

2021 - 2022 Lenoir County

Community Health Needs Assessment



This report was conducted in collaboration with the Lenoir County Health Department, UNC Lenoir Health Care, and the Lenoir County Alliance for a Healthy Community.



Contact Information & Dissemination of CHNA

The Lenoir County Health Department is located on 201 North McLewean St. Kinston, NC 28501 and can be reached by phone at (252) 526-4200.

An electronic copy of this report is available at www.unclenoir.org and <http://lenoircountync.gov/health-department/>.

Paper copies of this report are available at the local Public Library and upon request at any partnering agency. Prior CHNA documents can be found at www.unclenoir.org.

Persons requesting a CHNA in a language other than English should contact UNC Lenoir Health Care at (252) 522-7028.

Table of Contents

Contact Information & Dissemination of CHNA 1

Acknowledgements 7

Executive Summary 8

 Vision Statement..... 8

 The Mission of the Lenoir County Health Department..... 8

 The Strategic Plan 8

 Collaborative Process Summary 8

 Lenoir County Hospital / Health Department / Health Center /Collaborative 8

 The Lenoir County Alliance for a Healthy Community..... 9

 Community Health Team Structure 9

 Key Findings 9

 Health Priorities 12

 Next Steps 12

 Evaluation of Progress Since Prior CHNA..... 12

 Community Feedback on Prior CHNA 13

Chapter 1 Introduction 14

 Description of County 14

 UNC Lenoir Health Care 15

 Lenoir County Health Department..... 17

 Overview of Health ENC..... 17

 Overview of Community Health Needs Assessment Process 18

 Participating Health ENC Counties..... 18

 Health Data Sources..... 18

 Primary Data – Community Survey..... 18

 Secondary Data Sources 20

 Healthy North Carolina 2030 (HNC 2030)..... 20

 NC State Center for Health Statistics 20

 Robert Wood Johnson County Health Rankings and Roadmaps..... 20

 Limitations 20

Chapter 2 Demographic Profile..... 21

 Total Population..... 21

Minority Populations	21
Population Growth.....	22
Age Groups.....	22
Military/Veteran Populations	23
Military Population	23
Veteran Population	23
Birth Rates.....	23
Analysis of Demographic Data	24
Chapter 3 Socioeconomic Profile	25
NC Department of Commerce Tier Designation	25
Income	25
Poverty	26
Poverty by Race and Ethnicity	26
Children in Poverty	27
Older Adults in Poverty.....	27
Disabled People in Poverty	27
Housing	28
Median Monthly Housing Costs.....	28
Median Monthly Household Costs in Lenoir County and Surrounding Counties.....	28
Severe Housing Problems	29
Food Insecurity.....	29
Households with SNAP Benefits	29
Education	30
Educational Attainment.....	30
High School Drop Out Rate	30
High School Suspension Rate.....	31
Transportation	31
Crime and Safety.....	32
Juvenile Crime	33
Child Abuse	34
Incarceration	34
Civic/Political Engagement.....	35

Analysis of Socioeconomic Profile 35

Chapter 4 Clinical Care Profile..... 36

 Health Insurance Coverage 36

 Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare..... 36

 Primary Care Practitioners 37

 Analysis of Clinical Care Profile 38

Chapter 5 Chronic and Communicable Disease Profile..... 39

 Leading Causes of Death 39

 Leading Causes of Injury Death..... 40

 Leading Causes of Hospitalizations 40

 Leading Causes of Emergency Department Visits..... 40

 Top Ten Reportable Communicable Diseases 41

 Analysis of Chronic and Communicable Disease Profile 41

Chapter 6 HNC 2030 Indicator Data 42

Chapter 7 County Health Ranking Indicators 43

 Population Health Model..... 44

Chapter 8 Survey Findings 45

Chapter 9 Inventory of Resources 52

Chapter 10 Community Prioritization Process 56

CHNA References 59

Appendices to the Community Health Needs Assessment 60

Appendix A: Evaluation of Progress Since Prior CHNA.....61

Appendix B: Community Health Needs Assessment Survey (Health ENC 2021)68

Appendix C. HNC 2030 State and County Data (December 2021)90

Appendix D. County Data Tables (Spring 2021)96

Table 1. Population Estimate, Lenoir County, North Carolina, and United States (2019) 96

Table 2. Age Distribution, Lenoir County and North Carolina (2019) 96

Table 3. Age Distribution by Age Group, Lenoir County (2019) 97

Table 4. Population Distribution by Gender, Lenoir County and North Carolina (2019) 98

Table 5. Veterans, Lenoir County (2019)..... 98

Table 6. Race/Ethnicity, Lenoir County and North Carolina (2019) 98

Table 7. Hispanic or Latino Origin and Race, Lenoir County (2019)..... 99

Table 8. Limited English-Speaking Households, Lenoir County (2019) **99**

Table 9. Educational Attainment Population 25+ years, Lenoir County (2019) **100**

Table 10. SAT scores for Lenoir County Public Schools with State and National Scores (2016-2019) ...

Table 11. ACT Scores for Lenoir County Public Schools and North Carolina (2016-2019) **101**

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Lenoir County and North Carolina (2019) **101**

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Lenoir County and North Carolina (2019) **102**

Table 14. Means of Transportation to Work by Age, Lenoir County (2015-2019) **102**

Table 15. Financial Characteristics for Housing Units with a Mortgage in Lenoir County (2015-2019)..... **103**

Table 16. Financial Characteristics for Housing units without a Mortgage in Lenoir County (2015-2019)..... **104**

Table 17. Lenoir County and North Carolina Live Births (2018) **106**

Table 18. Lenoir County Live Births by Sex (2014-2018)..... **106**

Table 19. Lenoir County and North Carolina Low Birth Weight (2019)..... **106**

Table 20. Lenoir County, Fetal Death Rates per 1000 Deliveries (2014-2018) **107**

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Lenoir County and North Carolina, (2012-2016) **107**

Table 22. Neonatal (<28 Days) Death Rates, North Carolina, and Lenoir County **107**

Table 23. Age-Adjusted death Rates for Lenoir County (2014-2018) **109**

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis Lenoir County (2018-2020)..... **110**

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents for Lenoir County, and North Carolina, (2018) and (2014-2018)..... **110**

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents for Lenoir County and North Carolina (2018) and (2014-2018)..... **110**

Table 27. Crime Rate per 100,000 persons, Lenoir County and North Carolina (2018)..... **111**

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Lenoir County and North Carolina (2015-2019) **111**

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)..... **111**

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)..... **112**

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness..... **113**

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases **114**

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days) **115**

Image 4. All ages: Leading causes of Injury Death, Hospitalization, and Emergency Visits by County (2010-2013)..... **116**

Image 5. Ages 0-18: Leading causes of Injury death, Hospitalization and ED Visits by County (2010-2013)..... **116**

Image 6. Ages 19-34: Leading causes of injury death, Hospitalization and ED Visits by County, (2010-2013)..... **116**

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, (2010-2013) **117**

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit by County, (2010-2013)..... **117**

References. **118**

Appendix E. Health Department Programs and Services 122

Acknowledgements

This report was conducted in collaboration with the Lenoir County Health Department, UNC Lenoir Health Care, and the Lenoir County Alliance for a Healthy Community.

