Pender County

Agenda

Board of County Commissioners Meeting
Monday, May 2, 2022 @ 4:00 PM
Pender County Public Assembly Room
805 S. Walker Street, Burgaw, NC

			Presenter	Page
1.	CALL TO ORDER			
2.	INVOCATION Commissioner McCoy			
3.	PLEDGE OF ALLEGIANCE Chairman Piepmeyer			
4.	ADOPTION OF AGENDA			
5.	PUBLIC HEARING			
6.	PUBLIC INFORMATION			
	6.2.	Update on the Pender County Drainage Improvement Program Drainage Improvement - Pdf	Adams	3 - 24
7.	PUBLIC COMMENT			
8.	CONSENT AGENDA			
	8.1.	Approval of Tax Releases and Refunds April 2022 Releases and Refunds - Pdf	Pound	25 - 27
	8.2.	Approval of a Budget Amendment to Increase Health Department Revenues and Expenditures for Fiscal Year 2021-2022: $144,483 COVID Communicable Disease Pandemic Recovery - Pdf	Moser	29 - 31
	8.3.	Contract Renewal for Emergency Response, Management & Recovery Services Contract - Pdf	Batson	33 - 46
	8.4.	Approval of Petition for a Road Addition DOT Petition - Pdf	Cline	47 - 50
	8.5.	Approval of the Board of Commissioner Meeting Minutes April 19, 2022 BOCC Meeting Minutes April 19, 2022 - Pdf	Cline	51 - 252
9.	APPROVALS AND RESOLUTIONS			
	9.1.	Approval Public Portal Property Tax Information ETAX - Pdf	Pound	253 - 269
10.	DISCUSSION			
11.	APPOINTMENTS			
	11.1.	Approval of an Appointment to the Pender County Kiwanis Park Board	Cline	271 - 275

Cecil Morehouse - Pdf

12. MAPLE HILL WATER AND SEWER DISTRICT

13. ROCKY POINT WATER AND SEWER DISTRICT

14. SCOTTS HILL WATER AND SEWER DISTRICT

15. MOORES CREEK WATER AND SEWER DISTRICT

16. CENTRAL PENDER WATER AND SEWER DISTRICT

17. PENDER COUNTY BOARD OF HEALTH

17.1.	Review Board of Health letters for Re-accreditation BOH letters for Re-accreditation - Pdf	Moser	277 - 280
17.2.	Review Health Department Policies with the Board of Health Health Department Policies with the BOH - Pdf	Moser	281 - 308
17.3.	Board of Health Handbook and Annual Training BOH Annual Training and Handbook - Pdf	Moser	309 - 455

18. SOCIAL SERVICES BOARD

19. ITEMS FROM THE COUNTY ATTORNEY, COUNTY MANAGER, ASSISTANT COUNTY MANAGERS, & COUNTY COMMISSIONERS

20. CLOSED SESSION (IF APPLICABLE).

21. NEXT MEETING DATE
Monday May 9, 2022
Budget Session 4:00 PM

22. ADJOURNMENT

Pender County
Update on the Pender County Drainage Improvement Program

TO:	Board of County Commissioners
FROM:	Daniel Adams
DATE:	May 2, 2022
SUBJECT:	Update on the Pender County Drainage Improvement Program

SUMMARY:
Staff is providing an update to the Board on the progress of the Drainage Improvement Program, which was first funded in the FY22 budget.

PENDER COUNTY DRAINAGE IMPROVEMENT PROGRAM

DRAINAGE IMPROVEMENT PROGRAM

- A NEW APPROACH TO IMPROVE RESILIENCE IN THE COUNTY
- TAKING A PROACTIVE APPROACH TO IMPROVING DRAINAGE TO REDUCE THE IMPACT OF FUTURE FLOOD EVENTS
- COUNTY INVESTMENT BEGINNING IN FY22 AND GRANT MONEY THROUGH THE USDA AND NC DEPARTMENT OF AGRICULTURE

EWP ROUND 1

- 32,338 LINEAR FEET OF DEBRIS REMOVED FROM 22 CREEKS IN HAMPSTEAD, ROCKY POINT AND WILLARD.

- THREE STREAM BANKS STABILIZED IN HAMPSTEAD.
  - NC HWY 210 NEAR HIDDEN BLUFF TRAIL
  - FACTORY ROAD NEAR MAJESTIC OAKS
  - COUNTRY CLUB ROAD ACROSS FROM THE OLDE POINT CLUBHOUSE

NC HWY 210 NEAR HIDDEN BLUFF TRAIL – BEFORE



NC HWY 210 NEAR HIDDEN BLUFF TRAIL – AFTER



FACTORY ROAD – BEFORE



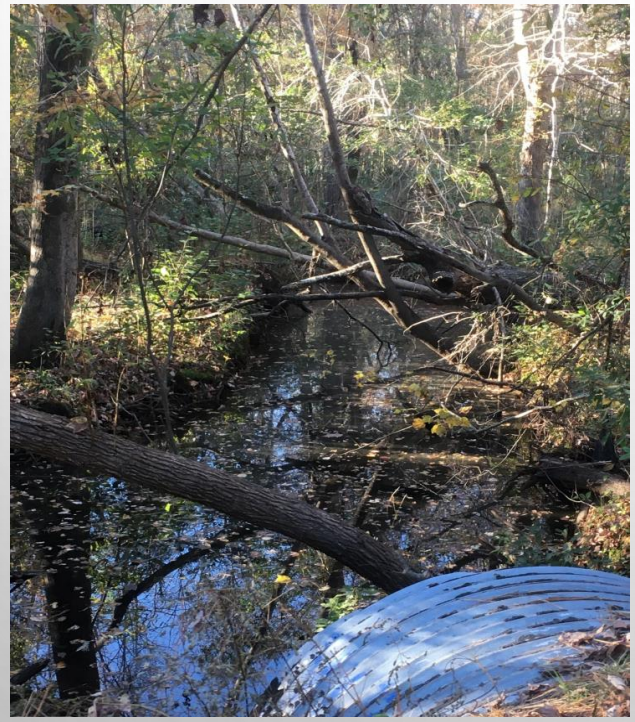
FACTORY ROAD – AFTER



OLDE POINT – COUNTRY CLUB ROAD



CLEARING AND SNAGGING









CURRENT/ONGOING PROJECTS

- CLEARING AND SNAGGING AS PART OF ROUND 2 OF THE EWP PROJECT IS CURRENTLY UNDERWAY.
  - BURGAW CREEK NEAR STAG PARK ROAD
  - BURGAW CREEK BETWEEN 117 AND NC HWY 53
  - NE CAPE FEAR RIVER NEAR CROOMSBRIDGE ROAD
  - SHELTER CREEK NEAR SHAW HIGHWAY BRIDGE

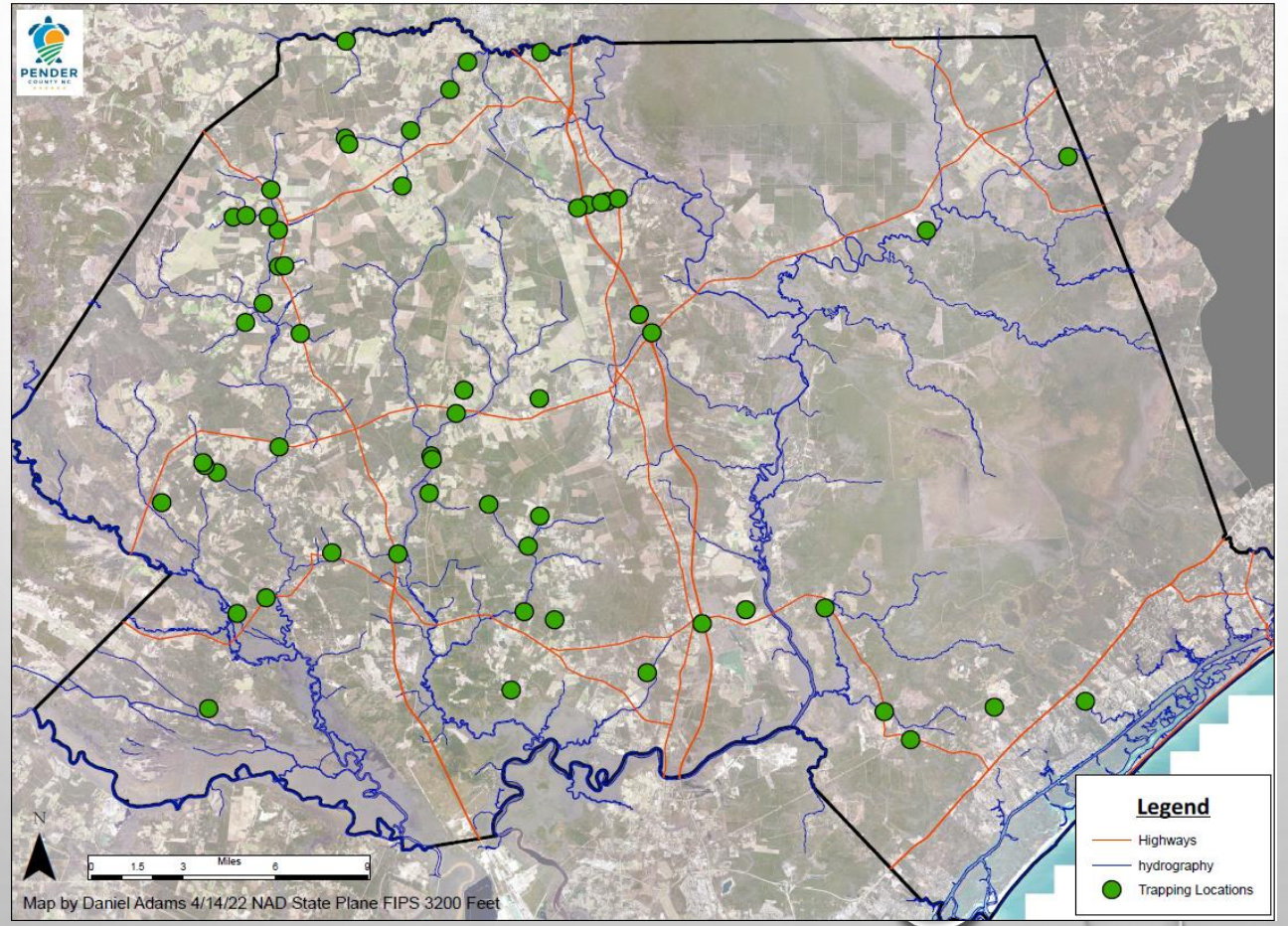


BEAVER MANAGEMENT

- THE BOARD FUNDED A COUNTY-LED BEAVER MANAGEMENT PROGRAM BEGINNING IN FY22.
  - INCLUDED A NEW POSITION
  - FUNDING FOR BEAVER BOUNTY PROGRAM

- FY22 IS THE FIRST YEAR SINCE 2008 THAT THE COUNTY HAS NOT PARTICIPATED IN THE USDA-SPONSORED BEAVER MANAGEMENT ASSISTANCE PROGRAM (BMAP).

MAP OF TRAPPING LOCATIONS



EXIT 408 – ROCKY POINT





EXIT 408 – ROCKY POINT



DAM ON SHELTER CREEK



DAM ON SHELTER CREEK



BIG BRANCH – US HWY 421



Pender County
Request for Board Action

TO:	Board of County Commissioners
FROM:	Justian Pound
DATE:	May 2, 2022
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 2022.

Pender County

Request For Board Action

DATE OF MEETING: May 2, 2022

REQUESTED BY: Justian Pound, Tax Assessor, Tax Assessor's 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
2021	BELL, JAMES REXFORD JR	241134219	119.87	OUT OF STATE
2020	BUCK, CATHERINE JOAN	242910471	331.25	SOLD
2021	FLUHARTY, MICHAEL DONOVAN	241346961	291.35	SOLD
2021	KIM, JOELLE BISSON	242895294	205.28	SOLD
2020	KNOWLTON, LANCE MICHAEL	242224257	166.12	OUT OF STATE
2020	LANIER, JESSICA NICHOLE	242102013	170.21	SOLD
2021	MARAINI, PETER DOMENICO JR	324728224	261.76	SOLD
2020	MERRITT, CHAD ELLIOTT	243137892	152.15	OUT OF STATE
2021	MILCHUCK, JOSEPH PAUL JR	242225064	168.99	SOLD
2021	PANKOWSKI, EDWARD RICHARD	242007222	440.26	SOLD
2017	SMITH, KIMBERLY DAWN	323286080	133.56	SITUS
2020	WEST, HAROLD RAY	323285640	202.63	SITUS
TOTAL REFUNDS OVER $100			$2,643.43	

RELEASES UNDER $100

YEAR	NAME	ACCOUNT	AMOUNT	REASON
NONE				

REFUNDS UNDER $100

YEAR	NAME	ACCOUNT	AMOUNT	REASON
2021	BALL, THOMAS NELSON	242464521	75.92	SOLD
2021	BATES, GARY ODELL	242007288	13.20	SOLD

2021	BENNETT, JESSICA LYNN	322088732	16.07	SITUS
2020	CIMINI, DEAN KIMBALL	241566861	54.70	SOLD
2020	COOK, HOWARD DAVID	241346823	9.99	SOLD
2020	CRAWFORD, DAVID WILLIAM	242661954	46.96	SOLD
2020	DIMARTINIS, STEVEN HAROLD	243693582	71.35	SOLD
2021	FLUHARTY, MICHAEL DONOVAN	241346832	21.43	SOLD
2021	GRANT, GRAYSON GWEN	242101530	55.11	SOLD
2021	GUNTER, BRITTANY AMANDA	322676488	7.84	SITUS
2020	KEARNEY, SCOTT DOUGLAS	243243972	2.26	SOLD
2021	LEAHY, THOMAS PATRICK	242007357	64.08	SOLD
2021	MATHEWS, PATSY ROSE	242909814	52.93	SOLD
2021	MERRITT, JAYDEN COLE	243526833	82.95	SOLD
2021	MILLER, KATHLEEN LEE	242910486	10.39	MILTRY EXEMPT
2020	MOORE, ARLISS EDWARD	243244008	86.27	SOLD
2020	MURPHY, CRAIG TOD	241465110	26.96	SOLD
2021	PITTMAN, RUDOLPH LANDIS JR	324701268	34.46	SITUS
2020	PURDIE, DELOIS E	243526278	4.25	SOLD
2021	RACKLEY, CRYSTAL MARIE	241566684	33.06	SOLD
2020	RADESKY, MICHAEL ORIN	243546249	12.40	SOLD
2021	ROBINSON, RACHEL HEATHER	324702464	74.09	SITUS
2021	ROSARIO, CHARLOTTE BELLE	241134231	19.34	SOLD
2020	ROSARIO, JAMES	241134234	44.69	SOLD
2020	SHIRK, ARNOLD FRANK	322676500	41.16	SITUS
2019	SMITH, JAMES RICHARD	323286064	42.28	SITUS
2019	SMITH, JAMES RICHARD	323286068	3.73	SITUS
2020	SMITH, KIMBERLY DAWN	323286076	81.07	SITUS
2013	SMTIH, KIMBERLY DAWN	323286092	41.02	SITUS
2021	SMITH, KIMBERLY DAWN	323548680	88.39	SITUS
2021	SQUICCIARINI, JOHN JOSEPH	242224347	46.70	MILTRY EXEMPT
2020	TOPSAIL PRESBYTERIAN CHURCH	242895051	5.89	EXEMPT

TOTAL REFUNDS UNDER $100	$1,270.94
TOTAL OF ALL RELEASES	NONE
TOTAL OF ALL REFUNDS	$3,914.37

Pender County
Request Board Approval

TO:	Board of County Commissioners
FROM:	Carolyn Moser
DATE:	May 2, 2022
SUBJECT:	Approval of a Budget Amendment to Increase Health Department Revenues and Expenditures for Fiscal Year 2021-2022: $144,483

SUMMARY:
The Epidemiology and Communicable Disease Branch has allocated funding under the federal American Rescue Plan Act (ARPA) for the COVID-19 pandemic. To ensure the community's health and to achieve equitable health outcomes , the Local Health Departments (LHD) will expand essential public health services to control communicable disease in their community. Among the services provided will be communicable disease surveillance, investigation, detection, control, reporting and prevention activities to address the COVID-19 public health emergency and communicable disease challenges impacted by the COVID-19 pandemic. Funds unexpended in FY 21-22 will be carried over into FY 22-23.

ACTION REQUESTED:
To approve the budget amendment to increase Health Department Revenues and Expenditures for Fiscal year 2021-2022 in the amount of $144,483.

Tuesday, April 19, 2022

Pender County Budget Ordinance Amendment

Date Tuesday, April 19, 2022

Board Meeting Date (If Applicable) Monday, May 2, 2022

Fiscal Year FY 2021-2022

Fund 11 - HEALTH

Division, Program, Project, etc. HEALTH - Communicable Disease COVID

Department 900052 - COMM DISEASE/TB/AIDS

Purpose of Request

BOCC Agenda Item on 5/2/2022 Meeting to accept funding. Communicable Disease - COVID-19 Agreement Addendum # 546 for Communicable Disease Pandemic Recovery.

REVENUES

	Account # (ORG-OBJECT)	Account Description	Amount
1	900052-375025	Comm. Disease ATC	144,483.00
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Proposed Amendment:

EXPENDITURES

	Account # (ORG-OBJECT)	Account Description	Amount
1	900052-404500	Contracted Services	144,483.00
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

	Account # (ORG-OBJECT)	Account Description	Amount
12			
13			

Total Revenues 144483

Total Expenditures 144483

Budget Amendment Balances when Zero. 0

Prepared By: Donna Ramos

Email dramos@pendercountync.gov

Pender County
Contract Renewal for Emergency Response, Management & Recovery Services

TO:	Board of County Commissioner
FROM:	Tommy Batson
DATE:	May 2, 2022
SUBJECT:	Contract Renewal for Emergency Response, Management & Recovery Services

SUMMARY:
Resolution Approving that Pender County is renewing an one year contract agreement with CrowderGulf for debris pickup and other services in the contract.

ACTION REQUESTED:
To consider a resolution approving a contract agreement with CrowderGulf for one additional year.

Standby Contract for Emergency Response, Management, and Recovery Services

THIS CONTRACT is made this the 1st day of February, 2021, by and between **CrowderGulf, LLC** (herein referred to as "**Contractor**") and the **Render County** a political subdivision of the **State of North Carolina** (herein referred to as "**County**").

RECITALS

WHEREAS, it is foreseen that it may be in the public interest to provide for the expedient removal of storm debris within the corporate limits of the **County** plus recovery Technical Assistance to the appointed and elected officials resulting from a natural or manmade event; and

WHEREAS, The **County** has in the past suffered the full force and effects of major storms and the resulting destruction brought upon **County** by such storms or manmade disasters; and

WHEREAS, the Public Health and Safety of all the citizens will be at serious risk; and

WHEREAS, the immediate economical recovery of The **County** and its citizens is a major concern and the primary priority for recovery; and

WHEREAS, the availability of experienced prime storm debris contractors may be severely limited; and

WHEREAS, **Contractor** has the experience, equipment, manpower, permits and licenses to perform all storm related debris services; and

WHEREAS, the **County** and the **Contractor** have agreed to the Scope of Services, prices, terms and conditions as set out in this Contract; and

THEREFORE, in considerations acknowledged by both parties, said parties do agree to the following stipulations and conditions.

1.0 SERVICES

1.1 Scope of Contracted Services:

The **Contractor** shall provide all expertise, personnel, tools, materials, equipment, transportation, supervision and all other services and facilities of any nature necessary to execute, complete and deliver the timely removal and lawful disposal of all ***eligible storm-generated debris (herein referred to as "debris")***, including hazardous and industrial waste materials and within the time specified in this Contract. Emergency push, debris removal and demolition of structures will be limited to: 1) that which is determined to eliminate immediate threats to life, public health, and safety; 2) that which has been determined to eliminate immediate threats of significant damage to improved public or private property; and 3) that which is considered essential to ensure the economic recovery of the affected community to the benefit of the community at large.

These contracted services shall provide for the cost effective and efficient removal and lawful disposal of debris accumulated on all public, residential and commercial properties, streets, roads, other rights-of-way and public school properties, including any other locally owned facility or site as may be directed by the **County**. Contracted services will only be performed when requested and as designated by the **County**.

The Contractor shall load and haul the debris from within the legal boundaries of the county to a site(s) specified by the **County** as set out in Section 4.7 of this Contract.

1.2 Emergency Push / Road Clearance:
The Contractor shall accomplish the cutting, tossing and/or pushing of debris from the primary transportation routes as identified by and directed by the **County**. This operational aspect of the scope of contracted services shall be for the first 72 hours after an event and will be billed on a time and material basis. Once this task is accomplished, the following additional tasks will begin as required.

1.3 Right-of-Way (ROW) Removal:
The Contractor shall remove all debris from the ROW of the **County** when directed to do so by the **County**. The Contractor shall use reasonable care not to damage any **County** or private property not already damaged by the storm event. Should any property be damaged due solely to negligence on the part of the Contractor, the **County** may either bill the Contractor for the damages or withhold funds due to the Contractor in an amount not to exceed the dollar amount of compensatory damages that the landowner is able to prove.

1.4 Right-of-Entry (ROE) Removal *(if implemented by the* County*)*:
The Contractor will remove ROE debris from private property with due diligence, as directed by the **County**. The Contractor also agrees to make **reasonable** efforts to save from destruction items that the property owners wish to save, (i.e., trees, small buildings, etc.). The Contractor will exercise caution when working around public utilities (i.e., gas, water, electric, etc.). Every effort will be made by the **County** to mark these utilities but the **County** does not warrant that all will be located before debris removal begins, nor does the Contractor warrant that utility damages will not occur as a result of properly conducting the contracted services.

1.5 Demolition of Structures *(if implemented by the* County*)*:
The Contractor will remove structures designated for removal by and at the direction of the **County**. The Contractor agrees to remove in a timely manner all structures as determined by the **County** as set out in Section 1.1 of this Contract.

1.6 Private Property Waivers:
The **County** will secure all necessary permissions, waivers and Right-of-Entry Agreements from property owners as prescribed by the Government for the removal of debris and/or demolition of structures from residential and/or commercial properties, as set out in Sections 1.4 and 1.5 above.

1.7 Disaster Recovery Technical Assistance:
The Contractor will provide Disaster Recovery Technical Assistance to elected and appointed officials within the **County**. This service shall include Debris Program Management Assistance. This is the concept of complete recovery management support where the Contractor would assist a local government applicant on all aspects of the recovery process. Contractor personnel cannot assume the sovereign duties and functions of the **County** officials and therefore, these services shall be provided by the Contractor through a consulting firm acceptable to the **County** and in the form of guidance and consultation. If we have to hire a consulting firm, then we will pass through the charges to the **County.**

2.0 PERFORMANCE OF SERVICES

2.1 Description of Service:
The Contractor agrees to perform the contracted services in a professional and workmanlike manner and in compliance with all applicable laws, ordinances, rules, regulations and permits. Only the highest quality workmanship will be acceptable. Services, equipment and workmanship not conforming to the Contract documents or meeting the approval of the **County** may be rejected. Replacements and/or rework, as required, will be accomplished at no additional cost to the **County**.

2.2 Cost of Services:
The Contractor shall bear the costs of performing all contracted services hereunder, as directed by the **County**, including but not limited to that which is set out in Section 1.0, plus applicable permit and license fees and all maintenance costs required to maintain its vehicles and other equipment in a condition and manner adequate to accomplish and sustain all contracted services as set out in this Contract.

2.3 Matters Related to Performance:

2.3.1 Subcontractor(s):
The Contractor may utilize the service of subcontractors and shall be responsible for the acts or omissions of its subcontractors to the same extent the Contractor is responsible for the acts and omissions of its employees. The Contractor shall ensure that all its subcontracts have and carry the same major provisions of this Contract and that the work of their subcontractors is subject to said provisions. Nothing contained in this Contract shall create any contractual relationship between any subcontractor and the **County**. The Contractor shall supply the names and addresses of subcontractors and materials suppliers when requested to do so by the **County**.

2.3.2 Indemnification:
The Contractor agrees to indemnify, hold harmless and defend the **County** from and against any and all liabilities, suits, actions, legal proceedings, claims, demands, damages, costs and expenses (including attorney's fees) rising out of any act or omission of the Contractor, its agents, subcontractors or employees in the performance of this Contract, but excluding any damage, injury, or loss to person or property solely the result of the ***County's*** negligent, reckless, or willful acts or omissions or those of its employees, agents, or other contractors or subcontractors. In no event shall Contractor's

liability hereunder exceed the dollar amount paid or to be paid to Contractor for its services under this Contract.

2.3.3 Insurance(s):
The Contractor agrees to keep the following Insurance in full force and effect during the term of this Contract. The Contractor must also name the **County**, as additional insured, while working within the boundaries of the **County**.

2.3.4 Worker's Compensation:
- Coverage per **County** requirements.

2.3.5 Automobile Liability:
- Coverage per **County** requirements.

2.3.6 Comprehensive General Liability:
- Coverage per **County** requirements.

2.3.7 Insurance Cancellation / Renewal:
The Contractor will notify the **County** at least thirty (30) days in advance of cancellation, non-renewal or adverse change to the required insurance. New certificates of insurance are to be provided to the **County** at least ten (10) days following coverage renewals or changes.

3.0 STANDARDS OF PERFORMANCE

3.1 Contractor Representative:
The Contractor shall have a knowledgeable and responsible Contractor Representative Report to the **County's** designated Contract Representative within 24 hours following the activation of this contract. The Contractor Representative shall have the authority to implement all actions required to begin the performance of contracted services as set out in this Contract and the Contractor's General Operations Plan.

3.2 Mobilization:
When the written Notice to Proceed has been received by the Contractor and/or the on-site Contractor Representative, he/she will make all necessary arrangements to mobilize a minimum of 50% of the required resources within 48 hours and 100% of the required resources within 96 hours to commence and conduct these contracted services.

3.3 Payment and Performance Bonds: Contractor shall provide payment and performance bonds 7 – 10 days following activation of contract.

3.4 Time to Complete:
The Contractor shall complete all directed work as set out in Section 1.0 of this Contract within *(number of days will be determined once extent of damage has been determined)* working days and in accordance with Section 5.8 of this Contract.

3.5 Completion of Work:

The Contractor shall be responsible for removal of all debris up to the point where remaining debris can only be described as storm litter and additional collection can only be accomplished by the use of hand labor.

3.5.1 Extensions (optional):

In as much as this is a "time is of the essence" based Contract, the commencement of contracted services will be as set out in Section 3.2. If the completion of this Contract is delayed by actions of the **County**, then and in such event the time of completion of this Contract shall be extended for such additional time within which to complete the performance of the Contract as is required by such delay. This Contract may be extended by mutual consent of both the **County** and the Contractor for reasons of additional time, additional services and/or additional areas of work.

3.6 Term of Contract:

The term of the Contract shall be for five (5) consecutive years beginning on the date of acceptance by and signatures of the **County** and Contractor, whichever comes later.

3.7 Contract Renewal:

This Contract may be renewed for an additional five (5) subsequent one (1) year renewals after a written concurrence of both parties on any negotiated changes to the terms and specifications contained in this Contract. Section 7.0 of this Contract may be reviewed and amended on an annual basis, at which time amended unit costs may be submitted by the Contractor to the **County** to reflect the current disaster recovery market value of all contracted services in this Contract. Such amendments shall become part of this Contract after both parties sign any such written amendment(s) as required by Section 8.3 of this Contract.

3.8 Contract Termination:

This Contract shall terminate upon (six) 6 months written notice from either party and delivered to the other party, as set out in Section 8.1 of this Contract.

4.0 GENERAL RESPONSIBILITIES

4.1 Other Agreements:

The **County** may be required to enter into agreements with Federal and/or State agencies for disaster relief. The Contractor shall be bound by the terms and conditions of such agreements. The **County** shall provide Contractor with copies of any such federal or state agreements within 7 days of the execution thereof.

4.2 County Obligations:

The **County** shall furnish all information and documents necessary for the commencement of contracted services, including but not limited to a valid written Notice To Proceed. A representative will be designated by the **County** to be the primary point of contact for inspecting the work and answering any on site questions prior to and after activation of this Contract via a written Notice To Proceed. The **County** is responsible for issuing all Public Service Announcements (PSA) to advise citizens and agencies of the available debris services. The Contractor may assist the **County** with the development of debris-based PSA(s), if requested.

4.3 Conduct of Work:
The Contractor shall be responsible for planning and conducting all operations in a satisfactory workmanlike manner. The Contractor shall exhibit respect for the citizens and their individual private properties. All operations shall be conducted under the review of a **County** Representative. The Contractor shall have and require strict compliance with a written Code of Ethics. The Contractor will supervise and/or direct all contracted services. The Contractor is solely responsible for the means, methods, techniques, safety program and procedures. The Contractor will employ and maintain on the work site a qualified supervisor who shall have full authority to act on behalf of the Contractor and all communications given to the supervisor by the **County's** Authorized Representative shall be as binding as if given to the Contractor.

4.4 Damages:
The Contractor shall be responsible for conducting operations in such a manner as to cause the minimum damage possible to existing public, private and commercial property and/or infrastructure. Contractor shall also be responsible for any property damages solely caused or the result of the negligence of its employees and subcontractors as set out in Sections 1.2 through 1.5 of this Contract. However, in no event shall the Contractor's liability hereunder exceed the dollar amount paid or to be paid to Contractor for its services under this Contract.

4.5 Other Contractor(s):
The Contractor shall acknowledge the presence of other contractors involved in disaster response and recovery activities by the federal, state and local government and of any private utility, and shall not interfere with their work.

4.6 Ownership of Debris (optional):
All debris, including regulated hazardous waste, shall become the property of the Contractor for removal and lawful disposal. The debris will consist of, but not limited to vegetative, construction and demolition, white goods and household solid waste.

4.7 Disposal of Debris:
Unless otherwise directed by the **County**, the Contractor shall be responsible for determining and executing the method and manner for lawful disposal of all eligible debris, including regulated hazardous waste. The primary location of the reduction and disposal site(s) shall be determined by the **County** and Contractor. Other sites may be utilized as directed and/or approved by the **County**.

4.8 Federal-Aid Requirements:
The Contract provisions of the Federal Highway Administration's Form **FHWA-1273 (Appendix C)**, titled *"Required Contract Provisions – – Federal-Aid Construction Contracts" and FEMA FACT SHEET 9580.214, "Debris Removal on Federal-Aid Highways,* shall apply to all work performed by the Contractor or any of its Subcontractors.

4.9 Compliance with Federal Laws:
This Contract is subject to Federal Laws. The Federal laws applicable to and incorporated into this Contract are 2 C.F.R. 200.326 as described in Appendix II to Part 200 – Contract Provisions for non-Federal Entity Contracts Under Federal Awards, FEMA Public Assistance Program and Policy Guide, FEMA 325 Debris Management Guide, FEMA Recovery Policy 9500 series and any other Federal rule, regulation or policy relating to disaster debris.

5.0 GENERAL TERMS AND CONDITIONS

5.1 Geographic Assignment:
The geographic boundary for work by the Contractor's crews shall be as directed by the **County** and will be limited to properties located within the **County** legal boundaries. Unless otherwise directed by the County Manager, Contractor shall be prohibited from fulfilling obligations and services offered under this contract in incorporated areas of the County.

5.2 Multiple, Scheduled Passes (optional):
The Contractor shall make scheduled passes at the direction of the **County** and/or unscheduled passes of each area impacted by the storm event. The **County** shall direct the interval timing of all passes. Sufficient time shall be permitted between subsequent passes to accommodate reasonable recovery and additional debris placement at the ROW by the citizens and the **County**.

5.3 Operation of Equipment:
The Contractor shall operate all trucks, trailers and all other equipment in compliance with any/all applicable federal, state and local rules and regulations. Equipment shall be in good working condition. All loading equipment shall be operated from the road, street or ROW using buckets and/or boom and grapple devices to collect and load debris. No equipment shall be allowed behind the curb or outside of the public ROW unless otherwise directed by the **County**. Should operation of equipment be required outside of the public ROW, the **County** will provide a Right-of-Entry Agreement, as set out in Section 1.6 of this Contract.

5.4 Certification of Load Carrying Capacity:
The Contractor shall submit to the **County** a certified report indicating the type of vehicle, make and model, license plate number and/or trailer VIN number, assigned debris hauling number and measured maximum volume, in **cubic yards**, of the load bed of each piece of equipment to be utilized to haul debris.

The measured volume of each piece of equipment shall be calculated from the actual physical measurement performed by the **County** and Contractor Representative(s). A standard measurement form certifying actual physical measurements of each piece of equipment shall be an attachment to the certified report(s) submitted to the **County**.

5.5 Vehicle Information:
The maximum load capacity of each hauling vehicle will be rounded to the nearest whole **cubic yard (CY)**. (Decimal values of .1 through .4 will be rounded down and decimal values of .5 through .9 will be rounded up.) The measured maximum load capacity (as adjusted) of any vehicle load bed will be the same as shown on the trailer measurement form and painted on each numbered vehicle or piece of

equipment used to haul debris. All vehicles or equipment used for hauling will have and use a Contractor approved tailgate, and sideboards will be limited to those that protect the load area of the trailer.

5.6 Security of Debris During Hauling:
The Contractor shall be responsible for the security of debris on/in each vehicle or piece of equipment utilized to haul debris. Prior to leaving the loading site(s), the Contractor shall ensure that each load is secure and trimmed so that no debris extends horizontally beyond the bed of the equipment in any direction. All loose debris shall be reasonably compacted and secured during transport. As required, the Contractor will survey the primary routes used by the Contractor and recover fallen or blown debris from the roadway(s).

5.7 Traffic Control:
The Contractor shall mitigate impact on local traffic conditions to all extents possible. The Contractor is responsible for establishing and maintaining appropriate traffic control in accordance with the latest Manual of Uniform Traffic Control Devices. The Contractor shall provide sufficient signing, flagging and barricading to ensure the safety of vehicular and pedestrian traffic at all debris removal, reduction and/or disposal site(s).

5.8 Work Days/Hours:
The Contractor may conduct debris removal operations from sunup to sundown, seven days per week. Any mechanical, debris reduction operations or burning operations may be conducted 24 hours a day, seven days per week. Adjustments to work days and/or work hours shall be as directed by the **County** following consultation and notification to the Contractor.

5.9 Hazardous and Industrial Wastes:
The Contractor shall set aside and reasonably protect all hazardous or industrial materials encountered during debris removal operations for collection and disposal in accordance with the Contractor's Hazardous and Industrial Materials Cleanup and Disposal Plan. The Contractor will build, operate and maintain a Hazardous Waste and Industrial Material Storage area until proper disposal of such waste is feasible. The Contractor may use the subcontracting services of a firm specializing in the management and disposal of such materials and waste, if/when directed by the **County**.

5.10 Stumps:
All hazardous/eligible stumps identified by the **County** will be pulled, loaded, transported, stored, reduced and disposed in accordance with the standards of this Contract. All stumps will be documented, invoiced and paid in accordance with Stump Conversion Table – Diameter to Volume Capacity.

5.11 Utilizing Local Resources:
The Contractor shall, to the extent possible, give priority to utilizing resources within the **County**. Debris Contract local preferences will include, but not limited to, procurement of services, supplies and equipment, plus awarding service subcontracts and employment to the local work force.

5.12 Work Safety:
The Contractor shall provide and enforce a safe work environment as prescribed in the Occupational Safety and Health Act of 1970, as amended. The Contractor will

provide such safety equipment, training and supervision as may be required by the **County** and/or Government. The Contractor shall ensure that its subcontracts contain a similar safety provision.

5.13 Inspection and Testing:
All debris shall be subject to adequate inspection by the **County** or any public authority in accordance with generally accepted standards to ensure compliance with the Contract and applicable federal, state and local laws. The **County** will, at all times, have access to all work sites and disposal areas. In addition, authorized representatives and agents of the Government shall be permitted to inspect all work, materials, invoices and other relevant records and documentation.

5.14 Other Agencies:
The term "Government" as used in this Contract refers to those governmental agencies, which may have a regulatory or funding interest in this Contract.

6.0 REPORTS, CERTIFICATIONS and DOCUMENTATION

6.1 Accountable Debris Load Forms:
The **County** shall accept the serialized copy of the Contractor's debris reporting ticket(s) as the certified, original source documents to account for the measurement and accumulation of the volume of debris delivered and processed at the reduction and/or disposal site(s). The serialized ticketing system will also be used in the event of additional debris handling for volume reduction and/or the possible requirement for a debris transfer station(s). These tickets shall be used as the basis of any electronic generated billing and/or report(s).

6.2 Reports:
The Contractor shall submit periodic, written reports to the **County** as requested or required, detailing the progress of debris removal and disposal. These reports may include, but not limited to:

6.2.1 Daily Reports:
The daily reports may detail the location where passes for debris removal were conducted, the quantity of debris (by type) removed and disposed and the total number of personnel crews engaged in debris management operations and the number of grinders, chippers and mulching machines in operation. The Contractor will also report damages to private property caused by the debris operation or damage claims made by citizens and such other information as may be required to completely describe the daily conduct of the Contractor's operations.

6.2.2 Weekly Summaries:
A summary of all information contained in the daily reports as set out in Section 6.2.1 of this Contract or in a format required by the **County**.

6.2.3 Report(s) Delivery:
The scheduling, point of delivery and receiving personnel for the debris operations report(s) will be directed by the **County** in consultation with the Contractor.

6.2.4 Final Project Closeout:
Upon final inspection and/or closeout of the project by the **County**, the Contractor shall prepare and submit a detailed description of all debris management activities to include, but not limited to the total volume, by type of debris hauled, reduced and/or disposed, plus the total cost of the project invoiced to the **County**. If requested, any other additional information as may be necessary to adequately document the conduct of the debris management operations for the **County** and/or Government.

6.3 Additional Supporting Documentation:
The Contractor shall submit sufficient reports and/or documentation for debris loading, hauling, disposal, and load capacity measurements as may reasonably be required by the **County** and/or Government to support requests for debris project reimbursement from external funding sources.

6.4 Report Maintenance:
Contractor will be subject to audit by federal, state and local agencies pursuant to this Contract. The Contractor will maintain all reports, records, debris reporting tickets and contract correspondence for a period of not less than three (3) years.

6.5 Contract File Maintenance:
The Contractor will maintain this Contract and the invoices that are generated for the contracted services for a period of five (5) years or the period of standard record retention of the **County**, whichever is longer.

7.0 UNIT PRICES and PAYMENTS

7.1 ***See enclosed RFP Fee Schedule.***

7.2 Billing Cycle:
The Contractor shall invoice the **County** on a 30 day basis reflecting the close of business on the last working day of the billing period. Serialized debris reporting tickets and disposal site verification of the actual cubic yardage for each load of debris or itemized stumps will support all invoices.

7.3 Payment Responsibility:
The **County** agrees to accept the Contractor's invoice(s) and supporting documentation as set out in Section 6.3 of this Contract and process said invoices for payment within 15 business days of the receipt thereof. The **County** will advise the Contractor within five (5) working days of receiving any debris service invoice that requires additional information for approval to process for payment.

7.4 Ineligible Work:
The Contractor will not be paid for the removal, transportation, storage, reduction and/or disposal of any material or stumps as may be determined by the **County** and/or Government as ineligible debris.

7.4.1 Eligibility Inspections:
The Contractor and **County** will inspect each load to verify the contents are in accordance with the accepted definition of eligible debris, as set out in Section 1.1 of this Contract.

7.4.2 Eligibility Determinations:
If any load is determined to contain material that does not conform to the definition of eligible debris, the load will be ordered to be deposited at another landfill or receiving facility and no payment will be allowed for that load and the Contractor will not invoice the **County** for such loads.

7.5 Unit Price/Service Negotiations:
Unknown and/or unforeseen events or conditions may require an adjustment to the stated unit prices in Section 7 of this Contract. Any amendments, extensions or changes to the scope of contracted services or unit prices are subject to full negotiation(s) between the **County** and the Contractor and subject to the review of the Government and must comply with Section 8.3 of this Contract.

7.6 Specialized Services:
The Contractor may invoice the **County** for costs incurred to mobilize and demobilize specialized equipment required to perform services in addition to those specified under Section 1.0 of this Contract. Additional specialized services will only be performed if/when directed by the **County**. The rate for specialized mobilization and demobilization shall be fair and reasonable as determined by the **County**.

8.0 MISCELLANEOUS

8.1 Notice:
Whenever in this Contract it is necessary to give notice or demand by either party to the other, such notice or demand shall be given in writing and forwarded by certified or registered mail and addressed as follows:

Contractor:
CrowderGulf, LLC
5435 Business Parkway
Theodore, AL 36582
800-992-6207
jramsay@crowdergulf.com

County:
Pender County
County Manager
805 South Walker Street
Burgaw, NC 28425
910-259-1200
cmcewen@pendercountync.gov

8.2 Applicable Law:
The laws of the **State of North Carolina** shall govern this Contract. Any and all legal action necessary to enforce the Contract will be held in Pender County, North Carolina, and the Contract shall be interpreted by the laws of North Carolina.

8.3 Entire Contract/Amendments:
This Contract (including any schedules or exhibits attached hereto) constitutes the entire Contract and understanding between the parties with respect to the matters contained herein. This Contract supersedes any prior contracts, negotiations, proposals, agreements and/or understandings, whether verbal or written, relating to the subject matter hereof. This Contract may be modified, amended or extended only by a written instrument executed by both parties.

8.4 Waiver:
In the event one of the parties waives a default by the other, such a waiver shall not be construed or deemed to be a continuing waiver of any subsequent breach or default of the other provisions of this Contract, by either party.

8.5 Severability:
If any provision of this Contract is deemed or becomes invalid, illegal or unenforceable under the applicable laws or regulations of any jurisdiction, such provision will be deemed amended to the extent necessary to conform to applicable laws or regulations. If it cannot be so amended without materially altering the intention of the parties, it will be stricken and the remainder of this Contract will remain in full force and effect.

IN WITNESS WHEREOF, the Contractor has caused this Contract to be signed in its corporate name by its authorized representative and the **County** has caused this Contract to be signed in its legal name by persons authorized to execute said Contract as of the day and year first written above on page one.

CrowderGulf, LLC

By: _____
Name:

Title: **President**

ATTEST:

_____
Wes Naile, Contracts Administrator

Pender County

By: _____
Name: Chadwick W. McEwen

Title: **County Manager**

ATTEST:

_____
Name:

APPROVED FOR LEGAL SUFFICIENCY
County Attorney's Office

This instrument has been pre-audited in the manner required by the Local Government budget and fiscal Control Act.

Pender County Purchasing Agent

CrowderGulf

Disaster Recovery and Debris Management

5629 Commerce Boulevard East
Mobile, Alabama 36619

Office: (800) 992-6207
Fax: (251) 459-7433

March 11, 2021

Mr. Chad McEwen
County Manager
Pender County
805 S. Walker St
Burgaw, NC 28425

Re: Contract Renewal for Emergency Response, Management, and Recovery Services

Dear Mr. McEwen:

CrowderGulf has been providing Pender County Emergency Response, Management, and Recovery Services per the contract that was executed on March 9, 2017. The term of the Contract is for a five (5) year period with the option to renew for five (5) additional one (1) year periods.

If Pender County is in agreement to renew the contract, please sign the renewal acceptance below and return to CrowderGulf. Upon execution of this acknowledgement the contract will continue under the same terms and conditions until its new expiration date of March 8, 2023.

We appreciate the opportunity to renew this contract and stand ready to respond immediately in the event Pender County requests our services. If you have any questions or if we can be of any further assistance please do not hesitate to contact me at 800-992-6207 or by e-mail jramsay@crowdergulf.com.

Best regards,

Ashley Ramsay-Naile

Ashley Ramsay-Naile
President

RENEWAL ACCEPTANCE – Pender County, NC

_____
Signature

_____
Name/Title

_____
Date

Pender County
Petition for a Road Addition

TO:	Board of County Commissioners
FROM:	Tera Cline
DATE:	May 2, 2022
SUBJECT:	Approval of Petition for a Road Addition

SUMMARY:
NCDOT submitted a petition on behalf of the the property owners and/or developers of Pike Crossing to add an addition to Hawk Hollow Trail to the Division of Highways. Length of the road is 0.42 miles. Number of occupied homes having street frontage is 22, it is located 1.2 miles east of the intersection of Route #1411 and Hwy #117.

ACTION REQUESTED:
Approval of Petition for a Road Addition

TIDEWATER ASSOCIATES, INC.
ENGINEERS • SURVEYORS • PLANNERS
JACKSONVILLE, NORTH CAROLINA
EST. 1961

VIA EMAIL

April 12, 2022

Mr. Doug Racine, Asst. District Engineer
NCDOT - District Office
295 Wilmington Hwy., Suite A
Jacksonville, NC 28540

RE: Road Addition Petition for
Pike Crossing
Pender County, NC

Dear Mr. Racine,

Please find enclosed the Petition for Street Addition for the above referenced project. Utility Encroachment Agreements will be submitted as requested.

If you have any questions or need any additional information, please contact me.

Sincerely,
TIDEWATER ASSOCIATES, INC.

Richard C. Muni
Construction Administrator

Enclosures:
ec: Danny Whaley, Carolina South Builders (petition & cover letter)
xc: CF (P), LAM
RCM/bop
Secretary.C.3.2022.Projects.PikeCrossing.Letter.RoadAdditionPetition...04.12.22

306 New Bridge Street | P.O. Box 976 | Jacksonville, NC 28541-0976| (910) 455-2414
Firm License Number F - 0108 | www.tidewaterenc.com

North Carolina Department of Transportation
Division of Highways
Petition for Road Addition

ROADWAY INFORMATION: (Please Print/Type)

County: Pender Road Name: Hawk Hollow Trail
(Please list additional street names and lengths on the back of this form.)

Subdivision Name: Pike Crossing Length (miles): 0.42± Mi.

Number of occupied homes having street frontage: 22 Located (miles): 1.2± Mi

miles N ☐ S ☐ E ☒ W ☐ of the Intersection of Route 1411 (SR NC, US) and Route Hwy #117 (SR, NC US).
(Check one)

We, the undersigned, being property owners and/or developers of Pike Crossing in Pender County, do hereby request the Division of Highways to add the above described road.

CONTACT PERSON: Name and Address of First Petitioner. (Please Print/Type)

Name: Tidewater Associates, Inc. Phone Number: 910-455-2414

Street Address: 306 New Bridge Street, Jacksonville, NC 28540

Mailing Address: P.O. Box 976, Jacksonville, NC 28541

PROPERTY OWNERS

Name	Mailing Address	Telephone

Form SR-1 (3/2006; Rev 1/2010)

INSTRUCTIONS FOR COMPLETING PETITION:

1. Complete Information Section
2. Identify Contact Person (This person serves as spokesperson for petitioner(s)).
3. Attach two (2) copies of recorded subdivision plat or property deeds, which refer to candidate road.
4. Adjoining property owners and/or the developer may submit a petition. Subdivision roads with prior NCDOT review and approval only require the developer's signature.
5. If submitted by the developer, encroachment agreements from all utilities located within the right of way shall be submitted with the petition for Road addition. However, construction plans may not be required at this time.
6. Submit to District Engineer's Office.

FOR NCDOT USE ONLY: Please check the appropriate block

☐ Rural Road ☐ Subdivision platted prior to October 1, 1975 ☐ Subdivision platted after September 30, 1975

REQUIREMENTS FOR ADDITION

If this road meets the requirements necessary for addition, we agree to grant the Department of Transportation a right-of-way of the necessary width to construct the road to the minimum construction standards of the NCDOT. The right-of-way will extend the entire length of the road that is requested to be added to the state maintained system and will include the necessary areas outside of the right-or-way for cut and fill slopes and drainage. Also, we agree to dedicate additional right-of-way at intersections for sight distance and design purposes and execute said right-of-way agreement forms that will be submitted to us by representatives of the NCDOT. The right-of-way shall be cleared at no expense to the NCDOT, which includes the removal of utilities, fences, other obstructions, etc.

General Statute 136-102.6 states that any subdivision recorded on or after October 1, 1975, must be built in accordance with NCDOT standards in order to be eligible for addition to the State Road System.

ROAD NAME	HOMES	LENGTH	ROAD NAME	HOMES	LENGTH
Catrush Lane	13	0.26± Mi.			

Form SR-1 (3/2006; Rev 1/2010)

Pender County
Approval of the Board of Commissioner Meeting Minutes April 19, 2022

TO:	Board of County Commissioners
FROM:	Tera Cline
DATE:	May 2, 2022
SUBJECT:	Approval of the Board of Commissioner Meeting Minutes April 19, 2022

SUMMARY:
Approval of BOCC meeting Minutes from April 19, 2022.

ACTION REQUESTED:
Approval of BOCC meeting Minutes from April 19, 2022.

MINUTES
Board of County Commissioners Meeting
Tuesday, April 19, 2022 4:00 PM
Pender County Public Assembly Room

MEMBERS PRESENT: George Brown
Fred McCoy
Jacqueline A. Newton
David Piepmeyer

MEMBERS ABSENT: David Williams

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

Page

1 CALL TO ORDER
Chairman Piepmeyer called the meeting to order at 4:00 PM.

2 INVOCATION
Commissioner Newton

3 PLEDGE OF ALLEGIANCE
Commissioner McCoy

4 ADOPTION OF AGENDA

4.1 Mr. Chairman requested a motion to excuse Vice-Chairman Williams from the meeting.

Moved by Jacqueline A. Newton, seconded by George Brown

Motion to excuse Vice Chairman Williams

	For	Against	Abstained	Absent
George Brown	x			

Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

4.2 Motion to adopt agenda as presented

Moved by George Brown, seconded by Fred McCoy

Motion approved

	For	**Against**	**Abstained**	**Absent**
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

5 PUBLIC INFORMATION

5.1 Proclamation Sexual Assault Awareness Month April 2022 11

2022 Sexual Assault Awareness

5.2 Auditor Presentation of FY2021 Audit Report 13 - 26

Erica Brown, Martin Starnes and Associates, CPSs, P.A., presented the 2021 Pender County Audited Financial statements.

4-19-2022

5.3 Birthday Resolution for Dr. Irene Van Travis 27

BDAY resolution for Dr. Travis

6 PUBLIC COMMENT

7 CONSENT AGENDA

7.1 Approval of a Memorandum of Understanding between ASAR Training and Response Inc. and Pender County

7.2 Approval of FY 2022-2023 Pender County Juvenile Crime Prevention Council, Funding Recommendations and Board Members

7.3 Approve State Funding Resolution and Application for CFPUA Water Interconnection Project

7.4 Approve State Funding Resolution and Application for US 421 Sewer Extension Project

7.5 Approve State Funding Resolution and Application for US421/Blueberry Road Water Extension Project

7.6 Approval of the Board of Commissioner Meeting Minutes April 4, 2022

7.7 Motion to approve Consent Agenda

Moved by Jacqueline A. Newton, seconded by Fred McCoy

Motion approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

8 APPROVALS AND RESOLUTIONS

8.1 Approval of Purchase Order to O.C. Welch Ford Lincoln, Inc for the purchase of 2022 Ford F-150 Responder pickup truck in the amount of $35,320.80.

Moved by Jacqueline A. Newton, seconded by Fred McCoy

Motion approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

8.2 Recommendation for Adoption of the 2022-2032 Pender County Parks and Recreation Comprehensive Master Plan 29 - 193

Moved by Jacqueline A. Newton, seconded by George Brown

Motion to adopt the Pender County Parks and Recreation Comprehensive Master Plan

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

Final Parks and Recreation Plan 2022-2023

8.3 Approval to Submit a 2022 Parks and Recreation Trust Fund Grant Application for Central Pender Park Phase 1 195 - 197

Moved by Jacqueline A. Newton, seconded by Fred McCoy

Motion Approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

CPP Phase 1 BOCC 4.19.22
Central Pender PARTF Project Cost

8.4 Approval to Submit a 2022 Parks and Recreation Trust Fund Grant Application for Hampstead Kiwanis Park Phase 4 199 - 201

Moved by George Brown, seconded by Fred McCoy

Motion Approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

Hampstead Kiwanis Park Phase 4
HKP Phase 4 PARTF Project Cost

9 DISCUSSION

10 APPOINTMENTS

11 MAPLE HILL WATER AND SEWER DISTRICT

12 ROCKY POINT WATER AND SEWER DISTRICT

13 SCOTTS HILL WATER AND SEWER DISTRICT

14 MOORES CREEK WATER AND SEWER DISTRICT

15 CENTRAL PENDER WATER AND SEWER DISTRICT

16 PENDER COUNTY BOARD OF HEALTH

17 SOCIAL SERVICES BOARD

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

Trey Thurman, County Attorney, Items for closed session are 3, Attorney Client, 5, acquisition of real property, and 6, personnel.

Chad McEwen, County Manager, Updated the board on the closing for lot 1A and 1B at Pender Commerce Park. Stated budget meetings are still going and coming together well.

Allen Vann, Assistant County Manager, stated to the board that Sarah Taylor and himself went to the National Hurricane Convention in Florida and they both attended multiple classes and gained a lot of valuable information.

Doug Shipley, Assistant County Manager, stated that budget meetings were continuing and moving forward.

Commissioner Newton, stated the last two weeks she attended the cape fear water sewer board meeting and the airport board meeting. Just want to let everybody know Spring Fest is coming up on May 7. We will be utilizing Courthouse Square to do that. And it's going to be a wonderful event for people Pender people and things that are made produced and grown in Pender counties. That's what Spring Fest is all about. She wanted to remind the board members that the annual meeting for southeastern regional economic development will be next Monday at the airport winery in Bladen. County. Not sure who the speaker will be. But it's usually a very well attended affair. And very informative.

Commissioner McCoy, attended the RPO board meeting. One of the things on the agenda was the funding bill for the state share of the funding bill $4 trillion transportation bill passed last year, but he expressed his disappointment to find out this money is all not for transportation needs such as road Replacement , almost half of this money goes to such things is climate change, solar energy, electrical car development, and more bridges.

Chairman Piepmeyer, Reminded all that our next meeting of the county commissioners will be for the budgetary sessions that will be on April 28, which is next Thursday. Starting tomorrow afternoon, the WMPO state conference will be kicked off at the Wilmington Convention Center at 1:30. Tomorrow. The Wilmington Metropolitan Planning Organization is just one planning organization. There's, there's two different types of organizations that permeate our state. They're either role planning organizations, or they're metropolitan planning organizations. This will be a state conference for all the metropolitan planning organizations across the state. So the big 460, some people that have registered to attend this conference, and the discussions will be around state transportation. And hopefully, there'll be some discussions around funding models and things that really are challenges right now, for our state transportation system. Anyway, I have the honor of giving the opening remarks as the chairman of the WMPO. I'm giving the opening remarks tomorrow at 130. So if you have nothing else to do, come see me give the opening remarks.

19 CLOSED SESSION (IF APPLICABLE).

19.1 Motion to go into closed session to discuss items three, attorney client, item 5, land acquisitions, and item 6, personnel at 5:13 pm

Moved by George Brown, seconded by Fred McCoy

Motion approved

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

20 7PM PUBLIC HEARINGS: SPECIAL USE PERMITS/ZONING MAP AMENDMENTS/ RESOLUTIONS

20.1 REZONE 2022-29

Greg Feldman, Current Planner, presented on behalf of the applicant. Michael Nadeau, applicant on behalf of Thomas and Rebecca Benfield, owners, is requesting approval of a Zoning Map Amendment to rezone two tracts totaling approximately 11.5 acres of land from RP, Residential Performance zoning district to GB, General Business zoning district. The subject property is located east of US Highway 17, approximately 1,000 feet south of the intersection of Sloop Point Road and US Highway 17. The applicant is proposing to rezone approximately 11.50 acres from the RP, Residential Performance zoning district to the GB, General Business zoning district. Because this is a general use rezoning, a conceptual plan is not included within the application. If approved, the site could be developed based upon all uses that are permitted by right or by Special Use Permit in the GB, General Business zoning district.However, any future development of the site must comply with the standards of the GB, General Business zoning district and is subject to review and approval by the Technical Review Committee (TRC) to ensure compliance with all applicable local, State, and Federal regulations.
The General Business zoning district is primarily intended to accommodate uses which require close access to major highways. The district is established to provide convenient locations for businesses which serve the needs of surrounding residents, including office, retail, and personal service uses.

Michael Nadeau, Creative Commercial Properties, spoke to the board on behalf of the applicant. The applicants have owned the property over 30 years and its been in their family quite a few years before that. We're

requesting the general business rezoning as you saw surrounded on all sides by commercial zoning and business uses. Some RP zoning right across the street is owned by Duke Energy. Duke Energy put a big substation there. So ultimately, you have commercial zoning and or commercial uses. So surrounding the site. Just real quickly on the land use plan I put that exhibit here this is the comprehensive land use map. The future land use plan map for South Slope Point Loop Road. The approved plan shows a total of 4.7 acres designated for commercial use. total of four parcels were identified in the plan. This intersection was properly recognized as a good location for a business note certainly with the activity downstream. Looking at the land use plan tax, Pender County with more intensive land uses in key locations identified for growth, the county supports a growth pattern that allows for strategic placement of commercial development. The county supports a wide range of commercial and residential development when appropriately located so I think certainly see the intent here is to be sure the sighting is ideal as opposed to encroaching into into residential areas there. So, in turn that we saw the land use plan. This is the current map on the ground this is taking it to today. And within that black outline and the main one there, south of sloop point Loop Road, originally 4.7 acres and four parcels we now have business use or business zoning 75 acres 27 contiguous parcels are now either used by businesses owned business. And adding the solar farm which again, of course is a business use adjacent there brings a total of 100 acres that are currently in business use in this area. 501 D, the county supports a growth pattern that includes low density single family residential communities, but also allows for the strategic placement of higher density residential mixed use and commercial development to accommodate and support future population growth where the necessary infrastructure exists or is planned. And let's say certainly a site with 31,000 cars a day surrounded by business would would strike me as meeting that criteria by when h county supports a wide range of commercial residential development at varying intensities when appropriately located. So as I said, I think by virtue of the Brownfield site right in the track right in the middle of that 75 acres, you can see it highlighted in yellow, I would argue that the request is supported by the policies and not in conflict. I might even suggest putting residential in the middle of that business move might be the more appropriate option potentially. This does certainly does conflict with the land use map as as the shown but with over 100 acres of non residential zoning in red non residential uses. We feel this request in North Hempstead provides additional commercial a large commercial track for future development.
The Chairman requested a motion.

Moved by George Brown, seconded by Fred McCoy

Motion to approve

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton		x		
David Piepmeyer		x		
David Williams				x
	2	2	0	1

DEFEATED.

Moved by George Brown, seconded by Fred McCoy

Motion to table until May 19, 2022 meeting due to tie of votes.

	For	Against	Abstained	Absent
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

20.2 SUP 2022-27

Attorney Trey Thurman swore in all staff and citizens and applicants wishing to speak on the SUP. Chris Hatcher, Current Planner, presented on behalf of Mr. Randy Chapman the applicant on behalf of Kenneth and Karen who became the owners of the property are requesting a special use permit to store boats and boat trailers with an approximate 1.1 acre lot in the general business zoning district. The subject property is located across from the intersection of US Highway 17 and Perkins drive in the topsail Township. The subject property highlighted in blue is currently zoned general business with surrounding buildings of general business rule agriculture and environmental conservation. Across probably 70 We have additional general business with large portions of property zoned residential performance and a few small pockets of Office institutions. The subject property per capita County's GIS is 1.1 acre is currently vacant and freshly cleared. The property is located approximately six tenths of a mile south of Pender Onslow County mine. Here we have the proposed site plan from the applicant that contains at approximate 32 storage spaces with one gated

entrance entrance exit off of Highway 17. The applicant is proposing to have pervious gravel parking and to be surrounded by a six foot chain link fence is important to note that the applicant will be required to go through the site development review process should this issue P be permitted. Access to the property will be from the US Highway 17 with a right in right out turn. Mr. Hatcher gave a detailed description of the required buffers as well. There was discussion with the board on who would ensure landscaping buffers were maintained. Travis Henley, Planning Director, stated code enforcement would investigate any noncompliance once the project is completed with the planning department.

Moved by George Brown, seconded by Jacqueline A. Newton

Motion to approve SUP

	For	**Against**	**Abstained**	**Absent**
George Brown	x			
Fred McCoy	x			
Jacqueline A. Newton	x			
David Piepmeyer	x			
David Williams				x
	4	0	0	1

CARRIED.

21 NEXT MEETING DATE

Thursday April 28, 2022
4:00 PM
Board of Commissioners Meeting Room
805 S. Walker St
Burgaw NC

22 ADJOURNMENT

Motion to adjourned made by Commissioner Brown and Second by Commissioner Newton, all in favor for adjournment at 7:42 pm

Sexual Assault Awareness Month

Proclamation

April 2022

April is Sexual Assault Awareness Month – a time to draw attention to the prevalence of sexual assault and educate individuals and communities about how to prevent it. Sexual harassment, abuse, and assault are widespread problems. In the United States alone, nearly one in five women and one in 67 men have been raped at some time in their lives (Smith et al., 2017), and one in four girls and one in twenty boys is sexually abused by the age of 17 (Finkelhor et al., 2014).

Sexual harassment, assault, and abuse can happen anywhere, including in online spaces. Now more than ever, screens and technology connect us with others – but for too long, harassment, cyberbullying, and sexual abuse have been seen as unavoidable behaviors online.

Each of us has the power to change that. Together, we can make a difference to build inclusive, safe, and respectful communities that thrive online and offline.

2022 marks the twenty-first anniversary of SAAM, and the theme of this year's campaign is "Building Safe Online Spaces Together." We can build online communities free from sexual harassment, abuse, and assault by practicing digital consent, intervening when we see harmful behaviors, and promoting online communities that value inclusion, safety, and respect.

I join advocates and communities across the country in proclaiming that we can build safe online spaces together.

David Pugin — 4-19-2022

Name — Date

Finkelhor, D., Shattuck, A., Turner, H.A., & Hamby, S.L. (2014) The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 5*, 329-333. https://doi.org/10.1016/j.jadohealth.2013.12.026

Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 state report.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

NSVRC national sexual violence resource center

Sexual Assault Awareness Month

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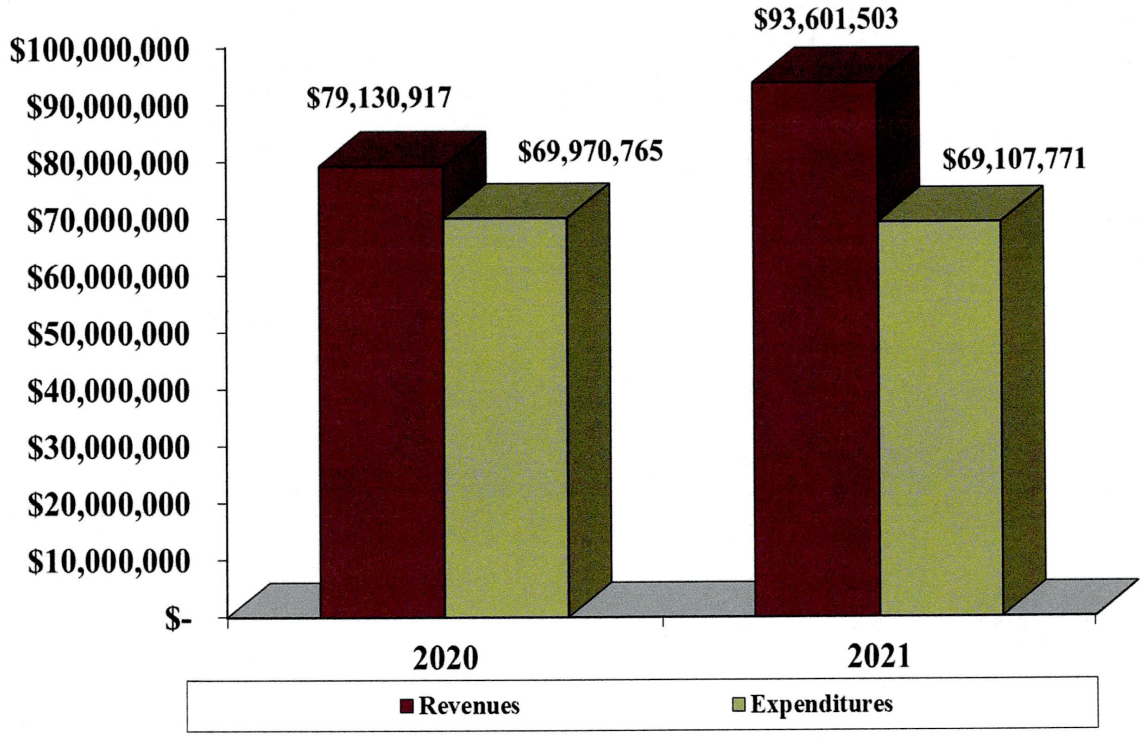
Pender County

2021 Audited Financial Statements

Audit Highlights

- Unmodified opinion
- Single Audit reporting
  - 2021 tested 6 programs
- GASB 84 Implemented (Custodial Funds)
  - Leases next year – GASB 87
- Performance Indicators & Findings
  - Self Reporting

General Fund Summary



Amounts include other financing sources and uses

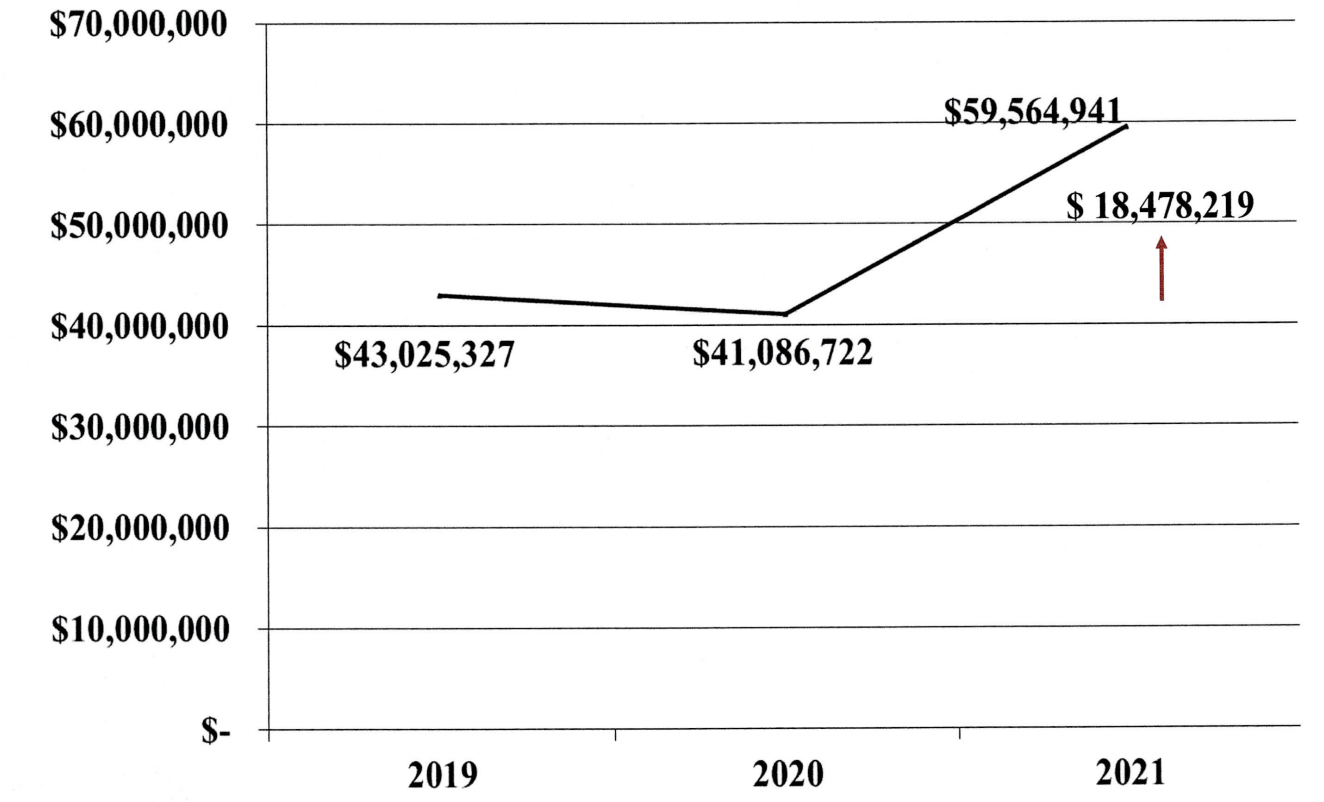
Fund Balance

- Serves as a measure of the Town's financial resources available.
  - (Assets + Deferred outflows) – (Liabilities + Deferred inflows) = Fund Balance/Net Position

5 Classifications:

- **Non spendable** - not in cash form (prepaid)
- **Restricted** - external restrictions (laws, grantors)
- **Committed** - internal constraints at the highest (Board) level- do not expire, require Board action to undo
- **Assigned** - internal constraints, lower level than committed
- **Unassigned** - no external or internal constraints

Total Fund Balance
General Fund



Fund Balance

Available fund balance as defined by the Local Government Commission (LGC) is calculated as follows:

Total Fund Balance

Less: Non spendable (not in cash form, not available)

Less: Stabilization by State Statute (by state law, not available)

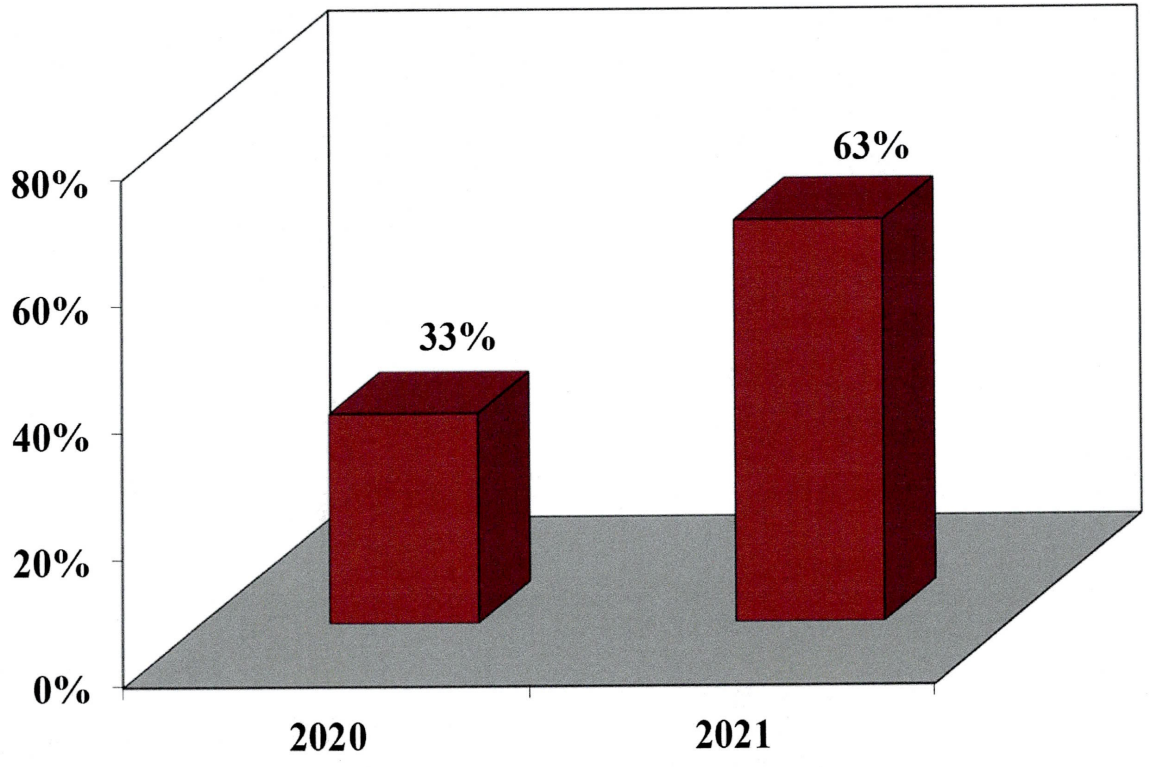
Available Fund Balance

This is the calculation utilized as the basis for comparing you to other units and calculating your fund balance percentages.

Fund Balance Position-General Fund

Total Fund Balance	$ 59,564,941
Non spendable	- 854,979
Stabilization by State Statute	-10,863,581
Available Fund Balance	$ 47,846,381
Available Fund Balance 2020	$ 27,213,625
Increase in Available FB	20,632,756

Available Fund Balance as a Percent of Expenditures– General Fund



Major Enterprise Funds

Resource Recovery	2021	2020
Unrestricted Net Position	$ 3,007,034	$ 2,525,499
Cash Flow From Operations	$ 209,531	$ (316,553)
Net Income (GAAP)	$ 417,404	$ 461,521
Quick Ratio	7.3	6.5

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& ASSOCIATES, CPAs, P.A.

Enterprise Funds

Pender County Utilities	2021	2020
Unrestricted Net Position	$ 13,003,176	$ 10,831,860
Cash Flow From Operations	$ 8,038,144	$ 5,204,129
Net Income (GAAP)	$ 3,261,141	$ 762,863
Quick Ratio	4.2	3.1

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Key Performance Indicators

- Performance Indicators/Findings – Response Required
  - Statutory violation – excess of expenditures over appropriations
  - Audit submitted after LGC deadline
  - Prior period adjustment (related to W&S capital assets) and Significant audit adjustments/ cash reconciliations at fund level
  - Compliance Corona Virus Relief Fund reports not completed timely

Key Performance Indicators

- Positive performance indicators
  - GF available fund balance %
  - Enterprise fund quick ratios
  - Stable property tax valuation & collection %
  - Corrected findings from 2020 related to the Medicaid Program

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Discussion & Questions

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RESOLUTION RECOGNIZING THE 97th BIRTHDAY OF PENDER COUNTY RESIDENT
Dr. Irene Van Travis
PENDER COUNTY BOARD OF COMMISSIONERS

WHEREAS, Dr. Irene (Graham) Van Travis graduated from Pender County Training School in 1943 and graduated from Elizabeth City State University (Elizabeth Teachers' College) in 1947; and

WHEREAS, Dr. Travis has spent more than 7 decades as an educator and inspiration to educators; and

WHEREAS, Dr. Travis has been a beacon of leadership and service to her family, Church, community, and veterans. She is the visionary force in the development of the Graham-Powell Family Educational Foundation, Inc focusing on supporting high school graduates from Pender and New Hanover Counties. She established the Dr. Irene Van Travis Endowed Scholarship to support students from southeaster NC majoring in Special Education at ECSU; and

NOW, THEREFORE, BE IT RESOLVED that due to her life accomplishments of being Ninety-Seven years in age residing in Pender County as an honorable senior citizen, the Pender County Board of Commissioners hereby recognizes and congratulates Dr. Irene Van Travis on her birthday of April 19, 1925. Dr. Irene Van Travis is a true servant of God and exemplifies Christian principles in all aspects of her life.

Presented this the 19h day of April 2022.

_____
David Piepmeyer, Chairman
Pender County Board of Commissioners

Attest: _____
Tera Cline
Clerk to the Board

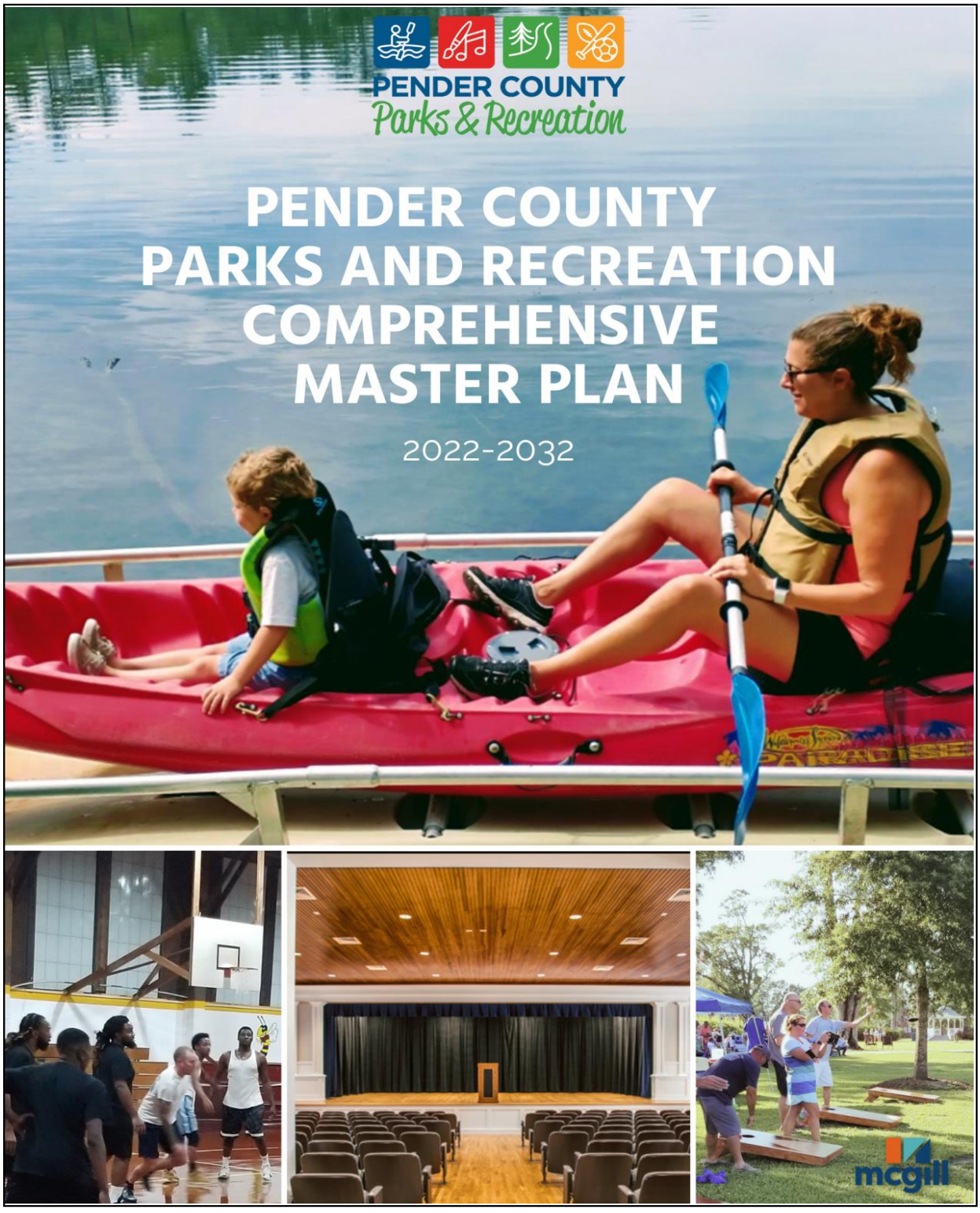

PENDER COUNTY
Parks & Recreation
PENDER COUNTY
PARKS AND RECREATION
COMPREHENSIVE
MASTER PLAN
2022-2032
mcgill

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APPENDICES

Appendix A	**Maps**
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Appendix C	**Public Meeting Results**
Appendix D	**Community Survey Results**
Appendix E	**Focus Groups and Stakeholder Interviews**
Appendix F	**Capital Improvement Plan**

ACKNOWLEDGEMENTS

Pender County wishes to express sincere gratitude and appreciation for the many individuals that contributed to the Pender County Comprehensive Parks and Recreation Master Plan, some of whom are identified below.

Pender County Board of Commissioners
David Piepmeyer — Chairman
David Williams — Vice-Chairman
George Brown — Commissioner
Fred McCoy — Commissioner
Jackie Newton — Commissioner

Pender County Recreation Advisory Board
Daniel Price – Chairman
Amanda McDuffie – Vice Chair
Jay Kapiko
Brent Livingood
Shane Mellin
Jamie Moore
Brandi Odom

Pender County Staff
Chad McEwen – County Manager
Doug Shipley – Assistant County Manager/Director of Parks and Recreation
Dee Turner – Parks and Recreation Supervisor
Zach White – Parks and Recreation Supervisor
Travis Henley – Planning & Community Development Director
Vanessa Lacer – Long Range Planner

Project Steering Committee
Sue Bankes
Tara Duckworth
Brad George
Tiffany Hansley-Jones
Jennifer Hedge
Greg Katzman
David Piepmeyer
Daniel Price
Brandi Odom
Chester Ward
Clifton West
Bertram Wilson
Warren Wooten

Consultant
McGill Associates, PA
712 Village Road SW, Suite 103
Shallotte, NC 28470
828.328.2024

EXECUTIVE SUMMARY



Millers Pond Park, Pender County

GETTING TO KNOW PENDER COUNTY

One of the last of 100 counties established in North Carolina, Pender County was formed 10 years after the end of the Civil War, in 1875, and was named for Confederate General William D. Pender, who died at the Battle of Gettysburg.

Located in southeastern North Carolina, Pender County is approximately 25 miles north of Wilmington, and 100 miles south of Raleigh. The County seat is Burgaw, and at 933 square miles, Pender County is the 5th largest county in the state. The 2020 United States Census found that Pender County is home to 60,203 permanent residents.

2020 US Census data for Pender County show that gender is evenly dispersed at 50.8% female and 49.2% male, the majority of the population, at 27%, is between ages 35 and 54, and though the majority of residents identify as white, about 25% of the population identify as another race/ethnicity.

The North Carolina Office of State Budget and Management (OSBM) projects that in 2030, the permanent population of Pender County will be 72,153 people. This is an increase of about 11,950 people or 19.8%.

According to NC OSBM, in 2030,
the permanent population of Pender County
is projected to be 72,153 people,
an increase of about 11,950 people or 19.8%

PARKS AND RECREATION NEEDS ASSESSMENT

Community and Stakeholder Input

During the planning process, community and stakeholder input on the Parks and Recreation Master Plan was sought through the following 5 methods: a twelve (12) member steering committee, a community survey, public meetings, focus groups, and stakeholder interviews. Additionally, the Plan was reviewed by the Parks and Recreation Advisory Board, the Pender County Planning Board, and the Pender County Board of Commissioners. The Draft Plan was also available for comment to all County residents and interested parties during a public comment period.

