8%	4,862	10%	550,848	7%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

REGISTERED VOTERS BY AGE, 2022

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Age 18-25	5,101	11%	4,585	9%	5,701	12%	946,058	13%
Age 26-40	9,610	21%	9,023	17%	10,695	22%	1,747,088	24%
Age 41-65	19,670	44%	22,295	43%	20,658	43%	2,898,134	40%
Age Over 66	10,735	24%	16,418	31%	10,565	22%	1,573,934	22%

North Carolina State Board of Elections. Historical Registered Voter Stats. Downloaded March 2023.

PERCENT OF REGISTERED VOTERS WHO VOTED TOTAL, 2018-2022

Year	Pender	Carteret	Franklin	North Carolina
2022	49%	59%	55%	51%
2021	2%	11%	3%	5%
2020	76%	82%	79%	75%
2019	4%	9%	2%	7%
2018	51%	54%	57%	53%

North Carolina State Board of Elections. Historical Registered Voter Stats and Historical Voter History Stats. Downloaded March 2023.

LINGUISTIC ISOLATION, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Spanish	206	14%	94	8%	371	24%	59,532	22%
Indo-European languages	24	7%	--	1%	12	6%	9,187	10%
Asian and Pacific Island languages	27	21%	43	16%	34	31%	14,449	19%

U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table C16002

INCARCERATED INDIVIDUALS, 2016-2020

Year	Pender	Carteret	Franklin
2020	234.7	296.5	189.4
2019	260.1	367.0	218.1
2018	291.2	340.9	225.0
2017	293.6	362.9	249.4
2016	306.3	329.5	227.2

NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from Department of Public Safety, Research and Planning, Automated System Query, Prison Population, 2000 - present.

INDEX CRIME RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	1,461.9	1,912.1	1,314.6	2,586.4
2020	1,738.6	2,248.3	1,236.5	2,741.2
2019	--	2,319.9	1,465.3	2,906.3
2018	1,788.0	2,157.6	1,434.1	2,770.1
2017	2,503.8	2,814.4	1,894.1	3,068.2

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

PROPERTY CRIME RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	1,226.0	1,685.6	1,106.9	2,156.1
2020	1,478.4	2,032.8	1,022.0	2,295.1
2019	--	2,133.1	1,299.3	2,499.6
2018	1,628.5	1,985.3	1,243.9	2,412.6
2017	2,333.2	2,598.5	1,707.4	2,683.4

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

VIOLENT CRIME RATE, 2017-2021

Year	Pender	Carteret	Franklin	North Carolina
2021	235.9	226.4	207.7	430.2
2020	260.2	215.5	214.5	446.1
2019	--	186.8	166.0	406.8
2018	159.6	172.3	190.2	357.5
2017	170.6	215.9	186.8	384.8

North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

ACCESS TO CARE

UNINSURED BY AGE, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Under 65 years	6,379	12%	5,923	12%	8,342	15%	1,078,903	13%
18 to 64 years	5,539	15%	5,342	14%	7,343	17%	964,697	16%
40 to 64 years	2,580	12%	2,846	12%	3,306	14%	441,299	13%
50 to 64 years	1,472	11%	1,654	10%	1,849	12%	233,754	12%
Under 19 years	909	6%	639	5%	1,084	7%	125,097	5%
21 to 64 years	5,251	15%	5,091	14%	6,956	17%	914,008	16%

U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE)

UNINSURED BY INCOME POVERTY RATIO, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
<= 200% of Poverty	3,005	21%	2,724	20%	4,307	24%	570,857	22%
<= 250% of Poverty	3,743	20%	3,396	19%	5,275	23%	694,671	20%
<= 138% of Poverty	2,022	22%	1,748	20%	2,899	26%	382,813	22%
<= 400% of Poverty	5,091	16%	4,750	16%	6,981	19%	914,123	17%
138% to 400% of Poverty	3,069	14%	3,002	14%	4,082	16%	531,310	15%

U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE)

