

**Hyde County Board of Commissioners**  
**AGENDA ITEM SUMMARY SHEET**

**Meeting Date:** April 2, 2018  
**Presenter:** County Manager Bill Rich  
**Attachment:** Yes

**ITEM TITLE:** EMS STATION - OCRACOKE

**SUMMARY:** Manager Rich will request permission to fund the purchase of land and construction of the new Ocracoke EMS station using funds from the county's General Fund. The funds will be reimbursed from loan proceeds.

**RECOMMEND:** APPROVE

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Motion Made By:  Earl Pugh, Jr.  
 Barry Swindell  
 Dick Tunnell  
 Ben Simmons  
 Tom Pahl

Motion Seconded By:  Earl Pugh, Jr.  
 Barry Swindell  
 Dick Tunnell  
 Ben Simmons  
 Tom Pahl

Vote:  Earl Pugh, Jr.  
 Barry Swindell  
 Dick Tunnell  
 Ben Simmons  
 Tom Pahl



**Hyde County Board of Commissioners  
AGENDA ITEM SUMMARY SHEET**

**Meeting Date:** April 2, 2018  
**Presenter:** Assistant County Manager Kris Noble  
**Attachment:** Yes

**ITEM TITLE:** HYDE COUNTY COURTHOUSE BELL PROPOSAL

**SUMMARY:** Assistant County Manager Kris Noble will present a proposal from Margie Brooks and the Swan Quarter Volunteer Fire Department for the disposition of the old courthouse bell. Architect Ben Cahoon has provided specs and drawings for the display of the bell on courthouse grounds. Ms. Brooks and the SQVFD are requesting the following:

1. Approval of the project
2. A decision on the location of the bell display
3. Permission to eventually move the bell to the SQVFD for display purposes while fundraisers are conducted

**RECOMMEND:** APPROVE

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Motion Made By:  Earl Pugh, Jr.  
 Barry Swindell  
 Dick Tunnell  
 Ben Simmons  
 Tom Pahl

Motion Seconded By:  Earl Pugh, Jr.  
 Barry Swindell  
 Dick Tunnell  
 Ben Simmons  
 Tom Pahl

Vote:  Earl Pugh, Jr.  
 Barry Swindell  
 Dick Tunnell  
 Ben Simmons  
 Tom Pahl

***Hyde County  
Courthouse Bell Project  
2018***



Proposal: Build a permanent display to hold the old Hyde County courthouse bell somewhere on the grounds between the new Hyde County Government Center and the old Historic 1854 Courthouse. Following discussions with Hyde County Assistant Manager Kris Noble, the addition of a small landscaped park area surrounding the bell display with benches has been added to the project (see Attachment 1).

History: This cast Iron bell was made in Chattanooga, TN in the 1920s at the Ross-Meehan Foundries (see Attachment 2). The Foundry was in business from 1889-1986. Based on interviews with Hyde County residents, it was installed outside the Historic 1857 Courthouse on the southeast end of the building sometime in the 1920-30s. Hall Swindell remembered that there were outside wooden steps that led up to the 2<sup>nd</sup> floor from (and a door that led into the jury room) on that end. At the top of the steps there was a landing and the bell was mounted so that someone could come out of the jury room and ring the bell to summon the court back to order after the lunch break. They also stood on that landing and hollered up to the 3<sup>rd</sup> floor where the Grand Jury met to summon them back downstairs. The bell was also used as a means to signal the community of other important happenings nearby, i.e. a fire or an impromptu meeting. It is said that many a political candidate held such meetings on the grounds around the courthouse, often with much heated discussions! [A photo of the steps and landing are found on Page 19 in the Swan Quarter section of the Hyde County History Book (Hyde County Historical & Genealogical Society, 1976) but we are still searching for a clearer photo.]

In 1962 the courthouse was remodeled with annexes added connecting it to the agricultural building. The bell was relocated just outside the new double glass doors on the west side of the annex (see Attachment 3). At some point, the bell was taken down and stored on the 3<sup>rd</sup> floor (attic) of the old Courthouse. That hot, humid, dusty, and dirty attic was where Merita Spencer and Pam Sawyer (Hyde County Register of Deeds Office) discovered it. They ended up carrying it – donging it all the way down from the attic to the Register of Deeds Office on the first floor – so it would be safe. Several times their offices were relocated while repairs and painting were completed, and they took the bell with them each time. But after Hurricane Isabel in 2003, it went into storage again, until the new courthouse was built. Since 2007 it has resided in their offices in the new Hyde County Government Center, awaiting a forever home.

Background: In August 2012, the Board of Directors of the newly established Friends of Hyde County's Historic 1854 Courthouse voted to pursue a permanent means to display the bell; however in the ensuing years, nothing has been accomplished. At their March 15, 2018 board meeting, the current Friends' board agreed to relinquish responsibility.

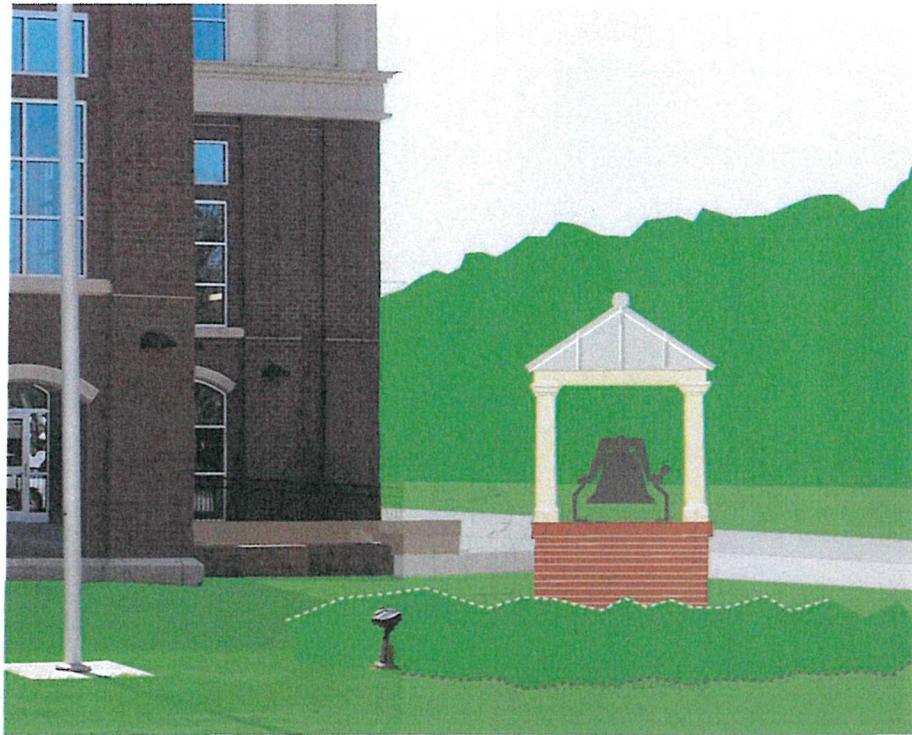
The Swan Quarter Volunteer Fire Department (see attachment 4) has expressed their support of the project, to include spearheading it.

Hyde County native Ben Cahoon of Cahoon & Kasten Architects, Nags Head, has agreed to donate his services for the drawings. In fact, Ben has been a willing participant since the idea first surfaced some seven years ago.

Margie Brooks, a Hyde County resident for 30+ years, has agreed to help even though she now resides in Beaufort County. Margie was involved from the beginning and has provided the background work that was completed earlier. She will help keep the current project on track, working with the other individuals and organizations to raise funds and make this project a reality. She will also be the PR person for the project – writing press releases and social media posts.

#### Timeline:

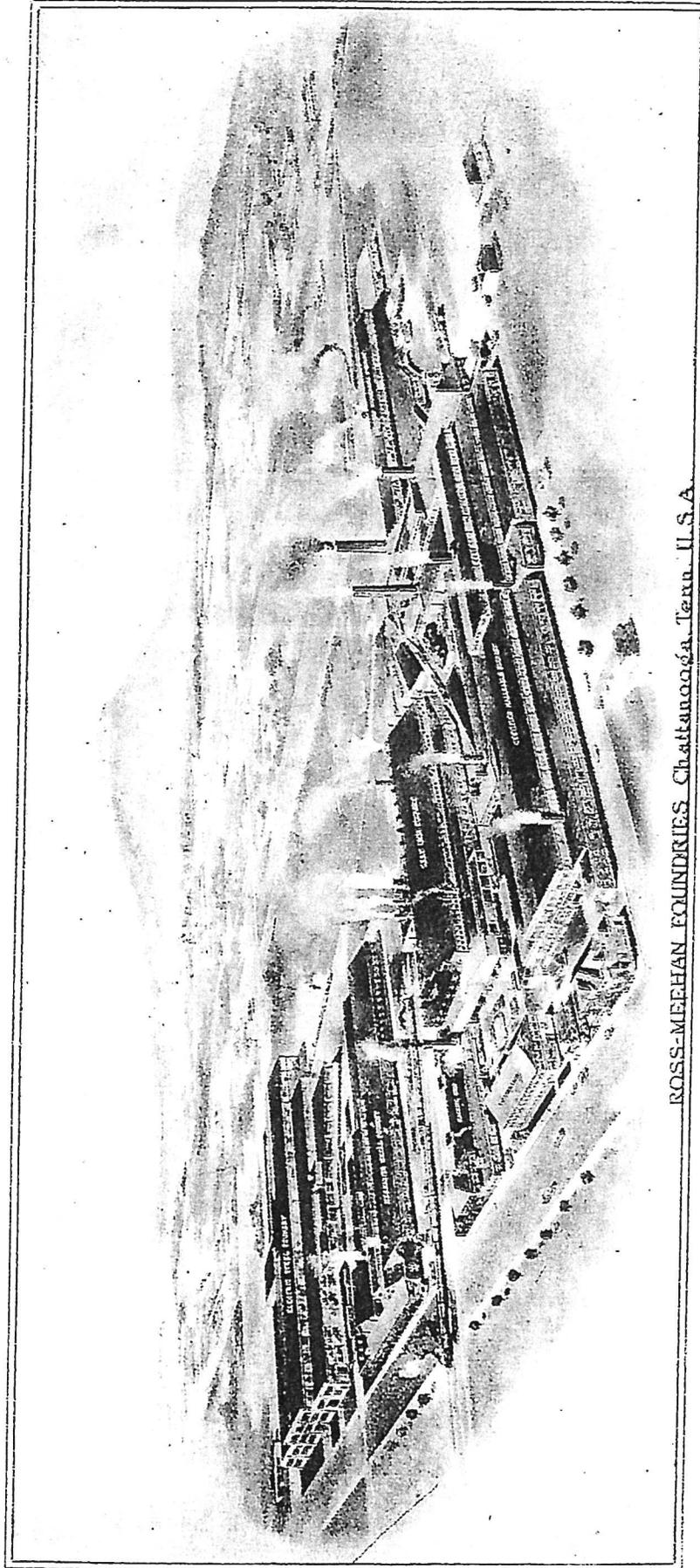
This project will be presented to the Hyde County Board of Commissioners for (1) their approval to proceed and (2) a determination of the exact location. Once both have been received, a fund-raising campaign will begin. Fund-raising will include letter campaigns as well as specific fund-raiser events yet to be determined. The media will be called upon to help in these endeavors with press releases, social media posts, and similar means to get the word out to prospective donors. Sufficient funds to complete the project will be accumulated prior to the start of actual work. A tentative budget is outlined in Attachment 5.