Community and Stakeholder Input Results

Input results represent a diverse cross-section of Pender County residents, including geographic, and population group diversity. Data collection methods were triangulated in order to develop a comprehensive understanding of community needs, including input from current partners, unserved groups, the general public, and traditionally underrepresented individuals.

Across all methods, a total of 866 individuals provided input for the Plan. When taken together, the four (4) data collection methods provide a robust and diverse sample with findings that should be considered when developing future facilities and programming. Though many valuable inferences can be made from an analysis of the community and stakeholder input collected, the following analysis will focus on identified needs for future parks facilities and programming in order to inform recommendations for this Plan. The top three most frequently mentioned needs from each data collection method are identified below.

Future Parks Facility Needs

Survey: Walking/jogging/hiking trails, playgrounds, and bike paths and splash pad (which were tied for third)

Public Meetings: Water access, walking/jogging/hiking trails, bike paths

Focus Groups: Walking and biking trails, water access and splash pad, soccer and basketball facilities

Stakeholder Interviews: Increased facility maintenance staff, increased safety initiatives such as cameras

Future Program Needs

Survey: Youth enrichment programs (STEM, Field Trips, etc.), youth summer day camps, and concerts.

Public Meetings: Outdoor concerts, farmers market, open gym

Focus Groups: Increased programming, programming through partnerships to include Pender County Schools, local churches, the Special Olympics, and the Arts Council, and programming for specific groups such as teens, older adults, and people with disabilities

Stakeholder Interviews: Increased programming staff

PARKS AND RECREATION INVENTORY AND ASSESSMENT

Inventory, Assessment, and Recommendations

Each of the seven (7) park facilities owned, operated, and/or maintained by Pender County was inventoried, assessed and recommendations for future improvements were provided, including recommendations for future park facilities. An inventory and assessment of amenities and programs was also performed with recommendations for future improvements provided. Recommendations were based on state and national standards as well as information gained through the public input process. The recommendations for future parks facilities are summarized below.

Future Facility Recommendations

2 New District Parks

Of the two (2) proposed district parks one will be on sixty (60) acres of recently acquired land on US 117 north in the northern central portion of Pender County, an area that has been identified as a high population growth area. This park will be located near Pender Memorial Park and will help meet demand in the area, as Pender Memorial Park is often at maximum capacity. Possible amenities could include multipurpose fields, hiking/biking trails, picnic shelters and restrooms. The second district park will be located in the southern portion of the County in Scotts Hill, in an area that has been identified as a high population growth area. Possible amenities include multipurpose fields, hiking/biking trails, picnic shelters and restrooms.

3 New Community Parks

All three (3) proposed community parks will be located in west Pender County, which lacks parks facilities, on land currently owned by the County. Possible amenities could include loop trails, play equipment, shelter from sun and rain, open space, water play, fitness stations, court games, art and educational signage. Long Creek Community Park is proposed where structures were recently demolished on a County-owned parcel in northwest Pender. Columbia Township Community Park will be located on property adjacent to a Pender County school, and Canetuck Community Park could potentially be located on a Federal Emergency Management Agency (FEMA) buyout property on Heading Bluff Road in the southwestern portion of the County. This FEMA site offered sufficient dry open space for amenities as well as water access, which was found to be a priority by survey respondents and focus groups as well as a recommendation in the Pender 2.0 Comprehensive Plan.

1 New Neighborhood Park

One (1) new neighborhood park is proposed in the Maple Hill community of northeast Pender County. This area has been identified as underserved by the Pender 2.0 Comprehensive Plan. The proposed park should consider a partnership with existing community recreation efforts in Maple Hill. Possible amenities could include open space, walking/hiking trails, picnic shelters, game courts, and possibly indoor recreation space.

These six (6) proposed park facilities will require site master plans that should include additional public input to ensure appropriate and desired amenities are provided. The development of future park facilities will require that additional resources be allocated by Pender County to ensure adequate facility maintenance and public safety.

RECCOMENDATIONS AND ACTION PLAN

Goals and Objectives

After analyzing the findings from the planning process (including national best practices, community and stakeholder input, facility and program inventories, and existing conditions), goals, and objectives have emerged to provide guidance for parks and recreation services and facilities in Pender County over the next ten (10) years. The objectives listed below describe ways to meet the goals of increasing organizational capacity and efficiency, increasing funding opportunities, and maintaining, improving and expanding facilities, amenities, programming and service delivery.

Goal 1: Increase Organizational Capacity and Efficiency

Objective 1.1: Ensure adequate staffing for administration, maintenance, and programming to meet demand and ensure service quality
Objective 1.2: Develop a department marketing plan to inform the public of County recreation facilities, programs, and seasonal events
Objective 1.3: Strengthen and build partnerships, including intergovernmental partnerships (such as Pender County Schools) that will aid in providing recreational facilities and programs for the community

Goal 2: Increase Funding Opportunities

Objective 2.1: Pursue Alternative Funding Strategies
Objective 2.2: Establish a Fee Review and Implementation Plan

Goal 3: Maintain and Improve Programming and Service Delivery

Objective 3.1: Provide the community with creative and inclusive recreation programs that are accessible and affordable to all citizens

Goal 4: Maintain, Improve, and Expand Facilities and Amenities

Objective 4.1: Increase investment in the maintenance of current facilities, equipment, and amenities
Objective 4.2: Provide appropriate facility and amenity improvements and expansions
Objective 4.3: Seek and acquire additional land for future park development
Objective 4.4: Develop additional park facilities and amenities
Objective 4.5: Continue to improve ADA accessibility of facilities and programs

Action and Implementation Plan

Action items, including ones that align with items assigned to the Parks and Recreation Department in Chapter 6 of the 2018 Pender 2.0 County Comprehensive Land Use Plan, identify concrete steps to accomplish objectives and meet Plan goals. The implementation timeline for action items falls into three phases: short-term (1-2 years), mid-term (3-5 years), and long-term (6-10 years). Action items that do not have an end-date are labeled, ongoing. Capital cost estimates as well as the impact on the Parks and Recreation Department's operational budget are also identified.

GETTING TO KNOW PENDER COUNTY



Muscadine Grapevine, Pender County

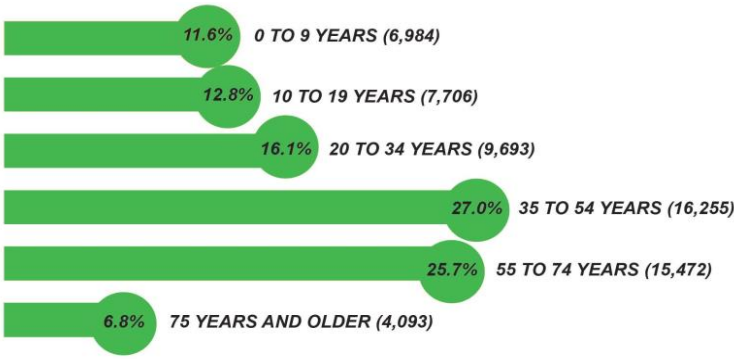
HISTORY

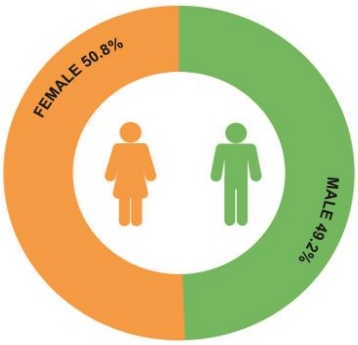
Pender County acknowledges that the land currently known as Pender County is the traditional, ancestral, and unceded territory of the Waccamaw and Lumbee Native Americans. European settlement of Pender County began in the late 1600s and early 1700s, with English, German, Welsh, and French settlers. From the late 1600s to the Civil War, Pender County contained many family farms, and large plantations. Plantations were worked by enslaved people from the West Indies, and Africa. The Battle of Moore's Creek Bridge, the first southern battle in the Revolutionary War, took place in what is now Pender County in 1776. Today the battlefield is a national historic site and park. Pender County, one of the last of 100 counties established in North Carolina, was formed 10 years after the end of the Civil War, in 1875, and was named for Confederate General William D. Pender, who died at the Battle of Gettysburg.

COMMUNITY AND POPULATION

Located in southeastern North Carolina, Pender County is approximately 25 miles north of Wilmington, and 100 miles south of Raleigh. The County seat is Burgaw, and at 933 square miles, Pender County is the 5th largest county in the state. The 2020 United States Census found that Pender County is home to 60,203 permanent residents, and in 2019, American Community Survey data estimated the total population at 63,060. Pender County includes five (5) incorporated towns and one (1) incorporated village. The two fastest growing areas in Pender County, over the last decade, have been the unincorporated areas of Hampstead and Rocky Point. Pender County's agricultural products include strawberries, blueberries, grapes, tobacco, sweet potatoes, soybeans, swine, and poultry, and manufactured commodities include apparel, crushed stone, and pressure sensitive labels. Pender County includes both urban and rural areas as well as a National Battlefield and State-owned Game Lands. With outdoor recreation opportunities provided by the natural environment, moderate climate, and coastal lifestyle, Pender County also has a large tourism industry.

An analysis of demographic information for Pender County helps to determine current parks and recreation needs, and identify future needs that will influence future parks and recreation planning. Summarized in the graphics and table below, 2020 US Census Bureau and 2020 ACCESS NC (North Carolina Department of Commerce) data for Pender County show that gender is evenly dispersed at 50.8% female and 49.2% male, the majority of the population, at 27%, is between ages 35 and 54, and though the majority of residents identify as white, about 25% of the population identifies as a race other than white.





RACE	*POPULATION*	*PERCENT*
White	45,305	75.3%
Black or African American	7,619	12.7%
American Indian	354	0.6%
Asian	342	0.6%
Hawaiian/Pacific Islander	31	0.1%
Other Race	2,834	4.7%
Two or More Races	3,718	6.2%
Hispanic or Latino	4,982	8.3%
Total:	**60,203**	**100%**

TRENDS AND PROJECTIONS

To continue to meet the needs of residents and visitors, the County's Parks and Recreation Department will have to continually evaluate its facilities and programs and adjust as those needs change. Population projections can vary widely due to intervening factors such as the strength of the economy, availability of jobs, and housing prices. Population trends and projections can identify potential challenges and needs that may confront the community in the future.

The North Carolina Office of State Budget and Management (OSBM) provides projections for County populations across North Carolina. According to the NC OSBM, in 2030, the permanent population of Pender County is projected to be 72,153 people. This is an increase of about 11,950 people or 19.8%. The estimates for Pender County indicate population increase will occur mostly from in migration, while natural growth from births will have a minor change in the county's population.

According to NC OSBM, in 2030,
the permanent population of Pender County
is projected to be 72,153 people.
This is an increase of about 11,950 people or 19.8%.

While much of this growth is expected to occur near the coastal areas, other parts of the County, such as Burgaw, Penderlea, and Rocky Point, will also see growth. An increasing population will require the expansion of recreational services and programming.



Summer on the Square Concert at Pender County Courthouse Square

One population group expected to increase over the next ten (10) years is people age 65 or older. According to the North Carolina Statewide Comprehensive Outdoor Recreation Plan (NCSCORP) 2020–2025, older adults comprise the fastest growing population group.

The NC OSBM projects that by the year 2030, 1 in 5 North Carolinians will be 65 years old or older. The parks and recreation department will have to increase the number and type of appropriate activities and facilities to effectively serve this population in the future.

NC OSBM projects that by the year 2030,
1 in 5 North Carolinians will be 65 years old or older.

Like other coastal area, Pender County also experiences seasonal population changes. Impacts from seasonal population changes can be difficult to predict due to the range of factors that must be considered. In addition, year round population figures established by the North Carolina State Demographer and the US Census Bureau do not account for seasonal populations.

While the permanent residents of Pender County are the key members to plan for, it is also important to understand that the seasonal population plays a big role in how the park facilities and programs are used and any necessary recommendations must account for this large group of people. Typically, the seasonal population has the greatest impact on services and resources from the end of May to the beginning of November.



Image Credit: Catherine McGuinness, Pender County 2021 photo contest

PARKS AND RECREATION NEEDS ASSESSMENT



Basketball Open Gym Program at Penderlea Community Park

COMMUNITY AND STAKEHOLDER INPUT

During the planning process, community and stakeholder input on the Parks and Recreation Master Plan was sought through the following five (5) methods: a twelve (12) member steering committee, a community survey, public meetings, focus groups, and stakeholder interviews. Each of these data collection methods is further discussed in the following sections. Additionally, the Plan was reviewed by the Parks and Recreation Advisory Board, the Pender County Planning Board, and the Pender County Board of Commissioners. The Draft Plan was also available for comment to all County residents and interested parties during a public comment period.

Steering Committee

The twelve (12) member steering committee included representatives from the Pender County Board of Commissioners, subject matter experts, special interest groups, and Pender County residents. The steering committee met four (4) times during the plan development process to provide guidance on the plan development process and to review drafts of the Plan.

Community Survey

The community survey period was from April 23rd, 2021 to June 30th, 2021. The survey was promoted via the Pender County website, Parks and Recreation webpage, local newspapers, local news channels, and County social media pages. Hard copies of the survey were available at the Pender County Administration Building in Burgaw, the main Pender County Library in Burgaw, the Pender County Government Annex in Hampstead, the Hampstead Library Branch in Hampstead, at all Pender County Parks and Recreation programs and at all of public input meetings. The survey was designed to elicit answers on residents' needs and desires for recreation opportunities. It included a section where respondents rated their use of existing facilities both within the County limits and outside the County limits. The survey instructed respondents to rank the programs and facilities in order of importance to their household and to list the facilities they would like to see added to the park and recreation system.

Page one (1) of the Community Survey. The full survey is available in Appendix D.

Pender County Parks and Recreation Survey

Pender County is updating its Comprehensive Parks and Recreation Master Plan to determine which recreational facilities and programs are needed in the future. We are seeking input from your household to help us determine those needs. Please take this opportunity to talk with members of your household and take part in helping us identity parks and recreation needs in Pender County. At the end of the survey, you will be asked demographic questions. These questions are designed to collect data that will help Pender County Parks and Recreation pursue grant funding for parks and recreational facilities.

If you would like more information about Pender County Parks and Recreation facilities and programs, please call 910-259-1330, email parksandrec@pendercountync.gov, or visit our website at penderpr.recdesk.com

If you have questions concerning the survey, please call 910-259-1330.

1. Check which of the following you think is/are important for Pender's public parks and recreation activities and services to provide for its citizens. (Check up to 5)

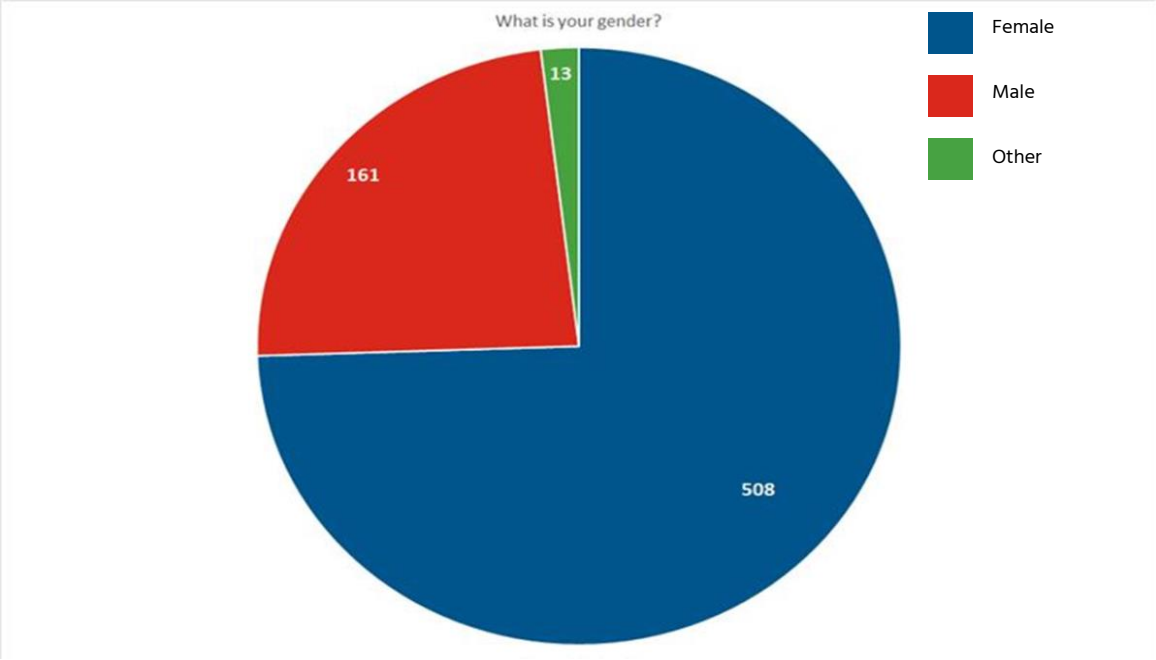
___Improved physical and mental health
___Economic development opportunities
___Structure and supervision for children and youth
___Improve quality of life
___Accessible places to enjoy nature
___Positive alternatives to unfavorable behavior
___Fun for participants and observers
___Positive change in personal attitude
___Increase in community pride
___Increase in tourism
___Cultural education
Other:_____

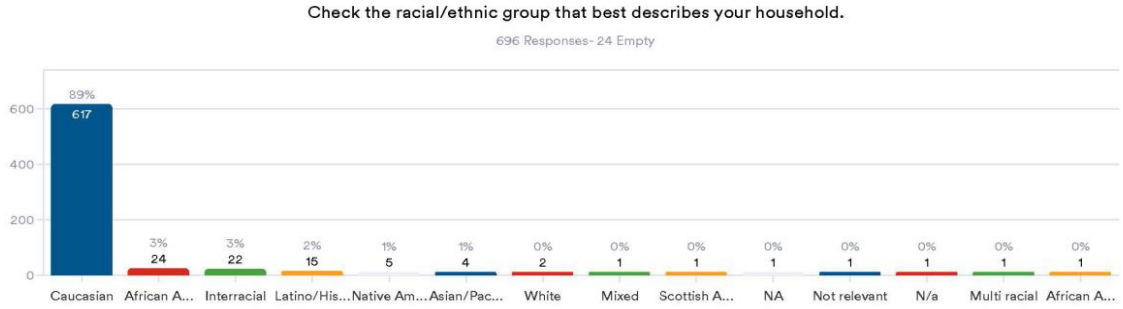
2. Where in Pender County is each of the following parks/facilities needed? (If none are needed, please leave the row blank.)

Facilities	Scotts Hill	Hampstead	Burgaw/ St.Helena	Rocky Point/ Long Creek	Willard/ Watha/ Penderlea	Currie/ Atkinson	Surf City/ Topsail	Maple Hill
Amphitheater								
Baseball/Softball Fields								
Bike Paths								
BMX Track								
Disc Golf Course								
Dog Park								
Event/Festival Space								
Fitness Center								
Gymnasium/Community Center								
Lawn Game Area (horseshoes, bocce ball, etc.)								
Multi-purpose Fields (soccer, football, lacrosse)								
Nature Preserve								
Nature/Environmental Education Centers								
Outdoor Basketball Courts								
Pickleball Courts								
Picnic Shelters								
Playgrounds								
Public Water Access								
Sand Volleyball Courts								
Skateboard Park								
Splash Pad								
Swimming Pool								
Tennis Courts								
Walking/Jogging/Hiking Trails								
Other:								

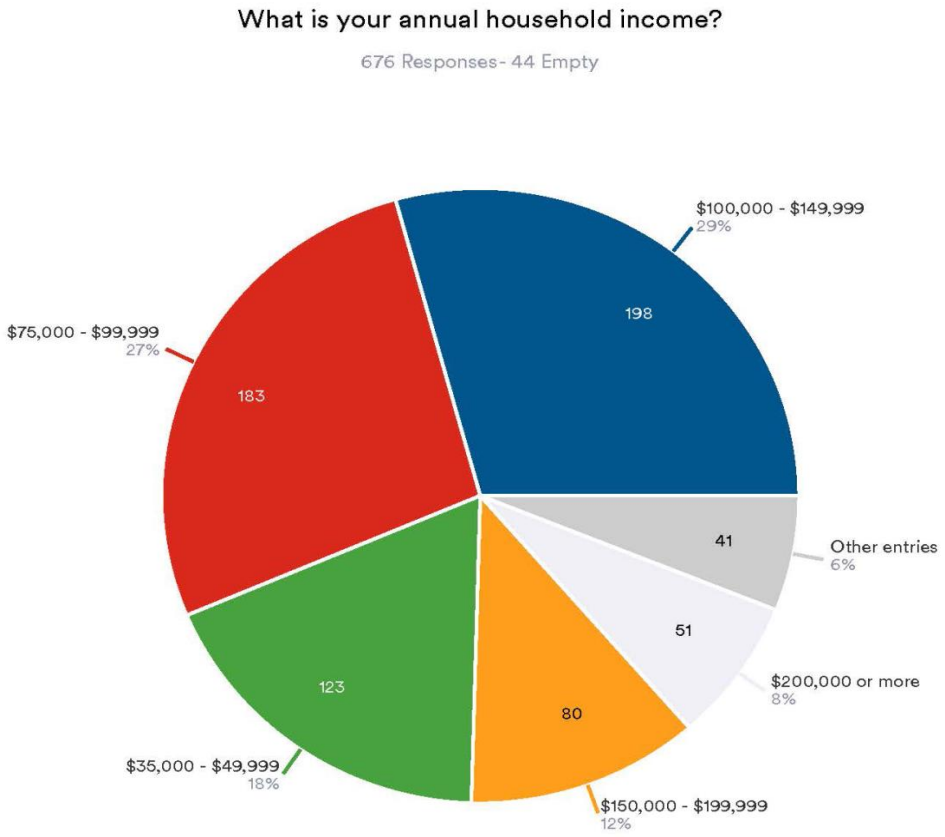
The County received a total of **720** completed surveys representing about **2,433** individuals. The total number of responses includes both online and print surveys. Results are summarized on the following pages with full survey results available in Appendix D.

Survey respondents were found to be mostly Caucasian, at 89%, female, at 75%, and residents of the Hampstead area, at 61%. Survey responses reflected the age demographics for Pender County as 37% identified as age 35-65, 26%, identified as age 6-14, 15%, identified as age 5 and under, and 10%, identified as age 21-34. As shown in the graphs below, survey results did not reflect Pender County demographics for gender, at 75% female, or racial/ethnic group. Of those that responded to the question about their household's race/ethnicity, 89% identified as Caucasian, 3% identified as African American, 3% identified as more than one race, 2% identified as Latino/Hispanic, 1% identified as Asian/Pacific Islander, and 1% identified as Native American.

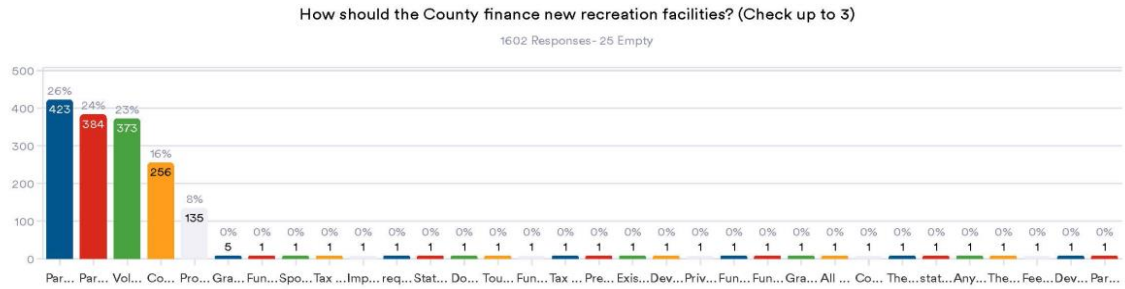




As shown in the graph below, when asked about their annual household income, 29% of respondents had an income of $100,000 to $149,999, 27% reported an income of $75,000 to $99,000, 18% had an income of $35,000 to $49,999, 12% had an income of $150,000 to $199,999, 8% had an income of $200,000+, and 6% provided other income amounts.



As shown in the graph below, when asked how the County should finance new recreation facilities, 26% of respondents selected participation fees, 24% were in favor of a Parks and Recreation Bond issue, 23% preferred voluntary development contributions, 16% selected a County-wide recreation tax, and 8% selected property tax as a means to finance new recreation facilities. These results indicate that survey respondents are willing to pay for new recreation facilities, either through participation fees or a Parks and Recreation Bond. Additionally, 23% of survey respondents selected voluntary development contributions as a means to finance new recreation facilities, indicating a possible market for donations or sponsorships. The County should consider residents' willingness to pay, and the possibility of cultivating sponsors/donors when investigating alternative funding for new recreation facilities.

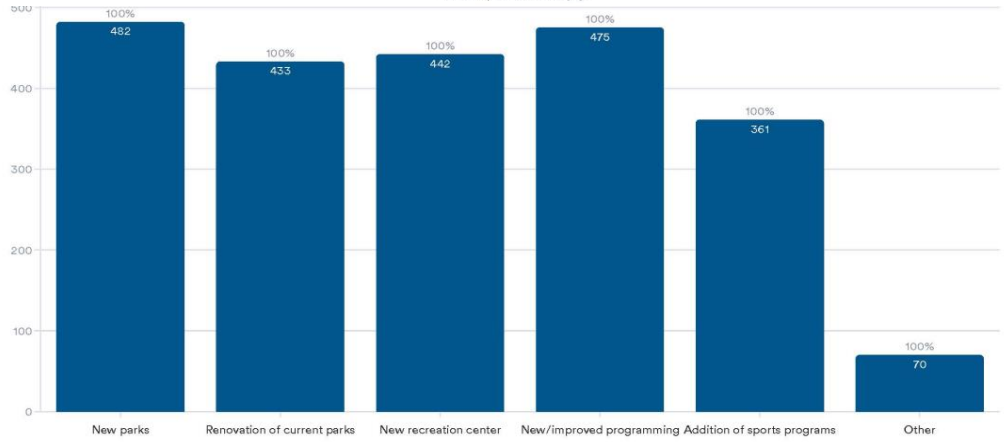


Data	Response	%
Participation fee	423	26%
Parks and recreation bond issue	384	24%
Voluntary development contributions	373	23%
County-wide Recreational Tax	256	16%
Property Tax	135	8%
Grants	5	0%
Fundraising, Donor Contributions, Grants	1	0%
Sponsor by local businesses	1	0%
Tax developers	1	0%
Impact taxes should be charged to those building new home development an...	1	0%
required development fees	1	0%
State Funds/New Developers	1	0%

As shown in the graphs below, when asked about how Parks and Recreation funds should be spent over the next ten (10) years, respondents indicated that their priority was for new parks with new/improved programming as a close second. When asked their funding preference if Parks and Recreation spending were increased, 57% of respondents answered that new parks and new programs were of equal importance.

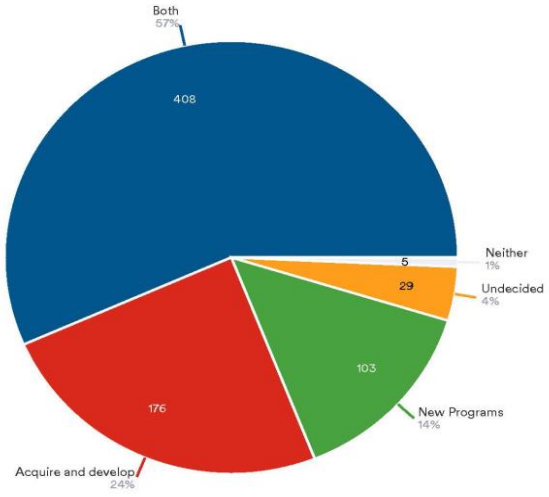
Over the next 5-10 years, what do you think should be the department's top three priorities? Rank answer choices in order of importance where #1 is the top priority, #2 is the second most important priority, and #3 is the third most important priority.

705 Responses- 15 Empty



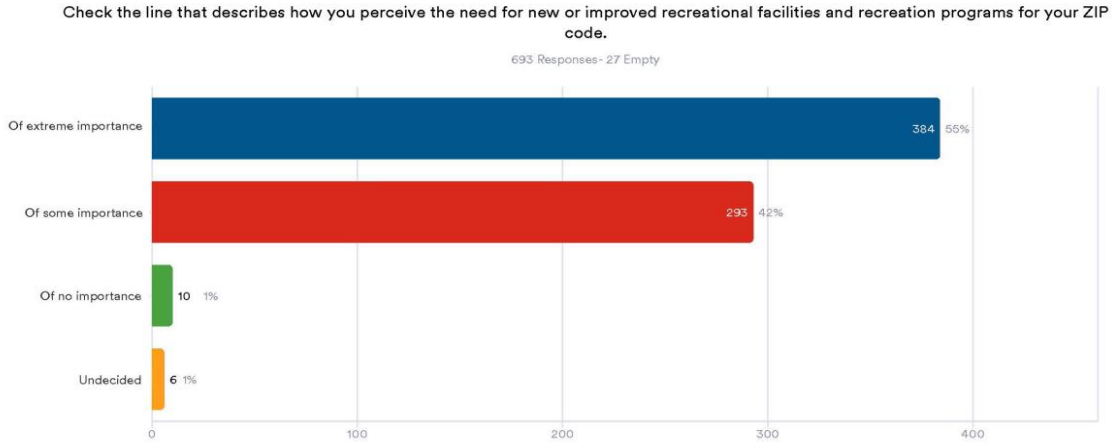
If spending were increased for parks and recreation, would you prefer the money be spent on acquiring and developing new parks and facilities or developing new recreational programs and activities?

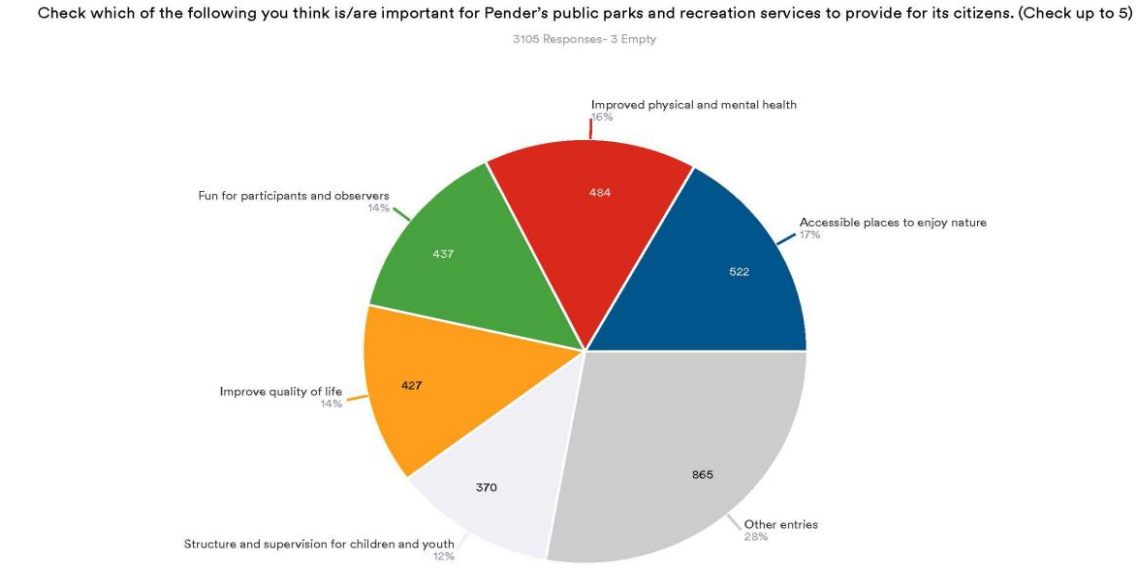
721 Responses- 28 Empty



As shown in the first graph below, when asked about the need for new or improved facilities and programs in their area, 65% of respondents found the need of extreme importance, with 42% finding the need of some importance. Combined, 84% of respondents agree there is a need for new or improved facilities and programs in their area.

As shown in the second graph below, when asked which outcomes of services are most important to them, the results for the majority, at 28%, were inconclusive, with the remaining choices split more or less equally. This finding indicates the need for additional public input on this item. The County should collect additional input during the master planning or development phase of new facilities or programs to confirm future initiatives can provide desired community outcomes.





As shown in the graph below, when asked about the need for greenways that would interconnect parks and schools, 62% of respondents found the need of extreme importance, and 34% found the need of some importance. Combined, 95% of respondents agree that greenways are an important need.

As shown in the tables on the following two (2) pages, respondents were asked to identify where parks/facilities and programs were needed in Pender County. These results indicate a preference or particular need for certain types of parks/facilities and programs per community, and identify the most popular parks/facilities and programs overall. The County should consider these preferences and needs per community when developing future parks/facilities and programs.

Facility Needs Per Community

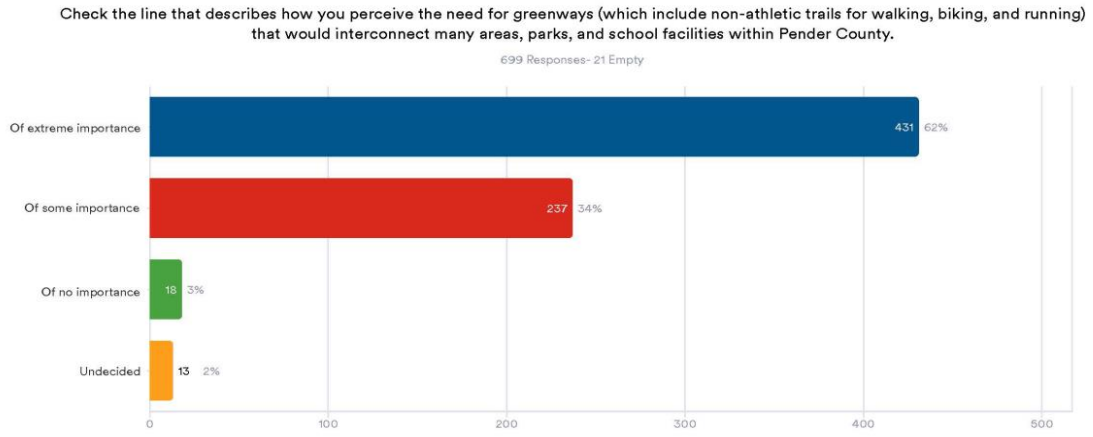
No two communities received exactly the same responses, however certain park/facility needs were most frequently selected. The top three (3) most selected facility needs per community were: walking/jogging/hiking trails, playgrounds, and bike paths and a splash pad which were tied for third most selected.

Six (6) of the eight (8) communities included walking/jogging/hiking trails in their top 3 facility needs. Four (4) of the eight (8) communities included playgrounds in their top 3 facility needs. Bike paths and a splash pad were tied for third most selected need per community with three (3) of the eight (8) communities including bike paths and a splash pad in their top three (3) facility needs.

Program Needs Per Community

No two communities received exactly the same responses, however certain program needs were more frequently selected. The top three (3) most selected program needs per community were: youth enrichment programs (STEM, Field Trips, etc.), youth summer day camps, and concerts.

Six (6) of the eight (8) communities included youth enrichment programs (STEM, Field Trips, etc.) in their top 3 program needs. Five (5) of the eight (8) communities included youth summer day camps in their top 3 program needs and four (4) of the eight (8) communities included concerts in their top three (3) program needs.



Where in Pender County is each of the following parks/facilities needed? (If none are needed, please leave the row blank.)

38 Responses- 6 Empty

Facilities	Scotts Hill	Facilities	Willard/Watha/ Penderlea
Walking/Jogging/Hiking Trails	118	Walking/Jogging/Hiking Trails	63
Bike Paths	91	Playgrounds	40
Playgrounds	82	Picnic Shelters	40
Public Water Access	75	Bike Paths	39
Nature Preserve	74	Nature Preserve	39
Facilities	**Hampstead**	**Facilities**	**Currie/Atkinson**
Walking/Jogging/Hiking Trails	337	Walking/Jogging/Hiking Trails	62
Splash Pad	332	Playgrounds	46
Bike Paths	331	Nature Preserve	43
Swimming Pool	298	Bike Paths	41
Event/Festival Space	248	Picnic Shelters	37
Facilities	**Burgaw/ St Helena**	**Facilities**	**Surf City/ Topsail**
Swimming Pool	99	Bike Paths	146
Walking/Jogging/Hiking Trails	93	Walking/Jogging/Hiking Trails	133
Splash Pad	91	Splash Pad	98
Bike Paths	74	Swimming Pool	94
Event/Festival Space	66	Nature Preserve	93
Facilities	**Rocky Point / Long Creek**	**Facilities**	**Maple Hill**
Walking/Jogging /Hiking Trails	81	Walking/Jogging/Hiking Trails	51
Bike Paths	63	Playgrounds	37
Playgrounds	62	Picnic Shelters	34
Nature Preserve	58	Bike Paths	30
Multipurpose Field	52	Nature Preserve	30

Where in Pender County are the following programs needed? (If none are needed, please leave the row blank.)

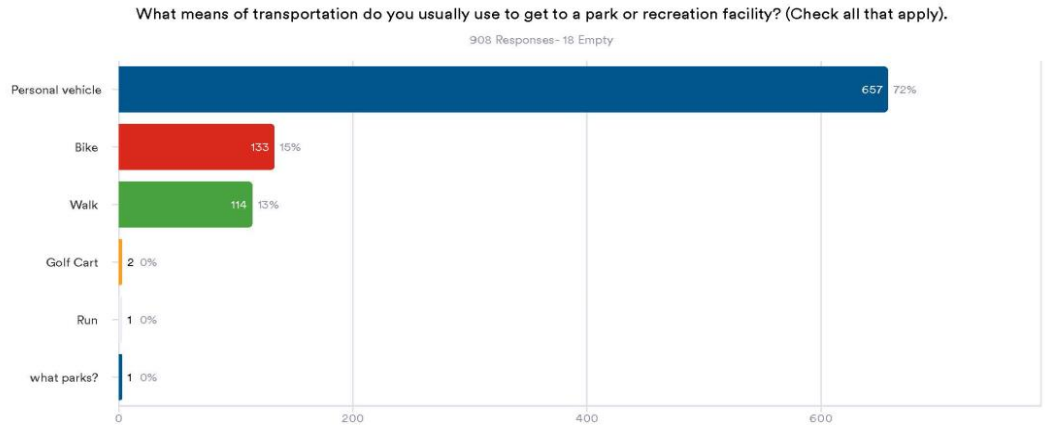
673 Responses- 47 Empty

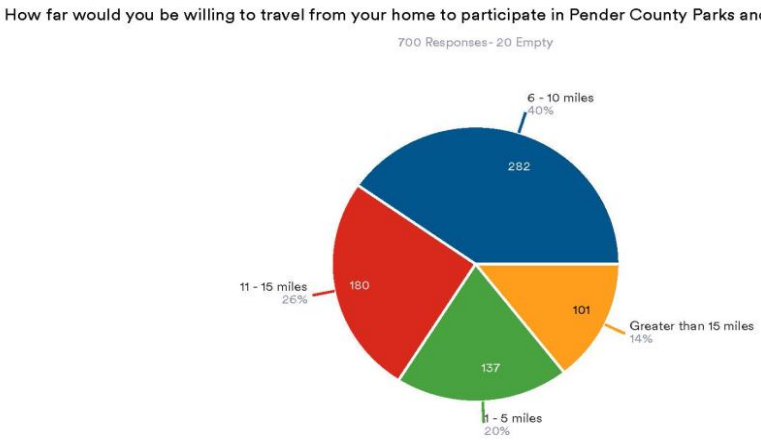
Programs	Scotts Hill	Programs	Willard/Watha / Penderlea
Youth Enrichment Programs (STEM, Field Trips, etc.)	66	Youth Enrichment Programs (STEM, Field Trips, etc.)	40
Concerts	64	Youth Summer Day Camps	36
Youth Sports Clinics	61	Running/Walking Programs	32
Youth Summer Day Camps	58	Holiday Events	31
Holiday Events	57	Movie Nights	30
Programs	**Hampstead**	**Programs**	**Currie/Atkinson**
Concerts	291	Youth Enrichment Programs (STEM, Field Trips, etc.)	40
Movie Nights	261	Running/Walking Programs	35
Youth Enrichment Programs (STEM, Field Trips, etc.)	248	Youth Summer Day Camps	34
Youth Summer Day Camps	248	Holiday Events	32
Holiday Events	230	Youth Sports Clinics	31
Programs	**Burgaw/ St Helena**	**Programs**	**Surf City/Topsail**
Concerts	83	Concerts	123
Youth Enrichment Programs (STEM, Field Trips, etc.)	70	Movie Nights	85
Youth Summer Day Camps	69	Holiday Events	82
Movie Nights	68	Youth Enrichment Programs (STEM, Field Trips, etc.)	81
Holiday Events	68	Youth Summer Day Camps	75
Programs	**Rocky Point / Long Creek**	**Programs**	**Maple Hill**
Youth Enrichment Programs (STEM, Field Trips, etc.)	56	Youth Enrichment Programs (STEM, Field Trips, etc.)	37
Youth Summer Day Camps	48	Holiday Events	30
Holiday Events	46	Youth Summer Day Camps	30
Adult Exercise Class (Yoga, Zumba, Spinning)	46	Running/Walking Programs	29
Running/Walking Programs	44	Teen Only Events	29

As shown below in the first graph, when asked about the means of transportation usually used to access a park or recreation facility, 72% of respondents replied that they used a personal vehicle. 15% of respondents indicated that they used a bicycle to access a park or recreation facility, and 13% of respondents said that they walk to access a park or recreation facility.

As shown below in the second graph, when asked how far from their home they would be willing to travel to access parks and recreation programs, 40% of respondents said they would travel 6-10 miles. 26% of respondents said they would be willing to travel 11-15 miles to access programs. 20% of respondents replied they would be willing to travel 1-5 miles to access programs and 14% of respondents said they would be willing to travel greater than 15 miles from their home to access parks and recreation programs.

These findings are useful for determining the service radius of locations where programming will be provided, as well as possible utilization of bicycle and pedestrian infrastructure improvements that would connect parks or recreation facilities to neighborhoods, or to existing bike routes/ pedestrian infrastructure.



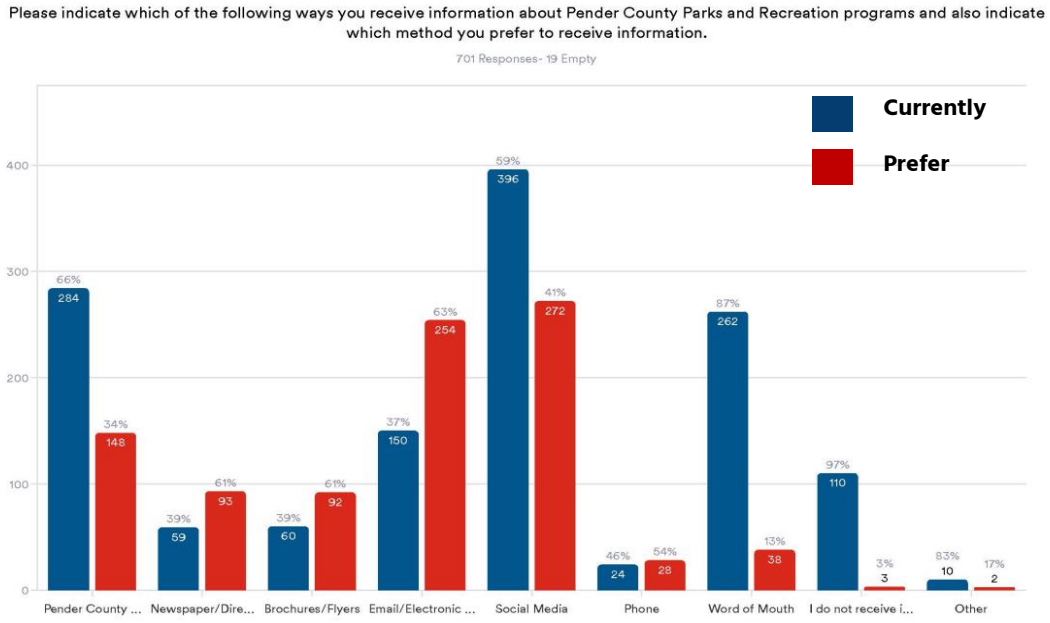


As shown in the graph below, when asked about the ways in which information regarding Pender County Parks and Recreation programming is received, 56% of respondents stated they currently receive information via social media, 54% indicated they currently receive information via the Pender County Website, 37% replied that they currently receive information by word of mouth, 21% receive information via email, 15% do not currently receive information, 8% receive information via the newspaper, 8% get information from brochures/ flyers, and 3% get information regarding Pender County Parks and Recreation programming over the phone.

When respondents were asked by which communication method they would prefer to receive information regarding Pender County Parks and Recreation programming, 38% replied they would prefer to receive information via social media, 36% replied they would prefer to receive information by email, 21% said they prefer to get information via the Pender County website, 13% indicated they would prefer to consult the newspaper, 13% preferred to receive information via a brochure/flyer, 5% replied they preferred to get information by word of mouth, and 3% said they would prefer to receive information regarding Pender County Parks and Recreation programming over the phone.

The three (3) most preferred methods to receive information about Pender County Parks and Recreation programming were found to be, from most to least preferred, social media, email, and the Pender County website. The three (3) most used methods to receive information currently were found to be, from most to least utilized, social media, the Pender County website, and word of mouth.

Based on these findings, though currently effective for receiving information, respondents would prefer to decrease their reliance on the website and word of mouth, and increase communication through social media and email. The County should consider these preferences when designing marketing and communication plans for programming.



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As summarized below, when asked again about their feelings on multiple topics regarding Parks and Recreation facilities and programming, respondents echo their previous responses, confirming the need for new programming and facilities, accessibility improvements, increased partnerships with Pender County Schools, and a willingness to pay for expanded Parks and Recreation facilities in Pender County.



1. **The existing activities for Pender County Parks and Recreation are adequate and meet the needs of my household.**
    a. 2% strongly agree, 14% agree, 26% are undecided, **46% disagree**, and 11% strongly disagree.
2. **The existing facilities for Pender County Parks and Recreation are adequate and meet the needs of my household.**
    a. 2% strongly agree, 15% agree, 22% are undecided, **49% disagree**, and 12% strongly disagree.
3. **Facilities and activities provided by Pender County Parks and Recreation are equally accessible to all citizens regardless of age, race, religion, gender, national origins, or physical ability.**
    a. 15% strongly agree, **34% agree**, 29% are undecided, 16% disagree, and 6% strongly disagree.
4. **Pender County Parks and Recreation should partner with Pender County Schools to provide shared facilities for both schools and public use.**
    a. 29% strongly agree, **41% agree**, 19% are undecided, 8% disagree, and 3% strongly disagree.
5. **New recreation facilities should be developed at existing and new school sites for use by the public.**
    a. 26% strongly agree, **34% agree**, 26% are undecided, 12% disagree, and 3% strongly agree.
6. **I would be in favor of new or expanded financial methods to fund expanded facilities of Pender County Parks and Recreation.**
    a. 26% strongly agree, **43% agree**, 25% are undecided, 5% disagree and 2% strongly disagree.

Public Meetings

Eight (8) public meetings were held in April and May of 2021 in the following Pender County communities: Scotts Hill, Penderlea, Hampstead, Rocky Point, Burgaw, Currie, Surf City, and Maple Hill. Meetings were promoted via the Pender County website, Parks and Recreation webpage, local newspapers, local television news channels, and County social media pages.

The meetings were floating meetings that lasted three hours each. Public meetings were held in accordance with the Center for Disease Control (CDC) and state recommendations for social distancing required to mitigate the spread of COVID-19. Approximately eighty-nine (89) participants attended the public meetings. The public meetings provided County staff the opportunity to meet residents where they live to hear opinions and concerns.

Participants of the public meetings were asked to vote on preferred facilities and programs they desired for Pender County. Display boards with images of park facilities and programs were provided at each meeting and participants were asked to place stickers next to the facilities and programs they felt were most needed.

Paper copies of the survey were also available at all meetings. A public meeting promotional flyer and a summary of the results from public meetings are provided on the following pages. The full results are available in Appendix C.



Public Input Meeting at Maple Hill Fire Department

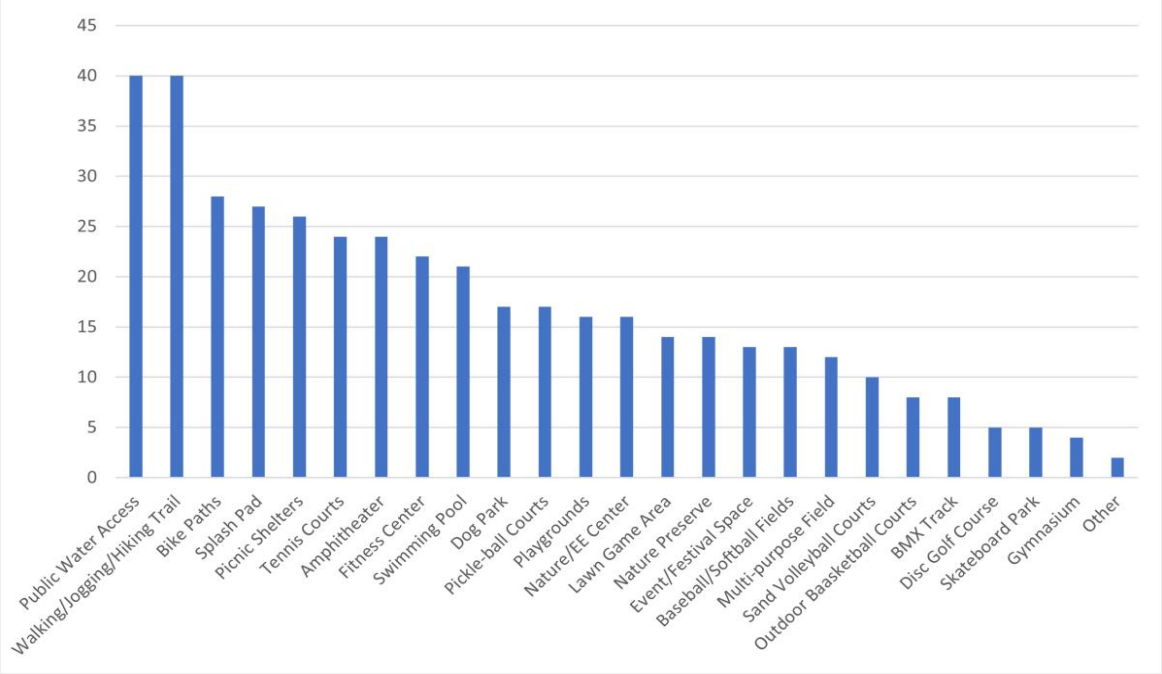
As shown in the graph below, the top five facilities, which received the most votes during public input meeting were:

1) Public Water Access
2) Walking/Jogging/Hiking Trail
3) Bike Paths
4) Splash Pad
5) Picnic Shelters





Public Meeting Vote Outcome for Facilities

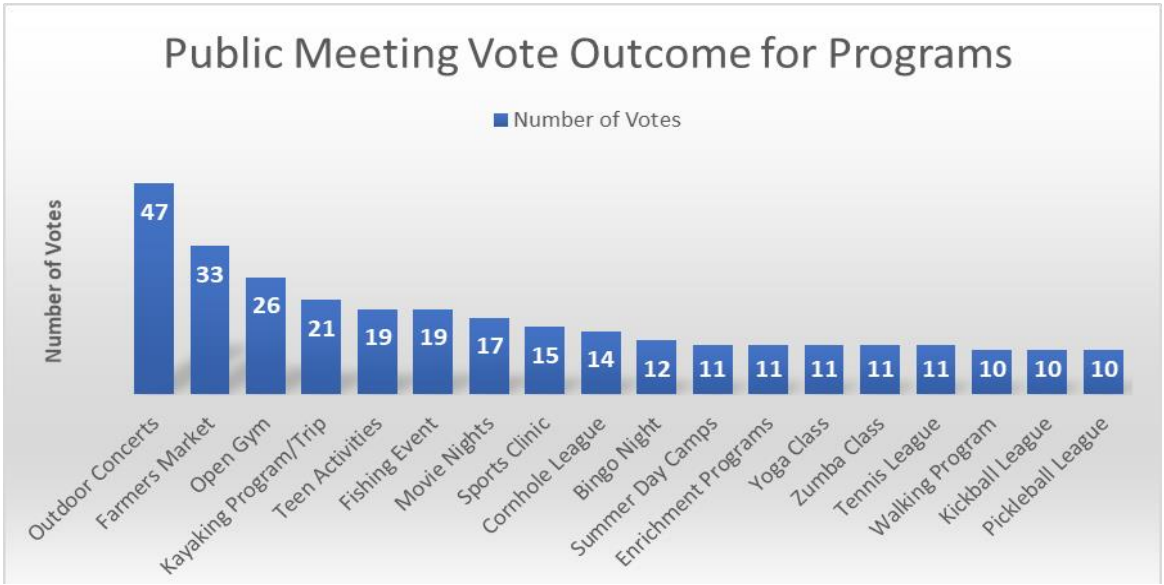


As shown in the graph below, the top five programs, which received the most votes during public input meeting were:

1) Outdoor Concerts
2) Farmers Market
3) Open Gym
4) Kayaking Program/Trips
5) Teen Activities







Flyer Promoting Public Meetings



PENDER COUNTY Parks & Recreation

Pender County

Parks and Recreation

Master Plan Public Meetings

4/27 Poplar Grove Barn
10200 US-17, Wilmington, NC 28411

4/29 Penderlea Gym
231 W H Robbins Road, Willard, NC 28478

5/04 Hampstead Annex
15060 US HWY 17, Hampstead, NC 28443

5/06 Cape Fear Middle Gym
1886 NC-133, Rocky Point, NC 28457

5/18 CFCC Surf City Campus
621 NC-210 E, Hampstead, NC 28443

5/20 Moores Creek National Battlefield
40 Patriots Hall Dr. Currie, NC 28435

5/25 Maple Hill Volunteer Fire Department
115 Old Maple Hill Rd N, Maple Hill, NC 28454

5/27 Pender County Administrative Building
805 S. Walker Street Burgaw, NC 28425

Come share your vision for Parks and Recreation activities and facilities in Pender County.

All meetings are from 4:30pm - 7:30pm

These are floating meetings, drop by anytime between 4:30 pm - 7:30 pm to share your thoughts.

Call 910-259-1330 or email ParksandRec@pendercountync.gov for more information.



21

Focus Groups

Five (5) focus group meetings were held with a total of twenty-five (25) participants. The focus group meetings occurred on October 18th, 19th, and 20th. Meetings lasted one hour each. The focus group topics were Wellness/Health/Access, Outdoor Adventure, Future Opportunities, Arts/Drama, and Youth. The groups were strategically developed in order to increase the diversity of input, and to expand the planning process to include individuals that may not have been adequately represented through other data collection methods. Each group discussed current and future parks and recreation desires and needs. A summary of each focus group meeting is provided below and full meeting notes are provided in Appendix E.

Wellness/Health/Access

The Wellness/Health/Access focus group included representatives from the older adult community, disability community, and healthcare community. Participants of this group discussed the need for County parks facilities and programs to be designed to accommodate a wide variety of users with varying degrees of ability including those with autism and other various characteristics. This group highlighted a number of adapted programs from athletics to passive programs. There was a desire for improved transportation options for all residents to County facilities as well as increased fitness opportunities such as fitness stations, walking paths, swimming and biking. This group wanted to see improvements in security and maintenance at all facilities, the addition of bottle filling fountains in lieu of traditional water fountains, connectivity of Pender County destinations with schools, and places where people lived, and more access for dog owning residents to County parks.

Outdoor Adventure

The Outdoor Adventure focus group included representatives from local cycling groups, state and private recreation facilities, and a private recreation tour company. Participants of this group valued the natural resources of Pender County and desired additional opportunities to learn about and experience these features of their environment. There was consensus that pending population growth would add pressure to the need to preserve natural areas for trails, wildlife observation, and water access. Participants wanted to see more environmental education programs, organized trail hikes, canoe/kayak blue-way trips, and biking events offered in Pender County. Concerns about having enough staff to provide for needed Parks and Recreation Department improvements was mentioned. Various locations around the County were shared by participants as nature based destinations that residents either are currently using or would like to visit. The need for an interactive map showing public trails, water access locations, and recreation destinations as well as the development of a well developed wayfinding plan for all trails and blue-ways was desired.

Future Opportunities

The Future Opportunities focus group included representatives from communities such as Willard, and Maple Hill where few parks and recreation activities currently occur, as well as representatives of the Hispanic and foster parent communities. Participants of this group discussed how best to provide recreation services for the increasing population including the need to provide not only additional facilities but programs that involve traditionally underserved residents such as the Hispanic and disability communities. This group desired a splash pad, fitness stations, multi-purpose fields, more trails and passive recreation opportunities.

Arts/Drama

The Arts/Drama focus group included representatives from the local artists' community, art educators, as well as a private performance arts company. Some of the ideas from this meeting included the development of story-telling events, concerts, performing arts exhibits, craft classes, and summer camps as well as the idea of creating a barn quilt trail. This group wanted more opportunities for area partners to get involved with County special events and classes. County history was mentioned as a unifying theme for many of the ideas this group proposed.

Youth

The Youth focus group was comprised of teens who participate in local sports and other recreation activities such as skateboarding. This insightful meeting revealed how important County parks were to area youth, especially in the current pandemic atmosphere. Participants appreciated the public facilities available and desired additional programs and expanded facilities. Discussion included the need for life skills classes, arts and crafts, both organized sports and unprogrammed social events to help youth form relationships, share ideas and develop into well adjusted adults. There was a desire for better marketing of recreation events and programming, more indoor recreation space, and opportunities to partner with other groups in the county on social issues, volunteer opportunities, environmental improvements, and societal change. Youth participants understood the value of public recreation facilities and programs and wanted to see these resources improved and expanded in Pender County.

Focus Group Results

Focus group notes were analyzed to identify reoccurring needs. The top five (5) most frequently mentioned needs from the five (5) focus group meetings were all mentioned by four (4) of the five (5) focus groups. These were, in unranked order: increased communication, walking and biking trails, increased partnerships, water access and water play, and increased programming. Each identified need is further discussed below.

Four (4) out of five (5) focus groups mentioned the need for communication, specifically external communication, with two groups mentioning the need for a social media coordinator. Four (4) out of five (5) focus groups mentioned the need for additional walking and biking trails. Four (4) out of five (5) focus groups mentioned the need for increased partnerships, specifically with Pender County Schools, local churches, the Special Olympics, and the Arts Council. Four (4) out of five (5) focus groups mentioned the need for water access such as kayak launches and access to the Intercoastal Waterway. Water play in the form of a splashpad was also mentioned as a need. Four (4) out of five (5) focus groups mentioned the need for increased programming including soccer, basketball, theater, adaptive athletics, and multigenerational programs.

Stakeholder Interviews

Ten (10) stakeholder interviews were held with a total of thirty-two (32) participants. The goals of the stakeholder interviews were to connect with current partners, including intergovernmental partners, in order to assess current relationships and explore ways to better collaborate. The stakeholders interviewed were: Pender Co. Schools, Pender Co. Grounds Maintenance, Pender Co. Facilities Maintenance, Pender Co. Sheriff Dept, Pender Co. Health Dept, Pender Co. Emergency Mgmt., Pender Co. Planning Dept., Recreation Partners West, Recreation Partners East, and Special Events partners. Each group discussed current and future parks and recreation partnership desires and needs. A summary of each interview is provided below.

Pender County Schools

Both County Schools and Recreation staff saw their relationship as positive and healthy. Maintenance issues of both schools and parks were of concern and how best to improve communications with regard to use of fields and courts for programming and convenience of residents was discussed. The need to improve partnerships between the County and municipalities was also apparent as was the desire of County Schools to participate in future ventures with Parks and Recreation.

Pender County Grounds Maintenance

Maintenance was described as a critical part of keeping Pender County parks safe and operable for public use. Challenges described included a lack of good communication between departments and staff, limited staff numbers and a lack of adequate storage facilities for equipment and materials. Participants also shared a desire for park maintenance staff with specialized skills such as playground safety inspection, turf knowledge, etc. Other issues mentioned were the need for better coordination between scheduling of certain maintenance tasks such as field spraying with public use of fields, hours of operation, and travel time between facilities needing work.

Pender County Facility Maintenance Division

Existing staff was mentioned as being knowledgeable and resourceful with regard to adapting to limited resources and problem solving at County park facilities. Concerns about staff turnover from knowledgeable staff with new less experienced people was mentioned as a major hurdle to maintaining County parks at existing levels. A possible solution mentioned was to provide market pay rates and benefits to attract/retain adequately skilled employees. There was also worry that adding new facilities without also adding additional maintenance staff would be detrimental to providing the type of recreation facilities residents deserved. The addition of more regular facility inspections and assessment for needed repairs and preventative maintenance was suggested.

Pender County Sheriff Department

Participants discussed the success of County parks and acknowledged impending population growth. Various recreation programs/activities were seen as growing such as disc golf, pickleball, ball sports, shooting sports and trail use. There was concern that organized sports leagues were monopolizing the limited public facilities, limiting the open use by non-league residents. Better communication and scheduling of games/practices was seen as needed to mitigate the problem. Another topic discussed was how best to mitigate security issues at County parks. Possible solutions included having more staff at each location to monitor and report to law enforcement when needed, and additional visits by law enforcement either by officers, park rangers, etc. Other suggestions included more public education and ability of park patrons to communicate with County staff, and addition of surveillance cameras, call boxes, and facility perimeter fencing.

Pender County Health and Environmental Health Department

The desire for more partnership between the health/environmental health and parks and recreation departments was stressed during this meeting. Shared funding and event opportunities were suggested as ways to help both departments reach their service goals.

Emergency Management

This meeting emphasized how critical recreation facilities are as possible staging locations for emergency management during disaster responses. Suggestions included internet network connectivity/Wi-Fi at parks, men's and women's showers and sleeping quarters at parks to be used during flooding/hurricane events, hookups for generators, ample parking areas for trucks and trailers, and temporary tents for staging recovery efforts. Other desires included safe walking trails, a dog park, cycle paths, and better stormwater management at all park locations.

Pender County Planning and Community Development Department

The growth of subdivisions, ongoing efforts to expand utility service in the County and the need to continue to invest in recreation facilities was discussed. Participants were concerned about how best to provide recreation services to traditionally underserved areas of the County. Suggestions included more investment by the County into future facilities, improvements of existing facilities, partnerships with municipalities and other recreation providers. Federal Emergency Management Agency (FEMA) buyout properties were seen as potential locations for needed future parks, water access locations, and greenway/trail heads. Use of FEMA properties were seen as restrictive but in need of further investigation.

East Recreation Partners and West Recreation Partners

These two groups represented recreations partners from west and east Pender County. The two groups were interviewed separately, but both groups shared in their desire for additional fields and courts (indoor/outdoor) to deal with increased demand. Additional discussion items included: more space to schedule practices, games, and tournaments and the desire for more volunteers, a clear system to operate concessions during events, more parking at all locations, and better communication with County staff concerning reservation of fields/ courts, and facility maintenance and security issues.

Special Events

This group discussed the significance of seasonal festivals and events, including but not limited to the North Carolina Spot and Blueberry Festivals. Participants agreed that special events fostered positive benefits to the tourism economy and economic impacts of increased visitation to Pender County. The need for venues and marketing for existing and future events was stressed. The availability of both outdoor and indoor spaces were mentioned as crucial to the success of special events programming that the County was involved with. Other desired amenities to support special events included fair grounds, camp grounds, boat ramps, athletic fields and courts (indoor/outdoor), botanical gardens, visitor's centers for environmental tourism, etc. This group felt that the County Parks and Recreation Department should develop a unique branding campaign.

Interview notes were analyzed to identify reoccurring themes. The top five (5) most frequently mentioned themes from the nine (9) stakeholder interviews, in order from most to least mentioned, were: expanded partnerships and information sharing, increased communication (both internal and external), the need for additional space, increased safety, and the need for additional Parks and Recreation staff. Each theme is further discussed below.

In six (6) of the nine (9) interviews, stakeholders mentioned the need for expanded partnerships to include resource and information sharing. For example, intergovernmental information sharing with the Pender County Planning and Community Development Department could help determine park locations based on Planning Department knowledge such as upcoming infrastructure improvements and development volumes. In five (5) of the nine (9) interviews, stakeholders mentioned the need for increased communication, both internally and externally. For example, the special events stakeholders suggested a multi-faceted approach to communication to include a social media coordinator. In five (5) of the nine (9) interviews, stakeholders mentioned the need for additional space for activities, to include field space, parking, storage, and events. 3 In three (3) of the nine (9) interviews, stakeholders mentioned the need for increased safety and security. Some areas of concern were the parking lots, unstaffed hours, and emergency notification. Three (3) of nine (9) interviews mentioned the need for additional Parks and Recreation staff to coordinate programs and maintain facilities.

Community and Stakeholder Input Results

Results from a community survey, eight (8) public meetings, five (5) focus group meetings and nine (9) stakeholder interviews represent a diverse cross-section of Pender County residents, including geographic, and population group diversity. Data collection methods were triangulated in order to develop a comprehensive understanding of community needs, including input from current partners, unserved groups, the general public, and traditionally underrepresented individuals.

Across all methods, a total of 866 individuals provided input for the Plan. When taken together, the four (4) data collection methods provide a robust and diverse sample with findings that should be considered when developing future facilities and programming. The combined results are further discussed below.

Though many valuable inferences can be made from an analysis of the community and stakeholder input collected, the following analysis will focus on identified needs for future parks facilities and programming in order to inform recommendations for this Plan. The top three most frequently mentioned needs from each data collection method are identified below.

Future Parks Facility Needs

Survey: Walking/jogging/hiking trails, playgrounds, and bike paths and splash pad (which were tied for third)

Public Meetings: Water access, walking/jogging/hiking trails, bike paths

Focus Groups: Walking and biking trails, water access and splash pad, soccer and basketball facilities

Stakeholder Interviews: Increased facility maintenance staff, increased safety initiatives such as cameras

Future Program Needs

Survey: Youth enrichment programs (STEM, Field Trips, etc.), youth summer day camps, and concerts.

Public Meetings: Outdoor concerts, farmers market, open gym

Focus Groups: Increased programming, programming through partnerships to include Pender County Schools, local churches, the Senior Games, and the Arts Council, and programming for specific groups such as teens, older adults, and people with disabilities

Stakeholder Interviews: Increased programming staff

STATE AND NATIONAL FINDINGS

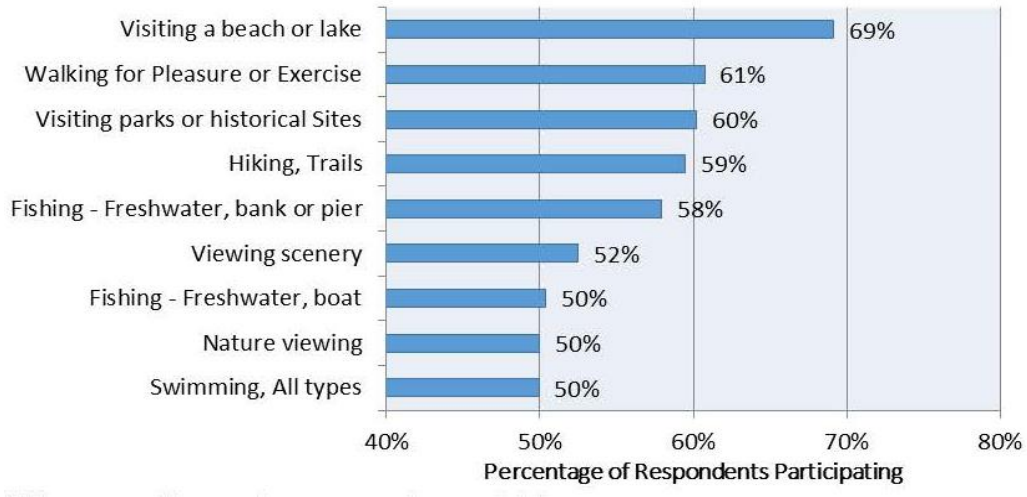
State and national trends in outdoor recreation are important as they can help predict what recreation activities may be expected or desired by park users in Pender County. Local governments (cities, towns, and counties) provide 39% of the public recreational opportunities in the United States.

As summarized in the excerpted table below, the 2021 Outdoor Participation Trends Report, generated by the Outdoor Foundation, showed that the top five (5) most popular outdoor recreational activities nationwide in 2021 were, in order of popularity: running/jogging/trail running, hiking, freshwater fishing/saltwater fishing/fly fishing, road biking/mountain biking/BMX, and car camping/backyard camping/backpacking/ RV camping.

MOST POPULAR OUTDOOR ACTIVITIES BY PARTICIPATION RATE

1	RUNNING, JOGGING AND TRAIL RUNNING	21.0% of Americans	63.8 million participants
2	HIKING	19.0% of Americans	57.8 million participants
3	FRESHWATER, SALTWATER AND FLY FISHING	18.0% of Americans	54.7 million participants
4	ROAD BIKING, MOUNTAIN BIKING AND BMX	17.3% of Americans	52.7 million participants
5	CAR, BACKYARD, BACKPACKING AND RV CAMPING	15.8% of Americans	47.9 million participants

The top nine (9) most popular outdoor activities in North Carolina reported by the North Carolina Outdoor Recreation Plan for 2020–2025 (NCORP) are: visiting a beach or lake, walking for pleasure or exercise, visiting parks or historical sites, hiking, trails, freshwater fishing from a bank or pier, viewing scenery, fishing from a boat, nature viewing, and swimming, all types. These findings are summarized in the excerpted table below.



STAFFING EVALUATION AND RECOMMENDATIONS

Pender County Parks and Recreation currently has four (4) full-time employees that work to enhance the quality of life of residents and visitors through the parks system. Pender County's estimated population is 60,203 and the current staffing levels are well below average of typical agencies serving similar population sizes. The existing grounds maintenance staff is currently housed under the Facility and Fleet Services Department and have responsibilities in other areas across the County which potentially creates a low level of service for the County's current parks and recreation facilities.

Based on the NRPA staffing guidelines, the minimum number of full-time staff necessary to support community recreation needs is equivalent to 5.1 per 10,000 residents. For Pender County's current population of 60,203, 30.7 Full Time Employee (FTE) are recommended. Pender County currently has 22 FTE for a deficit of 8.7 FTE staff members.

Another measure, the 2021 NRPA Agency Performance Review finds that the median full-time staff equivalent (FTE) for parks and recreation departments across the United States is 9 per 10,000 residents. Based on this measure the County should provide 54.2 FTE to match the median of agencies serving populations between 50,000 and 99,999. When Pender County staffing levels are compared with other Parks and Recreation Departments nationally, a deficit of 23.5 FTE is found. An inventory of current staff and recommendations for future staffing is included on the following page.

30.7 FTE

The minimum number of full-time staff equivalent is 5.1 per 10,000 residents based on the NRPA staffing guidelines for Pender County's current population of 60,203.

22 FTE

The current number of full-time staff equivalent employees provided by Pender County to support the recreational needs for the present population of 60,203.

-8.7 FTE

The current staffing deficit based on NRPA staffing guidelines for Pender County's current population of 60,203.



Finding qualified maintenance staff is critical to providing quality services

Current Pender County Parks and Recreation Staffing

Parks and Recreation
Assistant County Manager/Parks and Recreation Director (1)
Parks and Recreation Supervisor (2)
Recreation Coordinator (1)
Part-time Recreation Coordinator (2)
Part-time Facility Attendant (8)

Seasonal
Summer Camp Staff (8)

Grounds and Park Maintenance (currently under Facility and Fleet Services Department)
Parks and Grounds Superintendent (1)
Groundworker (5)

Seasonal
Temporary Groundworker (2)

Shooting Range
Part-time Range Safety Officer (15)
Part-time Office Assistant (3)

Immediate Needs for Pender County Parks and Recreation Staffing (2022–2025)

Parks and Recreation
Recreation Assistant (1)
Special Events and Marketing Coordinator (1)
Athletics Coordinator (1)

Seasonal
Summer Camp Staff (16) *depending on program registration

Shooting Range
Chief Range Safety Officer (1)

Grounds and Park Maintenance (proposed transfers from Facilities and Fleet Services Department)
Grounds and Parks Superintendent (1)
Groundworker (5)
Park Custodian (2)
Seasonal Temporary Groundworker (2)

Grounds and Park Maintenance (proposed new positions)
Maintenance Crew Leader (1)
Maintenance Technician (1)
Park Technician (1)
Part-time Maintenance Technician (2)

Seasonal
Temporary Groundworker (2)

Future Needs for Pender County Parks and Recreation Staffing (2026 — 2032)

Parks and Recreation
Dedicated Parks and Recreation Director (1)
Wellness Coordinator (1)
Specialized Recreation Coordinator (1)
Environmental Education/Outdoor Adventure Coordinator (1)

Seasonal
Contractual Program Staff (as needed for new programming)

Grounds and Park Maintenance
Maintenance Technician (4) (Scotts Hill and US 117 North properties)
Park Technician (1)
Park Custodian (2)
Part-time Maintenance Technician (2)

Seasonal
Temporary Groundworker (1)

This master plan covers a planning period of ten years. The facilities to be implemented during that time as part of the recommendations will require some level of additional staffing and additional funding for facility operation and maintenance. Consideration of these budgetary impacts should be made prior to facility implementation.

Multiple factors influence what the future staffing needs of the Pender County Parks and Recreation Department will encompass. These can include population growth, available tax dollars, capital improvement plans, and development of tourism efforts. Staff compensation should be fair and based on market precedents. Maintaining adequate staffing for parks and recreation facilities and programs will be necessary to foster a good quality of life for County residents and prospective businesses that may seek to relocate to Pender County.

Pender County is currently extremely understaffed in both recreation and park maintenance staff. Pender County currently provides thirty-six (36) facilities available for rent; however, only six (6) maintenance staff are responsible for keeping these and all other County-owned facilities safe and useable. In addition to struggles concerning park maintenance, the six (6) staff members responsible for maintaining the parks are currently under the Facility and Fleet Department and have responsibilities in other areas across the County which potentially creates a low level of service for the County's current park facilities.

Pender County should strive to provide a higher level of park maintenance service to meet the current and future demands anticipated at county operated recreation facilities. To help provide this park maintenance the County should reallocate the parks maintenance staff to be under the jurisdiction of the Parks and Recreation Department. These dedicated parks maintenance technicians will be better suited to provide the community with the desired level of facilities needed in the County.

The County Parks and Recreation Department also needs to add additional full-time and part-time employees for programming needs, preferably situated at each facility. The County's population is growing and parks and facilities will continue to see increasing use. Pender County should provide adequate programming and maintenance staff to continue providing safe and enjoyable recreation services to the community.



Image credit: Laurie Wierse, Pender County 2021 Photo Contest

PARKS AND RECREATION INVENTORY AND ASSESSMENT



Auditorium at Penderlea Community Park

TYPES OF PARK AND RECREATION FACILITIES

A comprehensive park system is made up of a variety of park types ranging from small neighborhood playgrounds to larger parks with athletic fields, playgrounds, community centers, and open space. Park types are used as guidelines for fulfilling the future recreational needs of communities. Not all of these types of parks are the responsibility of the County government; other entities (federal, state, and local municipalities) play a role in providing recreational opportunities as well. To further understand the County's role in providing recreation services to its citizens, it is necessary to understand all the elements of a community's comprehensive park system. The following types of parks and recreation facilities may or may not be included in Pender County's park system.

Regional Parks

Typically very large sites, Regional Parks like Moores Creek National Battlefield in Pender County, provide recreational open space and historical and educational opportunities. On these sites, the unique qualities that exemplify the natural features found there, such as diverse land formation, vegetation, and wildlife, are preserved. Most Regional Park facilities contain environmental centers, campsites, nature trails, observation decks, and picnic areas. In addition, open fields for non-structured activities, such as frisbee throwing or kite flying, are also generally found there.

Neighborhood Parks

Offering the public a convenient source of recreation while serving as the social focus point of neighborhoods., Neighborhood Parks like Rotary Park in the Town of Burgaw provide both active and passive recreation opportunities and are usually located within walking distance of the area served.

District Parks

Major sources of active recreation for several neighborhoods, district parks such as Hampstead Kiwanis Park and Pender Memorial Park, in Pender County, are intensely developed, offering a multitude of facilities in order to serve their intended geographic user area. Activities are balanced between active and passive recreation and typically accommodate athletic league sporting events, tournament competitions, passive recreation opportunities, such as walking for pleasure, wildlife observation, and picnicking. District parks present great opportunities for non-traditional types of recreation.

Community Parks

Focused on meeting community-based recreational needs as well as preserving unique landscapes and open spaces, community parks like Penderlea Community Park, and Millers Pond Park, in Pender County, can provide a variety of recreational resources from active programming in a gymnasium to performing arts. Compared to district parks, community parks have a smaller range of recreation facilities.

Mini Parks

Small parks typically located in urban areas or associated with residential or institutional developments, mini parks can bring communities together with events, promote local history, or deliver beauty to both residents and visitors. Mini parks provide very limited, isolated, or unique recreational needs and are typically located within walking distance of the area served.

Linear Parks or Greenways

Developed for a variety of modes of recreational travel, such as hiking, biking, and driving, linear parks exist for several reasons: to connect existing recreational facilities, to facilitate public right-of-ways, to connect destination points, and for scenic views and leisure touring.

The size of linear parks vary considerably, depending on their intended use, terrain and the distance between entities to be connected, such as parks, schools, cultural/historical resources, residential areas, and businesses. Often linear parks are developed within a large land area designated for protection and management of the natural environment, with recreation opportunities as a secondary objective.



Moores Creek National Battlefield, a Regional Park in Pender County

Special Use Facilities

Facilities that exist for the sole purpose of enhancing or utilizing a special man-made or natural feature, special use facilities can include beaches, parkways, historical sites, sites of archeological significance, swimming pools, conservation easements, and flood plains. Minimum standards relating to acreage or population have not been established by the park and recreation industry for this category of park. A size that is sufficient to protect and interpret the resource, while providing optimum use, is considered desirable. The Holly Shelter Shooting Range in Pender County is an example of a special use facility.

Public Open Space

Defined as any land acquired for the purpose of keeping it in a primarily undeveloped state, public open space can provide the following functions:

- Preservation of drainage areas for water supplies (watersheds)
- Protection of areas which are particularly well suited for growing crops (farmland preservation)
- Protection of communities to prevent urban sprawl (greenbelts)
- Protection of wildlife habitat (sanctuaries)
- Protection of approach and take-off areas near airports (clear zones)
- Protection of undevelopable land (landfills)
- Protection of areas aesthetically pleasing for a corridor (viewshed)

A more detailed definition of typical park types can be found in Appendix B.



The dock at Millers Pond Park

PUBLIC RECREATION INVENTORY

Public lands located within Pender County play an active role in providing recreation opportunities to residents and visitor within the County. These public spaces are made available through multiple public land managers, such as local municipalities, the State of North Carolina, and National Land Management Agencies.

Pender County Public School System

Public school recreation facilities are made available for use by the community. The Pender County Public School System operates nineteen (19) public schools that have recreational facilities typical of most schools: playgrounds, baseball/softball fields, gymnasiums, etc. This includes eight (8) elementary schools, five (5) middle schools, and three (3) high schools. The County School system also offers three non-traditional type schools with a K-8 school, one (1) early college, and one (1) innovative learning academy.

The North Carolina Community Schools Act (G.S. 115C Art. 13) was passed to allow "greater community use of public-school facilities." Since school facilities represent an investment of the citizenry for the education of students and for the general benefit of the community and its citizens, their proper use and enjoyment shall be encouraged and permitted when such does not interfere with school activities.

Local Municipalities

Town of Atkinson

Hoggard Park

- Open Space
- Picnic Shelter/Tables
- Playground

Town of Atkinson Gym

- Indoor Basketball Court

Town of Burgaw

Hankins and W.. Ross Harrell Memorial Parks (separate but adjacent parks)

- Open Space
- Picnic Shelter/Tables
- Playground
- Restrooms
- 2 Tennis Courts
- Gazebo
- Osgood Canal Greenway and Urban Trail

Ashe Street Park and Johnson Park

- Open Space
- Osgood Canal Greenway and Urban Trail

Wilmington Street Park

- Open space
- Osgood Canal Greenway and Urban Trail

Pecan Park

- Open Space

Rotary Park

- Open Space
- Restrooms
- Picnic Shelter
- Playground
- Osgood Canal Green-way and Urban Trail

Town of Surf City

Soundside Park

- ADA Kayak & Paddleboard Launch
- Amphitheater
- Boardwalk & Fishing Pier
- Playground
- Picnic Shelters
- Public Boat Ramp
- Public Parking
- Restrooms

Kenneth D. Batts Family Park

- Basketball Court
- Boardwalk
- Playground
- Picnic Shelter
- Public Parking
- Restrooms

Neva R. Albury Recreation Area

- Beach Access
- Playground
- Picnic Shelter
- Public Parking
- Restrooms

Surf City Community Center

- Community Center (Fitness Rooms & Gymnasium)
- Open Play Sports
- 2 Tennis Courts
- 1 Multipurpose Field
- Playground
- Dog Park (With Large and Small Dog Areas)
- 2 Baseball/Softball Fields
- Pond

Town of Surf City

Public Beach Access

- 39 Beach Access Sites (35 in Pender County)
- Public Parking

Surf City Disc Golf Course

- 9 Hole Disc Golf Course
- Public Parking

Town of Topsail Beach

Bush Marina

- Fee-Based Boat Ramp
- Fee-Based Wet Slips

Public Beach Access

- 31 Beach/Sound Access Sites

Topsail Beach Town Center

- Open Space
- 2 Pickleball Courts
- 1 Half Basketball Court
- Restrooms
- 2 Picnic Shelters
- Playground

Federal Recreation Facilities

Moore's Creek National Battlefield

- Open Space
- Historical Elements
- Educational Opportunities



Moore's Creek National Battlefield, located in Pender County, provides visitors recreational open space, historical monuments, and educational opportunities

State Public Land

The State of North Carolina manages more than 250,000 acres through its state parks system. This public land is made available to provide recreational opportunities as well as protect and conserve the natural heritage of North Carolina. The North Carolina State Park system manages over 8,000 acres of parkland in Pender County.