MEDICAID ENROLLMENT BY PROGRAM AID CATEGORY, 2021

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Aged	900	1%	1,011	2%	1,026	1%	154,047	1%
Blind	--	0%	--	0%	--	0%	1,606	0%
Disabled	1,810	3%	1,859	3%	2,026	3%	327,672	3%
Temporary Assistance for Needy Families (TANF) under 21	2,921	5%	2,104	3%	2,976	4%	520,868	5%
TANF (AFDC) 21 and Over	1,932	3%	1,448	2%	1,882	3%	315,043	3%
Foster Children	166	0%	231	0%	199	0%	30,579	0%
Pregnant Women	106	0%	106	0%	153	0%	20,692	0%
Family Planning	2,995	5%	3,027	4%	2,694	4%	393,524	4%
Infants and Children	3,047	5%	2,328	3%	3,510	5%	508,947	5%
MCHIP (Medicaid-Children's Health Insurance Program)	1,163	2%	1,017	2%	1,459	2%	199,335	2%
Qualified Medicare Beneficiaries (MQB-Q)	60	0%	96	0%	85	0%	10,208	0%
Specified Low Income Medicare Beneficiaries (MQB-B)	314	1%	341	1%	381	1%	51,607	0%
Qualified Individuals (MQB-E)	179	0%	194	0%	193	0%	26,491	0%
Breast and Cervical Cancer Medicaid (BCC)	--	0%	--	0%	--	--	940	0%
Documented Immigrants	66	0%	31	0%	107	0%	35,074	0%
Undocumented Immigrants	54	0%	20	0%	56	0%	9,776	0%
COVID 19	150	0%	296	0%	32	0%	18,081	0%
Total Medicaid Enrollment	15,868	26%	14,123	21%	16,787	24%	2,624,690	25%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Health Choice (Children's Health Insurance Program (CHIP))	701	1%	567	1%	897	1%	103,645	1%

North Carolina Medicaid Division of Health Benefits. Population counts from North Carolina Office of State Budget and Management

DENTAL PROVIDERS RECEIVING MEDICAID PAYMENTS PER 10,000 POPULATION, FY 2020-2021

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
FY 2021	21	3.44	18	2.67	12	1.70	2,585	2.45
FY 2020	22	3.65	15	2.22	12	1.74	2,639	2.52

NC Medicaid Division of Health Benefits, Payments to Providers Dashboard

HEALTHCARE WORKFORCE PROVIDERS PER 10,000 POPULATION, 2020

Category	Pender	Carteret	Franklin	North Carolina
Dental Hygienist	6.66	8.65	4.42	6.02
Nurse Practitioner	2.79	6.42	2.14	8.12
Optometrist	0.62	0.98	0.28	1.16
Pharmacist	9.14	14.24	6.27	10.76
Psychologist	1.08	1.40	0.00	2.13
Registered Nurse	34.69	84.73	28.20	101.08
Dentist	4.34	4.89	1.99	5.25

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

BEDS IN GENERAL HOSPITALS PER 10,000 POPULATION, 2014-2018

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2018	43	7.27	135	19.89	70	10.67	21,698	21.10
2017	43	7.39	135	19.90	70	10.84	21,444	21.06
2016	43	7.53	135	19.91	70	11.02	21,632	21.46
2015	43	7.68	135	19.85	70	11.18	21,370	21.44
2014	43	7.83	135	19.82	70	11.30	20,919	21.17

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

NURSING FACILITY BEDS PER 10,000 POPULATION, 2013-2017

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2017	210	36.09	424	62.49	258	39.97	44,650	43.85
2016	210	36.79	424	62.53	258	40.61	44,228	43.88
2015	210	37.51	424	62.34	258	41.19	43,857	43.99
2014	210	38.23	424	62.25	258	41.64	43,955	44.48
2013	210	38.77	424	62.17	258	41.86	43,606	44.47

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

ADULT CARE FACILITIES PER 10,000 POPULATION, 2021

Pender	Carteret	Franklin	North Carolina
0.33	0.45	0.28	0.49

North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021

LICENSED MENTAL HEALTH FACILITIES PER 10,000 POPULATION, 2021

Pender		Carteret		Franklin		North Carolina	
#	Rate	#	Rate	#	Rate	#	Rate
12	1.96	--	1.34	14	1.99	3,156	3.00

North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021

EMERGENCY DEPARTMENT VISITS, 2016-2020

Year	Pender	Carteret	Franklin	North Carolina
2020	15,120	31,462	7,743	3,622,564
2019	16,238	33,087	--	4,285,539
2018	15,040	32,569	--	4,296,869
2017	16,436	32,010	--	4,373,661
2016	16,802	31,397	--	4,353,885

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

EMERGENCY DEPARTMENT VISITS BY RACE/ETHNICITY, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Caucasian	7,760	51%	26,231	83%	3,042	39%	1,939,875	54%
African American	5,641	37%	3,406	11%	4,243	55%	1,310,626	36%
American Indian	22	0%	34	0%	24	0%	50,515	1%
Asian/Pacific Islander	15	0%	156	0%	60	1%	29,215	1%
Other Race	1,545	10%	1,598	5%	103	1%	221,425	6%
Unavailable Race	137	1%	37	0%	271	4%	70,908	2%
Hispanic	1,609	11%	--	--	313	4%	271,314	7%
Non-Hispanic	13,411	89%	31,425	100%	6,968	90%	3,266,634	90%
Unknown Ethnicity	100	1%	37	0%	462	6%	84,616	2%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