Hyde County Historic Courthouse Bell Display  
Swan Quarter, North Carolina

# ROSS-MEEHAN FOUNDRIES

Annual Casting Capacity 70,000 Tons



ROSS-MEEHAN FOUNDRIES, Chattanooga, Tenn., U.S.A.

## MANUFACTURERS OF

ELECTRIC STEEL CASTINGS—ELECTRICALLY ANNEALED, CONVERTER STEEL CASTINGS, CERTIFIED MALLEABLE IRON CASTINGS,  
"MEEHANITE METAL" CASTINGS, GRAY IRON CASTINGS, ACID-RESISTING CASTINGS, SPECIAL ANALYSIS  
CASTINGS "HEO" HEATERS, SAND DRYERS, HEAVY FORGES, BELLS, RAILWAY SPECIALTIES.

710-25-27 p. 28 app.

CHATTANOOGA, TENN.



**HYDE COUNTY COURTHOUSE  
PHOTO TAKEN BETWEEN 1976-80  
COURTESY OF NC STATE HISTORIC PRESERVATION OFFICE**



## Swan Quarter Volunteer Fire Department

PO Box 97, 25 Oyster Creek Road  
Swan Quarter, NC 27885

March 24, 2018

To Whom This May Concern:

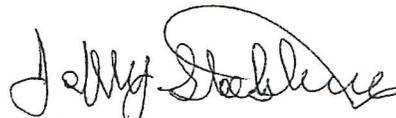
With this correspondence, the Swan Quarter Volunteer Fire Department would like to indicate our support of the Hyde County Courthouse Bell Project. We take pride in being involved in the Hyde community and think that this project is a great way to preserve and showcase a piece of the County's heritage and history.

We are ready and agreeable to being involved in making this project a reality. Our Fire Chief Jeffrey Stotesberry is willing to act as overseer for the construction phase of the project and to document the various stages with photographs. We would also like to offer the use of our facility for possible project fund-raisers.

If the Hyde County Board of Commissioners approve this project, we would also like to request permission to move the bell from its current location in the Register of Deeds Office to our station for the purpose of displaying it during the fund-raising portion of the project.

We look forward to working with the other interested parties in this project. Please let us know how else we may help!

  
Henry Williams  
President

  
Jeffrey Stotesberry  
Fire Chief

Henry Williams, President ~ 65 Church Street ~ Swan Quarter NC 27885 ~ Home (252) 926-5531  
Jeffrey Stotesberry, Chief ~ 601 NC Hwy 45 ~ Swan Quarter NC 27885 ~ Cell (252) 542-0901  
Gary Cahoon, Vice-President ~ 1094 Main Street ~ Swan Quarter NC 27885 ~ Home (252) 926-4411  
J.T. Stotesberry, Secretary/Treasurer ~ 451 Bridgman Road ~ Swan Quarter N.C. 27885 ~ Cell (252) 542-0267

# *Hyde County Courthouse Bell Project*

## BUDGET

|  |             |
|--|-------------|
| Material and labor to build bell display | \$ 9,000.00 |
| Material and labor to build park         | \$ 3,500.00 |
| Material and labor to build sidewalks    | \$ 2,500.00 |
| Park Benches                             | \$ 1,000.00 |
| Landscaping                              | \$ 500.00   |
| <br>                                     |             |
| Total                                    | \$16,500.00 |

**Hyde County Board of Commissioners  
AGENDA ITEM SUMMARY SHEET**

**Meeting Date:** April 2, 2018  
**Presenter:** Manager Bill Rich  
**Attachment:** Yes

**ITEM TITLE:** BUDGET MATTERS

**SUMMARY:** Departmental budget revisions and amendments will be presented by department managers for Board discussion and approval.

**Mainland Occupancy Tax**

a) Services ..... \$ 10,000.00

**Hyde County Youth Athletics**

a) HCYA ..... \$ 6,683.77

**Sheriff's Department**

a) Auto Maintenance & Inmate Safekeeping ..... \$ 5,000.00

**Department of Social Services**

a) Christmas Cheer ..... \$ 1,963.24

**Emergency Medical Services**

a) Fiscal Year End Expenses ..... \$89,500.00

**Health Department**

a) BR21-18 – BCCCP – Radiology ..... \$ 2,360.00

b) BR22-18 – PHPR – Travel ..... \$ 400.00

**RECOMMEND:** Discuss and approve budget transfers, revisions and amendments.

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Motion Made By: \_\_\_ Earl Pugh, Jr.  
\_\_\_ Barry Swindell  
\_\_\_ Dick Tunnell  
\_\_\_ Ben Simmons  
\_\_\_ Tom Pahl

Motion Seconded By: \_\_\_ Earl Pugh, Jr.  
\_\_\_ Barry Swindell  
\_\_\_ Dick Tunnell  
\_\_\_ Ben Simmons  
\_\_\_ Tom Pahl

Vote: \_\_\_ Earl Pugh, Jr.  
\_\_\_ Barry Swindell  
\_\_\_ Dick Tunnell  
\_\_\_ Ben Simmons  
\_\_\_ Tom Pahl











HYDE COUNTY BOARD OF COMMISSIONERS  
2017/2018 BUDGET REVISIONS

| MEETING DATE<br>04/02/2018  |                |                   |  |                                   |                                    |
|-----------------------------|----------------|-------------------|--|-----------------------------------|------------------------------------|
|                             |                |                   |  | Contract Wages                    |                                    |
|                             |                |                   |  | "+" EXP BUDGET<br>"- " REV BUDGET | "- " EXP BUDGET<br>"+ " REV BUDGET |
| (FO USE)<br>BR # OR<br>IDT# | DEPARTMENT     | ACCOUNT #         | LINE ITEM ACCOUNT NAME /<br>EXPLANATION  | DEBIT                             | CREDIT                             |
| 21-18                       | Health - BCCCP | 10-5862.4503      | Contract Radiology   | \$ 2,360.00                       |                                    |
|                             |                | 10-2600-0004 (10) | Adult Health Escrow  |                                   | \$ 2,360.00                        |
|                             |                |                   |  | \$ 2,360.00                       | \$ 2,360.00                        |
|                             |                |                   | Transferring funds from Adult Health Escrow to cover radiology expenses due to follow up of abnormal. Rates have been negotiated with Radiologists for a decrease, but this shortfall has happened prior to negotiations.<br><b>Budget is NOT increased.</b> |                                   |                                    |

REQUESTED \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED... CO MANAGER \_\_\_\_\_ CO COMMISSIONER-CHAIR \_\_\_\_\_ CLERK TO THE BOARD \_\_\_\_\_

ENTERED LEDGER/DATE \_\_\_\_\_

HYDE COUNTY BOARD OF COMMISSIONERS  
2017/2018 BUDGET REVISIONS

| MEETING DATE<br>04/02/2018  |               |              |  |                |                |
|-----------------------------|---------------|--------------|--|----------------|----------------|
|                             |               |              |  | Contract Wages |                |
|                             |               |              |  | "+" EXP BUDGET | "-" EXP BUDGET |
|                             |               |              |  | "-" REV BUDGET | "+" REV BUDGET |
| (FO USE)<br>BR # OR<br>IDT# | DEPARTMENT    | ACCOUNT #    | LINE ITEM ACCOUNT NAME /<br>EXPLANATION  | DEBIT          | CREDIT         |
| 22-18                       | Health - PHPR | 10-6200.1400 | Travel   | \$ 600.00      |                |
|                             |               | 10-6200.1101 | Cell Phone   |                | \$ 150.00      |
|                             |               | 10-6200.1200 | Postage  |                | \$ 50.00       |
|                             |               | 10-6200.3300 | Department Supplies  |                | \$ 400.00      |
|                             |               |              |  | \$ 600.00      | \$ 400.00      |
|                             |               |              | Transferring funds within budget to cover<br>costs of travel through year end. <b>Budget is<br/>NOT increased.</b> |                |                |

REQUESTED \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED... CO MANAGER      CO COMMISSIONER-CHAIR      CLERK TO THE BOARD

ENTERED LEDGER/DATE \_\_\_\_\_

**Hyde County Board of Commissioners  
AGENDA ITEM SUMMARY SHEET**

**Meeting Date:** April 2, 2018  
**Presenter:** Chairman, Vice-Chair, Commissioners and Manager  
**Attachment:** Yes

**ITEM TITLE:** MANAGEMENT REPORTS

**SUMMARY:** This is a time for each Commissioner to give reports on their work representing the County.

Additionally, Commissioners may wish to bring up issues they wish to have followed up by the Board or by the County Manager.

The County Manager and Assistant County Manager will give an oral update on various projects and other administrative matters.