Another state public lands manager in Pender County is North Carolina Wildlife Resources Commission (NCWRC). This state public land manager protects almost 81,000 acres of land in the County. NCWRC's goal is to "conserve and sustain the state's fish and wildlife resources." Though land is set aside for conservation and research, the NCWRC also provides recreational amenities.

North Carolina State Recreation

Lea-Hutaff Island Natural Area

- 5,641 acres
- Hiking
- Nature observation

Sandy Run Savanna State Natural Area

- 2,500 acres
- Hiking
- Paddling
- Fishing
- Picnicking
- Swimming
- Camping
- Nature observation

North Carolina Wildlife Resources Commission

Holly Shelter Game Land

- 63,580 acres
- 3D archery course
- Shooting range (rifle and pistol)
- Camping (near Highway 17)

Holly Shelter Boating Access

- Boat Ramp
- Canoe/Kayak Access
- Parking

Sawpit Landing

- Boat Ramp
- Canoe/Kayak Access
- Parking

Surf City Boat Ramp

- Boat Ramp
- Canoe/Kayak Access
- Playground
- Fishing Pier
- Restrooms
- Parking

Angola Bay Game Land

- 24,483 acres
- Hunting
- Bird watching
- Nature photography

Cape Fear River Wetlands Game Land

- 7,260 acres
- Hunting
- Fishing
- Boat access

Shelter Creek Boat Ramp

- Boat Ramp
- Canoe/Kayak Access
- Parking

Hampstead Boating Access Area

- Boat Ramp
- Canoe/Kayak Access
- Parking

PRIVATE RECREATION INVENTORY

Private recreation providers, non-profit organizations, and developers are important for the County by providing resources and opportunities for the County's recreation system as well as partnership opportunities. Private developers can assist Pender County by the dedication, construction, and/or preservation of future park sites, open space, and/or greenway corridors during the overall development process. The private providers included in this inventory are not endorsed by Pender County. This list is not exhaustive and is only intended as an example of private recreation providers in the County.

Private Community Centers

- Canetuck Community Center (Pender County Recreation Partner) — indoor space and basketball court
- Edgecombe Community Center (Pender County Recreation Partner) — indoor space, basketball court, softball field, playground, and picnicking
- Joint Community Development Center (Pender County Recreation Partner) — indoor space and multipurpose field
- Maple Hill Resource Center (Pender County Recreation Partner) — basketball court, softball field, and playground (recent flood damage)
- Willard Outreach Center (Pender County Recreation Partner) — indoor space, basketball court, walking trails, playground, picnicking, and martial arts class

Nature Preserves

- Abbey Nature Preserve — educational programs, bird watching, hiking, nature observation, leashed dogs allowed

Fishing Piers

- Jolly Roger Fishing Pier— 803 Ocean Blvd, Topsail Beach, NC 28445
- Surf City Ocean Fishing Pier — 112 S Shore Dr, Surf City, NC 28445

Golf Courses

Castle Bay Golf Course
2368 Country Club Drive
Hampstead, NC 28443

Olde Point Country Club
513 Country Club Drive
Hampstead, NC 28443

Ironclad Golf
107 Links Court
Hampstead, NC 28443





Private Campgrounds

- Blackbeard's Campground — 610 Roland Avenue, Surf City, NC 28445
- Laniers Campground — 1161 Spot Lane, Holly Ridge, NC 28445
- Virginia Creek Campground — 440 Crooked Creek Road, Hampstead, NC 28443
- Rocky Point Campground—14565 Ashton Road, Rocky Point, NC 28457



According to the 2020 National Park Service Campground Industry Analysis Report, *"RV and Park Model shipments are increasing at double digit growth rates and indicates a market preference for this type of accommodation as part of a diverse camping experience."*

FACILITIES INVENTORY

Pender County currently owns, operates, and maintains seven (7) park facilities. Each facility provides both active and passive recreational opportunities for residents and visitors to enjoy. Map 2.1 shows the locations of these seven (7) parks. Each park facility will be further discussed in the following section.



1: HAMPSTEAD ANNEX

The historic 1924 Old Topsail School was restored to serve a variety of County functions including hosting events in its auditorium and pick-up ball games on the multipurpose field. The prominent centralized location offers good community access and opportunities for parks and recreation programming.



2: HAMPSTEAD KIWANIS PARK

This park is a partnership between Pender County and the Kiwanis Club of Hampstead which promotes both active and passive recreation for the community of Hampstead and the County. It is a great park for families of all ages to visit and play. With athletic fields, playgrounds, open space, and trails, Hampstead Kiwanis Park has something for everyone.



3: HOLLY SHELTER SHOOTING RANGE

This special use facility is made possible through a partnership with the North Carolina Wildlife Resources Commission (NCWRC) and Pender County. The facility provides a safe, controlled environment for shooters of all skills to come and hone their firearm skills. The shooting range provides access to a rifle range, pistol range, archery range, and 3D archery course.



4: MILLERS POND PARK

This park is a natural jewel with a seven (7) acre pond and is on the Northeast Cape Fear River. This passive park is a beautiful space for visitors to observe nature and as a preserve for local flora and fauna.



5: PENDER COUNTY COURTHOUSE SQUARE

Pender County Courthouse is a historic courthouse located in the County seat of Burgaw with a large green square surrounding the building. This valuable asset to the County is used for a variety of festivals and special events that are well loved by the community and an economic boom for Pender County.



6: PENDER MEMORIAL PARK

Pender Memorial Park is a hub of active recreation. Located in the County seat of Burgaw, this park provides visitors access to organized sporting events with open space and playgrounds.



7: PENDERLEA COMMUNITY PARK

Penderlea Community Park was once the location of the historic Penderlea School. The historic buildings provide users with athletic, cultural, and educational opportunities through use of the indoor gym, a 782 seat auditorium, and classroom space. The surrounding open space provides opportunities for other forms of recreation.

PENDER COUNTY
Parks & Recreation
2022 Pender County Comprehensive
Parks and Recreation Master Plan
EXISTING CONDITIONS MAP
KEY
COUNTY RECREATION SITE
STATE GAME LANDS/NATURAL AREA
NATIONAL HISTORIC LOCATION
STATE BIKE ROUTES
TRAILS AND GREENWAYS
WATER BODY/CREEK
MUNICIPAL BOUNDARY
COUNTY BOUNDARY
PARCEL
ROADWAY
MAPLE HILL
MURRAY TOWN
WATHA
PENDERLEA
BURGAW
ST HELENA
ROCKY POINT
LONG CREEK
MONTAGUE
CURRIE
YAMACRAW
ATKINSON
SURF CITY
SLOOP POINT
TOPSAIL BEACH
HAMPSTEAD
ONSLOW CO
DUPLIN CO
SAMPSON CO
BLADEN CO
COLUMBUS CO
BRUNSWICK CO
NEW HANOVER CO
ATLANTIC OCEAN
Holly Shelter Shooting Range
Holly Shelter Game Lands
Angola Bay Game Lands
Sandy Run Savannas State Natural Area
Lea-Hutaff Island State Natural Area
Hampstead Kiwanis Park
Hampstead Annex
Pender Memorial Park
Pender County Courthouse Square
Penderlea Community Park
Miller's Pond Park
Bellhammon Park
Moore's Creek National Battlefield
Canetuck Tract
Ports of Call NC Bike Route 3
Cape Fear Run NC Bike Route 5
NE Cape Fear River
Black River
Mountains to Sea Trail
Ogden Canal Greenway Urban Trail
East Coast Greenway
Map 2.1 Pender County Existing Conditions (See Appendix A for 11"x17")
41

FACILITIES ASSESSMENT AND RECOMMENDATIONS



Auditorium, Hampstead Annex

Hampstead Annex

The Hampstead Annex is a neighborhood park located at 15060 US Hwy 17 which was originally built in the 1920s to serve as a school. In 2014, the building underwent a complete renovation and is now a County office and active hub of community activity. The Hampstead Annex houses the Pender County Departments of Health and Human Services, Planning, Community Development, Permitting and Inspections, Veteran's Services, Parks and Recreation, and the Sheriff's Department. It also includes an auditorium where County board meetings take place, and which can be rented for community events, as well as an outdoor multi-use field for sporting and community events. The parking area is also available for community rental (yard sales, fund raisers, etc.).

Amenities include:

(1) Open space field with backstop
(1) Conference room
(1) Auditorium with seating for 244

Facility Assessment:

- Interior activities compete with County business day-use for space and parking
- No permanent sound system/projector equipment in auditorium

Recommendations

- Partner with area schools, drama clubs, musicians, etc. to develop performing arts programs for this facility
- Install sound system/projector equipment in auditorium

Hampstead Kiwanis Park

In 2002, over 80 acres of property along Sloop Point Loop Road in Hampstead were donated by the Tommie Little and Bill Clark Families for the creation of a park to serve the greater Hampstead community. Since then, Pender County has worked with the Hampstead Kiwanis Park Inc. to develop and maintain the park, leveraging grant money, donations, and appropriations from the general fund to create a well-used and appreciated recreation facility in eastern Pender County.

This district park is a partnership with the Kiwanis Club of Hampstead which promotes active and passive recreation for the community of Hampstead and the County. It is a great park for families of all ages to visit and play. With athletic fields, playgrounds, open space, and trails, Hampstead Kiwanis Park has something for everyone.

Amenities include:

(1) 355-foot lighted baseball field
(1) 215-foot lighted baseball/softball field
(2) 200-foot lighted baseball/softball fields
(3) Lighted multipurpose fields
(1) Practice field/open space
(2) Picnic shelters
(5) Fitness station areas
(1) Concession/restroom facility
(1) Lawn game area
(1) Restroom only facility
(4) Batting cages
1-3/4-mile paved walking trail
(2) Sand volleyball courts
(2) Playgrounds
(2) Gaga ball pits
(1) Performance stage

Facility Assessment:

- Field drainage issues after heavy rain which often cause extended closures
- Damaged playground equipment due to age, heavy usage, and its proximity to salt air
- No maintenance building and fenced in yard for securing equipment instead of transporting daily
- Need additional athletic fields to meet demands of existing programs and accommodate new programs
- Limited use of performance stage due to exposure to the elements
- No large dedicated open space area for special events
- No public community center for programs, offices, rentals, etc.
- No splash pad, pickleball courts, tennis courts, basketball courts to serve a boarder population
- No fenced in area for dogs
- Security cameras need to be upgraded
- Need fiber for internet access for security and possibly public use
- Lack of shade at sports fields and playgrounds
- Parking areas need better signage to direct overflow to available spaces on south end of property
- Main marquee sign and park rules signage need to be updated and replaced
- No park staff on site during park operating hours as point of contact for public and to aid in security, safety, and maintenance
- Need better control of unauthorized vehicles accesses park property outside of parking lots
- Excessive maintenance issues with plumbing in restrooms
- Lack of storage space for program supplies

Recommendations:

- Address drainage on all athletic fields
- Install fiber for internet access for security cameras, etc.
- Upgrade security cameras for safety and reduce vandalism
- Assess and repair/replace playground equipment
- Assess and repair/replace plumbing in restrooms
- Begin due diligence and planning for the development of adjacent land owned by Hampstead Kiwanis Park, Inc. to accommodate additional multipurpose fields and possibly other needed/requested recreational facilities; splash pad, pickleball courts, tennis courts, basketball courts, and community center
- Install shade structures over bleachers at fields and benches at playgrounds
- Add prominent wayfinding and parking signage
- Update and replace park rules and main marquee signs
- Construct a roof/shelter over performance stage
- Construct a maintenance building with fenced in yard on south end of park
- Have at least two staff members in park during operating hours as a point of contact for public and to aid in security, safety, and maintenance



Example of shade structure over bleachers



Adding a splashpad will provide a welcome respite for visitors



Playground structure at Hampstead Kiwanis Park

Holly Shelter Shooting Range

This special use facility is made possible through a partnership with North Carolina Wildlife Resources Commission. The facility provides a safe, controlled environment for shooters of all levels to hone their firearm skills. The shooting range provides access to a rifle range, pistol range, archery range, and 3D archery course. This facility is located within the Holly Shelter Game Lands and while not owned by the County is operated by Pender County Parks and Recreation.

Amenities include:

12 lane, 200 yard rifle range
12 lane, 50 yard pistol range
2 lane archery range
20 station 3D archery course
Classroom

Facility Assessment:

- Staff consists of only part time county employees
- Lacks a full-time facility manager
- Need dedicated, newer maintenance equipment
- Need storage facility for maintenance equipment
- Need shotgun range facility
- Need increased facility promotion/marketing

Recommendations

- Hire a full-time facility manager to manage maintenance and serve as a responsible point of contact during operating hours
- Update power equipment for maintaining grounds
- Construct a maintenance shed for storage of dedicated equipment and materials typically needed to efficiently operate this facility
- Work with NCWRC to construct a shotgun range
- Develop a marketing plan that includes web presence and Pender County Parks and Recreation brand identity to support the public's awareness of this facility



Ample space helps to make shooting range popular



Holly Shelter Shooting Range 3D archery target

Millers Pond Park

Millers Pond Park is situated between US Highway 117, the railbanked rail corridor, and the Northeast Cape Fear River. The 30.8-acre site was originally used by the North Carolina Department of Transportation (NCDOT) to mine fill dirt which resulted in a seven-acre freshwater pond. NCDOT eventually sold the property to Pender County. This passive park lets visitors observe nature and is a preserve for local flora and fauna.

Amenities include:

1/2-mile nature trail (approximately)
(1) Picnic shelter/restroom facility
(1) Wildlife observation deck
(1) Playground
(1) Canoe/kayak launch
(1) Fishing deck

Assessment:

- Needs fiber for internet access for security and possibly public use
- No security cameras
- Improve trail signage
- Some trees near walking trails and gathering areas have dead and/or hazardous limbs
- No swing set or benches by playground
- Entry sign is difficult to see from road which could hinder new park visitors
- Needs picnic areas

Recommendations

- Install fiber for internet access for security cameras, etc.
- Install security cameras for safety and reduce vandalism
- Assess trees near trails and gathering areas for safety and dangerous limbs and remove, where necessary
- Add educational signage and mileage walked signage around pond
- Assess and repair/replace playground equipment
- Add swing set to playground
- Add benches/sitting areas around the pond
- Work with NC Wildlife Resources Commission to determine if additional fish stockings are needed
- Provide picnic tables throughout the park in both sheltered and unsheltered environments
- Evaluate need for constructing an environmental education center



Nature trail at Millers Pond Park

Pender County Courthouse Square

In 1876, the Wilmington and Weldon Railroad Company deeded a plot of land to the Pender County Board of Commissioners for the establishment and construction of the new courthouse. The historic courthouse is surrounded by a large green square that is shaded by mature oak trees. The square serves as a neighborhood park and is a valuable asset to the County that is used for festivals and special events that are well loved by the community and are economic boon for Pender County.

Amenities include:
(1) Open/event space
(1) Gazebo
1/4-mile sidewalk

Assessment:
- Gazebo condition is deteriorating and is too small to accommodate bands for special events
- Sidewalk lacks mileage-walked signage
- No public restrooms
- No security cameras
- Needs landscape maintenance plan

Recommendations:
- Add walking signage for sidewalk surrounding the courthouse square
- Install a new gazebo that can be used for special events
- Install security cameras for safety and to reduce vandalism
- Assess existing landscaping and update, where necessary, to improve health, aesthetics, security, and to discourage driving on grounds
- Relocate power outlets near street for better access
- Add additional power outlets near street for festival access



Pender County Courthouse building



Courthouse Square hosts Classic Cornhole Tournament

Pender Memorial Park

Located along South Smith and West Hayes Streets in the Town of Burgaw, Pender Memorial Park was first developed for use as the fairgrounds for the area, and later as the site of the athletic fields for the former Burgaw High School (now Burgaw Middle School). In the 1970s, Burgaw Dixie Youth leased the land from the County and developed an athletic complex to support their baseball and softball games.

Pender Memorial Park is 27.33 acres and consists of three baseball/softball fields, two batting cages, two concession/restroom buildings, parking areas, a picnic shelter, and ingress/egress drives. Pender Memorial Park is a hub of active recreation. This district park provides visitors access to organized sporting events with open space and playgrounds. It is an asset to the County by providing the opportunity for athletic tournaments for the surrounding region.

Amenities include:

(2) 215-foot lighted baseball/softball fields
(1) 350-foot baseball/softball lighted softball field
(2) 200-foot lighted baseball/softball fields
(1) Lighted multipurpose field
(2) Batting cages
(1) Half-acre non-programmed open space
(2) Concession/restroom buildings
(2) Practice field/open space
(1) Picnic shelter
(1) Playground

Assessment:

- Field drainage issues which cause fields to be closed often and for extended periods of time after heavy rain
- Limited ADA access to baseball/softball fields
- Existing security cameras are outdated and difficult to access
- Need additional multipurpose/athletic fields to meet demands of existing programs and accommodate new programs
- Lack of shade at sports fields and playgrounds
- No park staff on site during park operating hours as point of contact for public and to aid in security, safety, and maintenance
- Need additional picnic shelter by playground for rentals
- Lack of adjacent land for expansion of park

Recommendations:

- Address drainage on all the ball fields
- Update and replace security cameras for safety and reduce vandalism
- Assess and repair/replace playground equipment
- Construct picnic shelter adjacent to playground
- Have at least two staff members in park during operating hours as a point of contact for public and to aid in security, safety, and maintenance
- Identify additional property in the vicinity of Pender Memorial Park to meet demand

Penderlea Community Park

Penderlea Community Park is located along W. H. Robbins Road and C.R. Dillard Road in Willard. The park offers an auditorium, gymnasium, classrooms, and green space. The buildings were formerly part of the historic Penderlea agricultural community. The "Farm City" was established in 1934 by the United States Department of the Interior and was the first of 152 subsistence resettlement projects under Franklin D. Roosevelt's New Deal. The community was laid out in a horseshoe fashion around a central community center that included an auditorium and gymnasium, presently known as the Penderlea Community Park. Radiating from the community center were small, 20-acre farms that were believed to be sufficient enough to provide homesteaders subsistence and cash income to purchase the homesteads under a lend/lease agreement by the government. Each homestead featured a two or three bedroom house with running water, barn, poultry house, hog house, and washhouse. Today citizens use Penderlea Community Park for athletic programs and special events. The surrounding open space also provides opportunities for other forms of recreation.

Amenities include:

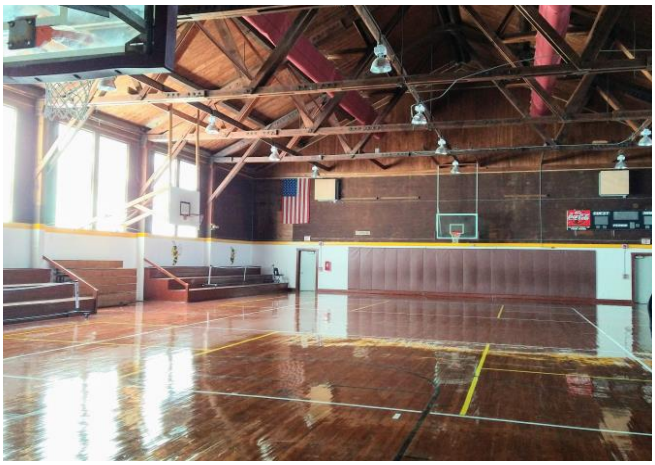
Indoor gymnasium with multi-purpose court
(3) Classrooms
(1) Lawn game area (cornhole boards)
(1) Unprogrammed open space
Auditorium with seating for 782
Storage rooms

Assessment:

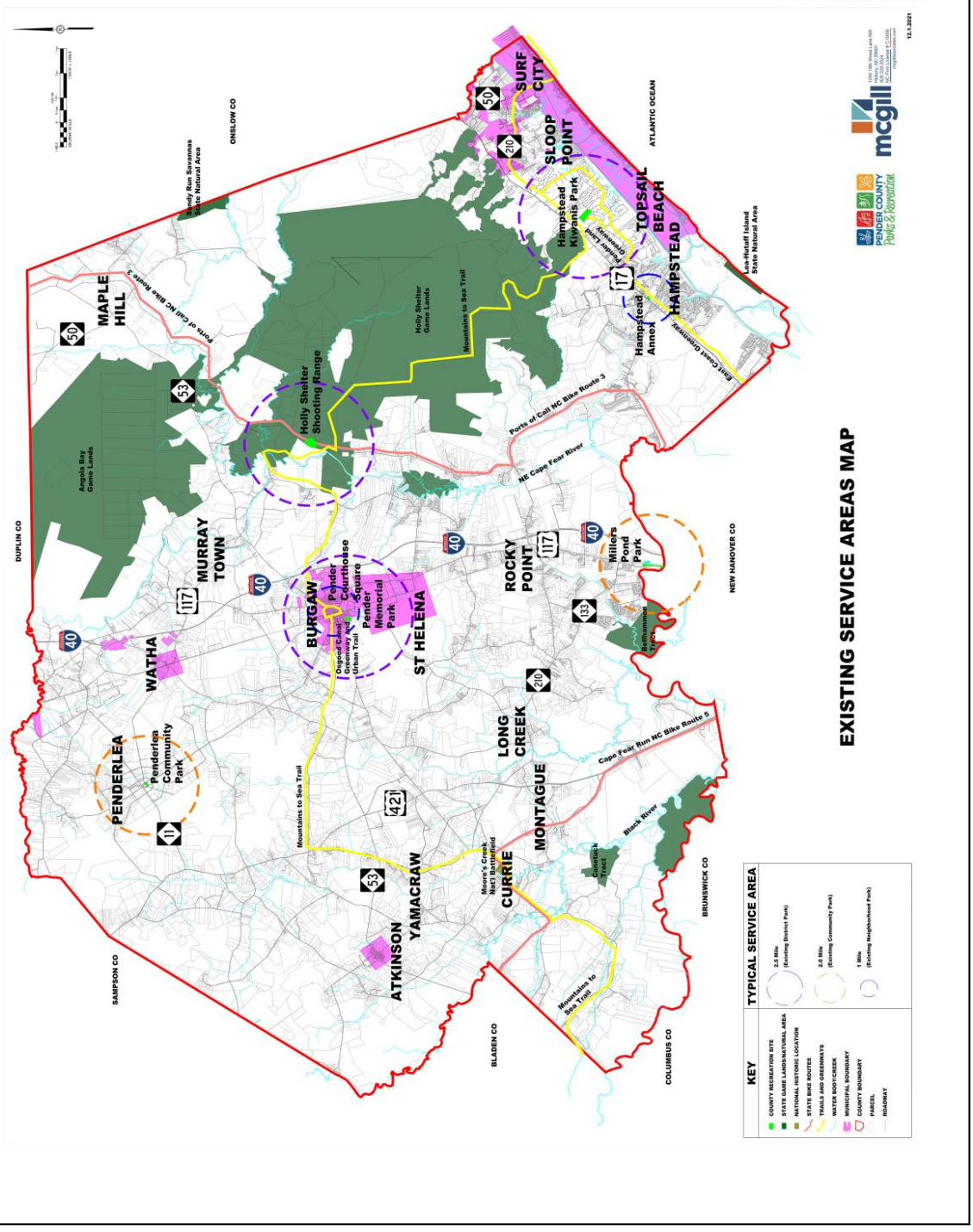
- Limited day use amenities currently
- No dedicated walking trails
- No park staff stationed on site during park operating hours
- Damaged wood floor in classroom three behind auditorium
- No picnic shelter
- No exterior restroom facility
- No permanent sound system/projector equipment in auditorium

Recommendations:

- Add walking path that is at least ¼-mile
- Install security cameras for safety and reduce vandalism
- Expand indoor recreation facility program offerings
- Partner with area schools, drama clubs, musicians, etc. to develop performing arts programs
- Have at least one staff member stationed at park during operating hours
- Construct picnic shelter
- Add additional picnic tables, park benches, and outdoor water fountain
- Provide exterior restroom
- Replace floor in classroom three, so that it can become a multi-use room



Indoor gymnasium with multi-purpose court at Penderlea Community Park



Map 3.1 Pender County Existing Service Areas (See Appendix A for 11"x17")

FUTURE FACILITY RECOMMENDATIONS

NRPA guidelines found Pender County deficient in 119.3 acres of district parks, 16.5 acres of neighborhood parks, and 7.5 acres of mini parks. Another measure, the 2015–2020 North Carolina NCORP ranked Pender County 78th out of the 100 North Carolina counties in residents per park acre. These deficiencies are further reflected in the Regional Growth Management Plan prepared by North Carolina's Eastern Region Military Growth Task Force, which indicates that an additional 8–10 acres of neighborhood parks, 13 acres of community parks, and 25–27 acres of district parks are needed to address projected military-induced growth in Pender County. However, it should be noted that recreational opportunities such as access to the Holly Shelter game lands and the beach/ sound are not included in the state or military analysis. These comparisons are further discussed on the following pages.

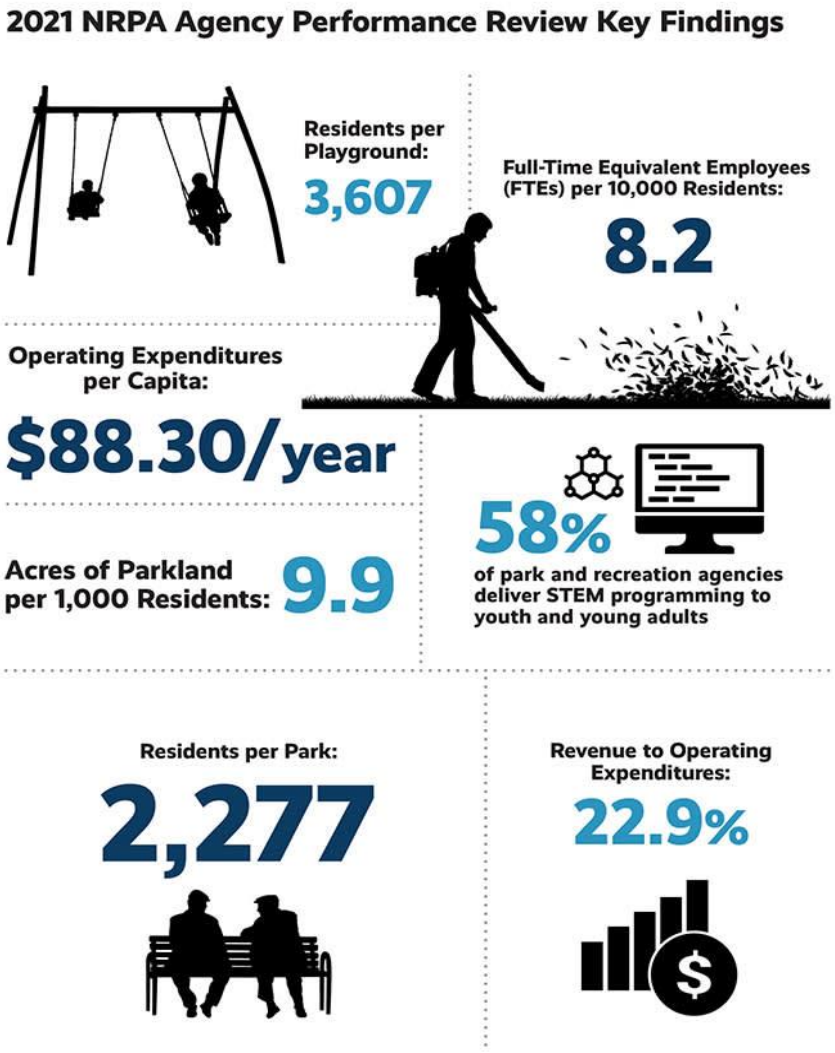
Geographic equity of park access is also an important consideration in order to ensure access for all Pender County residents. An analysis of recreation service areas can be used to make land acquisition recommendations for both current and future needs. Solutions to improving recreation in Pender County include providing facilities and amenities that residents desire and need, and locating them where residents have easy access. The existing recreation service areas shown in Map 3.1 identify service gaps and that the areas outside of the core of municipalities have the least access to parks. The service area radius for specific park types is based on guidelines found in the park descriptions in Appendix B. Future park site acquisitions should be balanced and proportional to service populations in all areas of the County.

To better understand what recreation resources a community has and how accessible those facilities and programs may be to the general population, this study looked at typical service areas. Map 3.1 illustrates what portions of the community lie within or near the typical recreation service areas. The outcome of this exercise reveals that portions of the community live far enough from recreational facilities that they cannot easily access them. Populations typically affected include children and older adults that do not drive. Both user groups generally have greater leisure time and can directly benefit from access to parks and recreation facilities.



Athletic field at Hampstead Kiwanis Park

When comparing a park system to national standards, one measure is the examination of the total acreage of the park system. The NRPA Park land guidelines (in acres) for the total service population of Pender County are provided in Tables 3.1 and 3.2. Population figures in this analysis, estimated at 60,203, include the estimated population of residents in the County as of 2021. The acreage requirement is based on the population ratio method (acres of park land per population of 1,000) pre-established for each classification of park.



The 2021 NRPA Agency Performance Review provides benchmarks from recreation departments across the country

Based on the NRPA Park land guidelines contained in Tables 3.1, and 3.2 below, with the exception of community parks, Pender County does not meet the national standard guidelines for park acreage needs.

Table 3.1 Pender County existing park acreage and recommendations

TYPE OF PARK	Existing Pender County Acreage	Recommended for 2022 Population 60,203	Recommended for 2032 Population 72,153	(Surplus)/ Deficit for 2022 Population
REGIONAL PARK (NPS & NC) 1,000 acres or 10 acres/1,000 persons	NA	NA	NA	NA
DISTRICT PARK 200 acres or 5 acres/1,500 persons	81.7 acres	201 acres	241 acres	**-119.3 acres**
COMMUNITY PARK 2.5 acres/4,000 persons	41.3 acres	38 acres	45 acres	**3.3acres**
NEIGHBORHOOD PARK 2 acres/4,000 persons	13.5 acres	30 acres	36 acres	**-16.5 acres**
MINI PARK 0.5 acres/4,000 persons	0 Acre	7.5 acres	9 acres	**-7.5 acres**

Table 3.2 Pender County existing park acreage

PENDER COUNTY EXISTING PARKS	
Hampstead Kiwanis Park (District)	54.4 acres
Pender Memorial Park (District)	27.3 acres
Millers Pond Park (Community)	30.8 acres
Penderlea Community Park (Community)	10.5 acres
Hampstead Annex (Neighborhood)	9.5 acres
Pender County Courthouse Square (Neighborhood)	4 acres
PENDER COUNTY PARK ACREAGE	**136.5 acres**

Map 4.1, on the following page, shows the proposed future park facilities: two (2) district parks, three (3) community parks, and one (1) neighborhood park. Proposed parks are further discussed below.

2 New District Parks

Of the two (2) proposed district parks, one will be on sixty (60) acres of recently acquired land on US 117 north in the northern central portion of Pender County that has been identified as a high population growth area. This park will be located near Pender Memorial Park and will help meet demand in the area, as Pender Memorial Park is often at maximum capacity. Possible amenities could include multipurpose fields, hiking/ biking trails, picnic shelters and restrooms. The second district park will be located in the southern portion of the County in Scotts Hill, in an area that has been identified as a high population growth area. Possible amenities could include multipurpose fields, hiking/biking trails, picnic shelters and restrooms.

3 New Community Parks

All three (3) proposed community parks will be located in west Pender County, which lacks parks facilities, on land currently owned by the County. Possible amenities could include loop trails, play equipment, shelter from sun and rain, open space, water play, fitness stations, court games, art and educational signage. Long Creek Community Park is proposed where structures were recently demolished on a County-owned parcel in northwest Pender. Columbia Township Community Park could possibly be located on property adjacent to a Pender County school, and Canetuck Community Park will be located on a Federal Emergency Management Agency (FEMA) buyout property on Heading Bluff Road in the southwestern portion of the County. This FEMA site offered sufficient dry open space for amenities as well as water access, which was found to be a priority by survey respondents and focus groups as well as a recommendation in the Pender 2.0 Comprehensive Plan.

1 New Neighborhood Park

One (1) new neighborhood park is proposed in the Maple Hill community of northeast Pender County. This area has been identified as underserved by the Pender 2.0 Comprehensive Plan. The proposed park should consider a partnership with existing community recreation efforts in Maple Hill. Possible amenities could include open space, walking/hiking trails, picnic shelters, game courts, and possibly indoor recreation space.

These six (6) proposed park facilities will require site master plans that should include additional public input to ensure appropriate and desired amenities are provided. The development of future park facilities will require that additional resources be allocated by Pender County to ensure adequate facility maintenance and public safety.



Image Credit: Sara Dodgens, Pender County 2021 photo contest

Map 4.1 Pender County Proposed Service Areas (See Appendix A for 11"x17")

AMENITY INVENTORY

Parks and recreation amenities include items such as picnic tables and covered picnic areas, as well as athletic fields, performance stages, and playground structures.

Table 3.3 on the following page shows the County's existing amenity inventory and compares the current inventory to McGill Associate standards. Standards were established based upon information gathered from the National Recreation and Parks association (NRPA) and historical evidence from past projects.

Each standard included in table 3.3 indicates how many people an amenity can serve. For example, the McGill Associates standards state that one (1) basketball court can serve 10,000 people. Pender County currently has one (1) basketball court for a population of 60,203. According to the McGill standards, five (5) more basketball courts are needed to serve the current population.

Another measure, the 2015–2020 North Carolina Outdoor Recreation Plan (NCORP) rankings for North Carolina, indicate that Pender County ranks 99th in playgrounds, 100th in athletic fields, 100th in athletic courts, 94th in picnic shelters, and 89th in residents per trail mile.

Though useful tools, standards and rankings alone cannot identify the unique parks and recreation needs of a community. In fact, NRPA stated in the 2021 NRPA Agency Performance Review, that "there is no single set of standards for parks and recreation because different agencies serve communities that have unique needs, desires, and challenges."

Additionally, when reviewing the amenity inventory, it is important to note that recreational amenities are also being provided by local municipalities, state public lands, and other private recreational facilities as well as through shared use agreements with County schools.



Playground structures at Hampstead Kiwanis Park

Table 3.3 Pender County Existing Amenities, Standards, and Recommendations

Amenity	McGill Standards	Existing Amenity	2022 Recommended per Population	Needed for 2022	2032 Recommended per Population	Needed for 2032
Pender County Amenities			Population: 60,203		Projected Population: 72,153	
Adult Baseball Field	1/22,000	2	3	1	3	0
Adult Softball Field	1/15,000	0	4	4	5	1
Youth Baseball Field	1/7,500	7	8	1	10	2
Youth Softball Field	1/12,000	0	5	5	6	1
Multipurpose Athletic Field	1/10,000	4	6	2	7	1
Basketball Court	1/10,000	1	6	5	7	1
Tennis Court	1/15,000	0	4	4	5	1
Pickleball Court	1/10,000	0	6	6	7	1
Volleyball Court	1/20,000	2	3	1	4	1
Cornhole	1/20,000	3	3	0	4	1
Picnic Shelter	1/7,500	4	8	4	10	2
Picnic Station (unsheltered)	1/7,500	0	8	8	10	2
Playground	1/7,500	4	8	4	10	2
Walking/Running Trails	1/4 mi./1,000	2.3 mi.	15 mi.	12.7 mi.	18 mi.	3 mi.
Dog Park	1/15,000	0	4	4	5	1
Community Center	1/30,000	0	2	2	2	0
Indoor Performance Stage	1/65,000	2	1	0	1	0
Outdoor Amphitheater	1/65,000	0	1	1	1	0
Swimming Pool	1/65,000	0	1	1	1	0
Splash Pad	1/40,000	0	1	1	2	1
Disc Golf Course	1/40,000	0	1	1	2	1
Water Access	1/40,000	1	1	0	2	1

AMENITY ASSESSMENT AND RECOMMENDATIONS

The current inventory of amenities was assessed using the McGill Associates standards found in Table 3.3. The inventory was also compared to the 2021 NRPA Agency Performance Review findings for Parks and Recreation Agencies in the United States. The excerpted table shown below provides information on how other agencies align amenity quantity with population numbers. The orange rectangle highlights the population range of 50,000 to 99,99 which would include Pender County at a total population of 60,203. A comparison with other agencies can be a helpful tool when considering future amenities.

2021 NRPA Agency Performance Review Results for Outdoor Amenities

FIGURE 3: OUTDOOR PARK AND RECREATION FACILITIES — POPULATION PER FACILITY (BY PREVALENCE AND POPULATION PER FACILITY)

Type of Facilities		Median Number of Residents per Facility					
		Population of Jurisdiction					
	Percent of Agencies	All Agencies	Less than 20,000	20,000 to 49,999	50,000 to 99,999	100,000 to 250,000	More than 250,000
Playgrounds	94.4%	3,607	2,132	2,961	3,672	4,804	8,271
Basketball courts	87.4	7,187	4,051	7,000	8,790	8,477	11,632
Tennis courts (outdoor only)	81.4	5,089	2,748	4,819	5,726	5,818	9,997
Diamond fields: baseball — youth	78.0	6,763	3,000	5,099	7,560	12,914	23,619
Rectangular fields: multipurpose	66.4	8,750	3,895	7,400	11,212	10,792	22,538
Diamond fields: softball — adult	65.5	13,510	5,663	11,184	16,250	28,081	35,875
Dog parks	64.9	46,000	11,148	27,528	58,926	76,610	129,506
Diamond fields: softball — youth	59.3	11,287	5,447	9,891	11,884	26,073	43,670
Swimming pools (outdoor only)	51.5	37,569	8,591	25,402	43,100	67,004	93,534
Diamond fields: baseball — adult	51.3	20,159	7,989	20,522	22,366	38,899	48,657
Rectangular fields: soccer — youth	48.9	7,192	3,433	5,833	8,291	12,646	32,649
Community gardens	48.3	31,175	9,001	25,480	51,197	72,238	96,322
Tot lots	45.1	11,000	6,194	8,974	13,701	19,122	22,163
Multiuse courts: basketball, volleyball	44.6	20,000	6,200	18,850	24,644	36,979	70,287
Rectangular fields: soccer — adult	43.6	12,943	7,541	11,161	12,800	20,000	30,092
Skate parks	39.3	49,750	11,000	31,248	66,672	109,798	247,664
Rectangular fields: football	36.5	25,977	7,917	16,584	31,972	51,719	78,656
Multipurpose synthetic fields	21.0	38,328	13,200	22,041	40,305	53,550	112,707
Ice rinks (outdoor only)	17.9	16,664	10,000	13,049	29,386	112,000	472,688
Rectangular fields: cricket	12.1	128,393	ISD*	29,404	62,958	110,936	370,119
Rectangular fields: lacrosse	11.2	29,000	7,051	13,333	33,437	63,250	174,861
Overlay fields	8.7	15,385	4,385	8,935	10,724	42,139	87,438
Rectangular fields: field hockey	3.5	23,270	ISD*	15,007	ISD*	110,558	ISD*

*ISD = Insufficient Data

Based on the assessment by McGill Associate standards shown in Table 3.3, the County does not meet most of the recommended recreation service standards for the current population but does meet the standards for cornhole, indoor performance stages, and water access. However, when determining the implementation of future amenities, it is important to consider the ongoing staff time and funding needed to maintain, repair and replace amenities. Organizational capacity along with community needs and desires are important factors to consider, in addition to standards, to make the most appropriate choices for the unique needs of Pender County.

For example, the standards show that the County has met recommendations for water access at 1 amenity per 40,000 people, however the County Comprehensive Plan directs the Parks and Recreation Department to expand water access opportunities, water access amenities were found to be a top priority for public meeting attendees, and the need for water access emerged as a key finding in focus groups. In a coastal county such as Pender, a higher quantity of water access amenities is more appropriate than the general standard.

Thus, the recommended amenities below in Table 3.4 require some further consideration before implementation. The recommendations are intended to meet current and anticipated needs but implementation of projects may depend on factors such as available funding, land acquisition, staff capacity, community demand, and periodic reevaluation of amenity needs. The recommendations below are ordered from most to least deficient based on the McGill Associates standards.

Table 3.4 2022 and 2032 Amenity Recommendation Based on McGill Associate Standards

Amenity	Quantity Needed for 2022	Quantity Needed for 2032
Picnic Station	8	2
Youth Baseball/Softball Fields	6	3
Adult Baseball/Softball Fields	6	3
Pickleball Court	6	1
Basketball Court	5	1
Trail Miles	12.7	3
Tennis Court	4	1
Playground	4	2
Picnic Shelter	4	2
Dog Park	4	1
Multipurpose Field	2	1
Community Center	2	0
Volleyball Court	1	1
Disc Golf Course	1	1
Splash Pad	1	0
Swimming Pool	1	0
Amphitheater	1	0

PROGRAM INVENTORY

Recreational programming is an integral part of a parks and recreation system. Programs can be athletics, classes, summer camps, and special events that celebrate holidays or important community celebrations. Each of these elements can create a feeling of unity and pride within a community. An inventory of the programs offered by Pender County in 2021 is shown below in Table 3.5. Programs/Events co-sponsored with another agency are in bold italics.

Table 3.5 Pender County Programs 2021

Pender County Programs 2021			
Program Name	**Location**	**Month**	**Category**
Adult Cornhole League	Penderlea Community Park	January - February	Sport
Cupid's Bingo	Pender Memorial Park & Hampstead Kiwanis Park	February	Holiday
Open Play (Youth and Adult)	Hampstead Kiwanis Park	February - June	Sport
Adult Cornhole League	***Atkinson Gym***	***March***	***Sport***
Tree Seedling Giveaway	Rocky Point & Hampstead Kiwanis Park	March	Special
Family Fishing Event	Millers Pond Park	April	Education
Adult Cornhole League	Hampstead Kiwanis Park	April	Sport
Adult Co-ed Sand Volleyball	Hampstead Kiwanis Park	April	Sport
National Fishing and Boating Day	***Millers Pond Park***	***May***	***Education***
Summer Camp	Topsail (9 weeks)	June-August	Camp
Summer Camp	Rocky Point (9 weeks)	June-August	Camp
Summer Mini Camps	***Burgaw/Rocky Point***	***June-July***	***Camp***
Summer Concert (Topsail Sounds)	***Topsail (3 events)***	***May-August***	***Special***
Summer Concert (Summer on the Square)	***Burgaw (3 events)***	***May-August***	***Special***
Summer Concert (Alive After Five)	Hampstead (4 events)	May-August	Special
Blueberry Classic Cornhole Tournament	Courthouse Square	June	Sport
Nature Explorers	Millers Pond Park (2 events) & Hampstead Kiwanis Park (2	September-October	Education
Adult Co-ed Sand Volleyball (Mini Season)	Hampstead Kiwanis Park	September-October	Sport
Cosmic Bingo	Penderlea Community Park	October	Special
Kickball Tournament/Food Truck Rodeo	Hampstead Kiwanis Park	October	Special
Women on Target Clinic	Holly Shelter Shooting Range	October	Education
Open Gym (Youth and Adult)	Penderlea Community Park	November - December	Sport
Family Camping	Hampstead Kiwanis Park	November	Education
Turkey Bingo	Pender Memorial Park & Hampstead Kiwanis Park	November	Holiday
Hampstead Christmas Tree Lighting	Hampstead Kiwanis Park	December	Holiday
New Year's Eve Blueberry Drop	***Courthouse Square***	***December***	***Special***

PROGRAM ASSESSMENT AND RECOMMENDATIONS

As shown on the previous page in Table 3.5, in 2021 a total of twenty-six (26) programs and special events with a total of fifty-five 55 separate program dates. Six (6), or 23% of programs and special events were co-sponsored with another agency. Currently, reoccurring programming is based on the desire, needs, and demand of the community. New programming is often offered as a pilot to determine demand before offering it on an ongoing basis. Additionally, some programming is offered seasonally, such as youth summer camps.

The current method of program development should continue and should consider the public input findings included in this Plan when identifying new programming to pilot. The combined public input findings for programs are provided below. Additionally, the Pender County Community Health Assessment could be utilized to understand community health challenges and needs and identify programming to meet those needs.

Future Program Needs

Survey: Youth enrichment programs (STEM, Field Trips, etc.), youth summer day camps, and concerts.

Public Meetings: Outdoor concerts, farmers market, open gym

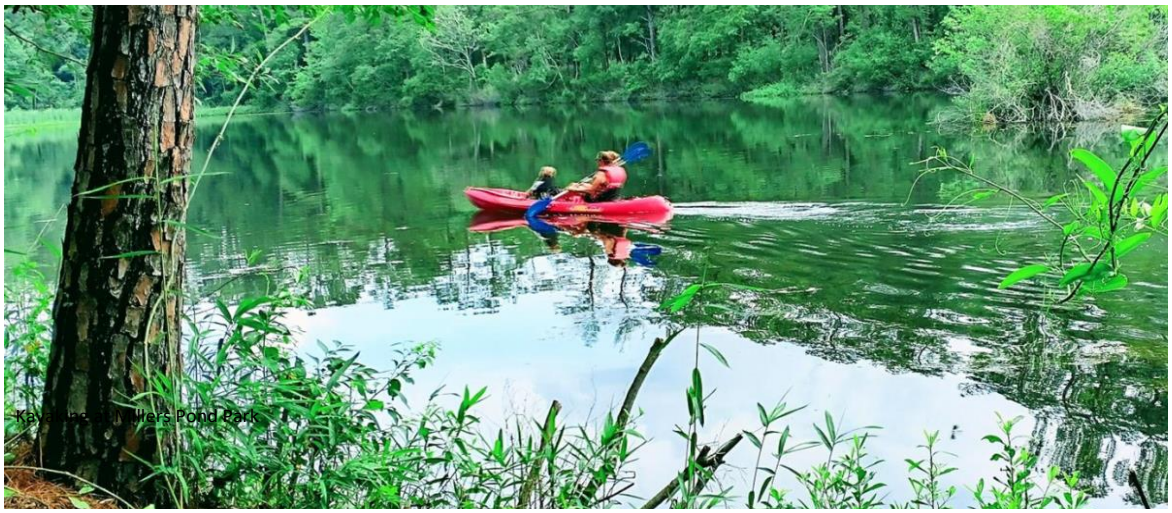
Focus Groups: Increased programming, programming through partnerships to include Pender County Schools, local churches, the Senior Games, and the Arts Council, and programming for specific groups such as teens, older adults, and people with disabilities

Stakeholder Interviews: Increased programming staff



Fishing and Boating Event at Millers Pond Park

RECOMMENDATIONS AND ACTION PLAN



Kayaking at Miller's Pond Park

GOALS AND OBJECTIVES

After analyzing the findings from the planning process (including national best practices, community and stakeholder input, facility and program inventories, and existing conditions), goals, and objectives to meet those goals, have emerged to provide guidance for parks and recreation services and facilities in Pender County over the next ten (10) years. The following objectives describe ways to meet the goals of increasing organizational capacity and efficiency, increasing funding opportunities, and maintaining, improving and expanding facilities, amenities, programming and service delivery.

The following goals and objectives also meet the mission of the Pender County Parks and Recreation Department, adopted in 2021 by the Parks and Recreation Advisory Board, which states:

"The Pender County Parks and Recreation Department exists to develop, maintain, and enhance County parks, facilities, and green spaces by utilizing the County's resources to encourage, promote, provide and protect quality, equitable, and diverse leisure and recreational opportunities that enrich the lives of Pender County citizens."

Goal 1: Increase Organizational Capacity and Efficiency

Objective 1.1: Ensure adequate staffing for administration, maintenance, and programming to meet demand and ensure service quality

Based on the NRPA staffing guidelines, the minimum number of full-time staff necessary to support community recreation needs is equivalent to 5.1 per 10,000 residents.

For Pender County's current population of 60,203, 30.7 Full Time Employee (FTE) are recommended. Pender County currently has 22 FTE for a deficit of 8.7 FTE staff members. Another measure, the 2021 NRPA Agency Performance Review finds that the median full-time staff equivalent (FTE) for parks and recreation departments across the United States is 9 per 10,000 residents. Based on this measure the County should provide 54.2 FTE to match the median of agencies serving populations between 50,000 and 99,999. When Pender County staffing levels are compared with other Parks and Recreation Departments nationally, a deficit of 23.5 FTE is found. By either measure, a staffing deficit is shown that will need to be addressed prior to any expansion of facilities or programming.

Objective 1.2: Develop a department marketing plan to inform the public of County recreation facilities, programs, and seasonal events

Marketing and promotion are key to ensuring program attendance. Proper marketing can also increase community access to facilities and programming, through information. Additionally, increased communication through social media and marketing were found to be priorities by the survey and focus groups. Partnership with intergovernmental entries such as Tourism and the Health Department is also encouraged. For example, a collaboration with the Health Department in the form of a public awareness and education campaign could promote healthy communities through topics such as: increasing fitness, preventing disease, reducing obesity, improving mental health, and reducing stress.

Objective 1.3: Strengthen and build partnerships, including intergovernmental partnerships (such as Pender County Schools) that will aid in providing recreational facilities and programs for the community

Pender County is currently participating in ongoing partnerships with five (5) community partners Canetuck Community Center, Edgecombe Community Center, Joint Community Development Center, Maple Hill Resource Center, and Willard Outreach Organization and multiple recreation partners including Burgaw Dixie Youth, Pender Youth Basketball Association, Pender Youth Soccer Association, Topsail Junior Pirates, Pender Youth Football and Cheer Association, Eastern Pender Pop Warner Association, Port City Soccer Club, Topsail Ball Club, Topsail Basketball Association, Topsail Girls Softball Organization, Topsail Youth Lacrosse Association, The County also partners with other agencies, including intergovernmental partnerships to provide programming and special events.

Many local governments throughout the nation utilize partnerships with public and private sector interests to accomplish community goals. Private sector partnerships can be beneficial, particularly for large capital investments such as a special-use facility. Developers can use private funds to develop facilities on municipal property and lease it to the County long term. Over a period of time, the developer returns a portion of the revenue to the County and at the end of the lease the facility is turned over to public ownership.

Listed below are other partnerships examples that the County should consider in its efforts for the improvement and addition of parks and recreational facilities:

- Programming partnerships to co-sponsor events and facilities or to allow qualified outside agencies to conduct activities on properties which are County owned
- Create a plan to solicit local businesses for sponsorship opportunities related to specific facilities, amenities, programs, and special events
- Operational partnerships to share the responsibility for providing public access and use of facilities
- Development partnerships to purchase land and/or build facilities
- Management partnerships to maintain properties and/or facilities

Goal 2: Increase Funding Opportunities

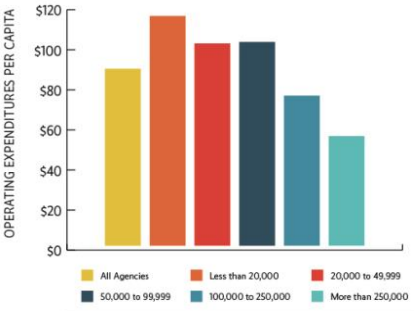
Objective 2.1: Pursue Alternative Funding Strategies

Identification of sufficient funding is a crucial element that is required to implement the master plan. Funding for future initiatives will be a key issue that will need to be addressed in the upcoming years to continue to provide basic minimum services.

To meet the existing and future needs of Pender County, the County will need to update the annual budget for the Parks and Recreation Department based on projected capital improvement costs, and staffing needs, and operations and maintenance costs. Budget comparison with similar agencies can also be helpful. As shown in the graph below, the NRPA 2021 Agency Performance Review reports that recreation department operating expenditures per capita for populations from 50,000 to 99,999 were between $58.77 and $166.17 with a median of $101.65 per capita across the nation. Per capita expenditures of comparable agencies are shown in the Table below.

Counties with Populations Similar to Pender County	Population Estimate 2020	Per Capita Expenditures 2019
Columbus County	50,623	$65.67
Hoke County	52,082	$34.98
Watauga County	54,086	$46.43
Lenoir County	55,122	$9.59
Granville County	60,992	$17.53
Lee County	63,285	$16.13
Rutherford County	64,444	$121.55

FIGURE 14: OPERATING EXPENDITURES PER CAPITA (BY JURISDICTION POPULATION)



	All Agencies	Less than 20,000	20,000 to 49,999	50,000 to 99,999	100,000 to 250,000	More than 250,000
Median	$88.30	$114.62	$100.93	$101.65	$74.87	$54.68
Lower Quartile	$48.84	$64.02	$60.04	$58.77	$45.39	$21.77
Upper Quartile	$159.07	$222.94	$195.81	$166.17	$154.56	$85.33

Some suggestions for alternative funding are provided below and on the following pages.

Donations

The solicitation of contributions is an acceptable method of fundraising for recreation departments. Donations, typically in the form of land, cash, labor, and materials, could be solicited to assist Pender County with its enhancement program. Corporations, civic organizations, individuals, and other groups generally donate to a specific park project; however, donations may also be solicited for multiple project improvements or additions. NRPA recommends the use of private, not-for-profit, tax-exempt foundations as a means of accepting and administering private gifts to a public park system.

It should be noted that the Parks Foundation of Pender County, Inc. is a 501(c)(3) nonprofit organization and considered a public charity under IRC Section 509(a)(2). EIN - 83-2319738. The Parks Foundation of Pender County's mission is to care for and improve Pender County's Parks to improve more than the County's beauty but also it's health, the community and economic strength. Donations can be accepted through the Parks foundation, and the Foundation can raise funds for County Parks and Recreation initiatives.

State and federal agencies offer numerous grants to fund parks and recreation projects. Grants, such as the opportunities listed below, should be investigated and pursued by Pender County for current and future park and recreation initiatives.

The Parks and Recreation Trust Fund (PARTF): A state-funded program with a maximum match amount of $500,000, PARTF was established for local governments and the North Carolina Division of Parks and Recreation to fund at a 50% local match the development and/or improvement of parks and recreation facilities and land acquisition.

The Recreation Trails Program (RTP): A $1.5-million federal program, administered by the United States Department of Transportation's Federal Highway Administration, RTP is a reimbursement grant program designed to help state, federal, or local government agencies provide and maintain recreational trails.

Federal Aid Construction Funds: National Highway System (NHS), Surface Transportation Block Grant Program (STBG), and Congestion Mitigation and Air Quality (CMAQ) funds support construction of pedestrian and bicycle transportation facilities.

The Land and Water Conservation Fund (LWCF): A federal program established for local and state governments to fund outdoor recreational development and land acquisition at a 50% match.

The Safe Routes to Schools Program: A federal program of the United States Department of Transportation's Federal Highway Administration (FHWA) for projects that improve the ability of primary and middle school students to walk and bicycle to school safely funded at an 80/20 match.

The Environmental Enhancement Grant Program (EEG): Funding for projects that address environmental needs of North Carolina, specifically to protect water quality as well as conserve natural areas, this program supports land acquisitions and easements, construction, remediation, restoration, and research, planning, education. The maximum award is $500,000.

The North Carolina Land and Water Fund (NCLWF): Funding to help finance projects that address water pollution issues, NCLWF will fund projects that contribute toward a network of riparian buffers and greenways for environmental, educational, and recreational benefits.

The USDA Natural Resource Conservation Service (NRCS): Funding at a 50% match for the operation and maintenance of watersheds whose areas are less than 250,000 square acres. The NRCS provides financial and technical assistance for the improvement of watershed protection, flood prevention, sedimentation control, public water-based fish and wildlife enhancements, and recreation planning.

State Construction Funds: Funds used for the construction of sidewalks and bicycle accommodations that are a part of roadway improvement projects.

The Division of Coastal Management (DCM): Grant funding for local governments in the 20-county coastal area for Public Beach and Waterfront Access projects through the Coastal Management Beach and Waterfront Access Program (CAMA). The DCM awards about $1 million a year in matching grants to local governments for projects to improve pedestrian access to the state's beaches and waterways. Local governments may use access grants to construct low-cost public access facilities, including parking areas, restrooms, dune crossovers and piers.

Implementing the recommendations of this comprehensive master plan will require a combination of funding sources that include local, state, federal, and private money. This section provides a listing of the most commonly used funds for park and greenway projects in North Carolina.

Dedicated Source of Local Funding: In order to leverage and provide matching funds for many of the programs listed Pender County should evaluate the existing departmental budget and funding for capital improvements.

Property/Sales Tax Revenues: General tax revenues traditionally provide sources for general operations and maintenance of park systems for local governments. Traditionally, ad valorem tax revenue has been the primary source of funding for the park and recreation enhancement of properties/facilities owned by local governments. Recreational opportunities are considered a public service and often are a standard line item on general fund budgets. Creative financial opportunities are possible; however, ad valorem taxes will continue to be the major revenue source to support the system. As such, communities often vote to raise their local tax rate temporarily in support of their park and recreation systems.

General Obligation Bonds: Many communities issue bonds, that are typically approved by the shareholders, to finance site development and land acquisition costs. The State of North Carolina grants local governments the authority to borrow funds for parks and recreation through the issuance of bonds. The amount is not to exceed the cost of acquisition or improvement of park and recreation facilities. Total bond capacities for local governments are limited for parks and recreation to a maximum percentage of assessed property valuation. Since the issuance of bonds relies on the support of the voting population, the implementation of awareness programs is absolutely essential prior to a referendum vote.

Fee Simple Purchase: Fee simple purchase is the most common method used to acquire municipal property for park facilities. Although it has the advantage of simplifying justification to the general public, fee simple purchase is the most difficult method to pursue due to limited monetary resources.

Fee Simple with Lease-Back or Resale: This method allows local governments to acquire land by fee simple purchase yet allows them to either sell or lease the property to prospective users with restrictions that will preserve the land from future development. The fee simple with lease-back or resale method of development commonly results from situations in which landowners, who have lost considerable monetary amounts in property value, determine that it is more economical to sell the land to the County (with a lease-back option) than to keep it.

Life Estate: A life estate is a gift whereby a donor retains the land during his/her lifetime and relinquishes title of the property after his/her death. In return, the owner (or family) is relieved of property tax for the given land.

Local Gifts: Donations of land, money, labor and construction can have significant impact on the acquisition and development of park property. The solicitation of local gifts is highly recommended and should be organized thoroughly, with the utilization of very specific strategic methods. This often untapped source of obtaining funds requires contacting potential donors, such as individuals, institutions, foundations, and service clubs.

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Long-Term Option: Long-term options allow municipalities to purchase property over a long period of time. This method is particularly useful because it enables the County to consider a particular piece of land that may have future value though it is not currently desired or affordable. Advantages to this method of property acquisition are that the County can protect the future of the land without purchasing it upfront, the purchase price of the land will not increase, and the County will have the right to exercise its option. The disadvantage to the County is that all privileges relinquished by the landowner require compensation in the form of securing the option.

Easement: An easement is the most common type of less-than-fee interest in land. An easement seeks to compensate the property owner for the right to use his/her land in some way or to compensate for the loss of his/her privileges to use the land. Generally, the landowner may still use the land and, therefore, continues to generate property tax revenue for the County.

Objective 2.2: Establish a Fee Review and Implementation Plan

Communities throughout the nation employ a wide variety of user fees for public recreational programs and services within their recreation departments. The amount of the fee is usually determined by a portion of the recreation costs needed for improvements and operations. These user fees are typically levied for special facilities such as water parks and golf courses; however, they can also be charged for the use of trails and ball fields. Pender County should continue to generate revenue by charging user fees for use of facilities, such as picnic shelters in order to cover operation and administrative costs. In addition, the County should continue to have a separate fee rate structure for residents and non-residents. As the park system continues to develop, the County should examine their fee structure to identify opportunities and additional revenue. The current user fees appear to be fair and reasonable for a majority of the County residents and non-residents. Elected officials should determine the fees and changes based on departmental input; the fees should not be so high that persons of modest income would ultimately be denied the use of park facilities.

Goal 3: Maintain and Improve Programming and Service Delivery

Objective 3.1: Provide the community with creative and inclusive recreation programs that are accessible and affordable to all citizens

The County provided 26 successful recreation programs/events in 2021, with a total of 55 event dates. Recreational programming is an integral part of a parks and recreation system. Programs can be athletics, classes, summer camps, and special events that celebrate holidays or important community celebrations. The current level of service should be maintained and expansion or improvement should consider the public input findings on program need included in this Plan and the Pender County Community Health Assessment.

Goal 4: Maintain, Improve, and Expand Facilities and Amenities

Objective 4.1: Increase investment in the maintenance of current facilities, equipment, and amenities

In order to maximize the life of current assets, tools such as an Asset Management Plan are suggested. Maintenance should be improved to reduce reactive actions and increase preventive measures. Additionally, the need for increased maintenance of current facilities and amenities was found to be a priority in stakeholder interviews.

Objective 4.2: Provide appropriate facility and amenity improvements and expansions

A Capital Improvement Plan (CIP) has been developed to include facility and amenity improvements and expansion, and is available in Appendix G. The CIP is designed to encompass, at a minimum, a ten-year period and includes a list of anticipated recreation projects based on the recommendations in this Plan. The proposed recreational project list provides costs based on recent (2020–2021) material/labor costs. The provided opinion of probable costs includes assumed general expenditures such as site preparation, building structures, access, site utilities, parking, and specific recreation improvements. The list provided also includes estimates for planning or design fees. The opinions of cost are preliminary in nature and are for planning purposes only. As the time approaches to consider the recommended improvements it will be necessary to receive up to date opinions of cost.

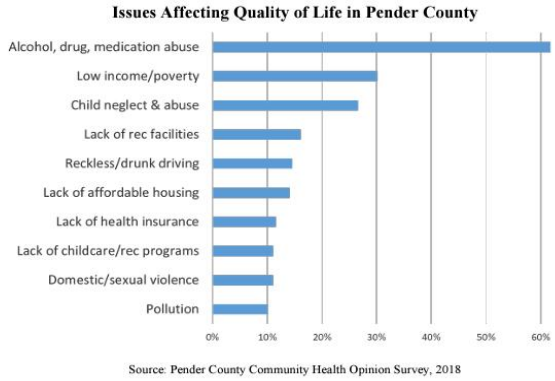
Objective 4.3: Seek and acquire additional land for future park development

As the County's population grows so too will demand for parks facilities, which requires park land. Based on the NRPA Park land guidelines with the exception of community parks, Pender County does not meet the national standard guidelines for park acreage needs, necessitating additional land acquisition. Land acquisition can take multiple forms. The solicitation of contributions is one acceptable method for recreation departments. These donations, typically in the form of land, cash, labor, and materials, could be solicited to assist Pender County with land acquisition. Corporations, civic organizations, individuals, and other groups generally donate to a specific park project; however, donations may also be solicited for multiple project improvements or additions. NRPA recommends the use of private, not-for-profit, tax-exempt foundations as a means of accepting and administering private gifts to a public park system.

The County should also consider providing developers with an option to pay a fee in-lieu of open space rather than to dedicate land for open space or recreation within conventional subdivisions. This method has proven to be successful for other local governments in providing a dedicated source of revenue earmarked for park development.

Objective 4.4: Develop additional park facilities and amenities

The North Carolina Office of State Budget and Management (OSBM) projects that in 2030, the permanent population of Pender County will increase by 11,950 people or 19.8% for a total population of 72,153. Additionally, it is projected that population increase will occur mostly from in migration, while natural growth from births will have a minor change in the county's population. As shown in the graph below, the 2018 Pender County Community Health Opinion Survey reported that among issues affecting the quality of life in Pender County the lack of recreation facilities was in the top five (5). If Pender County does not meet the facility and amenity needs of the current population, the need will be compounded as growth occurs.



Source: Pender County Community Health Opinion Survey, 2018

To that end, a Capital Improvement Plan (CIP) has been developed and is included at Appendix G. The CIP is designed to encompass, at a minimum, a ten-year period and includes a list of anticipated recreation projects based on the recommendations in this Plan. The proposed recreational project list provides costs based on recent (2020–2021) material/labor costs. The provided opinion of probable costs includes assumed general expenditures such as site preparation, building structures, access, site utilities, parking, and specific recreation improvements. The list provided also includes estimates for planning or design fees. The opinions of cost are preliminary in nature and are for planning purposes only. As the time approaches to consider the recommended improvements it will be necessary to receive up to date opinions of cost.

This total anticipated future recreational project cost of $29,167,500 represents the proposed, cumulative figure to be spent for park and recreation development, improvements, and renovations by the year 2032. The total figure does not consider an inflation rate over the 10-year period through the year 2032 (see Appendix G for the Capital Improvement Plan).

Objective 4.5: Continue to improve ADA accessibility of facilities and programs

As the County's overall population grows so too will the population of residents with disabilities. The County should continue to make accessibility improvement in facilities, programs, and communication as well as prepare for future demands. Some suggestions provided by the Health/Wellness/Access focus groups were: adaptive recreation programs for adults, more athletic programs for kids with developmental and physically disabilities, and the consideration of program transportation for populations that do not drive, such as older adults and people with disabilities.

ACTION AND IMPLMENTATION PLAN

Action item tables on the following pages identify concrete ways to meet the goals of increasing organizational capacity and efficiency, increasing funding opportunities, and maintaining, improving and expanding facilities, amenities, programming and service delivery. The implementation timeline for action items falls into three phases, short-term, mid-term, and long-term. As summarized in the table below, completion of short-term items is expected in the next 1-2 years, mid-term items are expected to be completed in 3-5 years and long-term items are expected to be completed in 6-10 years. Additionally, action items that do not have an end-date are labeled, ongoing.

Implementation Timeline	Expected Completion
Short-Term	1-2 years
Mid-Term	3-5 years
Long-Term	6-10 years
Ongoing	No end date

Capital cost estimates as well as the impact on the Parks and Recreation Department's operational budget are also identified in the tables on the following pages. A full Capital Improvement Plan is available in Appendix G. Action items shown in blue align with the action items assigned to the Parks and Recreation Department in Chapter 6 of the 2018 Pender 2.0 County Comprehensive Land Use Plan.



Tree Seedling Giveaway at Hampstead Kiwanis Park

Goal 1: Increase Organizational Capacity and Efficiency

Objective 1.1

Ensure adequate staffing for administration, maintenance, and programming to meet demand and ensure service quality

Actions	Capital Cost Estimate	Operation Budget Impact	Timeframe to Complete
1.1.a Hire and train staff for current and future administration, maintenance, and programming needs	$0	TBD	Ongoing

Objective 1.2

Improve and expand internal and external communication of facility and program offerings

Actions	Capital Cost Estimate	Operation Budget Impact	Timeframe to Complete
1.2.a Develop and implement a department marketing plan to inform the public of County recreation facilities, programs, and seasonal events	$0	Staff Time	Short-Term
1.2.b Update Marketing Plan annually. Develop a new Marketing Plan every five (5) years	$0	Staff Time	Ongoing

Objective 1.3

Strengthen and build partnerships, including intergovernmental partnerships (such as Pender County Schools) that will aid in providing recreational facilities and programs for the community

Actions	Capital Cost Estimate	Operation Budget Impact	Timeframe to Complete
1.3.a Seek out new partnership opportunities and identify areas of possible growth for current partnerships	$0	• Staff Time • TBD • Potential Increased Revenue or Decreased Expenditures	Ongoing
1.3.b Continue to ensure all existing and future partnerships are formalized through a signed agreement such as an Memorandum of Understanding (MOU)	$0	Staff Time	Short-Term

Goal 2: Increase Funding Opportunities			
Objective 2.1 *Pursue Alternative Funding Strategies*			
Actions	**Capital Cost Estimate**	**Operation Budget Impact**	**Timeframe to Complete**
2.1.a Continue to seek out and apply for grants including grants for recreation facilities, and programs	$0	Staff Time	Ongoing
2.1.b Seek out partners for grant submission in areas such as transportation and healthcare	$0	Staff Time	Ongoing
2.1.c Expand the utilization of the Parks Foundation to fund Parks and Recreation Department initiatives	$0	Staff Time	Mid-Term
2.1.d Consider contracting with or creating a position to perform resource development	Potential Matching Funds TBA	$40,00-$50,000 Annually	Short-Term Mid-Term
2.1.e Consider increasing spending to bring per capita figures closer to those of the counties in the region and communities of similar populations.	TBD	TBD	Mid-Term
Objective 2.2 *Establish a Fee Review and Implementation Plan*			
Actions	**Capital Cost Estimate**	**Operation Budget Impact**	**Timeframe to Complete**
2.2.a Create a fee structure methodology that is aligned with community values while generating adequate revenues to support Parks and Recreation initiatives	$0	• Staff Time • TDB • Potential Increased Revenue	Short-Term
2.2.b Review the fee structure annually and adjust pricing, if needed	$0	Staff Time	Ongoing

Goal 3: Maintain and Improve Programming and Service Delivery

Objective 3.1

Provide the community with creative and inclusive recreation programs that are accessible and affordable to all citizens

Actions	Capital Cost Estimate	Operation Budget Impact	Timeframe to Complete
3.1.a Assess the opportunity to contract out future programming offerings	$0	TBD	Mid-Term
3.1.b Expand and develop program offerings based on demand	$0	• Staff Time • TBD	Mid-Term Ongoing
3.1.c Seek to make programming available in underserved areas of the County, such as the Maple Hill Community	$0	• Staff Time • TBD	Mid-Term Ongoing

Goal 4: Maintain, Improve, and Expand Facilities and Amenities

Objective 4.1

Increase investment in the maintenance of current facilities, equipment and amenities

Actions	Capital Cost Estimate	Operation Budget Impact	Timeframe to Complete
4.1.a Develop and implement a Maintenance Operations Plan and policy to include all facilities and amenities	$0	Staff Time	Short-Term Ongoing
4.1.b Develop and implement an Asset Management Plan to include annual evaluation of amenity and equipment assets to ensure they meet appropriate standards of service	$0	Staff Time	Ongoing
4.1.c Assess field drainage issues at all facilities to develop and implement a Drainage Improvement Plan	See CIP	Staff Time	Short-Term Ongoing

Objective 4.2

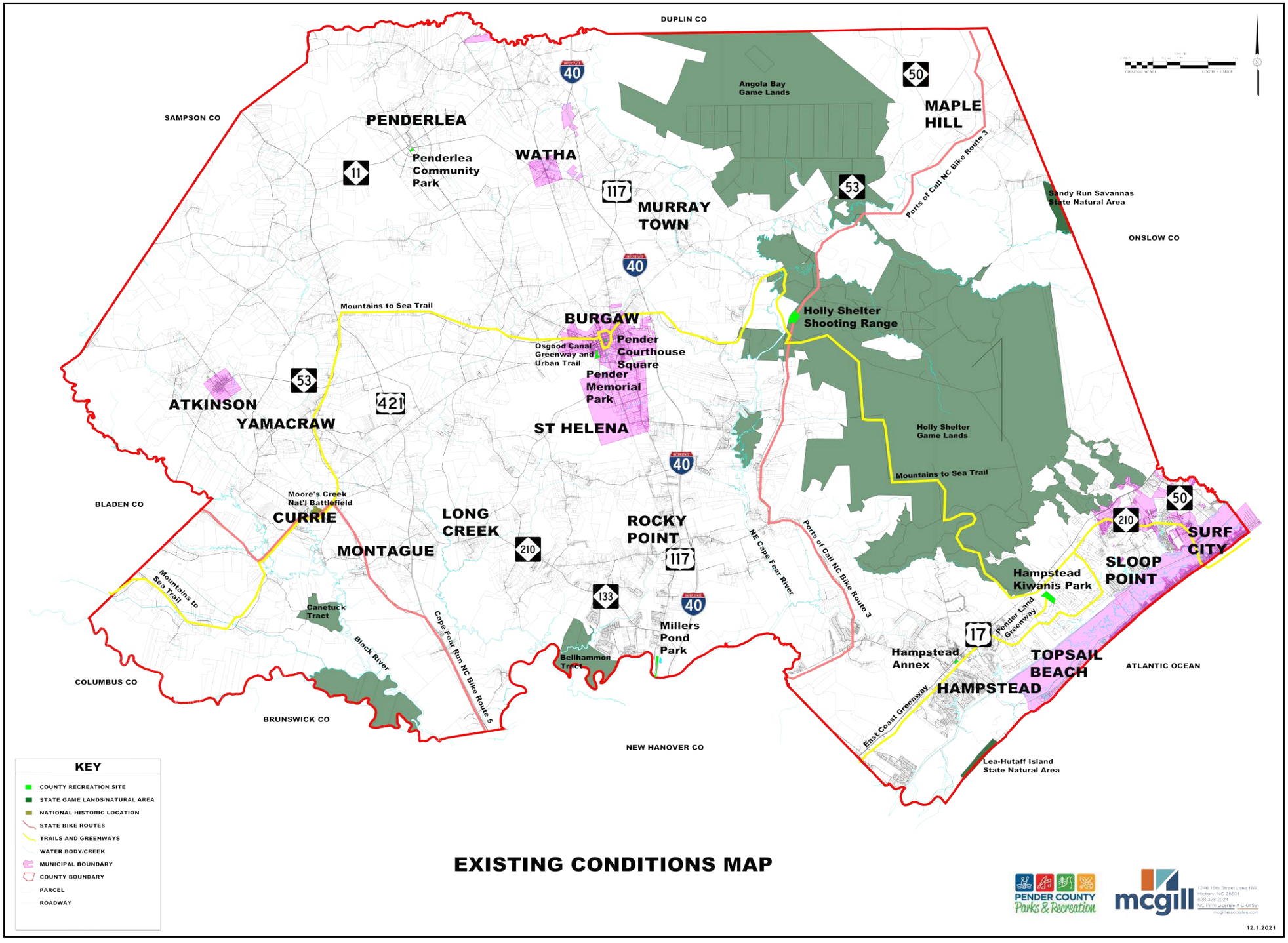
Provide appropriate facility and amenity improvements and expansions

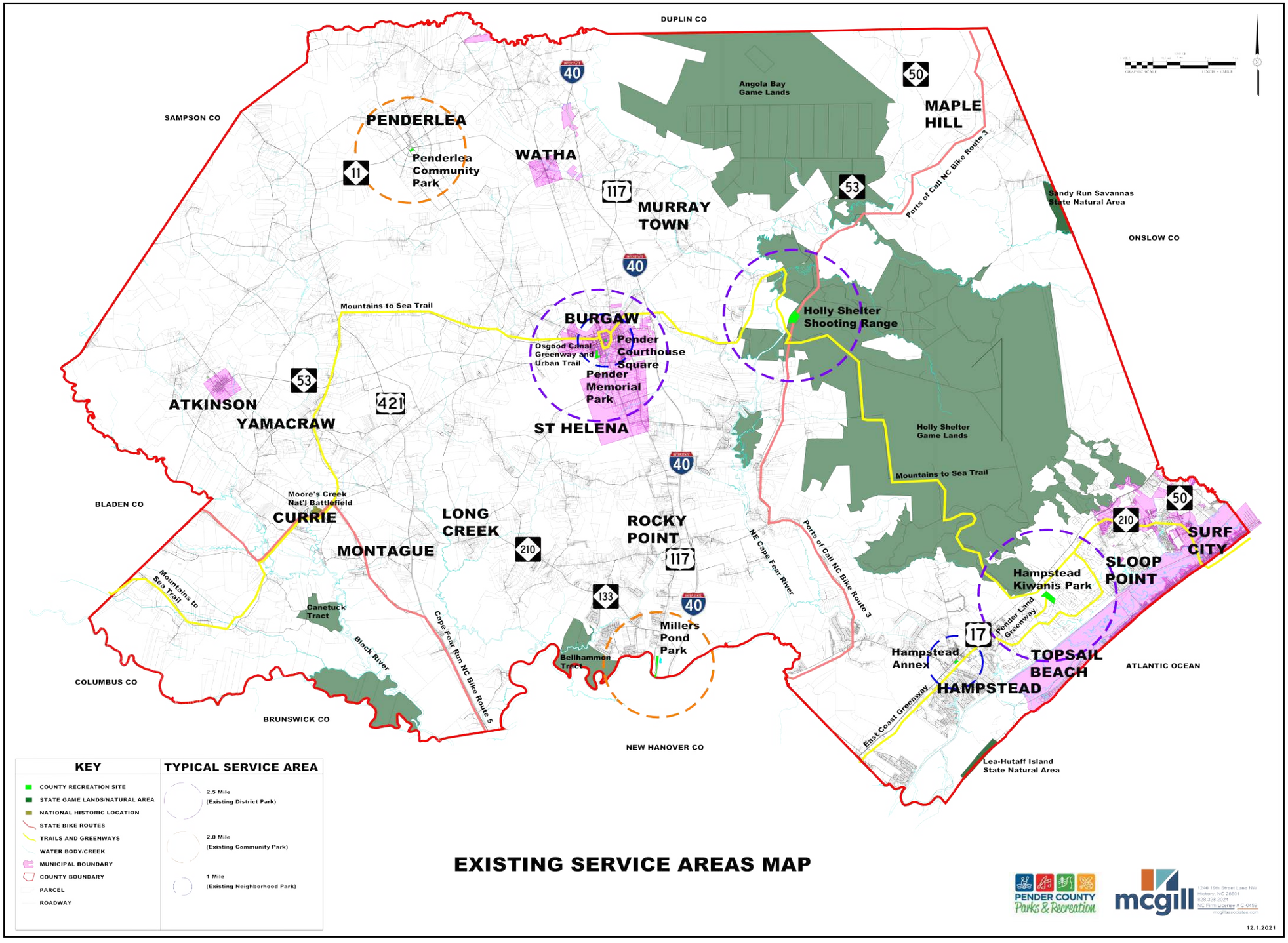
Actions	Capital Cost Estimate	Operation Budget Impact	Timeframe to Complete
4.2.a Maintain a Capital Improvement Plan (CIP) to include the replacement and improvement of current facility and amenities assets	$0	Staff Time	Ongoing

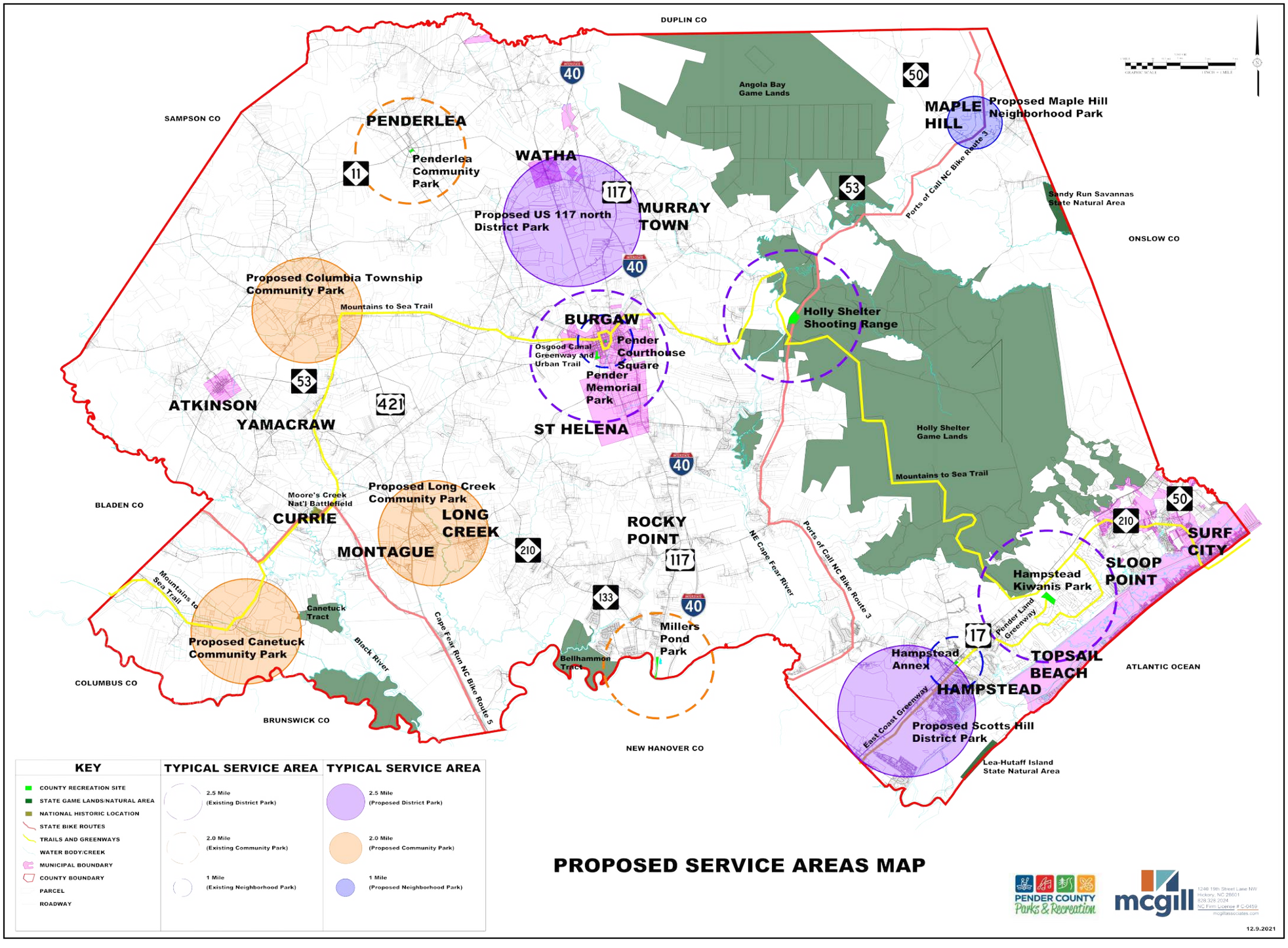
4.2.b Where feasible, add fencing to facility perimeters and add surveillance cameras and site attendant patrols to mitigate security issues and provide a safer public environment for park patrons	TBD	Regular Maintenance Ongoing Expenditure	Ongoing
4.2.c Where feasible, provide access to Wi-Fi connectivity within parks	See CIP	Ongoing Expenditure	Mid-Term
4.2.d Consider providing entrance signage that is uniform and consistent to promote parks and recreation facilities, as well as wayfinding signage throughout the parks system	See CIP	Regular Maintenance	Mid-Term Ongoing
4.2.e Consider placing signage in parks that would identify historic and natural landmarks, or other educational content	See CIP	Regular Maintenance	Mid-Term Ongoing
Objective 4.3 *Seek and acquire additional land for future park development*			
Actions	**Capital Cost Estimate**	**Operation Budget Impact**	**Timeframe to Complete**
4.3.a As feasible, seek to acquire property in high growth areas and contiguous to existing County parks or other county owned property	TBD	$0	Ongoing
4.3.b As feasible, accept fee simple land donation for park development	$0	$0	Ongoing
4.3.c Consider adding language allowing developers to pay into a fee-in-lieu of open space requirement to fund land acquisition for parks	Potential Increased Revenue	$0	Mid-Term
4.3.d Identify opportunities to acquire land with water access suitable for public boat ramps	TBD	Staff Time	Ongoing
4.3.e Promote land uses and site designs that include public bicycle and pedestrian infrastructure and that establish connectivity to current and future public schools, parks, and other public destinations	$0	Staff Time	Ongoing
4.3.f Consult the North Carolina Natural Heritage Program's Natural Area Inventory of Pender County, North Carolina to identify land deemed to be significant natural resources, and evaluate for preservation and future parks	$0	Staff Time	Short-Term

Objective 4.4 *Develop additional park facilities and amenities*			
Actions	**Capital Cost Estimate**	**Operation Budget Impact**	**Timeframe to Complete**
4.4.a Maintain a Capital Improvement Plan (CIP) to include future facilities and amenities. Ensure that future capital improvement projects include a balance between revenue and nonrevenue generating facilities.	$0	Staff Time	Short-Term
4.4.b Engage in master planning for new facilities prior to final budgeting and/or design; thereby, making the phasing/ development more transitional and of higher quality	See CIP	Staff Time	Short-Term Mid-Term
4.4.c Where economically feasible, implement green building for existing and future parks facilities. Green building techniques consist of building materials and construction practices which reduce environmental impacts and promote energy efficiency	TBD	TBD	Ongoing
4.4.d Explore opportunities to develop park facilities with water access and public boat ramps	TBD	• Staff Time • Regular Maintenance	Mid-Term Long-Term
4.4.e Explore opportunities to develop FEMA properties owned by the county	See CIP	• Staff Time • Regular Maintenance	Mid-Term Long-Term
4.4.f Consider options to develop a Countywide Greenway Plan to outline priority locations for greenway facilities, funding mechanisms tied to future development, and continued maintenance	$0 In-House TBD Vendor	Staff Time	Mid-Term
Objective 4.5 *Continue to improve ADA accessibility of facilities and programs*			
Actions	**Capital Cost Estimate**	**Operation Budget Impact**	**Timeframe to Complete**
4.5.a Maintain a current ADA Transition Plan	$0 In-House TBD Vendor	• Staff Time • Monitoring, Reporting	Ongoing
4.5.b Update the ADA Transition Plan every five (5) years	$0 In-House TBD Vendor	Staff Time	Ongoing

Appendix A


DUPLIN CO
SAMPSON CO
PENDERLEA
Penderlea Community Park
WATHA
MURRAY TOWN
Angola Bay Game Lands
MAPLE HILL
Ports of Call NC Bike Route 3
Sandy Run Savannas State Natural Area
ONSLOW CO
Mountains to Sea Trail
BURGAW
Osgood Canal Greenway and Urban Trail
Pender Courthouse Square
Pender Memorial Park
Holly Shelter Shooting Range
ATKINSON
YAMACRAW
ST HELENA
Holly Shelter Game Lands
Mountains to Sea Trail
BLADEN CO
Moore's Creek Nat'l Battlefield
CURRIE
MONTAGUE
LONG CREEK
ROCKY POINT
NE Cape Fear River
Ports of Call NC Bike Route 3
SURF CITY
SLOOP POINT
Hampstead Kiwanis Park
Pender Land Greenway
Canetuck Tract
Mountains to Sea Trail
Cape Fear Run NC Bike Route 5
Black River
Millers Pond Park
Bellhammon Tract
Hampstead Annex
TOPSAIL BEACH
ATLANTIC OCEAN
East Coast Greenway
HAMPSTEAD
COLUMBUS CO
BRUNSWICK CO
NEW HANOVER CO
Lea-Hutaff Island State Natural Area
KEY
COUNTY RECREATION SITE
STATE GAME LANDS/NATURAL AREA
NATIONAL HISTORIC LOCATION
STATE BIKE ROUTES
TRAILS AND GREENWAYS
WATER BODY/CREEK
MUNICIPAL BOUNDARY
COUNTY BOUNDARY
PARCEL
ROADWAY
EXISTING CONDITIONS MAP
PENDER COUNTY Parks & Recreation
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12.1.2021


DUPLIN CO
SAMPSON CO
BLADEN CO
COLUMBUS CO
BRUNSWICK CO
NEW HANOVER CO
ONSLOW CO
ATLANTIC OCEAN
PENDERLEA
Penderlea Community Park
WATHA
MURRAY TOWN
Angola Bay Game Lands
MAPLE HILL
Ports of Call NC Bike Route 3
Sandy Run Savannas State Natural Area
Mountains to Sea Trail
BURGAW
Osgood Canal Greenway and Urban Trail
Pender Courthouse Square
Pender Memorial Park
Holly Shelter Shooting Range
ATKINSON
YAMACRAW
ST HELENA
Holly Shelter Game Lands
Moore's Creek Nat'l Battlefield
CURRIE
MONTAGUE
LONG CREEK
ROCKY POINT
NE Cape Fear River
SURF CITY
SLOOP POINT
Hampstead Kiwanis Park
Canetuck Tract
Black River
Cape Fear Run NC Bike Route 5
Millers Pond Park
Bellhammon Tract
Pender Land Greenway
Hampstead Annex
TOPSAIL BEACH
HAMPSTEAD
East Coast Greenway
Lea-Hutaff Island State Natural Area
KEY
COUNTY RECREATION SITE
STATE GAME LANDS/NATURAL AREA
NATIONAL HISTORIC LOCATION
STATE BIKE ROUTES
TRAILS AND GREENWAYS
WATER BODY/CREEK
MUNICIPAL BOUNDARY
COUNTY BOUNDARY
PARCEL
ROADWAY
TYPICAL SERVICE AREA
2.5 Mile
(Existing District Park)
2.0 Mile
(Existing Community Park)
1 Mile
(Existing Neighborhood Park)
EXISTING SERVICE AREAS MAP
PENDER COUNTY Parks & Recreation
mcgill
12.1.2021

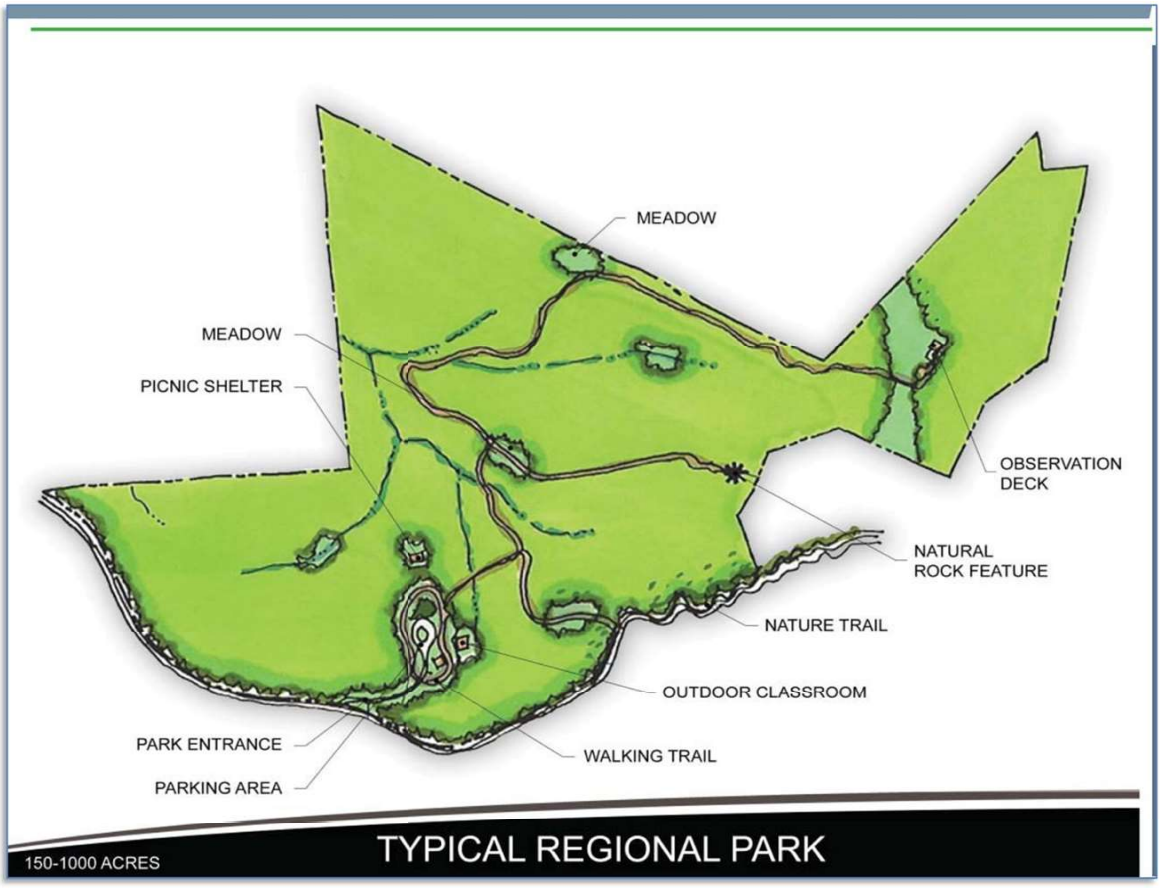

DUPLIN CO
SAMPSON CO
BLADEN CO
COLUMBUS CO
BRUNSWICK CO
NEW HANOVER CO
ONSLOW CO
ATLANTIC OCEAN
PENDERLEA
Penderlea Community Park
WATHA
MURRAY TOWN
Proposed US 117 north District Park
Angola Bay Game Lands
MAPLE HILL
Proposed Maple Hill Neighborhood Park
Ports of Call NC Bike Route 3
Sandy Run Savannas State Natural Area
Proposed Columbia Township Community Park
Mountains to Sea Trail
BURGAW
Osgood Canal Greenway and Urban Trail
Pender Courthouse Square
Pender Memorial Park
Holly Shelter Shooting Range
ATKINSON
YAMACRAW
ST HELENA
Holly Shelter Game Lands
Moore's Creek Nat'l Battlefield
CURRIE
Proposed Long Creek Community Park
LONG CREEK
MONTAGUE
ROCKY POINT
NE Cape Fear River
SURF CITY
SLOOP POINT
Hampstead Kiwanis Park
Canetuck Tract
Proposed Canetuck Community Park
Black River
Cape Fear Run NC Bike Route 5
Millers Pond Park
Bellhammon Tract
Pender Land Greenway
Hampstead Annex
TOPSAIL BEACH
HAMPSTEAD
East Coast Greenway
Proposed Scotts Hill District Park
Lea-Hutaff Island State Natural Area
KEY
COUNTY RECREATION SITE
STATE GAME LANDS/NATURAL AREA
NATIONAL HISTORIC LOCATION
STATE BIKE ROUTES
TRAILS AND GREENWAYS
WATER BODY/CREEK
MUNICIPAL BOUNDARY
COUNTY BOUNDARY
PARCEL
ROADWAY
TYPICAL SERVICE AREA
2.5 Mile (Existing District Park)
2.0 Mile (Existing Community Park)
1 Mile (Existing Neighborhood Park)
TYPICAL SERVICE AREA
2.5 Mile (Proposed District Park)
2.0 Mile (Proposed Community Park)
1 Mile (Proposed Neighborhood Park)
PROPOSED SERVICE AREAS MAP
PENDER COUNTY Parks & Recreation
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12.9.2021

Appendix B

Regional Parks

Regional parks are typically very large sites. On these sites, the unique qualities that exemplify the natural features found there, such as diverse land formation, vegetation, and wildlife, are preserved. Most regional park facilities contain environmental centers, campsites, nature trails, observation decks, and picnic areas. In addition, open fields for non-structured activities, such as frisbee throwing or kite flying, are also generally found there.