EMERGENCY DEPARTMENT VISITS BY AGE, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Less than 1 year	246	2%	368	1%	58	1%	65,837	2%
1 - 17 years	2,600	17%	3,310	10%	1,198	16%	540,740	15%
18 - 44 years	5,650	37%	11,817	38%	3,403	44%	1,529,213	42%
45 - 64 years	3,719	25%	8,204	26%	1,866	24%	873,445	24%
65 - 84 years	2,470	16%	6,462	20%	1,040	13%	513,614	14%
85 or more years	435	3%	1,301	4%	178	2%	99,715	3%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

EMERGENCY DEPARTMENT VISITS BY PAYER, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Commercial/HMO	2,740	18%	8,030	26%	2,065	27%	1,271,754	35%
Medicaid	4,171	28%	5,856	19%	2,032	26%	883,049	24%
Medicare	3,808	25%	7,168	23%	903	12%	509,051	14%
Other government	276	2%	3,101	10%	128	2%	120,651	3%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Uninsured	3,767	25%	6,002	19%	2,455	32%	789,801	22%
Other Payer	129	1%	152	0%	160	2%	41,650	1%
Unknown Payer	229	1%	1,153	4%	--	--	6,608	0%

North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

PREVENTABLE HOSPITALIZATIONS FOR MEDICARE ENROLLEES PER 100,000 MEDICARE BENEFICIARIES, 2016-2020

Year	Pender	Carteret	Franklin	North Carolina
2020	2,695	2,433	3,011	3,146
2019	3,266	3,699	4,468	4,096
2018	4,662	4,664	4,801	4,539
2017	4,868	3,775	5,179	4,758
2016	4,327	3,957	5,274	4,702

Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health

PREVENTABLE HOSPITALIZATIONS FOR MEDICARE ENROLLEES PER 100,000 MEDICARE BENEFICIARIES BY AGE, 2020

Category	Pender	Carteret	Franklin	North Carolina
<65 years	3,569	3,114	5,286	4,644
65-74 years	1,423	1,176	1,547	1,850
75-84 years	3,072	3,257	3,870	3,641
85+ years	6,529	5,440	5,008	6,101

Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health

PREVENTABLE HOSPITALIZATIONS FOR MEDICARE ENROLLEES PER 100,000 MEDICARE BENEFICIARIES BY RACE/ETHNICITY, 2020

Category	Pender	Carteret	Franklin	North Carolina
White	2,574	2,372	2,538	2,798
Black	3,466	4,288	4,643	4,773

Mapping Medicare Disparities Tool, Centers for Medicare & Medicaid Services, Office of Minority Health

DISEASE, ILLNESS, AND INJURY

AGE-ADJUSTED DEATH RATES BY SEX FOR PENDER COUNTY RESIDENTS PER 100,000 POPULATION, 2016-2020 5-YEAR AVERAGE

Category	Overall		Male		Female	
	#	Rate	#	Rate	#	Rate
All Causes	3,099	813.4	1,665	958.1	1,434	682.8
Diseases of Heart	616	158.8	320	180.3	296	137.0
Acute Myocardial Infarction	78	18.8	52	27.9	26	11.4
Other Ischemic Heart Disease	270	67.6	150	81.6	120	54.7
Cerebrovascular Disease	201	54.2	100	62.7	101	46.9
Cancer	662	160.2	369	196.2	293	133.8
Colon, Rectum, and Anus	42	10.9	20	11.1	22	10.8
Pancreas	45	11.2	21	10.8	24	11.5
Trachea, Bronchus, and Lung	191	44.2	111	55.4	80	34.9
Breast	44	19.4	0	--	44	19.4
Prostate	35	21.5	35	21.5	0	--
Diabetes Mellitus	97	23.6	61	31.8	36	16.0
Pneumonia and Influenza	56	13.8	24	12.6	32	14.8
Chronic Lower Respiratory Diseases	156	37.4	81	44.0	75	32.9
Chronic Liver Disease and Cirrhosis	34	8.2	22	10.8	12	--
Septicemia	63	15.4	34	18.4	29	12.9
Nephritis, Nephrotic Syndrome, and Nephrosis	68	17.1	39	22.1	29	13.3
Unintentional Motor Vehicle Injuries	72	24.4	53	34.2	19	--
All Other Unintentional Injuries	137	44.0	94	62.9	43	24.8
Suicide	67	22.6	49	31.9	18	--
Homicide	15	--	11	--	--	--
Alzheimer's disease	96	26.9	36	24.8	60	28.4
COVID-19	31	8.1	18	--	13	--