**RECOMMEND:** Receive reports. Discussion and possible action as necessary.

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**Motion Made By:** \_\_\_ Earl Pugh, Jr.  
\_\_\_ Barry Swindell  
\_\_\_ Dick Tunnell  
\_\_\_ Ben Simmons  
\_\_\_ Tom Pahl

**Motion Seconded By:** \_\_\_ Earl Pugh, Jr.  
\_\_\_ Barry Swindell  
\_\_\_ Dick Tunnell  
\_\_\_ Ben Simmons  
\_\_\_ Tom Pahl

**Vote:** \_\_\_ Earl Pugh, Jr.  
\_\_\_ Barry Swindell  
\_\_\_ Dick Tunnell  
\_\_\_ Ben Simmons  
\_\_\_ Tom Pahl

**Manager's Calendar (March 2018)**

|    |  |
|----|--|
| 1  | 1:30 pm- Ferry to Ocracoke   |
| 2  | 10am-Met w/Lynn Murphree and Ken Marino (RLF Loan Request); 1:00pm-Met with Sandy Yeatts and Baylin re: EMS/Island Inn   |
| 3  | 9am-Met with Greg Honeycutt re: Loop Shack Hill  |
| 4  |  |
| 5  | 9:30am-Conference call with Ed Norvell & Keith McDerment re: Island Inn/Land Dev. 5pm-Public Hearing for offshore drilling; 6pm-Board of Commissioners   |
| 6  | 4pm-Met with Tom Pahl; 5pm-Ocracoke Preservation Society meeting   |
| 7  | 1:30pm-Ferry to SQ, Swan Quarter office all day  |
| 8  | Swan Quarter Office; 4:30pm-Ferry to Ocracoke  |
| 9  |  |
| 10 |  |
| 11 |  |
| 12 | 10:30-12:00pm-Chris Cavanaugh; 3pm-TDA Meeting   |
| 13 | Closed RLF Loan for Seabreeze of Ocracoke; 4pm-Met with Tom Pahl; 5pm-Joint BOC/BOE meeting  |
| 14 | 7am-Ferry to SQ; 12:30pm-Partnership for the Sounds meeting in Columbia  |
| 15 | 9:30am-Met with Franz Holscher; 10am-Beaufort/Hyde Community Foundation Meeting at PCA; 4:30pm-Ferry to Ocracoke   |
| 16 | 12pm-Reviewed abandoned vessel contract for villas;  |
| 17 | 9am-Met with Sandy and Phil Faison, re: EMS bldg.; 9:30am-Met with Wococcon Oyster Co to close RLF loan  |
| 18 |  |
| 19 | Budget meetings-10am-DSS; 10:30-Airport; 11am-Tax Office; 2pm-Coop. Ext.; 2:30pm-Sheriff; 3pm-Ferry Meeting; 4:30-Planning Board; 5:30pm-Ocracoke Waterways Commission/Advisory Planning Board |
| 20 | Budget meetings-11am-Administration; 12pm-Finance; 2pm-HR;   |
| 21 | Budget meetings-11am-EM; 11:30-Soil & Water; 2:30pm-Dr. Appt.; 5pm-met with Franz Holscher   |
| 22 | 10:30am-Wysocking Bay meeting; 7pm-OPS meeting   |
| 23 | 10am-Passenger Ferry Meeting; 1pm-met with Bobby Harrell and Taylor Sugg re: funding for Island Inn  |
| 24 |  |
| 25 |  |
| 26 | 2pm-Dr. Appt.; 4pm-Joe/Henri McClees and Representative John Torbett; 6pm-Hyde Chamber Annual Meeting  |
| 27 | Breakfast meeting with Earl Pugh, Kris, Joe and Henri McClees and Representative John Torbett and wife Vidia 8:30am-11:30am  |
| 28 | Review RFP for Ocracoke Tram with Kris; 3:00-5:00pm-Mattamuskeet Watershed meeting   |
| 29 | 10am-Ferry to Ocracoke;  |
| 30 | Holiday  |
| 31 |  |

**Hyde County Board of Commissioners**  
**AGENDA ITEM SUMMARY SHEET**

**Meeting Date:** April 2, 2018  
**Presenter:** Citizens  
**Attachment:** No

**ITEM TITLE:** PUBLIC COMMENTS

**SUMMARY:** The public is invited to use this time to make comments to the County Commissioners on items discussed during this meeting and/or matters not discussed earlier in the meeting.

**RECOMMEND:** Receive comments.

**Hyde County Board of Commissioners**  
**AGENDA ITEM SUMMARY SHEET**

**Meeting Date:** April 2, 2018  
**Presenter:** Board of Commissioners

**ITEM TITLE:** CLOSED SESSION

**SUMMARY:** The County Manager may request entering Closed Session in accordance with NCGS143A-318.11 (a)

- 1) To prevent the disclosure of information that is privileged or confidential pursuant to the law.
- 2) To prevent the premature disclosure of an honorary award.
- 3) To consult with an attorney employed or retained by the public body in order to preserve the attorney client privilege.
- 4) To discuss matters relating to the location or expansion of industries or other businesses.
- 5) To establish or instruct the public body's staff or agent in negotiating the price or terms of a contract for the acquisition of real property by purchase; or compensation and terms of an employment contract.
- 6) To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee.
- 7) To plan, conduct, or hear reports concerning investigations of alleged criminal misconduct.
- 8) To formulate plans by a local board of education relating to emergency response to incidents of school violence.
- 9) To discuss and take action regarding plans to protect public safety.

**RECOMMEND:** Enter into Closed Session if required.

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|   |  |  |
|---|--|--|
| <b>Motion Made By:</b> ___ Earl Pugh, Jr.<br><b>(Enter)</b> ___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl | <b>Motion Seconded By:</b> ___ Earl Pugh, Jr.<br>___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl | <b>Vote:</b> ___ Earl Pugh, Jr.<br>___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl |
|---|--|--|

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|  |  |  |
|--|--|--|
| <b>Motion Made By:</b> ___ Earl Pugh, Jr.<br><b>(Exit)</b> ___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl | <b>Motion Seconded By:</b> ___ Earl Pugh, Jr.<br>___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl | <b>Vote:</b> ___ Earl Pugh, Jr.<br>___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl |
|--|--|--|

**Action Taken:**

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|  |  |  |
|--|--|--|
| <b>Motion Made By:</b> ___ Earl Pugh, Jr.<br>___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl | <b>Motion Seconded By:</b> ___ Earl Pugh, Jr.<br>___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl | <b>Vote:</b> ___ Earl Pugh, Jr.<br>___ Barry Swindell<br>___ Dick Tunnell<br>___ Ben Simmons<br>___ Tom Pahl |
|--|--|--|

# **Department Reports**

## Human Resources Dept. Report – April 2018

- Verified information for vacation/sick leave for employees
- Completed monthly payroll
- Completed and processed monthly vouchers to pay employees' insurances, tax garnishments, child support payments, retirement, etc.
- Attended County Commissioners Meeting
- Daily Tasks - Assisted employees as necessary concerning hours worked, salary, insurance, benefits, retirement, deposit changes, etc.
- Compiled Human Resources newsletter for employees
- Reviewed proposed insurance plans
- Updated/processed two FMLA claims
- Attended the regional LGFCU quarterly meeting
- Compiled and submitted information for next year's budget
- Attended the SHRM webinar "Helping Employees Stretch Their Paychecks-Benefits of Boosting Employee Financial Wellness"
- Generated the insurance claims for employee's deceased spouse
- Completed the School Or Government survey "Impact of Baby Boomer Retirement"
- Filed one new Worker's Compensation Claim and updated an ongoing claim

Respectively submitted,

*Tammy Blake*

**Public Health Monthly Summary Report – February 2018**

| <b>CLINICAL SERVICES</b>   | <b>Current Month</b> | <b>Year To Date</b>  |
|--|----------------------|----------------------|
| Family Planning  | 20                   | 141                  |
| Maternal Health  | 3                    | 23                   |
| Adult Health: Wellness/Primary Care/Chronic Disease/Telemedicine       | 81                   | 353                  |
| BCCCP  | 2                    | 15                   |
| Immunizations  | 4                    | 131                  |
| Seasonal Flu Shots/Flu Mists   |                      |                      |
| Adults   | 0                    | 115                  |
| Children   | 1                    | 61                   |
| STD Treatments   | 0                    | 22                   |
| Communicable Disease Cases/Investigations                              | 11                   | 17                   |
| TB Treatments (Latent) & Skin Tests                                    | 9                    | 26                   |
| Child Health (Wellness)  | 8                    | 78                   |
| Child Health (Sick Care)   | 35                   | 112                  |
| Rabies Treatments/Investigations**                                     | 3                    | 9                    |
| Dental Varnishing  | 4                    | 15                   |
| Lab Services   | 45                   | 215                  |
| <b>WIC (Women, Infant &amp; Child Nutrition Assistance)</b>            |                      |                      |
| WIC – Mainland   | 10                   | 10                   |
| Certifications   | 6                    | 75                   |
| Mid-Certification Assessments  | 11                   | 38                   |
| Pick-ups   | 0                    | 87                   |
| Vendor Trainings   |                      | 0                    |
| WIC – Ocracoke (Quarterly)   | 0                    |                      |
| Certifications   | 0                    | 2                    |
| Mid-Certification Assessments  | 0                    | 0                    |
| Pick-ups   | 0                    | 9                    |
| Vendor Trainings   |                      | 0                    |
| <b>PREGNANCY/EARLY CHILDHOOD SERVICES</b>                              |                      |                      |
| <b>Pregnancy Care Management (for healthy pregnancies and births)</b>  |                      |                      |
| Current Case Load  | m 3, l 0, p 0        | //////////////////// |
| Contacts this Month  | 11                   | //////////////////// |
| Attempts (No Contact)  | 1                    | //////////////////// |
| <b>Care Coordination for Children (for healthy children 0-5 years)</b> |                      |                      |
| Current Case Load  | h 0, m 2, l 2, p 2   | //////////////////// |
| Contacts this Month  | 38                   | //////////////////// |
| Attempts (No Contact)  | 1                    | //////////////////// |
|  | 0                    |                      |
| <b>MEDICATION ASSISTANCE PROGRAM</b>                                   |                      |                      |
| New Patients Enrolled  |                      | //////////////////// |
| Active Patients Served   |                      | //////////////////// |
| New Requests   |                      | //////////////////// |
| Medications Requested  |                      | //////////////////// |
| Medications Received   |                      | //////////////////// |
| Medications Delivered  |                      | //////////////////// |
| <b>ENVIRONMENTAL HEALTH</b>  |                      |                      |
| <b>Food and Lodging</b>  |                      |                      |
| F&L Inspections  | 14                   | 56                   |
| F&L Visits   | 3                    | 49                   |
| F&L Pre-Opening Visits   |                      | 14                   |
| F&L Permits Issued   | 2                    | 8                    |
| F&L Permits Suspended  |                      |                      |
| F&L Suspensions Lifted   |                      |                      |
| F&L Complaint Investigations   |                      | 4                    |

|                                   |    |     |
|-----------------------------------|----|-----|
| F&L Consults                      | 13 | 114 |
| General Sanitation                | 1  | 9   |
| Vector Control                    |    |     |
| Animal Control                    |    |     |
| Health Education                  |    |     |
| <b>On-Site Wastewater</b>         |    |     |
| Sites Visited/Evaluated           | 9  | 65  |
| Improvement Permits Issued        | 3  | 13  |
| Construction Authorizations       | 9  | 30  |
| Other Authorizations              |    | 8   |
| Consultative Contacts             | 46 | 297 |
| Operation Permits Issued          | 3  | 9   |
| Migrant Housing Inspections       |    |     |
| <b>On-Site Wells</b>              |    |     |
| Well Site Evaluated               |    | 3   |
| Grouting Inspections              |    | 0   |
| Well Site Construction Visits     |    | 0   |
| Well Construction Permits Issued  |    | 0   |
| Well Certificate of Completion    |    | 1   |
| Bacteriological Samples Collected | 1  | 2   |
| Other Sample Collected            |    |     |
| Well Consultative Contacts        | 1  | 10  |