When land is acquired for the development of regional parks (or the expansion of existing sites), the land should be comprised of the previously mentioned characteristics and, whenever it is possible, accompanied by natural water features, such as lakes, rivers, or creeks. The majority of the site should be reserved for passive recreation, with the remaining acreage used for active recreation. Both the acquisition and the development of regional parks are typically undertaken by a federal or state agency.



Specific standards / criteria for developing regional parks are as follows:

Service Area:
10 acres per 1,000 persons

Acreage / Population Ratio:
Region wide

Minimum Size:
150-1,000 acres minimum with sufficient area to encompass the resources to be preserved and managed (10% of the site may be developed with facilities found in community parks.)

Typical Facilities:

Environmental center
Equestrian center
Group camping
Nature trails
Picnic shelters and grills
Boating
Parking
Fishing piers / boat docks
Caretaker's house
Primitive camping
Recreational vehicle camping
Observation deck
Picnic tables with grills (not under shelter)
Swimming
Restrooms / vending

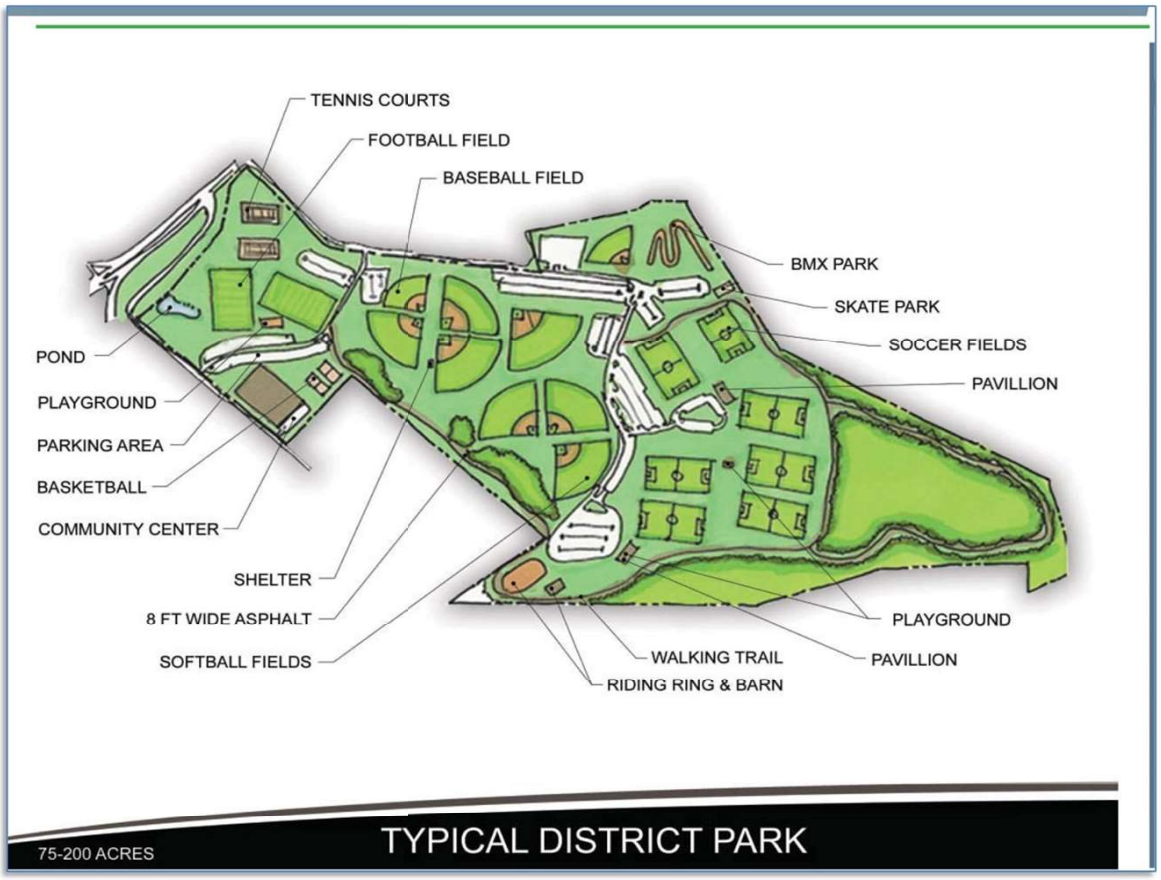


Moore's Creek National Battlefield, located in Pender County, serves a regional park that provides recreational open space, historical and educational opportunities to it's patrons.

District Parks

A district park functions as the major source of active recreation for several neighborhoods within a community. District parks are intensely developed, offering a multitude of facilities in order to serve their intended geographic user area. Activities are balanced between active and passive recreation. District parks are typically developed to accommodate athletic league sporting events and tournament competition. Passive recreation opportunities, such as walking for pleasure, wildlife observation, and picnicking are found in the undisturbed areas, preferably within surrounding buffers. District parks present great opportunities for non-traditional types of recreation.

Sites for district parks should be relatively level to alleviate excessive grading for the active facilities. When possible, there should be an equal balance of wooded and cleared areas. If a natural water feature is present, the adjoining land should be developed primarily as passive recreation. Accessibility to neighborhoods should be an important consideration when choosing sites. The development of district parks is typically the responsibility of county or municipal agencies.



Specific standards / criteria for developing district parks are as follows:

Service Area:
1 to 2 ½ mile radius

Acreage / Population Ratio:
5 acres per 1,000 persons

Desirable Range:
75-200 acres

Desirable Size:
+100 acres

Typical Facilities:
Playgrounds
Volleyball courts
Soccer / football field
Nature trail
Restrooms / concessions
Parking / service yard
Tennis courts (lighted)
Full or half size basketball courts
Baseball / softball / multipurpose field
Soccer practice field (movable goals)
Picnic tables with grill (with / without shelter)
Benches or bench swings
50% of site remains undeveloped

***Alternate Facilities:**
Tennis center
Observation decks
Recreation center
Amphitheatre
Fishing piers / boating / boat dock
* Alternate facilities may be added or substituted.



Pender County offers two parks to the community that are typical of district parks. Pender Memorial Park and Hampstead Kiwanis Park deliver recreational opportunities that are similar in programming and scope, and afford the members of the community and visitors the ability to play, relax, and enjoy the outdoors.

Community Parks

Community parks focus on meeting community based recreational needs, as well as preserving unique landscapes and open spaces. Compared to district parks, community parks have a smaller range of recreation facilities. They may host athletic league sports events and provide passive recreation. Fifty percent of the community park property should be developed for only passive recreation, with these relatively undisturbed areas serving as buffers around the park and / or acting as buffers between active facilities.

Community park sites should have varying topography and vegetation. A number of different tree species should also be present in forested areas. Community parks should contain cleared areas for the purpose of locating active recreational facilities. At least one natural water feature (lake, river, or creek) is desirable in community parks. The land acquired for use as a community park should be contiguous in nature and strategically located in order to serve all users within the designated community. The development of community parks typically falls within the realm of municipal responsibilities.



Specific standards / criteria for developing community parks are as follows:

Service Area:
1 to 2-mile radius

Acreage / Population Ratio:
2-5 acres per 1,000 persons

Desirable Range:
15-50 acres

Desirable Size:
25 acres

Typical Facilities:
Playgrounds
Swimming pool
Nature trails
Restrooms / concessions
Baseball / softball fields
Parking
Full size or half size basketball courts
Tennis / volleyball courts
50% of site to remain undeveloped
Soccer / multipurpose fields
Benches or bench swings
Picnic tables / shelter with / without grills

***Alternate Facilities:**
Recreation center
Disc golf
Observation decks
Natural water features
Amphitheatre
* Alternate facilities may be added or substituted.



Penderlea Community Park provides County run recreation to the surrounding community of Penderlea. This great community park is adjacent to Penderlea Middle School and provides visitors access to a variety of recreational resources including active programming at the gymnasium to performing arts in the auditorium.

Neighborhood Parks

Neighborhood parks offer the public a convenient source of recreation while serving as the social focus point of neighborhoods. Usually located within walking distance of the area serviced, neighborhood parks provide both active and passive recreation opportunities that are of interest to all age groups. The smaller size of neighborhood parks, as compared to those previously mentioned, requires intense development with fifty percent of each site remaining undisturbed to serve as a buffer between the park and adjacent property owners.



Specific standards / criteria for developing neighborhood parks are as follows:

Service area:
¾ to 1-mile radius to serve walking

Acreage / Population Ratio:
2 acres per 1,000 persons

Desirable Size:
7-15 acres

Typical Facilities:
softball or baseball field
Half basketball courts
Picnic shelter with grill
Benches or bench swings
Multipurpose field
50% of site to remain undeveloped
Picnic tables with grills (not under shelter)
Playground

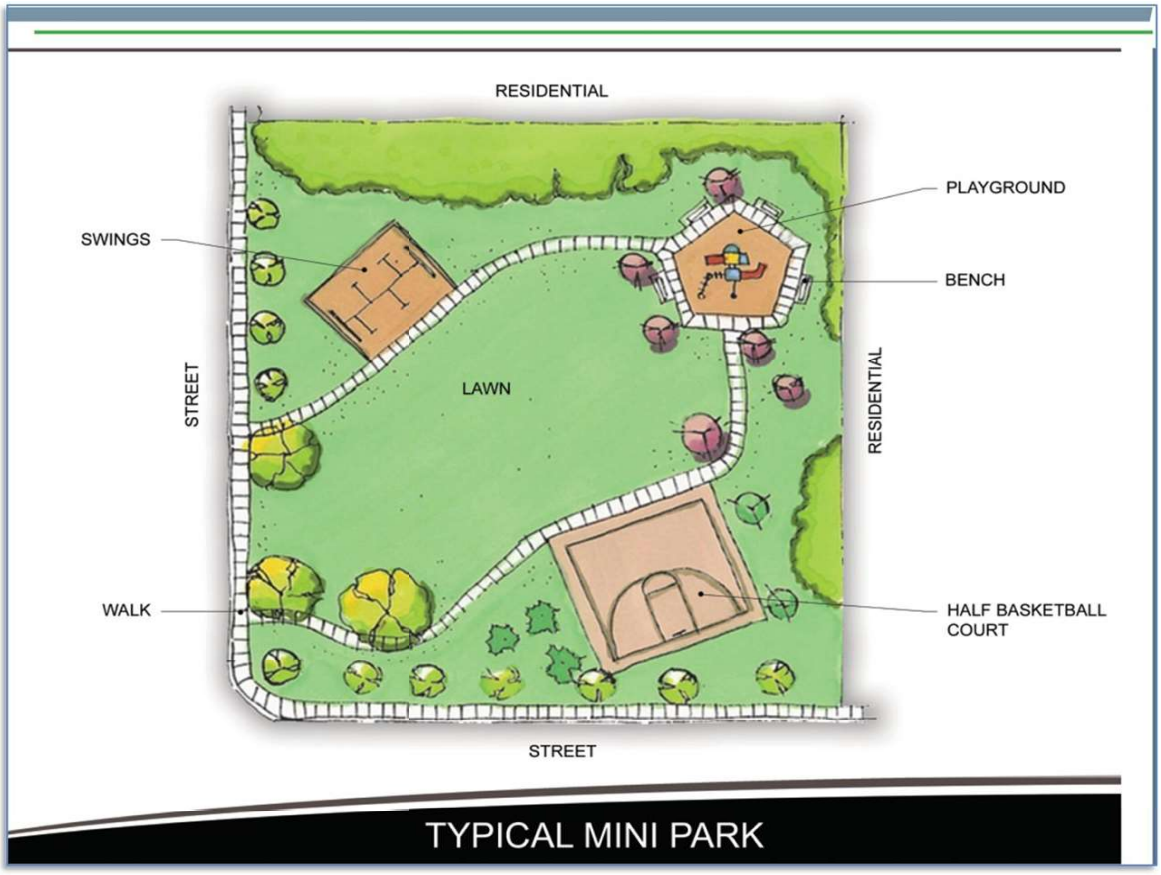
***Alternate Facilities:**
Nature trails
Tennis courts
* Alternate facilities may be added or substituted.



Rotary Park in the Town of Burgaw provides an example of a neighborhood park. This quiet setting provides a space for families to gather and people of all ages and backgrounds to enjoy the outdoors.

Mini Parks

The function of a mini park is to provide very limited, isolated, or unique recreational needs. Mini parks are the smallest classification of parks. They are often provided by school and church playgrounds. These parks are located within walking distance of the area served and they provide limited recreational activities. Their very small size requires intense development and there is little or no buffer between mini parks and adjacent property owners.



Specific standards / criteria for developing mini parks are as follows:

Service Area:
¼ to ½ mile radius to serve walking

Acreage / Population Ratio:
0.5 acres per 1,000 persons

Desirable Size:
±1 acre

Typical Facilities:
Half basketball courts
Picnic tables with grills (not under shelter)
Benches or bench swings
Open play area playground

***Alternate Facilities:**
Nature trails
Tennis courts
* Alternate facilities may be added or substituted.



Mini parks are small places typically located in urban areas or associated with residential or institutional developments. These facilities can serve to bring communities together with events, promote local history, or deliver beauty to both residents and visitors.

Linear Parks / Greenways



A linear park is an area developed for one or more varying modes of recreational travel, such as hiking, biking, and driving. Linear parks are developed for several reasons:

- To connect existing recreational facilities
- To facilitate public right-of-ways
- To connect destination points
- For scenic views and leisure touring

The length and size of linear parks vary considerably, depending on their intended use, terrain of the park land and the distance between entities to be connected-such as parks, schools, cultural / historical resources, residential areas, businesses. Often, these linear parks are developed within a large land area designated for protection and management of the natural environment, with recreation opportunities as a secondary objective.

Unique or Special-Use Facilities

The unique or special-use facilities are park types that exist for the sole purpose of enhancing or utilizing a special man-made or natural feature. They can include beaches, parkways, historical sites, sites of archeological significance, swimming pools, conservation easements, and flood plains. Minimum standards relating to acreage or population have not been established by the park and recreation industry for this category of park. A size that is sufficient to protect and interpret the resource, while providing optimum use, is considered desirable.



Open Space

While it is realistic and appropriate to adopt population based standards for park land and facilities, it is not realistic to establish open space standards. The more reasonable method of establishing appropriate standards for open space is to determine the criteria necessary for the protection of significant natural areas contained therein.

Public open space is defined as any land acquired for the purpose of keeping it in a primarily undeveloped state. The functions of open space include:

- Preservation of drainage areas for water supplies (watersheds)
- Protection of areas which are particularly well suited for growing crops (farmland preservation)
- Protection of communities to prevent urban sprawl (greenbelts)
- Protection of wildlife habitat (sanctuaries)
- Protection of approach and take-off areas near airports (clear zones)
- Protection of undevelopable land (landfills)
- Protection of areas aesthetically pleasing for a corridor (viewshed)

While these areas are some of the more common open spaces, many others exist. Pender County' park system currently offer's natural open space at Millers Pond Park. Millers Pond Park is predominantly an open space facility featuring a pond, trails, and minimal day-use amenities such as a picnic shelter and playground.. This facility allows visitors to enjoy beautiful views of the surrounding flora and fauna while providing a mix of other amenities such as educational signage, fishing, and a canoe/kayak launch.



Appendix C

Poplar Grove Public Meeting

Facility	Count
Disc Golf Course	0
Dog Park	2
Event/Festival Space	3
Fitness Center	1
Playgrounds	2
Public Water Access	7
Sand Volleyball Courts	0
Skateboard Park	1
Nature/EE Center	2
Outdoor Baasketball Courts	1
Pickle-ball Courts	3
Picnic Shelters	3
Gymnasium	1
Lawn Game Area	0
Multi-purpose Field	3
Nature Preserve	3
Splash Pad	2
Swimming Pool	3
Tennis Courts	2
Walking/Jogging/Hiking Trail	5
Amphitheater	4
Baseball/Softball Fields	1
Bike Paths	6
BMX Track	0
Other	2

Program	Count
Summer Day Camps	1
Track Out Camp	1
Sports Clinic	0
Enrichment Programs	1
Teen Activities	1
Gymnastic Classes	0
Bingo Night	0
Trivia Event	1
E-Sports Program	0
Open Gym	4
Open Play	1
Cooking Workshop	0
Farmers Market	2
Yoga Class	1
Zumba Class	0
Spinning Class	0
Running Program	0
Walking Program	2
Sand Volleyball League	0
Indoor Volleyball League	1
Basketball League	0
Cornhole League	1
Kickball League	0
Pickle-ball League	2
Tennis League	1
Softball League	0
Outdoor Concerts	8
Indoor Concerts	2
Spring Special Events	1
Fall Special Events	2
Winter Special Events	0
Movie Nights	5
Drama Programs	0
Line Dance Classes	1
Shag Dance Classes	0
Art Programs	0
Crafting Workshop	0
Music Programs	1
Painting Programs	0
Kayaking Program/Trip	5
Fishing Event	0
Camping Event	1
Birding Program	2
Archery Program	0
Photography Contest	1
Composting Workshop	0

Comments	
Sun Shades over playground	
Park in Scotts Hill	

Penderlea Public Meeting

Facility	Count
Disc Golf Course	1
Dog Park	7
Event/Festival Space	1
Fitness Center	10
Playgrounds	3
Public Water Access	2
Sand Volleyball Courts	2
Skateboard Park	2
Nature/EE Center	4
Outdoor Baasketball Courts	2
Pickle-ball Courts	7
Picnic Shelters	11
Gymnasium	0
Lawn Game Area	9
Multi-purpose Field	1
Nature Preserve	1
Splash Pad	9
Swimming Pool	1
Tennis Courts	2
Walking/Jogging/Hiking Trail	10
Amphitheater	4
Baseball/Softball Fields	2
Bike Paths	2
BMX Track	2
Other	

Program	Count
Summer Day Camps	0
Track Out Camp	1
Sports Clinic	4
Enrichment Programs	0
Teen Activities	2
Gymnastic Classes	0
Bingo Night	7
Trivia Event	2
E-Sports Program	0
Open Gym	11
Open Play	1
Cooking Workshop	0
Farmers Market	9
Yoga Class	0
Zumba Class	5
Spinning Class	3
Running Program	1
Walking Program	2
Sand Volleyball League	1
Indoor Volleyball League	4
Basketball League	3
Cornhole League	8
Kickball League	1
Pickle-ball League	5
Tennis League	0
Softball League	1
Outdoor Concerts	9
Indoor Concerts	0
Spring Special Events	0
Fall Special Events	1
Winter Special Events	1
Movie Nights	2
Drama Programs	0
Line Dance Classes	0
Shag Dance Classes	1
Art Programs	1
Crafting Workshop	1
Music Programs	0
Painting Programs	1
Kayaking Program/Trip	2
Fishing Event	4
Camping Event	0
Birding Program	0
Archery Program	0
Photography Contest	0
Composting Workshop	1

Other Comments
Indoor Shooting Range
Science Class
History Class
Basic CPR Class
Amusement Park
Host Various Food Trucks for Events
Local Vendors Day-Come sell what you make. Ex) Spring Fling
Putt-Putt Golf
Adult Book Exchange
Owner/Pet Combo Water Fountain in Park Area
Shades over Playgrounds
Adult Book Exchange
Take a book leave a book box
Golf Course-Driving Range
Concert Tuesdays Gone
Putt Putt Golf

Hampstead Public Meeting

Facility	
Disc Golf Course	0
Dog Park	3
Event/Festival Space	2
Fitness Center	2
Playgrounds	0
Public Water Access	5
Sand Volleyball Courts	2
Skateboard Park	1
Nature/EE Center	0
Outdoor Baasketball Courts	1
Pickle-ball Courts	3
Picnic Shelters	1
Gymnasium	0
Lawn Game Area	1
Multi-purpose Field	2
Nature Preserve	5
Splash Pad	2
Swimming Pool	5
Tennis Courts	17
Walking/Jogging/Hiking Trail	6
Amphitheater	3
Baseball/Softball Fields	1
Bike Paths	8
BMX Track	0
Other	

Program	
Summer Day Camps	2
Track Out Camp	0
Sports Clinic	1
Enrichment Programs	0
Teen Activities	1
Gymnastic Classes	0
Bingo Night	1
Trivia Event	0
E-Sports Program	0
Open Gym	3
Open Play	1
Cooking Workshop	0
Farmers Market	5
Yoga Class	6
Zumba Class	3
Spinning Class	1
Running Program	0
Walking Program	2
Sand Volleyball League	2
Indoor Volleyball League	0
Basketball League	0
Cornhole League	0
Kickball League	0
Pickle-ball League	2
Tennis League	10
Softball League	1
Outdoor Concerts	13
Indoor Concerts	0
Spring Special Events	0
Fall Special Events	0
Winter Special Events	0
Movie Nights	2
Drama Programs	0
Line Dance Classes	2
Shag Dance Classes	1
Art Programs	0
Crafting Workshop	1
Music Programs	3
Painting Programs	0
Kayaking Program/Trip	4
Fishing Event	0
Camping Event	0
Birding Program	3
Archery Program	1
Photography Contest	0
Composting Workshop	1

Other Comments
Community Center MultiPurpose
Splash Parks
Boat Ramps
Trails
More Parks to reach all communities with services
East side community Center
Artist Colony: promote local crafts people with studio/default space
Nature programs to preserve our local resources (needs to be outside work days
Pollinator Gardens
Healing herbs/flowers
Community Garden with Bird/butterfly habitat
Build a green environment/garden oasis at home
How to workshops to compensate for the paving of the county
Kayak launch
Education programs/info about native plants versus invasive/non native

Cape Fear Middle School Public Meeting

Facility	
Disc Golf Course	0
Dog Park	0
Event/Festival Space	0
Fitness Center	1
Playgrounds	0
Public Water Access	1
Sand Volleyball Courts	0
Skateboard Park	0
Nature/EE Center	0
Outdoor Baasketball Courts	0
Pickle-ball Courts	0
Picnic Shelters	1
Gymnasium	0
Lawn Game Area	0
Multi-purpose Field	0
Nature Preserve	0
Splash Pad	0
Swimming Pool	0
Tennis Courts	0
Walking/Jogging/Hiking Trail	1
Amphitheater	0
Baseball/Softball Fields	1
Bike Paths	0
BMX Track	0
Other	

Program	
Summer Day Camps	1
Track Out Camp	0
Sports Clinic	0
Enrichment Programs	0
Teen Activities	0
Gymnastic Classes	0
Bingo Night	0
Trivia Event	0
E-Sports Program	0
Open Gym	0
Open Play	0
Cooking Workshop	0
Farmers Market	1
Yoga Class	0
Zumba Class	0
Spinning Class	0
Running Program	0
Walking Program	0
Sand Volleyball League	0
Indoor Volleyball League	0
Basketball League	0
Cornhole League	0
Kickball League	0
Pickle-ball League	0
Tennis League	0
Softball League	0
Outdoor Concerts	1
Indoor Concerts	0
Spring Special Events	0
Fall Special Events	0
Winter Special Events	0
Movie Nights	0
Drama Programs	0
Line Dance Classes	0
Shag Dance Classes	0
Art Programs	0
Crafting Workshop	0
Music Programs	1
Painting Programs	0
Kayaking Program/Trip	0
Fishing Event	1
Camping Event	0
Birding Program	0
Archery Program	0
Photography Contest	0
Composting Workshop	0

Other Comments

Cape Fear Community College Public Meeting

Facility	Count
Disc Golf Course	0
Dog Park	2
Event/Festival Space	2
Fitness Center	0
Playgrounds	1
Public Water Access	4
Sand Volleyball Courts	1
Skateboard Park	0
Nature/EE Center	2
Outdoor Baasketball Courts	2
Pickle-ball Courts	1
Picnic Shelters	1
Gymnasium	0
Lawn Game Area	0
Multi-purpose Field	1
Nature Preserve	2
Splash Pad	3
Swimming Pool	1
Tennis Courts	1
Walking/Jogging/Hiking Trail	5
Amphitheater	1
Baseball/Softball Fields	1
Bike Paths	4
BMX Track	0
Other	

Program	Count
Summer Day Camps	2
Track Out Camp	0
Sports Clinic	3
Enrichment Programs	1
Teen Activities	1
Gymnastic Classes	0
Bingo Night	0
Trivia Event	0
E-Sports Program	0
Open Gym	2
Open Play	0
Cooking Workshop	0
Farmers Market	5
Yoga Class	0
Zumba Class	1
Spinning Class	0
Running Program	0
Walking Program	1
Sand Volleyball League	1
Indoor Volleyball League	0
Basketball League	1
Cornhole League	1
Kickball League	0
Pickle-ball League	0
Tennis League	0
Softball League	1
Outdoor Concerts	4
Indoor Concerts	0
Spring Special Events	0
Fall Special Events	0
Winter Special Events	0
Movie Nights	0
Drama Programs	2
Line Dance Classes	0
Shag Dance Classes	1
Art Programs	0
Crafting Workshop	0
Music Programs	1
Painting Programs	0
Kayaking Program/Trip	1
Fishing Event	2
Camping Event	1
Birding Program	1
Archery Program	2
Photography Contest	0
Composting Workshop	0

Comments
Wrestling
Food Truck Rodeo

Moores Creek Public Meeting

Facility	
Disc Golf Course	3
Dog Park	0
Event/Festival Space	0
Fitness Center	0
Playgrounds	5
Public Water Access	4
Sand Volleyball Courts	3
Skateboard Park	0
Nature/EE Center	7
Outdoor Baasketball Courts	0
Pickle-ball Courts	2
Picnic Shelters	2
Gymnasium	0
Lawn Game Area	2
Multi-purpose Field	0
Nature Preserve	3
Splash Pad	4
Swimming Pool	2
Tennis Courts	0
Walking/Jogging/Hiking Trail	10
Amphitheater	4
Baseball/Softball Fields	3
Bike Paths	3
BMX Track	3
Other	

Program	
Summer Day Camps	0
Track Out Camp	2
Sports Clinic	1
Enrichment Programs	1
Teen Activities	4
Gymnastic Classes	0
Bingo Night	2
Trivia Event	1
E-Sports Program	0
Open Gym	0
Open Play	0
Cooking Workshop	0
Farmers Market	5
Yoga Class	2
Zumba Class	0
Spinning Class	0
Running Program	1
Walking Program	2
Sand Volleyball League	3
Indoor Volleyball League	0
Basketball League	1
Cornhole League	1
Kickball League	3
Pickle-ball League	0
Tennis League	0
Softball League	1
Outdoor Concerts	4
Indoor Concerts	0
Spring Special Events	0
Fall Special Events	5
Winter Special Events	0
Movie Nights	3
Drama Programs	1
Line Dance Classes	1
Shag Dance Classes	0
Art Programs	0
Crafting Workshop	3
Music Programs	3
Painting Programs	2
Kayaking Program/Trip	5
Fishing Event	2
Camping Event	0
Birding Program	2
Archery Program	4
Photography Contest	0
Composting Workshop	0

Maple Hill Public Meeting

Facility	
Disc Golf Course	0
Dog Park	0
Event/Festival Space	1
Fitness Center	3
Playgrounds	3
Public Water Access	7
Sand Volleyball Courts	0
Skateboard Park	0
Nature/EE Center	0
Outdoor Baasketball Courts	1
Pickle-ball Courts	0
Picnic Shelters	3
Gymnasium	1
Lawn Game Area	1
Multi-purpose Field	2
Nature Preserve	0
Splash Pad	6
Swimming Pool	5
Tennis Courts	1
Walking/Jogging/Hiking Trail	1
Amphitheater	1
Baseball/Softball Fields	1
Bike Paths	1
BMX Track	1
Other	0

Program	
Summer Day Camps	4
Track Out Camp	0
Sports Clinic	0
Enrichment Programs	5
Teen Activities	8
Gymnastic Classes	0
Bingo Night	0
Trivia Event	0
E-Sports Program	0
Open Gym	4
Open Play	0
Cooking Workshop	1
Farmers Market	1
Yoga Class	1
Zumba Class	2
Spinning Class	0
Running Program	1
Walking Program	1
Sand Volleyball League	0
Indoor Volleyball League	0
Basketball League	1
Cornhole League	0
Kickball League	2
Pickle-ball League	0
Tennis League	0
Softball League	0
Outdoor Concerts	1
Indoor Concerts	0
Spring Special Events	1
Fall Special Events	0
Winter Special Events	0
Movie Nights	1
Drama Programs	0
Line Dance Classes	0
Shag Dance Classes	0
Art Programs	2
Crafting Workshop	2
Music Programs	0
Painting Programs	1
Kayaking Program/Trip	2
Fishing Event	6
Camping Event	2
Birding Program	0
Archery Program	1
Photography Contest	1
Composting Workshop	0

Comment
Maple hill community park, picnic, basketball, swings, etc.

Burgaw Public Meeting

Facility	
Disc Golf Course	1
Dog Park	3
Event/Festival Space	4
Fitness Center	5
Playgrounds	2
Public Water Access	10
Sand Volleyball Courts	2
Skateboard Park	1
Nature/EE Center	1
Outdoor Baasketball Courts	1
Pickle-ball Courts	1
Picnic Shelters	4
Gymnasium	2
Lawn Game Area	1
Multi-purpose Field	3
Nature Preserve	0
Splash Pad	1
Swimming Pool	4
Tennis Courts	1
Walking/Jogging/Hiking Trail	2
Amphitheater	7
Baseball/Softball Fields	3
Bike Paths	4
BMX Track	2
Other	

Program	
Summer Day Camps	1
Track Out Camp	0
Sports Clinic	6
Enrichment Programs	3
Teen Activities	2
Gymnastic Classes	0
Bingo Night	2
Trivia Event	0
E-Sports Program	0
Open Gym	2
Open Play	0
Cooking Workshop	0
Farmers Market	5
Yoga Class	1
Zumba Class	0
Spinning Class	0
Running Program	0
Walking Program	0
Sand Volleyball League	0
Indoor Volleyball League	3
Basketball League	1
Cornhole League	3
Kickball League	4
Pickle-ball League	1
Tennis League	0
Softball League	1
Outdoor Concerts	7
Indoor Concerts	3
Spring Special Events	0
Fall Special Events	0
Winter Special Events	0
Movie Nights	4
Drama Programs	1
Line Dance Classes	0
Shag Dance Classes	3
Art Programs	0
Crafting Workshop	0
Music Programs	0
Painting Programs	0
Kayaking Program/Trip	2
Fishing Event	4
Camping Event	2
Birding Program	0
Archery Program	0
Photography Contest	0
Composting Workshop	0

Comments
Beer and Wine Tasting
Cook off's (chili, BBQ, Icecram, Chickenbog
Fireworks
Beach Music Fest

Appendix D

Pender County Parks and Recreation Survey

Pender County is updating its Comprehensive Parks and Recreation Master Plan to determine which recreational facilities and programs are needed in the future. We are seeking input from your household to help us determine those needs. Please take this opportunity to talk with members of your household and take part in helping us identity parks and recreation needs in Pender County. At the end of the survey, you will be asked demographic questions. These questions are designed to collect data that will help Pender County Parks and Recreation pursue grant funding for parks and recreational facilities.

If you would like more information about Pender County Parks and Recreation facilities and programs, please call 910-259-1330, email parksandrec@pendercountync.gov, or visit our website at penderpr.recdesk.com

If you have questions concerning the survey, please call 910-259-1330.

1. **Check which of the following you think is/are important for Pender's public parks and recreation activities and services to provide for its citizens. (Check up to 5)**

___Improved physical and mental health
___Economic development opportunities
___Structure and supervision for children and youth
___Improve quality of life
___Accessible places to enjoy nature
___Positive alternatives to unfavorable behavior
___Fun for participants and observers
___Positive change in personal attitude
___Increase in community pride
___Increase in tourism
___Cultural education
Other:_____

2. **Where in Pender County is each of the following parks/facilities needed? (If none are needed, please leave the row blank.)**

Facilities	Scotts Hill	Hampstead	Burgaw/ St.Helena	Rocky Point/ Long Creek	Willard/ Watha/ Penderlea	Currie/ Atkinson	Surf City/ Topsail	Maple Hill
Amphitheater								
Baseball/Softball Fields								
Bike Paths								
BMX Track								
Disc Golf Course								
Dog Park								
Event/Festival Space								
Fitness Center								
Gymnasium/Community Center								
Lawn Game Area (horseshoes, bocce ball, etc.)								
Multi-purpose Fields (soccer, football, lacrosse)								
Nature Preserve								
Nature/Environmental Education Centers								
Outdoor Basketball Courts								
Pickleball Courts								
Picnic Shelters								
Playgrounds								
Public Water Access								
Sand Volleyball Courts								
Skateboard Park								
Splash Pad								
Swimming Pool								
Tennis Courts								
Walking/Jogging/Hiking Trails								
Other:								



3. What are the top three recreation facilities that your household would like to see provided?

Facility 1_____

Facility 2_____

Facility 3_____

4. Where in Pender County are the following programs needed? (If none are needed, please leave the row blank.)

Programs	Scotts Hill	Hampstead	Burgaw/ St.Helena	Rocky Point/ Long Creek	Willard/ Watha/ Penderlea	Currie/ Atkinson	Surf City/ Topsail	Maple Hill
Adult Basketball League								
Adult Cornhole League								
Adult Exercise Classes (Yoga, Zumba, Spinning)								
Adult Kickball League								
Adult Pickleball League								
Adult Softball League								
Adult Tennis League								
Adult Volleyball League								
Art Programs								
Bingo Events								
Concerts								
Cooking Workshop								
Dance Classes								
Drama Programs								
Environmental Education Programs								
E-Sports Program								
Holiday Events								
Movie Nights								
Music Programs								
Open Field (Soccer, Football, Lacrosse, etc.)								
Open Gym (Basketball, Volleyball, Pickleball)								
Running/Walking Programs								
Teen Only Events								
Trivia Events								
Youth Enrichment Programs (STEM, Field Trips, etc.)								
Youth Gymnastic Classes								
Youth Sports Clinics								
Youth Summer Day Camps								
Other:								

5. What are the top three recreation programs that your household would like to see provided?

Program 1_____

Program 2_____

Program 3_____

6. In what parks and recreation programs has your household regularly participated <u>WITHIN</u> Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).

Program_____ Organization/Location_____

Program_____ Organization/Location_____

Program_____ Organization/Location_____

Others_____

PENDER COUNTY
Parks & Recreation

7. In what parks and recreation programs has your household regularly participated <u>OUTSIDE</u> Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).

Program_____ Organization/Location_____
Program_____ Organization/Location_____
Program_____ Organization/Location_____
Others_____

8. How should the County finance new recreation facilities? (Check up to 3)

___County-wide Recreational Tax ___Parks and recreation bond issue ___Participation fee
___Voluntary development contributions ___Property Tax Other:_____

9. If spending were increased for parks and recreation would you prefer the money be spent on acquiring and developing new parks and facilities or developing new recreational programs?

___Acquire and develop ___New Programs ___Both ___Neither ___Undecided

10. For each statement, please check the line that describes your feelings.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
The existing activities for Pender County Parks and Recreation are adequate and meet the needs of my household.					
The existing facilities for Pender County Parks and Recreation are adequate and meet the needs of my household.					
Facilities and activities provided by Pender County Parks and Recreation are equally accessible to all citizens regardless of age, race, religion, gender, national origins, or physical ability.					
Pender County Parks and Recreation should partner with Pender County Schools to provide shared facilities for both school and public use.					
New recreation facilities should be developed at existing and new school sites for use by the public.					
I would be in favor of new or expanded financial methods to fund expanded facilities of Pender County Parks and Recreation.					

11. Check the line that describes how you perceive the need for new or improved recreational facilities and recreation programs for your ZIP code.

___Of extreme importance ___Of some importance ___Of no importance ___Undecided

12. What means of transportation do you usually use to get to a park or recreation facility? (check all that apply)

___Personal vehicle ___Bike ___Walk Other:_____

13. How far would you be willing to travel from your home to use Pender County Parks and Recreation facilities?

___1-5 miles ___6-10 miles ___11-15 miles ___Greater than 15 miles

14. How far would you be willing to travel from your home to participate in Pender County Parks and Recreation programs?

___1-5 miles ___6-10 miles ___11-15 miles ___Greater than 15 miles

15. Check the line that describes how you perceive the need for greenways (which include non-athletic trails for walking, biking, and running) that would interconnect many areas, parks, and school facilities within Pender County.

___Of extreme importance ___Of some importance ___Of no importance ___Undecided



16. Over the next 5-10 years, what do you think should be the department's top three priorities? Rank answer choices in order of importance by placing a #1 next to the top priority, a #2 next to the second most important priority, and a #3 next to the third most important priority.

___New parks
___New recreation center
___Other:_____
___Renovation of current parks
___New/improved programming
___Addition of sports programs

17. Please indicate which of the following ways you receive information about Pender County Parks and Recreation programs and also indicate which method you prefer to receive information.

	Currently	Prefer		Currently	Prefer
Pender County Website	____	____	Social Media	____	____
Newspaper/Direct mail	____	____	Phone	____	____
Brochures/Flyers	____	____	Word of mouth	____	____
Email/Electronic newsletter	____	____	I do not receive information	____	____
Other:_____	____	____			

****The demographic information you provide below is completely confidential.**

18. Check the racial/ethnic group that best describes your household.

___African American ___Caucasian ___Native American
___Asian/Pacific Islander ___Latino/Hispanic ___Interracial
___Other:_____

19. What is your annual household income?

___Less than $10,000
___$10,000 - $14,999
___$15,000 - $24,999
___$25,000 - $34,999
___$35,000 - $49,999
___$50,000 - $74,999
___$75,000 - $99,999
___$100,000 - $149,999
___$150,000 - $199,999
___$200,000 or more

20. What is your gender?_____

21. Including yourself, how many persons in your household are in the groups below?

___Young Children (5 &under) ___Youth (15-20) ___Adults (35-65)
___Children (6-14) ___Young Adults (21-34) ___Seniors (over 65)

22. What is your ZIP Code? _____

23. Please share any comments or thoughts you may have regarding Pender County parks and recreation activities and/or facilities. You may enclose an additional page if you need more space.

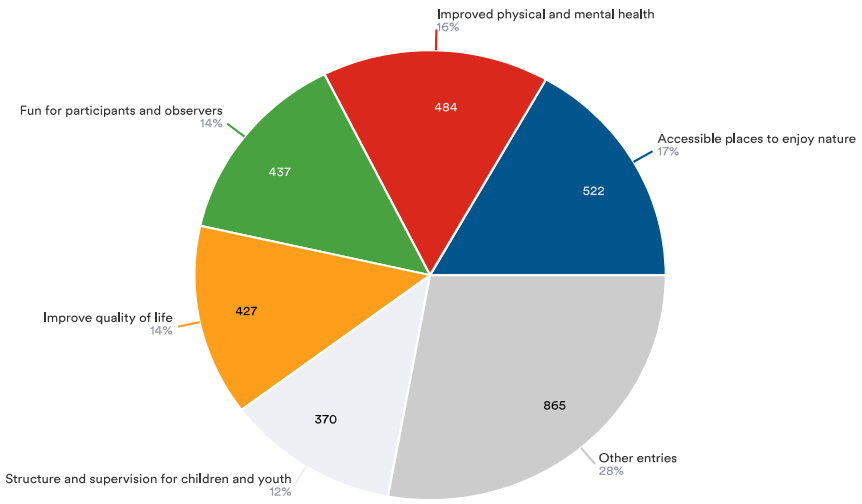
_____
_____

24. OPTIONAL: Name:_____**Email Address:**_____

Pender County Parks and Recreation Survey

Check which of the following you think is/are important for Pender's public parks and recreation services to provide for its citizens. (Check up to 5)

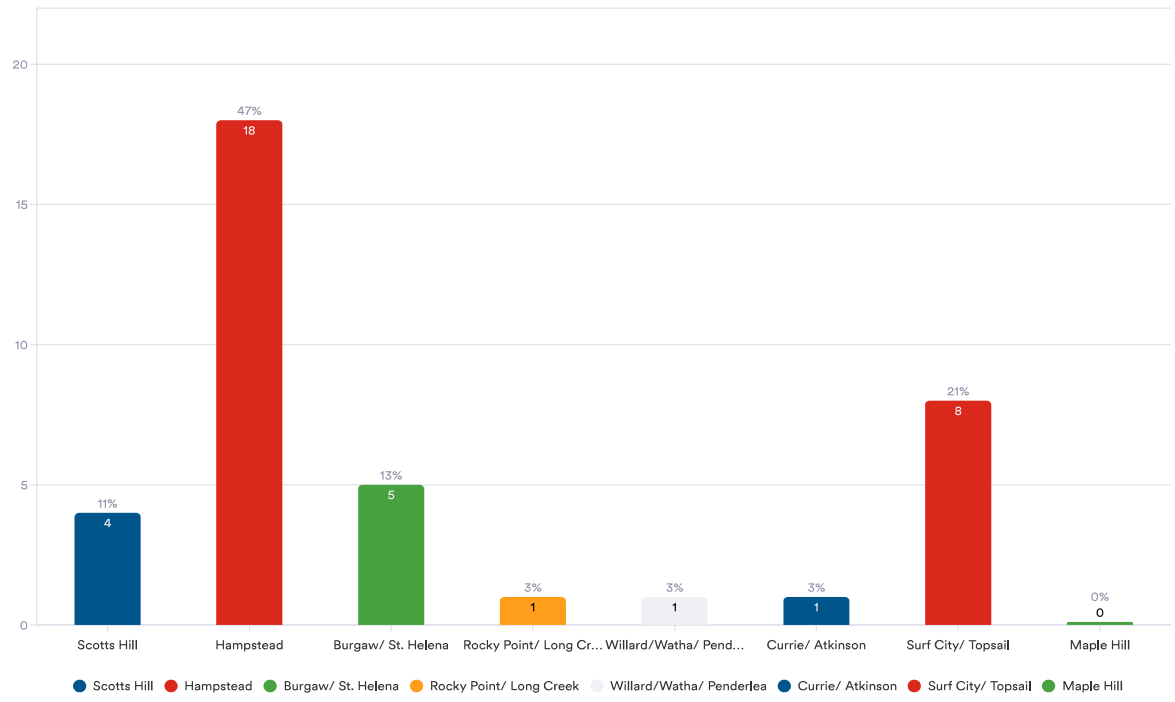
3105 Responses- 3 Empty



Pender County Parks and Recreation Survey

Where in Pender County is each of the following parks/facilities needed? (If none are needed, please leave the row blank.)

38 Responses- 6 Empty



Pender County Parks and Recreation Survey

Other Parks and Locations

31 Responses- 689 Empty

Data	Responses
[{"Park":"","Location":"Hampstead"}]	3
[{"Park":"","Location":"Surf City/Topsail"}]	3
[{"Park":"Go Kart Track ","Location":"Surf City/Topsail"}]	1
[{"Park":"Library","Location":"Surf City/Topsail"}]	1
[{"Park":"Free parking","Location":"Hampstead"}]	1
[{"Park":"Hockey Rink","Location":"Hampstead"}]	1
[{"Park":"Basketball","Location":"Hampstead"}]	1
[{"Park":"Indoor Basketball","Location":"Hampstead"}]	1
[{"Park":"Concerts and Dancing","Location":"Scotts Hill"},{"Park":"Concerts and Dancing","Location":"Burgaw/St. Helena"}]	1
[{"Park":"","Location":"Scotts Hill"}]	1
[{"Park":"More baseball fields","Location":"Hampstead"}]	1
[{"Park":"Hampstead","Location":"Hampstead"}]	1
[{"Park":"Kiwanis","Location":"Hampstead"}]	1
[{"Park":"Splash pad ","Location":"Hampstead"}]	1

Pender County Parks and Recreation Survey

Fill in the Blanks

683 Responses- 37 Empty

Data	Responses
What are the top three recreation facilities that your household would like to see provided?Facility 1 Hiking trails . Facility 2 Gymnasium . Facility 3 Fitness center .	3
What are the top three recreation facilities that your household would like to see provided?Facility 1 Community Center . Facility 2 Multi-Purpose Fields . Facility 3 Walking/Jogging/Hiking Trails .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 Bike path . Facility 2 Walking path . Facility 3 .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 Restrooms . Facility 2 . Facility 3 .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 Nature walking areas . Facility 2 Swimming Pool . Facility 3 Environmental Education Programs .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 Splash pad . Facility 2 Walking hiking trails . Facility 3 Pool .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 Splash pad . Facility 2 Public pool . Facility 3 Skate park .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 N/A . Facility 2 N/A . Facility 3 N/A .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 Dog park in Hampstead . Facility 2 Nature / walking trail in Hampstead . Facility 3 Splash pad .	2
What are the top three recreation facilities that your household would like to see provided?Facility 1 Community Center . Facility 2 Multi-purpose fields . Facility 3 Walking/Jogging/Hiking Trails .	1
What are the top three recreation facilities that your household would like to see provided?Facility 1 Community Center . Facility 2 Multi-purpose fields . Facility 3 Walking/jogging/hiking trails .	1
What are the top three recreation facilities that your household would like to see provided?Facility 1 Amphitheater . Facility 2 Fitness Center . Facility 3 Picnic Shelter .	1
What are the top three recreation facilities that your household would like to see provided?Facility 1 Bike paths . Facility 2 Tennis Courts . Facility 3 Fitness Center .	1
What are the top three recreation facilities that your household would like to see provided?Facility 1 Fitness Center . Facility 2 Splash Pad . Facility 3 Pool .	1

Pender County Parks and Recreation Survey

Where in Pender County are the following programs needed? (If none are needed, please leave the row blank.)

673 Responses- 47 Empty

Adult Basketball League
Adult Cornhole League
Adult Exercise Classes (Yoga, Zumba, Spinning)
Adult Kickball League
Adult Pickleball League
Adult Softball League
Adult Tennis League
Adult Volleyball League
Art Programs
Bingo Events
Concerts
Cooking Workshop
Dance Classes
Drama Programs
Environmental Education Programs
E-Sports Program
Holiday Events
Movie Nights
Music Programs
Open Field (Soccer, Football, Lacross, etc.)
Open Gym (basketball, Volleyball, Pickleball)
Teen Only Events
Running/Walking Programs
Trivia Events
Youth Enrichment Programs (STEM, Field Trips, etc)
Youth Gymnastic Classes
Youth Sports Clinics
Youth Summer Day Camps
Other:

Pender County Parks and Recreation Survey

Other Programs and Locations

22 Responses- 698 Empty

Data	Responses
[{"Program":"Adult Soccer","Location":"Hampstead"}]	1
[{"Program":"Bike Paths ","Location":""}]	1
[{"Program":"None","Location":"Burgaw/St. Helena"}]	1
[{"Program":"Surf Rescue club","Location":"Surf City/Topsail"}]	1
[{"Program":"Pickleball","Location":"Surf City/Topsail"}]	1
[{"Program":"Anything fun and outside for the kids","Location":"Scotts Hill"}]	1
[{"Program":"Beach Run Series","Location":"Surf City/Topsail"}]	1
[{"Program":"Youth Wrestling","Location":"Surf City/Topsail"}]	1
[{"Program":"Bike lanes","Location":"Surf City/Topsail"},{"Program":"Running trails","Location":"Surf City/Topsail"}]	1
[{"Program":"","Location":"Hampstead"}]	1
[{"Program":"none","Location":""}]	1
[{"Program":"Surf lessons ","Location":"Hampstead"}]	1
[{"Program":"Swim team","Location":"Hampstead"}]	1
[{"Program":"Public horse shows ","Location":"Hampstead"}]	1

Pender County Parks and Recreation Survey

Fill in the Blanks

679 Responses- 41 Empty

Data	Responses
What are the top three recreation programs that your household would like to see offered?Program 1 NA . Program 2 NA . Program 3 NA .	3
What are the top three recreation programs that your household would like to see offered?Program 1 Running/ walking programs . Program 2 Basketball programs . Program 3 Youth sports .	3
What are the top three recreation programs that your household would like to see offered?Program 1 Concerts . Program 2 Open Gym . Program 3 Teen only events .	2
What are the top three recreation programs that your household would like to see offered?Program 1 Concerts . Program 2 . Program 3 .	2
What are the top three recreation programs that your household would like to see offered?Program 1 N/A . Program 2 N/A . Program 3 N/A .	2
What are the top three recreation programs that your household would like to see offered?Program 1 Art Programs . Program 2 Youth/Teen Gym . Program 3 Environmental Education .	2
What are the top three recreation programs that your household would like to see offered?Program 1 Day camps . Program 2 After school programs . Program 3 Sports clinics .	2
What are the top three recreation programs that your household would like to see offered?Program 1 . . Program 2 . . Program 3 . .	2
What are the top three recreation programs that your household would like to see offered?Program 1 Teen events . Program 2 Adult softball league . Program 3 Adult kickball league .	2
What are the top three recreation programs that your household would like to see offered?Program 1 None . Program 2 None . Program 3 None .	2
What are the top three recreation programs that your household would like to see offered?Program 1 Movie nights . Program 2 Field trip opportunities for local schools . Program 3 Nature center .	2
What are the top three recreation programs that your household would like to see offered?Program 1 Concerts . Program 2 Open Gym . Program 3 Teen Only Space .	1
What are the top three recreation programs that your household would like to see offered?Program 1 Concerts . Program 2 Open gym . Program 3 Teen only events .	1
What are the top three recreation programs that your household would like to see offered?Program 1 Pickleball League/ Open gym . Program 2 Outdoor concerts . Program 3 Bingo/Trivia Event .	1

Pender County Parks and Recreation Survey

Fill in the Blanks

388 Responses- 332 Empty

Data	Responses
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Softball Organization/Location Burgaw Dixie Youth .Program Organization/Location . Others .	4
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Port city soccer/ kwanis park Organization/Location .Program Soft ball/ kwanis park Organization/Location Youth volleyball .Program Organization/Location . Others .	3
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program None Organization/Location .Program Organization/Location .Program Organization/Location . Others .	3
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Soccer Organization/Location Kiwanis park .Program Organization/Location .Program Organization/Location . Others .	2
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Kiwanis Park Organization/Location .Program Baseball Organization/Location Topsail Ball Club .Program Summer Day Camp Organization/Location EMA . Others .	2
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Surf city rec youth soccer Organization/Location Surf city .Program Surf city youth basketball Organization/Location Surf city .Program Surf city youth baseball Organization/Location Surf city . Others Kiwanis park, soundside park .	2
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Surf City Organization/Location .Program Tot time Organization/Location .Program Hampstead Organization/Location Storytime . Others Holiday events on island, spot festival in Hampstead .	2
In what parks and recreation programs has your household regularly participated WITHIN Pender County during the past two years? Include	

Pender County Parks and Recreation Survey

Fill in the Blanks

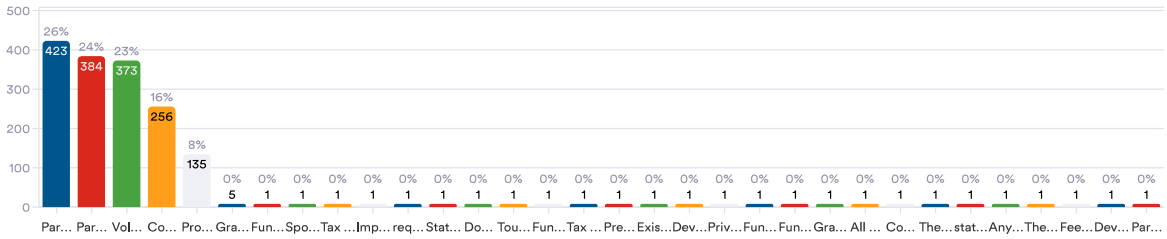
259 Responses- 461 Empty

Data	Responses
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program None Organization/Location .Program Organization/Location .Program Organization/Location . Others .	3
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program NA Organization/Location .Program NA Organization/Location .Program NA Organization/Location . Others .	3
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Senior Softball Organization/Location New Hanover, Brunswick, Onslow .Program Organization/Location .Program Organization/Location . Others .	2
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Theatre Camp Organization/Location Opera House Theatre Company .Program Basketball Camp Organization/Location Wilmington Parks Service .Program Art Programs Organization/Location Cameron Art Museum . Others .	2
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Wilmington swim academy Organization/Location Uncw .Program Hugh McRae splash pas Organization/Location Wilmington .Program Organization/Location . Others .	2
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Field Trip Organization/Location DC .Program Organization/Location .Program Organization/Location . Others .	2
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Use of parks in NHC Organization/Location .Program Organization/Location .Program Organization/Location . Others .	2
In what parks and recreation programs has your household regularly participated OUTSIDE Pender County during the past two years? Include programs and locations that were provided by public organizations (government) and non-public organizations (civic, church, private/nonprofit associations).Program Frisbee Golf Organization/Location Surf City .Program	1

Pender County Parks and Recreation Survey

How should the County finance new recreation facilities? (Check up to 3)

1602 Responses- 25 Empty

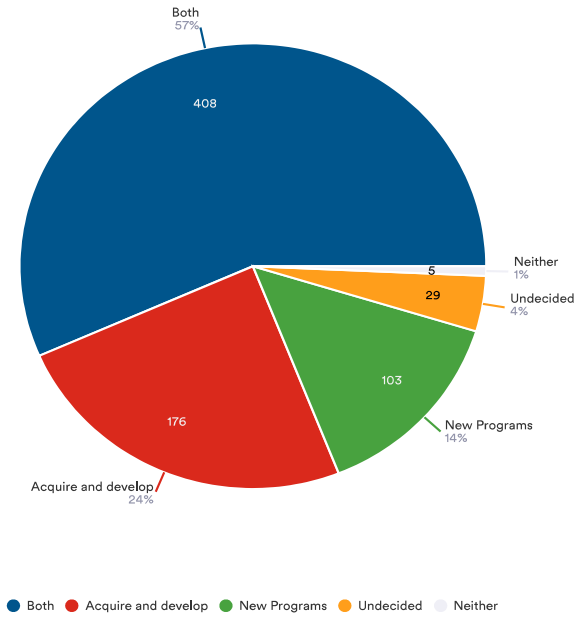


Data	Response	%
Participation fee	423	26%
Parks and recreation bond issue	384	24%
Voluntary development contributions	373	23%
County-wide Recreational Tax	256	16%
Property Tax	135	8%
Grants	5	0%
Fundraising, Donor Contributions, Grants	1	0%
Sponsor by local businesses	1	0%
Tax developers	1	0%
Impact taxes should be charged to those building new home development an...	1	0%
required development fees	1	0%
State Funds/New Developers	1	0%

Pender County Parks and Recreation Survey

If spending were increased for parks and recreation, would you prefer the money be spent on acquiring and developing new parks and facilities or developing new recreational programs and activities?

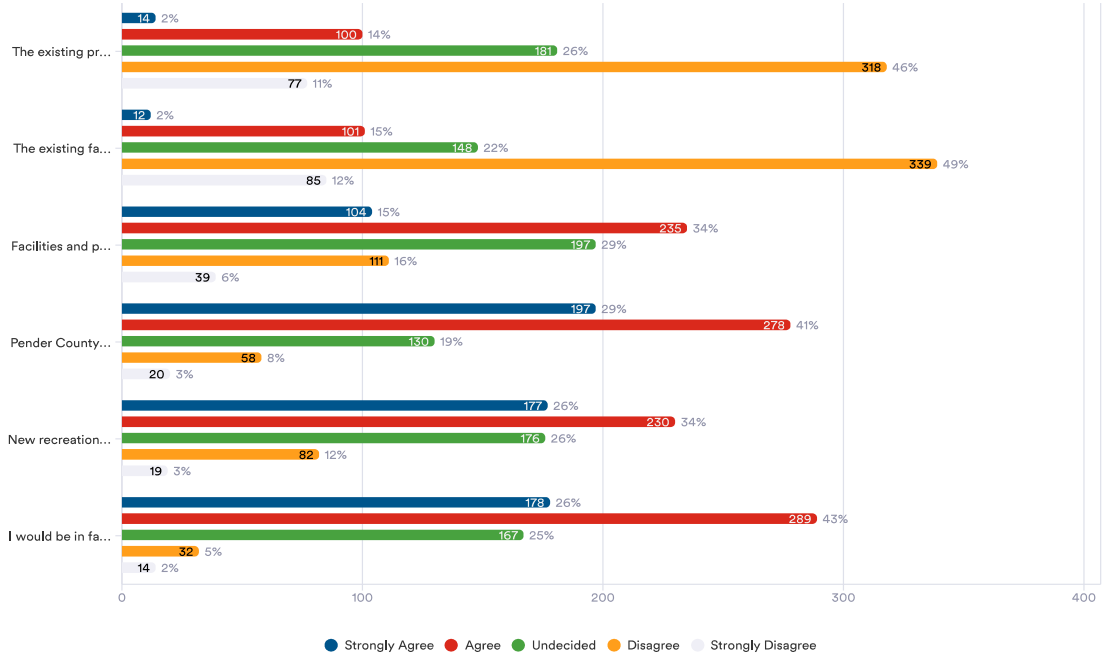
721 Responses- 28 Empty



Pender County Parks and Recreation Survey

For each statement, please check what describes your feelings.

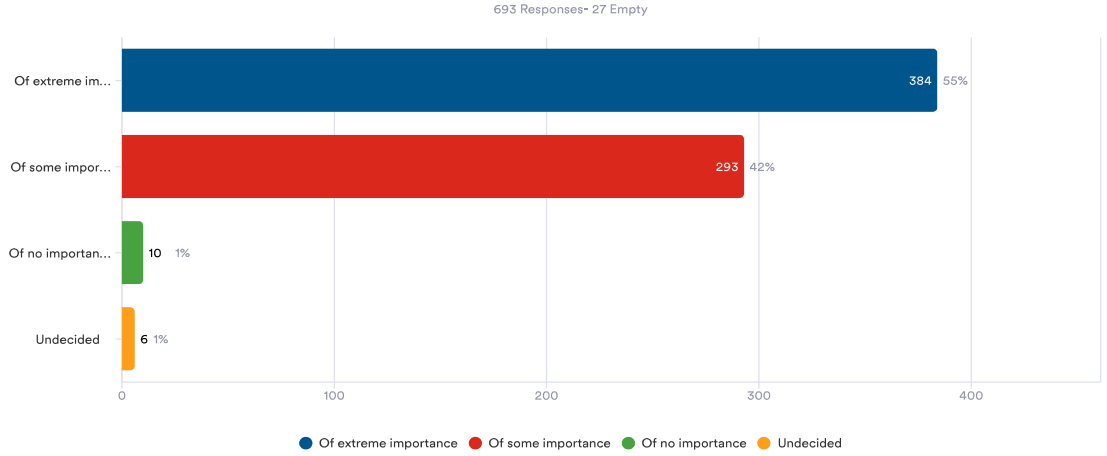
693 Responses- 27 Empty



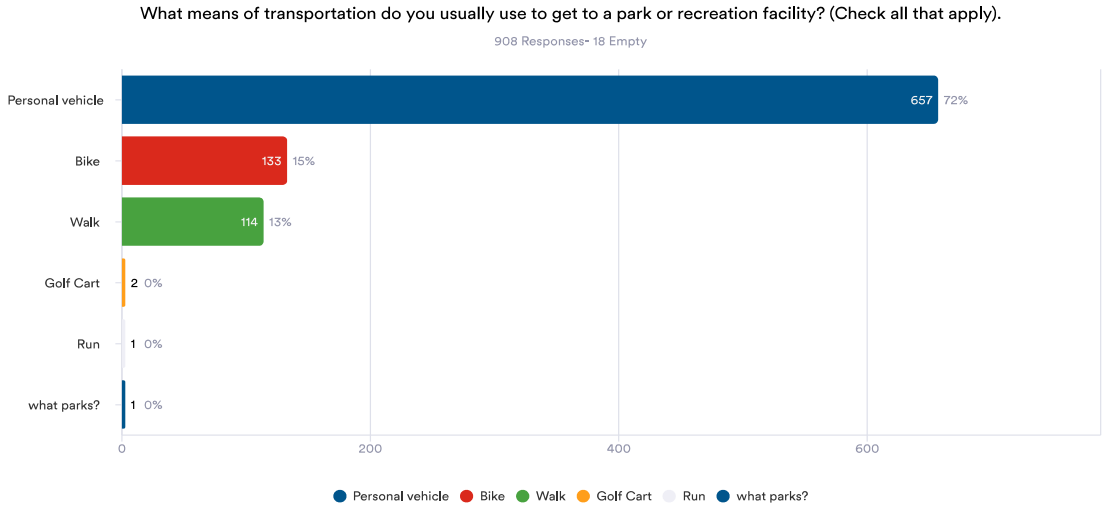
Pender County Parks and Recreation Survey

Check the line that describes how you perceive the need for new or improved recreational facilities and recreation programs for your ZIP code.

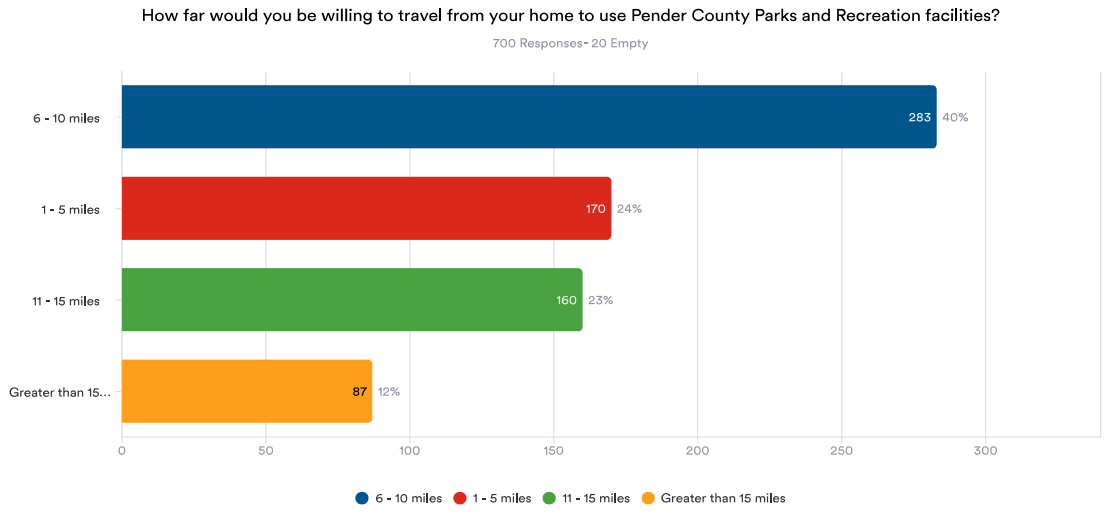
693 Responses- 27 Empty



Pender County Parks and Recreation Survey



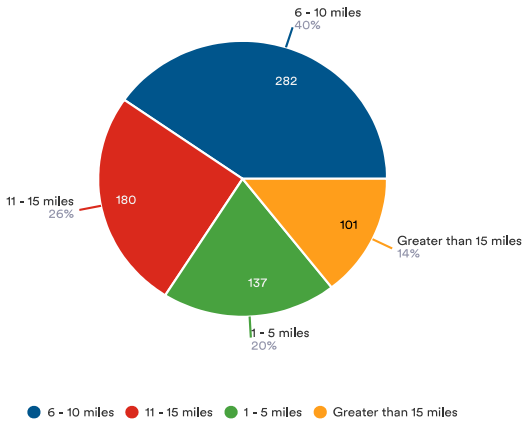
Pender County Parks and Recreation Survey



Pender County Parks and Recreation Survey

How far would you be willing to travel from your home to participate in Pender County Parks and Recreation programs?

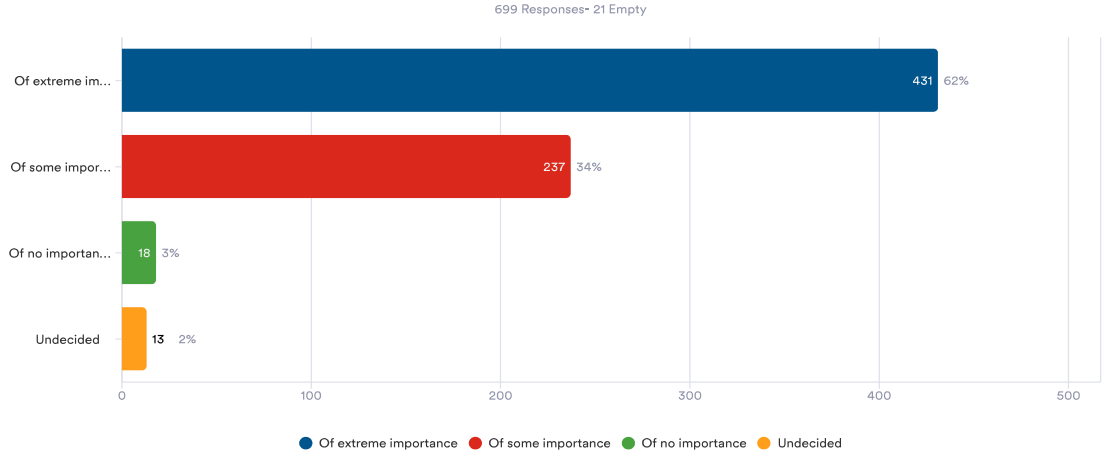
700 Responses- 20 Empty



Pender County Parks and Recreation Survey

Check the line that describes how you perceive the need for greenways (which include non-athletic trails for walking, biking, and running) that would interconnect many areas, parks, and school facilities within Pender County.

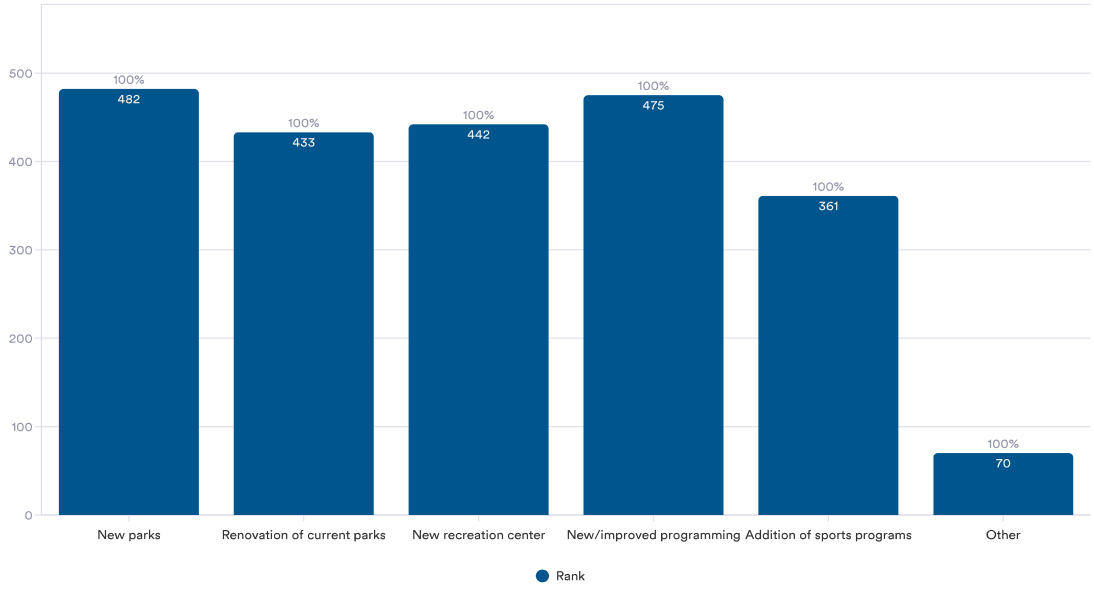
699 Responses- 21 Empty



Pender County Parks and Recreation Survey

Over the next 5-10 years, what do you think should be the department's top three priorities? Rank answer choices in order of importance where #1 is the top priority, #2 is the second most important priority, and #3 is the third most important priority.

705 Responses- 15 Empty



Pender County Parks and Recreation Survey

Other Priority

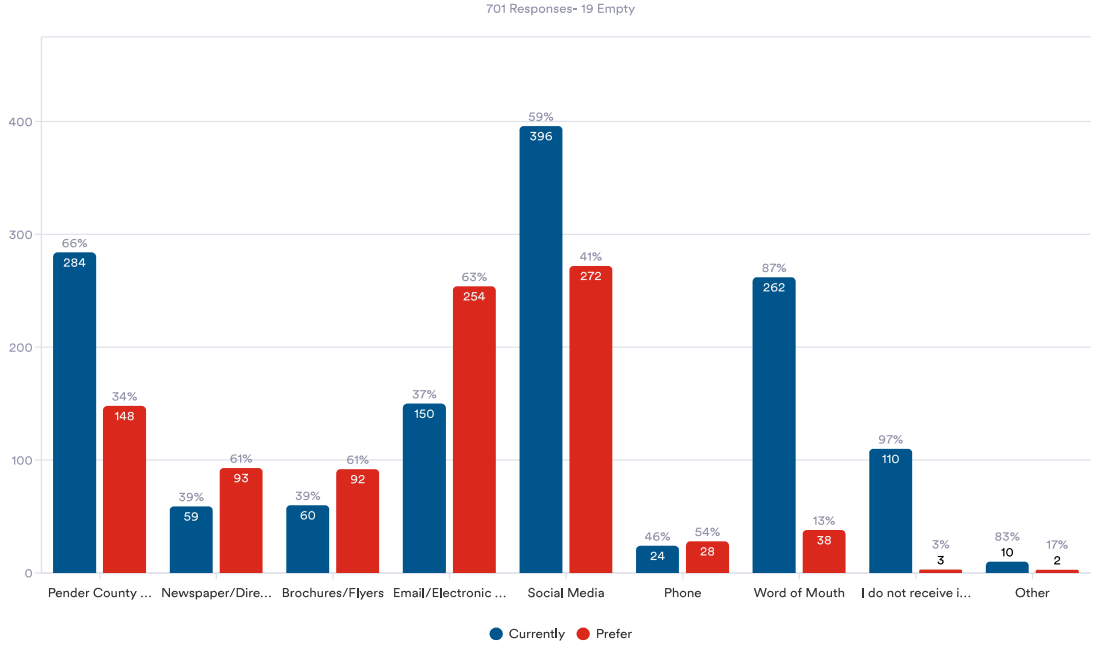
70 Responses- 650 Empty

Data	Responses
[{"Priority":"Splash pad","Rank":"1"}]	3
[{"Priority":"Splash pad ","Rank":"3"}]	3
[{"Priority":"Dog park in Hampstead ","Rank":"1"}]	2
[{"Priority":"None","Rank":""}]	2
[{"Priority":"Hiking/Biking Trails ","Rank":"2"}]	1
[{"Priority":"Sewer System ","Rank":"1"}]	1
[{"Priority":"No Paid Parking","Rank":""}]	1
[{"Priority":"Swim team (pool in surf city)","Rank":"1"}]	1
[{"Priority":"No paid parking","Rank":"1"}]	1

Pender County Parks and Recreation Survey

Please indicate which of the following ways you receive information about Pender County Parks and Recreation programs and also indicate which method you prefer to receive information.