Executive Summary

Vision Statement

The Mission of the Lenoir County Health Department is to:

- assess community health status
- provide health services that may not be provided elsewhere to minimize the threat of communicable disease
- promote wellness for the people who live in Lenoir County through education
- protect the environment, health, and well-being of our residents through regulations and enforcement of applicable laws and rules
- promote and continue the development of emergency public health preparedness and response planning.

The Strategic Planning Team envisions an agency that strives to meet the following:

- maintain accreditation standards
- provide services driven by community need
- develop and retain a well-trained staff
- have a positive image in the community
- improve health outcomes and quality of life
- provide health information and health promotion
- be fiscally responsible
- communicate and collaborate in the community
- utilize best public health practices
- implement new technologies for efficiency and effectiveness
- develop comprehensive emergency public health preparedness and response plans
- pursue funding to support and improve services
- be team oriented

Collaborative Process Summary

Lenoir County Hospital / Health Department / Health Center / Collaborative

The hospital, health center, and health department located in Lenoir County are responsible for the Community Health Needs Assessment (CHNA) process; however, it is completed in conjunction with the Lenoir County Alliance for a Healthy Community. Organizations and individuals represented in the Lenoir County CHNA Planning/Review committee and working groups included the following:

- Lenoir County Alliance for a Healthy Community
- UNC Lenoir Health Care
- Lenoir County Public Schools
- Lenoir Community College
- Lenoir County Department of Social Services
- Lenoir County Board of Health
- Kinston Housing Authority
- Kinston-Lenoir County Public Library

- Lenoir County Cooperative Extension Agency
- Business Community (retail/commercial)
- Political/elected representatives (County Commissions; Town of La Grange; City of Kinston; Town of Pink Hill)
- Healthcare/medical providers
- Faith Community
- Non-profit Organizations/CBOs
- Lenoir County Health Department
- Kinston Community Health Center, Inc.
- Lenoir County Council of Aging
- Lenoir County Emergency Management/Emergency Medical Services
- Pride of Kinston
- Kinston/Lenoir Chamber of Commerce
- Eastpointe (LME, Mental Health)
- Lenoir/Greene Partnership for Children (SmartStart)
- Kinston NAACP
- Kinston Public Safety
- AmeriCorps
- Parents as Teachers
- Boys and Girls Club – Lenoir County Unit
- NC Vocational Rehab
- NC State Veterans Home
- Young Women’s Outreach Center
- Safe Kids of Eastern North Carolina
- Eastern Pregnancy Care

The Lenoir County Alliance for a Healthy Community is an umbrella community coalition that seeks to improve the quality of life through promoting healthy living for all residents in Lenoir County by partnering with private, public, grassroots organizations and individual citizens. This group encourages a healthier community through facilitation of increased knowledge of community resources and initiatives, utilizing networking and collaboration to decrease barriers for an optimally healthy community.

Community Health Team Structure

The Lenoir County Health Department has a long-standing partnership/collaboration with UNC Lenoir Health Care in conducting the required CHNAs. The two agencies have worked together and conducted CHNAs for 2003, 2007, 2011, 2014, 2017, and 2018. Recent IRS guidelines now dictate that non-profit hospitals must conduct a community health needs assessment on a three-year cycle as part of their community benefits requirement and must partner with the local health department in that process. The health department has adopted a three-year CHA cycle to coincide with the hospital’s schedule. The existing collaboration for Community Health Needs Assessment over the past years has been a strong one for the Health Department and Hospital. With the addition of the Kinston Community Health Center, a Federally Qualified Health Center (FQHC), the 2017 CHNA became a triad partnership that has benefited the process even more.

Key Findings

The Lenoir County Health Department Health Education Unit identified ten topic areas by comparing data scored highly among the Health ENC Data Findings, Healthy NC (HNC) 2030 Indicators, and the Conduent Healthy Communities Institute (HCI) Data platform.

These three data platforms help shape priorities used in the CHNA cycle.

The top identified indicators are:

1. Wellness & Lifestyle
2. Prevention & Safety
3. Community
4. Maternal, Fetal & Infant Health
5. Cancer
6. Economy
7. Heart Disease
8. Mortality Data
9. Mental Health & Mental Disorders
10. Immunizations & Infectious Diseases

1. Wellness & Lifestyle

- Health ENC – no comparison
- HCI – Score 2.30 (highest overall score)
- HNC 2030 – no comparison

2. Prevention & Safety – Deaths due to Firearms, Unintentional Injuries, Unintentional Poisonings

- Health ENC – Community Responses: Violent Crime (murder, assault), theft (16.8%), Drugs/alcohol (substance abuse) (14%)
- HCI – Score 2.28 (2nd highest)
- HNC 2030 – 2018 Violent crime rate in Lenoir (490.9) NC (356.6); Property Crime in Lenoir (2,901.5) NC (2,406.6), 2014-2018 Unintentional Injuries in Lenoir (34.9) NC (37.0), 2015-2019 Poisonings in Lenoir (15.5) NC (18.8)

3. Community – Transportation

- Health ENC – Community responses: Transportation (5.11%)
- HCI – Score 1.94 (11th)
- HNC 2030 – Means of Transportation to Work in Lenoir (2015-2019). Estimated Number: Total: 22,447, Car, truck, or van: 21,302; Drive Alone: 18,125; Carpooled: 3,177; Public Transportation: 156 (Bus: 122); Walked: 270; Worked from Home: 394; Bicycle: 84; Taxicab: 29; Ferryboat: 34; Other Means: 131

4. Maternal, Fetal, & Infant Health

- Health ENC – no comparison
- HCI – Score 2.06 (4th highest)
- HNC 2030 – Low Birth Weights in Lenoir (10.7%) NC (9.2%), Very Low in Lenoir (2%) NC (1.7) Fetal Deaths rate in Lenoir (8.7) NC (6.9)

5. Cancer

- Health ENC – Rated 2nd Leading Cause of Death
- HCI – Score 2.04 (5th highest score)
- HNC 2030 – 739 deaths; rate 184.2 (2014-2018), 1,997 cases; rate 511.5 (2012-2016)