#### Foreign Interpreter/Outreach Worker

##### Outreach programs

|               |    |
|---------------|----|
| Home visits:  | 0  |
| Phone calls:  | 13 |
| Letters sent: | 8  |

Patients served in clinic: 44

##### Community work:

- Request for transportation: 2
- Assisted with KidShape Program 9

##### Office work:

##### translate documents for nurses and other staff

##### Physical Activity & Nutrition Programming

- KBR funds:
  - Carryover into a Year 4 (July 2017 – June 2018)
  - Supporting start-up costs for Hyde County Youth Athletics and KidShape programming on Ocracoke
  - KidShape 2.0 classes began on Ocracoke in January and will conclude in March
    - Physical activity/nutrition courses for Hispanic families
- Vidant funds:
  - Free Piyo classes to be offered starting in March
    - Childcare will now be provided to participants
  - Yoga classes will be offered starting in the spring

##### Prescription Drug Abuse Prevention

- A Substance Awareness Taskforce was created in July
  - This group is made up various community and regional agencies, as well as community members
- 6 members of the Taskforce attended the Injury Free NC Academy in October, with a follow up session in February and June
- See Grants section below!

##### Other

- HCHD has decided to join the Regional Community Health Assessment process in 2018 – Meeting in March
- Offering Know It, Control It beginning this month

- Know It, Control It is a new hypertension management program which assists pre-hypertensive and hypertensive patients in changing their lifestyles and controlling their blood pressure

## Grants

- Ribbon of Hope (GlaxoSmithKline Foundation) (\$25,000)
  - Application submitted in October, on behalf of Project DIRECT Legacy, to fund chronic disease prevention and management strategies
    - Notification in Spring
- Vidant Community Benefits Grant Program (\$15,000)
  - Letters of Intent submitted in December for both PDL & HCHD
    - PDL invited to submit full application
- Funding would support community health programming and chronic disease prevention and management programming
- Applications due in April
- Kate B. Reynolds Charitable Trust (\$414,375)
  - Application submitted by HCHD on behalf of the County of Hyde in February
  - Funding would support licensed clinical social worker position, substance abuse case manager/navigator, and Telepsychiatry services at the HCHD through ECU
- Blue Cross Blue Shield (\$600,000)
  - Grant includes \$100,000 to support planning and early action over a 15-month period resulting in an implementation plan. Grantees then will be invited to apply for a four-year grant to support implementation and ongoing work at a projected level of \$125,000 per year
  - Grant would support substance awareness efforts
  - Notifications in March
- Medical Access Program (MAP) (DPH, Office of Rural Health) (\$450,000)
  - Planning to determine the most appropriate use of these funds has begun
  - Application due in March

Hyde County DSS Programs  
Month of February 2018

| Income Maintenance Programs            | Active Cases              | Applications Processed | Reviews/Redetermination | Other Changes          |
|--|---------------------------|------------------------|-------------------------|------------------------|
| Medicaid                               | 1206                      | 20                     | 54                      |                        |
| Long Term Care MAA & MAD               | 37                        |                        |                         |                        |
| Food Stamps                            | 430                       | 26                     | 32                      |                        |
| Work First                             | 9                         | 1                      | 1                       |                        |
| <b>Total</b>                           | <b>1,682</b>              | <b>47</b>              | <b>87</b>               |                        |
| <b>Medicaid Transportation Program</b> | <b>Transported</b>        | <b>Gas</b>             | <b>Vouchers</b>         | <b>Active Cases</b>    |
| Medicaid                               | 23                        | 70                     | 5                       | 295                    |
| Dialysis                               | 1                         | 1                      | 0                       | 0                      |
| Title III                              | 1                         | 15                     | 0                       | 55                     |
| <b>Total</b>                           | <b>25</b>                 | <b>86</b>              | <b>5</b>                | <b>350</b>             |
| <b>Child Protected Services</b>        | <b>Reports</b>            | <b>Ongoing</b>         | <b>Unsubstantiated</b>  | <b>Screened out</b>    |
|  | 1                         | N/R                    | N/R                     | 0                      |
| <b>Adult Services (Ongoing)</b>        | <b>Active CAP Cases</b>   | <b>SA In Home</b>      |                         | <b>Referred to Law</b> |
|  | 11                        | 4                      |                         | N/R                    |
| <b>Crisis Intervention</b>             | <b>Applications Taken</b> | <b>Approved</b>        | <b>Denied</b>           |                        |
|  | 5                         | 5                      | 0                       |                        |
| <b>Medication Assistance</b>           | <b>Applications Taken</b> |                        | <b>Denied</b>           |                        |
|  | 4                         |                        | 0                       |                        |
| <b>Daycare Services</b>                | <b>In County</b>          | <b>Ocracoke</b>        | <b>out of county</b>    |                        |
| Cases                                  | 2                         | 0                      | 4                       |                        |
| Children                               | 4                         | 0                      | 5                       |                        |

Reviews/Redetermination processed monthly

Cap cases have daily, weekly and monthly contacts

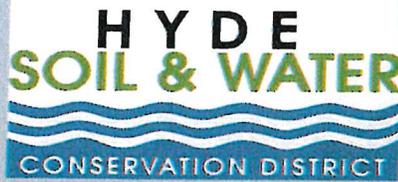
Reviews done every six months

**HYDE COUNTY  
CHILD SUPPORT UNIT  
FY 2017-2018 STATISTICAL  
REPORT**

|  | July         | August       | Sept.        | Oct.         | Nov.      | Dec.      | Jan.      | Feb.      | March | April | May | June | YTD Totals |
|--|--------------|--------------|--------------|--------------|-----------|-----------|-----------|-----------|-------|-------|-----|------|------------|
| total caseload                               | 174          | 175          | 175          | 176          | 176       | 176       | 180       | 181       |       |       |     |      | 1413       |
| <b>ESTABLISHMENT</b>                         |              |              |              |              |           |           |           |           |       |       |     |      |            |
| paternity tests performed                    | 0            | 2            | 0            | 0            | 3         | 0         | 0         | 0         |       |       |     |      |            |
| <b>ENFORCEMENT</b>                           |              |              |              |              |           |           |           |           |       |       |     |      | 5          |
| Income withholding collections               | \$ 14,410.92 | \$ 13,704.27 | \$ 13,019.49 | \$ 14,965.04 | \$ 13,666 | \$ 13,010 | \$ 12,238 | \$ 11,595 |       |       |     |      | \$ 106,610 |
| interstate collections                       | \$ 820.91    | \$ 1,730.47  | \$ 1,189.93  | \$ 1,916.83  | \$ 2,114  | \$ 1,122  | \$ 1,972  | \$ 1,317  |       |       |     |      | \$ 12,184  |
| court collections                            | \$ 1,423.00  | \$ 800.00    | \$ 1,223.00  | \$ 425.00    | \$ 20,379 | \$ 1,855  | \$ 0      | \$ 0      |       |       |     |      | \$ 26,105  |
| tax intercept collections                    | \$ 492.93    | \$ 1,116.80  | \$ 3,582.07  | \$ -         | \$ 1,119  | \$ 0      | \$ 0      | \$ 159    |       |       |     |      | \$ 6,470   |
| unemployment insurance collections           | \$ -         | \$ -         | \$ 38.72     | \$ 87.00     | \$ 66     | \$ 0      | \$ 0      | \$ 46     |       |       |     |      | \$ 238     |
| incentive collections*                       | \$ 14.65     | \$ 12.39     | \$ 30.63     | \$ 36.80     | \$ 20     | \$ 0      | \$ 0      | \$ 20     |       |       |     |      | \$ 133     |
| IV-E foster care collections                 | \$ -         | \$ -         | \$ -         | \$ -         | \$ -      | \$ -      | \$ 0      | \$ 0      |       |       |     |      | \$ 0       |
| total collections                            | \$ 20,662.28 | \$ 25,263.00 | \$ 21,829.03 | \$ 19,646.39 | \$ 40,684 | \$ 21,622 | \$ 16,945 | \$ 17,664 |       |       |     |      | \$ 184,316 |
| customers serviced while in the local office | 3            | 0            | 0            | 0            | 0         | 0         | 0         | 1         |       |       |     |      | 4.00       |

\*incentives consist of : TANF Share, IV-E Share, SFHF Share, Incentive, Settlement funds, Tax Intercept Fees, Paternity Test Fees, and Legal Fees

J. W. Spencer, Chairman  
Darren Armstrong, Vice-Chairman  
Earl O'Neal, Secretary/Treasurer  
Daren Hubers, Member  
Chad Spencer, Member



Hyde Government Center, Suite #131, Swan Quarter, NC 27885

252-926-4195

Debbie Cahoon, District Administrator  
Allie Mulligan, District Resource Specialist  
Amy Halker, NRCS, Acting Supervisory Soil Conservationist  
Anthony Hester, NRCS Soils Technician

# CONSERVATION NEWS

Promoting the wise use of our natural resources through implementing best management practices

March 2018

## Hyde Soil & Water Conservation District

### "Water... The Cycle of Life"

### 2017-2018 Poster Contest

#### Stream Debris Update- Work Completed

- ◆ Outfall Canal
- ◆ Williams Ditch 1 & 2
- ◆ Rose Bay Canal
- ◆ Griffin Canal
- ◆ Slocum/Feeder Canal
- ◆ Mill Ditch
- ◆ Tiny Oak/Farrow Road
- ◆ Juniper Canal & Hydeland Canal



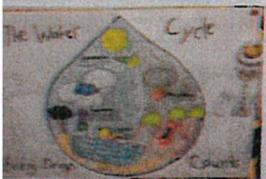
Brayden Wayne, 5th Grade 1st Place



Owen Clarke, 4th Grade 1st Place



Leia Cutrell, 3rd Grade, 1st Place District Level, 2nd Place Area 5



The Hyde SWCD conducted their Annual Spot Check & Conservation Tour on Feb. 27th. All practices met program specifications.