701 Responses- 19 Empty



Pender County Parks and Recreation Survey

Other methods of receiving information

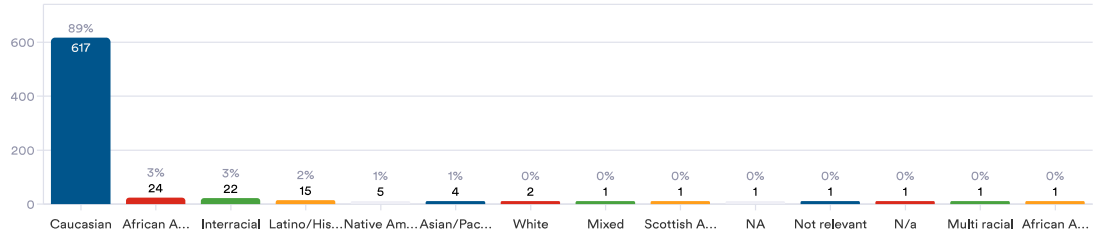
12 Responses- 708 Empty

Data	Responses
[{"Method":"Schools and community","Status":"Currently"}]	1
[{"Method":"Text ","Status":"Prefer"}]	1
[{"Method":"Search ","Status":"Currently"}]	1
[{"Method":"HOA","Status":"Currently"}]	1
[{"Method":"Topsail Voice","Status":"Currently"}]	1
[{"Method":"School System ","Status":"Currently"}]	1
[{"Method":"none","Status":"Prefer"}]	1
[{"Method":"Email ","Status":"Prefer"}]	1
[{"Method":"Children ","Status":"Currently"}]	1

Pender County Parks and Recreation Survey

Check the racial/ethnic group that best describes your household.

696 Responses- 24 Empty

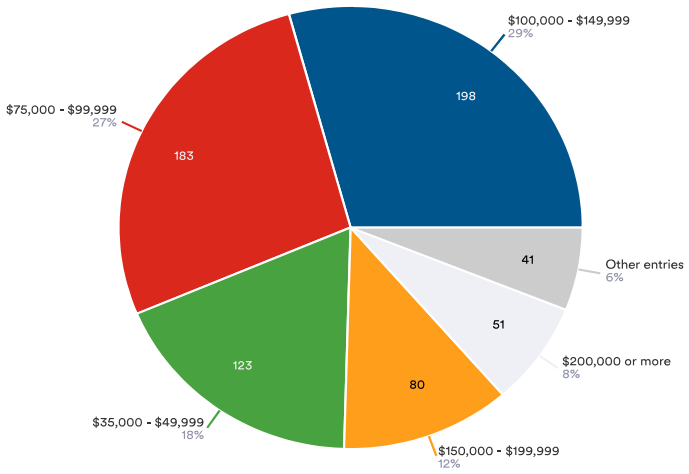


Data	Response	%
Caucasian	617	89%
African American	24	3%
Interracial	22	3%
Latino/Hispanic	15	2%

Pender County Parks and Recreation Survey

What is your annual household income?

676 Responses- 44 Empty



Pender County Parks and Recreation Survey

What is your gender?

682 Responses- 38 Empty

Data	Responses
Female	299
Male	134
Female	120
F	46
female	39
M	14
male	11
Male	2
female	2

Pender County Parks and Recreation Survey

Including yourself, how many persons in your household are in the groups below?

703 Responses- 17 Empty

Data	Responses
Adults (35-65) [2]	67
Children (6-14) [2] Adults (35-65) [2]	52
Seniors (over 65) [2]	44
Young Children (5 &under) [1] Children (6-14) [1] Adults (35-65) [2]	28
Young Children (5 &under) [2] Adults (35-65) [2]	24
Adults (35-65) [1]	23
Children (6-14) [2]	21
Children (6-14) [3] Adults (35-65) [2]	16
Seniors (over 65) [1]	15

Pender County Parks and Recreation Survey

What is your Zip Code?

698 Responses- 22 Empty

Data	Responses
28443	430
28445	70
28425	55
28457	53
28411	16
28478	14
28421	10
28460	6
28435	6

Pender County Parks and Recreation Survey

Please share any comments or thoughts you may have regarding Pender County parks and recreation programs and/or facilities.

629 Responses- 91 Empty

Data	Responses
None	23
NA	19
N/A	18
Na	11
N/a	10
.	9
n/a	7
none	3
Thanks	2

Appendix E

Pender County Wellness/Health/Access Focus Group Notes

The Wellness/Health/Access focus group included representatives from the older adult community, disability community, and healthcare community.

- Son autism spectrum Trillium gave advice on how to spend extra money's Invested with Liberty swing at HKP Like to see more of that
- With influx comes differently abled individuals
- More athletic for development and physically disabled kids
- Something not to have to drive to Wilmington for
- More athletic programs for kids who don't fit typical sports program… adaptive pe coach at UNCW programs to investigate see what interest is… adaptive baseball, golf, team sports with boys socialize while playing with a ball…Social situations expose to more experiences is good
- Mom. of 9 and 12 boys live a KHP run a bootcamp there love the facilities well-maintained age 70 to 20 with boot camp bring kids to play on playgrounds…
- Stride coach for Pender county Running program thru YMCA run a race at end of season
- Like youth 5 k program
- Her idea - different mike marks at park for boys' red for one mile 5 for 5 miles new ideas
- HKP outdoor basketball does not hear parking lot in sight of playground
- In winter cold under pavilion… paved surface to exercise on in winter would be nice
- Fitness stations could be added
- Little lost and found boxes??
- Bottle fillers approved for future more sanitary than water fountains
- Black River health care facility partnerships Contribute providers or health care camp In Burgaw, older adults really need to be outside getting exercise too what can we do to aid that? Heath care outdoor camps… Transportation and communication and programs Has IT people could help with website. Have social media person is big…
- Need volunteers to park to help there
- Black River has put out thru local churches Spanish farm workers program
- All board members attend churches in Burgaw area
- Communication to seniors is critical Atkinson, Maple Hill, and Burgaw
- Black Ridge Family practice… help all ages…2 pharmacies put into there
- P&R takes champions
- Walking Club… seniors
- partnership Pender Senior Games WE don't do anything for seniors
- runs two senior centers, state made it difficult to continue, has a gym does senior programming in Burgaw. Another senior center is north of Hampstead
- Need public transit for the entire county

- better access to gyms in Pender county Need to get seniors out Folks walk around the courthouse all the time Need more walking trails in county
- PT love movement she is a physical therapist Access Wilmington board member, seniors out to decrease isolation social is needed, not just physical movement put flyers where seniors still go
- Barriers – communication, transportation, covid fear, accessibility, connectivity
- 10 years in the future: what will it look like
- Bike Paths, multi-use paths
- Lighting on trails community grown immensely over past year… security related issues,
- Cameras for security…vandalism….
- Scoreboards on baseball field why not work in fall?
- UP to rec partner to run them…
- No dogs at park due to feces….
- Dog park potential
- Wes does Sr trips start back up after covid…Has outdoor pavilion did outdoor fitness classes…employee all instructors. fit over 50, the chi… evidence based… body pump, cycling classes…. classes in Hampstead also
- Adult athletics kickball, sand volleyball, coed softball
- Community events
- Turkey bingo. drive in. gives away frozen turkeys…at both parks
- Ladies' bingo night lake point country club
- Community and partnerships…
- Daytime volleyball league…
- indoor pool, classes, and lanes… very needed
- Only pool at coastal fitness only 3 lanes heated for therapy not regulation size very hot very dark
- Pool with dome for summer and winter, so almost better to do indoor poor
- Porters neck area is where YMCA should locate
- New management has make coastal fitness boom…
- Population explosion…Hampstead… offer on houses is fast…
- Joint venture school system and county P&R….
- Land at a premium over in east… Land for new schools and put in pool should be considered

Outdoor Adventure Focus Group Notes 10/18/21

The Outdoor Adventure focus group included representatives from local cycling groups, state and private recreation facilities, and a private recreation tour company.

- More safe places- park to park
- Hampstead – North area of County - park- Surf City Bridge- decent bike lanes 75%- public restroom
- South Topsoil-dangerous- no safe cycling roads
- Outdoor Adventure-
- NH county lots of parks- green space
- Pender County- Moore Battlefield - eastside, dog walk, kayak, hiking at park
- Need more parks- hiking trails longer than one mile
- Osgood Canal- Burgaw- want more natural experience like Carolina Beach SP - places to picnic and play
- NPS- not put in a playground Atkinson- more green space
- Western Portion of the county - private sector owns lot of the land
- Increased access for water- fishing
- Need access to more safer areas, kayak,
- Hunts Bluff wildlife spot - need more like this
- Kayak landing- possibly in FEMA parcels: Take outs- NE, Cape Fear and Black River
- 48 acres adjacent to Moores Creek National Battlefield Park property- launch
- Nature education – signage
- Support facilities- parking
- FEMA properties in that area- potential takeout locations
- Bike racks access park- grant Cape Fear cyclist - Fat tire and gravel bike trails-9 off road trails Possibly Holly Shelter Game lands
- Mountain bike and pump tracks
- SORBA has park in Elizabethtown - make off road bike ride- Blue Clay Park
- Water access points- buyout property important that development will happen again, farmland is disappearing.
- Rocky Point-development, trees not being logged= nature park like Smith Creek Park natural preserve
- Lots of logging going on
- East side access point- non -motorized & kayak access
- NE Cape Fear- up to Maple Hill needs to be
- Kayak- Old Lanes ferry property would be an awesome park
- Tourism- ICWW access tourism Black River
- SP- 3 sisters' area eco- tourism
- Currently only access from private land

- Way finders' signage
- Beatty Bridge- Hunts Bluff - Tickets- cars parked on side of road in boat launch area, partnership- land allows parking for that
- Honor box-
- Routes, land, partnership- MP on Black Pier
- ICWW- Lee Isle- kayak launch, tours bird watching, beach comber
- Planning- spotlight Pender County Natural Reserve
- Pipe dream - Rail Trail- Wilmington 4-mile section take to downtown Breweries and burgers DOT Rt of way, NH to Burgaw
- Transportation bicycle trail development
- Similar- 421 corridor Blueberry Road and NC 21
- River through Currie- parks along future corridor
- Long Creek School- park potential outdoor fields soccer, basketball
- gates closed – moved to churches bb& soccer
- Long Shore had too much dumping had to lock it- next Monday- burn exercise burn a few of the buildings- demo the rest of buildings- long term parking.
- Outdoor bb and open space- fields
- 60 acres north of Burgan- mile and ½ North- Morton property- regional park- ball field – these will be in addition to Pender Memorial Park
- zipline and ropes- not there yet thought process- push boundaries
- Par course maybe
- Land adjacent to park- state tries to get it
- Great Currie Action Group
- Millers Pond Park- one like it is needed
- Venus Flytrap and LL Pines- education area at Kiwanis Park
- Website- highlight amenities - GIS map identifies park just need to put it on their website.
- MP Park- Rail Trail and Renovate area Fort Shaw Henry- DOT & wildlife -old Slave laundry
- Fortress- Venus fly trap education
- We are losing Joe- He is retiring and losing his institutional knowledge is a huge loss His crew does a good job on the field, but playgroup, press box- receives zero maintenance
- County is 900 square miles, We need park maintenance back to P&R
- Got to do basics – 130 acres added in the last 1 ½ year- yet no additional staff
- Staff maintain what to have now is not enough staff

Future Opportunities Focus Group Notes 10/18/21

The Future Opportunities focus group included representatives from communities such as Willard, and Maple Hill where no parks and recreation activities currently occur, as well as representatives of the Hispanic and foster parent communities.

- Splash pad is needed.. Folks got to New Hanover County to use their facilities. Hispanic community needs a splash pad in Burgaw
- Yes, need a splash pad here Why have we not built one?– We need to expand Pender Memorial, soccer fields, travel soccer, bring business here like in Ogden. Our field quality is better than there, and they have tournaments
- Maple Hill- walking trail at old elementary school
- Travel to Onslow County splash park – travel from Burgaw 25 minutes away
- Travel to Onslow County splash park about the same distance away
- Park, splash pad, swing, playground, benches, shelter, par course, lighting
- Now walk at local Church- streets not safe, kids play in streets- no parks
- Fire department- accidents on highways- not safe
- If county not purchase- lease property- future partnership- building on HWY 53
- Corner of Weston and Old Road- buyout property several possibilities
- Willard area - partner with old school- large area in the flood area
- No post office- building condemned – the Post office works out of truck
- Hispanic community- soccer and playground
- County Commissioners – for areas they represent not in the county
- Trails, swings, softball, basketball, pavilions, playground. Splash pad
- William and Napoleon - Dee and Zack- set up meeting with him if Dee gets ok for meeting
- COE- drainage issues

Arts/Drama Focus Group Notes 10/18/21

The Arts/Drama focus group included representatives from the local artists' community, art educators, as well as a private performance arts company.

- Concerts- performing arts, summer camps, arts, and crafts – we need these
- Need more concerts at Topsail, Burgaw, and Hampstead
- Have Penderlea auditorium in future – use effectively
- Topsail and Rocky point- summer camps
- Reorganize Arts Council, stronger country wide organization
- Arts in the park- full time with school system. Kids and art
- Splatter day (Jackson Pollack) in the park
- Art Exposure- Hampstead
- Hampstead Annex auditorium- Topsail HS has huge auditorium
- Cripple Creek- be on board
- Barn Quilt- Trail want to start that kick off- thinking of using school art
- Needs to on County GIS map and P&R map
- Eden- once a month Pender Arts Council 6-8 kids- painting on canvas – Aug- Oct- Saturdays-do one at Millers Pond Park "Venus Fly Trap"
- Spot Festival- fish, public art, private business sponsor
- Performing arts- story telling, theme to a season, Christmas caroling in parks
- Pender County unique and tell history of your county
- Williams- lives in Burgaw and wrote Fresh Prince of Belair TV show) – He wrote Pender journey stories- This needs to be heard more
- People love Pender stories, kids ok- love to see activities targeting adults
- Art council- only funding- ghost walk – apply be in budget- apply for grants in Spring
- So many ways folks express themselves – write poetry, photography, express yourself emotionally
- Open mic reading
- Adult photography contest
- Wilmington – lots of authors- public readings
- Creative writing classes for adults
- Basic photo class
- Weekend classes- adults and kids
- Atkinson Fire department - has line dancing there
- Topsail Height community theater- Wilmington – 20 different groups
- Hampstead Annex- stage- great location
- Tour a production to Pender County
- Arts Expo and food trucks- one day event

- Already have concerts, shag lessons before concert, live dance lessons before concerts
- Drum circle in Wilmington – need one here
- 5 senses festival
- Salvation Army Band- community band
- HS has marching bands at town square
- Springfest- private committee- Burgaw Festival – home grown/handmade
- Culinary arts- blueberry arts
- Homemade ice cream competition
- Chorus- com. choir- “vocal”
- art beat- old rescue square building?
- Sock hop in gym ‘film- tourism movie trail- film Pender County
- Arts Council- EMS building – so lost lease complementary use if not in use
- Want Howards Dept. store for lease now
- Sandford- Temple Theater
- American Legion- in bad shape
- Bandana Mexican Restaurant was here in food trucks

Youth Focus Group Notes 10/20/21

The Youth focus group was comprised of teens who participate in local sports and other recreation activities such as skateboarding.

- Penderlea Park -Student – learning how to buy car, sew, cook. life skills … money management… classes…. how to do your taxes
- Use parks and trails, play tennis, courthouse square
- Blueberry festival. need an event stage outdoor is needed
- School theater bring to community… special events…
- Communication promotion info to high schools…
- Instagram, announcements at schools, volunteer opportunities
- Email from school…
- Social media would reach more kids…
- Weekly newsletter of opportunities
- GPS….to find places or ask a native
- Flyers thru schools… traditional schools mostly elementary…
- Flyer would stand out…
- 1 - Water don’t have it Get new facilities before duplicate existing
- 2 - Nature park (outdoor classrooms)
- 3 - Sports
- 4 - Trails

- 1 - Sports in Atkinson Don't have access Too far to drive to Burgaw to get to things
- 2 - Outdoor /Nature Park
- Community Centers, teen centers senior centers Programming
- Arts, technical, young family support…
- Teen stuff in school - redundant
- Communication for volunteer opportunities Need for Community Service for college opportunities
- Adulting – mock job interviews, resume career info
- How to deal with stress – arts or physical exercise
- Change or Die now…. Growth is coming… not stopping
- Smaller centers in each area… making a desert of resources
- Partnerships with church for program spaces
- A lot of stuff happening in Topsail all the time. Kiwanis Park. Always happening
- Just bring a soccer ball… kick around with whoever is there Cause know someone will be there
- Not a place in Burgaw – no place to go where you know friends will be…
- Value of outdoor spaces. not in school or inside….
- Teens run away if told what to do…self-directed activities
- Mentorship – with younger students…bad home life… can't fix that is one go…
- Safe, but not facilitated…
- Access of resources Community Center – Safe fun… KP know no one bring beer there or drugs safe fun
- Food nights. volunteer opportunities…
- Teen youth Council YES!!! Very much needed!!
- Arboretum… older generations know a lot about plants. Plants are trendy now
- Volunteer opportunities…with that
- Multigenerational program…
- Cultural stuff too

Pender Co. Schools Stakeholder Interview 10/18/21

- Partnership very good- schools- specific- try to improve system past years on campus -middle schools. Rec partners indoors and outdoors
- Custodial fee-
- Burgaw Middle School and Topsail both use P&R properties-
- Burgaw - bb, sf, soccer Topsail- bb, youth bb, summer camp.
- Apparent communication issues- soccer Hampstead
- Future- maximize and share in joint fees
- HKP- Scott Hill joint use
- Security
- Maintenance issues & utilities – joint - who takes care of what should be reviewed by County departmental staffs.
- Timer on lights – power issues
- Everyday cleaning – ABS contract
- Pender Co. Schools has more schools than Chatham Co.
- Still silos in county sometimes limit good communication
- 9 elementary, 6 middle, 3 traditional high schools, Early College
- School system open to future joint ventures with parks & recreation such as shared athletic field development between school and park facilities.

Pender County Grounds Maintenance Stakeholder Interview 10/18/21

- Communications failures between two departments
- Rec. last minute changes schedule
- Maintenance can't keep up with standard - too many fields
- Two guys whole summer only- impossible
- All County buildings - had to contract out mowing, limited staffing- contractor out- caused complaints
- Limited staffing- county depts, turf knowledge needs good supervisor
- HKP- 3-4 people per day
- Maintenance shed- house equipment permanently-Need a shop big enough for all equipment and to have room to get them out without having to move other pieces of equipment
- Current shop has to move equipment out to get to the correct one needed
- Need staff to build parks
- "fee" structure to use to meet costs
- Tax bond- referendum
- Specialized facilities – dog pound
- District Maintenance – report to 1
- 1 truck in Hampstead- plan your week ahead- 60 days only with Joe
- Team focusses on problems

- New man hired- spray, chemicals, repair
- Fields away and locked away- spray at 6 a.m. to keep kids off while spraying.
- No room for fertilizer here
- If expand park could use two real mowers here- need a tractor here – no place to put it.
- 26 additional cares and PH 3 new park will need a maintenance shop area.
- New parks- 3 Cots Hill area- next 10 years – Abby Nature Preserve
- Build shop with expansion
- Not adequate staff when rec is going on. Stop the vandalism and damage.
- Joe here 15 years- people except fields to be pristine
- Staffing people with knowledge and park attendants
- New staff with turf meeting
- County exploding- training staff
- Pro day- Jacksonville 12 people on staff- crew of 18 take care of parks
- County- Brunswick
- Split P&R
- Split Fleet & county duplication of equipment not really
- dilemma “silo” county centralize operations
- 3rd party vendor- lack of attention to details
- Need a supervisor to manage staff for main
- Removed crew leaders- 4 workers 1 workman hire one 2 temporary in summer
- Need a supervisor not a worker bee
- Playground maintenance- CPSC other facility many complex issues in maintenance plumbing, electrical, “facilities” staff gym
- No janitorial staff at park on weekends.

Facility Maintenance Stakeholder Interview 10/19/2021

- Joe is amazing, Stager…plans materials and staffing
- Contracted with lowest bidder this summer. got grass cut, but no Joe
- If Joe’s name on it. takes pride in his work
- New guy will adapt… and take over Joe’s job… Mike needs to learn turf management
- Had landscaping company
- All need certifications with chemicals and spraying knowledge
- OSHA paid a visit… no body certified. No forklift procedure, sent to lawyer.
- In 10 years - rely more on staff and less contractors… pay better not get out of that hole. very understaffed…developments huge subdivisions Penderlea Buildings need a lot of work to them Gym needs to be raised to not flooded Buy land now and bank it…
- Total budget is 3 million… his 4 sections Have 900000 to repair building

- Copied one section from New Hanover County…operate in gray we don't have a true policy… over 500 request a PO order
- Services and parts turnkey… need a PO for work… Must wait a few days for po, created rules not written… word of mouth. now $1000 must have 3 quotes
- Legal documents… having to go by someone's word…. Finance dept changes guidelines constantly…
- Having to write small service agreements.
- No preventive maintenance understaffed under paid… pay scale and steps. no documentation to get steps in Pender County…
- Joe did OSHA 10 when he first came… Had never had the training- Modules and get certification - reduces injuries should be an incentive for trainings - Lots of county turnover 3 risk managers in 9 months - In 10 years if nothing changes be worse than now
- 5 staff maybe 10 years' experience if add together- best one is looking to leave….
- County leadership is not grown with the county's population growth. Still small rural mentality…. Strong arming and intimidation are not working…. but how leadership is doing
- Need written policies approved by board these are not…

Pender County Sheriff Department Stakeholder Interview 10/20/21

- Major Mike Collier Retired SHP, work with Sherriff Dept. now
- Daughter went to 5 world series with her teams
- Burgaw dixie built existing facilities (concession and restroom) with county
- HKP – some tension at first
- Facilities good, Miller Pond Park – nature park
- 49 million jail and 911 center and LEC
- Land adjacent Heidi Trask – BMX pump track and ropes course, disc golf potentially future
- Shooting range – class was a great partnership It was a hit.. Waiting list for women's shooting class Needs to be done again Range staff worked great. Both pistol and rifle
- Thru NRA program…Set up classes on our own would be successful
- Grant helped with cost for supplies… first of year schedule another women's
- class
- Range is not set up to benefit Sherriff for shooting
- Disc golf is growing just not in a wetland need a course
- Walking trail need one at Pender memorial park
- Also need walking trail with par course in our parks
- Basketball courts…
- Rocky point across from Della Rosa. Pine trees near corn field… made a full court basketball court every weekend Hispanic play there Great! 200 people there

- Provide basketball courts prevent Juvenile Delinquents
- Programs – SRO, Summer camps talk to kids even adult programs, seniors
- Adult softball leagues
- Adult men's basketball leagues
- Beach volleyball for adults
- Kickball league
- Youth sports monopolize all fields
- Annual meeting – expectations, needing to know schedules. East is worse than West
- Rec leagues had control of lights, now 3 staff, not just Dee
- Dixie youth - concessions at BMP…. Rec partners run it
- Notified – specific police call at P&R facilities See if text could go to P&R staff when call comes in
- Staff need to be at parks when open… report done per day
- Need PARTNERs in annual meeting – they have to notify P&R
- Communication is a huge issue
- IF P&R close fields, sent to Rec Partners Leaders
- Additional programs Contact with Sherriff like DSS Deputy sits at front
- Parks contract like SRO $50 K
- Park staff when parks programmed is needed
- Surveillance in needed at all parks now Sherriff needs access to these cameras

Stakeholder Interview Health and Environmental Health Dept Notes 10-20-21

The Pender County Health and Environmental Health Department stakeholder interview was comprised of staff from Nursing, Environmental Heath, and Health Education.

- Get flyers in lobby, link on website, health educ doing festivals at booths, sharing P&R events, partnership at booths
- Add P&R info on their brochures
- Voter Registration, Precinct registration,
- Travel and work with heath dept
- Appreciate coming to summer staff – summer camp, bug wipes
- Health educ sunscreen and medicine and candy germs and wash hands
- Primary care clinic …. issues, walking trails, go to local parks, nurses doing education, share park brochure…. Park RX
- Outreach 5 and younger WIC Dept,
- New facilities…walking trails, tennis courts, basketball goals, Rocky point area…seniors need places to walk…
- Accessibility to community parks
- Field spaces for kids to play sports
- Grant to partner with P&R for not smoking

- Jim is like Brad at PMP. He is great park attendant but part time… need more there He can't be there all the time
- NH county – miracle field… something similar for here
- Signs with healthy tips put up along the trails, scan codes. trees and nature or history
- Penderlea history…
- Story boards rotate to different parks
- Volleyball – indoor can be done at Penderlea
- Millers Pond – mosquito educational signage, info on ticks
- When design parks – environmental parks
- Food oriented – plan review 30 days prior for concession… food
- Food trucks permitted thru environmental health
- Septic issues…
- Comp Park with water use for one year…. for vault toilet

Emergency Management Stakeholder Interview 10/19/21

- Emergency Meeting- Eastside layer pop
- Showers for staff- only 1; Need 1 female 1 male for emergency workers
- Kitchen- using agriculture building nowhere to sleep, windows everywhere
- At least 2 showers for men and 2 for women and kitchen are needed
- Facility- large parking lot- tarps and water and not outside EOC
- Ability to stage out tarps and water at different areas around county
- Hookups for generators
- Morton - small center would be perfect
- Dog park is needed
- Auditorium - events programs
- Canoe/kayak access
- Open space area
- Internet access very spotty in county
- Com. Parks- kids go to for internet for school
- No public Wi-Fi in parks
- Library has public Wi-Fi only
- Safe walking trails
- Abbey Nature Preserve- dogs are allowed
- Cycle Paths-
- BMX-
- Multi -use paths
- Bike lane
- County internet- needed
- EOM- rented warehouse for storage

- Used churches in past in Florence
- 4 or 5 were underwater and not have generator backup
- HKP= staged supplies there on county property at other properties
- Emergency mgt.- grants??Are any available??
- Community center- first Resp. stay- shelter for citizens and distribution center- built-in generator to run operations multiple rooms
- EMS has boats for emergencies
- Multipurpose center- EM, HR, P&R, rentals-
- Event space- backup EOC
- Backup EOC- Hampstead Fire Dept. (ocean)
- Josh did a map of where water was
- EOC back up in a Western portion of county
- Community house and RR station are rented.
- Rental space could be good closer to Burgaw
- Need comparable park to HKP near Burgaw
- Mike Gibson and James McMillian- water shed guidance – city ordinance – exceptions walking trails around water shed
- 5-acre parcel- retention pond on property
- 5000sq. ft. paved surface asphalt - tried pervious cement at festival park did not like the results.
- Storm water guidelines- trail- .2-mile 10 wide in grass

Planning and Community Development Stakeholder Interview 10/19/21

- Recreational units. sliding scale based on homes you are building
- 34-99 units – invest 10K in recreational units
- 100-149 – 15K
- Some neighborhoods. going to vastly exceed… clubhouse and marina
- We need to up the investment we are requiring, not just for rec units but open space also
- County sewer to Blueberry Road and 421 Will be huge. Big time with New Hanover County 6 industries there
- Pocket Park at entrance to industrial park… Dense type of development at industrial park
- Commerce Park to Downtown Wilmington in 7 minutes….
- Proposing to amend the comprehensive plan to provide dense residential development
- 421 rail trails to blueberry rd.
- Developer interested in 2-3000 homes
- Need a regional park in that area
- Rocky point 750 home project will go next month. west of 117 and south of 210

- Over 300 acres…
- Very warm with new subdivisions… Commissioners. more out in open challenges development brings.
- Hampstead not a lot of land left
- Scots Hill… 3000 units. Blake Farm just getting going. DR Horton…. American Builder
- All current sewer is private owned some towns. Commercial in Rocky point and in Commerce Center. Some schools
- County does not operate sewer So no control of build out
- Salter's Haven 300 homes… higher than average
- Scotts Hill has vacant land there… McAdams Homes.
- Hospital goes in Scotts Hill across County line
- Hampstead is not incorporated…
- 6 municipalities in this county surf city, topsail, Atkinson, Watha, St Helena, Burgaw
- 12-13K live in municipalities
- 63K population
- 421 a lot of big tracts.
- Weir property on ICWW…For Sale…25 acres developer just built road to front door
- Challenge skinny rectangle kayak 500 feet of kayak launch
- Passive Park Talk to Wildlife Resources Commission about joint venture
- 25 more to add since Hurricane Matthew
- FEMA restrictions… No building unless restroom open to public…Vault toilet
- Problem if in flood way… engineer no impact study
- Lanes Ferry would be great park for kayak launch NE Cape Fear. a lot of work already done… clear where restaurant used to be about 4 acres
- Other side of bridge is nice parcel also
- Paddle trail on NE Cape Fear... could have tent sites or camping platforms

West Recreation Partners Stakeholder Interview 10/18/21

- More appropriate fields football, soccer, bb, basketball, soccer and fb- split fields – lines of different colors Lines are painted by volunteers, and shortage of parent volunteers
- Past used 2 elementary, Burgaw Middle and Pender High
- Never enough parking
- Basketball at schools K-3, 6-8 practices in week 4 different gyms
- Burgaw, West Pender, (Penderlea out of the way for most folks)
- West Pender is more suitable
- Younger kids – (purchased 4 goals for use at Burgaw Elementary- basketball program bought them)
- West Pender schools furnished it all for the program there

- Summer- need a place to go swim- no public pools in Pender County
- Walking track- hang banners
- 220-230 kids play basketball- West Pender
- NW Cape Fear River divides county
- 250-307 soccer participants
- 125-150 football with cheer participants
- Communication- schools respond- principal has better structure
- Communication- advertise progress that are rec partner ran
- Indoor - at least 2 full size gyms
- Lacrosse is in West Pender County now
- Need more restrooms- Memorial Park
- Facility park attendants are desperately needed at Hampstead Kiwanis
- Middle School refs- basketball
- 1 reg 1 med 1 small flag 6 under 4& 5 players soccer
- Need 1/3 more fields now, imagine needs with expected growth.
- Room for cheerleaders plus EMS
- 9 large field - stripe as needed
- Park- Pender Memorial -Need playground on each side
- Lighting- only one lit field Need all fields lit
- Rocky Pt. Burgaw, Wallace, Willard, Atkinson- kids from everywhere
- Not low – cost friendly
- Rocky Pt. and Morton- run two leagues at different parks
- Kids age out at 14
- Need cloverleaf baseball fields and press box- fields 300' fence
    - 50,70,90
- 15' fence- concrete path 10' wide- next to fence
- Build- tournaments – make money
- Nets, press box, netting to stop footballs
- Multi-use from start Skin – no grass infield
- Play oldest age group
- Football-
- NEED - Concessions- bottom of press box and restrooms, restrooms also at field house with storage, covered batting cages- carpet- concrete
- 2 90'batting cages split in the middle Will give 4 cages to use in the rain
- Parking is needed ADA access to all fields- connectivity
- Soccer- Ogden Park- practice field
- Soccer 3 events EW soccer N-S football
- Soccer cross country state tournaments HS level
- Drainage/ turf /lighting
- Light pole- for sports complex- plan light poles for additional events
- Need track around the football complex… would limit space

- Track could be used for fun run
- Wear and tear of fields from overuse,
- Pender Memorial Park – football, soccer and lacrosse
- Concerns – equipment to maintain, need volunteers from younger parents
- West Pender has transportation issues for kids to be involved in programs
- Penderlea is too far out for most to travel too with working parents
- No concessions at school gyms
- Heavily rely on Dee and fees can't be increased to keep costs affordable for most of county
- Need field space, have to turn kids away
- Barriers – kids at two different high schools
- County vs municipality – so spread out across the county
- Travel from Atkinson to Hampstead is at least 30 minutes
- Consider District parks since county so large

East Recreation Providers Stakeholder Interview Notes 10//18/21

- Biggest- pop growth – so program growing
- Younger ages- more kids than final
- 270 kids this fall, young families- T-ball, find coaches.
- Multi Use Field- T ball field
- 225 field need another one
- Issues getting board members
- No storage for T-ball, etc.,
- Can't reschedule if it rains out
- Play longer games instead of # of games
- Parking is bad one side, issue parking at Pender Memorial - safety issue with kids
- Need to get community more involved
- Wrightsville Beach P&R – must register thru their system- Lacrosse- do all registration – admin fee- resident/nonresident. Talk to Katie about it.
- Lacrosse- girls what's available
- Link website from Pender Co P&R
- Put on FB of Pender County, emails- Rec. desk- Pender County
- Communication
- More restrooms- safety
- No food trucks allowed - need one at the second field.
- Same issue 12 years ago – Kiwanis members are old and in bad health
- Need to talk with them
- We have a sponsor to construct a wall ball for free - just need to finalize the location for it.
- 2-3 multipurpose fields Lacrosse use feasibility use 30-45 girls ½ span field

- Portable fence- 50, 70,090 plugs portable fencing
- Bring backstops up
- Subsurface drainage
- Artificial turf
- Need another football field add lights to it, press box with storage- built at practice field. Storage facility via sports- like a mini storage building.
- All different users – fundraising is an issue for groups- sponsors- Wilmington gets them.
- Once a quarter- rec partners not supporting each other
- Annual meeting expectations in person- conversation
- Leadership changes- ease of transition on Rec desk all scheduling
- Schedule lights
- Rec desks create rec partner better
- Message board controlled by Kiwanis
- Message boards- locked
- Document policy and procedure of rec
- New sponsors - banners on fields Kiwanis control
- Partnership agreement
- 15 Pender County with HK Park Inc.
- Potential amendments to agreement Banners
- Concession stand - if can get back to run it
- Some signs have lifetime rights naming rights policy
- Light playground and fields lit for games
- Maintenance staffing
- Need social media IT person
- Dee is only on call emergency number – a lot of work
- Restroom- gross- need staff for them
- Western Park- Currently County staff paint all field lines, collaborating with schools.

- Use Elementary schools for practice
- Facilities use Pender County schools
- All maintenance done by Tim's league parents
- Topsail H.S. not sharing football field
- Liability not too- have staff here volleyball/lacrosse
- Netting keeps soccer balls out of marsh
- Water access/ kayak access

Special Events Stakeholder Interview 10/19/2021

- Community building, pickle ball, outdoor concert center
- Population and young families
- NC Spot Festival needs land- currently operate on 42 acres currently utilize road in middle of it use front ¾ for event - back field for parking They charge admission 8-10 K
- Blueberry festival is not moving Located in downtown at courthouse, 2019 40K attendees 1 day on Saturday Add Friday locals' night
- Next 10 years – growth of Pender County…
- Influx of population – outdoor attractions… nature based. Holly shelter game lands, more natural parks. Holly Shelter is state lands… subdivision borders it now; Conversation has been had with Wildlife. buffer with hunters and hiking
- Need places to have events – space Indoor, outdoor, concert venue,
- HKP hub for community – Special events – accomplish out of 10-year goal
- 2 sons outdoor family camping often. Place brings people together, event Nov 14 Church party for the community For Topsail Bring people together no church that day
- Hampstead no anchor… Where people and places go, and BE not just go and DO
- Parks - find peace and being
- Lived here 4 years… camping at game lands during hunting season…
- Raise them to be outdoors men… outside and venues Planning to build church – event space for community green space very important Food trucks. just be there
- Family center - multigenerational Place to invest in families. Indoor space for sports
- Our county does not have a park on the water… more than Millers Pond
- Need boat ramps in county but needed according to survey
- Surf city every Friday night… movies and bands… don't want to put heavy on the fields parking issues
- Families 32-26 age families moving here with NEEDS
- Kite festival at Carolina Beach
- Surf City – not work with county on programming
- Day trippers $100 a day tourism…
- Waterfront on ICWW… Kayak groups to lee Island… conservation
- Scots' Hill pristine marsh land
- No timeline for HKP expansion…
- Food Truck carousel with power so no generator noise
- Center with alcohol permits…
- Anything to bring people together
- Pender County does not have an arboretum… NH county has weddings and events there

- Botanical garden would be worthwhile
- Visitor Center – Venus Fly traps and pitcher plants and pocosin and Black River
- Programming once you have a facility P&R is small dept. so creative with their programs
- Kick or treat – Saturday in HKP
- How to better get the word out – strong online presence next 10 years. continue to progress locations on google maps email lists
- COMMUNICATION – Double Down on Social Media
- Webpage idea can be printed and shared…
- Outsource social media – bring in with a story… hire a coordinator
- Where are people we want to get into our program. Social media bigger reach
- Of your community
- Multi-faceted approach to communication
- No COUNTY BRAND!!! At HKP NEED it to be countywide.
- Kiwanis Park… silo Kiwanis has fb page for park Pender County not able to use it
- County Fair- no location for that …
- Cape Fear Regional Fair for the region
- Revenue generator – venues. Beneficial for county to have amenity to do this
- What is unique about this area? East side Maximize greatness No anchor here is east Pender
- Beautiful scenery boat ramps if we don't design about our culture or we will lose it. Land will not be here if don't buy it now
- Tell past story of Pender Co.
- Outdoor green spaces for communities
- Need another RV and Tent Campground
- Vacationers - not stay in hi-rise hotel RV exploded with Covid

Appendix F

PENDER COUNTY - PARKS AND RECREATION MASTER PLAN/2022-2032

10 Year Anticipated Future Recreational Project List

CATEGORY / IMPROVEMENT	COST	YEAR 1 2022-2023	YEAR 2 2023-2024	YEAR 3 2024-2025	YEAR 4 2025-2026	YEAR 5 2026-2027	YEAR 6 2027-2028	YEAR 7 2028-2029	YEAR 8 2029-2030	YEAR 9 2030-2031	YEAR 10 2031-2032	FUTURE
Existing Parks Renovations/Improvements												
Hampstead Kiwanis Park												
Address field drainage	**$130,000**		$65,000				$65,000					
Install fiber cable	**$18,000**	$18,000										
Upgrade security cameras	**$27,500**	$27,500										
Update playground equipment	**$300,000**				$150,000						$150,000	
Add wayfinding and parking signage	**$10,000**		$10,000									
Update park signage throughout park	**$8,000**			$8,000								
Install roof for performance area	**$100,000**			$100,000								
Install maintenance building with fenced yard	**$100,000**		$100,000									
Implement master plan for adjacent land	**$3,500,000**	$2,000,000				$1,500,000						
Sub-total	**$4,193,500**											
Millers Pond Park												
Install fiber cable	**$10,000**	$10,000										
Install security cameras	**$12,500**	$12,500										
Add educational and mile marker signage	**$10,000**			$10,000								
Assess/repair existing playground	**$50,000**							$50,000				
Add swing set to playground	**$8,000**			$8,000								
Install benches around pond (8)	**$15,000**					$15,000						
Add unsheltered picnic stations (3)	**$7,500**		$7,500									
Install environmental center	**$800,000**									$800,000		
Sub-total	**$913,000**											
Pender Memorial Park												
Address field drainage	**$130,000**		$65,000				$65,000					
Upgrade security cameras	**$15,000**						$15,000					
Assess/repair existing playground	**$100,000**			$50,000				$50,000				
Add picnic shelters (1)	**$50,000**						$50,000					
Sub-total	**$295,000**											
Penderlea Community Park												
Install 1/4 mile walking path (8' wide)	**$95,000**	$95,000										
Install security cameras	**$25,000**			$25,000								
Add picnic shelters/restroom building	**$200,000**	$200,000										
Add unsheltered picnic stations (3)	**$7,500**					$7,500						
Install benches (5)	**$10,000**			$10,000								
Install outdoor drinking fountain	**$8,000**			$8,000								
Replace flooring in classroom 3	**$10,000**		$10,000									
Install A/V equipment in auditorium	**$150,000**			$150,000								
Sub-total	**$505,500**											
Pender Courthouse Square												
Add mile marker signage	**$5,000**		$5,000									
Install gazebo for performance venue	**$120,000**	$120,000										
Sub-total	**$125,000**											

Holly Shelter Shooting Range												
Install maintenance shed	**$10,000**	$10,000										
Vaulted Restroom	**$70,000**		$70,000									
Construct a shotgun range	**$250,000**			$250,000								
Sub-total	**$330,000**											
Hampstead Annex												
Install A/V equipment in auditorium	**$150,000**			$150,000								
Sub-total	**$150,000**											
Existing Parks Recreation Improvements Total	**$6,512,000**	**$2,493,000**	**$332,500**	**$769,000**	**$150,000**	**$1,522,500**	**$195,000**	**$100,000**	**$0**	**$800,000**	**$150,000**	**$0**
New Facility Development												
Future District Park (Central Pender Park)												
Implementation Phase One	**$2,815,000**	$2,815,000										
Implementation Phase Two	**$3,150,000**				$3,150,000							
Implementation Phase Three	**$1,500,000**								$1,500,000			
Sub-total	**$5,965,000**											
Future District Park (Scotts Hill)												
Master Planning	**$40,000**									$40,000		
Land acquisition	**$1,000,000**					$1,000,000						
Implementation	**$6,000,000**											$6,000,000
Sub-total	**$7,040,000**											
Future Community Park (Long Creek Property)												
Replace existing playground	**$100,000**		$100,000									
Site Prep	**$50,000**		$50,000									
Install picnic / restroom facility	**$250,000**		$250,000									
Walking Trail	**$100,000**						$100,000					
Sub-total	**$500,000**											
Future Community Park (Canetuck Property)												
Implementation	**$45,000**	$30,000		$15,000								
Sub-total	**$45,000**											
Future Community Park												
Master Planning	**$35,000**										$35,000	
Land acquisition	**$500,000**										$500,000	
Implementation	**$2,000,000**											$2,000,000
Sub-total	**$2,535,000**											
Future Neighborhood Park (Maple Hill)												
Master Planning	**$30,000**							$30,000				
Land acquisition	**$500,000**							$500,000				
Implementation	**$1,750,000**										$1,750,000	
Sub-total	**$2,280,000**											
Future Water Access												
Land acquisition	**$2,500,000**											$2,500,000
Sub-total	**$2,500,000**											
New Facility Development Total	**$20,865,000**	**$2,845,000**	**$400,000**	**$15,000**	**$3,150,000**	**$1,000,000**	**$100,000**	**$530,000**	**$1,500,000**	**$40,000**	**$2,285,000**	**$10,500,000**
Total Anticipated Projects Budget Cost	**$27,377,000**	**$5,338,000**	**$732,500**	**$784,000**	**$3,300,000**	**$2,522,500**	**$295,000**	**$630,000**	**$1,500,000**	**$840,000**	**$2,435,000**	**$10,500,000**

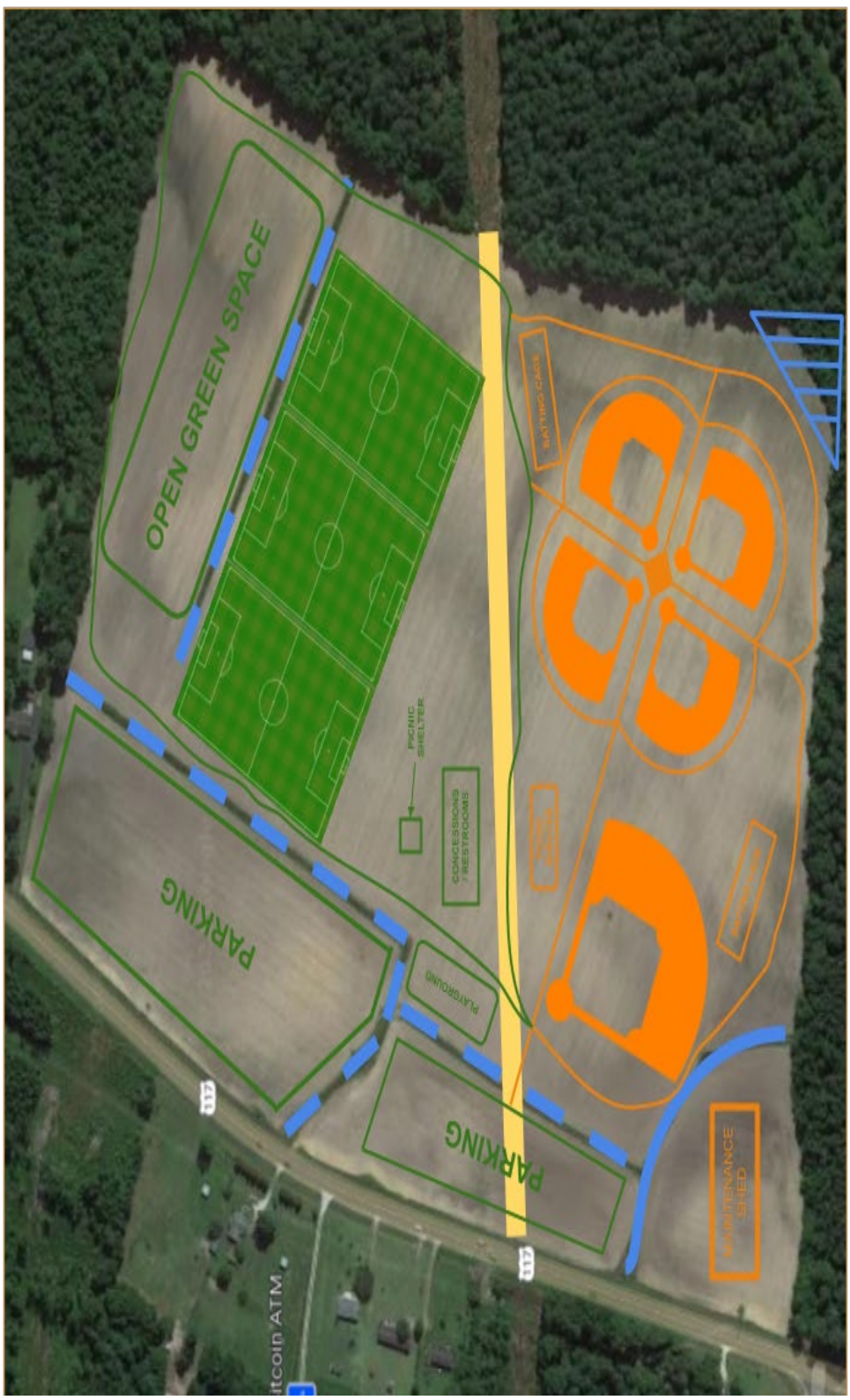
PENDER COUNTY
Parks & Recreation

Central Pender Park – Phase 1

Parks and Recreation Trust Fund Grant Application

Pender County Board of Commissioners Meeting

March 14, 2022


OPEN GREEN SPACE
PARKING
PARKING
PICNIC SHELTER
CONCESSIONS / RESTROOMS
PLAYGROUND
BATTING CAGE
MAINTENANCE SHED
itcoin ATM

Project Cost

Pender County – Central Pender Park Development

Project Elements (Include specific units – sizes, numbers, lengths, etc.- for each item.)	Unit	Unit Cost	Total Item Cost
Restroom/Concession Stand	Lump Sum	$350,000	$350,000
Picnic Shelter (24' x 36' with 4 picnic tables and 4 trash cans)	Lump Sum	$50,000	$50,000
Playground (Play Structure with accessible surfacing)	Lump Sum	$150,000	$150,000
Multi-Purpose Field (With lights, irrigation, sub-surface drainage)	4	$350,000	$1,400,000
Multi-use Path (8 foot wide, will also provide accessible routes to site amenities)	3500 Linear Feet	$50/Linear Foot	$175,000
Parking Lot (Asphalt)	Lump Sum	$650,000	$650,000
Utilities (Sewage Field, Wells, Pump House, etc.)	Lump Sum	$50,000	$50,000
Cost to build			**$2,825,000**

Contingency Cost of the Building

Contingency (not to exceed 5% or $50,000 of the cost to build, whichever is less)	Lump Sum	$50,000	$50,000

Total Project Cost	$2,875,000
Total PARTF Grant Request	$500,000
Total Local Match	$2,375,000


Sloop Point Loop Rd
Sloop Point Loop Rd
Sloop Point Loop Rd
Sloop Point Loop Rd
Sloop Point
Hampstead Kiwanis Park
Community park with a sizable playground
ServiceMaster Restoration of Wilmington
Basketball
Pickleball
Lawn Game Area
Restroom / Picnic Shelter
Tennis
PARKING
Concession / Restrooms

Project Cost

Pender County – Hampstead Kiwanis Park Phase 4

Project Elements (Include specific units – sizes, numbers, lengths, etc.- for each item.)	Unit	Unit Cost	Total Item Cost
Restroom/Picnic Shelter	Lump Sum	$350,000	$350,000
Tennis Courts (6 regulation tennis courts, with fencing)	Lump Sum	$250,000	$250,000
Pickleball Courts (4 regulation pickleball courts with fencing)	Lump Sum	$100,000	$100,000
Basketball Courts (2 regulation basketball courts)	Lump Sum	$90,000	$90,000
Multi-Purpose Field (With lights, irrigation, sub-surface drainage)	2	$350,000	$700,000
Multi-use Path (8 foot wide, will also provide accessible routes to site amenities)	1500 Linear Feet	$50/Linear Foot	$75,000
Picnic Area (4 picnic tables and 1 trash can)	Lump Sum	$5,000	$5,000
Lawn Game Area (2 sets of cornhole boards)	Lump Sum	$5,000	$5,000
Parking Lot (Asphalt)	Lump Sum	$325,000	$325,000
Utilities (Wells, Pump House, Sewer Hookup, etc.)	Lump Sum	$50,000	$50,000
Cost to build			**$1,950,000**

Contingency Cost of the Building

Contingency (not to exceed 5% or $50,000 of the cost to build, whichever is less)	Lump Sum	$50,000	$50,000

Total Project Cost	$2,000,000
Total PARTF Grant Request	$500,000
Total Local Match	$1,500,000

Pender County
Approval and Resolutions

TO:	
FROM:	Justian Pound
DATE:	May 2, 2022
SUBJECT:	Approval Public Portal Property Tax Information

SUMMARY:
This is a request to approve the purchase of a public access portal to better share property tax information with the public. Creating a better platform for outside professional services and citizens to interact use and review tax information. This portal will create a single stop for folks who need GIS and Appraisal information. This portal will be allow public to access as close to live data as possible. This has been a highly requested from both the professional and individual users of tax office data.

ACTION REQUESTED:
Approve the Purchase Order of $45,867 to provide the public access portal.

Quoted By: Steve Crysel
Quote Expiration: 7/12/22
Quote Name:

Sales Quotation For:
Pender County
PO Box 1437
Burgaw NC 28425-1437
Phone: +1 (910) 259-1200

Tyler Software

Description	License	Discount	Net License	Annual Fee
Property & Recording				
Enterprise Assessment & Tax				
Public Access	$ 17,139	$ 0	$ 17,139	$ 3,428
TOTAL	**$ 17,139**	**$ 0**	**$ 17,139**	**$ 3,428**

Services

Description	Fees
Property & Recording	
Public Access Service	$ 25,300

TOTAL	**$ 25,300**

Summary	**One Time Fees**	**Recurring Fees**
Total Tyler Software	$ 17,139	$ 3,428
Total Tyler Services	$ 25,300	$ 0
Summary Total (Entire Term)	**$ 42,439**	**$ 3,428**
Contract Total	**$ 45,867**	

Unless otherwise indicated in the contract or amendment thereto, pricing for optional items will be held
For six (6) months from the Quote date or the Effective Date of the Contract, whichever is later.

Customer Approval: _____ Date: _____

Print Name: _____ P.O.#: _____

Comments

Tyler to use a base standard installation of the software for the starting to-be solution.

An onsite week is considered Tuesday thru Thursday. Monday and Friday will be travel days. Tyler resource time for travel days is accounted for from contract time and will reduce dollars for specific tasks (i.e. Training and Production Cutover).

Tyler has provided an estimate project duration based on the requirements shared during procurement of the solution. The project duration will be reviewed and solidified at the completion of the Assess & Define stage.

Standard Payment terms for licensed products are: (i) license fees paid at Project Initiation; (ii) maintenance fees for the first twelve (12) months are waived and commence on the one (1) year anniversary of the Project Initiation; and (iii) Professional Services fees are paid as the services are performed. Standard Payment terms for Software as a Services (SaaS) arrangements are: (i) SaaS fees paid at Project initiation; and (ii) Professional Services fees are paid as the services are performed.
In the event the Client cancels services less than two (2) weeks in advance, Client is liable to Tyler for (i) all non-refundable expenses incurred by Tyler on Client's behalf; and (ii) daily fees associated with the cancelled services if Tyler is unable to re-assign its personnel.

Travel expenses will be invoiced as incurred per the then current Tyler Travel Policy.

Tyler's pricing does not include applicable local, city, state or federal sales, use excise, personal property or other similar taxes or duties, which Client is responsible for determining and remitting.

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Achieve Transparency with Online Access to Property Data

iasWorld Public Access – the Easy and Cost-effective Way to Better Serve and Connect with Your Constituents

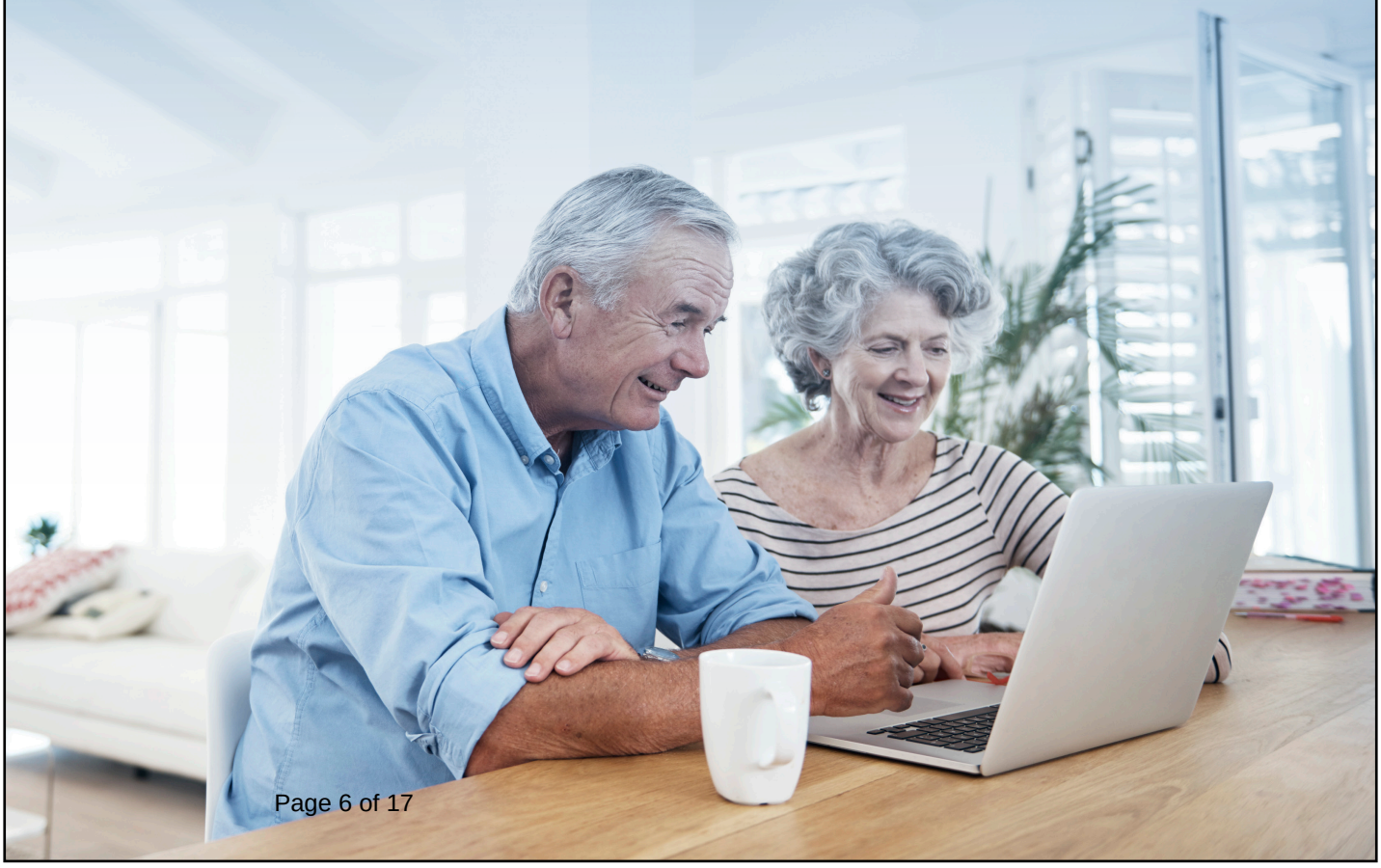


tyler technologies

Boost Public Trust and Office Efficiency with iasWorld Public Access

As a public servant, there's nothing more important to you than earning the trust of your constituents. That's why achieving transparency has become such an important topic of discussion, and an idea that has been embraced by so many successful local governments.

iasWorld Public Access™ is an integrated solution of your existing iasWorld® property appraisal and tax administration. It enables you to provide taxpayers with 24-hour online access to local property assessment and valuation data, as well as tax billing and collection information. Your office will achieve transparency, while also saving your staff time once devoted to fulfilling requests for information.



Open Up to Your Constituents

With iasWorld Public Access, you can make your iasWorld data available to constituents on a newly built or existing website.

This solution enables them to search for and access appraisal and tax data from your iasWorld software, while providing you with the flexibility and manageability you need. You can control how much or how little information to disclose, as well as the types of data you make accessible, including dynamic maps, property images and records.

You can also further open the lines of communication by sharing news, updates and reports with your constituents on your website.

iasWorld Public Access is a valuable, cost-effective communication tool that will save your office time, increase your efficiency and empower your constituents to find the property information they need.

Your Accuracy, Efficiency and Success Has Been Our Focus since 1938

For nearly 80 years, our teams of assessors, engineers, developers and visionaries helped us retain our long-held leadership position in the appraisal and tax industry. We were pioneers of computer-assisted mass appraisal (CAMA) technology in the 1960s and, today, Tyler Technologies continues to develop and support best-in-class software and service solutions that boost the efficiency, accuracy and performance of assessment and tax offices throughout the United States, Canada, the Bahamas and beyond.

Tyler has been implementing and hosting public access solutions for local governments for more than two decades. We remain at the forefront of creating enhanced features that deliver the sophisticated, new tools our clients need to be more efficient and productive. iasWorld Public Access is a perfect example of technology that transforms how you serve your constituents.

Assist and Empower Your Constituents with New Online Capabilities

Be more accessible and responsive to your citizens by giving them an online gateway to access appraisal and tax data on properties in your jurisdiction. Constituents can take advantage of new research capabilities and conveniences, such as:

- Viewing accurate, updated information on selected properties.
- Enjoying secure and convenient 24/7 online access.
- Searching intuitively in numerous ways to locate important information such as permits, property record cards, valuation notices, tax bills and more.
- Viewing comparable sales used to calculate assessed values.
- Reviewing tax amounts, assessment notices or tax bills.
- Finding key attributes on a property, including owner or business name, location address, parcel or account number and legal description.
- Seeing a property's sketch rendering and aerial photos.
- Communicating directly with your assessment and tax office via the iasWorld solution.

Best of all, your office is delivering better service to your constituents, even though your staff is spending far less time providing direct assistance to them.



Enjoy Complete Control

With its unparalleled ease of use, flexibility and enhanced capabilities, iasWorld Public Access makes it possible for you to:

- Provide modern, data-rich access using HTML5 technology that supports today's most current browsers, including Internet Explorer®, Chrome, Firefox™ and Safari.
- Host this new functionality on a new or existing website.
- Add search and display capabilities for your iasWorld data on a newly built website or an existing website using today's most current tools.
- Configure how you want search results to display for basic property details, building photos and sketches, map book pages, links to other sites using dynamic URLs and more.
- Incorporate and share data from your key systems, such as aerial imagery and GIS information, for an easily accessible and interactive online experience.
- Permit downloadable data files and reports, such as mailing addresses, parcel summary reports, property record cards, assessment notices, tax bills and more.
- Apply virtually any design theme — including your jurisdiction's established look — to your public access site with comprehensive customization capabilities using existing and new Web assets.
- Deploy in a way that best suits your needs today and over the long term — available as a traditional on-premises or cloud-based solution.
- Keep content fresh and engaging using the most widely adopted content management system functions.

"We have received some great feedback in response to our new site. Customers have complimented us on the new look and feel and are impressed by how easy it is to navigate. Internally, we are very pleased with the additional flexibility and functionality it provides."

— **Sean Kelly,**
Deputy Chief Appraiser
Cobb County Board of
Tax Assessors

Explore All of the Possibilities of iasWorld

iasWorld Public Access is an integrated solution for iasWorld® — the industry's most comprehensive solution for computer-assisted mass appraisal (CAMA) and tax billing and collections. Time-, budget- and staff-challenged offices, in particular, appreciate how iasWorld streamlines repetitive tasks, maximizes efficiencies and organizes complex data into useful information, ultimately resulting in:

- Discovered efficiencies
- Increased productivity
- Enhanced workflows
- Boosted customer service
- Improved quality
- Reduced costs

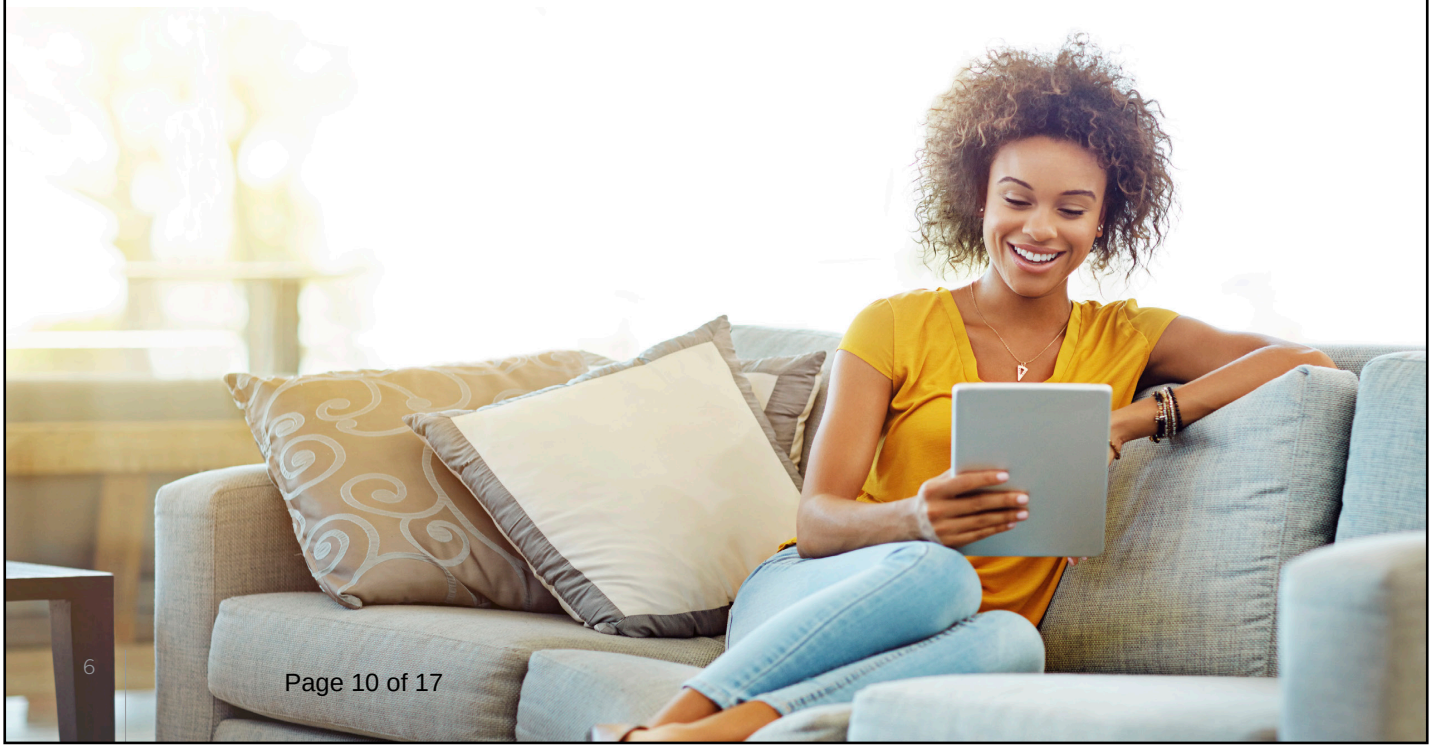
Make Filing, Transparency and Data Collection Easier with these Added iasWorld Solutions

Seamlessly and fully integrate these iasWorld solutions — all designed to help you leverage the latest advances in technology for productivity and cost efficiencies.

iasWorld® SmartFile allows your constituents to interact and file forms with your office online. This streamlines overall operations by reducing the need for office visits and enabling your staff to easily capture and work with all kinds of online data.

iasWorld Field Mobile™ enables your appraisal team to access, capture and update property data on mobile devices in the field. Onsite data collection is faster, easier and more accurate, while in-office management of the process is more efficient.

For more information or to schedule a demo, contact your Tyler Technologies representative.



Choose the Way You Want Your Software Delivered

Tyler is committed to offering you the most effective, efficient and secure software delivery methods. You can host your software and integrated solutions on your servers or we can deliver your software over trusted and safe networks via cloud computing, also known as software as a service (SaaS).

Security, Cost Efficiency and Reliability Reign with Cloud Computing

Cloud computing allows you to securely access Tyler software from your office, in the field or from any other location with an internet connection. Your data and information are accessible, secure and reliable, while you enjoy 24/7 support from a dedicated IT staff. Let Tyler manage your connectivity, reliability, security and disaster recovery, while you spend your time and resources on adapting to new legislation, creating defendable tax values and disbursing payments.

Make Transparency a Reality with iasWorld Public Access

By introducing iasWorld Public Access, you're providing a valuable communication tool that benefits your constituents, your jurisdiction and your office staff. iasWorld Public Access empowers you to:

- Provide constituents with an online portal where they can easily access property assessment and valuation data 24-hours a day/seven days a week.
- Control how much or how little information is available online.
- Choose the types of accessible data, such as dynamic maps, property images and records.
- Share news, updates and reports with your constituents.
- Strengthen confidence and deepen trust among taxpayers.
- Increase efficiency by saving your staff significant time once dedicated to constituents' phone calls and office visits.

Take the first step to establishing transparency, improving public service and strengthening trust.

Contact Tyler Technologies today to learn more about iasWorld Public Access and to schedule a personal demonstration.



CALL
800.800.2581



EMAIL
at.sales@tylertech.com



VISIT
www.tylertech.com

Experience that Counts, Technology that Delivers

Tyler Technologies (NYSE: TYL) is a leading provider of end-to-end information management solutions and services for local governments. We partner with clients to empower the public sector — cities, counties, schools and more — to become more efficient, accessible and responsive to the needs of their constituents.

Tyler is a recognized leader in the appraisal and tax industry and has the track record to prove it. For nearly 80 years, we have been providing solutions to more than 1,300 jurisdictions, 49 states and 23 state capitals. You can count on Tyler to help you administer reliable, fair and equitable taxation through best-in-class software solutions, including iasWorld. Hundreds of veteran assessors built their countless years of experience and knowledge into iasWorld which, to date, has been used to value 55 million parcels. It currently produces 17 million assessment notices and seven million tax bills every year.

In 2016, *Forbes* ranked Tyler on their "Most Innovative Growth Companies" list and named Tyler one of "America's Best Small Companies" eight times. We have been included six times on the Barron's 400 Index, a measure of the most promising companies in America. Visit www.tylertech.com for more information.

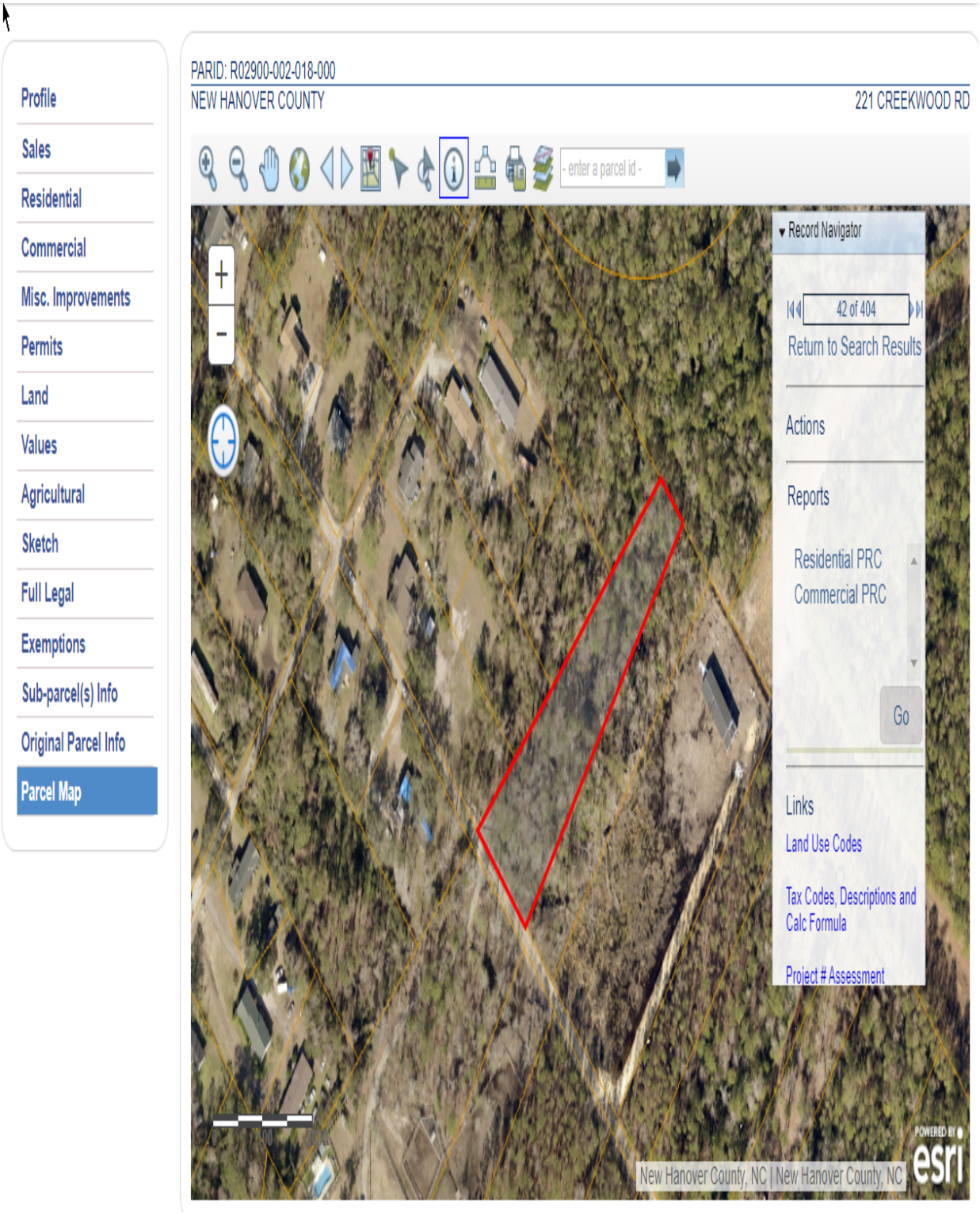
800.800.2581 | at.sales@tylertech.com | www.tylertech.com

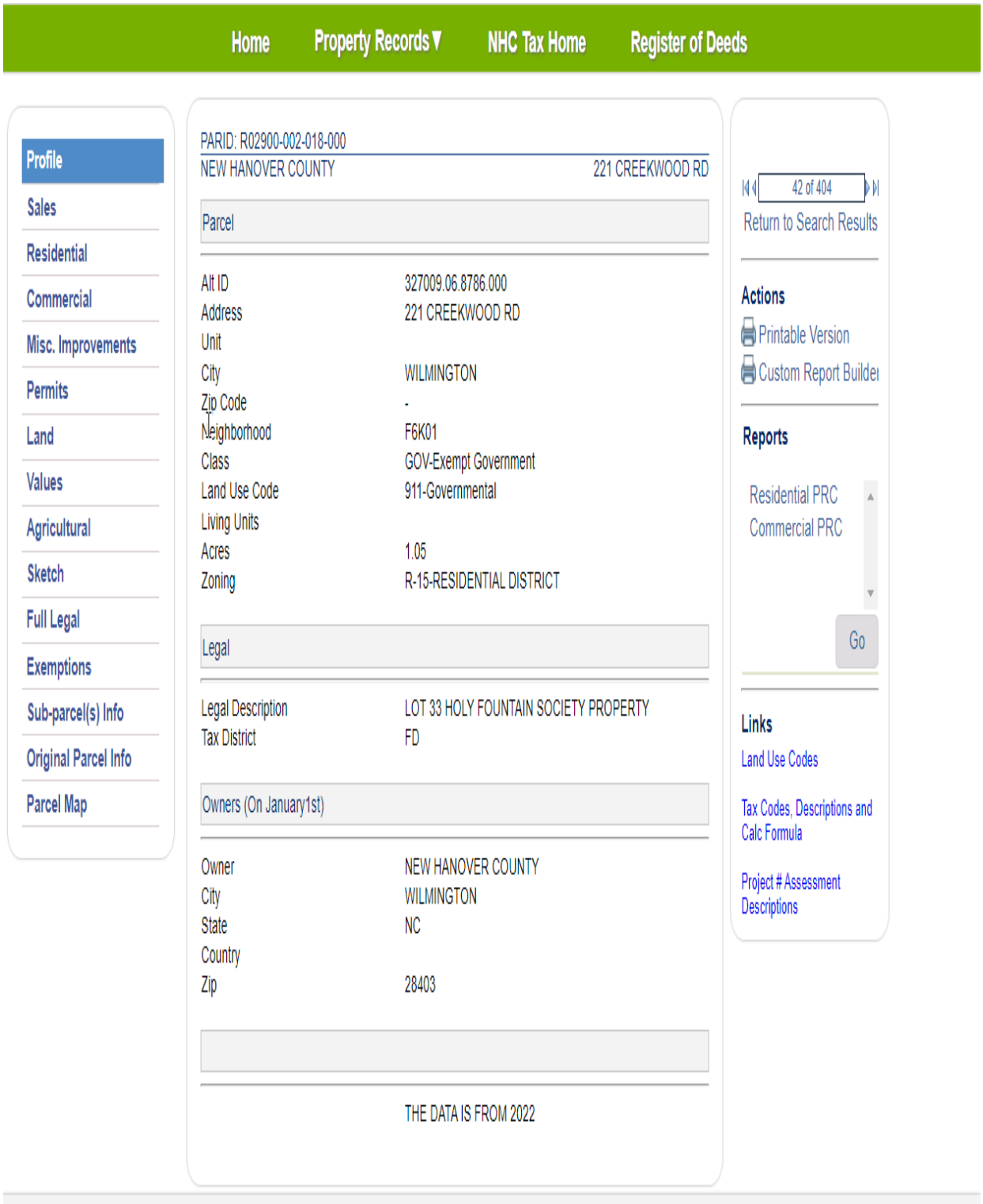
tyler technologies

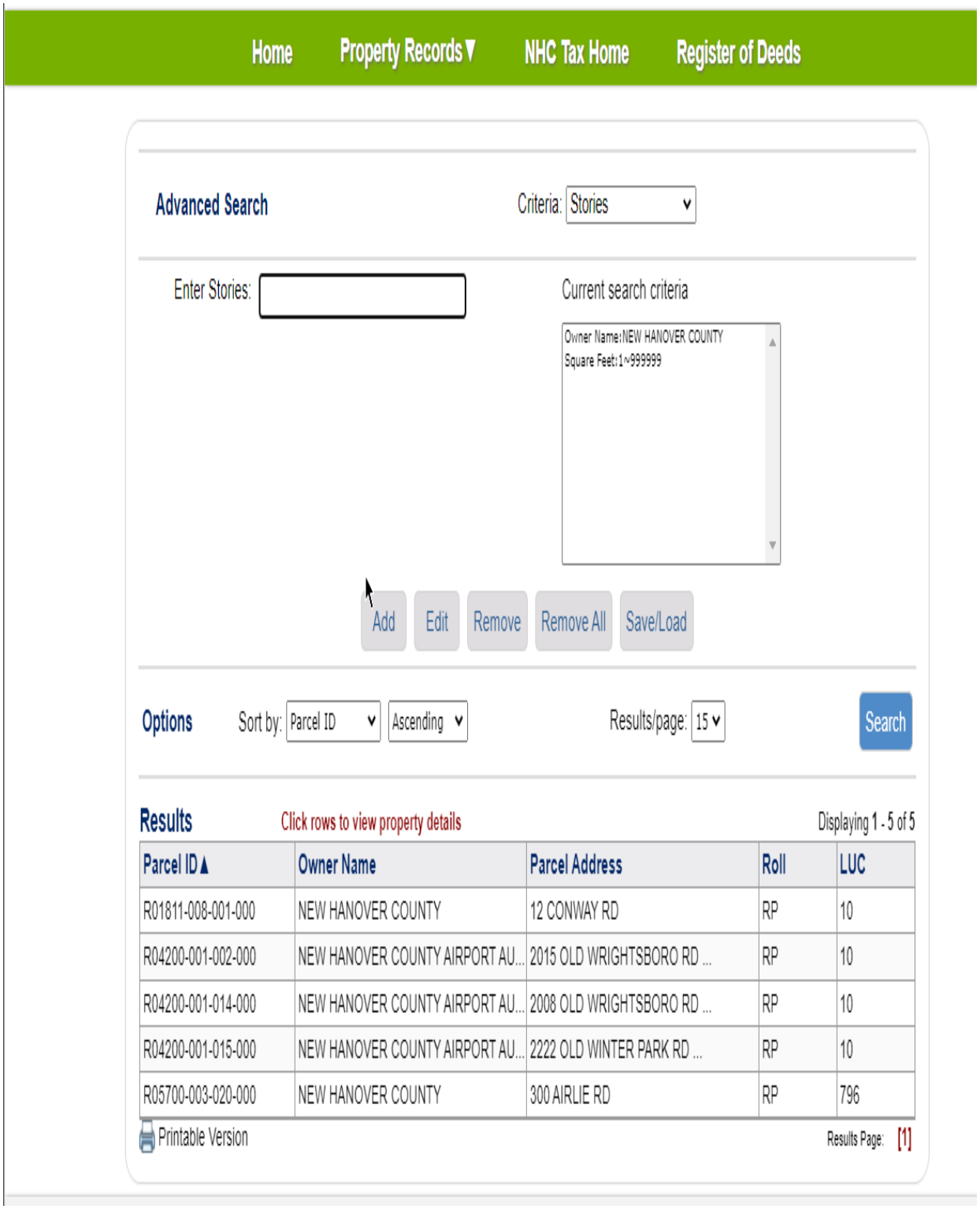
Empowering people who serve the public®

IAS-PA-BR-13279-0120

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Profile
Sales
Residential
Commercial
Misc. Improvements
Permits
Land
Values
Agricultural
Sketch
Full Legal
Exemptions
Sub-parcel(s) Info
Original Parcel Info
Parcel Map
PARID: R02900-002-018-000
NEW HANOVER COUNTY
221 CREEKWOOD RD
- enter a parcel id -
Record Navigator
42 of 404
Return to Search Results
Actions
Reports
Residential PRC
Commercial PRC
Go
Links
Land Use Codes
Tax Codes, Descriptions and Calc Formula
Project # Assessment
New Hanover County, NC | New Hanover County, NC
POWERED BY esri


Home
Property Records▼
NHC Tax Home
Register of Deeds
Profile
Sales
Residential
Commercial
Misc. Improvements
Permits
Land
Values
Agricultural
Sketch
Full Legal
Exemptions
Sub-parcel(s) Info
Original Parcel Info
Parcel Map
PARID: R02900-002-018-000
NEW HANOVER COUNTY
221 CREEKWOOD RD
Parcel
Alt ID 327009.06.8786.000
Address 221 CREEKWOOD RD
Unit
City WILMINGTON
Zip Code -
Neighborhood F6K01
Class GOV-Exempt Government
Land Use Code 911-Governmental
Living Units
Acres 1.05
Zoning R-15-RESIDENTIAL DISTRICT
Legal
Legal Description LOT 33 HOLY FOUNTAIN SOCIETY PROPERTY
Tax District FD
Owners (On January1st)
Owner NEW HANOVER COUNTY
City WILMINGTON
State NC
Country
Zip 28403
THE DATA IS FROM 2022
42 of 404
Return to Search Results
Actions
Printable Version
Custom Report Builder
Reports
Residential PRC
Commercial PRC
Go
Links
Land Use Codes
Tax Codes, Descriptions and Calc Formula
Project # Assessment Descriptions


Home
Property Records
NHC Tax Home
Register of Deeds
Advanced Search
Criteria: Stories
Enter Stories:
Current search criteria
Owner Name:NEW HANOVER COUNTY
Square Feet:1~999999
Add
Edit
Remove
Remove All
Save/Load
Options
Sort by: Parcel ID
Ascending
Results/page: 15
Search
Results
Click rows to view property details
Displaying 1 - 5 of 5
Parcel ID
Owner Name
Parcel Address
Roll
LUC
R01811-008-001-000
NEW HANOVER COUNTY
12 CONWAY RD
RP
10
R04200-001-002-000
NEW HANOVER COUNTY AIRPORT AU...
2015 OLD WRIGHTSBORO RD ...
RP
10
R04200-001-014-000
NEW HANOVER COUNTY AIRPORT AU...
2008 OLD WRIGHTSBORO RD ...
RP
10
R04200-001-015-000
NEW HANOVER COUNTY AIRPORT AU...
2222 OLD WINTER PARK RD ...
RP
10
R05700-003-020-000
NEW HANOVER COUNTY
300 AIRLIE RD
RP
796
Printable Version
Results Page: [1]

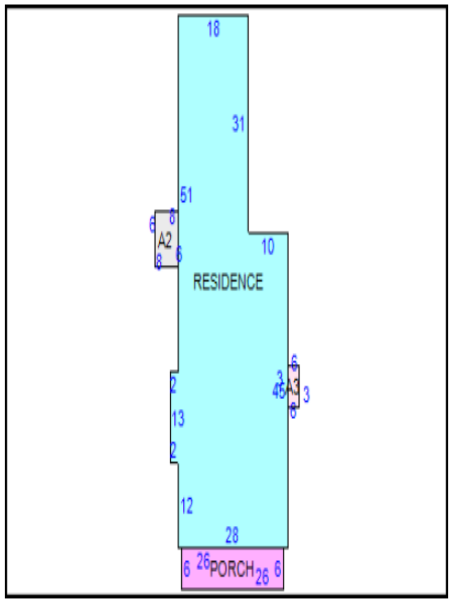
Home | Property Records ▼ | NHC Tax Home | Register of Deeds

- Profile
- Sales
- Residential
- Commercial
- Misc. Improvements
- Permits
- Land
- Values
- Agricultural
- Sketch
- Full Legal
- Exemptions
- Sub-parcel(s) Info
- Original Parcel Info
- Parcel Map

PARID: R05700-003-020-000

NEW HANOVER COUNTY 300 AIRLIE RD

1 of 3



Options

Type	Line #	Item	Area
Commercial	1	RESIDENCE - RCL:RESIDENCE ON COMMERCIAL LAND	1,844
Commercial Feature	1	PORCH - POR:OPEN PORCH	156
Commercial Feature	2	PORCH - POR:OPEN PORCH	48
Commercial Feature	3	WOOD DECK - WDK:WOOD DECK COMMERCIAL	18
Outbuilding	1	GAR/DET - GAR:GARAGE / DETACHED	288
Outbuilding	2	POLE SHED - PS:POLE SHED	960
Outbuilding	3	STABLE - ST:STABLE	1,200
Outbuilding	4	GAR/DET - GAR:GARAGE / DETACHED	1,560

Click on an item to display it independently.