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data

AGE-ADJUSTED DEATH RATES BY RACE/ETHNICITY FOR PENDER COUNTY RESIDENTS PER 100,000 POPULATION, 2016-2020 5-YEAR AVERAGE

Category	Overall		White, Non-Hispanic		African-American, Non-Hispanic	
	#	Rate	#	Rate	#	Rate
All Causes	3,099	813.4	2,429	797.4	614	994.2
Diseases of Heart	616	158.8	473	153.6	134	203.0
Acute Myocardial Infarction	78	18.8	61	18.6	16	--
Other Ischemic Heart Disease	270	67.6	209	65.2	56	86.7
Cerebrovascular Disease	201	54.2	154	51.4	41	65.7
Cancer	662	160.2	544	163.2	113	174.6
Colon, Rectum, and Anus	42	10.9	32	9.9	10	--
Pancreas	45	11.2	35	10.7	10	--
Trachea, Bronchus, and Lung	191	44.2	167	47.5	24	35.7
Breast	44	19.4	32	17.0	10	--
Prostate	35	21.5	31	24.2	--	--
Diabetes Mellitus	97	23.6	72	21.4	24	39.3
Pneumonia and Influenza	56	13.8	43	13.0	13	--
Chronic Lower Respiratory Diseases	156	37.4	137	41.1	19	--
Chronic Liver Disease and Cirrhosis	34	8.2	30	8.7	--	--
Septicemia	63	15.4	52	16.3	11	--
Nephritis, Nephrotic Syndrome, and Nephrosis	68	17.1	47	14.6	20	30.9
Unintentional Motor Vehicle Injuries	72	24.4	36	15.3	26	57.7
All Other Unintentional Injuries	137	44.0	121	49.8	13	--
Suicide	67	22.6	63	27.8	--	--
Homicide	15	--	--	--	--	--
Alzheimer's disease	96	26.9	79	27.7	17	--
COVID-19	31	8.1	20	6.6	--	--

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data

CANCER INCIDENCE PER 100,000 POPULATION, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Female Breast	316	154.6	473	169.6	345	147.6	54,123	162.8
Prostate	252	119.2	270	83.4	278	122.5	37,361	118.0
Lung Bronchus	278	60.5	473	75.2	305	66.5	40,297	60.8
Colon/Rectum	123	30.2	212	38.5	155	36.1	21,095	33.9
Melanoma	88	21.7	185	34.2	73	16.8	15,409	25.1
Cervix Uteri	10	--	15	--	10	--	1,896	6.7
All Sites	1,886	452.9	2,706	467.1	2,022	453.2	295,701	464.3

North Carolina State Center for Health Statistics County Health Data Book, Cancer Incidence Rates (Age-Adjusted to the 2000 US Census), 5-year data

CHRONIC CONDITIONS IN MEDICARE POPULATIONS, 2018

Category	Pender	Carteret	Franklin	North Carolina
Alcohol Abuse Prevalence	2%	2%	2%	2%
Alzheimer's Disease/Dementia Prevalence	10%	9%	10%	10%
Arthritis Prevalence	33%	34%	32%	33%
Asthma Prevalence	4%	3%	4%	5%
Atrial Fibrillation Prevalence	8%	9%	8%	8%
Autism Spectrum Disorders Prevalence	0%	--	0%	0%
Cancer Prevalence	8%	8%	8%	8%
Chronic Kidney Disease Prevalence	25%	20%	26%	25%
COPD Prevalence	13%	13%	11%	12%
Depression Prevalence	21%	18%	19%	19%
Diabetes Prevalence	30%	28%	30%	29%
Drug Abuse/Substance Abuse Prevalence	5%	4%	4%	4%
HIV/AIDS Prevalence	0%	0%	0%	0%
Heart Failure Prevalence	13%	13%	13%	13%
Hepatitis Prevalence	1%	0%	1%	1%
Hyperlipidemia Prevalence	57%	44%	49%	49%
Hypertension Prevalence	64%	58%	62%	60%
Ischemic Heart Disease Prevalence	26%	25%	24%	25%

Category	Pender	Carteret	Franklin	North Carolina
Osteoporosis Prevalence	5%	5%	5%	6%
Schizophrenia/Other Psychotic Disorders Prevalence	2%	2%	3%	3%
Stroke Prevalence	4%	3%	4%	4%

Centers for Medicare & Medicaid Services, CMS Chronic Condition Data Warehouse (CCW)

DIAGNOSED DIABETES, 2015-2019

Year	Pender		Carteret		Franklin	
	#	%	#	%	#	%
2019	4,864	8%	6,580	9%	6,976	11%
2018	4,894	9%	7,821	11%	5,669	10%
2017	5,756	10%	5,656	8%	4,194	7%
2016	5,866	11%	5,629	8%	4,279	7%
2015	5,090	10%	5,181	7%	5,441	10%

US Diabetes Surveillance System. Centers for Disease Control and Prevention's National Health Interview Survey (NHIS)

COVID-19 VACCINATION, 2023

Category	Pender		Carteret		Franklin	
	#	%	#	%	#	%
People Vaccinated with at Least One Dose	34,870	55%	48,663	70%	40,444	58%
People Vaccinated with Initial Series Complete	32,605	52%	45,235	65%	37,990	55%
People Vaccinated with at Least One Booster/Additional Dose	17,235	27%	25,285	36%	21,739	31%

NC Department of Health & Human Services, COVID-19 Dashboard, data last updated 7/27/2022

NEWLY REPORTED CHRONIC HEPATITIS C BY YEAR OF REPORT PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	64	99.0	103	148.1	46	64.0	12,313	116.2
2019	61	96.8	136	195.6	75	107.5	19,747	188.0
2018	73	117.5	112	161.0	99	146.4	18,288	176.0
2017	106	174.4	134	194.2	74	111.8	19,238	187.2
2016	36	61.2	43	62.4	15	23.2	5,079	50.0

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina Hepatitis B/C Surveillance Report.