#### District Poster Winners

- Malik Scott- 2nd Place, 5th Gr
- Roxy Gibbs- 2nd Place, 4th Gr
- Bryson Gibbs - 2nd Place, 3rd
- Jalla Williams 3rd Place, 5th
- Carsyn Marshall, 3rd Place, 4th
- Ryan Reynolds, 3rd Place, 3rd

"Conservation is a cause that has no end. There is no point at which we say our work is finished."

Rachel Carson

# **Supplemental Information**

# ORANGE COUNTY BOARD OF COMMISSIONERS

## RESOLUTION

### OPPOSING A CHANGE FROM ELECTION OF JUDGES

WHEREAS, the North Carolina State Constitution [Constitution] established three branches of government: Executive, Legislative and Judicial; and

WHEREAS, the Constitution also established the roles and responsibilities of each said branch of government, and how individuals seeking to serve in each branch is to be elected; and

WHEREAS, this delineation of separate branches is essential to the maintenance of a balance of powers that ensures the unfettered and effective function of our democratic form of government; and

WHEREAS, the North Carolina General Assembly currently is debating the merits of amending the Constitution so as to allow the appointment of judges rather than the historical and Constitutional method of electing judges by a vote of the people; and

WHEREAS, the Orange County Board of Commissioners [BOCC] believes that members of the judicial branch of government should continue to be elected by the voters, as opposed to being selected by members of the legislative branch or by some other process that may be established by the legislative branch; and

WHEREAS, the Orange County Board of Commissioners supports maintaining the current Judicial District System, and opposes division into sub-districts; and

WHEREAS, forcing judges to run for election on a frequent basis, such as every two years, has the potential of politicizing their decision-making, thus undermining the independence that is at the heart of a free and fair judiciary; and

WHEREAS, at its regular meeting on March 8, 2018, the BOCC voted unanimously to send this resolution to its state legislative delegation as well as to the boards of county commissioners of all other 99 North Carolina counties;

NOW, THEREFORE, BE IT RESOLVED, that the Orange County Board of County Commissioners herewith opposes any amendment to the North Carolina Constitution that would abridge or impinge upon the right of the people of North Carolina to elect their judges; and

BE IT FURTHER RESOLVED, that the Orange County Board of County Commissioners affirms its position in favor of an independent judiciary, as now provided in the North Carolina State Constitution.

This the 8<sup>th</sup> day of March, 2018.

  
\_\_\_\_\_  
Mark Dorosin, Chair  
Orange County Board of Commissioners



# RANDOLPH COUNTY

## BOARD OF COMMISSIONERS

David Allen, Chairman  
Darrell Frye, Vice Chairman  
Stan Haywood  
Kenny Kidd  
Maxton McDowell

---

Randolph County Office Building ■ 725 McDowell Road  
Asheboro, North Carolina 27205 ■ Telephone 336-318-6300

# Resolution

## SUPPORTING A STATEWIDE REFERENDUM ON A BOND ISSUE FOR SCHOOL FACILITY NEEDS

**WHEREAS**, based on information from the school districts and counties, the Department of Public Instruction reported in 2016 that North Carolina's public schools need about \$8.1 billion to pay for new school facilities, maintenance and renovations; and

**WHEREAS**, the 2016 report, also known as the Statewide Facility Needs Survey, found that 118 new schools are needed across North Carolina. Fifty are needed immediately, and sixty-eight are needed in three to five years; and

**WHEREAS**, besides new construction, 1,560 schools need renovations to comply with safety and building code requirements and to address deferred maintenance, 459 schools need additions for new classrooms; and

**WHEREAS**, a priority goal of the North Carolina Association of County Commissioners is to support legislation to provide state assistance to meet school construction needs caused by increased enrollment and mandated reduction in class size, through a statewide referendum on a bond issue; and

**WHEREAS**, the Statewide Facility Needs Survey also showed that construction costs are increasing, from a base of \$136 per square foot in 2005 to \$194 per square foot in 2015 and interest rates and construction costs are still rising; and

**WHEREAS**, deteriorating facilities, which distract from learning, impacts achievement and we need to ensure public school facilities are conducive to study; and

**WHEREAS**, counties in both urban and rural areas are faced with high costs for renovations and repairs to update and make the older buildings safe; and

**WHEREAS**, counties have limited options to raise revenue to pay for school construction; and

**WHEREAS**, because counties lack sufficient sources of funding for school facilities, the state has responded in the past by approving statewide school construction bonds to address needs nearly once per decade; and

**WHEREAS**, a statewide bond is urgently needed to help address the staggering shortfall in funding for construction, repairs, and renovations at public school facilities throughout North Carolina because outstanding needs are estimated to exceed \$8.1 billion; and

**WHEREAS**, Randolph County has school capital needs of over \$89 million; and

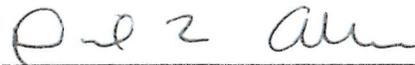
**WHEREAS**, it is estimated that Randolph County could receive \$33,750,458 toward the shortfall of school capital needs; and

**WHEREAS**, the NC School Bond - HB 866/SB542- would invest \$1.9 billion to begin addressing these critical needs all across the state.

**NOW, THEREFORE BE IT RESOLVED**, the Randolph County Board of Commissioners urges the North Carolina General Assembly to call for a statewide referendum on the November 2018 ballot which is referred to as the Public School Building Bond Act (HB866/SB542) so that school districts across North Carolina are better able to meet urgent facility needs.

**FURTHER BE IT RESOLVED** that copies of this resolution be transmitted to the members of the General Assembly representing Randolph County and to all 100 counties in North Carolina.

Adopted this the 19<sup>th</sup> day of March 2018.



\_\_\_\_\_  
David Allen, Chairman  
Randolph County Board of Commissioners

ATTEST:



\_\_\_\_\_  
Amanda Varner  
Clerk to the Board

Dear Mr. Earl Pugh:

We are pleased to present this copy of the *2018 North Carolina Child Health Report Card*, released jointly by NC Child and The North Carolina Institute of Medicine (NCIOM). The *Report Card* is our annual analysis of the leading indicators of child health produced to inform discussions about strategies to improve child well-being in North Carolina.

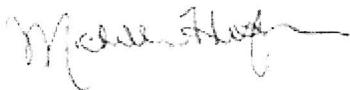
This year's report offers a mix of good news and challenges. North Carolina received an 'F' in "Housing and Economic Security" due to the high percentage of children living in low-income homes and neighborhoods. Children from families that are not financially secure fare worse in almost every indicator of health, including birth outcomes, access to care, health-risk behaviors, and mortality. Only 81.5 percent of children in low-income homes are in "excellent" or "very good" health, compared to 96.9 percent of children living in non-low-income homes.

Although North Carolina struggled in family economic security, the report also highlights areas where we've made progress:

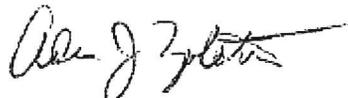
- **North Carolina received an 'A' for health insurance coverage.** Ninety-six percent of children in North Carolina have health insurance coverage--a record high for the state. This progress is largely attributable to three programs that complement children's coverage in the private market: the Affordable Care Act (ACA), Medicaid, and NC Health Choice (the state Children's Health Insurance Program in North Carolina).
- **North Carolina received a 'B' in Teen Births.** Teen births are down 31% in North Carolina since 2012 thanks to increased access to family planning services and sexual education programs. Teen girls who have babies are more likely to live in poverty, and less likely to receive early prenatal care.
- **North Carolina received a 'B' in Postpartum Health & Breastfeeding:** More mothers are meeting the recommended guideline of exclusively breastfeeding for six months (26.1% in 2016, up from 20.7% in 2012). Breastfeeding is associated with fewer infectious and chronic illnesses among children, reductions in child mortality, and health benefits into adulthood.

NC Child and NCIOM believe that quality data and information are the foundation for sound public policies and programs that promote the health and development of children and youth. We hope you will use this data to inform your efforts to ensure every child in North Carolina can live a healthy and safe life.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Hughes".

Michelle Hughes, MA, MSW  
Executive Director, NC Child  
[www.ncchild.org](http://www.ncchild.org)

A handwritten signature in black ink, appearing to read "Adam Zolotor".

Adam Zolotor, MD, DrPH  
President and CEO, NCIOM  
[www.nciom.org](http://www.nciom.org)

NORTH CAROLINA  
**CHILD HEALTH**  
Report Card  
**2018**

Special Focus: Financial Security, Opportunity, and Health

Join the Conversation

 #ChildHealthNC

**NC  
Child**  
[www.ncchild.org](http://www.ncchild.org)

 **NCIOM**  
[www.nciom.org](http://www.nciom.org)

# DEMOGRAPHICS



THERE WERE **120,765 live births** & **2,296,894 children under age 18** **IN 2016**

|  | Current         | Base             | African American or Black | American Indian    | Asian | Hispanic or Latinx | Other              | White  |
|--|-----------------|------------------|---------------------------|--------------------|-------|--------------------|--------------------|--------|
| Number of babies born (live births)                                    | 2016<br>120,765 |                  | 28,406                    | NA                 | NA    | 18,355             | 7,179              | 66,825 |
| Percent of live births by race and ethnicity                           | 2016<br>100%    |                  | 23.5%                     | NA                 | NA    | 15.2%              | 5.9%               | 55.3%  |
| Percent of total children under age 18 by race and ethnicity           | 2016<br>100%    |                  | 22.5%                     | 1.1% <sup>†</sup>  | 2.9%  | 15.6%              | 4.9% <sup>§</sup>  | 52.7%  |
| Percent of children under age 5 (as a percent of race/ethnicity total) | 2016<br>26.1%   | 2012<br>26.9%    | 24.5%                     | 24.4% <sup>†</sup> | 26.3% | 31.6%              | 28.0% <sup>§</sup> | 25.0%  |
| Percent of children in excellent or very good health                   | 2016<br>89.6%   | 2011-12<br>84.7% | 84.4%                     | NA                 | NA    | 88.4%              | 85.0%              | 92.9%  |

NOTE: May not add to 100% due to rounding

**KEY** NA | Data are not available    † | Asian includes Hawaiian/Pacific Islander    \* | Race categories include Hispanic  
 -- | Data suppressed    § | Other includes Multi-Racial and Two or More Races    † | American Indian includes Native Alaskan

**Grades and Change Over Time:** Grades are assigned by a panel of health experts to bring attention to the current status of North Carolina children in salient measures of health and well-being. Grades are subjective measures of how well children in North Carolina are faring in a particular area, and are not meant to judge the performance of state agency or agencies providing data or services. Please note that several agencies have made a great deal of progress in recent years, which may not be reflected in these grades.