6. Economy – Poverty, Housing, Income, Government Assistance, Food Insecurity, Employment

- Health ENC – According to survey responses: Low income/poverty (25%), Poor housing conditions (6.5%), Lack of affordable housing (5.4%),
- HCI – score 2.03 (4th highest)
- HNC 2030 – Poverty Status in the last 12 months. Under 5 years old (41%), 5-17 years old (40%), 18-34 years old (28%), 35-64 years old (16.9%), 60 years and older (13%), 65+ (11.8%)
Median Income per Household in Lenoir (\$39,402) NC (\$54,602)

7. Heart Disease & Stroke

- Health ENC - #1 leading cause of death in Lenoir
- HCI – Score 2.00 (7th highest)
- HNC 2030 – 2014-2018 Deaths in Lenoir (835) rate (207.9)

8. Mortality Data – Opioid-Involved Overdose and Premature Death

- Health ENC – Community responses: Drugs/alcohol (substance abuse) (14%)
- HCI – Score 2.00 (8th highest)
- HNC 2030 – no comparison

9. Mental Health & Mental Disorders

- Health ENC – no comparison
- HCI – Score 1.92
- HNC 2030 – BRFSS – Region 6 responses: 10.7 answered yes to frequent mental distress and 89.3 answered no

10. Immunizations & Infectious Diseases

- Health ENC – Community Responses: COVID-19 pandemic (4%)
- HCI – Score 1.23
- HNC 2030 – no comparison

Both primary and secondary data show a similar story for residents of Lenoir County. Poverty, marginalization, loss of industry, and access to care contribute to more chronic disease, crime, and decreasing county population in a circle that last for generations. The good news is that Lenoir County has made recent economic gains and health care improvements that can

increase community well-being. Many partnering organizations representing are areas of the social determinants of health – food, housing, education, employment, safety, support, health, and mental well-being – work diligently and communicate regularly. All of these influences have the power to increase life expectancy and quality of life for all residents while growing the number of people who call Lenoir County home.

Health Priorities

The Lenoir County Alliance for a Healthy Community met to determine priorities areas, and these were the three areas chosen (*refer to Chapter 10 for a detailed overview*):

1. Wellness & Lifestyle
2. Mental Health/Substance Use
3. Immunizations & Infectious Diseases

Next Steps

UNC Lenoir Health Care and the Lenoir County Health Department will work to develop community health programs and submit them to the state in September. An internal and external workgroup with the Alliance meetings will be reorganized into a new model based on priorities to ensure robust plans are implemented and strengthen collaboration on strategies.

Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An essential piece of that cycle is revisiting the progress made on priority health topics outlined in the initial community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

UNC Lenoir Health Care--As part of the 2018 Community Health Needs Assessment, Exercise, Nutrition, and Weight, Access to Health Care, and Substance Abuse/Mental Health were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Kinston Community Health Center utilizes the results of the Community Health Needs Assessment in the following manner:

The 2018 Lenoir County Community Health Needs Assessment identified the leading causes of death as: diabetes mellitus, cerebrovascular disease, diseases of the heart, and cancer. The assessment also found that death rates for these chronic diseases were significantly higher in Lenoir County than any other county in North Carolina. The results of an additional data scoring tool revealed diabetes, heart disease, stroke, women’s health, wellness/lifestyle and cancer were among the poorest performing health community indicators. Obesity and mental health/substance use have also been identified as high-risk issues. Kinston Community Health Center will address the needs identified in the Community

Health Needs Assessment by expanding its integrated behavior health program to include Medication Assisted Therapy (MAT) and implementing a Chronic Disease Management Program. The Chronic Disease Management Program will include Case Management and a Diabetes Educator. The programs will be available to patients throughout the service area.

The Lenoir County Health Department publishes a State of the County Health Report each year that updates the community on progress made on the improvement plans. This report can be found at <http://lenoircountync.gov/health-department/>.

Community Feedback on Prior CHNA

The 2018 Lenoir County Community Health Needs Assessment was made available to the public via www.unclenoir.org. Community members were invited to submit feedback via monthly meetings of the Lenoir County Alliance for a Healthy Community, Lenoir County Health Department Director, or UNC Lenoir Health Care via “Contact Us” area of the website at www.unclenoir.org. No comments had been received on the preceding CHNA at the time this report was written.

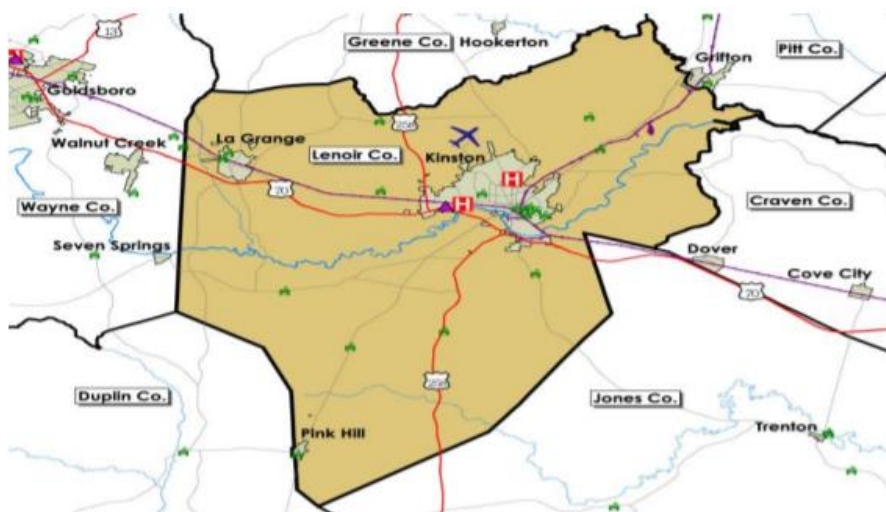
Chapter 1 Introduction

Description of County

The land area known today as Lenoir County was first part of Bath, then Craven, then Johnston County, and then Dobbs County and finally in 1791 Lenoir County was chartered. Kinston, Lenoir County's seat, was established in 1762 as "Kingston" and today is among the oldest cities in the state of North Carolina. Other incorporated towns located within the county include LaGrange, Pink Hill, and a portion of Grifton.

Lenoir County is located in the coastal plain region of eastern North Carolina. Lenoir County is approximately 75 miles east of Raleigh and 75 miles west of Morehead City. The county spans 400 square miles and shares borders with Pitt, Craven, Jones, Wayne, Greene, and Duplin counties. The Neuse River flows through the county. A significant area of landmass is contained in the Neuse River basin and tributaries, which experienced major flooding in 1996, 1999, 2016, and 2018 due to Hurricanes Fran, Floyd, Matthew, and Florence. Due to the geographic location of Lenoir County in the coastal plain, the county is subject to the impacts of hurricanes. Three incorporated municipalities exist within Lenoir County.