NEWLY DIAGNOSED CHLAMYDIA BY YEAR OF DIAGNOSIS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	208	321.6	207	297.6	299	416.1	64,342	607.0
2019	207	328.3	248	356.8	342	490.1	71,391	679.8
2018	205	330.0	241	346.5	347	513.0	66,716	642.0
2017	225	370.1	225	326.0	330	498.7	62,974	612.8
2016	198	336.6	194	281.7	271	419.0	58,164	572.4

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.

NEWLY DIAGNOSED GONORRHEA BY YEAR OF DIAGNOSIS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	62	95.9	53	76.2	152	211.5	28,014	264.3
2019	53	84.1	43	61.9	169	242.2	26,705	254.3
2018	58	93.4	39	56.1	154	227.7	23,539	226.5
2017	46	75.7	41	59.4	127	191.9	22,731	221.2
2016	72	122.4	44	63.9	68	105.1	19,597	192.8

NC Department of Health & Human Services, Division of Public Health, Communicable Disease Branch. North Carolina HIV/STD/Hepatitis Surveillance Unit (2021). 2020 North Carolina STD Surveillance Report.

REPRODUCTIVE AND CHILD HEALTH

ABORTION PER 1,000 FEMALES AGES 15-44, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016-2020	403	7.7	363	7.0	589	10.0	117,318	11.5
2012-2016	381	7.8	368	6.8	621	11.1	107,836	10.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Abortion Rates per 1,000 Population, 5-year data

ABORTION PER 1,000 FEMALES AGES 15-44 BY RACE/ETHNICITY, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
White, Non-Hispanic	235	6.0	286	6.5	209	5.8	36,925	6.1
African American, Non-Hispanic	114	14.6	30	9.0	281	17.1	54,291	21.6
Hispanic	37	8.0	26	9.2	73	12.4	14,429	12.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Abortion Rates per 1,000 Population, 5-year data

PREGNANCY PER 1,000 FEMALES AGES 15-44, 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016-2020	3,567	68.0	2,990	57.5	4,232	71.6	716,534	70.2
2012-2016	3,467	71.0	3,384	62.4	4,065	72.4	713,288	71.9

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Pregnancy Rates per 1,000 Population, 5-year data

PREGNANCY PER 1,000 FEMALES AGES 15-44 BY RACE/ETHNICITY, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
White, Non-Hispanic	2,466	62.9	2,494	56.4	2,337	65.0	360,620	60.0
African American, Non-Hispanic	572	73.3	187	56.1	1,233	75.2	199,507	79.2
Other, Non-Hispanic	48	57.2	57	36.3	71	86.7	41,408	73.4
Hispanic	468	101.4	239	84.2	568	96.6	108,660	97.3

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Pregnancy Rates per 1,000 Population, 5-year data

TEEN PREGNANCY PER 1,000 FEMALES AGES 15-19, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	28	15.6	31	19.1	62	29.4	7,749	22.9
2019	43	24.2	31	18.6	51	24.1	8,130	24.0
2018	38	21.2	27	15.7	41	19.6	8,255	24.6
2017	44	24.2	34	19.8	46	22.0	8,849	26.7
2016	52	29.8	29	16.6	53	26.0	9,255	28.1

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Reported Pregnancies

PRENATAL CARE, 2015-2019

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2019	396	63%	390	75%	446	58%	80,125	67%
2018	427	69%	388	77%	423	61%	80,865	68%
2017	460	70%	460	81%	454	63%	82,428	69%
2016	416	64%	425	78%	408	60%	83,319	69%
2015	405	66%	477	78%	431	59%	81,887	68%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

PRENATAL CARE BY RACE, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White, Non-Hispanic	288	66%	345	78%	291	65%	47,105	74%
African American, Non-Hispanic	57	59%	16	64%	94	50%	17,688	61%
Hispanic	48	59%	23	53%	52	42%	10,676	56%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

PRENATAL SMOKING, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2020	54	9%	57	12%	43	6%	7,923	7%
2019	63	10%	65	12%	52	7%	8,991	8%
2018	56	9%	80	16%	60	9%	9,938	8%
2017	69	10%	69	12%	49	7%	10,399	9%
2016	75	12%	87	16%	66	10%	10,776	9%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