5 of 5

Return to Search Results

Actions

Printable Version

Custom Report Builder

Reports

Residential PRC

Commercial PRC

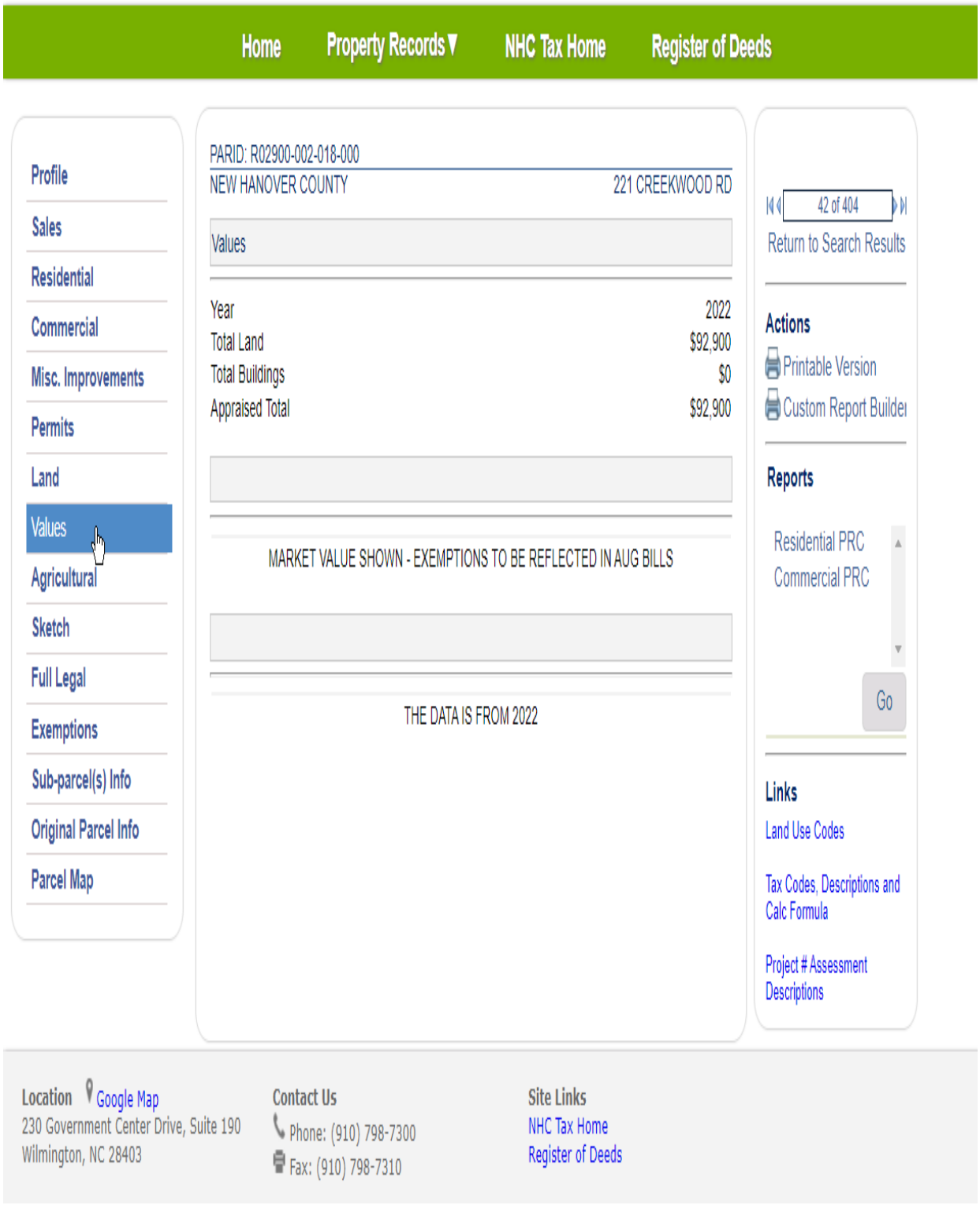
Go

Links

Land Use Codes

Tax Codes, Descriptions and Calc Formula

Project # Assessment Descriptions


Home
Property Records
NHC Tax Home
Register of Deeds
Profile
Sales
Residential
Commercial
Misc. Improvements
Permits
Land
Values
Agricultural
Sketch
Full Legal
Exemptions
Sub-parcel(s) Info
Original Parcel Info
Parcel Map
PARID: R02900-002-018-000
NEW HANOVER COUNTY
221 CREEKWOOD RD
Values
Year 2022
Total Land $92,900
Total Buildings $0
Appraised Total $92,900
MARKET VALUE SHOWN - EXEMPTIONS TO BE REFLECTED IN AUG BILLS
THE DATA IS FROM 2022
42 of 404
Return to Search Results
Actions
Printable Version
Custom Report Builder
Reports
Residential PRC
Commercial PRC
Go
Links
Land Use Codes
Tax Codes, Descriptions and Calc Formula
Project # Assessment Descriptions
Location
Google Map
230 Government Center Drive, Suite 190
Wilmington, NC 28403
Contact Us
Phone: (910) 798-7300
Fax: (910) 798-7310
Site Links
NHC Tax Home
Register of Deeds

Pender County
Approval of an Appointment to the Pender County Kiwanis Park Board

TO:	Board of County Commissioners
FROM:	Tera Cline
DATE:	May 2, 2022
SUBJECT:	Approval of an Appointment to the Pender County Kiwanis Park Board

SUMMARY:
The County Clerk advertises vacancies on boards, commissions, committees, tasks forces, etc. The County Clerk serves only clearinghouse functions with respect to the appointment process; no influence is exerted in this role. Commissioners are welcome to recruit applicants, or citizens may apply of their own free will.

Cecil Morehouse is applying for appointment to the Pender County Kiwanis Park Board. His application is attached for the Board's review. If approved, this appointment will be for 3 years and expire January 31, 2025.

ACTION REQUESTED:
Approval of an Appointment to the Pender County Kiwanis Park Board

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 Morehouse			First Cecil			M.I. B	Date 11/08/2021	
Physical Address 227 Ravenswood Rd						Apartment/Unit #		
City Hampstead			State NC			ZIP 28443		
Mailing Address (if different from above)								
City			State			ZIP		
Home Phone 9108211362			Work Phone			E-mail Address 1 cbmii@aol.com		
Fax Number						E-mail Address 2		
Board Interest(s) Kiwanis Park								
How long have you been a resident of Pender County? 6 years								
EDUCATION								
High School					Location			
From		To		Did you graduate?	YES ☐	NO ☐		
College	U of Colorado				Location Boulder, CO			
From	1965	To	1972	Did you graduate?	YES ☑	NO ☐	Degree BS	
Other	U of Colorado				Location Denver, CO			
From	1991	To	1993	Did you graduate?	YES ☐	NO ☑	Degree MPA	

EMPLOYMENT HISTORY		
Current Employment	Retired	Job Title
Responsibilities		
Previous Employment		Job Title
Previous Employment		Job Title
Previous Employment		Job Title

COMMUNITY INVOLVEMENT

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

Numerous elections to two different water and sanitation districts
Boulder Evening Toastmasters President
Kiwanis Club of Hampstead President



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):

Many years of dealing with government officials, as President of KCOH I need to help maintain relations with the County so our park remains a wonderful recreational opportunity for our children.

MILITARY SERVICE

Branch N/A	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.

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
[signature]	11-8-21

Mr. C. Williams @ att.net

Pender County
Board of Commissioners

TO:	Board of County Commissioners
FROM:	Carolyn Moser
DATE:	May 2, 2022
SUBJECT:	Review Board of Health letters for Re-accreditation

SUMMARY:
Carolyn Moser will review the Board of Health Letters for Re-accreditation.

The following Letters are to be submitted for re-accreditation:

- No new local rules, ordinances or policies for Environmental Health
- Adjudication
- Health Director guidance for knowledge, skills and abilities

Board of Commissioners
David A. Piepmeyer., Chairman
J. David Williams, Jr, Vice Chairman
Jaqueline A. (Jackie) Newton
Archibald "Fred" McCoy
George R. Brown

PENDER
COUNTY NC

County Manager
Chad McEwen
County Attorney
Carl W. "Trey" Thurman, III
Clerk To the Board
Tera Cline

April 4, 2022

To Whom It May Concern:

Since the last North Carolina Local Health Department Accreditation Site visit in August 2016, the Pender County Board of Health has handled no adjudication of an appeal.

Sincerely,

David Piepmeyer, Chair
Pender County Board of County Commissioners
Pender County Board of Health

Board of Commissioners
David A. Piepmeyer., Chairman
J. David Williams, Jr, Vice Chairman
Jaqueline A. (Jackie) Newton
Archibald "Fred" McCoy
George R. Brown

PENDER
COUNTY NC

County Manager
Chad McEwen
County Attorney
Carl W. "Trey" Thurman, III
Clerk To the Board
Tera Cline

April 4, 2022

To Whom It May Concern:

The Pender County Health Director has been in place since the last North Carolina Local Health Department Accreditation Site visit in August 2016. She has served as health director for ten years in Pender County. There is no need to define the knowledge, skills and abilities for the position.

Sincerely,

David Piepmeyer, Chair
Pender County Board of County Commissioners
Pender County Board of Health

Board of Commissioners
David A. Piepmeyer., Chairman
J. David Williams, Jr, Vice Chairman
Jaqueline A. (Jackie) Newton
Archibald "Fred" McCoy
George R. Brown

PENDER
COUNTY NC

County Manager
Chad McEwen
County Attorney
Carl W. "Trey" Thurman, III
Clerk To the Board
Tera Cline

April 4, 2022

To Whom It May Concern:

Since the last North Carolina Local Health Department Accreditation Site visit in August 2016, the Pender County Board of Health adopted no local rules, ordinances, or policies for the Environmental Health Program at the Pender County Health Department.

Sincerely,

David Piepmeyer, Chair
Pender County Board of County Commissioners
Pender County Board of Health

Pender County
Board of Commissioners

TO:	Board of County Commissioners
FROM:	Carolyn Moser
DATE:	May 2, 2022
SUBJECT:	Review Health Department Policies with the Board of Health

SUMMARY:
Carolyn Moser will review the Health Department policies with the Board of Health.

There are policies included in the Board of Health handbook to be reviewed and approved by the Board: Any changes were highlighted or designated as a new policy.

- Rule-Making (new policy)
- Workforce Development (new policy)
- Fee Policy
- Tobacco-free, vapor-free health department - revised
- Nondiscrimination
- Diversity Policy

PENDER COUNTY HEALTH DEPARTMENT

Title: Rulemaking Authority	**Department:** Board of Health/ Pender County Commission
Effective Date: May 2, 2022	**Last Revised:**

Approved by:

_____	_____	_____	_____
David Piepmeyer, Chair Pender County Commission	Date	Carolyn Moser, MPA HHS Director	Date

Purpose: To provide guidance on the rulemaking authority by local boards of health necessary to protect the public's health.

Scope: Statutory rulemaking authority assigned to local boards of health

According to N.C. General Statute 130A-39, local boards of health have the "responsibility to protect and promote the public health" and are specifically authorized to "adopt rules necessary for that purpose." This authority is given to the Pender County Board of Commissioners who serve as the local board of health. The board is required to adopt rules governing administrative penalties for violations of any local rules governing wastewater collection, treatment, and disposal.

A local rule:

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;
- is not discriminatory;
- does not violate any law or constitutional provision;
- does not make distinctions based upon policy concerns generally reserved for legislative bodies. Only legislative bodies are authorized to make policy-based distinctions.

Local boards of health may adopt rules solely based on health. Some rules may be pre-empted if the state already has already provided a regulation. Rules that are more stringent than rules adopted by the Commission for Health Services or Environmental Management Control must demonstrate that more stringent rules are necessary to protect the public's health.

Process:
When a public health concern is identified, the health director, Board of Health and county attorney will obtain guidance from the UNC School of Government for the steps taken to determine the need for a new county public health rule and its implementation.

PENDER COUNTY HEALTH DEPARTMENT

Title: Workforce Recruitment, Retention & Development/Training Policy

Department: Administrative

Effective Date: May 1, 2012

Last Revised: May 2, 2022

Approved by: _____
Carolyn Moser
Health & Human Services Director

_____
David Piepmeyer
Board of Health Chair

PURPOSE
The purpose of this policy is to recruit, develop and retain a professional, diverse workforce.

POLICY
Pender County Health Department (PCHD) is committed to the employment, development and retention of its employees as public health workers. All staff members are encouraged to participate in professional and continuing education activities to the limit that budgetary and time constraints will permit. Staff members are encouraged and expected (and in applicable situations required) to attend such activities as are necessary to maintain professional standards and competencies in order to remain abreast of new developments in their respective areas of responsibility. All employees are subject to the conditions outlined in the Pender County Personnel Policies. This policy is in addition to the policies and procedures set forth in the county Personnel Policy.

PROCEDURES
Workforce Recruitment: The PCHD will abide by the laws and statutes governing "Equal Employment Opportunity" employers. All personnel responsible for recruitment and employment will follow state and federal labor laws to assure that equal employment opportunity based on reasonable, job-related position requirements is actively observed to prevent any discrimination based on race, color, religion, sex, national origin, political affiliation, qualified disability, marital status or age. Applicants with disabilities shall be given equal consideration for positions in which their disabilities do not represent an unreasonable barrier to satisfactory performance of duties. Notices with regard to equal employment matters will be posted in conspicuous places on county premises and where notices are customarily posted. See Pender County (PC) Personnel Policies Manual, Article II-Employment, Section 4. Recruitment.

Diversity: Efforts will be made to hire a workforce as diverse as the demographics of the Pender County population identified in the most recent Community Health Assessment. Anyone expressing an interest in available positions with PCHD has the opportunity to file an application. All job opportunities are listed on the PC Government website.

Recruitment Sources: When position vacancies occur, the Human Resources Department will publicize these opportunities for employment, including applicable salary information and employment qualifications. Information on

job openings and hiring practices may be published in local and/or other news media as necessary to inform the community in an effort to obtain a quality and diverse pool of applicants. Positions posted on the county website follow the guidance of the Pender County Human Resources policies and procedures. Job openings for professional positions are posted at area colleges and universities including historically Black Colleges/Universities. For non-professional positions, consideration for job announcements will be posted in an effort to provide as much exposure to culturally diverse candidates as possible.

Individuals will be recruited from a geographic area as wide as necessary and for a period of time sufficient to ensure that well-qualified applicants are obtained. Pender County Human Resources ensures employment advertisements contain appropriate verbiage concerning equal employment opportunities, complying with Federal and State statutes.

Retention: Retention of a qualified and diverse workforce is a priority. PCHD promotes a workplace environment that encourages accountability, commitment to the communities served, pride in individual and team contribution, and engages all staff in continuous learning.

Training Opportunities: Management Staff/Supervisors share information about staff training opportunities via emails, postings, and/or staff meetings. Employees may submit requests to their supervisor for continuing education events relevant to their position and to Public Health. The agency will support individuals who wish to acquire new skills or improve their knowledge as budgets and workload allow per county policy. The Health Department will maintain budget lines within program budgets to support and assist staff with continuing education to meet state and licensure requirements.

Workforce Development:
All staff members are responsible for ongoing professional growth and skill development to meet changing public health priorities and to meet any licensure requirements based on their job description. Job descriptions are reviewed annually by the staff members and supervisors to assure accurate reflection of tasks, duties, and requirements of the position.

During the annual performance appraisal, the supervisor and employee work together to identify the employee's training needs for the upcoming year. The plan may include new state or federal training requirements related to the position held, continuing education specific to licensing requirements, and/or areas identified by the employee and/or supervisor(s) where knowledge and/or skill improvement is needed or desired. Plans may include development of succession planning that prepares staff for future leadership positions. Individual training needs are noted on the Performance Evaluation under the Employee Goals section. Employees will complete required trainings and adhere to any timelines required by the state or as soon as possible when the training is delayed at the state level.

Training Mandates:
The Pender County Health Department will comply with the NC Administrative Code, Section .003 – Local Health Department Staff, Rule .0301, which identifies the "Minimum Standard Health Department Staffing." In compliance with this rule, the following shall be mandated:

Public Health Nurses
Legal Authority: Nurses will follow the G.S. 90-171.20(7) North Carolina RN Nursing Practice Law; 21 NCAC 36 .0224, LPNs G.S. 90-171.20(8) North Carolina LPN Nursing Practice Law and 21 NCAC 36 .0225.

- Must possess a nursing degree from an accredited baccalaureate school of nursing or successfully complete the the introductory course *Principles and Practices of Public Health Nursing* under the auspices of Department Health & Human Services (DHHS). Must pass competency exam within one year of employment with the health department.
- Must maintain Continuing Competence as required by the Board of Nursing effective July 1, 2006. See https://www.ncbon.com/
- Formal education or training needed to perform activities within the scope of practice for the registered nurse as well as the following:

- Dispensing of Drugs by Public Health Nurses
- Title X Mandatory Trainings (if working in Family Planning clinic)
- CPR Training
- Respiratory Fit Testing
- Training in NCEDSS, NCIR, CVMS if applicable

Physician, Nurse Practitioners

- Nurse Practitioner's practice is governed by the NC Board of Nursing 21 NCAC 36 .0801-.0813 and the NC Medical Board 21 NCAC 32M .0101-.0116.
- All practitioners are subject to the NC Board of Pharmacy for prescriptive authority. Pharmacy Practice Act, N.C. G.S. 90-85.2 to 90-85.44
- Physicians are regulated by the NC Medical Board.
- Staff will be responsible to meet the licensure requirements of their respective licensing boards
- CPR Training and Respiratory Fit Testing
- Title X Mandatory Trainings (if working in Family Planning clinic)

Environmental Health Specialists (EHS)

- Must have a Bachelor's Degree with 30 hours of physical or biological science.
- Must pass the National Environmental Health exam.
- EHS employed by the health department will be delegated authority by the state to administer and enforce state environmental health rules and laws as directed by the state pursuant to G.S. 130A-4(b). This delegation will be done according to 15A NCAC 18A .2300.
- Newly employed environmental health specialists (interns) will attend state mandated centralized training when it is offered by the state.
- All EHS must complete 15 hours of continuing education approved by the NC State Board of Sanitarian Examiners annually.

Registered Dieticians

- Must have a Bachelor's Degree in Dietetics, Public Health Nutrition or Nutrition, Master's Degree in Dietetics, Public Health Nutrition or Nutrition and credentialed as a Registered Dietician.
- Newly hired nutritionists/RD will attend a state approved training as indicated by their position.
- Newly hired nutritionists/RD will attend a breastfeeding training.
- In compliance with CDR – 75 hours of CEUs associated with the RD's Learning Plan goals and objectives must be completed within five (5) years of submission of learning plan.

Breastfeeding Lactation Coordinator

- Must successfully complete the NC Lactation Educator Training Program or other approved breastfeeding program.

Orientation Training

- See health department Orientation Policy & New Employee Orientation Checklist for required training, certificates, etc.
- All employees funded in whole or in part by Title X funds will complete the Title X/Family Planning required trainings.
- All staff will complete or provide proof of completion of ICS 100,701A, and 800B within six (6) months of employment. Additional NIMS classes may be required depending on specific job responsibilities

Annual Training

- All employees who are employed with the health department for at least one year are required to complete annual training.
- Annual training is scheduled in the month of December.
- All employees receive an email reminder in December to complete annual training along with the instructions on how to access the training documents, checklist, etc. in the shared data file.
- See the attached Annual Training Check List remember to include and Employee Training Instructions for all required policies, procedures, trainings and certificates.
- All employees who are funded in whole or in part by Title X funds will complete the annual Title X/Family Planning required trainings.
- All required training documentation will be retained in the employee's personnel file.
- Employees will be responsible for maintaining their own record of continuing education and professional development log.
- The Health Director and Senior Management Team will receive on-going training and updates in Public Health Laws and Rules.
- Staff will be trained on policies as they are adopted and revised.

Infection Control/Bloodborne Pathogens/Immunizations

- Employees receive training on Infection Control and Bloodborne Pathogens at Orientation and annually thereafter. (See Infection Control & Bloodborne Pathogens Exposure Control Policies).
- See Infection Control Policy for employee immunization requirements.
- Respiratory Fit Testing Training (See Respiratory Fit Test Training Policy).

Health Disparities Training (Differences in health and health care between groups of people. Health disparities disproportionately affect the morbidity and mortality of diseases according to someone's race, culture, environment, sex, age, socioeconomic status, etc.)

Upon hiring and annually, all staff will receive training on health disparities.

- Each employee will complete the online training on the HRSA Public Health Training Network site upon hiring and annually. Proof of training will be kept in employee's personnel file.
- Each employee will review the most current Community Health Assessment and/or the State of the County Health Report (SOTCH) annually.
- The DON will provide an annual review of health disparities to staff. Resources will include the Child Health Report Card, the Women's Health Report Card; and other county level data.
- The Health & Human Services Director will provide an annual review of health disparities to the Advisory BOH utilizing the most current Community Health Assessment/State of the County Health Report (SOTCH) and other county level data. The Health & Human Services Director will present recommendations/suggestions for changes in services or approach based on the data/input reviewed.

Required Pender County HR Trainings

Pender County mandates training requirements for new employees and ongoing training for existing employees. See Article X-Employee Education and Training, Section 1-Education and Training Requirements of the Pender County Personnel Policies Manual for completion dates. Trainings include, but are not limited to:

- Safety Training
- Workplace/Sexual Harassment
- Cultural Diversity
- Customer Service
- Workplace Violence
- Professionalism/Ethics
- Communication & Behavioral Styles

- Managing Difficult Situations & People
- Supervisor Training (for Supervisors only)
- Meeting Management

Performance Appraisals:

- The county's probationary period is 6 months.
- Performance appraisals are conducted annually.

Job Descriptions:

- Job Descriptions reflect the tasks, duties, requirements and qualifications of the position.
- Supervisors review job descriptions with employee during the orientation process and annually during the employee performance appraisal; they are signed by the supervisor, employee and Health & Human Services Director and filed in the employee's personnel file.
- If job responsibilities change, the job description is revised to reflect the change and is signed by the employee, supervisor and Health & Human Services Director.

Reference Policies:

- Orientation Policy
- Pender County Personnel Policies Manual
- Infection Control Policy
- Bloodborne Pathogens Exposure Control Policy
- Respiratory Fit Testing Policy

PENDER COUNTY HEALTH DEPARTMENT

Title: Fee, Eligibility, and Billing Policy	**Department:** Fiscal Management
Effective Date: September 18, 2007	**Last Revised:** May 2, 2022

Approved by: _____ _____

Carolyn Moser Date — Health & Human Services Director

David Piepmeyer Date — Board of Health Chair

Background and Purpose: To define the process of fees, eligibility, and billing for services rendered by Pender County Health Department.

Scope: Policy applies to all employees of Pender County Health Department that process fees, billing, and eligibility.

Policy: Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that mandated public health services are furnished for all citizens and then providing as many recommended and requested public health services as possible for citizens with greatest need. We are here to promote health and wellness for the residents, by providing not only affordable, but quality healthcare. We are sometimes a place that the uninsured or underinsured turn to for services due to inability to afford services within a private practice. This policy is reviewed annually and revised as processes change.

Pender County Health Department provides services without regard to religion, race, color, national origin, creed, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, parity, or contraceptive preference. Services will not be denied based on inability to pay. PCHD utilizes the current, annually updated Federal Poverty Guidelines to determine the sliding fee scale.

FEES

Fees are a means to help provide services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health & Human Services Director and approved by the Board of Health/County Commissioners, and 2) they are not otherwise

prohibited by law. Fees are based on the cost of providing the service. Fees collected (generated through reimbursement) will be maintained in an identifiable line item in the Health Department and the County Finance Office.

Fee Setting

In accordance with G.S. 130-A-39(g), which allows local health departments to implement fees for services rendered, the Pender County Health Department (PCHD), with the approval of the Board of Health/Board of County Commissioners, will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be solely based on the cost to provide the services.

Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees. In order to set fees, the Pender County Health Department will use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, the cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third Party Insurance rates for services.

A multi-disciplinary committee will meet at least annually and more often as needed to determine the cost of providing services and discuss the fees for the services provided. This committee is comprised of Program Supervisors, Lead Billing Clerk, Lab Manager, Business Officer, Director of Nursing and the Health & Human Services Director. The following procedures are followed:

- It is the responsibility of the Program Supervisor to bring to the attention of the committee any changes in costs for existing services or projected costs of new services.
- The Lead Billing Clerk notifies Program Supervisors and the DON of any changes in reimbursement for services from third-party payers, or projected reimbursements for new services.
- Changes in cost, changes in reimbursement, and new services/items are added to the meeting agenda to be reviewed for recommendations.

Once the fees are reviewed and discussed by the committee, the Health & Human Services Director will present the fees to the governing board during the budget process for their review and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule". The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost of supplies.

Vaccine and Administration

Pender County Health Department will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccine in accordance to the NCIP Coverage Criteria and Vaccine for Children. Administration fees for the rendering of state supplied vaccine may be billed to Medicaid. State supplied vaccine will be identified with a SL modifier. The appropriate NDC code must also be included.

Clients and Third Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Pender County Health Department as a non-sliding fee when provided outside of programs.

Vaccine administration and vaccine provided within Child Health, Family Planning, and Maternal Health program will be subject to the sliding fee scale.

340b Drugs and Devices

Pender County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the health department's billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies.

Non-Sliding Fees

PCHD provides specific services at a non-discounted rate regardless of federal poverty level outside Child Health, Family Planning, Maternal Health and Communicable Disease programs. These fees will not be offered on a sliding fee scale. These fees include, but are not limited to TB skin test for employment or school, non-programmatic pregnancy tests, and purchased vaccine rendered outside of Child Health, Family Planning, Maternal Health and Communicable Disease. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee. Waived fees will be documented in the Electronic Health Record with whom waived the fees and the reason for fees being waived.

Environmental Health Services Fees

Environmental Health fees are set based on comparison with surrounding counties and the cost to provide the service.

Dental Services Fees

Dental fees are set following the same approach as the clinic fees. The market-driven approach and the relative value approach are both taken into consideration when determining dental fees. In addition to looking at surrounding counties' dental fees, local private practice fees are also used as a comparison.

Animal Shelter Fees

Animal Shelter fees are set based on comparison with surrounding counties and the cost to provide the service. In additional to looking at surrounding counties' shelter fees, local veterinarian fees are also used as a comparison.

ELIGIBILITY

Identification

It is considered "best practice" for each person presenting for services to establish identity either with a birth certificate, driver's license, military I.D., passport, visa, or green card, etc. The health department does not require a client to present identification that includes a picture of the client

for immunization, pregnancy prevention, sexually transmitted infection and communicable disease services (Consolidated Agreement).

Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size unless it is in conflict with the clients cultural, religious, and/or beliefs.

Title X requires that any client seeking confidential services be considered a family of one and that only their income be used in assessing their percent pay on the sliding fee scale.

Examples		Determining Family Size
1	A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.	Family of 1
2	A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians. (Self-supporting students maintaining a separate residence would be a separate economic unit.)	Dependent of the family
3	An individual in an institution.	Separate Economic unit
4	A client who requests "confidential services", regardless of age.	Family of 1
5	If a Family Planning client presents for a service and is considered to be a minor or is covered by a parent's medical insurance policy, interview questions may include the following: *1) Ask the client if their parents are aware of their visit? 2) Ask if "both" parents are aware of their visit, since sometimes the mother may be present with the client, however, the father may not be aware of the visit. 3) Ask if you can send a bill to the home, to both parents.*	If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit. If both parents are not aware, treat this as a confidential visit and use the income of the individual, counting the individual as a family of 1.

DETERMINING GROSS INCOME

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses. Gross income will be used in fee determination and shall be defined as the combined cash income received by the client's family. Examples of sources of income and/or proof of income documentation are listed below.

1. Alimony
2. Bank Statement
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Client Statement
7. Disability
8. Dividends
9. Employment Security Commission
10. Income Tax Return (annual, not quarterly)
11. Letter of Verification from Employer
12. Military Earnings Statement
13. NC Unemployment
14. Pensions
15. Social Security
16. SSI
17. Tips

Exceptions

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low-Income Energy Assistance Act
4. The value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. Veteran's Disability payments

No client will be refused services when presenting for care based on lack of income documentation. With the exception of Family Planning and Communicable Disease clients, each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 30 days to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 30 days, then the charge stands at 100% for that visit. The charge may be adjusted if documentation is provided at a subsequent visit, not to exceed 90 days. The Family Planning Program will accept self-declaration of income. The Communicable Disease Program does not require income declaration. This does not apply to non-sliding fee scale services which should be paid in full on the date of service.

Computation of Income:
Income will be based on a twelve (12) month period. If the client is employed the day they present for a service, income will be calculated weekly, bi -weekly, monthly or annually, depending on the documentation obtained.

If the client is unemployed at the time he/she presents for services, their "employment only" income will be calculated at zero (0), however the client should be required to describe "their mechanism", in regard to costs for food, clothing, shelter, utilities, etc. Refer to "sources of income" counted and apply all sources, as appropriate. "Regular contributions received from other sources outside of the home" is most often considered one of those sources. If the client is receiving unemployment or other "sources" of income, as designated above, all of those sources should be counted.

	The client's income will be determined by the following:
Regular Income Formula: (Based on 12 month Period)	Use Gross Income or for self-employed income after business expenses. Weekly = pay x 52 Biweekly = pay x 26 Twice a month = pay x 24
Unemployment or Irregular Income Formula:	
Six months' formula (Based on 12 month Period)	• **Unemployed today =** last 6 months income + projected unemployment (if applicable) or zero if client wont' receive unemployment. This will give you income for the client for a 12 month period. o If no unemployment compensation – ask how the client is going to support themselves. • **Employed today but unemployed last 6 months** – Did the client receive unemployment the last 6 months? In no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12 month period.

Income is re-assessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the "actual date" of service. If there has been a change or it is time for their annual review, the income determination process should take place. Income information reported during the financial eligibility screening process for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report. Exception to the rule, effective November 8, 2021, for family planning, if income was not provided and the client was charged at 100% previously, clients will **not** automatically be charged at 100% in family planning.

The number in the household, annual gross income and percentage of pay will be documented in the Household Income section of the EHR and electronically signed by the client.

Client fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale (Sliding Fee Scale) will be used to assess fees. All third-party providers will be billed, without discount, where applicable.

Healthy Mothers Healthy Children (HMHC)/Title V (Well-Child Funding)
Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service if that service is partly or wholly supported by Title V funds. For clients having income above the federal poverty level, the sliding fee scale of the Pender County Health Department will be used to determine the percent of client participation in the cost of the service.

The guidance regarding Title V funding and sliding Child Health services to zero is as follows:
Any Maternal and Child Health services (even outside of Child Health Clinics) must use a sliding fee scale that slides to "0" at 100% of the current, updated annually, Federal Poverty Level per the NC Administrative Code – 10A NCAC 43B.0109 Client and Third-Party Fees.

The NC Administrative Code goes beyond the Title V/351 AA requirements, that all child health services, whether sick or well, no matter where delivered, must be billed on a sliding fee scale that slides to zero.

10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES

(1) If a local provider imposes any charges on clients for maternal and child health services, such charges:
   (a) Will be applied according to a public schedule of charges;
   (b) Will not be imposed on low-income individuals or their families;
   (c) Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.
(2) If client fees are charged, providers must make reasonable efforts to collect from third party payors.
(3) Client and third-party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services because of an inability to pay.

History Note: Authority G.S. 130A-124; Eff. April 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017

Child Health funds may not be used to supplement Medicaid services, support services or activities supported by other Agreement Addenda, and may not support services and activities that have not been approved by the C&Y Branch.

Child Health/Health Check
Well child exams (Health Check) conducted by FNP; exam includes medical, social, development, nutritional history, lab work, physical exam and immunizations as needed.
Primary Care (Child Health) for sick children provided by FNP.
Eligibility: birth to 20 years; Child Health/Primary Care: 101% - 250% Federal Poverty Scale; Medicaid, or Insurance

Maternal Health
Prenatal care for eligible pregnant women.
Eligibility: Must be a Pender County resident: 101% - 250% Federal Poverty Scale; Presumptive Medicaid, Medicaid or Insurance.

Proof of Residency
Proof of residency is required in the Maternal Health Program. Proof of residency must be a least one acceptable form such as:

- Mortgage or rental agreement
- Utility bill such as electric, gas, phone, water, cable (less than 60-days old)
- Bank Statement
- Pay check stub (less than 60-days old)
- Driver's license or DMV identification
- If no proof of residency is available due to theft, loss or disaster, homelessness, migrant, or a transfer with no proof, document the reasons for no proof of residency in the Patient Notes. Upon subsequent visit, request an acceptable proof of residency.

Family Planning or Women's Health Services
Clinic designed to assist men and women, including adolescents, with their family planning needs; services include, but are not limited to detailed history, lab work, physical exam, counseling and education given by nurse or provider. All family planning services are client centered, culturally and linguistically appropriate, inclusive, and trauma informed.
Eligibility: Men and Women of childbearing age regardless of residency: 101-250% Sliding Fee Scale is applied; Medicaid or Insurance.

The following shall apply to Family Planning clients:
(1) Clients may not be coerced to use contraception, or to use any particular method of contraception or service.
(2) If a client, including adolescents, is seeking confidential services, they will be considered "confidential" and the visit note for that day of service will be marked confidential. Charges to clients seeking confidential services will be based solely on the individual's income.
(3) Confidential clients will NOT be referred to Debt Set-off.
(4) The "Bad Debt Write-Off" method of aging accounts will be strictly followed. The list of bad debts will be approved by the Health & Human Services Director, prior to submission to the Board of Health. Bad debts will not be written off until the approval of the Board of Health has been acquired. Board of Health meeting minutes will serve as documentation that the write-offs have been approved.

(5) Bills/receipts will be given to clients at the time of service show total charges, as well as any allowable discounts.
(6) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third-party agreement.
(7) Verbal declaration of income is accepted for Family Planning clients.
(8) If a Family Planning client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the health department, the client will be charged 100% of the cost of services, after informing the client that failure to declare income will result in the client owing 100% of the fee.
(9) Family Planning clients will pay the lesser of the copay and additional fees or where they fall on Sliding Fee Scale as required by Title X.

Communicable Disease Control
This program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.
Eligibility: No residency requirements. No fees charged to the client for these services as stated in program rules. Medicaid and Insurance can be billed unless this would result in breach of confidentiality and the client requests no third-party billing. All laboratory tests processed by the state lab will be provided at no charge.

Breast and Cervical Cancer Control Program (BCCCP)
Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.
Eligibility: determined by specific policies and procedures including income guidelines defined by the Breast and Cervical Cancer Control Program (BCCCP). 101-250% Sliding Fee Scale Applied.

Other Services
The Sliding Fee Scale does not apply to all health department services. Services with non-sliding fees do not require proof of income.
Adult Health/Primary Care – Sliding to 30% of 250% Federal Poverty Scale (minimum fee)
Dental Clinic Services – Sliding to 40% of 250% Federal Poverty Scale

Women's Infants and Children's Nutrition (WIC)
Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.
Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women as well as infants and children up to age 5. The following criteria must also be met: 1) be a resident of Pender County; 2) be at medical and/or nutritional risk; 3) have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered the Pender County Health Department, with the approval of the Pender County Board of Health/County Commissioners will implement specific fees for services during the budget process and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client. Pender County Health Department currently participates with Medicare, Medicaid, State Health Plan of NC and a variety of private insurances. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Charging for Services

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
2. Persons requesting program services will be encouraged to apply for Medicaid.
3. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.
4. There shall be a consistent applied method of "aging" accounts.
5. No one shall be denied services based solely on the inability to pay.
6. Clients shall be given a receipt each time a payment is collected
7. Donations shall be accepted, regardless of income status if they are truly voluntary. The client's account balance will not be reduced due to a donation. There shall be no "schedule of donations", bills for donations, or implied or overt coercion.
8. Provider will use best efforts to continue to provide services to clients at or below 150% of Federal Poverty Level.

Fee Collection

1. Charges in all programs will be determined by a fee scale based on the current Federal Poverty guidelines with the exception of any services deemed as non-sliding fees. (i.e. TB skin test, Non-programmatic pregnancy tests, Adult Health and Dental Services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client. Staff will be responsible for documentation of financial eligibility under the Household tab in the EHR. With the exception of family planning, clients without required verification will be charged at 100% until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (See Attachment D)
4. Adult Health clients who are self-pay are required to make a minimal payment upfront for preventative visits, sick visits, and labwork.
5. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee, and each instance of fee waiver shall be documented in agency records and communicated to the client according to protocol.
6. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
7. The Accounts Receivable System will be balanced daily.
8. Emergency services will never be denied.

9. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

Billing Medicaid and Third-Party Insurance

1. Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay/deductible may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign an electronic consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client's medical record.
3. Third party is billed the total amount of the service provided. The charge and any remaining balance with the exception of copayments, is billed to the client based on the sliding fee scale. Copayments are not subject to the sliding fee scale, except that Family Planning clients may not be charged more in copayments and deductibles than they would have been responsible for on the sliding fee scale.
4. Claims are filed electronically via the clearing house of the EHR.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)
7. If a client has any form of third-party reimbursement, that payer must be billed with the patient's consent, unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.

8. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department. The billing department will review the corrections and update the charges accordingly. If a client has been charged and have received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless, the client was over charged.

* Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

All clinic and in-house laboratory fees will be collected as part of the check-out process by the health department billing staff. Laboratory fees for self-pay patients receiving out-sourced testing will be collected by the billing staff upfront. Out-sourced labs for patients with Medicaid or other third party insurance will be billed directly by the private laboratory. The private laboratory will bill patients for any remaining balances according to their standard fees. Exception: If a lab is ordered in the Family Planning Program, the private laboratory will bill the health department directly and the fee will be billed to the patient on sliding fee scale. All in-house labs will be billed on sliding fee scale.

Private Vaccines Administered in General Clinic
Payment in full is required at the time of service for vaccines not supplied by the State, with exception of those billed to contracted in-network third party payers. These include Medicaid, Medicare Part B, Medicare Part D (via TransactRX), Health Choice, BCBS, etc. Patients with coverage outside of health department's network of third party payers will be provided a receipt for submission to their insurance carrier.

Newborn/Postpartum Home Visits, High-risk Prenatal Home Visits, Diabetes Education Classes
Visits and classes will be billed to Medicaid. For non-Medicaid patients, Diabetes Education classes will be billed to insurance. If uninsured, services will be billed to the client at the Medicaid reimbursement rate and the sliding fee scale applied.

Environmental Health Services
Payment is required prior to the provision of these services. Fees must be accompanied with the appropriate application and any other necessary documents or maps, and are payable in the Environmental Health offices, over the phone via credit card and through the U.S. Post Office. Staff SHALL NOT accept or agree to transport any payment of fees while conducting field work.

Fees are collected and recorded by management support staff in the office during the hours of 8:00 a.m. until 5:00 p.m. A receipt shall be issued for each fee collected. In the event that all management support staff are away from the office for a period of time during the specified hours, an Environmental Health Specialist shall be designated by Environmental Health administration to accept applications, collect fees and issue receipts.

Animal Shelter Services
The animal shelter does not utilize income-based payments. Everyone is charged according to the set fees regardless of income or ability to pay.

Overpayments and Refunds
Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.

Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.

Bad Debt Write Off

- An itemized list of uncollectable outstanding patient balances will be prepared at the end of the calendar year for the Director of Health & Human Services to review. This list includes all outstanding accounts that reflect no activity for more than 12 months.
- Those balances approved by the Health & Human Services Director and the Board of Health will be written off.
- The Accounts Receivable system shall indicate the recording of the bill as uncollectable by adjusting the patient balance to zero. Claims will be kept on file.

Family Planning patients will not be denied services for inability to pay. Payment arrangements will be made for all outstanding bad debt and any current unpaid balances for Family Planning services.

If a patient returns to the health department after a bad debt has been determined uncollectable, their bad debt write off will be reactivated and the billing process resumed. The patient's account balance will be reinstated at the full amount of the write off.

A patient should never be informed that a debt has been written off.

Limiting or Restricting Services

- Women's Health: The Title X guidelines do not distinguish between "inability" and "unwillingness" to pay. For Family Planning clients who do not pay, the health department can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan services cannot be denied or restricted.
- In Maternal Health, denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.
- Child Health may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.
- The Health & Human Services Director has the authority to waive or reduce fees for special projects or targeted populations. The Health & Human Services Director has the right to waive fees for individuals who for a good cause are unable to pay. If collection procedures have been followed without success, the Billing Department may submit the individual's statement of charges along with an explanation of his/her situation to the Health & Human Services Director and request a waiver of charges. The Health & Human Services Director will review the circumstances and make an approved or not approved notation on the statement, along with the date and his/her signature. Billing will scan this record into the patient's chart and attach it to the charges that were waived or not waived.

No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting**-- "NO MAIL" and every precaution should be taken to ensure bills are "not" sent to clients, requesting "NO MAIL".**
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests "NO MAIL".

HEALTH PROMOTION SERVICES

SMOKE FREE RESTAURANT FINES

Upon notification in writing of the third violation of the Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment in accordance with G.S. 130A-22 (h1), the Pender County Health Department shall impose an administrative penalty of $200 on the person who manages, operates, or controls the business in violation.

The person who manages, operates or controls the business has the right to appeal this decision to the local Board of Health. To pursue a formal appeal, a written notice of appeal must be submitted to the Health & Human Services Director within 30 days of notification of the third violation. The notice of appeal must be filed in accordance with G.S. 130A-24. A copy of the appeal procedures shall be provided.

Subsequent violations of the law are considered separate and distinct violations and the person who manages, operates or controls the business in violation is subject to an administrative penalty of not more than two hundred dollars ($200). Each day on which a violation of this law or rule occurs may be considered a separate and distinct violation.

Payment for Smoke Free Restaurant fines shall be made within 30 days of the date of notice, unless an appeal has been filed. For appealed fines, payment shall be made within 30 days of the appeal decision.

Pender County Health Department

CLIENT BILL OF RIGHTS

1. The PATIENT has the right to considerate and respectful care.

2. The PATIENT has the right to obtain from his/her medical provider complete and current information concerning diagnosis and treatment, in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf. The patient has the right to know by name the medical provider responsible for coordinating his/her care.

3. The PATIENT has the right to receive from his/her medical provider information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment and the medically significant risks involved. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

4. The PATIENT has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.

5. The PATIENT has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in direct care must have the permission of the patient to be present.

6. The PATIENT has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.

7. The PATIENT has the right to expect that within its capacity any agency must make reasonable response to the request of a patient for services. The agency must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another agency only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The agency to which the patient is to be transferred must first have accepted the patient for transfer.

8. The PATIENT has the right to obtain information as to any relationship of the agency to other similar agencies and educations institutions insofar as his/her care is concerned. The

patient has the right to obtain information as to the existence of any professional relationship among individuals, by name, who is treating him/her.

9. The PATIENT has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and health care providers are available.

10. The PATIENT has the right to examine and receive an explanation of his/her bill regardless of source of payment.

11. The PATIENT has the right to know what the health department rules and regulations are that apply to his/her conduct as a patient.

The Pender County Health Department staff provides safe and individual patient care based on each patient's needs and rights through:

- Recognition of each patient's dignity as a human being, and
- Defending the rights of each patient as an advocate.

The observance of these rights is expected to contribute to quality patient care and greater satisfaction for the patient and health care provider.

PENDER COUNTY HEALTH DEPARTMENT

Title: Tobacco-Free, Vapor-Free Health Department

Department: Board of Health/ Pender County Commission

Effective Date: June 1, 2012

Last Revised: June 20, 2016
March 23, 2022

Approved by: _____ _____ _____ _____

David Piepmeyer, Chair, Pender County Commission — Date

Carolyn Moser, Health and Human Services Director — Date

Purpose

To decrease the exposure of all clients, employees and visitors to the adverse effects of tobacco and second-hand smoke or vapor.

Policy

Tobacco use and products such as electronic cigarettes that produce vapor emissions are strictly prohibited in the Pender County Health Department building, on the grounds up to 50 linear feet surrounding the Pender County Health Department, all health department owned vehicles assigned to the department and at all health department functions.

Procedure

1. This policy applies to all employees, clients, contractors, vendors and visitors to the health department.

2. Employees are encouraged to avoid smoking within view of health department clients during operating hours.

3. Employees working away from the health department for environmental health and other outreach services are prohibited from smoking around health department clients.

Procedure (cont)

4. Tobacco products (combustible and non-combustible products including electronic cigarettes) cannot be purchased, accepted as donations, and / or distributed to clients the department serves.

5. Copies of this policy will be distributed and reviewed during new employee orientation by the appropriate supervisor and whenever policy is revised. A copy of policy signed by employee will be placed in employee's personnel file.

6. Appropriate signage will be posted at all building entrances and on the grounds of the department.

7. The Pender County Health Department provides support to employees who want to quit the use of tobacco products. These employees are encouraged to talk to their health care provider or the health department's health care providers about quitting. Employees are encouraged to use the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW, available from 8:00 a.m. to 12:00 midnight, seven days per week. Educational materials are available at the health department to increase staff awareness of the importance of quitting tobacco use.

8. The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of all staff. All individuals share in the responsibility for compliance. All staff is asked to help with compliance when it comes to clients, contractors, vendors, and visitors by politely informing them of the policy and asking that they refrain from smoking/using tobacco in the buildings and on the health department grounds. In keeping with the health department mission, the 1-800-QUIT-NOW free telephone tobacco use cessation support number is posted in the health department.

9. Any problems with enforcement or adherence to this policy should be to the attention of the appropriate supervisor and handled through the normal chain-of-command. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other department rules.

I have received the Tobacco-Free, Vapor-Free Health Department Policy.

_____ _____

Employee Name Date

PENDER COUNTY HEALTH DEPARTMENT

Title: Non-discrimination Policy **Department: Administration**

Effective Date: June 1, 2012 **Last Revised:** April 7, 2022

Approved by: _____ _____

David Piepmeyer
Board of Health Chair

Carolyn Moser
Health & Human Services Director

Purpose

The purpose of this policy is to comply with Federal and State laws including Title VI and VII of the Civil Rights Act of 1964 as amended, Executive Order 11246, the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Americans with Disabilities Act of 1990, NC General Statutes §126-16 and 126-17 and to ensure consistency of services throughout the health department.

Policy

- This policy applies to all health department employees and clients.
- The Pender County Health Department will not discriminate against clients that present for services.
- The Pender County Health Department will not discriminate against applicants seeking employment. The Health Department provides equal employment opportunities for all persons regardless of race, color, national origin, religion, sex or sexual orientation, gender identity, age, disability or political affiliation, genetic information or any other protected category under local, state, or federal law. This policy will ensure that applicant choices for employment are based on the most qualified and are not viewed as discriminatory.

Procedures

Employees:

Supervisors are expected to participate in the implementation of this plan and to comply with health department policy to:

1. prohibit retaliatory action of any kind against any other employee or applicant for employment because the person made a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination;
2. assure that all employment practices are administered in compliance with Title VII of the Civil Rights Act of 1964 and this policy. Such practices include, but are not limited to:
    a. recruitment, including advertising, or soliciting for employment;
    b. selection, hiring, and placement;

c. treatment during employment including compensation, promotion, and reallocation;
d. evaluation of work performance;
e. administration of all forms of pay and other compensation;
f. selection for training, including trainee, interim, and apprenticeship opportunities;
g. other career development opportunities; and
h. transfer, suspension, demotion, termination and/or reduction in force.

3. assure reasonable accommodations for applicants and/or employees with disabilities when doing so will enable them to successfully perform the essential job functions or benefit from training.
4. refer to the Pender County Personnel Policies Manual, Article II-Employment, Section 1.
5. notices of the *And Justice for All* are posted in conspicuous locations throughout the health department.
6. employees of the health department shall receive this policy in their orientation manual upon employment.

Clients:

1. provide services for those clients that meet the eligibility of the programs.
2. ensure clients are not denied services based on the criteria in Title VI of the Civil Rights Act of 1964 and this policy.
3. assure reasonable accommodations for clients with disabilities to enable them to access services.

PENDER COUNTY HEALTH DEPARTMENT

Title: Diversity Policy	**Department: Administration**
Effective Date: September 18, 2007	**Last Revised:** April 7, 2022
Approved by: _____ David Piepmeyer Board of Health Chair	_____ Carolyn Moser Health & Human Services Director

Purpose
To ensure a diverse staff that mirrors the demographics of the community.

Policy
The Pender County Health Department (PCHD) works to hire employees and management staff who best meet the needs of the individual programs. PCHD strives to recruit and retain an ethnic diverse staff that reflects the cultural diversity of the county. The health department monitors demographics in the community utilizing the data from the Community Health Assessment which is done every four years, NC Census Bureau and the NC Department of Commerce.

Strengths
Although the health department does not necessarily mirror the diversity of the county population (males are under-represented), the make-up of the staff closely reflects the patient base in our medical, WIC, and dental clinics, as well as staff management team. The health department has a strong staff development program that encourages individuals to obtain further education and training to prepare them for management positions.

Plans to Increase Diversity
Job postings are handled by the county's Human Resource Department (HR). HR posts the employment opportunities on bulletin boards, county websites, with Employment Security Commission, and other local, state or national organizations, in newspapers and professional publications and on websites as deemed appropriate by the HR Director. Job openings for professional positions are posted at area colleges and universities including Historically Marginalized Colleges/Universities. For non-professional positions, consideration for job opening announcements will be posted with effort to provide as much exposure to culturally diverse candidates as reasonably possible. PCHD will make presentations to health profession occupation classes in the local high schools, and the local community in an attempt to create awareness of a public health career in local government. The Health Educators will also promote local public health careers in the community at various festivals and events.

Pender County
Board of Commissioners

TO:	Board of County Commissioners
FROM:	Carolyn Moser
DATE:	May 2, 2022
SUBJECT:	Board of Health Handbook and Annual Training

SUMMARY:
Carolyn Moser will present to the Board of Health the Annual Training and Handbook.

2022 PENDER COUNTY

BOARD OF HEALTH

Board Member Handbook and Training Manual

Table of Contents

2.	Board of Health Handbook Opening Letter
3-3.1	Member Contact List/Advisory Board Member Contact List
4-4.1	Meeting Schedule/Advisory Board Meeting Schedule
5.	Organizational Chart
6.	Operating Procedures
7-7.11	Administrative Policies
8-8.4	Health Department Brochures
9-9.1	2021 SOTCH/2020-2024 Health Department Strategic Plan
10-10.4	Board Member Training Materials/Roles & Responsibilities
11.	North Carolina Accreditation
12-12.1	Miscellaneous

Pender County
Health Department

...Building a healthier tomorrow...

Carolyn Moser, MPA
Health Director

April 19, 2022

To: Pender County Commissioners/Board of Health
From: Carolyn Moser, Health and Human Services Director
Reg: Board Member Handbook and Training Manual

On behalf of the Pender County Health Department, this handbook and training manual is provided to you as a member of the Pender County Board of Health. It contains valuable information about the local health department, its operations, and your roles and responsibilities as a member of the Board of Health.

The Pender County Board of Commissioners participates in the policy-development, rulemaking, and adjudication processes for the Pender County Health Department. While this handbook has a variety of information, it also serves as the orientation/training manual for new and current board members.

I encourage you to consider this a reference tool that can be beneficial during your tenure as a board member. I look forward to working with you as we strive to improve the health of Pender County and its residents.

803 S. Walker St., Burgaw, NC 28425 (910) 259-1328 Fax (910) 259-1258

Environmental Health (910) 259-1233 WIC (910) 259-1290

PENDER COUNTY BOARD OF COMMISSIONERS/
Pender County Board of Health
2021-2022

David Piepmeyer, Chair
122 Broadview Ln., Hampstead, NC 28443
270-8512
dpiepmeyer@pendercountync.gov

Jacqueline A. (Jackie) Newton, Vice Chair
4304 Shiloh Rd., Watha, NC 28478
(910) 619-3863
janewton@pendercountync.gov

George R. Brown, Jr.,
361 Bridgeside Rd., Rocky Point, NC 28457
675-8653 | 512-2732
gbrown@pendercountync.gov

Fred McCoy
362 Harrell Rd., Burgaw, NC 28425
259-9349
fmccoy@pendercountync.gov

James David Williams, Jr.
240 Doral Dr., Hampstead, NC 28443
270-7757
dwilliams@pendercountync.gov

PENDER COUNTY

ADVISORY BOARD OF HEALTH

2021

Mrs. Kimberly Collins, *Chair*
329 Lafayette Street
Wilmington, NC 28411
Email: kimberly_collins@pender.k12.nc.us
Home #: 910-228-8759
Work #:910-362-7927
Work Direct Line:910-362-7927
Position: Nurse
First Term Appointed: June 5, 2017
Term Expires: June 30, 2023

Mr. George R. Brown, Jr.
361 Bridgeside Road
Rocky Point, NC 28457
Email: gbrown@pendercountync.gov
Home #: 910-675-5308
Cell #: 910-512-2732
Position: Commissioner
Appointed: June 17, 2013

Mrs. Jan Dawson
503 S. Bennett Street
Burgaw, NC 28425
Email: beaniej@att.net
Home #: 910-259-3149
Position: Public Member
First Term Appointed: June 5, 2017
Term Expires: June 30, 2023

Ms. Elizabeth Caveness
408 East Creekview Drive
Hampstead, NC 28443
Email: beth.caveness@gmail.com
Cell#:910-520-2248
Position: Pharmacist
First Term Appointed: October 18, 2021
First Term Expires: June 30, 2024

Mr. Shannon Jennings, *Vice Chair*
337 Olde Point Loop
Hampstead, NC 28443
Email: Shannon.jennings@houseofraeford.com
Home#: 910-270-1012
Position: Veterinarian
First Term Appointed: June 17, 2019
First Term Expires: June 30, 2022

Ms. Samenthia Jones,
19119 US Highway 421
Willard, NC 28478
Email: **sam.jones@pendersheriff.com**
Home#: 910-283-0897
Cell: 910-604-0344
Position: Public Member
First Term Appointed: September 16, 2019
First Term Expires: June 30, 2022

Mr. Frank Perez
208 Doral Dr.
Hampstead, NC 28443
Email: fpfive@charter.net
Home#: 910-200-1924
Position: Public Member
First Term Appointed: April 19, 2021
First Term Expires: June 30, 2024

Ms. Denise Houghton
901 Spot Lane
Holly Ridge, NC 28445
Email: denise.houghton@yahoo.com
Home#: 910-520-3964
Position: Optometrist Member
First Term Appointed: November 18, 2019
First Term Expires: June 30, 2022

Vacancies:
Dentist-Vacant
Physician-Vacant
Engineer-Vacant

2022 CALENDAR
REGULAR MEETINGS
PENDER COUNTY BOARD OF COMMISSIONERS

DAY	DATE	TIME
Monday	January 3	4:00 p.m.
Tuesday (Hampstead Annex)	January 18	4:00 p.m./7:00 p.m.
Monday	February 7	4:00 p.m.
Tuesday	February 22	4:00 p.m./7:00 p.m.
Thursday (Hampstead Annex)	March 03 (Board Retreat – Day 1)	4:00 p.m.
Friday (Hampstead Annex)	March 04 (Board Retreat – Day 2)	9:00 a.m.
Monday	March 14	4:00 p.m./7:00 p.m.
Monday	April 4	4:00 p.m.
Tuesday	April 19	4:00 p.m./7:00 p.m.
Thursday	April 28 (Budget Work Session)	4:00 p.m.
Monday	May 2	4:00 p.m.
Monday	May 9 (Budget Work Session)	4:00 p.m.
Monday	May 16	4:00 p.m./7:00 p.m.
Thursday	May 19 (Budget Work Session)	4:00 p.m.
Monday (If Needed)	May 23 (Budget Work Session)	4:00 p.m.
Monday	June 6	4:00 p.m.
Monday	June 20	4:00 p.m./7:00 p.m.
Monday	July 11	4:00 p.m./7:00 p.m.
Monday	August 1	4:00 p.m.
Monday	August 15	4:00 p.m./7:00 p.m.
Tuesday	September 6	4:00 p.m.
Monday	September 19	4:00 p.m./7:00 p.m.
Monday	October 3	4:00 p.m.
Monday (Hampstead Annex)	October 17	4:00 p.m./7:00 p.m.
Monday	November 7	4:00 p.m.
Monday	November 21	4:00 p.m./7:00 p.m.
Monday	December 5	4:00 p.m./7:00 p.m.

Note: All Meetings Held at Pender County Public Assembly Room, 805 South Walker Street, Burgaw, Unless Otherwise Advertised.

2022

Advisory Board of Health

Meeting Schedule

Thursday, January 13th

Thursday, April 14th

Thursday, July 14th

Thursday, October 13th

All meetings are Open to the Public

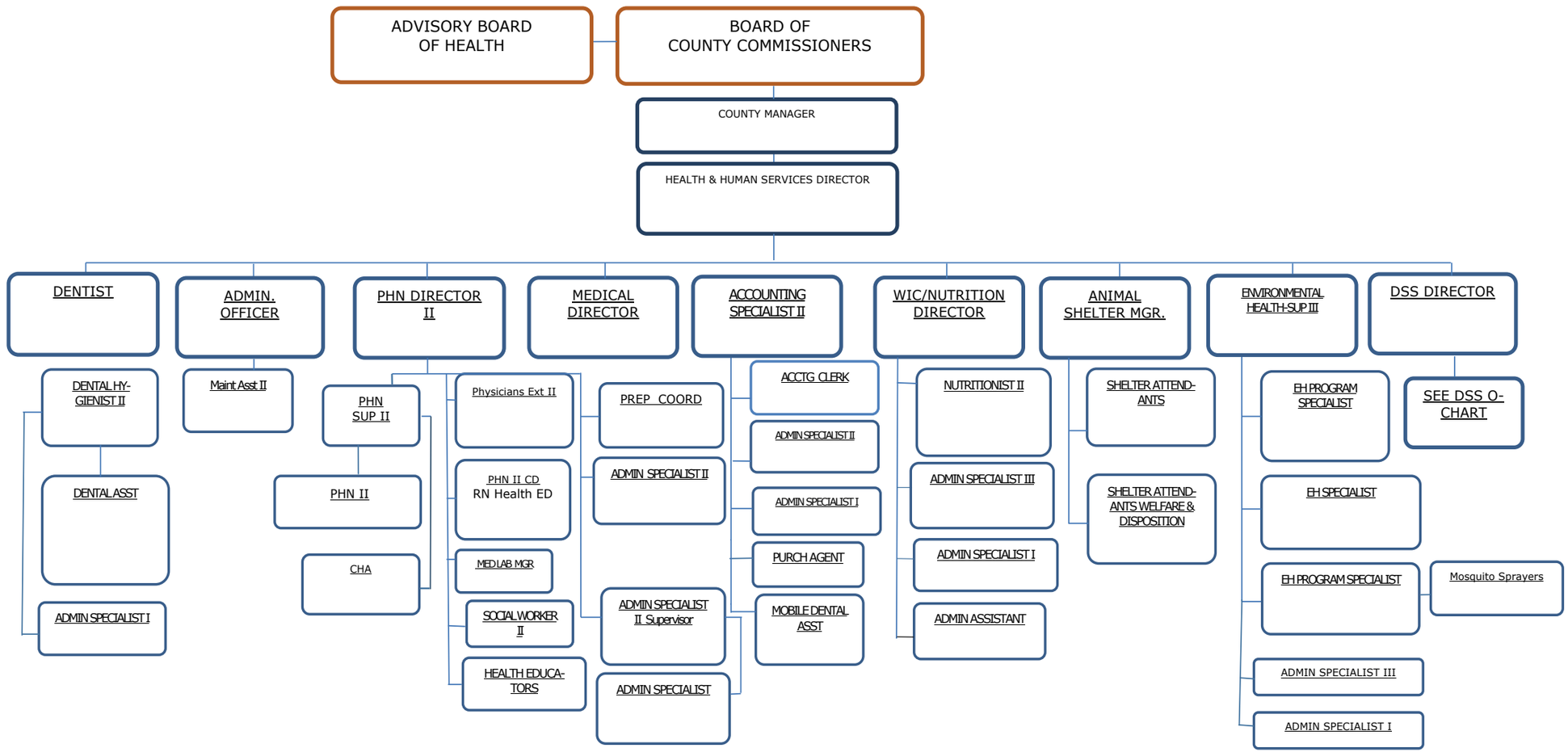
and held at 5:00 p.m.

Meetings in Red will be held in the

board room of the health department

Meetings in Blue will be held at the Hampstead Annex

Pender County Health Department



Pender County Health Department 2022

PENDER COUNTY HEALTH DEPARTMENT

Title: Operating Procedures
Pender County Board of Health

Department: Pender County Commission/
Health and Human Services

Effective Date: September 12, 2013

Last Revised: April 19, 2022

Approved by:

David Piepmeyer, Chair Date
Pender County Commissioners

Carolyn Moser, MPA Date
HHS Director

1. Name and Office

The name of this organization is the Pender County Commission who shall also serve in the capacity of the Pender County Board of Health (hereinafter "Board"). The principal office of the Board is located at 805 South Walker St., Burgaw, NC 28425.

2. Officers and Committees

a. Chair and Vice-Chair

The Board members shall elect a Chair and Vice-Chair by majority vote each year at the December County Commissioner meeting.

b. Secretary

The administrative clerk to the Board shall serve as Secretary to the Board. The Health and Human Services Director is not a member of the Board.

c. Advisory Board of Health

The Board shall establish and appoint members for an Advisory Board of Health to serve as public health advocates for the community and professional liaisons to the Board of Commissioners. This Advisory Board is subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

3. Meetings

a. Regular Meetings

The Board shall hold regular monthly meetings on the first and third Mondays. If a regular meeting day is a legal holiday, the meeting shall be held on the next business day. The Board is subject to the North Carolina open meetings laws and shall comply with the provisions of those laws. The meetings shall be held at 805 South Walker Street, Burgaw, NC and shall begin at 4:00 p.m. unless otherwise noted.

b. Public Comment/Participation

Each agenda/meeting shall include a time for individuals or groups who wish to address the Board of Commissioners. This Public Comment time is also available to anyone that may want to address health department/community health concerns or to participate in the community health improvement process. Such individuals or groups that wish to address the Board shall sign in at the beginning of each meeting on a sign-in sheet provided by the Secretary. The time limit for each speaker shall be established by the Board.

c. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary. The Health and Human Services Director shall submit resolutions to the Secretary two weeks prior to the Board meeting. Actionable resolutions, which may include recommendations from the Advisory Board of Health, must be submitted for final approval by the Board. Other resolutions may be informational as related to public health reports and updates.

For regular meetings, the Board may add items to the agenda by a unanimous vote or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

d. Presiding Officer

The Chair of the Board shall preside at Board meetings. If the Chair is absent, the Vice-Chair shall preside.

e. Quorum

A majority of the actual membership of the Board shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

f. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

g. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may access the minutes through the Pender County Government website or obtain written copies of Board meeting minutes at 805 South Walker Street, Burgaw, NC.

4. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

5. Rule Making

The Pender County Board of Health has the responsibility and authority to adopt rules, as necessary, to protect and promote the public health. The Board shall do so in compliance with conditions set out in N.C. General Statute 130A-39, by vote, at a regular meeting of the Board. The Board will adopt, amend, or repeal a rule only:

- After thorough consideration of the available data and analysis from county and/or staff with expertise in the subject under consideration;
- After consultation with the County Attorney regarding the subject under consideration and regarding the authorities and responsibilities of the Board;
- After public notice of the proposed rule, its effective date and where copies of the proposed rule are available; and
- After conducting a public hearing on the proposed version of the rule at a regular meeting of the Board.

6. **Board of Health Training**
   Each member of the Pender County Commissioners serves as a member of the Pender County Board of Health. This is an important role and critical that the board member be trained and understand what it means to be a part of the Board of Health. Board of Health members should understand the statutory authorities they have, should be trained on their rule-making authority, should have a good knowledge of public health law and should develop their abilities to give sound advice and guidance to the health director and the department. Newly appointed board members are to receive training and reference materials on the authorities and responsibilities of the local Board of Health within the first year after appointment to the board. The health department is to assure that board members receive on-going training related to the authority and responsibility of the board. This training can be in-person, via web-based platforms, or through self-study.

7. **Compliance with North Carolina Law**
   In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the county attorney shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

PENDER COUNTY HEALTH DEPARTMENT

Title: Public Comment

Department: Administration/ Board of Health

Effective Date: May 10, 2012

Last Revised: May 15, 2016
May 2, 2022

Approved by: _____ _____ _____ _____

David Piepmeyer, Chair Date Carolyn Moser, Director Date
Pender County BOH Health and Human Services

Background and Purpose: To encourage public comment in a fair, consistent and informative manner.

Scope: All interested or concerned citizens

Policy: The Pender County Health Department, the Pender County Board of Health/BOCC, and the Pender County Advisory Board of Health shall establish methods to allow for public comment.

Procedures:

1. Oral Comments
   a. The board will provide instructions for voice mail messages from the public to allow for public comments to be gathered when the agency is seeking public comment on a specific topic or event. When this method is utilized, an advertisement in the local newspapers, at the Pender County Administration building, and the county courthouse will be posted.
   b. The board will provide a timeframe at each meeting for public comment at or near the beginning of agenda. A copy of the scheduled Board of Health/BOCC and Advisory Board of Health meetings can be found in the Pender County Administrative building and posted at the health department. This public comment period will be made available for the public to comment generally on department operations or on topics of interest to the board or department.
   c. The board will provide open forums when deemed necessary by the Board of Health/BOCC to allow for public comments to be gathered on specific topics, events, and implementation of new rules and regulations. Notice of such forums will be placed in the local newspaper, on the county and the health department websites, and at the Pender County Administrative building.

2. Written Comments
   a. The department provides forms for consumer comments located at each health department office, administrative, clinical, dental and environmental health.
   b. The public may email comments to the county website which are then forwarded to the Board of Health chair and the health department director.
   c. All written testimony must include the commenter's name and contact information.

3. Public comment for the Pender County Board of Health/BOCC shall follow the Operating Procedures for the County Commissioners.

PENDER COUNTY HEALTH DEPARTMENT

Title: Executive Succession for Health Director

Department: Board of Health/ Pender County Commission

Effective Date: November 18, 2008

Last Revised: June 20, 2016
September 12, 2013
May 2, 2022

Approved by:

David Piepmeyer, Chair Date	Carolyn Moser, MPA Date
Pender County Commission	HHS Director

Succession: In order for the Pender County Commissioners to plan for a change in administration, the Health Director will provide the County Manager and the County Commissioners adequate notice prior to resignation so there is ample time to recruit a new director.

In the event the Health Director becomes incapacitated or is otherwise unable to perform the duties of the health director for an extended time; or until a replacement can be employed the following management structure will prevail:

- The Director of Nursing in conjunction with guidance from the Board of Health, and the department's Business Officer will be responsible for handling all matters relating to the fiscal operations of the health department including, but not limited to, budgetary and personnel considerations for employment and dismissal. The board also has the option to hire an interim director during the recruitment process.

- The Nurse Director, Nurse Supervisor, and WIC Director will be responsible for handling all matters relating to the clinical and outreach operations of the health department, including, recruitment and training of personnel.

- Environmental Health Supervisor will be responsible for the environmental health program including, recruitment and training of personnel.

- Following standard Board of Health approved policies and procedures, the senior management team will work together in committee to ensure that the operations of the health department continue smoothly and that program objectives and responsibilities continue to be met.

PENDER COUNTY HEALTH DEPARTMENT

Title: Delegation of Duties to the Health Director	**Department:** Board of Health/ Pender County Commission
Effective Date: September 18, 2007	**Last Revised:** January 12, 2012 June 20, 2016 May 2, 2022

Approved by:

_____	_____	_____	_____
David Piepmeyer, Chair Pender County Commission	Date	Carolyn Moser, MPA HHS Director	Date

Background and Purpose: To employ a Health Director and delegate to him/her the authority and responsibility for the overall management of the affairs of the Health Department in accordance with written policies. In the absence of written policies, the Health Director is to be guided by an application of Board intent as established in other policies and counseled where appropriate by the members of the Board.

Scope: To state general policies that will guide the Board of Health in their delegation of duties to the Health Director.

Procedure:

1. To establish a job description for the position of the Health Director including appropriate qualifications of education, experience, personal factors, and skills. The Health Director shall guide his/her activities by the content and spirit of the job description.

2. The Health Director must administer the Health Department within conformance or a reasonable interpretation of North Carolina General Statutes.

3. Responsibilities of the Health Director include:
   a. The implementation of programs, policies, and fiscal plans.
   b. Performance of management functions which will assure that program services will be available, accessible, acceptable, coordinated to promote continuity of care and meet appropriate standards.
   c. Delegation of authority and accountability for program functions to Health Department staff that is assigned managerial responsibilities.

(cont)

d. Coordination of information with other governmental and private groups concerned with the planning and delivery of health and social services for which clients of the area are eligible.

e. Performances of administrative functions which will provide accountability for funds received and expended and assure that all regulations and requirements are satisfied.

f. Management of Health Department staff addressing such functions as recruitment, staff development, job descriptions, evaluation, termination, grievance procedures, and related employee benefits.

g. Use statistical and other relevant information for determining needs, planning services, monitoring staff and program activity, and evaluating the attainment of objectives.

h. Present issues to the Board that may require board policy statements.

i. Approve contracts for services for amounts approved by the Board in the budget ordinance or revision.

j. Approve the purchase of capital equipment approved by the Board in the budget ordinance or revision.

k. Develop the organizational structure for the Health Department, prepare current organizational charts, and establish lines of communication.

4. The board will evaluate the Health Director on an annual basis. Evaluations should be done in a closed session where a quorum of the Board evaluates the Health Director. The Board will utilize the evaluation to deem eligibility for merit raise consideration.

5. It is the responsibility of the Board to hire and terminate, if necessary, the Health Director.

PENDER COUNTY HEALTH DEPARTMENT

Title: Nondiscrimination Policy	**Department: Administration/BOH**
Effective Date: June 1, 2012	**Last Revised:** May 2,2022

Approved by:

_____	_____	_____	_____
David Piepmeyer, Chair Board of Health	Date	Carolyn Moser, Director Health & Human Services	Date

Purpose

The purpose of this policy is to comply with Federal and State laws including Title VII of the Civil Rights Act of 1964 as amended, Executive Order 11246, the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Americans with Disabilities Act of 1990, NC General Statutes §126-16 and 126-17 and to ensure consistency of services throughout the health department.

Policy

- This policy applies to all health department employees and clients.
- The Pender County Health Department will not discriminate against clients that present for services.
- The Pender County Health Department will not discriminate against applicants seeking employment. The Health Department provides equal employment opportunities for all persons without regard to race, color, national origin, creed, religion, sex, sexual orientation, gender identity, genetic information, age, disability or political affiliation, except where religion, sex or age are bona fide job-related employment requirements or any other protected category under local, state and federal law. This policy will ensure that applicant choices for employment are based on the most qualified and solely on individual merit.

Procedures

Employees:

Supervisors are expected to participate in the implementation of this plan and to comply with health department policy to:

1. prohibit retaliatory action of any kind against any other employee or applicant for employment because the person made a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination;
2. assure that all employment practices are administered adhere to any protected category under local, state, and federal law.

(cont)

Such practices include, but are not limited to:

a. recruitment, including advertising, or soliciting for employment;
b. selection, hiring, and placement;
c. treatment during employment including compensation, promotion, and reallocation;
d. evaluation of work performance;
e. administration of all forms of pay and other compensation;
f. selection for training, including trainee, interim, and apprenticeship opportunities;
g. other career development opportunities; and
h. transfer, suspension, demotion, termination and/or reduction in force.

3. assure reasonable accommodations for applicants and/or employees with disabilities when doing so will enable them to successfully perform the essential job functions or benefit from training.
4. refer to the Pender County Employee Personnel Policies Manual Employment *Statement of Equal Employment Opportunity*
5. seek guidance from Pender County Human Resources Department
6. post notices of the Fair Labor Standards Act (FLSA) in conspicuous locations throughout the health department.
7. Assure employees of the health department receive this policy during orientation upon employment by Human Resources and health department staff.

Clients:

1. provide services for those clients that meet the eligibility of the programs.
2. ensure clients are not denied services based on age, gender, race, color, creed, religion, national origin, sexual orientation, gender identity, genetic information, political affiliation, or physical handicap.
3. assure reasonable accommodations for clients with disabilities to enable them to access services.

PENDER COUNTY HEALTH DEPARTMENT

Title: Employee Diversity Policy	**Department:** Administration/ Pender Co. Advisory Board of Health/ Pender County Commission
Effective Date: September 18, 2007	**Last Revised:** June 14, 2012 September 12, 2013 May 2, 2022

Approved by: _____ _____ _____ ____

David Piepmeyer, Chair Date Carolyn Moser, MPA Date
Board of County Commissioners Health Director

Purpose
To ensure a diverse staff that mirrors the demographics of the community.

Policy
The Pender County Health Department (PCHD) works to hire employees and management staff who best meet the needs of the individual programs. PCHD strives to recruit and retain an ethnically diverse staff that reflects the cultural diversity of the county. County demographics are monitored in the community utilizing the data from the most recent Community Health Assessment.

Strengths
Although the health department does not necessarily mirror the diversity of the county population (males are under-represented), the make-up of the staff closely reflects the patient base in our medical, WIC, and dental clinics, as well as staff management team. The health department has a strong staff development program that encourages individuals to obtain further education and training to prepare them for management positions.

Plans to Increase Diversity
In order to recruit a diverse staff, the health department will make job postings available to traditional historically marginalized colleges and universities. PCHD staff will provide presentations to health profession occupation classes in the local high schools and the local community in an attempt to create awareness of a public health career in local government upon request. Health Educators will also promote local public health careers in the community whenever possible.

PENDER COUNTY HEALTH DEPARTMENT

Title: Residency of Department Head

Department: Administration/ Pender Co. Commission

Effective Date: November 18, 2008

Last Revised: January 12, 2012
September 12, 2013
June 20, 2016

Approved by: _____ 6-20-16
George Brown, Chair, Date
Pender County Commission

_____ 6/20/16
Carolyn Moser, MPA Date
Health Director

Background and Purpose: To establish a policy governing residency for the Department Head of Pender County Health Department.

Scope: This policy applies to the Health Director.

Procedure: The Health Director who accepts employment with Pender County shall establish permanent legal residency within the County with twelve (12) months from the date of initial employment. The Health Director shall provide proof of residency (i.e., voter registration, driver's license, etc.) to the satisfaction of the County. This requirement is in addition to and not in substitution of any other condition of employment.

PENDER COUNTY HEALTH DEPARTMENT

Title: Fee, Eligibility, and Billing Policy	**Department:** Fiscal Management
Effective Date: September 18, 2007	**Last Revised:** May 2, 2022

Approved by: _____ _____

Carolyn Moser Date — Health & Human Services Director

David Piepmeyer Date — Board of Health Chair

Background and Purpose: To define the process of fees, eligibility, and billing for services rendered by Pender County Health Department.

Scope: Policy applies to all employees of Pender County Health Department that process fees, billing, and eligibility.

Policy: Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that mandated public health services are furnished for all citizens and then providing as many recommended and requested public health services as possible for citizens with greatest need. We are here to promote health and wellness for the residents, by providing not only affordable, but quality healthcare. We are sometimes a place that the uninsured or underinsured turn to for services due to inability to afford services within a private practice. This policy is reviewed annually and revised as processes change.

Pender County Health Department provides services without regard to religion, race, color, national origin, creed, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, parity, or contraceptive preference. Services will not be denied based on inability to pay. PCHD utilizes the current, annually updated Federal Poverty Guidelines to determine the sliding fee scale.

FEES

Fees are a means to help provide services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health & Human Services Director and approved by the Board of Health/County Commissioners, and 2) they are not otherwise

prohibited by law. Fees are based on the cost of providing the service. Fees collected (generated through reimbursement) will be maintained in an identifiable line item in the Health Department and the County Finance Office.

Fee Setting
In accordance with G.S. 130-A-39(g), which allows local health departments to implement fees for services rendered, the Pender County Health Department (PCHD), with the approval of the Board of Health/Board of County Commissioners, will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be solely based on the cost to provide the services.

Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees. In order to set fees, the Pender County Health Department will use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, the cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third Party Insurance rates for services.

A multi-disciplinary committee will meet at least annually and more often as needed to determine the cost of providing services and discuss the fees for the services provided. This committee is comprised of Program Supervisors, Lead Billing Clerk, Lab Manager, Business Officer, Director of Nursing and the Health & Human Services Director. The following procedures are followed:

- It is the responsibility of the Program Supervisor to bring to the attention of the committee any changes in costs for existing services or projected costs of new services.
- The Lead Billing Clerk notifies Program Supervisors and the DON of any changes in reimbursement for services from third-party payers, or projected reimbursements for new services.
- Changes in cost, changes in reimbursement, and new services/items are added to the meeting agenda to be reviewed for recommendations.

Once the fees are reviewed and discussed by the committee, the Health & Human Services Director will present the fees to the governing board during the budget process for their review and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule". The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost of supplies.

Vaccine and Administration
Pender County Health Department will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccine in accordance to the NCIP Coverage Criteria and Vaccine for Children. Administration fees for the rendering of state supplied vaccine may be billed to Medicaid. State supplied vaccine will be identified with a SL modifier. The appropriate NDC code must also be included.

Clients and Third Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Pender County Health Department as a non-sliding fee when provided outside of programs.

Vaccine administration and vaccine provided within Child Health, Family Planning, and Maternal Health program will be subject to the sliding fee scale.

340b Drugs and Devices
Pender County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the health department's billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies.

Non-Sliding Fees
PCHD provides specific services at a non-discounted rate regardless of federal poverty level outside Child Health, Family Planning, Maternal Health and Communicable Disease programs. These fees will not be offered on a sliding fee scale. These fees include, but are not limited to TB skin test for employment or school, non-programmatic pregnancy tests, and purchased vaccine rendered outside of Child Health, Family Planning, Maternal Health and Communicable Disease. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee. Waived fees will be documented in the Electronic Health Record with whom waived the fees and the reason for fees being waived.

Environmental Health Services Fees
Environmental Health fees are set based on comparison with surrounding counties and the cost to provide the service.

Dental Services Fees
Dental fees are set following the same approach as the clinic fees. The market-driven approach and the relative value approach are both taken into consideration when determining dental fees. In addition to looking at surrounding counties' dental fees, local private practice fees are also used as a comparison.

Animal Shelter Fees
Animal Shelter fees are set based on comparison with surrounding counties and the cost to provide the service. In additional to looking at surrounding counties' shelter fees, local veterinarian fees are also used as a comparison.

ELIGIBILITY

Identification
It is considered "best practice" for each person presenting for services to establish identity either with a birth certificate, driver's license, military I.D., passport, visa, or green card, etc. The health department does not require a client to present identification that includes a picture of the client

for immunization, pregnancy prevention, sexually transmitted infection and communicable disease services (Consolidated Agreement).

Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size unless it is in conflict with the clients cultural, religious, and/or beliefs.

Title X requires that any client seeking confidential services be considered a family of one and that only their income be used in assessing their percent pay on the sliding fee scale.