City/Area	Population	Characteristic	Zip Codes
Kinston	20,509	County seat	28501, 28502, 28503, 28504
La Grange	2,663	"Garden Spot" town	28551
Pink Hill	518	-Smallest Town, Rosefest	28572
U.S. Census Bureau			



Today the county is known for a blend of agricultural products and manufacturing. The Lenoir County Farmer's Market is located off the scenic landscape of the Neuse River. The market features the best produce and crafts from local farmers and vendors. The market served as the host vendor in the most recent CHNA priority to target Obesity within the Diabetes population. UNC-Lenoir Health Care implemented a program that provided Rx food coupons to persons with Diabetes. This initiative allowed individuals to obtain fresh fruits and vegetables. The Neuse Riverwalk is a project that began in 2016. The goal of the Riverwalk is to encourage physical activity and to connect different areas of the city that highlights the rich culture of Kinston. The community is family friendly with a vibrant food scene. Today the county is known for a blend of agricultural products and manufacturing. The Lenoir County Farmer's Market is located off the scenic landscape of the Neuse River. The market features the best produce and crafts from local farmers and vendors. The market served as the host vendor in the most recent CHNA priority to target Obesity within the Diabetes population. UNC-Lenoir Health Care implemented a program that provided Rx food coupons to persons with Diabetes. This initiative allowed individuals to obtain fresh fruits and vegetables.

The Neuse Riverwalk is a project that began in 2016. The goal of the Riverwalk is to encourage physical activity and to connect different areas of the city that highlights the rich culture of Kinston. The community is family friendly with a vibrant food scene.

UNC Lenoir Health Care

Nestled in the heart of Lenoir County, [UNC Lenoir Health Care's mission](#) is to ensure exceptional healthcare for the people served. UNC Lenoir Health Care, licensed for 199 beds, is a not-for-profit hospital dedicated to the community it serves by offering quality inpatient, outpatient and preventive health care services that are close to home. In addition to general medical, surgical, and obstetrical and gynecological care, UNC Lenoir Health Care offers specialized services including cardiology, pulmonology, bariatrics, oncology, radiology and urology. With a medical staff of over 100 physicians, UNC Lenoir Health Care offers a range of specialty services and technology you would only expect to find at hospitals in larger cities. Please see www.unclenoir.org for more information about the hospital and services.

Concerned with the health status of the community it serves, UNC Lenoir Health Care offers many free educational health programs, seminars, and screenings each year. The hospital constantly seeks new ways to positively impact the health status of the residents of Lenoir, Greene, Jones and surrounding counties. The Patient Advisory Council is a group of community members and hospital staff that get together to discuss ways to improve patient satisfaction, understand patient needs and concerns, and help guide our priorities when planning for the future, while finding ways to enhance our relationship with the community.

With over 800 employees, UNC Lenoir Health Care remains one of the largest employers and an economic engine in Lenoir County.

Affiliated with UNC Health Care since May of 2016 through a management services agreement, this affiliation allows UNC Lenoir a broader scope of resources and experience to benefit our residents. The UNC Lenoir Health Care leadership adopted the strategic plan for 2017-2021 to include goals within four key pillars. They include: quality and patient satisfaction; medical staff optimization; financial performance; and facilities planning.

In fiscal year 2020, UNC Lenoir provided care for 4978 total admissions with an average daily census of 58.9. There were 41,630 Emergency Room visits with 421 newborn deliveries, and 3408 surgeries. The consistent leading cause of hospital admission and readmission is congestive heart failure. 77% of UNC Lenoir patients originate within Lenoir County with others coming in smaller portions from a number of surrounding counties.

UNC Lenoir Health Care supports the community with physician needs assessment and recruitment. Three new providers were recruited and joined the community in 2020. They are Dr. Kristin Williams, UNC Surgical at Lenoir and Dr. Brittany Lloyd, UNC Family Medicine at Lenoir, and Dr. Bryan Ehlert, vascular surgeon. Please see the following graphic for the 2017 assessment of physician needs in the Lenoir County area.

UNC Health Care System							
2017 Physician Net Need Analysis by Specialty, Lenoir County							
Specialty	Demand	Supply	Net Need	Specialty	Demand	Supply	Net Need
Family Medicine	18	14	4	General Surgery	5	3	2
Internal Medicine	15	13	1	Gastroenterology	4	3	1
Pediatrics	10	7	2	Neurology	2	2	1
Orthopedics	8	1	7	Radiation Oncology	2	1	1
Obstetrics/ Gynecology	10	5	4	Urology	3	2	1

Cardiology	7	5	3	Rheumatology	1	1	0
Oncology/ Hematology	3	4	0	Otolaryngology	3	3	0
Ophthalmology	5	2	3	Nephrology	2	4	2
Pulmonology	3	1	2				

Notes: Demand, supply and net need numbers are rounded to nearest whole number; therefore, net need and supply may not equal demand.

Source: Truven Market Expert physician demand projections.

Lenoir County Health Department

The mission of the Lenoir County Health Department is to assess community health status, provide personal health services not provided elsewhere, minimize the threat of communicable diseases, and promote wellness for the people who live in Lenoir County. Please see appendix E for a detailed description of our services.

Services/Programs

- Adult Health
- Animal Control
- Child Health
- Environmental Health
- Family Planning
- Health Education
- Immunizations
- Laboratory
- Maternal Health
- Public Health Preparedness and Response
- Sexually Transmitted Infections
- Social Work
- Tuberculosis
- Vital Records
- Women, Infants, and Children (WIC)