Percent changes have not been given for population count data involving small numbers of cases. Grades and trends are based on North Carolina's performance year-to-year, disparities by race/ethnicity, and what level of child health and safety North Carolina should aspire to, regardless of how we compare nationally.

Data sources and additional references can be found online at: [www.nciom.org](http://www.nciom.org) or [www.ncchild.org](http://www.ncchild.org)

# FINANCIAL SECURITY, OPPORTUNITY, AND HEALTH

Family financial security is one of the most impactful determinants of children's health, and children who live in poverty, particularly during early childhood, are at risk of poor health outcomes throughout their lives.<sup>1</sup> Children from low-income families fare worse in almost every indicator of health, including birth outcomes, access to care, health-risk behaviors, and mortality. These children are also often exposed to high levels of toxic stress, which can have a negative impact on cognitive development and learning, and can contribute to behavioral, social, emotional, and health problems later in life. Children living in financially secure families are more likely to achieve educational success and grow to be healthy, self-sufficient adults.

Most kids in North Carolina are in **EXCELLENT** or **VERY GOOD HEALTH**, but this varies by income level



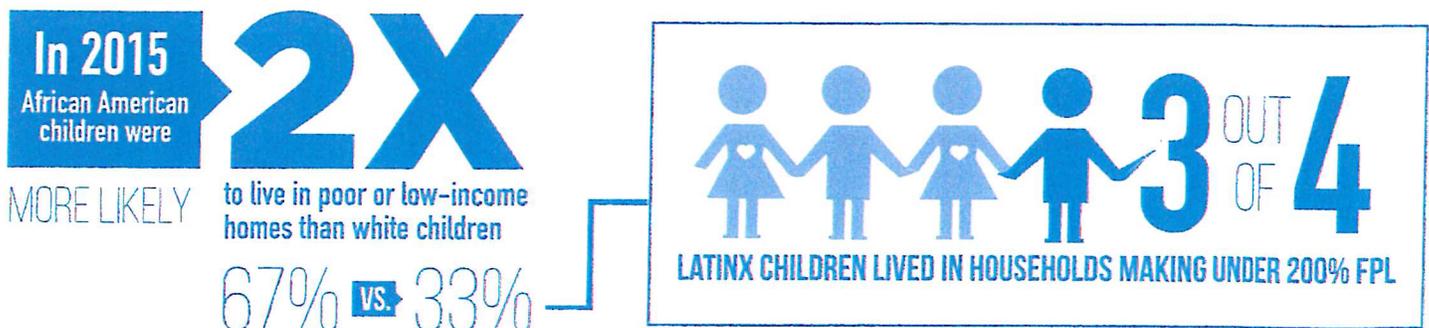
OF CHILDREN IN **NON-LOW-INCOME** HOMES ARE HEALTHY



OF CHILDREN IN **LOW-INCOME** FAMILIES ARE HEALTHY

Unfortunately, not all of North Carolina's kids have the benefits that come from living in financially secure families. Almost half of North Carolina's children live in poor or low-income households (defined as income less than 200% federal poverty level), and one-third live in households that spend more than 30% of income on housing. In addition, 14% of children live in high-poverty neighborhoods; these children are more likely to be exposed to neighborhood violence and crime.

There are many opportunities for North Carolina stakeholders to work to reduce poverty, address the structural barriers that serve to keep families poor, and ensure that all of our state's families are financially secure. Stakeholders can enhance financial security for families through programs and policies that promote job creation, improve education, and examine the impact of tax and wage policies. Together we can identify evidence-based solutions to improve the financial security of North Carolina's families and improve opportunities and health outcomes for our state's children.



# HEALTHY BIRTHS

## GRADE



### Preconception & Maternal Health & Support

|   | Current         | Base            | Change Over Time | African American or Black | American Indian | Asian | Hispanic or Latinx | Other | White |
|---|-----------------|-----------------|------------------|---------------------------|-----------------|-------|--------------------|-------|-------|
| Women aged 18-44 with health insurance coverage   | 2015<br>80.6%   | 2011<br>73.6%   | 9.5%             | 88.6%                     | --              | NA    | 31.4%              | 90.4% | 89.2% |
| Pregnancies that are intended   | 57.4%           | 57.3%           | 0.2%             | 41.3%                     | NA              | NA    | 60.6%              | 60.1% | 62.2% |
| Babies who are born to women who smoke  | 2016<br>8.9%    | 2012<br>10.6%   | -16.0%           | 8.5%                      | 22.7%           | NA    | 1.5%               | 1.3%  | 11.4% |
| Women who receive early prenatal care   | 69.0%           | 71.3%           | -3.2%            | 61.4%                     | 61.8%           | NA    | 58.0%              | 67.3% | 75.6% |
| Pregnancy-related deaths per 100,000 live births (Women who die during pregnancy or shortly after childbirth) | 2009-13<br>18.1 | 2004-08<br>16.1 | 12.4%            | --                        | --              | --    | --                 | --    | --    |



### Birth Outcomes

|  |              |              |       |       |       |    |      |      |      |
|--|--------------|--------------|-------|-------|-------|----|------|------|------|
| Infant mortality rate per 1,000 live births        | 2016<br>7.2  | 2012<br>7.4  | -2.7% | 13.4  | 7.6   | NA | 6.0  | 6.2  | 5.0  |
| Babies who are born before 37 weeks of pregnancy   | 10.4%        | 11.5%        | -9.6% | 13.8% | 13.1% | NA | 9.0% | 8.8% | 9.4% |
| Babies who are born at a low birthweight (<2500 g) | 2016<br>9.2% | 2012<br>8.8% | 4.5%  | 14.1% | 12.6% | NA | 7.4% | 9.2% | 7.6% |



### Postpartum Health & Breastfeeding

|  |                  |                  |       |       |    |    |       |    |       |
|--|------------------|------------------|-------|-------|----|----|-------|----|-------|
| Women who receive a postpartum checkup                     | 2015<br>89.6%    | 2012<br>91.5%    | -2.1% | 85.8% | NA | NA | 80.1% | -- | 93.2% |
| Babies who are breastfed exclusively for at least 6 months | 2015-16<br>26.1% | 2012-13<br>20.7% | 26.1% | NA    | NA | NA | NA    | NA | NA    |



### Teen Births

|   |              |              |        |       |      |    |       |       |       |
|---|--------------|--------------|--------|-------|------|----|-------|-------|-------|
| Births to teen girls ages 15-19 (per 1,000) | 2016<br>21.8 | 2012<br>31.8 | -31.4% | 27.5  | 43.6 | NA | 39.6  | 9.7   | 15.5  |
| Births to girls ages 15-19 that are repeat  | 22.0%        | 23.3%        | -5.6%  | 22.4% | NA   | NA | 24.6% | 23.3% | 20.0% |

## KEY

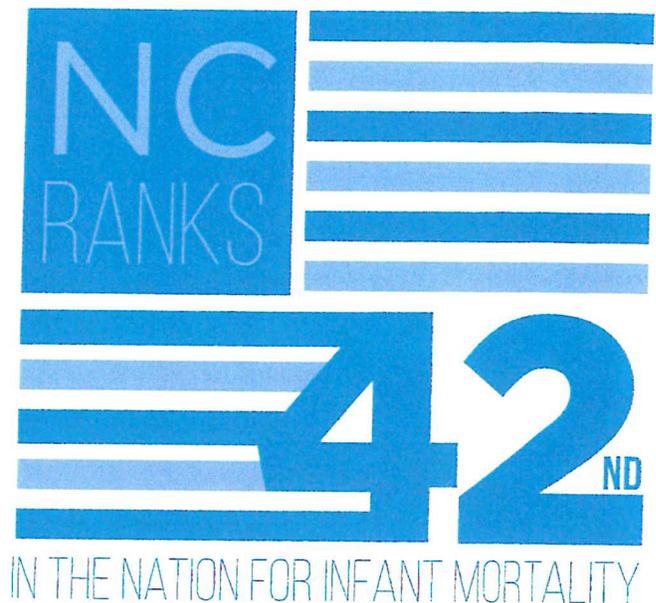
NA | Data are not available  
-- | Data suppressed

‡ | Asian includes Hawaiian/Pacific Islander  
§ | Other includes Multi-Racial and Two or More Races