LOW BIRTH WEIGHT (<2500 G), 5-YEAR AVERAGES

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2016-2020	276	9%	195	7%	347	10%	55,697	9%
2012-2016	263	9%	227	8%	296	9%	54,208	9%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity,5-year data

LOW BIRTH WEIGHT (<2500 G) BY RACE, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Overall	257	9%	175	7%	314	10%	48,694	10%
White, Non-Hispanic	171	8%	151	7%	164	8%	24,268	7%
Black, Non-Hispanic	82	18%	22	14%	142	15%	21,003	15%
Other, Non-Hispanic	--	9%	--	4%	--	12%	3,423	10%
Hispanic	19	4%	20	9%	33	7%	7,003	7%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity,5-year data

PRETERM BIRTHS, 2015-2019

Year	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
2019	65	10%	43	8%	77	10%	12,642	11%
2018	71	11%	38	8%	77	11%	12,345	10%
2017	92	14%	54	10%	79	11%	12,580	10%
2016	91	14%	53	10%	77	11%	12,549	10%
2015	72	12%	66	11%	73	10%	12,309	10%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

PRETERM BIRTHS BY RACE/ETHNICITY, 2019

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
White, Non-Hispanic	42	10%	39	9%	33	7%	6,061	10%
African American, Non-Hispanic	16	17%	--	4%	30	16%	4,132	14%
Other, Non-Hispanic	--	30%	--	12%	--	7%	648	9%

Category	Pender		Carteret		Franklin		North Carolina	
	#	%	#	%	#	%	#	%
Hispanic	--	5%	--	5%	13	11%	1,801	9%

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

INFANT MORTALITY PER 1,000 LIVE BIRTHS, 2016-2020

Year	Pender	Carteret	Franklin	North Carolina
2020	3.4	8.4	10.6	6.9
2019	3.2	1.9	5.2	6.8
2018	4.8	8.0	7.2	6.8
2017	10.6	5.3	5.6	7.1
2016	9.2	7.3	5.9	7.2

North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data

INFANT MORTALITY BY RACE PER 1,000 LIVE BIRTHS BY RACE/ETHNICITY, 2020

Category	Pender	Carteret	Franklin	North Carolina
White, Non-Hispanic	0.0	5.1	11.5	4.8
African American, Non-Hispanic	17.2	35.7	15.2	12.8
Hispanic	12.3	23.3	0.0	5.8

North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data

CHILD MORTALITY PER 100,000 CHILDREN AGES 0-17, 2016-2020 5-YEAR AVERAGE

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Total	40	58.2	35	57.8	44	58.8	6,472	56.2
Birth Defects	--	5.8	--	8.3	--	6.7	882	7.7
Perinatal Conditions	11	16.0	--	11.6	17	22.7	2,179	18.9
SIDS	--	0.0	--	0.0	--	0.0	36	0.3
Illnesses	--	13.1	--	14.9	--	8.0	1,252	10.9
Motor Vehicle	--	7.3	--	1.7	--	12.0	441	3.8
Drowning	--	0.0	--	1.7	--	1.3	123	1.1
Poisoning	--	0.0	--	1.7	--	0.0	46	0.4

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Suffocation/Choking/Strangulation	--	0.0	--	3.3	--	0.0	154	1.3
Other Injuries	--	2.9	--	1.7	--	0.0	135	1.2
Homicide	--	2.9	--	0.0	--	2.7	305	2.6
Suicide	--	2.9	--	8.3	--	1.3	232	2.0
Other Causes	--	7.3	--	5.0	--	4.0	687	6.0

NC Department of Health and Human Services, North Carolina State Center for Health Statistics, Vital Statistics, Child Deaths, 5-year data. CDC WONDER Bridged-Race Population Estimates for population denominators.

CHILDREN IN FOSTER CARE UNDER DSS CUSTODY (UNDER 18) PER 1,000, FY TRENDS

Year	Pender		Carteret		Franklin	
	#	Rate	#	Rate	#	Rate
FY 2020-2021	75	4.82	103	8.00	87	5.06
FY 2019-2020	99	6.48	114	8.64	92	5.43
FY 2018-2019	119	7.93	128	9.53	104	6.29
FY 2017-2018	111	7.46	129	9.52	85	5.17
FY 2016-2017	90	6.27	102	7.50	95	5.88

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, July 2022

CHILDREN ENTERING CHILD WELFARE CUSTODY (UNDER 18) PER 1,000, FY TRENDS

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
FY 2020-2021	22	1.41	38	2.95	31	1.80	4,544	1.75
FY 2019-2020	31	2.03	32	2.43	30	1.77	4,636	1.78
FY 2018-2019	33	2.20	45	3.35	40	2.42	4,986	1.92
FY 2017-2018	47	3.16	35	2.58	16	0.97	5,015	1.94
FY 2016-2017	30	2.09	57	4.19	29	1.79	5,517	2.14

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, July 2022

CHILD NEGLECT AND ABUSE SUMMARY, FY 2020-2021

Category	Pender	Carteret	Franklin	North Carolina
Abuse and Neglect	11	--	16	1,315
Neglect	18	20	168	5,167
Abuse	--	17	--	819
Services Needed	60	147	54	12,191
Services Provided, No Longer Needed	173	--	--	3,665
Services Recommended	140	350	204	34,112
Services Not Recommended	305	136	81	39,619
Unsubstantiated	84	58	92	14,822

University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest, July 2022.