Overview of Health ENC

Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal

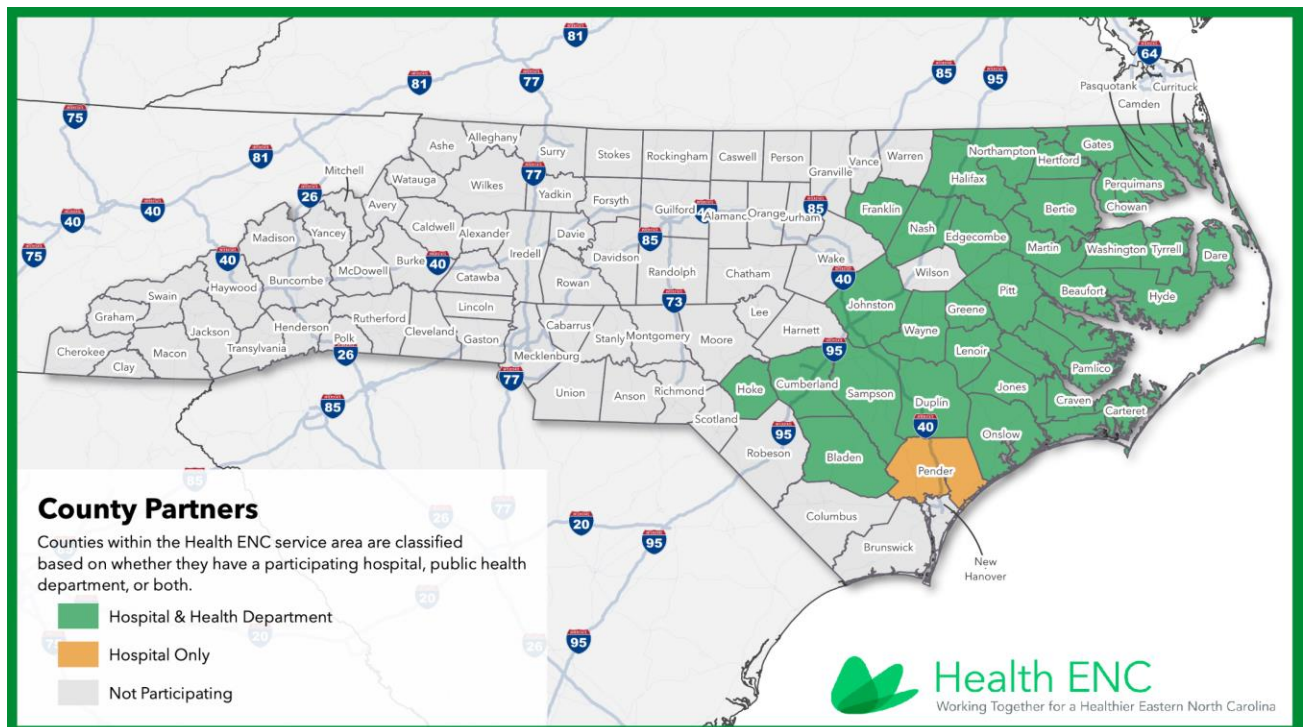
Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, community groups can use to

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships and communication.

Participating Health ENC Counties



Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Health Data Sources

Primary Data – Community Survey

Survey Methodology/Design

Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

The survey was distributed through paper copies to faith-based organizations, the hospital, health department, public library, and COVID-19 vaccination clinics. Online surveys were shared on our social media platform and website. The length of distribution was between March through June 2021.

Key Areas Examined

- Quality of life, health behaviors, health perceptions,
- Preventative services, exercise, and access to care

County Responses

- 532 Total English (Total in ENC survey =16,661)
- 13 Total Spanish (Total in ENC survey =502)

Secondary Data Sources

Healthy North Carolina 2030 (HNC 2030)

NC State Center for Health Statistics

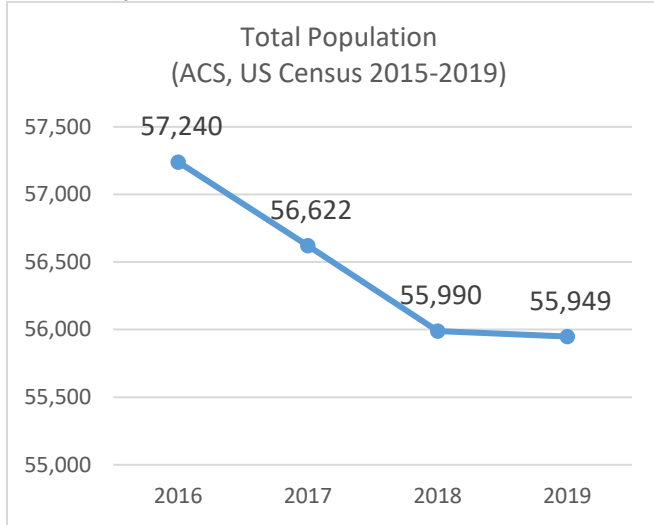
Robert Wood Johnson County Health Rankings and Roadmaps

Limitations

- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

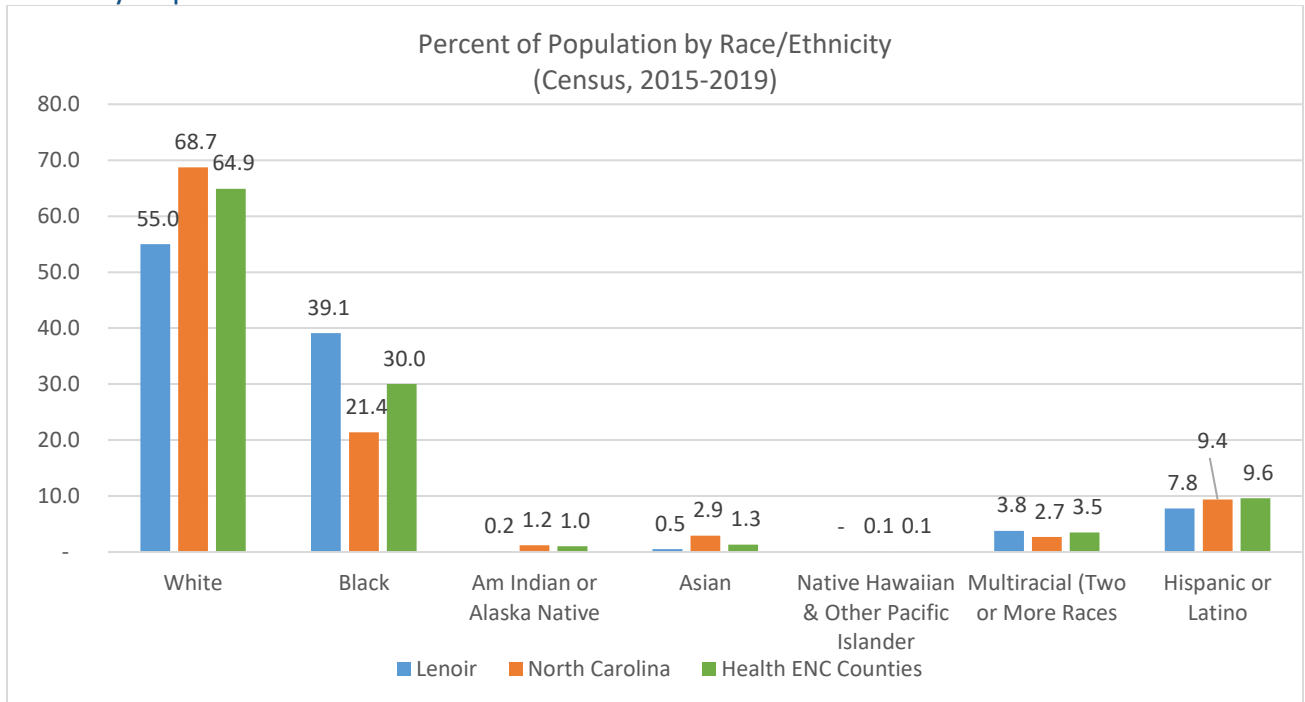
Chapter 2 Demographic Profile

Total Population



According to the US Census the population in Lenoir County decreased from 57, 240 in 2016 to 55,949 in 2019, for an overall 2.3% decrease in total population.