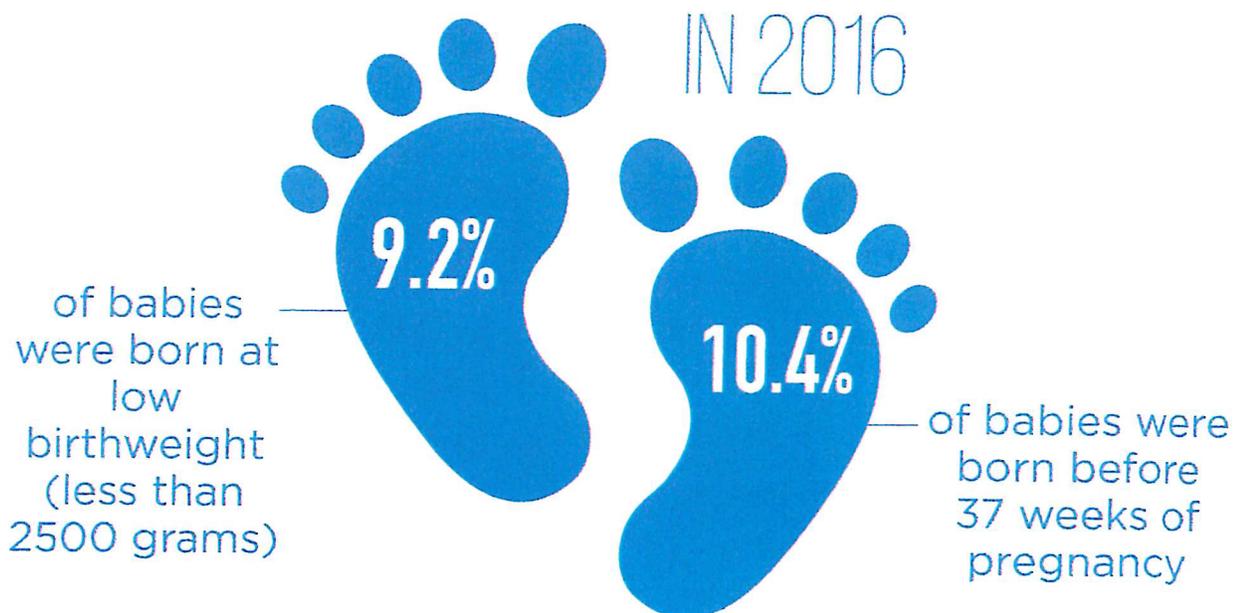
\* | Race categories include Hispanic  
† | American Indian includes Native Alaskan

# HEALTHY BIRTHS

Successful policies, including increased access to family planning services and sexual education programs, have contributed to a 31% decrease in births to teen girls ages 15-19 between 2016 and 2012 (21.8 live births per 1,000 in 2016 compared to 31.8 per 1,000 in 2012). Teen girls who have babies are more likely to live in poverty than their peers who delay childbearing,<sup>2</sup> and are also less likely than other mothers to have received early prenatal care.<sup>3</sup> Unfortunately, while teen birth rates have declined overall, significant racial disparities persist. African American teens in North Carolina are nearly twice as likely and American Indian and Hispanic/LatinX teens almost three times as likely as their white peers to give birth.



- Four in five women of childbearing age (83.1%) have health insurance coverage, making them more likely to access early prenatal care and health screenings that can improve outcomes for mothers and babies.
- Despite improvements in health insurance coverage, nearly one-third (31%) of women do not receive the early prenatal care that promotes healthy pregnancies and deliveries. Early prenatal care and continued care throughout pregnancy can help prevent babies born at low birth weight and other health complications.<sup>4</sup>



# ACCESS TO CARE

| GRADE    | Current   | Base                  | Change Over Time      | African American or Black | American Indian | Asian   | Hispanic or Latinx | Other | White   |       |
|----------|---|-----------------------|-----------------------|---------------------------|-----------------|---------|--------------------|-------|---------|-------|
| <b>A</b> | <b>Insurance Coverage</b>   |                       |                       |                           |                 |         |                    |       |         |       |
|          | Children with health insurance coverage                                   | 2016<br>95.5%         | 2012<br>92.4%         | 3.4%                      | 96.9%*          | 92.7%*† | 93.6%*             | 89.1% | 93.1%*§ | 96.8% |
|          | Low income (<200% FPL) children without health insurance coverage         | 5.6%                  | 9.7%                  | -42.8%                    | NA              | NA      | NA                 | NA    | NA      | NA    |
|          | Children covered by public health insurance                               | 43.5%                 | 41.6%                 | 4.6%                      | NA              | NA      | NA                 | NA    | NA      | NA    |
| <b>C</b> | <b>Oral Health</b>  |                       |                       |                           |                 |         |                    |       |         |       |
|          | Kindergarten students with untreated tooth decay                          | 2016<br>15.0%         | 2010<br>15.0%         | 0.0%                      | 18.0%           | 24.0%   | 15.7%‡             | 15.0% | 13.0%§  | 13.0% |
|          | Children with Medicaid who use dental services                            | FY 2016<br>48.7%      | FY 2012<br>47.2%      | 3.2%                      | NA              | NA      | NA                 | NA    | NA      | NA    |
| <b>D</b> | <b>School Health</b>  |                       |                       |                           |                 |         |                    |       |         |       |
|          | School nurse ratio  | SY 2016-17<br>1:1,072 | SY 2012-13<br>1:1,177 | -8.9%                     | NA              | NA      | NA                 | NA    | NA      | NA    |
|          | School counselor ratio  | SY 2016-17<br>1:384   | SY 2013-14<br>1:379   | 1.3%                      | NA              | NA      | NA                 | NA    | NA      | NA    |
| <b>B</b> | <b>Health Services Utilizations &amp; Immunization</b>                    |                       |                       |                           |                 |         |                    |       |         |       |
|          | Children with Medicaid who received a well-child checkup in the past year | FY 2016<br>57.0%      | FY 2012<br>57.1%      | -0.2%                     | NA              | NA      | NA                 | NA    | NA      | NA    |
|          | Children ages 19-35 months with appropriate immunizations                 | 2016<br>79.7%         | 2013<br>76.6%         | 4.0%                      | 75.8%           | NA      | NA                 | 74.2% | NA      | 85.2% |
|          | Children with appropriate immunizations at school entry                   | SY 2015-16<br>96.3%   | SY 2011-12<br>96.4%   | -0.1%                     | NA              | NA      | NA                 | NA    | NA      | NA    |
|          | Adolescents ages 13-17 who have received 1 or more HPV vaccinations       | 2016<br>57.5%         | 2012<br>53.3%         | 7.9%                      | 62.5%           | NA      | NA                 | 69.8% | NA      | 50.6% |

## KEY

NA | Data are not available  
-- | Data suppressed

‡ | Asian includes Hawaiian/Pacific Islander  
§ | Other includes Multi-Racial and Two or More Races

\* | Race categories include Hispanic  
† | American Indian includes Native Alaskan

## ACCESS TO CARE

Children with health insurance are better able to access preventive health care services that can reduce unmet medical and prescription needs.<sup>5</sup> For children in low-income homes, public health insurance through Medicaid and NC Health Choice puts otherwise unaffordable or unavailable services within reach. The percent of uninsured low-income children (5.6%) continues to decline, falling 43% in North Carolina between 2012 and 2016.



**HISPANIC & AMERICAN INDIAN  
PARENTS  
ARE LESS  
LIKELY**  
to have health insurance coverage than other races

- Medicaid, NC Health Choice, and the Affordable Care Act have led to gains in health insurance coverage for North Carolina. The expansion of enrollment processes, greater outreach, and increased coverage for parents have contributed to near total (96%) health insurance coverage for children in North Carolina. In addition, more parents in North Carolina have insurance. This can lead to greater economic security, as adults without insurance are more likely to have difficulty paying for basic items such as food, rent, or utility bills.<sup>6</sup>
- There is one school nurse for every 1,072 children in North Carolina public schools. While this ratio has improved, North Carolina still falls short of meeting the Centers for Disease Control and Prevention recommendation of one nurse for every 750 students in order to adequately meet the health and safety needs of children and school communities.<sup>7</sup> School nurses are a particularly vital resource for students living in poverty, who often face barriers to traditional health care access and who may have no other support to manage chronic conditions or receive preventive care.

# SECURE HOMES AND NEIGHBORHOODS

## GRADE

Current    Base    Change Over Time    African American or Black    American Indian    Asian    Hispanic or Latinx    Other    White



### Family Involvement

Family reads to children (ages 0-5) everyday

2016    2011-12  
41.4%    44.3%    -6.5%    49.7%    NA    NA    21.8%    29.6%    46.2%

Families who eat meals together four or more times per week

72.0%    79.6%    -9.0%    68.2%    NA    NA    70.5%    70.6%    74.6%



### Housing and Economic Security

Children who live in poor or low-income homes (<200% FPL)

2016    2012  
46.0%    51.0%    -9.8%    64.0%\*    --    29.0%\*‡    71.0%    48.0%\*§    31.0%

Children ages 0-5 who live in poor or low-income homes (<200% FPL)\*

2016    2012  
49.2%    55.2%    -10.9%    67.1%    73.9%†    28.4%‡    74.7%    87.1%    40.4%

Children living in households spending over 30% of income on housing costs

2016    2011  
28.0%    34.0%    -17.6%    41.0%\*    24.0%\*    22.0%\*‡    38.0%    30.0%\*§    20.0%

Children who live in high-poverty neighborhoods

2011-15    2006-10  
14.0%    9.0%    55.6%    28.0%\*    39.0%\*    9.0%\*‡    22.0%    14.0%\*§    5.0%