MENTAL HEALTH AND SUBSTANCE USE

PERSONS SERVED IN AREA MENTAL HEALTH PROGRAMS PER 10,000, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	1,230	203.90	1,652	244.48	1,419	205.93	344,738	329.68
2019	1,066	178.74	1,661	244.78	1,507	223.59	345,190	332.50
2018	1,023	172.94	1,538	226.58	1,476	225.00	336,401	327.10
2017	848	145.74	1,410	207.80	1,241	192.24	321,511	315.78
2016	851	149.08	1,251	184.49	1,263	198.78	347,060	344.29

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

PERSONS SERVED IN NC ALCOHOL AND DRUG TREATMENT CENTERS PER 10,000, 2012-2016

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016	16	2.80	22	3.24	28	4.41	3,505	3.48
2015	27	4.82	22	3.23	34	5.43	3,698	3.71
2014	25	4.55	31	4.55	29	4.68	4,049	4.10
2013	21	3.88	25	3.67	77	12.49	4,343	4.43

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2012	22	4.12	42	6.20	44	7.20	4,265	4.39

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

PERSONS SERVED IN STATE MENTAL HEALTH DEVELOPMENT CENTERS PER 10,000, 2012-2016

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2016	--	1.23	12	1.77	16	2.52	1,160	1.15
2015	--	1.61	11	1.62	17	2.71	1,245	1.25
2014	--	1.64	12	1.76	17	2.744	1,282	1.30
2013	--	1.66	14	2.05	20	3.25	1,331	1.36
2012	--	0.56	--	0.44	19	3.11	1,340	1.38

Log Into North Carolina (LINC) and for population denominator North Carolina Office of State Budget and Management

EMERGENCY DEPARTMENT VISITS FOR MEDICATION/DRUG OVERDOSE, ALL INTENTS, NC RESIDENTS PER 100,000, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	125	207.21	205	303.38	119	172.69	25,505	243.91
2019	103	172.70	170	250.53	97	143.92	23,920	230.41
2018	99	167.36	154	226.88	141	214.93	24,027	233.63
2017	199	342.00	130	191.59	93	144.07	25,002	245.56
2016	158	276.79	144	212.37	102	160.54	23,058	228.74

Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management

EMERGENCY DEPARTMENT VISITS FOR POISONING, ALL INTENTS, NC RESIDENTS PER 100,000, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	239	396.19	272	402.54	168	243.80	35,132	335.98
2019	204	342.05	235	346.32	185	274.48	38,011	366.14

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2018	201	339.79	242	356.52	203	309.44	38,793	377.20
2017	356	611.82	184	271.17	142	219.97	39,577	388.72
2016	318	557.09	249	367.22	161	253.40	38,004	377.01

Analysis by North Carolina Division of Public Health, Injury and Violence Prevention with data sourced from NC DETECT. Population denominators are from the North Carolina Office of State Budget and Management

PERCENTAGE OF OVERDOSE DEATHS INVOLVING ILLICIT OPIOID, 2016-2020

Year	Pender	Carteret	Franklin
2020	93%	92%	67%
2019	57%	71%	73%
2018	53%	60%	82%
2017	82%	52%	67%
2016	53%	55%	33%

NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.

TOTAL MEDICATION AND DRUG POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	15	24.87	33	48.84	15	21.77	3,118	29.82
2019	14	23.47	21	30.95	22	32.64	2,352	22.66
2018	15	25.36	25	36.83	22	33.54	2,301	22.37
2017	17	29.22	21	30.95	12	18.59	2,474	24.30
2016	19	33.29	20	29.50	12	18.89	1,965	19.49

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

TOTAL MEDICATION AND DRUG POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS BY SEX AND RACE/ETHNICITY PER 100,000 POPULATION, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Female	--	6.61	11	32.32	--	14.51	1,008	18.73
Male	13	43.21	22	65.59	10	29.02	2,110	41.58
White, non-Hispanic	13	29.27	29	50.40	12	28.38	2,292	36.31
Black or African American, non-Hispanic	--	26.51	--	124.69	--	19.01	586	27.81

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

TOTAL POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS PER 100,000 POPULATION, 2016-2020