Minority Populations



The White population in Lenoir County (55.0%) is less than the White population in North Carolina (68.7%) and slightly lower than the Health ENC counties (64.9%).

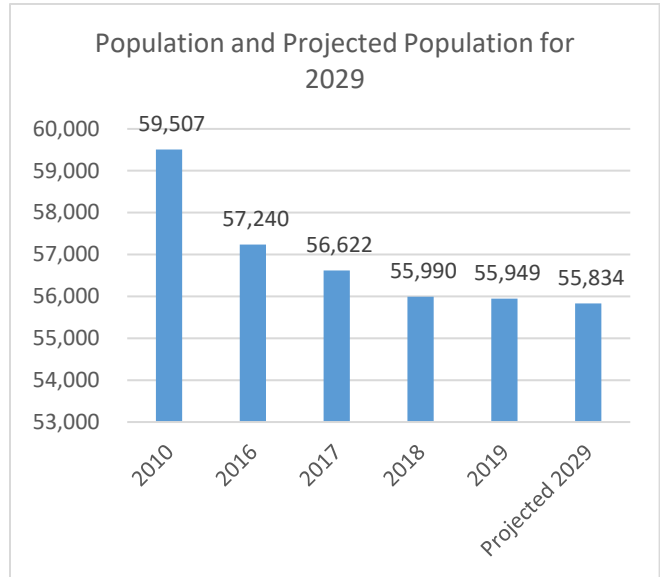
The Black or African American population in Lenoir County (39.1%) is higher than the percent Black or African American population in North Carolina (21.4%) and higher than the Health ENC counties (30.0%).

The Hispanic or Latino population comprises 7.8% of Lenoir County which is significantly lower than North Carolina (9.4%) and Health ENC Counties (9.6%)

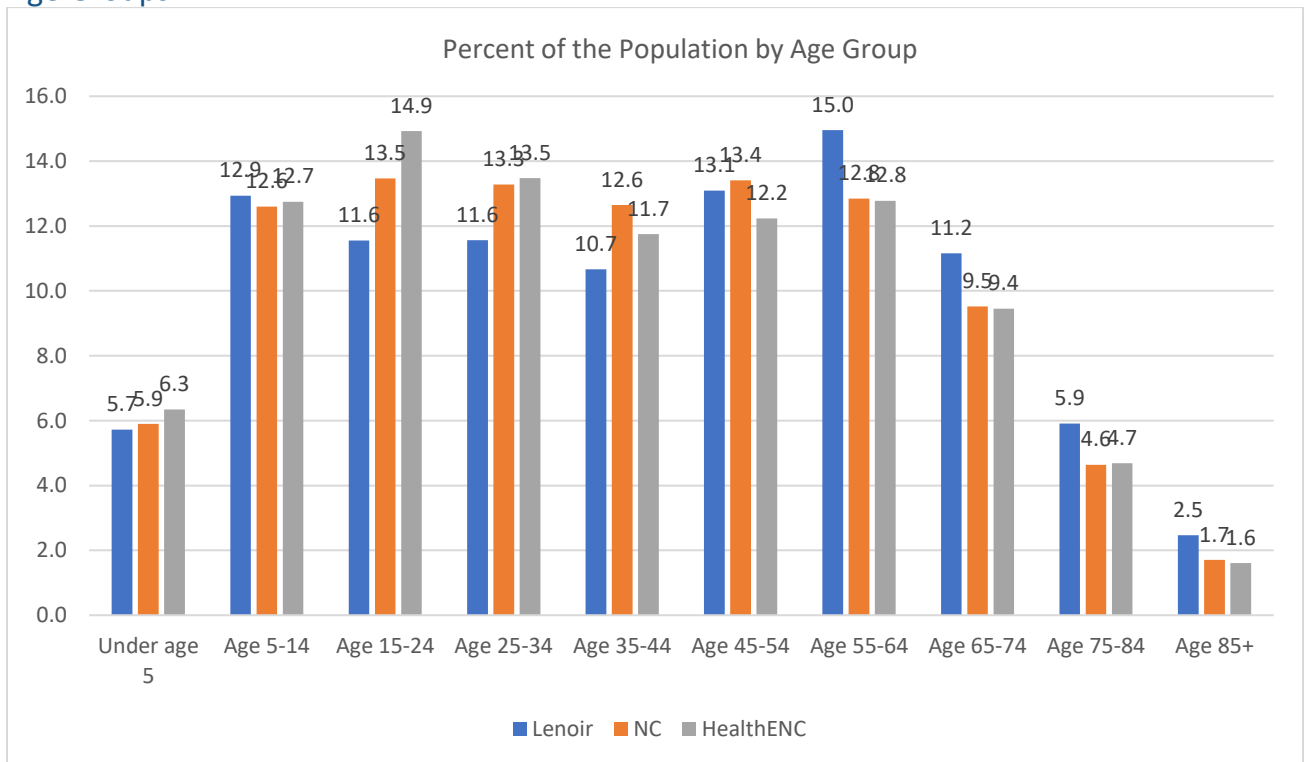
Population Growth

- The projected population growth for Lenoir County for 2029 is estimated at 55,834 persons
- From 2010 to 2019, the total population of Lenoir County has decreased by an overall 6%

Note: Population projection for 2029 comes from the NC Office of State Mgmt and Budget Pop Projections. All the other population data is from the Census