### Environmental Health

Children who have an asthma diagnosis

2013-14    2009  
17.9%    15.5%    15.5%    28.8%\*    NA    NA    NA    12.1%\*    15.1%\*

Children tested with blood lead levels BLLs>5ug/dl

2015    2011  
1.9%    3.6%    -47.2%    NA    NA    NA    NA    NA    NA



### Child Abuse and Neglect

Children who are investigated for child abuse or neglect

SFY 2016    SFY 2012  
5.6%    5.9%    -5.1    8.6%\*    8.1%\*†    NA    4.2%    5.8%\*    4.7%\*

Child abuse homicides

2016    2012  
28    28    0%    14    NA    NA    NA    NA    14



### Children in Out-of-Home Care

Percent of NC children in foster care

SFY 2016    SFY 2012  
0.7%    0.6%    16.7%    1.0%\*    1.5%\*†    NA    0.4%    0.6%\*    0.6%\*

Percent children who exit to permanency within 24 months

SFY 2016    SFY 2012  
65.2%    69.1%    -5.6%    62.6%\*    83.2%\*†    NA    NA    61.2%\*    66.2%\*

## KEY

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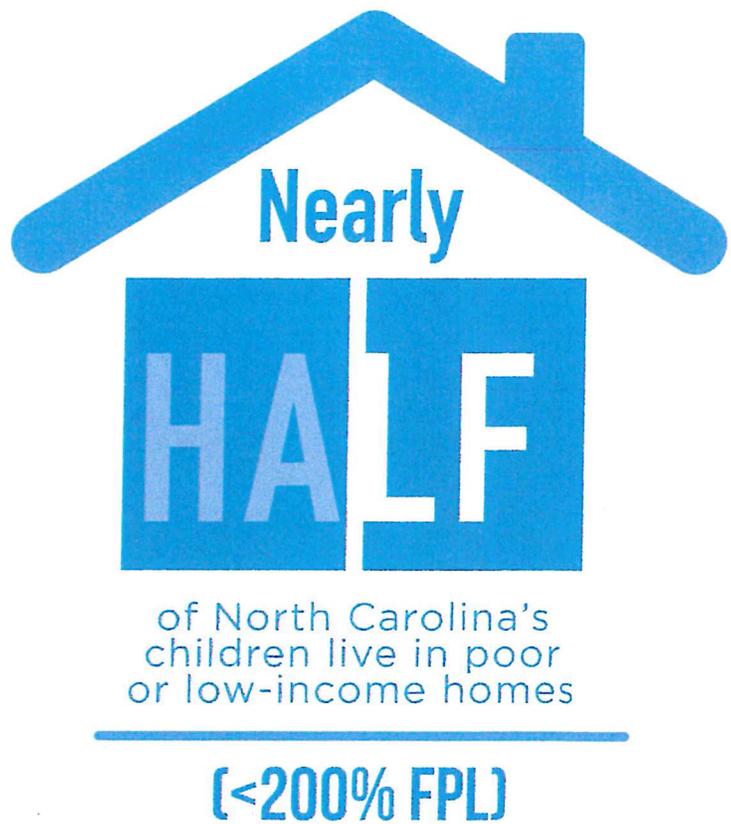
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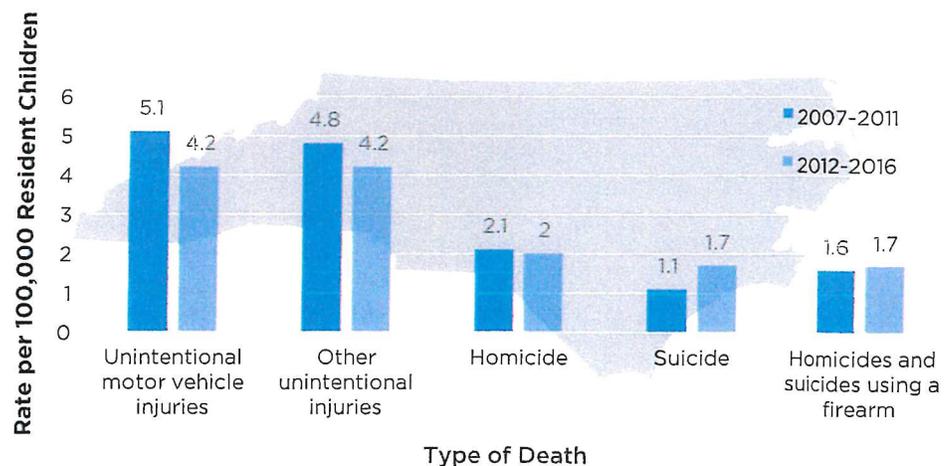
# SECURE HOMES AND NEIGHBORHOODS

Early childhood experiences have a significant impact on health, educational achievement, and financial security. Adverse childhood experiences, such as abuse, neglect, or poverty can negatively affect brain development and increase risk for physical and behavioral health problems later in life. Providing children with safe and stable homes, relationships, and environments can protect against the impact of adverse childhood experiences, improve health, and generate increased financial security.<sup>8</sup>

- In North Carolina, many families also have a high housing burden: one-third of children live in households spending over 30% of their income on housing costs, and African American and Hispanic children are more likely to live in households with high housing costs. Higher housing costs can lead to difficulties accessing health insurance coverage and healthy foods, both of which can impact children’s health outcomes.
- More than 1 in 4 African American children in North Carolina has been diagnosed with asthma. Overall in North Carolina, rates of childhood asthma have risen in recent years. Kids in low-income homes have higher rates of childhood asthma and are more likely to be exposed to environmental triggers such as cockroaches and mold.<sup>9</sup> If poorly controlled, asthma can impact children’s attendance at school and lead to parents missing work to care for their children and take them to the doctor.<sup>10</sup>



## North Carolina Resident Child Death Rates, by Type of Death, Age 0-17



# HEALTH RISK FACTORS

| GRADE  | Current   | Base                               | Change Over Time                   | African American or Black | American Indian | Asian | Hispanic or Latinx | Other | White  |       |
|--|---|------------------------------------|------------------------------------|---------------------------|-----------------|-------|--------------------|-------|--------|-------|
| <b>Education</b>   |   |                                    |                                    |                           |                 |       |                    |       |        |       |
|    | High school students who graduate on time   | <small>SY 2016-17</small><br>86.5% | <small>SY 2013-14</small><br>82.5% | 4.8%                      | 83.9%           | 84.3% | 93.8%              | 80.5% | 84.0%§ | 89.3% |
|  | Third grade students reading at grade-level   | <small>SY 2016-17</small><br>57.8% | <small>SY 2012-13</small><br>60.2% | -4.0%                     | 40.9%           | 42.3% | 76.4%              | 42.6% | 62.1%§ | 71.9% |
| <b>Healthy Eating and Active Living</b>  |   |                                    |                                    |                           |                 |       |                    |       |        |       |
|    | Children who live in food-insecure households   | <small>2015</small><br>22.6%       | <small>2012</small><br>26.7%       | -15.4%                    | NA              | NA    | NA                 | NA    | NA     | NA    |
|  | Children who meet recommended guidelines for physical activity  | <small>2016</small><br>23.3%       | <small>2012</small><br>31.6%       | -26.3%                    | 23.0%           | NA    | NA                 | 15.7% | 25.8%  | 25.4% |
|  | Children ages 10-17 who are overweight or obese   | <small>2016</small><br>30.9%       | <small>2011-12</small><br>31.4%    | -1.6%                     | 40.2%           | NA    | NA                 | 46.1% | 18.0%  | 23.5% |
| <b>Tobacco, Alcohol, and Substance Use</b>   |   |                                    |                                    |                           |                 |       |                    |       |        |       |
|   | <i>High school students who currently use:</i><br>Cigarettes  | <small>2015</small><br>13.1%       | <small>2011</small><br>17.7%       | -26.0%                    | 10.8%           | --    | 3.8%               | 14.9% | 9.2%§  | 14.6% |
|  | Electronic vapor products   | 29.6%                              | NA                                 |                           | 27.9%           | --    | 7.7%               | 29.8% | 22.9%§ | 31.3% |
|  | Marijuana   | 22.3%                              | 24.2%                              | -7.9%                     | 27.9%           | --    | 4.4%               | 22.4% | 24.7%§ | 19.9% |
|  | Alcohol (including beer)  | 29.2%                              | 34.3%                              | -14.9%                    | 25.2%           | --    | 10.4%              | 24.2% | 25.3%§ | 32.9% |
|  | <i>High school students who have ever used:</i><br>Prescription Drugs without a doctor's prescription | 17.9%                              | 20.4%                              | -12.3%                    | 15.8%           | --    | 8.4%               | 14.1% | 21.9%§ | 19.5% |
| <b>Mental Health</b>   |   |                                    |                                    |                           |                 |       |                    |       |        |       |
|  | High school students who attempted suicide in the past year   | <small>2015</small><br>9.3%        | <small>2011</small><br>5.0%        | 86.0%                     | 13.6%           | NA    | 3.4%               | 14.0% | 21.6%  | 5.5%  |
|  | Past -year major depressive episode among adolescents ages 12-17                                      | <small>2014-15</small><br>12.3%    | <small>2011-12</small><br>8.1%     | 51.9%                     | NA              | NA    | NA                 | NA    | NA     | NA    |
|  | Adolescents ages 12-17 with major depressive episode who received treatment for depression            | <small>2011-15</small><br>40.5%    | <small>2008-2012</small><br>36.0%  | 12.5%                     | NA              | NA    | NA                 | NA    | NA     | NA    |

## KEY

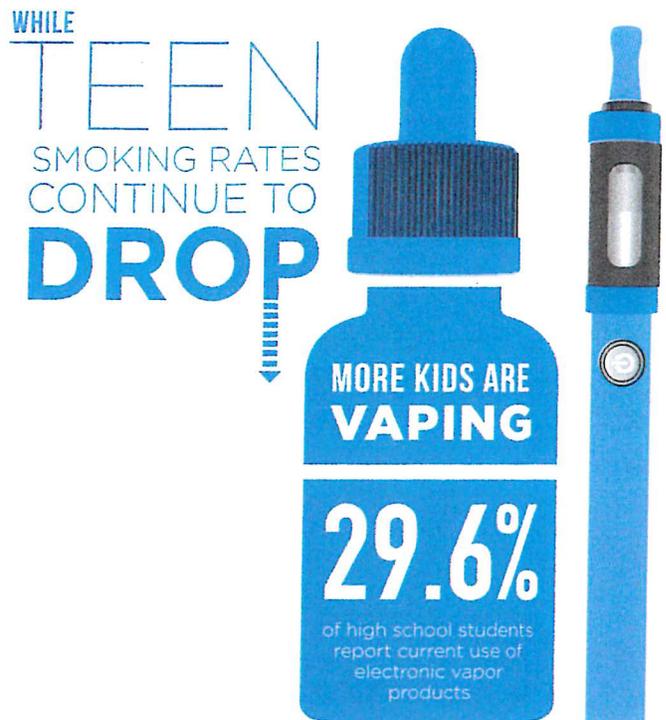
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# HEALTH RISK FACTORS

Education has a significant impact on children's future health and economic success. In North Carolina, only 57.8% of third grade students are reading at grade level. Kids who achieve academic success in the early years of school are more likely to graduate from high school ready for college or the workforce, and grow to be healthy, productive adults. However, the four-year graduation rate continues to increase, contributing to a strong foundation for improved financial security and better health outcomes for our state. Racial disparities in graduation rates remain, and students from low-income households are less likely to graduate on time.<sup>12</sup>



- Rates of depression have continued to rise among adolescents, and nearly one in ten North Carolina high school students attempted suicide in 2015. Adolescents and young adults in North Carolina have higher rates of self-inflicted injury hospitalizations and emergency room visits than any other age groups.<sup>13</sup>
- Fewer than one in four children in North Carolina are physically active for at least an hour a day. Meeting the recommended guidelines for physical activity reduces risk of obesity, diabetes, and depression, and promotes lifelong health.<sup>14</sup> While there are racial disparities in levels of obesity, research has shown that family income is a greater predictor of overweight and obesity, as children living in low income homes and/or high poverty neighborhoods have less access to safe places to play and full service grocery stores.<sup>15</sup>



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