Examples		Determining Family Size
1	A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.	Family of 1
2	A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians. (Self-supporting students maintaining a separate residence would be a separate economic unit.)	Dependent of the family
3	An individual in an institution.	Separate Economic unit
4	A client who requests "confidential services", regardless of age.	Family of 1
5	If a Family Planning client presents for a service and is considered to be a minor or is covered by a parent's medical insurance policy, interview questions may include the following: *1) Ask the client if their parents are aware of their visit? 2) Ask if "both" parents are aware of their visit, since sometimes the mother may be present with the client, however, the father may not be aware of the visit. 3) Ask if you can send a bill to the home, to both parents.*	If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit. If both parents are not aware, treat this as a confidential visit and use the income of the individual, counting the individual as a family of 1.

DETERMINING GROSS INCOME

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses. Gross income will be used in fee

determination and shall be defined as the combined cash income received by the client's family. Examples of sources of income and/or proof of income documentation are listed below.

1. Alimony
2. Bank Statement
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Client Statement
7. Disability
8. Dividends
9. Employment Security Commission
10. Income Tax Return (annual, not quarterly)
11. Letter of Verification from Employer
12. Military Earnings Statement
13. NC Unemployment
14. Pensions
15. Social Security
16. SSI
17. Tips

Exceptions

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low-Income Energy Assistance Act
4. The value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. Veteran's Disability payments

No client will be refused services when presenting for care based on lack of income documentation. With the exception of Family Planning and Communicable Disease clients, each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 30 days to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 30 days, then the charge stands at 100% for that visit. The charge may be adjusted if documentation is provided at a subsequent visit, not to exceed 90 days. The Family Planning Program will accept self-declaration of income. The Communicable Disease Program does not require income declaration. This does not apply to non-sliding fee scale services which should be paid in full on the date of service.

Computation of Income:

Income will be based on a twelve (12) month period. If the client is employed the day they present for a service, income will be calculated weekly, bi -weekly, monthly or annually, depending on the documentation obtained.

If the client is unemployed at the time he/she presents for services, their "employment only" income will be calculated at zero (0), however the client should be required to describe "their mechanism", in regard to costs for food, clothing, shelter, utilities, etc. Refer to "sources of income" counted and apply all sources, as appropriate. "Regular contributions received from other sources outside of the home" is most often considered one of those sources. If the client is receiving unemployment or other "sources" of income, as designated above, all of those sources should be counted.

	The client's income will be determined by the following:
Regular Income Formula: (Based on 12 month Period)	Use Gross Income or for self-employed income after business expenses. Weekly = pay x 52 Biweekly = pay x 26 Twice a month = pay x 24
Unemployment or Irregular Income Formula:	
Six months' formula (Based on 12 month Period)	• Unemployed today = last 6 months income + projected unemployment (if applicable) or zero if client wont' receive unemployment. This will give you income for the client for a 12 month period. o If no unemployment compensation – ask how the client is going to support themselves. • Employed today but unemployed last 6 months – Did the client receive unemployment the last 6 months? In no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12 month period.

Income is re-assessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the "actual date" of service. If there has been a change or it is time for their annual review, the income determination process should take place. Income information reported during the financial eligibility screening process for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report. Exception to the rule, effective November 8, 2021, for family planning, if income was not provided and the client was charged at 100% previously, clients will **not** automatically be charged at 100% in family planning.

The number in the household, annual gross income and percentage of pay will be documented in the Household Income section of the EHR and electronically signed by the client.

Client fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale (Sliding Fee Scale) will be used to assess fees. All third-party providers will be billed, without discount, where applicable.

Healthy Mothers Healthy Children (HMHC)/Title V (Well-Child Funding)
Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service if that service is partly or wholly supported by Title V funds. For clients having income above the federal poverty level, the sliding fee scale of the Pender County Health Department will be used to determine the percent of client participation in the cost of the service.

The guidance regarding Title V funding and sliding Child Health services to zero is as follows:
Any Maternal and Child Health services (even outside of Child Health Clinics) must use a sliding fee scale that slides to "0" at 100% of the current, updated annually, Federal Poverty Level per the NC Administrative Code – 10A NCAC 43B.0109 Client and Third-Party Fees.

The NC Administrative Code goes beyond the Title V/351 AA requirements, that all child health services, whether sick or well, no matter where delivered, must be billed on a sliding fee scale that slides to zero.

10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES

(1) If a local provider imposes any charges on clients for maternal and child health services, such charges:
   (a) Will be applied according to a public schedule of charges;
   (b) Will not be imposed on low-income individuals or their families;
   (c) Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.
(2) If client fees are charged, providers must make reasonable efforts to collect from third party payors.
(3) Client and third-party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services because of an inability to pay.

History Note: Authority G.S. 130A-124; Eff. April 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017

Child Health funds may not be used to supplement Medicaid services, support services or activities supported by other Agreement Addenda, and may not support services and activities that have not been approved by the C&Y Branch.

Child Health/Health Check
Well child exams (Health Check) conducted by FNP; exam includes medical, social, development, nutritional history, lab work, physical exam and immunizations as needed.

Primary Care (Child Health) for sick children provided by FNP.
Eligibility: birth to 20 years; Child Health/Primary Care: 101% - 250% Federal Poverty Scale; Medicaid, or Insurance

Maternal Health
Prenatal care for eligible pregnant women.
Eligibility: Must be a Pender County resident: 101% - 250% Federal Poverty Scale; Presumptive Medicaid, Medicaid or Insurance.

Proof of Residency
Proof of residency is required in the Maternal Health Program. Proof of residency must be a least one acceptable form such as:

- Mortgage or rental agreement
- Utility bill such as electric, gas, phone, water, cable (less than 60-days old)
- Bank Statement
- Pay check stub (less than 60-days old)
- Driver's license or DMV identification
- If no proof of residency is available due to theft, loss or disaster, homelessness, migrant, or a transfer with no proof, document the reasons for no proof of residency in the Patient Notes. Upon subsequent visit, request an acceptable proof of residency.

Family Planning or Women's Health Services
Clinic designed to assist men and women, including adolescents, with their family planning needs; services include, but are not limited to detailed history, lab work, physical exam, counseling and education given by nurse or provider. All family planning services are client centered, culturally and linguistically appropriate, inclusive, and trauma informed.
Eligibility: Men and Women of childbearing age regardless of residency: 101-250% Sliding Fee Scale is applied; Medicaid or Insurance.

The following shall apply to Family Planning clients:
(1) Clients may not be coerced to use contraception, or to use any particular method of contraception or service.
(2) If a client, including adolescents, is seeking confidential services, they will be considered "confidential" and the visit note for that day of service will be marked confidential. Charges to clients seeking confidential services will be based solely on the individual's income.
(3) Confidential clients will NOT be referred to Debt Set-off.
(4) The "Bad Debt Write-Off" method of aging accounts will be strictly followed. The list of bad debts will be approved by the Health & Human Services Director, prior to submission to the Board of Health. Bad debts will not be written off until the approval of the Board of Health has been acquired. Board of Health meeting minutes will serve as documentation that the write-offs have been approved.
(5) Bills/receipts will be given to clients at the time of service show total charges, as well as any allowable discounts.

(6) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third-party agreement.
(7) Verbal declaration of income is accepted for Family Planning clients.
(8) If a Family Planning client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the health department, the client will be charged 100% of the cost of services, after informing the client that failure to declare income will result in the client owing 100% of the fee.
(9) Family Planning clients will pay the lesser of the copay and additional fees or where they fall on Sliding Fee Scale as required by Title X.

Communicable Disease Control
This program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.
Eligibility: No residency requirements. No fees charged to the client for these services as stated in program rules. Medicaid and Insurance can be billed unless this would result in breach of confidentiality and the client requests no third-party billing. All laboratory tests processed by the state lab will be provided at no charge.

Breast and Cervical Cancer Control Program (BCCCP)
Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.
Eligibility: determined by specific policies and procedures including income guidelines defined by the Breast and Cervical Cancer Control Program (BCCCP). 101-250% Sliding Fee Scale Applied.

Other Services
The Sliding Fee Scale does not apply to all health department services. Services with non-sliding fees do not require proof of income.
Adult Health/Primary Care – Sliding to 30% of 250% Federal Poverty Scale (minimum fee)
Dental Clinic Services – Sliding to 40% of 250% Federal Poverty Scale

Women's Infants and Children's Nutrition (WIC)
Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.
Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women as well as infants and children up to age 5. The following criteria must also be met: 1) be a resident of Pender County; 2) be at medical and/or nutritional risk; 3) have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered the Pender County Health Department, with the approval of the Pender County Board of Health/County Commissioners will implement specific fees for services during the budget process and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client. Pender County Health Department currently participates with Medicare, Medicaid, State Health Plan of NC and a variety of private insurances. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Charging for Services

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
2. Persons requesting program services will be encouraged to apply for Medicaid.
3. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.
4. There shall be a consistent applied method of "aging" accounts.
5. No one shall be denied services based solely on the inability to pay.
6. Clients shall be given a receipt each time a payment is collected
7. Donations shall be accepted, regardless of income status if they are truly voluntary. The client's account balance will not be reduced due to a donation. There shall be no "schedule of donations", bills for donations, or implied or overt coercion.
8. Provider will use best efforts to continue to provide services to clients at or below 150% of Federal Poverty Level.

Fee Collection

1. Charges in all programs will be determined by a fee scale based on the current Federal Poverty guidelines with the exception of any services deemed as non-sliding fees. (i.e. TB skin test, Non-programmatic pregnancy tests, Adult Health and Dental Services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client. Staff will be responsible for documentation of financial eligibility under the Household tab in the EHR. With the exception of family planning, clients without required verification will be charged at 100% until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (See Attachment D)
4. Adult Health clients who are self-pay are required to make a minimal payment upfront for preventative visits, sick visits, and labwork.
5. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health & Human Services Director or their designee, and each instance of fee waiver shall be documented in agency records and communicated to the client according to protocol.
6. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
7. The Accounts Receivable System will be balanced daily.
8. Emergency services will never be denied.

9. Monthly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

Billing Medicaid and Third-Party Insurance

1. Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay/deductible may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign an electronic consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client's medical record.
3. Third party is billed the total amount of the service provided. The charge and any remaining balance with the exception of copayments, is billed to the client based on the sliding fee scale. Copayments are not subject to the sliding fee scale, except that Family Planning clients may not be charged more in copayments and deductibles than they would have been responsible for on the sliding fee scale.
4. Claims are filed electronically via the clearing house of the EHR.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients are adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)
7. If a client has any form of third-party reimbursement, that payer must be billed with the patient's consent, unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.

8. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department. The billing department will review the corrections and update the charges accordingly. If a client has been charged and have received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless, the client was over charged.

* Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

All clinic and in-house laboratory fees will be collected as part of the check-out process by the health department billing staff. Laboratory fees for self-pay patients receiving out-sourced testing will be collected by the billing staff upfront. Out-sourced labs for patients with Medicaid or other third party insurance will be billed directly by the private laboratory. The private laboratory will bill patients for any remaining balances according to their standard fees. Exception: If a lab is ordered in the Family Planning Program, the private laboratory will bill the health department directly and the fee will be billed to the patient on sliding fee scale. All in-house labs will be billed on sliding fee scale.

Private Vaccines Administered in General Clinic
Payment in full is required at the time of service for vaccines not supplied by the State, with exception of those billed to contracted in-network third party payers. These include Medicaid, Medicare Part B, Medicare Part D (via TransactRX), Health Choice, BCBS, etc. Patients with coverage outside of health department's network of third party payers will be provided a receipt for submission to their insurance carrier.

Newborn/Postpartum Home Visits, High-risk Prenatal Home Visits, Diabetes Education Classes
Visits and classes will be billed to Medicaid. For non-Medicaid patients, Diabetes Education classes will be billed to insurance. If uninsured, services will be billed to the client at the Medicaid reimbursement rate and the sliding fee scale applied.

Environmental Health Services
Payment is required prior to the provision of these services. Fees must be accompanied with the appropriate application and any other necessary documents or maps, and are payable in the Environmental Health offices, over the phone via credit card and through the U.S. Post Office. Staff SHALL NOT accept or agree to transport any payment of fees while conducting field work.

Fees are collected and recorded by management support staff in the office during the hours of 8:00 a.m. until 5:00 p.m. A receipt shall be issued for each fee collected. In the event that all management support staff are away from the office for a period of time during the specified hours, an Environmental Health Specialist shall be designated by Environmental Health administration to accept applications, collect fees and issue receipts.

Animal Shelter Services
The animal shelter does not utilize income-based payments. Everyone is charged according to the set fees regardless of income or ability to pay.

Overpayments and Refunds
Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.

Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.

Bad Debt Write Off

- An itemized list of uncollectable outstanding patient balances will be prepared at the end of the calendar year for the Director of Health & Human Services to review. This list includes all outstanding accounts that reflect no activity for more than 12 months.
- Those balances approved by the Health & Human Services Director and the Board of Health will be written off.
- The Accounts Receivable system shall indicate the recording of the bill as uncollectable by adjusting the patient balance to zero. Claims will be kept on file.

Family Planning patients will not be denied services for inability to pay. Payment arrangements will be made for all outstanding bad debt and any current unpaid balances for Family Planning services.

If a patient returns to the health department after a bad debt has been determined uncollectable, their bad debt write off will be reactivated and the billing process resumed. The patient's account balance will be reinstated at the full amount of the write off.

A patient should never be informed that a debt has been written off.

Limiting or Restricting Services

- Women's Health: The Title X guidelines do not distinguish between "inability" and "unwillingness" to pay. For Family Planning clients who do not pay, the health department can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan services cannot be denied or restricted.
- In Maternal Health, denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.
- Child Health may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.
- The Health & Human Services Director has the authority to waive or reduce fees for special projects or targeted populations. The Health & Human Services Director has the right to waive fees for individuals who for a good cause are unable to pay. If collection procedures have been followed without success, the Billing Department may submit the individual's statement of charges along with an explanation of his/her situation to the Health & Human Services Director and request a waiver of charges. The Health & Human Services Director will review the circumstances and make an approved or not approved notation on the statement, along with the date and his/her signature. Billing will scan this record into the patient's chart and attach it to the charges that were waived or not waived.

No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting**-- "NO MAIL" and every precaution should be taken to ensure bills are "not" sent to clients, requesting "NO MAIL".**
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests "NO MAIL".

HEALTH PROMOTION SERVICES

SMOKE FREE RESTAURANT FINES

Upon notification in writing of the third violation of the Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment in accordance with G.S. 130A-22 (h1), the Pender County Health Department shall impose an administrative penalty of $200 on the person who manages, operates, or controls the business in violation.

The person who manages, operates or controls the business has the right to appeal this decision to the local Board of Health. To pursue a formal appeal, a written notice of appeal must be submitted to the Health & Human Services Director within 30 days of notification of the third violation. The notice of appeal must be filed in accordance with G.S. 130A-24. A copy of the appeal procedures shall be provided.

Subsequent violations of the law are considered separate and distinct violations and the person who manages, operates or controls the business in violation is subject to an administrative penalty of not more than two hundred dollars ($200). Each day on which a violation of this law or rule occurs may be considered a separate and distinct violation.

Payment for Smoke Free Restaurant fines shall be made within 30 days of the date of notice, unless an appeal has been filed. For appealed fines, payment shall be made within 30 days of the appeal decision.

Pender County Health Department

CLIENT BILL OF RIGHTS

1. The PATIENT has the right to considerate and respectful care.

2. The PATIENT has the right to obtain from his/her medical provider complete and current information concerning diagnosis and treatment, in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf. The patient has the right to know by name the medical provider responsible for coordinating his/her care.

3. The PATIENT has the right to receive from his/her medical provider information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment and the medically significant risks involved. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.

4. The PATIENT has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.

5. The PATIENT has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in direct care must have the permission of the patient to be present.

6. The PATIENT has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.

7. The PATIENT has the right to expect that within its capacity any agency must make reasonable response to the request of a patient for services. The agency must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another agency only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The agency to which the patient is to be transferred must first have accepted the patient for transfer.

8. The PATIENT has the right to obtain information as to any relationship of the agency to other similar agencies and educations institutions insofar as his/her care is concerned. The

patient has the right to obtain information as to the existence of any professional relationship among individuals, by name, who is treating him/her.

9. The PATIENT has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and health care providers are available.

10. The PATIENT has the right to examine and receive an explanation of his/her bill regardless of source of payment.

11. The PATIENT has the right to know what the health department rules and regulations are that apply to his/her conduct as a patient.

The Pender County Health Department staff provides safe and individual patient care based on each patient's needs and rights through:

- Recognition of each patient's dignity as a human being, and
- Defending the rights of each patient as an advocate.

The observance of these rights is expected to contribute to quality patient care and greater satisfaction for the patient and health care provider.

PENDER COUNTY HEALTH DEPARTMENT

Title: Conflict of Interest **Department: Administration**

Effective Date: June 1, 2012 **Last Revised:** May 15, 2016

Approved by: Carolyn Moser Shirley Steele

Carolyn Moser
Health & Human Services Director

Shirley Steele
Director of Nursing

Definition

A conflict of interest is defined as an actual or perceived interest by a staff member or board member in an action that results in, or has the appearance of resulting in, personal, organization, or professional gain. A conflict of interest occurs when an employee/board member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

* Ownership with a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.
* Employment of or by a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.
* Contractual relationship with a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.
* Creditor or debtor to a member of the Board of Health or an employee where the other has supervisory authority over the other or with a client who receives services.
* Consultative or consumer relationship with a member of the Board of Health or an employee where one or the other has supervisory authority over the other or with a client who receives services.

The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group.

Employee Responsibilities

It is in the interest of the organization, individual staff, and Board members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual stress that can be caused by a conflict of interest. Employees are to avoid any conflict of interest, even the appearance of a conflict of interest. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to your supervisor immediately. Employees are to maintain independence and objectivity with clients, the community, and the organization. Employees are called to maintain a sense of fairness, civility, ethics and personal integrity even though law, regulation, or custom does not require them.

Acceptance of Gifts

Employees, members of employee's immediate family, and members of the Board of Health are prohibited from accepting gifts, money, or gratuities from the following:

- Persons receiving benefits or services from the organization;
- Any person or organization performing or seeking to perform services under contract with the organization; and
- Persons who are otherwise in a position to benefit from the actions of any employee of the organization.

Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave or leave without pay. If the employee is acting in an official capacity, honoraria received by the employee in connection with activities relating to employment with the organization are to be paid to the organization.

PENDER COUNTY HEALTH DEPARTMENT

Title: Community Involvement

Department: Pender County Board of Commissioners/Board of Health

Effective Date: September 18, 2007

Last Revised: January 12, 2012
September 12, 2013
May 2, 2022

Approved by:

David Piepmeyer, Chair Board of Commissioners	Date	Carolyn Moser, MPA Health Director	Date

Background and Purpose: To have a procedure that assures community input and public participation in the development of goals, objectives and strategies for the Community Health Assessment and used to develop the agency's Strategic Plan.

Scope: When developing strategies to improve the public health and safety of Pender County, it is the policy of The Pender County Board of Health to involve community members in developing its comprehensive quadrennial Community Health Assessment (CHA) and Strategic Plan.

Procedure:

1. The Pender County Advisory Board of Health and the Pender County Commissioners rely on the community to provide input into the development and dissemination of public health data in Pender County.
2. During the quadrennial Community Health Assessment, Pender County Health Department will solicit the assistance of community partners and citizens to identify needs in all areas of community health to be addressed appropriately for the betterment of Pender County's health.
3. The CHA and the SOTCH report will be used to develop the agency's strategic plan. The plan will be updated annually and include:
    1) A review and analysis of factors influencing the health department's ability to improve the community's health
    2) Local health status data and information to set goals and objectives
    3) Community input where applicable
    4) Desired outcomes for each element
    5) Priorities for the agency
    6) Community collaborations to implement activities

PENDER COUNTY HEALTH DEPARTMENT

Title: Tobacco-Free, Vapor-Free Health Department

Department: Board of Health/ Pender County Commission

Effective Date: June 1, 2012

Last Revised: June 20, 2016
May 2, 2022

Approved by: _____ _____ _____ _____

David Piepmeyer, Chair, Pender County Commission — Date

Carolyn Moser, Health and Human Services Director — Date

Purpose

To decrease the exposure of all clients, employees and visitors to the adverse effects of tobacco and second-hand smoke or vapor.

Policy

Tobacco use and products such as electronic cigarettes that produce vapor emissions are strictly prohibited in the Pender County Health Department building, on the grounds up to 50 linear feet surrounding the Pender County Health Department, all health department owned vehicles assigned to the department and at all health department functions.

Procedure

1. This policy applies to all employees, clients, contractors, vendors and visitors to the health department.

2. Employees are encouraged to avoid smoking within view of health department clients during operating hours.

3. Employees working away from the health department for environmental health and other outreach services are prohibited from smoking around health department clients.

Procedure (cont)

4. Tobacco products (combustible and non-combustible products including electronic cigarettes) cannot be purchased, accepted as donations, and / or distributed to clients the department serves.

5. Copies of this policy will be distributed and reviewed during new employee orientation by the appropriate supervisor and whenever policy is revised. A copy of policy signed by employee will be placed in employee's personnel file.

6. Appropriate signage will be posted at all building entrances and on the grounds of the department.

7. The Pender County Health Department provides support to employees who want to quit the use of tobacco products. These employees are encouraged to talk to their health care provider or the health department's health care providers about quitting. Employees are encouraged to use the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW, available from 8:00 a.m. to 12:00 midnight, seven days per week. Educational materials are available at the health department to increase staff awareness of the importance of quitting tobacco use.

8. The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of all staff. All individuals share in the responsibility for compliance. All staff is asked to help with compliance when it comes to clients, contractors, vendors, and visitors by politely informing them of the policy and asking that they refrain from smoking/using tobacco in the buildings and on the health department grounds. In keeping with the health department mission, the 1-800-QUIT-NOW free telephone tobacco use cessation support number is posted in the health department.

9. Any problems with enforcement or adherence to this policy should be to the attention of the appropriate supervisor and handled through the normal chain-of-command. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other department rules.

I have received the Tobacco-Free, Vapor-Free Health Department Policy.

_____ _____

Employee Name Date

PENDER COUNTY HEALTH DEPARTMENT

Title: Workforce Recruitment, Retention & Development/Training Policy	**Department:** Administrative
Effective Date: May 1, 2012	**Last Revised:** May 2, 2022
Approved by: _____ Carolyn Moser Health & Human Services Director	_____ David Piepmeyer Board of Health Chair

PURPOSE
The purpose of this policy is to recruit, develop and retain a professional, diverse workforce.

POLICY
Pender County Health Department (PCHD) is committed to the employment, development and retention of its employees as public health workers. All staff members are encouraged to participate in professional and continuing education activities to the limit that budgetary and time constraints will permit. Staff members are encouraged and expected (and in applicable situations required) to attend such activities as are necessary to maintain professional standards and competencies in order to remain abreast of new developments in their respective areas of responsibility. All employees are subject to the conditions outlined in the Pender County Personnel Policies. This policy is in addition to the policies and procedures set forth in the county Personnel Policy.

PROCEDURES
Workforce Recruitment: The PCHD will abide by the laws and statutes governing "Equal Employment Opportunity" employers. All personnel responsible for recruitment and employment will follow state and federal labor laws to assure that equal employment opportunity based on reasonable, job-related position requirements is actively observed to prevent any discrimination based on race, color, religion, sex, national origin, political affiliation, qualified disability, marital status or age. Applicants with disabilities shall be given equal consideration for positions in which their disabilities do not represent an unreasonable barrier to satisfactory performance of duties. Notices with regard to equal employment matters will be posted in conspicuous places on county premises and where notices are customarily posted. See Pender County (PC) Personnel Policies Manual, Article II-Employment, Section 4. Recruitment.

Diversity: Efforts will be made to hire a workforce as diverse as the demographics of the Pender County population identified in the most recent Community Health Assessment. Anyone expressing an interest in available positions with PCHD has the opportunity to file an application. All job opportunities are listed on the PC Government website.

Recruitment Sources: When position vacancies occur, the Human Resources Department will publicize these opportunities for employment, including applicable salary information and employment qualifications. Information on

job openings and hiring practices may be published in local and/or other news media as necessary to inform the community in an effort to obtain a quality and diverse pool of applicants. Positions posted on the county website follow the guidance of the Pender County Human Resources policies and procedures. Job openings for professional positions are posted at area colleges and universities including historically Black Colleges/Universities. For non-professional positions, consideration for job announcements will be posted in an effort to provide as much exposure to culturally diverse candidates as possible.

Individuals will be recruited from a geographic area as wide as necessary and for a period of time sufficient to ensure that well-qualified applicants are obtained. Pender County Human Resources ensures employment advertisements contain appropriate verbiage concerning equal employment opportunities, complying with Federal and State statutes.

Retention: Retention of a qualified and diverse workforce is a priority. PCHD promotes a workplace environment that encourages accountability, commitment to the communities served, pride in individual and team contribution, and engages all staff in continuous learning.

Training Opportunities: Management Staff/Supervisors share information about staff training opportunities via emails, postings, and/or staff meetings. Employees may submit requests to their supervisor for continuing education events relevant to their position and to Public Health. The agency will support individuals who wish to acquire new skills or improve their knowledge as budgets and workload allow per county policy. The Health Department will maintain budget lines within program budgets to support and assist staff with continuing education to meet state and licensure requirements.

Workforce Development:
All staff members are responsible for ongoing professional growth and skill development to meet changing public health priorities and to meet any licensure requirements based on their job description. Job descriptions are reviewed annually by the staff members and supervisors to assure accurate reflection of tasks, duties, and requirements of the position.

During the annual performance appraisal, the supervisor and employee work together to identify the employee's training needs for the upcoming year. The plan may include new state or federal training requirements related to the position held, continuing education specific to licensing requirements, and/or areas identified by the employee and/or supervisor(s) where knowledge and/or skill improvement is needed or desired. Plans may include development of succession planning that prepares staff for future leadership positions. Individual training needs are noted on the Performance Evaluation under the Employee Goals section. Employees will complete required trainings and adhere to any timelines required by the state or as soon as possible when the training is delayed at the state level.

Training Mandates:
The Pender County Health Department will comply with the NC Administrative Code, Section .003 – Local Health Department Staff, Rule .0301, which identifies the "Minimum Standard Health Department Staffing." In compliance with this rule, the following shall be mandated:

Public Health Nurses
Legal Authority: Nurses will follow the G.S. 90-171.20(7) North Carolina RN Nursing Practice Law; 21 NCAC 36 .0224, LPNs G.S. 90-171.20(8) North Carolina LPN Nursing Practice Law and 21 NCAC 36 .0225.

- Must possess a nursing degree from an accredited baccalaureate school of nursing or successfully complete the the introductory course *Principles and Practices of Public Health Nursing* under the auspices of Department Health & Human Services (DHHS). Must pass competency exam within one year of employment with the health department.
- Must maintain Continuing Competence as required by the Board of Nursing effective July 1, 2006. See https://www.ncbon.com/
- Formal education or training needed to perform activities within the scope of practice for the registered nurse as well as the following:

- Dispensing of Drugs by Public Health Nurses
- Title X Mandatory Trainings (if working in Family Planning clinic)
- CPR Training
- Respiratory Fit Testing
- Training in NCEDSS, NCIR, CVMS if applicable

Physician, Nurse Practitioners

- Nurse Practitioner's practice is governed by the NC Board of Nursing 21 NCAC 36 .0801-.0813 and the NC Medical Board 21 NCAC 32M .0101-.0116.
- All practitioners are subject to the NC Board of Pharmacy for prescriptive authority. Pharmacy Practice Act, N.C. G.S. 90-85.2 to 90-85.44
- Physicians are regulated by the NC Medical Board.
- Staff will be responsible to meet the licensure requirements of their respective licensing boards
- CPR Training and Respiratory Fit Testing
- Title X Mandatory Trainings (if working in Family Planning clinic)

Environmental Health Specialists (EHS)

- Must have a Bachelor's Degree with 30 hours of physical or biological science.
- Must pass the National Environmental Health exam.
- EHS employed by the health department will be delegated authority by the state to administer and enforce state environmental health rules and laws as directed by the state pursuant to G.S. 130A-4(b). This delegation will be done according to 15A NCAC 18A .2300.
- Newly employed environmental health specialists (interns) will attend state mandated centralized training when it is offered by the state.
- All EHS must complete 15 hours of continuing education approved by the NC State Board of Sanitarian Examiners annually.

Registered Dieticians

- Must have a Bachelor's Degree in Dietetics, Public Health Nutrition or Nutrition, Master's Degree in Dietetics, Public Health Nutrition or Nutrition and credentialed as a Registered Dietician.
- Newly hired nutritionists/RD will attend a state approved training as indicated by their position.
- Newly hired nutritionists/RD will attend a breastfeeding training.
- In compliance with CDR – 75 hours of CEUs associated with the RD's Learning Plan goals and objectives must be completed within five (5) years of submission of learning plan.

Breastfeeding Lactation Coordinator

- Must successfully complete the NC Lactation Educator Training Program or other approved breastfeeding program.

Orientation Training

- See health department Orientation Policy & New Employee Orientation Checklist for required training, certificates, etc.
- All employees funded in whole or in part by Title X funds will complete the Title X/Family Planning required trainings.
- All staff will complete or provide proof of completion of ICS 100,701A, and 800B within six (6) months of employment. Additional NIMS classes may be required depending on specific job responsibilities

Annual Training

- All employees who are employed with the health department for at least one year are required to complete annual training.
- Annual training is scheduled in the month of December.
- All employees receive an email reminder in December to complete annual training along with the instructions on how to access the training documents, checklist, etc. in the shared data file.
- See the attached Annual Training Check List remember to include and Employee Training Instructions for all required policies, procedures, trainings and certificates.
- All employees who are funded in whole or in part by Title X funds will complete the annual Title X/Family Planning required trainings.
- All required training documentation will be retained in the employee's personnel file.
- Employees will be responsible for maintaining their own record of continuing education and professional development log.
- The Health Director and Senior Management Team will receive on-going training and updates in Public Health Laws and Rules.
- Staff will be trained on policies as they are adopted and revised.

Infection Control/Bloodborne Pathogens/Immunizations

- Employees receive training on Infection Control and Bloodborne Pathogens at Orientation and annually thereafter. (See Infection Control & Bloodborne Pathogens Exposure Control Policies).
- See Infection Control Policy for employee immunization requirements.
- Respiratory Fit Testing Training (See Respiratory Fit Test Training Policy).

Health Disparities Training (Differences in health and health care between groups of people. Health disparities disproportionately affect the morbidity and mortality of diseases according to someone's race, culture, environment, sex, age, socioeconomic status, etc.)

Upon hiring and annually, all staff will receive training on health disparities.

- Each employee will complete the online training on the HRSA Public Health Training Network site upon hiring and annually. Proof of training will be kept in employee's personnel file.
- Each employee will review the most current Community Health Assessment and/or the State of the County Health Report (SOTCH) annually.
- The DON will provide an annual review of health disparities to staff. Resources will include the Child Health Report Card, the Women's Health Report Card; and other county level data.
- The Health & Human Services Director will provide an annual review of health disparities to the Advisory BOH utilizing the most current Community Health Assessment/State of the County Health Report (SOTCH) and other county level data. The Health & Human Services Director will present recommendations/suggestions for changes in services or approach based on the data/input reviewed.

Required Pender County HR Trainings

Pender County mandates training requirements for new employees and ongoing training for existing employees. See Article X-Employee Education and Training, Section 1-Education and Training Requirements of the Pender County Personnel Policies Manual for completion dates. Trainings include, but are not limited to:

- Safety Training
- Workplace/Sexual Harassment
- Cultural Diversity
- Customer Service
- Workplace Violence
- Professionalism/Ethics
- Communication & Behavioral Styles

- Managing Difficult Situations & People
- Supervisor Training (for Supervisors only)
- Meeting Management

Performance Appraisals:

- The county's probationary period is 6 months.
- Performance appraisals are conducted annually.

Job Descriptions:

- Job Descriptions reflect the tasks, duties, requirements and qualifications of the position.
- Supervisors review job descriptions with employee during the orientation process and annually during the employee performance appraisal; they are signed by the supervisor, employee and Health & Human Services Director and filed in the employee's personnel file.
- If job responsibilities change, the job description is revised to reflect the change and is signed by the employee, supervisor and Health & Human Services Director.

Reference Policies:

- Orientation Policy
- Pender County Personnel Policies Manual
- Infection Control Policy
- Bloodborne Pathogens Exposure Control Policy
- Respiratory Fit Testing Policy

PENDER COUNTY HEALTH DEPARTMENT

Title: Adjudication Process **Department: Administration**

Effective Date: May 10, 2012 **Last Revised: May 15, 2015**

Approved by:

George Brown
Board of Health Chair

Carolyn Moser
Health & Human Services Director

Background and Purpose: To assure the Pender County Health Department follows procedures for adjudication set forth in NC G.S. 130A-24.

Scope: Pender County Board of Health and the Pender County Health & Human Services Director

Applicable Laws and Rules:

NC General Statutes 130A-24
NC General Statutes 130A-34
NC General Statutes 130A-39
NC General Statutes 130A-41

Policy: The Pender County Health Department, the Pender County Board of Health shall follow the adjudication process as outlined in NC G.S. 130A-24.

PENDER COUNTY HEALTH DEPARTMENT

Title: Rulemaking Authority	**Department:** Board of Health/ Pender County Commission
Effective Date: April 19, 2022	**Last Revised:**

Approved by:

David Piepmeyer, Chair Pender County Commission	Date	Carolyn Moser, MPA HHS Director	Date

Purpose: To provide guidance on the rulemaking authority by local boards of health necessary to protect the public's health.

Scope: Statutory rulemaking authority assigned to local boards of health

According to N.C. General Statute 130A-39, local boards of health have the "responsibility to protect and promote the public health" and are specifically authorized to "adopt rules necessary for that purpose." This authority is given to the Pender County Board of Commissioners who serve as the local board of health. The board is required to adopt rules governing administrative penalties for violations of any local rules governing wastewater collection, treatment, and disposal.

A local rule:

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;
- is not discriminatory;
- does not violate any law or constitutional provision;
- does not make distinctions based upon policy concerns generally reserved for legislative bodies. Only legislative bodies are authorized to make policy-based distinctions.

Local boards of health may adopt rules solely based on health. Some rules may be pre-empted if the state already has already provided a regulation. Rules that are more stringent than rules adopted by the Commission for Health Services or Environmental Management Control must demonstrate that more stringent rules are necessary to protect the public's health.

Process:
When a public health concern is identified, the health director, Board of Health and county attorney will obtain guidance from the UNC School of Government for the steps taken to determine the need for a new county public health rule and its implementation.

Ten Essential Public Health Services

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts and needs.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services, and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

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Pender County Health Department
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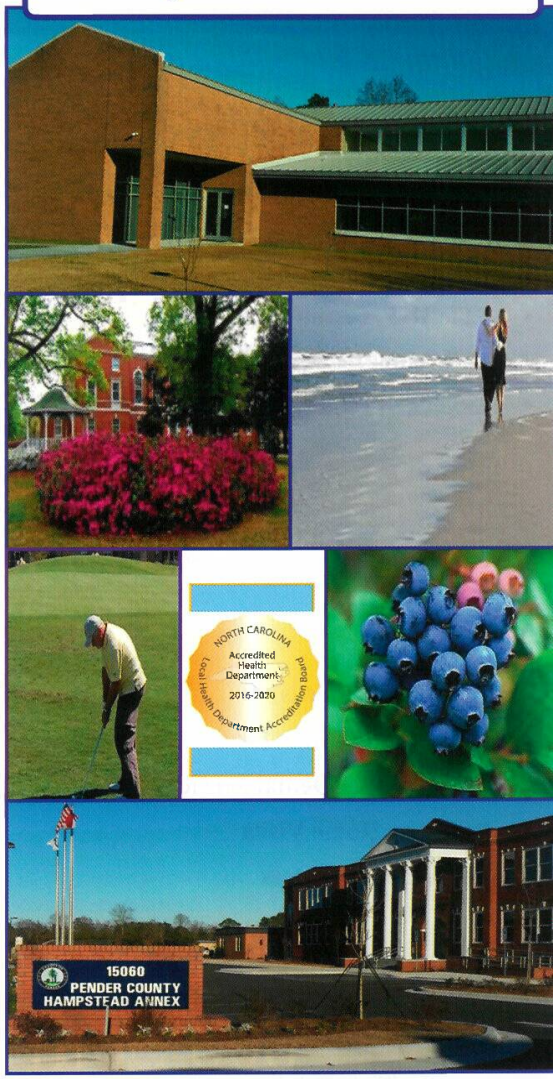
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Hampstead Annex
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(910) 270-5000

We gladly accept Medicaid, Medicare, Health Choice and most private insurance.

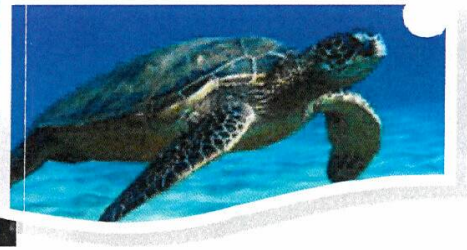
Pender County Health Department

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Pender County Health Department Services



Adult Services

- Physical Examinations
- Sick & Well Care
- Immunizations
- STIs/HIV Testing
- Full Range of Dental Services
- Laboratory Services

Children's Health

- Immunizations
- Sick Care
- Well Child Checks
- Care Coordination for at-risk Children
- Full Range of Dental Services
- Newborn Home Visits
- Laboratory Services

Nutritional Services

- Women, Infants, & Children's Supplemental Food Program (WIC)
- Breastfeeding Education
- Nutrition Education

Women's Health Services

- Family Planning (Limited Fertility Consultation, Physicals & Birth Control)
- Pregnancy Testing
- Prenatal Care
- Colposcopy Clinic
- Pregnancy Care Management
- Postpartum Home Visits
- Immunizations
- Breast & Cervical Cancer Screening
- High Risk Prenatal Home Visits

Special Services

- Communicable Disease Prevention & Control
- TB Testing
- Public Health Preparedness
- Vital Records
- Health Promotion & Community Education
- Diabetes Self-Management Program
- Community Outreach & Certified Application Counselors
- Chronic Disease Self-Management

Environmental Health Services

- Food & Lodging Inspections
- Temporary Food Establishment Permits
- Septic /Well Permits
- Water Testing
- Institutional Inspections (Child Care Facilities, Schools, Nursing Homes)
- Swimming Pool Inspections
- Tattoo Parlor Inspections

803 South Walker Street 910-259-1230

Protecting your smile... Protecting your health...

The health of your teeth and gums impacts the health of your body. Don't wait until it's too late.

Tooth decay and gum disease are caused by *plaque*, a sticky combination of bacteria and food. Plaque begins to build up on teeth within 20 minutes after eating. If teeth are not cleaned well each day, plaque will lead to tooth decay. Over time, plaque will harden into tartar. Healthy teeth are clean and have no cavities.

Plaque and tartar lead to a number of problems:

- Cavities — holes that damage the structure of teeth
- Gingivitis — swollen, inflamed, bleeding gums
- Periodontitis — destruction of the ligaments and bone that support the teeth, often leading to tooth loss
- Bad breath — "halitosis" — can manifest from a variety of issues and should be evaluated by a dental professional
- Abscesses — cause pain and inability to use teeth

A variety of health problems, from preterm labor to heart disease can be affected by plaque and tartar build-up.

Healthy gums are pink and firm. To maintain healthy teeth and gums, follow these steps:

- Brush your teeth at least twice daily, preferably after every meal and at bedtime
- Floss at least once per day. If you floss only once a day, bedtime is better.
- See your dentist for a routine cleaning and exam. Many dentists recommend having the teeth professionally cleaned every 6 months

Keep dentures, retainers, and other appliances clean. This includes brushing them regularly. You may also need to soak them in a cleansing solution.

If it has been more than a year since you have seen a dentist and/or do not have a regular dentist, call us today for an appointment!

We also provide dental exams for children at area schools, daycares and Head Start through our mobile dental clinic.

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Dental Services
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Burgaw, NC 28425
910-259-1503

North Carolina Accredited Health Department 2016-2020 Local Health Department Accreditation Board

Pender County Health Department Dental Services

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All Ages are Welcome!



We gladly accept Medicaid, Health Choice and private insurance.

Office Hours:
Monday– Thursday
8:30 am-4:00pm

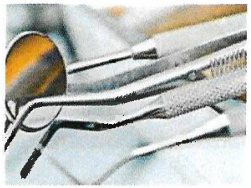
For dental emergencies call the office for further assistance

Phone (910) 259-1503

Pender County Health Department Dental Services

Comprehensive Dental Exam

- We review your medical and dental history.
- Oral cancer examination & Periodontal evaluation are provided to check for gum and bone disease.
- Individual teeth are checked visually for cavities.
- A bite examination is performed to check for proper placement of teeth.
- X-rays will be done to check for hard-to-see cavities and bone loss.



Professional Teeth Cleaning

- Detects gum erosion and pockets of bacteria.
- Helps prevent decay.
- Removal of plaque buildup.

Dental Sealants

- Play an important role in helping to prevent cavities.
- Thin plastic coatings are applied to grooves on the chewing surfaces of back teeth.
- Protect the chewing surfaces from tooth decay by keeping germs and food particles out of the grooves.



Restorative Dentistry

A smile can be the most eye-catching feature of a face. With dentistry's many advances, you no longer have to settle for stained, chipped, or misshapen teeth. You now have choices that can help you smile with confidence.

All fees for services are determined using a sliding fee scale that is based on your household income. We will be happy to work with you on payment options.

Composite Fillings (Tooth Colored)

- Silver metal fillings are becoming a thing of the past.
- The metal fillings expand and contract with temperature changes, often cracking and breaking the teeth they are meant to protect.



- We offer the newest composite fillings matched to your tooth color.

Other Services Include:

- Fluoride Treatments
- Most Tooth Extractions
- X-Rays
- Dentures
- Crowns
- Partials and Bridges

803 South Walker Street Burgaw, NC 28425

A Pender County Health Department Social Worker Can Help You:

- **Apply for Medicaid and complete other applications**
- **Apply for Affordable Health Care**
- **Apply for Food and Nutrition Services and resources**
- **Provide Information on community based resources that are available to you and your family**

How Can My Family Get Assistance?.....

Contact Salina Dixon, Social Worker

(910) 259-1179

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Pender County Health Department

Social Worker Services

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Do You Need To Apply For...

Medicaid

Affordable Health Care

Pregnancy Care Management

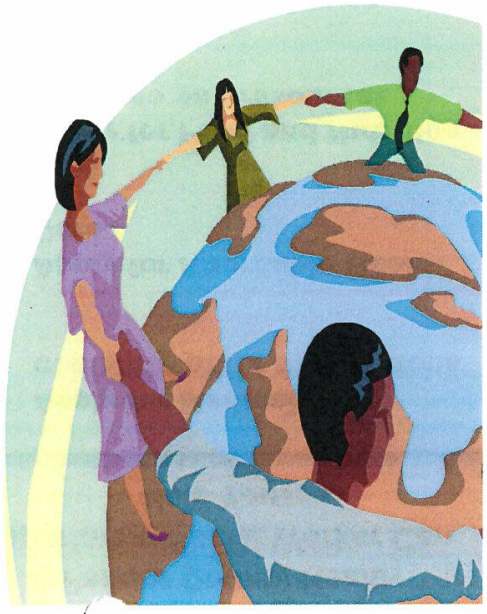
Housing

Clothing

Shelter

Food Bank

Transportation







Pender County Health Department

803 South Walker Street

Burgaw NC, 28425

(910) 259-1230

Social Work Services Provide Help Such As:

- **Obtaining medical, dental and behavioral health services**
- **Providing education about the available community based resources**
- **Linking your family to community resources such as WIC, Medicaid, Food and Nutrition Services**
- **Helping to connect with programs and services for you and your family as your needs change**
- **Scheduling classes such as smoking cessation, parenting, diabetes, etc.**
- **Helping you establish a medical home**

Pender County Health Department

Social Worker

Salina Dixon

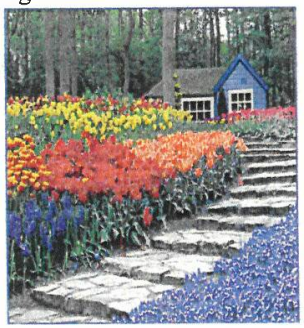
(910) 259-1179

Private Water Supply Wells:

North Carolina rules, as of July 1, 2008 require that the local health department must permit all installation and repair of wells for private water supplies.

The local health department will have to make multiple visits to the site in order to determine placement options, inspect the installation and routing of the well, and also collect water samples for testing as to ensure the quality of the drinking water.

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Items to Consider When Installing a Private Well

- Contact the local health Department for required permits
- Check the well contractor's certification card and expiration date
- Be aware of separation requirements from wells such as (this is not a complete list):

-Septic tank and drain field: 100 ft
-Building foundations: 25 ft
-Surface waters such as ponds and lakes: 50 ft
-Surface waters such as creeks and streams: 25 ft
-Animal barns: 50 ft

*For more information on private wells and well contractors refer to:
www.ncwelldriller.org

System Maintenance Tips:

- Know the location of the system
- Do **NOT** drive or build over the system
- Grade the site to remove excess rainwater away from the system
- Do **NOT** flush solid waste materials such as, Disposable diapers, cigarette butts, sanity napkins, tampons, condoms or other materials that do not easily decompose.

	Number of People Using The System				
	1	2	4	6	8
Tank Size (gallons)	Average Number of Years Between Pumping				
1,000	12	6	3	2	1
1,250	16	8	3	2	1
1,500	19	9	4	3	2

*1,000 gallons is the average size for 3 and 4 bedroom homes.

- Do **NOT** put grease into the system
- Do **NOT** pour oil, solvents or poisons into the system
- Plants trees and shrubs **AWAY** from the system
- **Restrict** the use of a garbage disposal
- **Maintain** a grass vegetative cover over the nitrification

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28425
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(910) 259-5000

For more information, visit
[redacted]

Pender County Health Department Environmental Health Services

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Services offered:

- **Site Evaluation**
- **Existing System Inspections**
- **Repair Permits**
- **Improvement Permits**
- **Operations Permits**

On-Site Wastewater

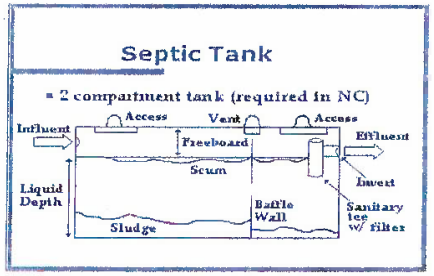
Private Water Supply Wells

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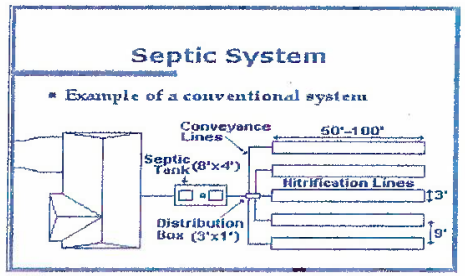
Pender County Health Department Environmental Health Services:

On Site Wastewater:

- Use where municipal sewer is not practical
- Wastewater is **ANY** sewage discharges from residences, businesses, or other places
- Often contains disease-causing germs and it must be treated so that public health and the environment is protected from contaminants



- Conventional septic system consist of a septic tank (above), a distribution box, nitrification lines, all connected by pipes called conveyance lines.
- All components must be resistant to corrosion
- Wastewater first flows into the septic tank where heavy solids separate from light scum, (primary treatment)
- Wastewater now (effluent) flows into the distribution box, it divides the flow evenly into the nitrification lines
- Nitrification lines usually consist of perforated pipe in a gravel bed that allows the effluent to slowly move into the soil
- If soil conditions are suitable, the effluent is purified as it flows through the soil in a process of aerobic (presence of oxygen) treatment
- Aerobic soil is where most of the germs and pollutants are removed so the type of soil Where the septic system is located is very important.



- **Suitable soils** are deep, well-drained and color is often a uniform yellow, orange, or red in nature
- **Marginal soils** often have some gray color (chroma 2 or less on the Munsell color chart) This may indicate anaerobic conditions and sometimes is seen in clay soils where affluent would flow too slowly, or in very wet soils
- If site is marginal, modified or alternative septic systems may be used

These systems include:
Shallow Systems, Fill Systems, Low-Pressure Pipe (LPP) systems and Sand -Backfill Trench (STB) systems, with or without artificial drainage.
Approved pre-treatment devices may also be used to further purify the effluent.

The **Environmental Health Specialist** from the local health department, must perform a site evaluation. The site evaluation procedure is governed by state and local laws & regulations. A septic system must be installed before electrical service can be permanently connected.

Refer to On-site Water Protection at:
wwwpublichealth.nc.gov

In order for the site to be properly evaluated for the use of a septic system please do the following:

1. Apply at the local health department and pay the evaluation fee
2. Submit a plat or site plan of the site
3. Clearly mark the site boundaries
4. Remove excess vegetative growth and other obstacles so the Environmental Health Specialist will have adequate access to the site. Do not disturb the soil.
5. Place a sign at the road front identifying the site.
6. Use a state-certified septic installer.

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(910) 259-1233 or (910) 259-5000

****NE[illegible]RDINANCE AS OF 2016 REGA[illegible]NG STRAY ANIMALS****

Section 3-25. Handling of stray animals by the public: *"It shall be unlawful for any person, without the consent of the owner or keeper, knowingly and intentionally to harbor, keep in possession by confinement or otherwise, any animal that does not belong to him/her. Any person in possession of a stray animal shall contact the Pender County Animal Control within 24 hours to arrange for impoundment. If the person possessing or harboring does not want the animal taken to the shelter, they must provide a clear photo and description of the animal, along with the location the animal is being held to the Pender County Animal Shelter within 24 hours. They are required to hold the animal for 7 consecutive days and must provide proof they have made reasonable attempts to locate the owner."*

What does this mean? This means anytime you find a stray animal you should immediately contact Pender County Animal Control to pick up the animal and bring it to the shelter! You have up to 24 hours to do so from the time you find the animal. This makes it *safer* for you since most of the time you have no idea of the animal's vaccination status or temperament; and it prevents you from having strangers or possibly false impersonators come to your home to claim the animal. *It removes that responsibility and liability* from you! This also makes it easier for the owner to find their pet and for Animal Control to better monitor habitual offenders!

What if the owner isn't found? In NC owners have 72 hours to come to the shelter to claim their animal or the animal becomes county property. At the end of 72 hours if the animal appears friendly and generally healthy, the shelter will place the animal up for adoption! IF the animal has serious health issues or aggression, the animal is euthanized for humane/safety reasons.

What if I want to keep the animal? **There is no established timeline in NC that gives you ownership of a stray animal.** The only way to have guaranteed ownership of a stray is to adopt it from the shelter at the end of the 72 hour hold. Notify the officer/shelter that you want first option to adopt!

PENDER CO[illegible]Y ANIMAL CONTROL IN[illegible]RMATION:

You must contact Animal Control for these services:

To have animals picked up

To report loose / wandering animals

To report neglect or abuse

To report bites

910-259-1349

NC Wildlife Resources Commission:

Anything pertaining to injured or nuisance wild animals must go through NC Wildlife:
919-707-0010

Cape Fear Raptor Center:

To report an injured raptor (eagle, hawk, vulture, etc)

910-602-6633

ASPCA Poison Control

888-426-4435

View our animals online!

https://www.facebook.com under

Pender County Animal Shelter—Pender Pets

Wilmington NC Craigslist Pet Section—search PCAS

Petfinder.com & Petharbor.com

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Pender County Animal Shelter

Pender County Animal Control Ordinance Facts

What pet owners need to know!

3280 New Savannah Rd

Burgaw, NC 28425

Tel: 910-259-1484

animalshelter@pendercountync.gov

Shelter Hours:

Monday - Friday 8am - 5pm

Saturday & Sunday - Noon - 4pm

Ordinances fect you the most:

While it is important to know all of the ordinances related to owning pets in Pender County, here are some key ones that everyone needs to know!

Section 3-6. At Large: *"It shall be unlawful for any owner or keeper of a dog or cat to allow it to run at large in the county. Hunting dogs shall be exempt from the provisions off this section, while engaged in hunting, as long as they are under the supervision of the owner or keeper".*

The definition of "at large" is as follows: *"Any animal shall be deemed at large when it is off the property of its owner, off of leased property of its owner, off of property for which the owner has permission for the animal to be on, and is not under the restraint of the owner or his designee"*

The definition of "restraint" is as follows:

Any animal is under restraint within the meaning of this chapter if it:

1) *Is controlled by means of chain, leash, electronic device, or other tether*
2) *Is within or on a vehicle driven or under the control of the owner or his agent*
3) *Is locked within a secure enclosure and cannot exit without assistance*
4) *Is locked within the dwelling or outbuildings of the owner and cannot exit without assistance*
5) *Is under voice control*

Violation of this section is a Class 3 misdemeanor punishable by a fine of no less than $50.00 and not more than $500.00!

This means your animal needs to be on your property in a fence, in your home, on a chain/ tether or under your direct supervision & voice control at all times!



Section 3-11. Vaccinati Jogs, cats & other pets:

In this section the ordinance states: *"It shall be unlawful for an owner or keeper to fail to provide current vaccination against rabies (hydrophobia) for any dog or cat 4 months of age or older."*

This section also gives the health director or Board of Health the right to require the vaccination of other species of animals in the event of a threatened epidemic or to control an existing epidemic. Rabies vaccines will ONLY be recognized when administered by a licensed veterinarian or certified rabies vaccinator (CRV).

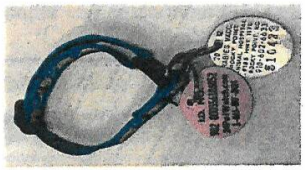
Section 3-12. Vaccination tag & certificate:

All animals vaccinated for Rabies are required to have a tag assigned for that vaccination. Owners must be given a certificate with details regarding the animal vaccinated & the vaccine. It is a STATE LAW that dogs & cats wear their CURRENT Rabies tag at ALL times.

Part B of this section states: *"It shall be unlawful for any dog or cat owner or keeper to fail to provide the dog or cat with a collar or harness to which a current rabies tag issued under this section is securely attached."*

Section 3-7. Identification tag: *"It shall be unlawful for a dog owner to own a dog that is not fitted with an ID tag displaying the owner's name & phone number on the collar of the dog; the ID tag shall be worn at all times and shall serve as prima facie evidence of ownership of a dog."* **Violation of this section is a Class 3 misdemeanor punishable by a fine of no less than $50.00 and not more than $500.00!**

****It is recommended that cats have identification as well. Microchips are the BEST form of identification for dogs & cats as they can not be altered or removed!****

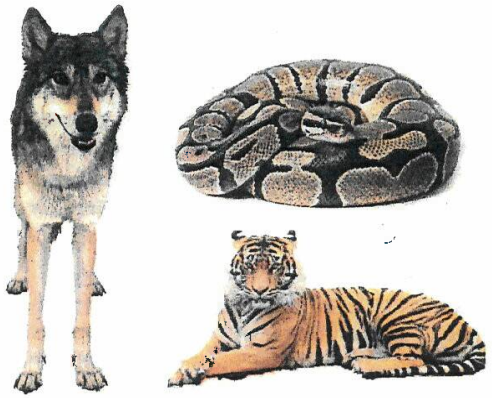


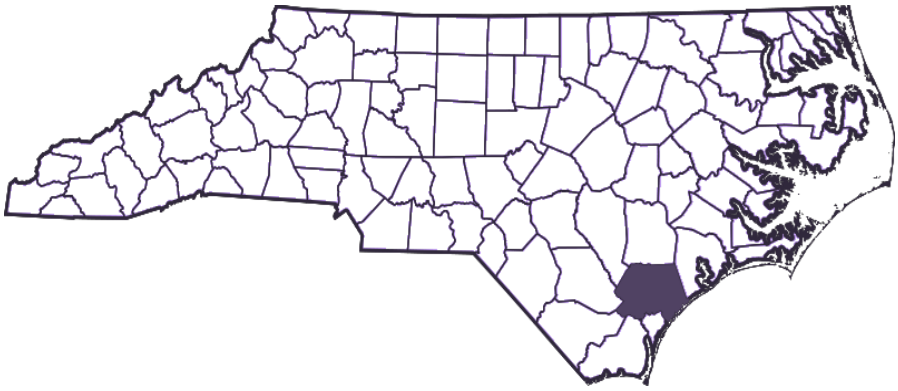
Section 3-8. Unlawful removal or uction of identification articles:

"It shall be unlawful to remove or destroy any identifying articles including collars, tattoos, tags, microchips or any other article used to prove ownership of a dog." **Violation of this section shall be a class 3 misdemeanor punishable by a fine of no less than fifty dollars ($50.00) and not more than five hundred dollars ($500.00).**

Section 3-28 Prohibited—Inherently Dangerous Wild Animals: *"It shall be unlawful for any owner or other person to possess or harbor an inherently dangerous wild animal as defined within this chapter within the county."* There are exemptions in this section in regards to zoos, circuses, fairs, or other temporary events.

Inherently Dangerous Wild Animals are defined as:
"The term applies to the following animals which are inherently dangerous to person or property and which include, but are not limited to: all felines, other than the domestic house cats (including, but not limited to lions, tigers and leopards), nonhuman primates, bears, wolves, reptiles that are venomous or weigh 25 pounds or more (excluding all turtles), and other non domesticated carnivores. Not included in this definition are: emus, llamas, ostriches, alpacas and pack animals (as defined in this chapter)."





2021

State of the County Health (SOTCH) Report Pender County, North Carolina

The 2021 State of the County Health (SOTCH) Report presents an update on the current health status of Pender County residents. The SOTCH provides health information that is intended to augment the 2018 Community Health Assessment (CHA) that is conducted every four years and includes a more comprehensive analysis of the overall health status of the county. The main priorities identified from the 2018 Community Health Assessment were:

1- Mental Health and Substance Use Disorders
2- Nutrition and Physical Activity
3- Cancer Education and Prevention

This report demonstrates progress made in the last year as it relates to these health priorities, recent health statistics, new initiatives and emerging issues that may impact the health status of residents in Pender County. The 2018 CHA and previous SOTCH reports may be found at the county libraries, the health department, or online at: http://health.pendercountync.gov

NORTH CAROLINA Accredited Health Department 2016-2022 Local Health Department Accreditation Board

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Pender County Health Department

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910-259-1230

Pender County Snapshot

Population (2019 est.)	63,060	Percent White	75.4%
Est. Percent Change of Population (2010-2020, Census)	15.5%	Percent African American	14.7%
Population Projection 2030	69,689	Percent Hispanic/Latino	7.5%
Population Projection 2040	79,163	Median Household Income (2015-2019)	$57,240
Percent Female	50.2%	Median Family Income (2019)	$67,061
Percent Male	49.8%	Per Capita Income (2015-2019)	$29,266
Percent Under 18 Years Old	22.2%	Population Living Below Poverty	12.3%
Percent Under 5 Years Old	5.7%	Under Age 18 Below Poverty (2019)	22.0%
Percent 65 Years and Older	18.6%	Percent of Population that are Veterans (219)	10.3%
Median Age (2019)	42.7	Average Life Expectancy at Birth (2017-2019)	77.3

(U.S Census Bureau, 2019 Quick Facts; N.C Institute of Medicine)






Maternal and Child Health

The NC State Center for Health Statistics shows the Pender County birth rate for teens ages 15-19 years old was 22.2 compared to 22.0 for North Carolina (2015-2019). Approximately 12% of pregnant women had less than a high school education while 33% had a college or post-graduate degree. The percentage of women that smoked during their pregnancy was 10.6 compared to a state rate of 8.6%. Eighty-five percent of mothers had chosen to breastfeed at the time of hospital discharge. About 68.5% of women sought prenatal care in the first trimester. Only two percent of pregnant women received no prenatal care prior to delivery. Women receiving early prenatal care have lower rates for poor pregnancy outcomes such as low birth weight and infant death.

A brief look at the health of Pender County children showed that there was a 7.6% five-year infant mortality rate (2015-2019) compared to the state rate of 7.0. The child death rate was 8.2% with 43 child deaths under the age of 17 years during this five-year period.

One of the most important long-term factors that can affect a child's health and development is poverty. Twenty percent of children less than 18 years of age are living in poverty. In addition, 19.4% of children are living in households that experience food insecurity.

Access to care means timely use of comprehensive, quality health care services that promote and maintain health; prevent and manage diseases; and reduce unnecessary disability and premature death. Health care access is a concern in Pender County, a designated "provider shortage area." In 2019, there were 4.1 dentists per 10,000 residents compared to the state rate of 5.0 per 10,000 population. The rate for medical providers was much lower: 2.8 primary care providers per 10,000 residents and the state rate was 7.0 per 10,000 people.

10 Leading Causes of Death in Pender County, 2015-2019 Age-adjusted Death Rates

	Cause of Death	Pender County Rate	N.C. Rate
1	Cancer, All Sites	166.1	158.0
2	Heart Disease	157.7	157.3
3	Cerebrovascular Disease	53.5	42.7
4	Other Unintentional Injuries	43.4	39.3
5	Chronic Lower Respiratory	36.0	44.0
6	Alzheimer's Disease	26.4	36.9
7	Motor Vehicle Injuries	24.4	14.7
8	Diabetes	23.9	23.8
9	Suicide	22.9	13.4
10	Nephritis and Renal Diseases	19.8	16.5
	All Causes	**807.6**	**780.0**

(2021 County Health Data Book, N.C. State Center for Health Statistics)

As noted on page three, the highlighted death rates for Pender County are greater than the state rates for 2015-2019. In addition, the overall death rate for the county exceeds the state rate. Many of these causes of death are preventable. Our prevention efforts face many challenges when trying to promote healthy lifestyles through physical activity, healthy nutrition, injury prevention and avoidance of tobacco and other substances. Progress toward many of the community health improvement activities are found in this document. However, residents must assess their own personal choices and behaviors and how their decisions may negatively impact their health outcomes.

From 2017-2019, the average life expectancy for Pender County residents at birth was 77.3 years of age. Life expectancy for women was 80.3 years compared to 74.4 years for men. Aside from gender, disparities are also found among whites with an average life expectancy of 77.9 years compared to 73.8 years for African Americans.

Changes in Data for 2021

The leading causes of death in Pender County for 2015-2019 compared to 2014-2018 revealed few changes. Deaths due to diabetes have dropped from 7th to 8th position. Unfortunately, unintentional motor vehicle injuries moved to the 7th leading cause of death. Concern continues for resident deaths due to other unintentional injuries and suicide.

Tracking Progress of Pender County Health Priorities

Mental Health & Substance Use Disorders	Progress
Identify available resources for mental health and substance use prevention and increase awareness among Pender County residents.	✓ On-going promotion of Quitline NC via community events, brochures, and social media. ✓ On-going multi-disciplinary *Substance Use Prevention Partnership* meetings and action planning/implementation to target mental health and substance use prevention efforts ○ Meetings held virtually due to COVID-19 ○ Regular assessment of state and local data on unintentional poisoning, drug overdose deaths, opioid prescribing rates, and current interventions ✓ Continued participation in state and regional activities for the promotion of smoke-free/tobacco-free policies ✓ On-going promotion of *National Suicide Prevention Lifeline* and *Crisis Text Line* ✓ Current standing order for Naloxone Kit onsite and staff trained to administer ✓ Website and Facebook up-to-date postings on Opioid Epidemic ○ Fewer postings because focus shifted to updates/awareness of COVID-19 pandemic ✓ Promotion of county-wide "Drug Take Back Day" events and locations ✓ Partnered with Pender County Parks & Rec to provide Medication Safety through Summer Camp Education. ✓ Promotion of *Integrated Family Services Mobile Crisis* team with patients and community ✓ On-going referrals to/promotion of Coastal Horizon's Substance Use Prevention Programs via brochures, flyers, community events, social media, and website ✓ Continues to maintain an up-to-date Resource Guide of mental health providers in Pender County for community members







Opioid Overdose: Understanding the Epidemic
Pender County Website Page:
http://www.pendercountync.gov/hhs/notices-base/opioid-overdose-understanding-the-epidemic/

Integrated Family Services PLLC
(910)-444-4191
http://www.integratedfamilyservices.net/

Tracking Progress of Pender County Health Priorities

- ✓ Monthly Reproductive Life Planning Education Classes at Pender County Department of Social Services that includes the topic of Neonatal Abstinence Syndrome
  - Program resumed virtually in 2021 due to pandemic
- ✓ Partnered with Pender County Cooperative Extension to implement the *Empowering Youth and Families (EYFP)* Program to resident families
  - Training was completed

Empowering Youth and Families Program

NC STATE EXTENSION Pender County 4-H

SAMHSA

Pender County Billboard Designs-Hampstead, NC





Community Outreach/Education



Tracking Progress of Pender County Health Priorities

Physical Activity & Nutrition	Progress
Increase public awareness and promote opportunities for increasing physical activity and nutrition.	✓ On-going collaboration with *Pender County Parks and Recreation* to promote activities held at county parks ✓ Partnership with *Pender County Public Schools* to promote National Walk to School, Bike to School, and the Safe Routes to School Program events ○ Effort halted due to pandemic ✓ Partnered with local Law Enforcement to host the 5th Annual Burgaw Bike Rodeo ✓ On-going promotion of physical activity programs, community events, and opportunities across the county, via brochures, local newspapers, social media (Facebook, health department and county websites) ○ Fewer than normal due to pandemic ✓ Conduct *Diabetes Self-Management Education (DSME)* classes at the health department ✓ *Conduct Matter of Balance (MOB) classes* in the community. Classes focus on falls-prevention, a common injury for older adults. ○ Halted due to pandemic ✓ Promotion of various nutritional programs to health care providers and community partners through Lunch and Learn events ○ Fewer due to pandemic ✓ Continued health presentations with *after school groups and community groups* to promote MyPlate and importance of physical activity ○ Implemented following CDC guidelines ✓ Active participation in regional diabetes awareness campaigns ✓ Facebook page posts on events that promote physical activity and good nutrition ○ Fewer than normal due to shift to promote awareness/information about COVID-19 ✓ Collaboration with *WIC* to promote *World Breastfeeding Day* ✓ Promotion of *National Nutrition Month* through bulletin board displays and social media



Playground at Pender Memorial Park in Pender County
Learn about other opportunities by visiting:
https://penderpr.recdesk.com/Community/Page?pageId=21114



Diabetes Self-Management Education Program
Learn more: http://www.pendercountync.gov/hhs/health-human-services/health-department/diabetes-self-management-education/



Tracking Progress of Pender County Health Priorities

Cancer Prevention & Education	Progress
Identify available resources for cancer screenings and provide the community with educational outreach events/programs to promote awareness.	✓ Monthly promotions to increase awareness in the prevention of many types of cancers o Fewer events held due to pandemic ✓ Educational displays made and set up at all county departments ✓ Facebook posts to promote awareness of many types of cancers o Fewer postings due to pandemic ✓ Billboard designs displayed in the county to promote cancer screening awareness ✓ Promotion of the Breast and Cervical Cancer Control Program to allow uninsured, low-income women the opportunity for breast and cervical screenings ✓ Implementation of the CATCH My Breath program to decrease risk of teens engaging in tobacco and e-cigarette use o Halted due to pandemic



Pender County Breast & Cervical Cancer Control Program

To learn more:

http://www.pendercountync.gov/hhs/health-human-services/health-department/breast-cervical-cancer-control-program-bcccp/







New Initiatives

Substance Use Prevention- Members of the Pender County Opioid Action Team have resumed regular committee meetings of the Substance Use Prevention Partnership (SUPP). It is comprised of a variety of public agency leaders. Through a coordinated effort, priorities of the partnership are to raise community awareness of substance use and addiction, increase provider knowledge of CDC's recommended policies and procedures for prescribing, decrease substance use/opioid overdoses and deaths and raise awareness of community resources, i.e., diversion programs, therapy, treatment, and linkage to support services. The committee monitors data, assesses resources for county residents and identifies unmet needs. Opioid abuse increased slightly in the past year as did most counties across the state. Much of this increase has been attributed to COVID and the limited options for socialization.

The health department collaborates with the Department of Social Services to offer Reproductive Life Planning Education classes that address Neonatal Abstinence Syndrome for babies born addicted to opioids and other substances. Attempts were made to utilize virtual means for this educational program that did not prove as effective as in-person training. The health department has resumed these classes in person.

Health and Human Services Facility- Efforts have begun to design and construct a new health and human services facility. The new building will include the health department and the Department of Social Services.

2022 Community Health Assessment (CHA)- The community health assessment is to be conducted every four years and staff is planning for this nine-month process. Staff will be requesting members of the community to consider assisting with this endeavor. As noted earlier, the CHA helps identify important health topics in Pender County and establishes three main priorities to focus on in the coming years.

Local Health Department Re-Accreditation- The COVID response led to a pause in statewide reaccreditation efforts. The last re-accreditation for Pender County was in 2016. This requirement resumes for 2022 and staff is working to identify the documentation for the 41 benchmarks comprising of 147 activities. Re-accreditation is scheduled for August 2022. This program allows health departments to assess how well the department is meeting national and state-specific standards for public health practice and to address any gaps in service delivery.

Emerging Issues

North Carolina Medicaid Transformation- The North Carolina Medicaid program moved to a managed care system beginning with FY 21/22. Medicaid revenue streams into the health department are posing uncertainties as staff must bill five different health plans for the care provided to patients. The health department has contracted with them to provide services. Staff is learning how to implement new ways of doing business which will include a greater emphasis on the impact of social determinants of health as well as meeting the identified health indicators for the various health plans.

National Opioid Settlement- North Carolina has developed strategies for counties to address the opioid epidemic. In order to develop a strong response plan that will benefit Pender County residents, a work group of community stakeholders will be needed to help identify the most effective programs and prevention strategies.

Aging Public Health Workforce- A recent North Carolina Public Health Worker survey revealed that a significant portion of local health department employees are over the age of 40. Thirty-two percent of senior leaders and 27% of supervisors and managers plan to retire in the next five years. Nationally, public health is comprised of insufficient numbers of young public health professionals. A strong, well-trained public health workforce is an important part of overall community health.

Public Health Workforce Initiative- As part of the American Rescue Plan Act of 2021 (ARPA), the North Carolina Division of Public Health has distributed funds to ten regions in the state. Pender County is part of the Southeast region. A workforce grant work plan will be developed to focus on public health staff recruitment and hiring; a regional training plan and a regional coordination plan to engage a regional leadership team. A main focus of the initiative will be to identify strategies to strengthen the local public health workforce and response to community health issues.

Want to do something? Get involved

Community members can get involved by participating on the Advisory Board of Health; participating in the upcoming 2022 community assessment; attending meetings, forums, community coalitions and outreach events. Join us in our efforts to help support your family, friends, and neighbors as we work on “Building a Healthier Tomorrow.”

PENDER COUNTY HEALTH DEPARTMENT



STRATEGIC PLAN 2020-2024

Mission Statement

The ***Pender County Health Department*** is dedicated to the purpose of disease prevention and health promotion for all Pender County residents.

Health Department Values

Integrity- We are committed to treating all people honestly and fairly, with dignity and respect.

Accountability- We are committed to fiscal and program accountability and evaluating our performance in terms of benefit to the public.

Excellence- We strive for excellence in services to our customers and in leadership throughout the health department.

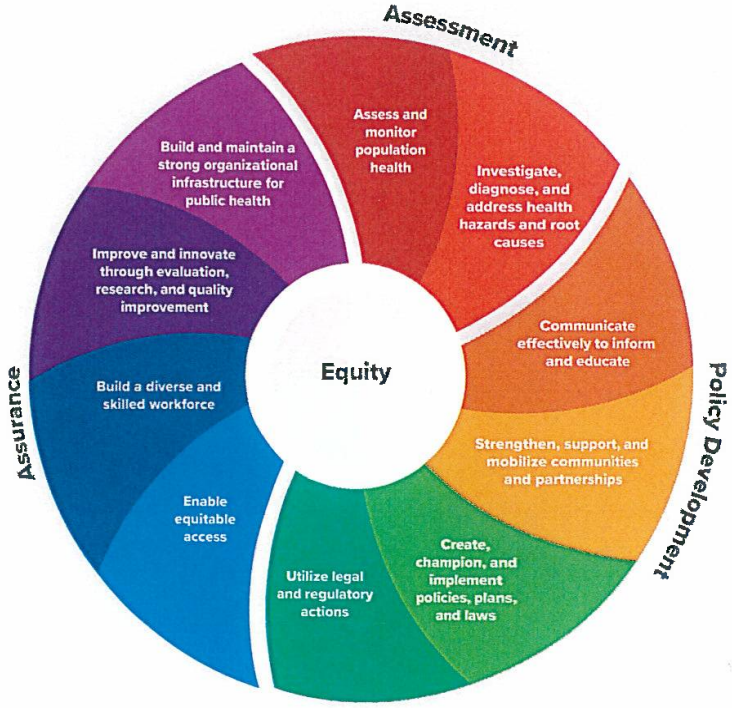
Responsive- We are committed to a strong, professional, responsive public health department that meets the challenges and adapts to a rapidly changing environment.

Teamwork- We are committed to working collaboratively with others to enhance public health services for our communities and our residents.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Created 2020

Pender County Health Department
Strategic Plan
2020-2024

The Pender County Board of Commissioners serves as the Pender County Board of Health which is the "...policy-making, rule-making, and adjudicatory body ..." for the local health department as defined by N.C. General Statute 130A-35. This responsibility supports public health's direct role with the community health assessment, community health improvement plans, and the department's strategic plan. Other requirements that support the development of these plans include:

- Statutory responsibility to protect and promote the public's health
- North Carolina accreditation standards for local health departments require strategic plans
- North Carolina mandated public health services
- Mission of disease prevention and health promotion for all Pender County residents
- Three public core functions (Assessment, Policy Development, and Assurance) and the ten Essential Public Health Services.

The Pender County Advisory Board of Health offers a variety of professional guidance and advocates for the health department and its programs. Recommendations from this board are shared with the Commissioners to assist in decision-making processes.

The objective of this document is to identify and set priorities to guide the work the health department. Areas of emphasis are based on community needs/public health data found in the following:

- Community Health Assessments
- SOTCH Reports
- Health status indicators and statistical data for Pender County
- Public input and community surveys
- Experience and expertise of the Pender County Board of Health, Advisory Board of Health, and health department staff in identifying resources and needs.

They are not intended to exclude or discourage any existing program or other goals and interests. This plan will serve as a road map with evaluation, modifications, and intervention as the ongoing methodology of operation.

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

SWOT Analysis is a tool that identifies strengths, weaknesses, opportunities, and threats of an organization. Specifically, SWOT is a basic model that assesses what an organization can and cannot do, as well as potential opportunities and threats that impact what an organization can accomplish. The Strategic Planning Team developed the following SWOT that can impact delivery of public health services to Pender County communities.

Strengths	Weaknesses
◆ Local Government Support ◆ Strong community partnerships ◆ Competent, well-trained, dedicated staff ◆ On-going professional development ◆ Access to quality technological resources ◆ Bilingual staff ◆ Highly qualified, knowledgeable billing support staff ◆ Inviting public health facilities ◆ Annex location for services- Environmental Health, Clinical, WIC ◆ Training sites for numerous students and career tracks ◆ Enhanced health education and outreach programs ◆ Tele-health ◆ Comprehensive clinical and dental care ◆ Electronic health/dental record systems ◆ New partnerships and regional collaborations ◆ Strong coordination with emergency management to respond to public health preparedness concerns ◆ Knowledge and ability to respond to public health threats such as COVID-19 ◆ Highly trained Animal Shelter staff with supportive veterinarian care ◆ Quality improvement initiatives including practice management training and guidance ◆ Responsible and proactive to emerging issues and trends	◆ Medicaid Managed Care billing uncertainties ◆ Ability to compensate professional staff at levels that attract highly qualified workers ◆ Ability to recruit in professional fields such as dental, nursing, nutrition, environmental health ◆ Availability of mental health resources and providers in the county ◆ Limited primary care and chronic disease management services in the county ◆ Economically diverse population ◆ Challenges related to a rapidly growing population ◆ Aging workforce ◆ Decreasing office space in the health department facility

Opportunities	Threats
◆ Emerging technologies to promote more efficient service delivery ◆ Established relationship with media outlets ◆ Regional partnerships with UNC-W and Southeastern AHEC ◆ Leadership roles of staff in various professional organizations, regional, state and nationally ◆ Safety Net provider for uninsured and underinsured ◆ Up-to-date electronic equipment and tools for staff to perform more efficiently	◆ Lack of public transportation ◆ Limited funding in chronic disease, health promotion and disease prevention services ◆ Tier 3 county ranking limits grant opportunities ◆ Potential cuts to federal, state and local programs ◆ Provider Shortage Area with limited primary care providers in the county

Public Health Strategic Goals 2020-2024	
Goal #1	Improve the health status and prevent premature death for all residents of Pender County
Goal #2	Expand access to primary care, preventive care, and chronic disease management for residents in Pender County
Goal #3	Ensure environmental health and safety through reduced exposure to unsafe food and water, unsanitary environmental health conditions, emerging environmental and vector-borne health issues, and response and recovery during environmental events
Goal #4	Provide a coordinated public health preparedness response for all public health events or communicable disease outbreaks

Public Health Goals and Objectives 2020-2024

1. Improve the health status and prevent premature death for all residents of Pender County.

Objective 1.1 Improve Child Well-being

- Seek ways to reduce five-year trends for infant mortality.
  (2015-2019) Pender County 7.6; NC 7.0;
  (2016-2020) Pender County 6.3; NC 7.0

- Promote early prenatal care for pregnant women.
  (2015-2019) Pender County 68.5%; NC 68.0%;
  (2021) Pender County 68.5%; NC 68.0%

- Identify strategies to decrease the rate of teen pregnancies (Ages 15-19).
  (2015-2019) Pender County 22.2; NC 22.0;
  (2016-2020) Pender County 22.9; NC 25.1

- Enhance/develop partnerships to promote access to physical activity.
  *Activities halted due to pandemic, 2020
  *On-going collaboration with Pender County Parks and Recreation, 2021
  *Partnered with law enforcement to host Burgaw Bike Rodeo, 2021
  *Plans beginning 2022 bike rodeo, 2022

- Continue local/regional efforts to reduce tobacco use in youth.
  *Activities halted in 2020 due to pandemic
  *Implementation of CATCH My Breath program in the schools, 2021
  *No staff trained at this time. Plans in place for the fall of 2022

- Promote vaccinations to prevent childhood diseases.
  Immunizations up-to-date by 24 months of age:
  (2016-2017) PCHD 85%; Pender County 76%
  (2017-2018) PCHD 83%; Pender County 75%
  (2018-2019) PCHD 87%; Pender County 75 %
  **Focus on pandemic and limited staffing prevented many outreach activities.*
  **New immunization staff to be employed in 2022*

**Updates in red

Public Health Goals and Objectives (cont) 2020-2024

Objective 1.2 Improve Adult Well-being

- Seek health education opportunities that focus on health promotion and disease prevention to increase the life expectancy for all residents, minimizing racial disparities.
  Life Expectancy (2018-2020)
  Pender County- 77.2 years; Whites-78.0 years; African Americans-73.2 years
  NC- 77.7 years; Whites-78.6 years; African Americans-75.0 years

- Resume and expand *Chronic Disease Self-Management* classes.
  *No trained staff, 2021
  *Staff to participate in training, 2022

- Provide *A Matter of Balance Fall Prevention* classes in the community.
  *Halted due to pandemic, 2020
  *Decreased classes due to limited staff, 2021
  *Trained staff and resuming classes, 2022

- Implement Medical Nutrition Therapy for high-risk clients.
  *No Registered Dietician, 2020
  *No services due to untrained staff, 2021
  *Staff member pursuing certification as registered dietician, 2022

- Enhance/develop partnership to promote access to physical activity.
  *Activities halted due to pandemic, 2020
  *Limited staffing, 2021
  *Resume partnership with Pender County Parks and Recreation, 2022
  *Collaborate with Parks and Recreation in the development of the new Pender County Parks Master Plan, 2022

- Promote local/regional efforts to improve access to healthy foods.
  *Halted due to pandemic, 2020
  *Limited staffing, 2021
  *Resuming community classes, Lunch and Learn on nutritional topics, 2022

- Continue local/regional strategies to decrease tobacco use in adults.
  *Adult smoking *Pender County 16%; NC 17%, 2020*
  **Adult smoking Pender County 21%; NC 18%, 2021*
  *Strategies halted due to pandemic, 2020
  *Limited staff to conduct activities, 2021
  *Resuming health promotion messaging and regional networking, 2022

Public Health Goals and Objectives (cont) 2020-2024

2. Expand/enhance access to chronic disease management and mental health services for residents in Pender County.

Objective 2.1 Conduct health promotion efforts to address chronic diseases

- Resume/expand *Chronic Disease Self-Management* classes.
  *Strategy halted due to pandemic, 2020
  *No trained staff, 2021
  *Staff to pursue training, 2022

- Resume/expand *Diabetes Self-Management* classes in the community.
  *No classes due to pandemic, 2020
  *No trained staff, limited nursing staff, 2021
  *Staff trained and classes resumed, 2022

- Maintain a strong health education program at the health department.
  *Health education's chief focus related to pandemic response, 2020
  *Loss of staffing, new health education staff, 2021
  *Resuming health education programs as staff become trained, 2022

- Continue to offer adult health primary care and chronic disease management at the health department.
  *Decreased appointments due to pandemic response, 2020
  *Turnover in staffing and scheduling reduced, 2021
  *Staff resuming regular patient schedules, 2022

Public Health Goals and Objectives (cont) 2020-2024

Objective 2.2 Monitor leading causes of death in Pender County

- Seek health promotion opportunities to help decrease the death rate for all cancers. Death rates *(2015-2019) Pender County 166.1; NC 158.0*
  (2016-2020) Pender County 160.2; NC 154.6

- Enhance outreach to provide community education on prevention in an effort to decrease the death rate for heart disease.
  Death rates *(2015-2019) Pender County 157.7; NC 157.3*
  (2016-2020) Pender County 158.8; NC 156.1

- Identify health promotion activities to address deaths related to cerebrovascular disease.
  Death rates *(2015-2019) Pender County 53.5; NC 42.7*
  (2016-2020) Pender County 54.2; NC 42.7

- Continue/develop programs to help reduce deaths from diabetes.
  Death rate *(2015-2019) Pender County 23.9; NC 23.8*
  (2016-2020) *Pender County 23.6; NC 24.5*

Public Health Goals and Objectives (cont) 2020-2024

Objective 2.3 Maintain/expand partnerships to address unintentional deaths and increase access to mental health care

- Continue/develop partnerships to reduce the death rate from suicide.
  Death rate *(2015-2019) Pender County 24.3; NC 15.6*
  (2016-2020) Pender County 22.6; NC 14.4

- Decrease drug overdose deaths through evidence-based treatment and education.
  Death rate *(2015-2019) Pender County 24.4; NC 18.5*
  (2020) Pender County 23.8 (15 deaths); NC 30.4
  (2021) Pender County 42.8 (18 deaths); NC 30.2

- Identify programs to help decrease the death rate from motor vehicle injuries. *(2015-2019) Pender County 24.4; NC 14.7*
  (2016-2020) Pender County 24.4; NC 15.1

- Continue collaborative efforts with mental health providers and other partners to address opioid prevention efforts in the county.
  *Activities halted due to pandemic, 2020
  *Sporadic partnership meetings due to limited staff, 2021
  *Substance use prevention team meeting monthly, 2022

Public Health Goals and Objectives (cont) 2020-2024

3. **Ensure environmental health and safety through reduced exposure to unsafe food, water, unsanitary environmental health conditions, emerging environmental, vector-borne health issues, and response & recovery during environmental events**

- Utilize risk-based assessment for food safety in food handling establishments. *(2020) On-going; (2021) All Food and Lodging staff understand and utilize assessment*
- Reduce the risk of food-borne illness and other communicable diseases by ensuring reasonable protection through education, leadership and resources *(2019-2020) Food and Lodging Inspections completed-100%*
  (2020-2021) Food and Lodging Inspections completed-100%
- Develop a Quality Assurance Program for Environmental Health utilizing current DPH/EH standards *Implemented for Food and Lodging staff (2020)*
  Sporadic QA due to staffing issues first of year. Resumed late fall (2021)
  EHS Specialist oversees F&L; EHS Supervisor evaluates On-site (2022)
- Permitting, inspecting and testing well water in accordance with state statutes and rules *2020-On-going; 2021-On-going; 2022-On-going*
- Permitting and inspecting on-site wastewater treatment systems in accordance with state statutes and rules
  2020-On-going; 2021-On-going; 2022-On-going
- Maintain cross-trained staff within environmental health program
  On-going, 2020; Limited staffing; experienced EHS specialist hired (2021)
  Additional training options for pools and childcare authorizations (2022)
- Utilize social media to alert and educate communities on various topics related to food and water safety *Staff and health educators available as needed*
- Increase public awareness on the prevention of vector-borne illnesses
  Outreach decreased due to pandemic (2020) and limited staff (2021)
  Health educators planning outreach events (2022)
- Active participation in public health preparedness response and training
  (2020) EH staff assisted with COVID response; (2021) Assured staff participated in training; (2022) Staff to participate in upcoming preparedness trainings

Public Health Goals and Objectives (cont) 2020-2024

4. Provide a coordinated public health preparedness response for all public health events or communicable disease outbreaks

- Maintain the current NC EDSS reporting system that allows for timely reporting and intervention as required by NC Communicable Disease Laws, increase communicable disease reporting from outside medical facilities and ensure providers are familiar with the reporting system
  On-Going
- Maintain a current All Hazard Plan and a Continuity of Operations Plan and a coordinated response to a bioterrorism event or communicable disease outbreak, to be positioned for the competent management of hazardous materials, a bioterrorism event, or a communicable disease outbreak
  (2020) Plans used during pandemic
  (2021) Limited staff available for updating plans
  (2022) Staff recruitment for preparedness coordinator
- Continue regular EPI team meetings and expand participation
  (2020) EPI team meetings halted during pandemic
  (2021) Limited staffing; new staff training for CD
  (2022) EPI team meetings resumed
- Utilize the NC Health Alert Network to learn of local outbreaks as well as to alert regional and state officials in the event of an outbreak
  On-going
- Provide professional development opportunities for staff to enhance epidemiology and preparedness response knowledge and skills.
  On-going

2018 Pender County Health Department
Community Health Assessment

The 2018 Pender County Health Department's Community Health Assessment is the mechanism by which the county's health status is reviewed utilizing a community health opinion survey and available statistical data along with an understanding of economic factors and social influences within the county. Statistical data sets were researched from a variety of sources including, US Census, State Data Center, NC Employment Security Commission, NC Department of Commerce, Federal Statistics, Center for Disease Control, National Institutes of Health and numerous others.