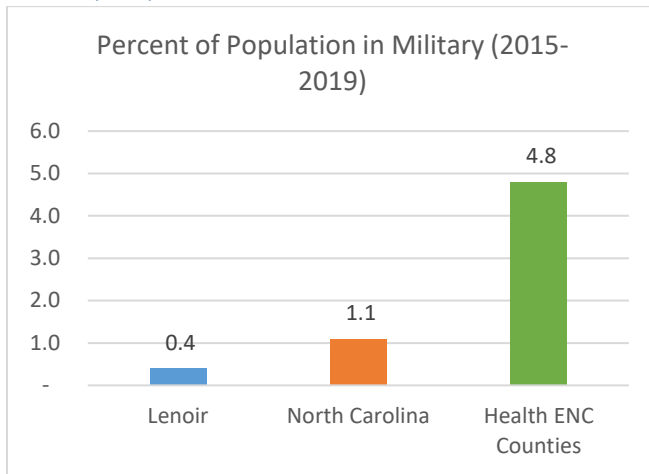


Age Groups



Military/Veteran Populations

Military Population

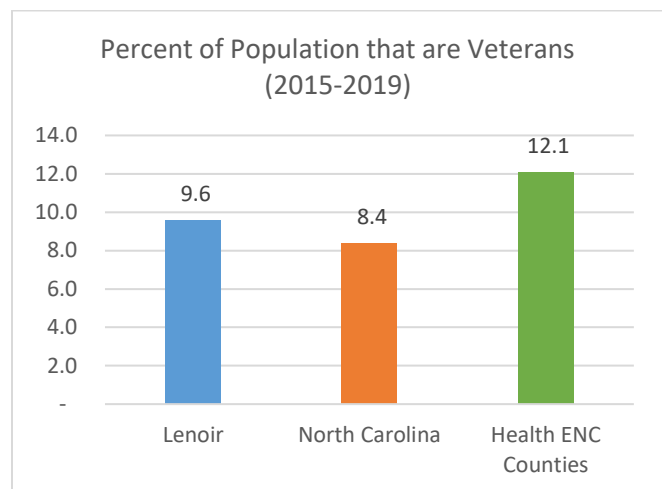


- The percent of Military Population in Lenoir County is 0.4%
- Compared to the counties in Health ENC (4.8%) and North Carolina (1.1%), Lenoir County has a smaller population

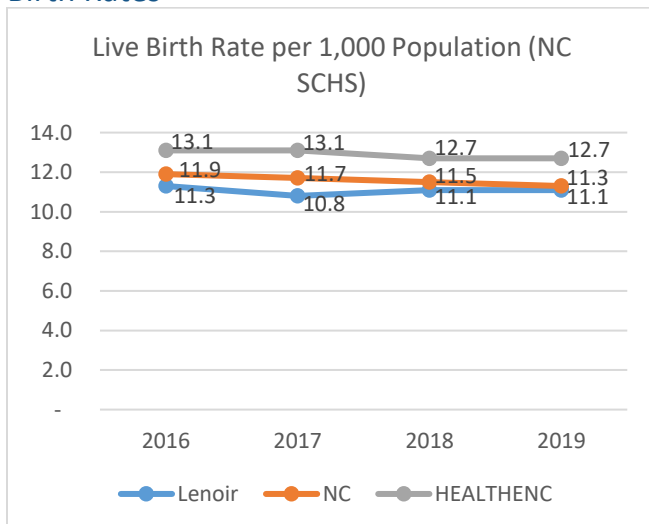
Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities.

- Lenoir County’s veteran population (9.6%) is higher than the state (8.4%) but lower than the Health ENC counties (12.1%)



Birth Rates



Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. The Lenoir County birth rate demonstrated an overall static decrease over the period presented below, with a similar trend seen in the Region and the state.

Analysis of Demographic Data

Lenoir County has seen a steady decline in its population since 2016. This downward trend may be attributed to inadequate living conditions, unhoused persons, job opportunities, low birth rates, an aging population, and safety concerns. The population growth in Lenoir County has decreased by 6% from 2010 to 2019. The population reduction percentage showed a steep decline of 3.8% in recent years between 2010-2016. The projected population for ten years reveals that Lenoir County will reduce by 0.2%. While this trend is likely to continue its descending nature, the 2029 projection indicates that Lenoir County can create an opportunity for population growth by ensuring equitable resources for all individuals who reside in the county.

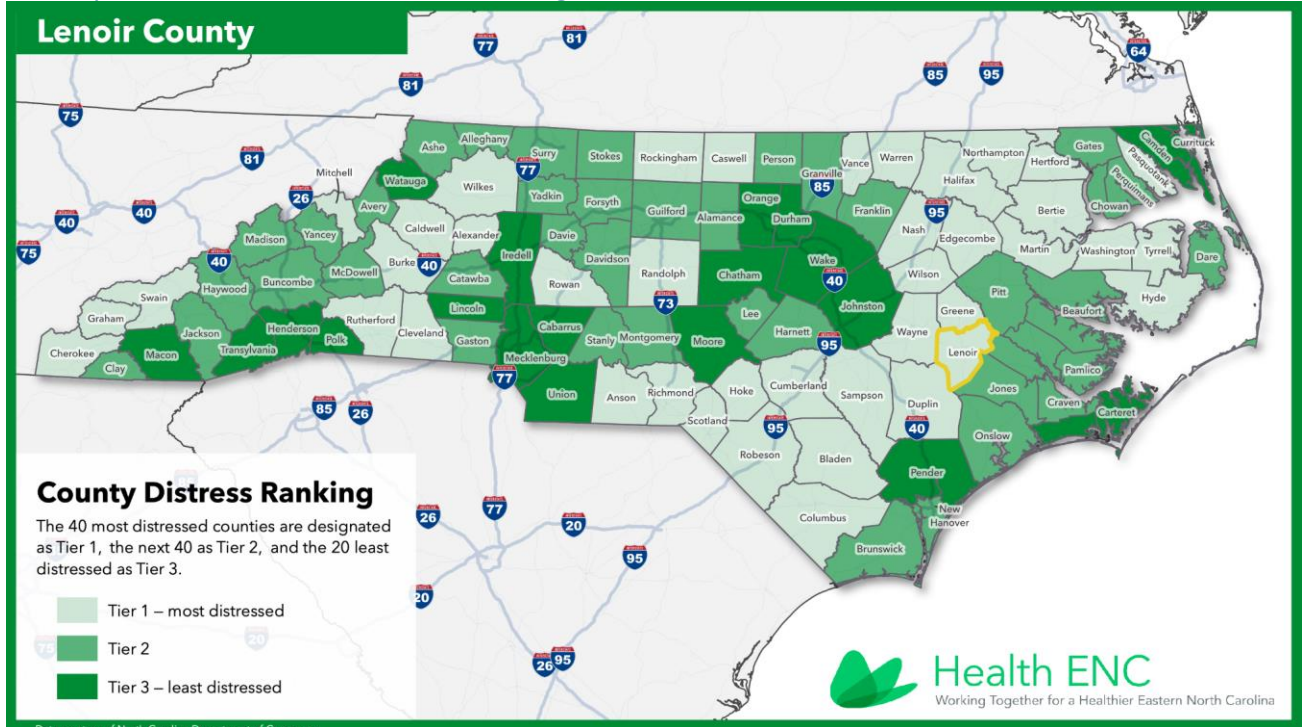
The population decline is slowing and plateauing. This exceeds state and region in older rather than younger populations and necessitates more focus on infrastructure for an older population.

Equitable resources can be defined by assuring that all persons have ample access to programs and services that meet their specific needs. The essential need to create strategic programs and service opportunities for all individuals in Lenoir County will help lay a foundation for generational health. This concept only begins at the core and by understanding the root cause of a situation. It must also be mission-minded to reach the specificity of an individual or family.