Year	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
2020	18	29.84	35	51.79	21	30.48	3,261	31.19
2019	15	25.15	22	32.42	22	32.64	2,479	23.88
2018	15	25.36	27	39.78	22	33.54	2,431	23.64
2017	17	29.22	21	30.95	13	20.14	2,600	25.54
2016	20	35.04	23	33.92	12	18.89	2,103	20.86

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

TOTAL POISONING DEATHS, ALL INTENTS, NORTH CAROLINA RESIDENTS BY SEX AND RACE/ETHNICITY PER 100,000 POPULATION, 2020

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Female	--	6.61	11	32.32	--	17.41	1,045	19.42

Category	Pender		Carteret		Franklin		North Carolina	
	#	Rate	#	Rate	#	Rate	#	Rate
Male	16	53.17	24	71.55	15	43.54	2,216	43.67
White, non-Hispanic	15	33.77	31	53.88	18	42.57	2,397	37.97
Black or African American, non-Hispanic	--	26.51	--	124.69	--	19.01	606	28.75

Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data. Population denominators for total populations, age groups, and sex groups are from the North Carolina Office of State Budget and Management. Population denominators for race/ethnicity groups are from the US Decennial Census Redistricting dataset for 2020 and from the American Community Survey 1-year estimates for other years.

APPENDIX 10: COMMUNITY RESOURCES

The following tables provide an overview of community resources related to each of the selected priority areas.

Substance Use

Resource	Locations	Services
Coastal Horizons	Burgaw/Rocky Point	• Substance Use & Mental Health • Crisis Intervention • Community Based Family Services • Mental Health Awareness Training • Horizons Health • Justice Services • Veteran Services
Little Gerald	Burgaw	• B3 Respite for Children and Adults • Child & Adolescent Day Treatment • Clinical Comprehensive Assessments • Intensive In-Home Services • Peer Support Services (Individual & Group) • Substance Abuse Comprehensive Outpatient Therapy • Supported Employment • Transitional Living

Superior Innovative Service	Hampstead	• Home Care
		  ○ Depression and Anxiety Therapy
		  ○ Play Therapy for Children
		  ○ Family Counseling
		  ○ Parenting Support
		  ○ Grief Counseling
		  ○ Stress Management
		  ○ Addiction & Recovery

Port Health	Burgaw	• Adult Services
		  ○ Counseling & Mental Health Treatment
		  ○ Alcohol & Substance Use Treatment
		• Youth Services
		  ○ Outpatient Services
		  ○ Prevention
		  ○ PORT Residential

Take Back Events	County Wide	• Safe Medication Disposal
Shoreline Family Practice	Hampstead	• Addiction Medicine • Treatment with Suboxone • Treatment for Alcohol Dependence
Medication Drop Boxes	Surf City Police Department Pender County Sheriff's Office Novant Health Pender Medical Center Rocky Point Pavilion	• Safe Medication Disposal
Reproductive Life Planning Class (RLP)	Department of Social Services, Burgaw	• Education class for Reproductive Life Planning and Neonatal Abstinence Syndrome

Access to Care

Resource	Locations	Services
Charity Care	Novant Health Pender Medical Center	Financial Assistance Services
Mobile Dental	Pender County Schools	Dental services at Pender County schools and for community members.
BCCCP Program	Pender County Health Department, Burgaw	Mammography and Cervical Cancer Screening.
Black River Medical Access Program (MAP)	Black River Health Services	Program designed to reduce the financial impact of a trip to the doctor. If an individual qualifies, they will have access to the full-spectrum primary care, treatments, and prescriptions to stay healthy.
Pender Adult Services Medication Assistance Program	Pender Adult Services, Burgaw	Assistance in finding and applying for pharmaceutical company prescription assistance programs for low income, uninsured patients who cannot afford them.
Online Appointment Scheduling	Pender County Health Department, Burgaw	Patients can make appointments through the patient portal.
Remote Visits	Online	Patients can attend telehealth appointments.
Immunization clinics in community	County Wide	Immunizations offered at various sites across the county.
Hampstead Annex	Hampstead	● Immunizations ● WIC Services

Heart Health

Resource	Locations	Services
Community Blood Pressure Checks	Community Events & Health Department	● Free blood pressure checks for community members
Fitness Fusion Gym	Pender Adult Services, Burgaw	● Gym equipment ● Fitness Classes
Health Department and Parks & Rec Partner for Healthy Walks	County Wide	● Healthy walking opportunities for community members
NC Quitline	Online	● Free cessation services ○ Telephone coaching ● Web coaching
Matter of Balance Program	County Wide	● An educational 8-session program offered through PCHD that is designed to reduce the fear of falling and increase activity levels among older adults.
Chronic Disease Self-Management Program	County Wide	● A six-week educational workshop for adults offered through PCHD that focuses on disease management skills including decision making, problem solving, and action planning.

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S. S. SATCHWELL
A founder of State Medical Society, 1849, head of Confederate Hospital at Wilson. 1st president State Board of Health, 1879. Home stood here.