The top three priorities identified in the 2018 Community Health Assessment were:

1. Mental Health and Substance Use Disorders
2. Nutrition and Physical Activity
3. Cancer Education and Prevention

Community Health Action Plans were developed for the priorities. The following information will also be addressed as these plans evolve.

- According to the 2010 U.S. Census, the population for Pender County has grown 17% since 2017. This growth is much greater than the population growth for the state as well as counties of similar size to Pender County. By the year 2020, the North Carolina Office of State Budget and Management estimates Pender County's rate of growth will be greater that 14%.
- According to the N.C. Division of Aging, the fastest growing population in the next 20 years will be those 65 years of age and older. In 2030, there will be more people in Pender County over the age of 65 years than those under the age of 17 years.
- In 2010, the three leading causes of death in Pender County were: Cancer, Diseases of the Heart, and Cerebrovascular Disease. For 2008-2012, these chronic diseases remain the leading causes of death.
- From 2008-2012, the Diabetes death rate was 23% higher than the state rate. The diabetes death rate for African Americans in Pender County is double the diabetes death rate for whites.
- The leading cause of death for residents ages 1-39 years was unintentional injuries, with the highest number of deaths from motor vehicle injuries.
- Access to care remains a problem in Pender County. In 2012, there were 3.3 primary care physicians per 10,000 population compared to the state ratio of 7.6 per 10,000 population.
- Poverty is a serious concern as it contributes to many barriers to health care and can negatively impact overall health status. From 2008-2012, child poverty and elder poverty rates were higher than the state rates.

Pender County Health Department
2020-2024 Strategic Plan Activities and Partners

Goal 1-Health	**Improve the health status and prevent premature death for all residents of Pender County.**
Objective #1.1	Improve child well-being. Seek ways to reduce five-year trends for infant mortality
Baseline Data	2015-2019 *Pender 7.6; NC 7.0;* *(2016-2020) Pender 6.3; NC 7.0)*

Activities NOTE: Activities halted for pandemic; limited due to staffing; resuming 2022	**Lead Person**	**Partners** **N=new;** **E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing Director -Maternal Health staff and OB/GYN FNP -WIC Program -On-Site Interpreters -C-MARC	**E**-NHRMC **E**-CCNC **E**-Pender County Schools **E**-Pender Adult Services transportation **E**-DSS **E**-Coastal Horizons **N**-NC Coop Ext	On-going
Family Planning Clinic	-Health Education -Family Planning staff and OB/GYN FNP -C-MARC	**E**- DSS **E**- Pender Adult Services transportation **E**-Coastal Horizons	On-going
Promote early prenatal care through media and community education outreach	-Health Education -WIC Program	**E**-Local Newspapers **E**-DSS **E**-Pender County Schools **E**-WIC Program **E**-Social Media; agency website	On-going

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.
Objective #1.1	Improve child well-being. Promote early prenatal care for pregnant women
Baseline Data	2019 *Pender 63.5; NC 67.5;* *2020-No State data;* *2022 Pender 68..5; NC 68.0*

Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners** **N=new;** **E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing Director -Maternal health staff and OB/GYN FNP -WIC Program -On-site interpreters -C-HARP	**E**- DSS **E**-Pender Co. Schools **E**-NHRMC **N**- Coastal Horizons **E**-Pender Adult Services transportation	On-going
Increase community awareness and education	-Health Education	**E**- DSS **E**- Local Newspaper **E**-Local churches **E**-Pender Co. Schools **E**-Website **N**- Coastal Horizons	On-going

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.
Objective #1.1	Improve child-wellbeing Identify strategies to decrease the rate of teen pregnancies, ages 15-19
Baseline Data	2015-2019 *Pender 25.0; NC 26.6* *(2016-2020) Pender 22.9; NC 25.1*

Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners** **N=new;** **E=existing**	**Timeframe**
Health Department Activities	-Health Education -Family planning program staff -Nursing staff -WIC Program -On-Site Interpreters	**E**-DSS **E**- NHRMC **E**-Pender Adult Services transportation **E**-Local media and website **E**-Community events **N**-Coastal Horizons	On-going

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.		
Objective #1.1	Improve child well-being. Promote physical activity; tobacco use prevention; vaccinations		
Baseline Data	Health Education Outreach Activities		
CHA Priority addressed	**-Mental Health and Substance Use Disorders** **-Nutrition and Physical Activity**		
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Enhance and develop partnerships to promote access to physical activity	-Health Education -Nursing staff -WIC Program -C-MARC	**E**-Pender County School nurses **E**-Local Health Care Providers **E**-Local Churches **E**-Local media and website **N**-Pender County Parks and Recreation **E**-Coastal Horizons	On-going
Continue local/regional efforts to reduce tobacco use in youth	-Health Education -Nursing staff -Dental staff	**E**-Pender County School nurses **E**-Local Health Care Providers **E**-Local Churches **E**-Local media and website **E**-Coastal Horizons	On-going
Promote vaccinations to prevent childhood diseases	-Health Education -Nursing staff -WIC program	**E**- DSS- **E** –Local media and website **E**-Pender County Schools **E**-Local Health Care Providers	On-going

Goal 1-Health	Improve the health status and prevent premature death for all residents of Pender County.
Objective #1.2	Improve Adult well-being. Seek health education opportunities that focus on health promotions and disease prevention to increase the life expectancy for all residents, minimizing racial disparities
Baseline Data	2015-2019 (Death rates for all causes) *Pender County African Americans 978.4; (2016-2020) 994.2* *Pender County Whites 793.9 797.4*
CHA Priority addressed NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**-Mental Health and Substance Use Disorders** **-Nutrition and Physical Activity** **-Cancer Education and Prevention**

Activities	Lead Person	Partners N=new;E=existing	Timeframe
Health Department Activities including: -Chronic Disease Self-Management classes -A Matter of Balance Fall Prevention classes -Medical Nutrition Therapy for high-risk clients	-Health Education -Nursing staff -Adult health primary care and chronic disease care -Nutrition staff -Dental staff	**E**-Local Churches **E**-DSS **N**-Coastal Horizons **N**-Parks and Recreation staff **N**-Local municipalities **E**-Pender Adult Services **E**-Local Health Care providers **E**-Local media and website	Ongoing
Maintain/develop partnerships to promote physical activity; access to healthy foods; and decrease tobacco use in adults	-Health Education -Nursing staff -WIC staff -Dental staff	**E**-Pender County Government Human Resources, wellness program **E**-NC Coop. Ext. **E**-Local Newspaper **E**- Website **E**- Pender County Parks and Recreation **E**- Churches **E**-Pender Adult services **E**-Regional Tobacco Prevention staff **N**-Coastal Horizons **N**-Local municipalities **N**-Coastal Horizons **E**- American Cancer Society	Ongoing

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County
Objective #2.1	Conduct health promotion efforts to address chronic diseases
Baseline Data	**Maintain a fully-staffed; professional, active health education program**
CHA Priority addressed	**-Mental Health and Substance Use Disorders** **-Nutrition and Physical Activity** **-Cancer Education and Prevention**

Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities including: -Chronic Disease Self-Management classes -Diabetes Self-Management classes in the community	-Health Education -Nursing staff -Nutrition staff	**E**-NHRMC **E**-Local Churches **E**-DSS **N**-Local municipalities **E**-Pender Adult Services **E**-Local Health Care providers **E**-Local media and website	Ongoing
-Maintain a strong health department health education program. -Continue adult health primary care and chronic disease management at the health department	-Health Director -BOH -Health Education -Nursing staff and FNP	**E**- Pender Memorial Hospital **E**-Local Newspaper **E**- Website **E**- Local Health Care Providers **E**-DSS	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County
Objective #2.2	Monitor leading causes of death in Pender County Seek health promotion opportunities to help decrease the death rate for all cancers.
Baseline Data	2015-2019 Pender 166.1; NC 158.0 *2016-2020 Pender 160.2; NC 154.6*
CHA Priority addressed	**-Cancer Education and Prevention**

Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	**E**-NHRMC **E**-Local Churches **E**-DSS **N**-Local municipalities **E**-Pender Adult Services **E**-Local Health Care providers **E**-Local media and website	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County
Objective #2.2	Monitor leading causes of death in Pender County Enhance outreach to provide community education on prevention in an effort to decrease the death rate for heart disease
Baseline Data	2015-2019 Pender 157.7; NC 157.3 *2016-2020 Pender 158.8; NC 156.1*

Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	**E**-NHRMC **E**-Local Churches **E**-DSS **N**-Local municipalities **E**-Pender Adult Services **E**-Local Health Care providers **E**-Local media and website	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County		
Objective #2.2	Monitor leading causes of death in Pender County Identify health promotion activities to address deaths related to cerebrovascular disease.		
Baseline Data	2015-2019 Pender 53.5; NC 42.7 *2016-2020 Pender 54.2; NC 42.7*		
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	**E**-NHRMC **E**-Local Churches **E**-DSS **N**-Local municipalities **E**-Pender Adult Services **E**-Local Health Care providers **E**-Local media and website	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County		
Objective #2.2	Monitor leading causes of death in Pender County Continue/develop programs to help reduce deaths from diabetes.		
Baseline Data	2015-2019 Pender 23.9; NC 23.8 *2016-2020 Pender 23.6; NC 24.5*		
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing staff -Adult health primary care and chronic disease care -WIC staff	**E**-NHRMC **E**-Local Churches **E**-DSS **N**-Local municipalities **E**-Pender Adult Services **E**-Local Health Care providers **E**-Local media and website	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County		
Objective #2.3	Maintain/expand partnerships to address unintentional deaths and increase access to mental health care. Continue/develop partnerships to reduce the death rate from suicide.		
Baseline Data	2015-2019 Pender 22.9; NC 13.4 *2016-2020 Pender 22.6; NC 14.4*		
CHA Priority addressed	**-Mental Health and Substance Use Disorders**		
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing staff -All health department staff	**E**-NHRMC **E**-Local Churches **E**-DSS **N**-Local municipalities **E**-Pender County Emer. Mgmt **E**-Local Health Care providers **E**-Local media and website **E**-Coastal Horizons	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County		
Objective #2.3	Maintain/expand partnerships to address unintentional deaths and increase access to mental health care. Decrease drug overdose deaths through evidence-based treatment/educ.		
Baseline Data	2015-2019 Pender 24.4; NC 18.5 *2020 Pender 23.8; NC 30.4* *2021 Pender 42.8; NC 30.2*		
CHA Priority addressed	**-Mental Health and Substance Use Disorders**		
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities Continue collaborative efforts with mental health providers and other partners to address opioid prevention efforts in the county	-Health Education -Nursing staff -Adult health primary care and chronic disease care -All health department staff -Dental staff	**E**-NHRMC **E**-Local Churches **E**-DSS **N**-Local municipalities **E**-Regional/state partnerships, **E**-Local Health Care providers **E**-Local media and website **E**-Mental health providers	On-going

Goal 2-Health	Expand/enhance access to chronic disease management and mental health services for residents in Pender County		
Objective #2.3	Maintain/expand partnerships to address unintentional deaths and increase access to mental health care. Seek educational opportunities and partnerships to address excessive drinking		
Baseline Data	2016-2020 Pender 19.0; NC 16.9		
CHA Priority addressed	**-Mental Health and Substance Use Disorders**		
Activities NOTE: Activities halted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Health Department Activities	-Health Education -Nursing staff -All health department staff	**E**-NHRMC **E**-Local Churches **E**-DSS **E**-Pender County schools **N**-Local municipalities **E**-Pender County Emer. Mgmt **E**-Local Health Care providers **E**-Local media and website **E**-Coastal Horizons	On-going

Goal 3-Health	**Ensure environmental health and safety through reduced exposure to unsafe food and water, unsanitary environmental health conditions, emerging environmental and vector-borne health issues, and response and recovery during environmental events.**
Objective #1	**Maintain a well-trained staff to provide high quality environmental health services.** 2020-2022 Minimal staff turnover
Baseline Data	Statistical reports indicating compliance with state mandated programs and specific program reviews from Regional Environmental Health Consultants.

Activities NOTE: Activities impacted by the pandemic; limited due to staffing; resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Utilize risk-based assessment for food safety in food handling establishments	Environmental Health Supervisor and Program Specialists	E-NCEH, NCDA	As prescribed by State Regulation
Reduce the risk of foodborne illness and other communicable diseases by ensuring reasonable protection through education, leadership and resources	-Environmental Health staff -Epi team	E- NC Env. Health E-Communicable Disease program	On-going
Develop a Quality Assurance Program for Environmental Health utilizing current DPH/EH standards	Environmental Health Supervisor and Program Specialists	E- SOP Workshops, NCPHA, RS Board, State Universities	On-going
Permitting, inspecting, and testing well water in accordance with state statutes and rules	Environmental Health Supervisor and Specialists	E-NC Env. Health E-Division of Water Quality (DWQ) E-Well installers	Daily
Permitting and inspecting on-site wastewater treatment systems in accordance with state statutes and rules	Environmental Health Supervisor and Program Specialists	E- NC Env. Health E-Septic Installers E- Soil Scientists E-Pender County Planning and Zoning	On-going
Maintain cross-trained staff within the environmental health programs including public health preparedness and response	Health Director Environmental Health Supervisor	E- NC Env. Health E-Emer. Mgmt.	On-going
-Utilize social media to alert and educate communities on various topics related to food and water safety. -Increase public awareness on the prevention of vector-borne illnesses	-Environmental Health Supervisor and Specialists -Health education	E- NC Env. Health E-Local media and website	As Needed

Goal 4-Health	Provide a coordinated public health preparedness response for all public health events or communicable disease outbreaks		
Objective #1	**Maintain the current NC EDSS reporting system that allows for timely reporting and intervention as required by NC Communicable Disease Laws, increase communicable disease reporting from outside medical facilities and ensure providers are familiar with the reporting system**		
Baseline Data	**Maintain highly-qualified, experienced professional staff** *2020-2022 Communicable disease program remains staffed*		
Activities NOTE: Activities impacted due to pandemic; limited due to staffing resuming in 2022	**Lead Person**	**Partners N=new; E=existing**	**Timeframe**
Keep Communicable Disease Tracking System current	Communicable Disease Nurse and TB Coordinator Director of Nursing	**E**- DHHS	On-going
Keep information available for community	Health Educator CD Nurse	**E**- Pender County Schools **E**-Emergency Services **E**-Website **E**-Local media	On-going
Adhere to formal surveillance program	CD Nurse Director of Nursing	**E**- DHHS **E**-Regional Consultants **E**-New Hanover Regional	On-going
Implement Online Reporting System	CD Nurse Director of Nursing	**E**- DHHS, **E**-NC EDSS	On-going
Education of medical providers through ongoing communication	TB Coordinator and CD Nurse Director of Nursing Health Educators	**E**- Local Health Care Providers **E**-Pender Memorial	On-going
Maintain an active Epidemiology Team	Director of Nursing CD Nurse	**E**-New Hanover Regional **E**-Pender Co. Schools **E**- DHHS State Consultants	On-going

Goal 4-Health	Provide a coordinated response to a Public Health event or communicable disease outbreak
Objective #2	**Maintain a current All Hazard Plan and a coordinated response to a bioterrorism event or communicable disease outbreak and to be positioned for the competent management of hazardous materials, a bioterrorism event or a communicable disease outbreak**
Baseline Data	Since 9/11, Public Health involvement in bioterrorism events and communicable disease outbreaks has become more formalized through funding and training of public health staff. Various plans have been developed to coordinate how we address such issues as well as training and hiring staff. Mandated trainings such as NIMS has become a requirement of public health staff along with annual exercises to ensure public staff knowledge and experience in dealing with communicable disease outbreaks and bioterrorism. Further, committees have been developed within the health department that also includes community partners to ensure a coordinated response to such events.

Activities NOTE: Activities halted due to pandemic; limited due to staffing but resuming many activities in 2022 (Actively recruiting)	**Lead Person**	**Partners** **N=new;** **E=existing**	**Timeframe**
Work closely with Preparedness Coordinator	Health Director/ Preparedness Coordinator/Nursing Director	**E-** Emergency Management Services (EMS) **E-** Hospital	On-going
Coordination with other agencies	Health Director/Preparedness Coordinator	**E-** Law Enforcement **E-**School System E-Private Industries	On-going
Education of staff and community plans	Health Director/Preparedness Coordinator/Nursing Director	**E-** Emergency Management **N-** Law Enforcement, School System	On-going
Maintain current contact List for the health department to be used in emergency responses	Health Director/Preparedness Coordinator/Nursing Director	**E-** Local Medical Providers **E-** Law Enforcement	On-going
Participate in Bioterrorism exercises that includes Strategic National Stockpile (SNS)	Health Dept staff Epidemiology Response Team	**E-** NC Public Health Preparedness;Emergency Management, Law Enforcement, School System; State Lab	On-going

Measurement and Strategic Plan Timeframes

Measurement is a critical aspect for proposed objectives and strategies in any plan. Details are typically incorporated that specify what will be accomplished within a given timeframe. Many of the strategies in this plan will be on-going processes. Review of the plan on a regular basis will allow the department to refine objectives, strategies and timeframes.

The 2020-2024 Strategic Plan is based on the 2018 Community Health Assessment priorities and the 2022 Community Health Assessment after completion. This plan has been developed to address the most pressing needs to benefit the community at large and hold the consolidated agency accountable.

North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

Roles and Responsibilities of Boards of Health Related to North Carolina Local Health Department Accreditation (NCLHDA)

Version Update: 4.22.21

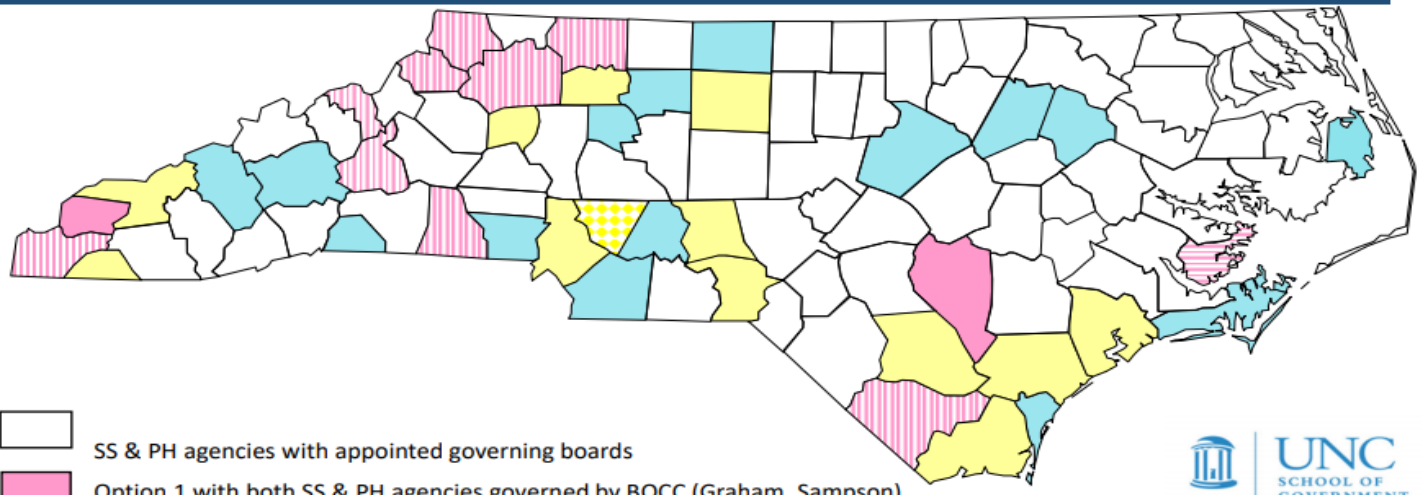
UNC | GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH
North Carolina Institute for Public Health

Presentation Overview

1. Review of purpose of accreditation
2. Identification of activities related to Board of Health involvement
    1. Finance
    2. Community Health
    3. Health Director/Staff
    4. Rules and Ordinances
    5. Board Function
3. Questions and Comments

PH and SS Organization and Governance

Resolutions as of September 2020



SS & PH agencies with appointed governing boards

Option 1 with both SS & PH agencies governed by BOCC (Graham, Sampson)

Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (Cherokee, Ashe, McDowell, Cleveland, Mitchell, Watauga, Wilkes, Surry, Columbus)

Option 1 with PH agency governed by BOCC, SS agency with appointed governing board (Pamlico)

Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Haywood, Buncombe, Polk, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare, New Hanover)

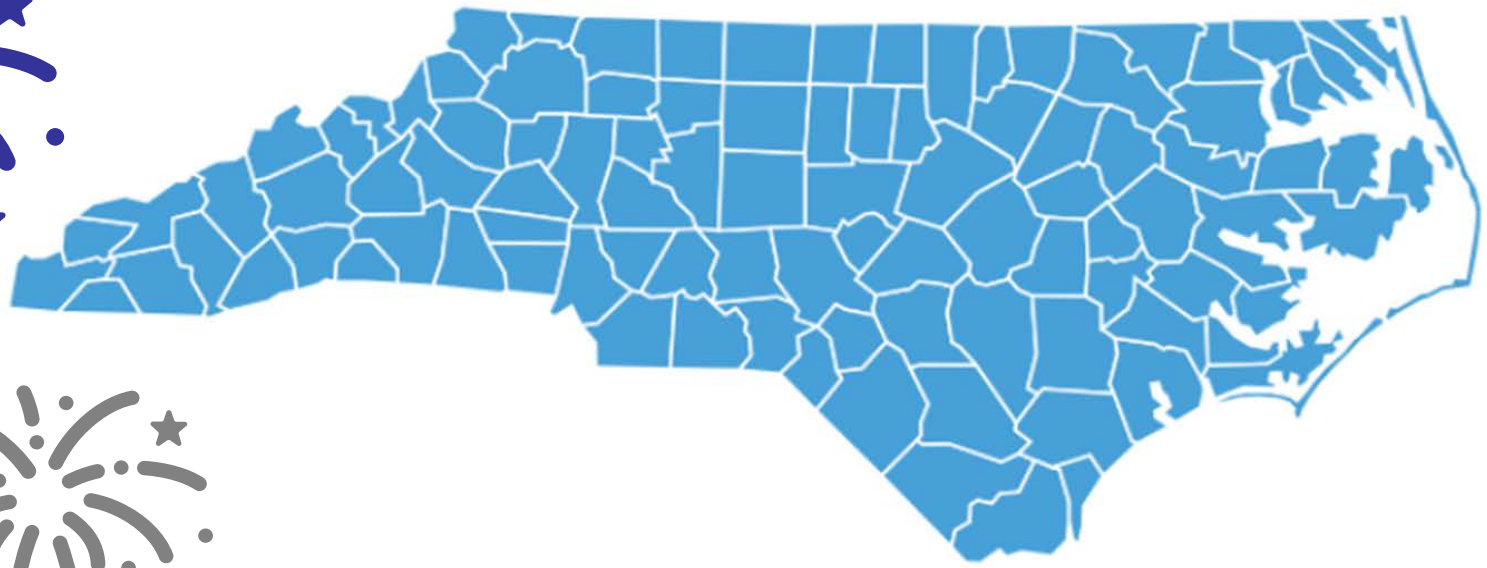
Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Clay, Swain, Alexander, Yadkin, Mecklenburg [no advisory comm.], Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow)

Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus)

UNC SCHOOL OF GOVERNMENT

All LHDs in North Carolina have completed the accreditation process at least two times.





Basic Components of the Process

- **Self-Assessment by the Agency**
  - 147 Activities & 41 Benchmarks



- **Site Visit**
  - Peer volunteers
    - Administration, Environmental Health, Nursing, Board of Health (BOH)
  - Review documentation, tour facilities and conduct interviews
  - Site Visit Report — recommendation

- **Board Adjudication**

Activities and Scoring Requirements

- **Agency Core Functions and Essential Services**
  - **Assessment:** Department must meet 26 of 29 activities
  - **Policy Development:** Department must meet 23 of 26 activities
  - **Assurance:** Department must meet 34 of 38 activities
- **Facilities and Administrative Services**
  - Department must meet 24 of 27 activities
- **Governance**
  - Department must meet 24 of 27 activities



The Life Cycle of Accreditation



NCIPH notifies LHD that HDSAI is due within 90 days



LHD uploads evidence into the dashboard



Site visit conducted



Preparation for next accreditation cycle begins

Reports finalized and sent to LHD with accreditation recommendation





LHD has 10 days to provide written response to findings



NCLHDA Board votes on accreditation recommendation and awards status

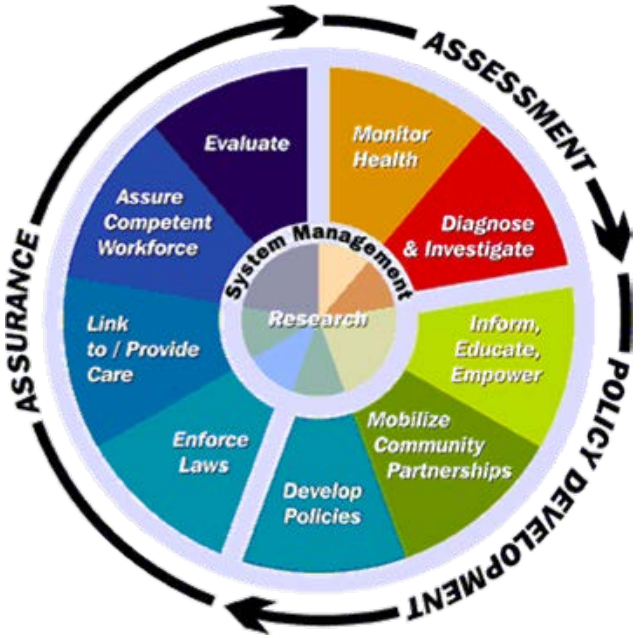
LHD is between accreditation cycles



Notification to official award takes ~ 9.5 months

Purpose of NCLHDA Program

The focus of NCLHDA is on the capacity of the local health department (LHD)to perform at a prescribed, basic level of quality



Connecting the Dots



Current public health practice



Essential Services & Core Functions



NCLHD Accreditation Program

NOT a wholly new accountability system



NCDHHS

Existing contractual and program monitoring requirements for the Division of Public Health



State statutes and administrative code

Accreditation provides a framework for a health department to:

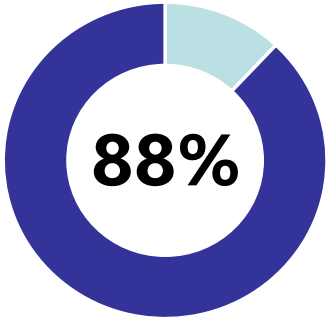
- identify performance improvement opportunities
- improve management
- develop leadership
- improve relationships with the community

"The process is one that will challenge the health department to think about what business it does and how it does that business."

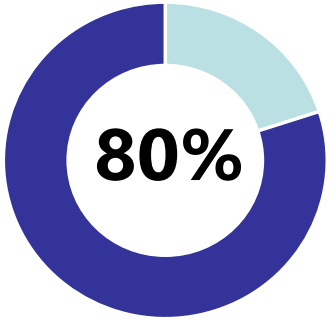
Public Health Accreditation Board, 2013

Results of 2020 Survey:
Quality Improvement

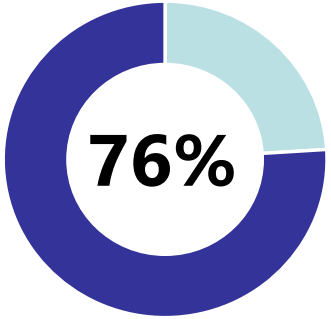
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



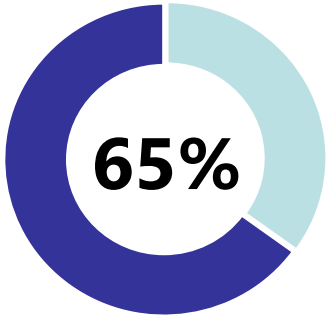
Improves Specific Processes and Policies within Agencies



Stimulates QI and Performance Improvement Opportunities within Our Agency



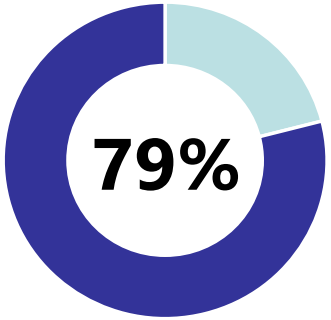
Helps Our Agency Become More Effective



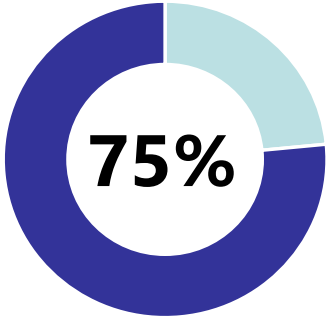
Helps Our Agency Become More Efficient

Results of 2020 Survey: Relationship Building

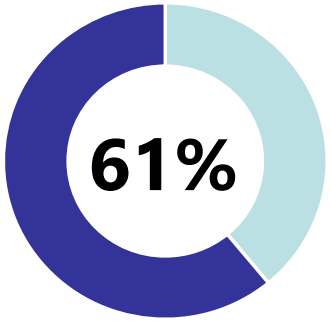
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



Gives Our Agency Credibility with Our <u>Partners</u>



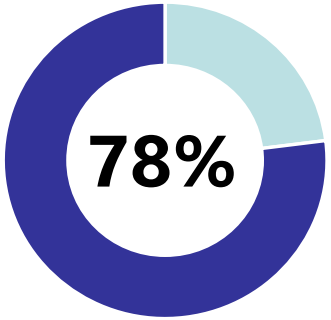
Gives Our Agency Credibility with Our <u>Community</u>



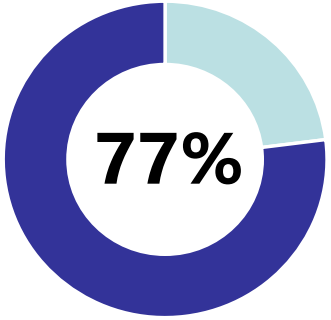
Improves Relationships with Our Community

Results of 2020 Survey: Strategy Development

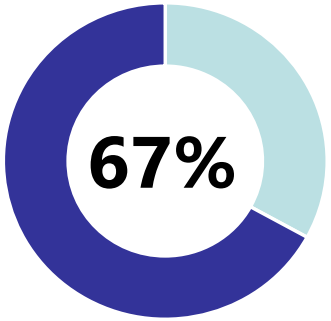
The percentage of respondents who strongly agreed or agreed that participating in the NCLHDA Program:



Challenges Our Agency to Think About How It Conducts Business



Helps Our Agency Focus on Key Priorities



Gives Our Agency Objective Information to Request Funding and/or Other Resources

Results of 2020 Survey:
Other Identified Sources of Value

Internal

- Builds teamwork and unity
- Improves understanding of public health roles, responsibilities, and best practices
- Creates an atmosphere of accountability
- Improves organization of policies and procedures

External

- Enhances credibility of the health department
- Makes preparation for other processes Easier

Being accredited helps position health departments and give them credibility as a respected player in the future of integrated healthcare and population health initiatives.











The Law

- **Senate Bill 804**
  - Established NCLHDA Board within N.C. Institute for Public Health (17 members appointed by N.C. Department of Health and Human Services Secretary)
  - Directs Commission to adopt rules establishing standards for LHDs
  - Mandates all LHDs to obtain (by December 1, 2014) and maintain accreditation

- **10A NCAC 48B**
  - Defines scoring requirements by core function
  - Describes Benchmarks and Activities

§ 130A-34.4. Strengthening local public health infrastructure.

(a) By July 1, 2014, in order for a local health department to be eligible to receive State and federal public health funding from the Division of Public Health, the following criteria shall be met:

(1) A local health department shall obtain and maintain accreditation pursuant to G.S. 130A-34.1

North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

Roles and Responsibilities of Boards of Health Related to NC Local Health Department Accreditation (NCLHDA) Guide

Note that this guide is applicable to all Board of Health (BOH) governance structures- unless otherwise stated (such as specific mention/inclusion of the Advisory Committee on Health (ACH) being able to meet that activity), the activity is required of whatever Board (traditional BOH (single county, district or authority), Consolidated Human Services (CHS) Board, or Board of County Commissioners (BOCC)) assumes the powers/duties of the traditional Board of Health. See the *HDSAI* and *HDSAI Interpretation* for more detailed information.

	Existence of Policy, Procedure, or Materials	Hear or Review	Discussion	Approval	Other Action or Involvement
Finance		33.6: Minutes reflecting of two financial reports demonstrating assessment of financial accountability	*33.5 Discussion on cost of services in setting fees for each county for district health departments*	37.2: Policies in compliance with LHD's policy on policies (related to administration)	*39.1: BOH/ACH correspondence with BOCC AND other units of government/private foundations in support of LHD efforts to secure financial resources
		39.3: Minutes reflecting review and approval of department fees		*37.6: BOH minutes or CHS Director correspondence showing discussion & approval of a budget process to address workforce issues*	
				33.2: Official approval of budget from appropriate authority	
				39.3: Minutes reflecting review and approval of department fees	

Important Notes

Italics: requirement may apply depending on governance structure, whether other documentation options are chosen/not chosen and whether there is a Health Director vacancy.

*Health Director may serve, or be directed by the Board to serve, as the designee for the BOH for correspondence. However, it is expected that there be some type of link to and from the BOH showing their involvement and engagement.

Board Role

1. Ensure you have required policies, procedures or materials.
2. Hear or review LHD reports.
3. *Discuss* service costs, need for new/amended rules or ordinances.
4. Approve fees and budgets.
5. Take other actions or be involved with efforts to assure the health department has what it needs to do its job.

Finance

The Board must:

- Review financial reports.
- Discuss service costs as well as approve fees and final budget.
- Advocate with a wide array of funders in support of LHD efforts to secure financial resources to provide essential services.



Community Health

The Board must:

- Ensure input on community health improvement efforts.
- Hear reports on community health.
- Support partnership and coordination of resources.
- Educate and advocate with community leaders about community health issues and support for these issues.



Health Director/Staff

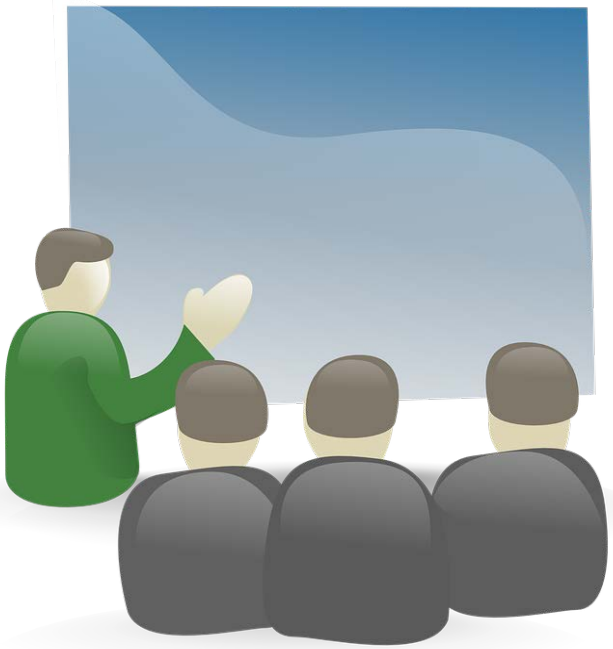
The Board must:

- If the Health Director position becomes vacant, make and implement plans to recruit and secure a credentialed and qualified new Health Director.
- Review and approve the Health Director's job description and performance evaluation.



Board Function

- Board members must receive initial (within the first year of appointment) and ongoing training on BOH roles and responsibilities.
- Board must have Operating Procedures, an annually updated handbook and a training policy/procedure.



Rules & Ordinances

The Board must:

- Have access to legal counsel and statutes.
- Have policies for rulemaking and appeals and demonstrate it is following said policies.
- Along with the LHD, evaluate the need for additional or amended rules/ordinances.
- Support prohibition of tobacco within 50 feet of all LHD facilities.



What can you do to be a "good" BOH member?

1. Attend meetings regularly so quorums are reached and, thus, required items can be approved on schedule.

2. Document your activities regarding community health and contribute to discussion during Board meetings.
   a. Carefully review meeting minutes to make sure your comments were captured.

3. Complete required trainings promptly.

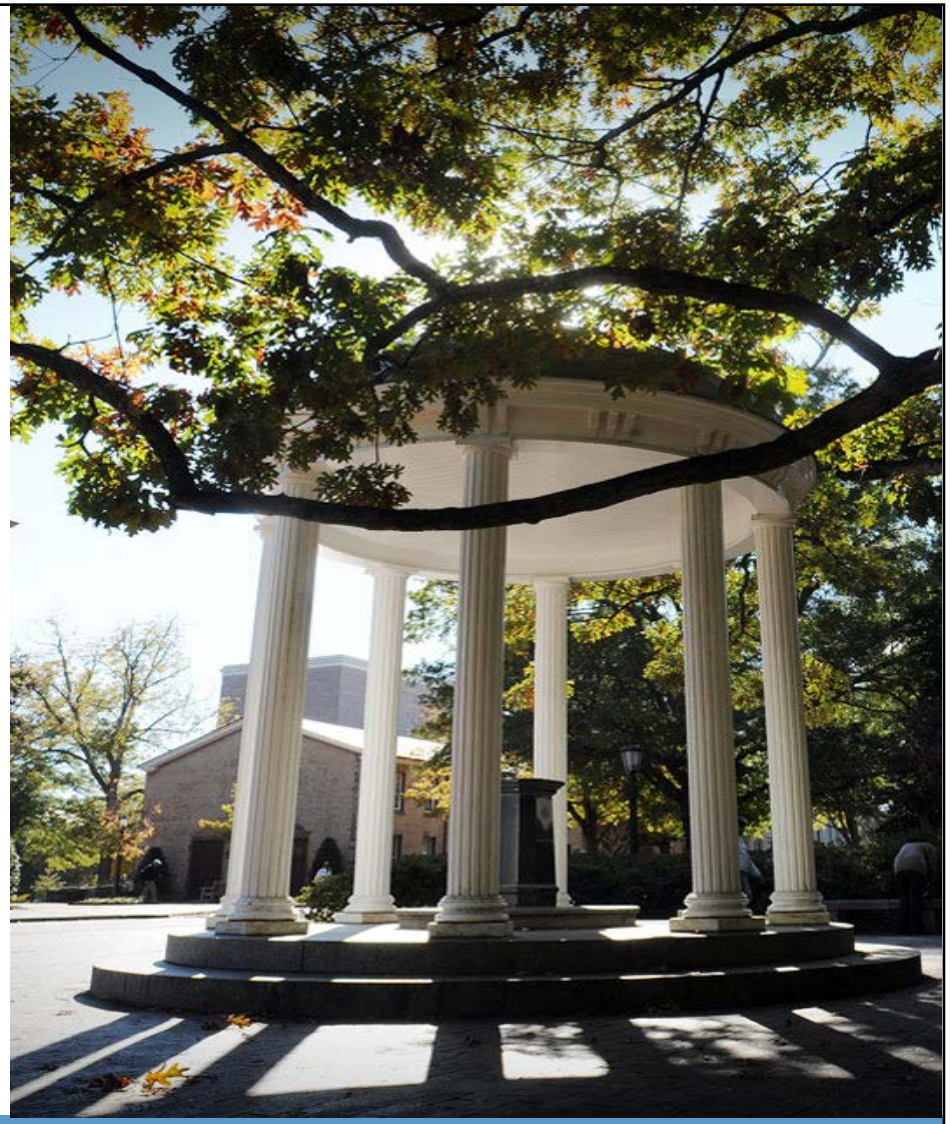


Questions & Comments

For additional information about the NCLHDA Program visit: NCLHDaccreditation.unc.edu

For questions please email: NCLHDaccreditation@unc.edu

The North Carolina Local Health Department Accreditation Program is part of the North Carolina Institute for Public Health at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill.



Association of
North Carolina Boards of Health

Public Health
"Every Where, Every Day, Every Body"

The Three Core Functions of Public Health: The Job of the Local Board of Health

In 1988, the Institute of Medicine issued The Future of Public Health report which stated that America's public health system was in disarray. The Institute's panel recommended new governmental functions at federal, state and local levels to strengthen our nation's public health system. Localities, they said, should reestablish boards of health or "public health councils" to assess public health needs, develop public health policy, and assure that public health services are available. It is these three core functions – assess, address, and assure – that constitute the job of the local board of health.

Assess:
To scan, weigh and balance community needs, resources, statistics and politics.

Address:
To determine a course of action; to set targets, to allocate resources, to make policy and assign responsibility.

Assure:
To make certain that progress is made
Adapted from Assess, Address, Assure: Manual for North Carolina's Local Health Boards. Copyright 1993 – Association of North Carolina Boards of Health.

The Eleven Essential Public Health Services

The Eleven Essential Public Health Services provide the fundamental framework for the National Public Health Performance Standards Program instruments. They describe a list of activities associated with the core functions and responsibilities of local public health agencies: assessment, policy development, and assurance.

Assess

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

Address (Policy Development)

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

Assure

6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
11. Emergency preparedness.

References:
1. Website of Department of Health and Human Services – Centers for Disease Control and Prevention - www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm
2. National Association of Local Boards of Health: Being an Effective Local Board of Health Member

History of Public Health in North Carolina

The North Carolina Office of Archives and History, Government Records Branch traces the history of the Department of Health and Human Services beginning with a reference to "an act of the 1755 Assembly ordering quarantine on vessels" and concluding with the 1990s. The history notes that in 1877, the General Assembly created the first State Board of Health composed of the entire Medical Society of North Carolina. The county boards of health were composed of the affiliated county medical societies and were under the direction of the State Board of Health. The intent was to create a uniform system of health and sanitation throughout the state. But "the General Assembly appropriated only one hundred dollars to establish this health system; and the existence of the State Board of Health was nominal."

For the complete history, please visit this link: http://www.ah.dcr.state.nc.us/records/schedules/dhhs.htm

Here are some excerpts from this history:

- "In 1899 the General Assembly passed additional legislation to protect public water supplies from contamination, and the State Board of Health was charged with instructing local health boards and water company inspectors on the procedures for sampling and inspection."
- "... in 1911 the General Assembly recognized the State Board of Health as the state's medical adviser .... The state board was also required to issue bulletins statewide in the event of a dangerous outbreak of disease."
- "In 1917 the General Assembly also charged the state board with responsibility for the sanitary conditions and the hygienic care of prisoners in state prisons, local jails, county prison camps, and all other places of confinement.... ."
- "In 1931 the dental care program was established as a separate Division of Oral Hygiene and expanded its efforts to educate the public preventive dental care. In the early 1930s the Division of Preventive Medicine took responsibility for school health services, health education and information, and maternal and child health services. Later in the decade, they initiated a nutrition program offering consultation services to local health departments, schools, and other institutions requesting services."
- "... in 1945, the General Assembly instructed the state board to initiate a program related to the prevention and cure of cancer, with emphasis on the early detection and treatment of cancers. Under terms of the law, the board was to provide a system of financial aid for low-income cancer patients; establish minimum standards for cancer clinics or departments in general hospitals; collect information on cancer and sponsor an educational program for citizens; and compile and preserve statistical, clinical, and other records relating to cancer prevention and cure. ...
- "In 1949 the last remaining county established a full-time health department."
- "In 1963 the General Assembly created a new Department of Mental Health, transferring to that department the services previously performed by the Division of Local Health and its Mental Health Section. Other laws during the same period significantly increased the state board's responsibilities. In 1961 the legislature provided for the licensing of nursing homes by the State Board of Health rather than by the Medical Care Commission and the State Board of Public Welfare. The 1963 General Assembly gave the state board responsibility for a program of air pollution control, although they failed to fund it. In 1965 Governor Dan K. Moore designated the State Board of Health as the official state agency to administer Title XVIII of U.S. Public Law 89-97, commonly referred to as Medicare. The Office of Chief Medical Examiner and a Division of Medical Examiner were created in 1967 ...."
- "Under the 1973 act, the Commission for Health Services was granted the power and duty to adopt rules and regulations for the conduct of the state's public health programs, to protect and promote public health, and to control diseases and other health impairments. ... Furthermore, the law stipulated that local health departments, when directed by the DHR, would enforce rules established by the Commission for Health Services and that DHR would supervise the local health departments."

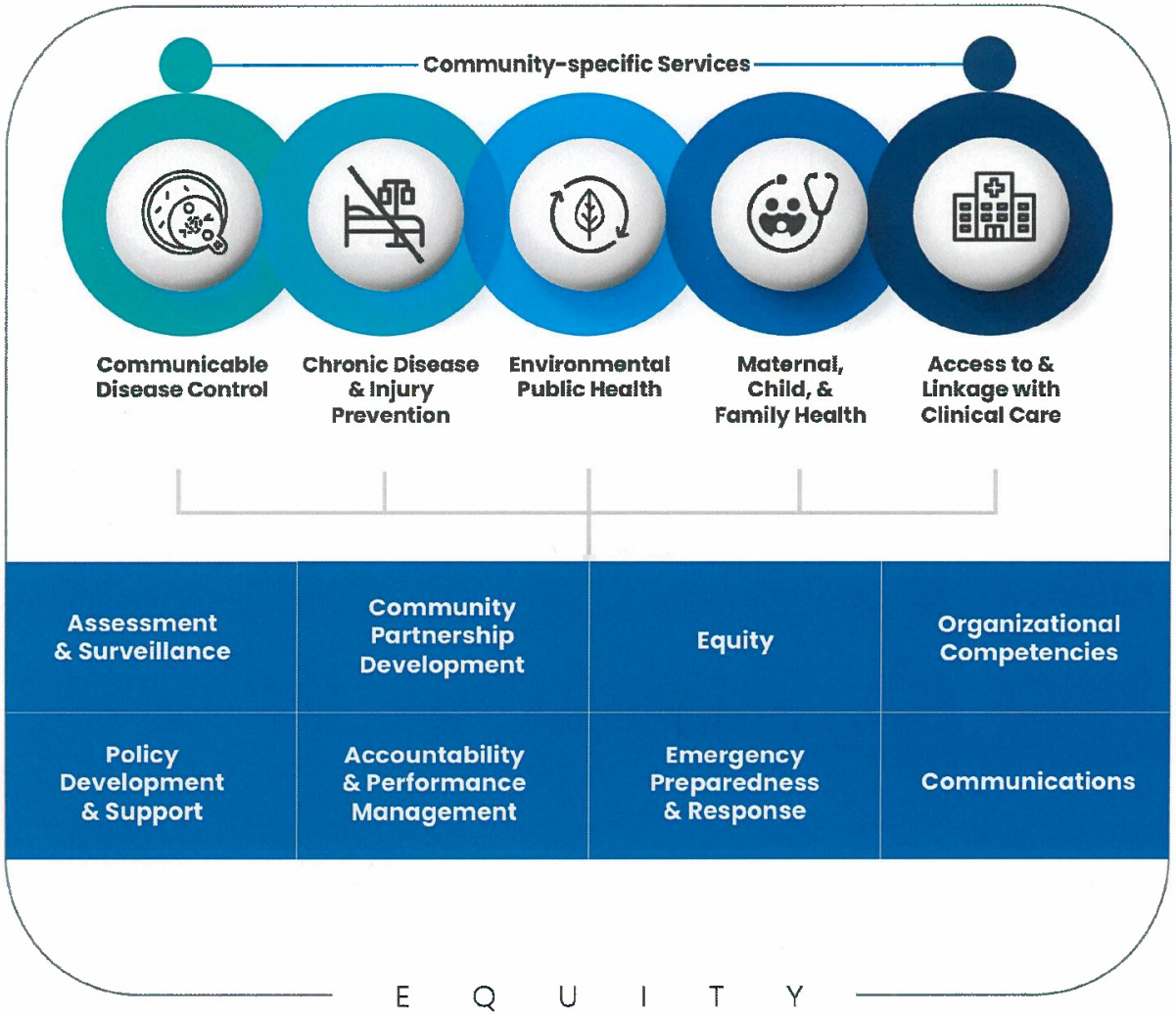
- "New programs in place by the early 1990s included the Office of Chief Nurse, charged with coordinating public health nursing services with local health departments and statewide programs; the Office of Health Education, charged with providing various services and developing teaching strategies for environmental, community, and personal health programs; and the Office of Legislative Affairs to represent the department in the General Assembly and to monitor proposed legislation and the work of the legislative study and research committees."

Selected North Carolina Public Health Statutes

Click here to download the selected public health statues.

Foundational Public Health Services

Foundational Areas



Foundational Capabilities

PHAB Advancing public health performance

phnci

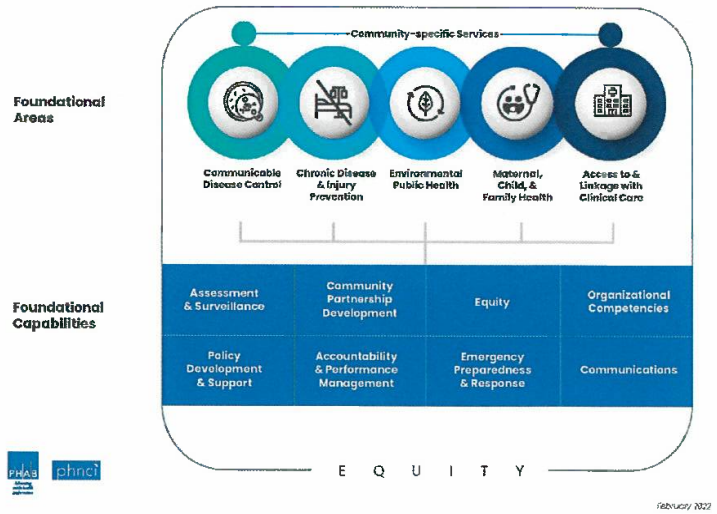
February 2022

Foundational Public Health Services

Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

The infrastructure needed to fulfill these responsibilities works to provide fair and just opportunities for all to be healthy and includes eight capabilities: 1) Assessment & Surveillance, 2) Community Partnership Development, 3) Equity, 4) Organizational Competencies, 5) Policy Development & Support, 6) Accountability & Performance Management, 7) Emergency Preparedness & Response, and 8) Communications. Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community.



Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community.. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant federal, Tribal, state, and local government agencies; elected and non-elected officials.
- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.
- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Policy Development & Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness & Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.

- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. **Social determinants of health and actions to address health inequities should be integrated throughout all activities.**

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, & Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

Association of
North Carolina Boards of Health

Continuing Education

The NC Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health provides both orientation training and ongoing training for local public health governing boards in North Carolina.

Roles and Responsibilities of Local Public Health Governing Boards

This training is provided through funding support from the Local Technical Assistance & Training Branch within the NC Division of Public Health. This two-hour classroom-based session is led by an experienced, retired health director or by a former board of health member and meets NC Local Health Department Accreditation requirement 36.2 which stipulates all new board of health members receive training and reference materials on the authorities and responsibilities of the local board of health within the first year after appointment to a board.
Learn more.

On-going Training for Local Public Health Governing Boards

NCIPH offers a number of training opportunities for local public health governing boards looking to meet ongoing board training requirements for accreditation (i.e., Activity 36.3) or local board policies for regular/annual training.
Through a collaboration with the NC AHEC Program, NCIPH can provide expert speakers on topics such as accreditation, community health assessment, community health improvement and evidence-based public health. In addition, NCIPH provides online trainings which may be used as self-paced learning for individual board members or used for group training:

NC Board of Health Rulemaking Authority

This online training is designed to explain rulemaking authority as it applies to a local board of health including the board's general authority to make rules, limitations on this authority, and procedural requirements that NC law imposes on the rulemaking process. The training may be accessed as needed for "just-in-time" training when boards are actively engaged in rulemaking or used towards meeting requirements for ongoing training for board of health members.
Learn more.

Introduction to Public Health in NC

This free online series of six short modules serves as a basic introduction to the practice of public health in North Carolina.
Learn more.

Boards of Health Resources

NCIPH has compiled a page of resources for local public health governing boards including links to state and national agencies who provide training materials and resources.
Learn more.

Selected North Carolina Public Health Statutes

NC General Statutes

Chapter 130A. Public Health

Chapter 130A. - Public Health Law of North Carolina- Part 1, General Provisions

- 130A-1 Mission and essential services
- 130A-2 Definitions
- 130A-3 Appointment of State Health Director
- 130A-4 Administration
- 130A-4.1 State funds for maternal and child health care/nonsupplanting
- 130A-4.2 State funds for health promotion/nonsupplanting
- 130A-5 Duties of the Secretary
- 130A-5.1 State health standards
- 130A-6 Delegation of authority
- 130A-7 Grants-in-aid
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- 130A-26.2 Penalty for false reporting under Article 9 17 130A-26A Violation of Article 4
- 130A-27 Recovery of money
- 130A-28 Forfeiture of gain
- 130A-29 Commission for Health Services- Creation, powers and duties

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- 130A-35 County board of health; appointment; terms
- 130A-36 Creation of district health department
- 130A-37 District board of health
- 130A-38 Dissolution of a district health department
- 130A-39 Powers and duties of a local board of health
- 130A-40 Appointment of local health director
- 130A-41 Powers and duties of local health director
- 130A-42 Personnel records of district health departments

Chapter 130A- Public Health Law of North Carolina- Article 2, Part 1A Consolidated Human Services Agency

- 130A-43 Consolidated human services agency; board; director

Chapter 153A - Counties- Article 5, Administration, Part 1 Organization and Reorganization of County Government

- 153A- 77 Authority of boards of commissioners in certain counties over commissions, boards, agencies, etc

Chapter 130A- Public Health- Article 2, Part 1B Public Health Authorities Authorized

- 130A-45 Title and Purpose
- 130A-45.01 Definitions
- 130A-45.02 Creation of a public health authority
- 130A-45.1 Membership of the public health authority board
- 130A-45.2 Dissolution of a public health authority
- 130A-45.3 Powers and duties of authority board
- 130A-45.4 Appointment of a public health authority director
- 130A-45.5 Powers and duties of a public health authority director
- 130A-45.6 Boundaries of the authority
- 130A-45.7 Medical review committee
- 130A-45.8 Confidentiality of patient information
- 130A-45.9 Confidentiality of personnel information
- 130A-45.10 Confidentiality of credentialing information
- 130A-45.11 Confidentiality of competitive health care information
- 130A-45.12 Personnel

House Bill 1508, Concerning Terrorist Attacks

Ratified Bill, General Assembly of North Carolina, Session 2001

North Carolina Local Health Department Accreditation

Reaccreditation Site Visit Report

AGENCY NAME: **Pender County Health Department**

COUNTY (or COUNTIES): **Pender**

HEALTH DIRECTOR: **Carolyn Moser, MPA**

BOARD OF HEALTH CHAIR: **George Brown, BOCC Chair**

DATE HDSAI SUBMITTED: **May 31, 2016**

DATES of SITE VISIT: **August 2nd and 3rd, 2016**

Site Visit Team Composition

- William Smith, Public Health Administration (Lead Site Visitor)
- Deborah Herring, Public Health Nursing
- Nilla "Dicke" Sloop, Environmental Health
- Carol Wray, Board of Health

Region Served by the Health Department

Pender County is located in the Coastal Plains of the southeastern portion of North Carolina. The county claims 871 square miles of land and 62 square miles of water. It is the 5th largest county for land mass in the state, with Burgaw as its county seat. Pender County is home to an estimated 55,334 residents, an increase of 6% since the 2010 census. Estimates from the NC Office of State Budget and Management expect there will be a 14% rate of growth by the year 2020. Pender County is well positioned for growth and development with strategic priorities related to economic development, expansion of public infrastructure, growth management, quality of life and education.

The county is a large coastal county in the Cape Fear Region. It is bounded by seven counties and the Atlantic Ocean. Approximately 15 miles of the county fronts the ocean. The coastal corridor is traversed by the Atlantic Intracoastal Waterway. However, much of Pender County is woodland and farmland. The county is a regional leader in agriculture, livestock, textiles and manufacturing.

The Holly Shelter Game Land is made up of 75,000 acres managed by the NC Wildlife Resources Commission. It contains some of the most biologically significant land along the US Atlantic Coast and ranks 4th in the state for the total number of rare plants and animal species. It is an important site for butterfly migration and contains such carnivorous plants as the Venus Flytrap. Black bear, deer, and alligator are prevalent within this protected game land. As growth and development increase, natural resource management will be a critical factor to consider.

The population in Pender County is predominantly white (76.3%); Black or African American (17.8%); Hispanic (6.3%); and small percentages of Native American, Asian or Pacific Islander. Twenty-five percent of the population is under the age of 19 years and 16% of the population are 65 years of age and older. By the year 2030, Pender will

be like many North Carolina counties that will have more people over the age of 60 years than those less than 17 years of age.

The three leading causes of death in the county, 2010-2014, are cancer, diseases of the heart, and chronic lower respiratory disease. Diabetes is the seventh leading cause of death. While diabetes was identified as one of the main health care priorities from the 2014 Community Health Assessment, a focus on chronic disease management is interwoven in the priority. The county has one not-for-profit hospital, Pender Memorial, which is affiliated with New Hanover Regional Medical Center in Wilmington. The health department maintains a strong working relationship with the local hospital. There is one rural health system with three health centers in the county and there is one health center that provides care to Pender, Duplin, Bladen and Sampson counties. Access to care is another health concern listed in the community assessment.

Health disparities are also a concern within the county. African Americans suffer from higher rates of cerebrovascular disease and diabetes than Caucasians. Department staff is working hard to increase opportunities to build new relationships to address community health priorities. This has resulted in greater collaborative opportunities with community, regional, and state partners.

Number of Local Health Department Employees

The Pender County Health Department has a current staff of 64 employees.

Local Health Department Budget Information

	FY 13	FY 14	FY15	FY16
Total Expenditures	$4,701,936.29	$5,041,242.61	$5,160,904.50	$5,612,693.00
Total Revenue	$2,520,782.84	$2,998,065.57	$3,565,037.35	$3,317,830.00
Local Appropriation	$2,003,096.28	$2,178,154.66	$2,287,705.00	$2,294,863.00
Local Appropriation %	42.6%	43.2%	44.3%	40.9%

Local Health Department Services/Programs

Major programs of the department include Adult Services, Child Health, Nutritional (WIC and breast feeding), Women's Health, Environmental, Communicable Disease Prevention and Control, Immunizations, Dental (all ages), Animal Shelter and Case Management programs. The department is very involved throughout the county collaborating with other entities in a variety of ways. Specifically, they maintain a close relationship with the hospital and school system.

Findings

Accreditation Recommendation

The NCLHDA Site Visit Team was able to designate 146 activities out of 147 as 'Met' by the Pender County Health Department. Scoring for Accreditation requires that each activity be scored individually and that the Health Department must satisfy at least a minimum for each core function and essential service.

Accreditation scoring Requirements:

Assessment:	The Department met 29 of 29 activities (minimum required 26)
Policy Development:	The Department met 26 of 26 activities (minimum required 23)
Assurance:	The Department met 38 of 38 activities (minimum required 34)
Facilities and Administrative Services:	The Department met 26 of 27 activities (minimum required 24)
Board of Health/Governance:	The Department met 27 of 27 activities (minimum required 24)

The NCLHDA Site Visit Team recommends the Pender County Health Department for Re-Accreditation.

Not Met Activities:

Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.

Documentation:

- Policies and procedures

AND

- Service area and equipment cleaning schedules

AND

- Maintenance records. To be verified through observations by Site Visitors (refer to "Activities that Require Visual Observation" sheet), who will randomly select a month for review from the previous 24 months' records.

Site Visit Team Findings: The Accreditation Site Visit Team found that there was no record or documentation to assure that the emergency kit in the in-house dental clinic was checked routinely for expired medications. Emergency kits located in the main clinic area, Hampstead and mobile dental all had appropriate documentation of review.

Best Practices Identified:

The NCLHDA Site Visit Team identified a number of best practices and/or unique strengths that Pender County Health Department is commended for:

1. The site visit team would like to recognize the Pender County Health Department for identifying and providing for needs in their community. One example is the Pender Alliance for Teen Health (PATH). Pender County Health Department entered into a memorandum of understanding for the provision of health care services to the children of Pender County in the School Based Health Centers (SBHCs) – located at Pender High School (PHS) and West Pender Middle School (WPMS) in Burgaw and Cape Fear Middle School (CFMS) located in Rocky Point. An article showcased a story of a 12 year old that felt sick and was able to seek healthcare in the facility behind the school. Without the SBHC, the grandmother would have had to take off work and drive 30 miles to a primary care doctor. This tells a story of community partnerships assuring access to healthcare based on need due to shortage of primary care doctors in certain geographical area.

2. The site visit team was impressed with the physical improvements throughout all the Health Department facilities, including Dental Clinic/van, Animal Shelter, Hampstead and main facility. The changes have improved patient flow, privacy and utilization of space. There was also evidence of many program and service improvements that included great community support.

3. It was evident to the site visit team from the information provided and the interviews conducted that there has been great improvement in relationships and support over the last four years from County Management and County Commissioners.

Pender County Health Department - HDSAI Summary Checklist

CF&ES		M	NM	CF&ES		M	NM	CF&ES		M	NM	CF & ES		M	NM	BOH		M	NM
Assessment		X		*Policy*		X		*Assurance*		X		*Assurance*		X				X	
1				9				16				27				34			
	1.1	X			9.1	X			16.1	X			27.1	X			34.1	X	
	1.2	X			9.2	X			16.2	X			27.2	X			34.2	X	
	1.3	X			9.3	X			16.3	X			27.3	X			34.3	X	
					9.4	X											34.4	X	
2					9.5	X		17				28							
	2.1	X			9.6	X			17.1	X			28.1	X					
	2.2	X							17.2	X						35			
	2.3	X		10					17.3	X		29					35.1	X	
	2.4	X			10.1	X							29.1	X					
					10.2	X		18					29.2	X		36			
3					10.3	X			18.1	X							36.1	X	
	3.1	X			10.4	X			18.2	X		F & AS		M	NM		36.2	X	
	3.2	X							18.3	X							36.3	X	
				11					18.4	X				X					
4					11.1	X						30				37			
	4.1	X			11.2	X		19					30.1	X			37.1	X	
	4.2	X							19.1	X			30.2	X			37.2	X	
	4.3	X		12					19.2	X			30.3	X			37.3	X	
					12.1	X							30.4	X			37.4	X	
5					12.2	X		20					30.5	X			37.5	X	
	5.1	X			12.3	X			20.1	X			30.6		X		37.6	X	
	5.2	X							20.2	X			30.7	X					
	5.3	X		13									30.8	X		38			
					13.1	X		21					30.9	X			38.1	X	
6									21.1	X			30.10	X			38.2	X	
	6.1	X		14					21.2	X							38.3	X	
	6.2	X			14.1	X			21.3	X		31							
	6.3	X			14.2	X			21.4	X			31.1	X		39			
					14.3	X							31.2	X			39.1	X	
7					14.4	X		22					31.3	X			39.2	X	
	7.1	X							22.1	X			31.4	X			39.3	X	
	7.2	X		15					22.2	X			31.5	X			39.4	X	
	7.3	X			15.1	X			22.3	X			31.6	X			39.5	X	
	7.4	X			15.2	X													
	7.5	X			15.3	X		23				32				40			
	7.6	X			15.4	X			23.1	X			32.1	X			40.1	X	
	7.7	X			15.5	X			23.2	X			32.2	X			40.2	X	
					15.6	X			23.3	X			32.3	X					
8													32.4	X		41			
	8.1	X						24									41.1	X	
	8.2	X							24.1	X		33					41.2	X	
	8.3	X							24.2	X			33.1	X			41.3	X	
	8.4	X							24.3	X			33.2	X					
													33.3	X					
								25					33.4	X					
									25.1	X			33.5	X					
									25.2	X			33.6	X					
													33.7	X					
								26											
									26.1	X									
									26.2	X									
									26.3	X									

Pender County Site Visit Team:

William Smith, Public Health Administrator — 8/3/16
Deborah Herring, Public Health Nursing — 8/3/16
Nilla "Dicki" Sloop, Environmental Health — 8.3.16
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ACCREDITATION ADMINISTRATOR:

Amy Belflower Thomas, Accreditation Administrator — 8/5/16

HEALTH LAW

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THE RULEMAKING AUTHORITY OF NORTH CAROLINA LOCAL BOARDS OF HEALTH

■ Aimee N. Wall*

State law authorizes local boards of health in North Carolina to adopt rules necessary to protect the public's health. This statutory grant of authority is further defined by two relatively recent court decisions. This bulletin summarizes the statutory rulemaking authority of local boards of health as well as the judicially-imposed limitations placed on that authority.

Statutory Authority

State law requires counties to provide public health services. [1] Each county may provide these services in one of five ways.[2] The county may operate a county health department, participate in a district health department,[3] establish a consolidated

1. N.C. Gen. Stat. 130A-34(a) (hereinafter G.S.).

2. G.S. 130A-34(b) (stating four of the methods for providing public health services); 130A-45 (stating that the purpose of Chapter 130A, Part 1B is to "provide an alternative method for counties to provide public health services" through the creation of a public health authority).

3. A district health department is one that provides public health services to two or more counties. G.S. 130A-36.

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human services agency,[4] establish a public health authority,[5] or contract with the state for the provision of public health services.[6] Each county, agency, district or authority has a board of health that is the "policy-making, rule-making and adjudicatory body" for the department, agency or authority.[7]

These boards of health have "the responsibility to protect and promote the public health" and are specifically authorized by statute to "adopt rules necessary for that purpose."[8] There are three statutory limitations on this general rulemaking authority. First, if the Commission for Health Services or the Environmental Management Commission (EMC) adopts a rule, that state rule will prevail over any more lenient rule adopted by a board of health. However, a board of health may adopt a rule that is more stringent than a corresponding state rule when, in the board's opinion, a more stringent rule is necessary to protect the public health.[9] Second, a board of health is not authorized to adopt any rules relating to the grading, operating or permitting of food and lodging facilities.[10] Finally, a board of health may adopt rules governing wastewater collection, treatment and disposal systems that are not designed to discharge effluent to the land surface or surface waters. Such rules may be adopted, however, only when the state has reviewed the local rules and determined that the local rules are at least as stringent as the rules adopted by the EMC and are sufficient and necessary to safeguard the public health.[11]

In addition to the general rulemaking authority "to protect and promote the public health," boards of health are, in a few instances, specifically authorized or required to enact rules. For example, although state statutes and EMC regulations govern the construction of wells, local boards of health are specifically authorized to adopt by reference the EMC rules and then adopt more stringent rules "when necessary to protect the public health."[12] Also, local boards of health are required to adopt rules governing administrative penalties for violations of any local rules governing wastewater collection, treatment and disposal.[13]

Court Decisions

Two court decisions within the last decade have defined and narrowed the legal authority of local boards of health to adopt rules related to public health.

City of Roanoke Rapids v. Peedin

In *City of Roanoke Rapids v. Peedin*, the North Carolina court of appeals invalidated Halifax County's board of health rules relating to smoking in public places, restaurants, and places of employment.[14] The rules generally prohibited smoking in public places but provided for several exceptions. For example, restaurants with a seating capacity of thirty or more patrons were required to designate a nonsmoking area comprising a certain percentage of the dining area while bars and restaurants with a seating capacity of fewer than thirty patrons were permitted to choose whether to offer a nonsmoking area.[15] The court invalidated the rules as exceeding "the general limitations imposed upon rule making powers of boards of health."[16]

For the first time, the court identified a five-part test for determining when a board of health has acted within its rulemaking authority. The court stated that a board of health acts within its authority when it enacts a rule that

- is related to the promotion or protection of health;

4. A county with a population over 425,000 may elect to establish a consolidated human services agency and board to oversee public health, social services, mental health and other human services or have the board of county commissioners assume all of the statutory powers and functions of the board of health. G.S. 153A-77; 130A-43.

5. A public health authority is a legal entity that is created for the specific purpose of providing public health services in a defined geographical area. G.S. 130A-45 *et seq*. For a discussion of the powers of public health authorities, see A. Fleming Bell, II and Warren Jake Wicker, eds. *County Government in North Carolina, 4th ed.* 637-639 (Chapel Hill, N.C.: Institute of Government, The University of North Carolina at Chapel Hill, 1998).

6. G.S. 130A-34.

7. G.S. 130A-35(a) (county boards of health); 130A-37(a) (district boards of health); 130A-45.1(a) (public health authority board).

8. G.S. 130A-39(a) (local boards of health); 130A-39(a) (district boards of health); 130A-45.3(a)(1) (public health authority).

9. G.S. 130A-39(b).

10. *Id*.

11. *Id*.; G.S. 130A-335(c).

12. G.S. 87-96(c). *See also* G.S. 87-83 *et seq*.(Well Construction Act); 15A NCAC 02C .0101 *et seq*. (EMC regulations governing well construction).

13. G.S. 130A-22(h).

14. 124 N.C.App. 578, 478 S.E.2d 528 (1996).

15. *Id*. at 583, 478 S.E.2d at 531.

16. *Id*. at 587, 478 S.E.2d at 533.

- is reasonable in light of the health risk addressed;
- does not violate any law or constitutional provision;
- is not discriminatory; and
- does not make distinctions based upon policy concerns traditionally reserved for legislative bodies.[17]

The court explained that this five-part test was "based upon previous holdings in related areas, as well as the holdings of courts in other jurisdictions."[18]

The court did not provide any additional guidance regarding the interpretation and application of the first four parts of this test, instead choosing to invalidate the board of health rules based on the fifth part of the test. The court reasoned that in order to achieve the rules' stated purpose of minimizing the public's exposure to environmental tobacco smoke, the board was required to establish across the board requirements that "treat similarly situated patrons and employees of all restaurants equally."[19] The court noted that the distinctions drawn by the board in the rules, such as the distinction between large and small restaurants, "involve the balancing of factors other than health."[20] The court concluded that, absent express statutory authority, a board of health may consider nothing but health when adopting rules; it may not consider issues such as economic hardship or difficulty of enforcement.[21] The court emphasized that only legislative bodies, such as the General Assembly or a board of county commissioners, are authorized to make such policy-based distinctions.[22]

Craig v. County of Chatham

In *Craig v. County of Chatham*, the North Carolina supreme court invalidated board of health rules regulating swine farms.[23] The rules adopted by the board of health required swine farms to comply with certain specifications regarding permitting, setbacks, buffers, and other related issues.

The court of appeals determined that because the state had enacted the "Swine Farms Siting Act"[24] and "Animal Waste Management Systems" laws[25] which, like the local rules, imposed comprehensive requirements on swine farms relative to permitting, setbacks, buffers, and other related issues, local regulation of swine farms (with the exception of zoning regulation in limited circumstances) was not allowed.[26] The court held that the board of health rules were preempted by state law because the state has already provided "'a complete and integrated regulatory scheme' of swine farm regulations."[27]

In affirming the appellate court's preemption decision, the supreme court examined state statutes and regulations governing the siting of swine farms and animal waste management as well as the expressed purpose, intent, breadth, and scope of the statutes. The court articulated three justifications for concluding that the local rules were preempted. First, from the statement of purpose accompanying the Swine Farm Siting Act, the court concluded that the General Assembly intended to strike a balance between protecting the rights of landowners and supporting the swine farm industry because it is "important to the economic stability of the state."[28] The court stated that regulation by both the state and the county was contrary to this intent because

17. *Id*.

18. *Peedin*, 124 N.C. App at 587, 478 S.E.2d at533. The court cited several cases as support for its five-part test. *State v. Curtis*, 230 N.C. 169, 171, 52 S.E.2d 364, 365 (1949) (cited as support for the conclusion that boards of health do not have authority to make distinctions based on policy concerns traditionally reserved for legislative bodies); *Clark's Charlotte, Inc. v. Hunter*, 261 N.C.222, 229, 134 S.E.2d 364, 369 (1964) (cited as support for the conclusions that rules must be reasonable and must not be discriminatory); *Cookie's Diner, Inc. v. Columbus Board of Health*, 65 Ohio Misc.2d 65, 74, 640 N.E.2d 1231, 1236 (1994) (cited as support for the conclusions that rules must be reasonable, must not be discriminatory, must not violate of any law or constitutional provision, and must not make distinctions based on policy concerns traditionally reserved for legislative bodies); *Weber v. Butler Cty. Bd. of Health*, 148 Ohio St. 389, 396, 74 N.E.2d 331, 336 (1947) (same); *Boreali v. Axelrod*, 523 N.Y.S.2d 464, 468, 517 N.E.2d 1350, 1353 (cited as support for the conclusion that boards of health do not have authority to make distinctions based on policy concerns traditionally reserved for legislative bodies).

19. *Peedin*, 124 N.C. at 588, 478 S.E.2d at 534.

20. *Id*.

21. *Id*. at 589, 478 S.E.2d at 534.

22. *Id*. at 588-89, 478 S.E.2d at 534.

23. 356 N.C. 40, 565 S.E.2d 172.

24. G.S. 106-800 - 805.

25. G.S. 143-215.10A - 215.10M.

26. *Craig v. County of Chatham*, 143 N.C.App. 30, 40, 545 S.E.2d 455, 461. There is a specific statutory provision that permits counties to adopt zoning ordinances governing swine farms in limited circumstances. *Id*. (citing G.S. 153A-340(b)(3)).

27. *Id*. at 40, 545 S.E.2d at 462.

28. *Craig*, 356 N.C. at 47, 565 S.E.2d at 177.

it "would present an excessive burden on swine farmers and the pork production industry as a whole."[29]

Second, the court recognized that one purpose of the animal waste management law was to "promote a cooperative and coordinated approach to animal waste management among the agencies of the State…."[30] The court explained that dual regulation was contrary to this purpose because if "each county were allowed to enact its own waste management guidelines, there could be no statewide 'coordinated approach.'"[31]

The third justification for determining that the local rules were preempted was based on the breadth and scope of the state's regulation. The court concluded that the "statutes are so comprehensive in scope that the General Assembly must have intended that they comprise a 'complete and integrated regulatory scheme' on a statewide basis…."[32] Based on this review, the court concluded that the board of health rules were invalid because the state had in place a "complete and integrated regulatory scheme" for swine farms and intended to preempt, or override, any local regulation of swine farms.[33]

The court did recognize that dual regulation may exist in some situations because, in addition to their general rulemaking authority, local boards of health are authorized to adopt more stringent regulations than those of either the Commission for Health Services or the EMC when more stringent rules are "'required to protect the public health.'"[34] The court reviewed the applicable EMC regulations and concluded that the board of health rules were more stringent in some regards. The court, however, found that the rules were still preempted because the board of health simply included a statement asserting that more stringent rules were necessary to protect the public health and did not include "any rationale or basis for making the restrictions in Chatham County more rigorous than those applicable to and followed by the rest of the state."[35]

29. *Id*. at 48, 56 S.E.2d at 178.

30. *Id*.

31. *Id*.

32. *Craig*, 356 N.C. at 50, 565 S.E.2d at 179.

33. *Id*. at 52, 56 S.E.2d at 180-81. The remainder of the supreme court decision recognized one limited statutory exception to this preemption. The state law permits counties to adopt zoning ordinances governing swine farms in limited circumstances. *Id*. at 54, 56 S.E.2d at 181 (citing G.S. 153A-340(b)(3)).

34. *Id*. at 51, 56 S.E.2d at 179 (citing G.S. 130A-39).

35. *Id*. at 52, 56 S.E.2d at 180.

Summary

The statutory grant of general rulemaking authority to boards of health is rather broad: the boards are authorized to adopt rules necessary to protect and promote the public's health. They are also specifically authorized to adopt more stringent rules in areas regulated by the Commission for Health Services or the EMC if more stringent rules are necessary to protect the public health. Two recent court decisions, however, have limited local boards' authority in three basic ways.

First, a board of health is acting within its rulemaking authority only if the rule:

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;
- does not violate any law or constitutional provision;
- is not discriminatory; and
- does not make distinctions based upon policy concerns traditionally reserved for legislative bodies.

Because of the last requirement described above, a board of health may not adopt rules based on the consideration of factors other than health.

Second, the local board of health rules may be preempted if the state has already provided "a complete and integrated regulatory scheme" of regulation, such as in the field of swine farms.

Third, if the board of health adopts rules that are more stringent than rules adopted by the Commission for Health Services or the EMC, the board must expressly demonstrate that more stringent rules are necessary to protect the public's health.

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Association of
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Health Related Websites

State Level

North Carolina Association of Local Health Directors
www.ncalhd.org

North Carolina Division of Public Health
www.ncpublichealth.com

North Carolina Local Health Department Accreditation
www2.sph.unc.edu/nciph/accred

North Carolina Institute for Public Health
www.sph.unc.edu/nciph

North Carolina Association of County Boards of Social Services
http://ncacbss.org

North Carolina Association of County Commissioners
http://www.ncacc.org/

Cecil G. Sheps Center for Health Services Research (UNC)
www.schsr.unc.edu

North Carolina Department of Health and Human Services
www.ncdhhs.gov

North Carolina General Assembly
www.ncleg.net

North Carolina Institute of Government
www.iog.unc.edu

North Carolina Institute of Medicine
www.nciom.org

North Carolina Public Health Association
www.ncpha.com

North Carolina Citizens for Public Health, Inc.
www.nccph.com

National Level

National Association of Local Boards of Health
www.nalboh.org

American Public Health Association
www.apha.org

Centers for Disease Control and Prevention
www.cdc.gov

Library of Congress
http://thomas.loc.gov

Research America
http://www.researchamerica.org/about

Trust for America's Health
http://healthyamericans.org

The Campaign for Public Health
http://www.fundcdc.org

United States House of Representatives
www.house.gov

United States Senate
www.senate.gov

Your Candidates. Your Health.
http://www.yourcandidatesyourhealth.org