The 2018 Community Health Needs Assessment prioritization process addressed the basic need to strengthen our economy. Doing this created a central focus on the idea that transportation, food insecurity, and access to health care all play a dynamic role in the overall picture of health and the number of persons receiving the services offered. By targeting these essential and most vital areas of ones' life, Lenoir County will have a boundless opportunity to see population growth.

Chapter 3 Socioeconomic Profile

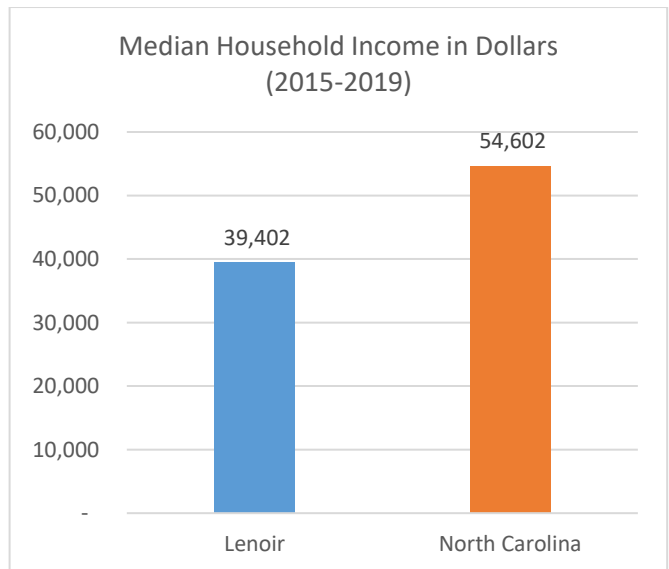
NC Department of Commerce Tier Designation



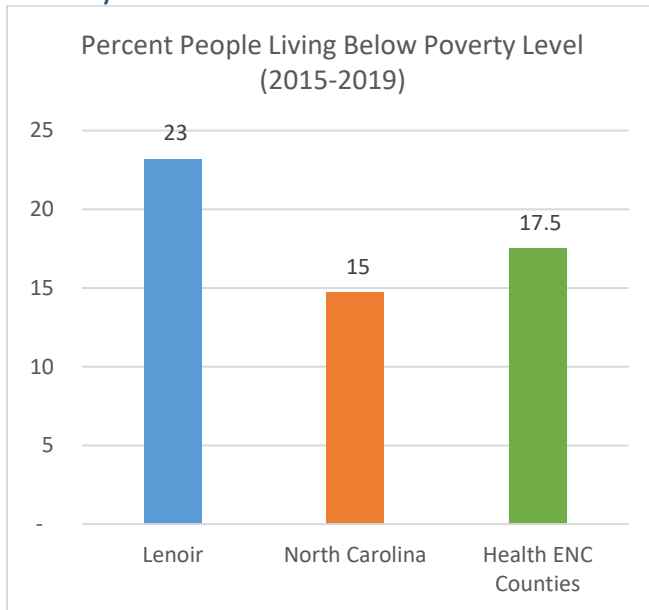
Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates.

- The median household income in Lenoir County (\$39,402), which is much lower than the median household income in North Carolina (\$54,602).



Poverty

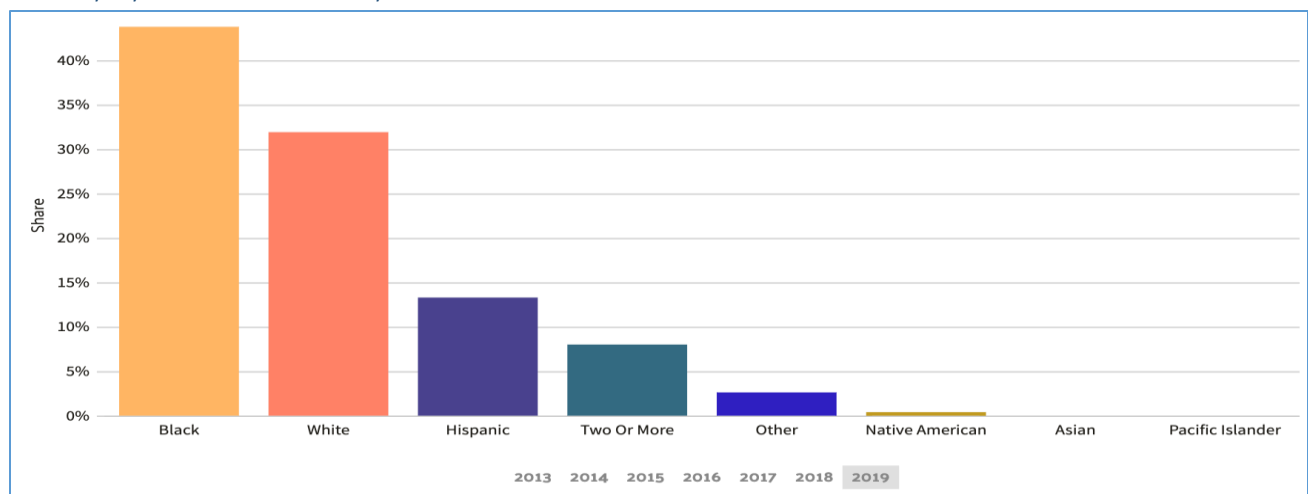


Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions.

Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

- In Lenoir County an estimated 23.0% of the population lives below the poverty level, compared to 15.0% of the population in NC and 17.5% for the Health ENC region

Poverty by Race and Ethnicity



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

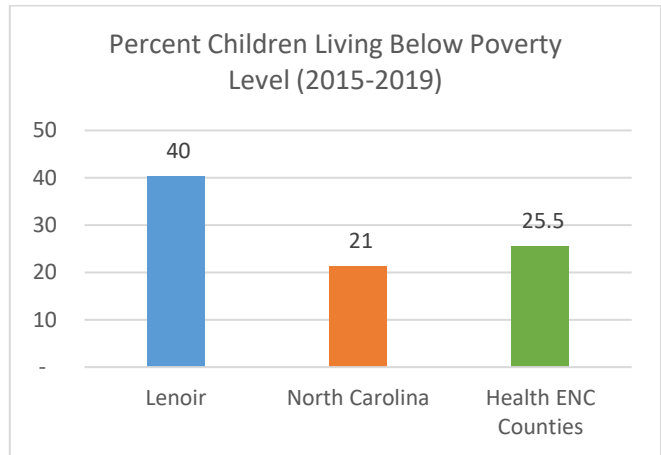
The most common racial or ethnic group living below the poverty line in Lenoir County, NC is Black, followed by White and Hispanic.

The Census Bureau uses a set of [money income thresholds](#) that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.

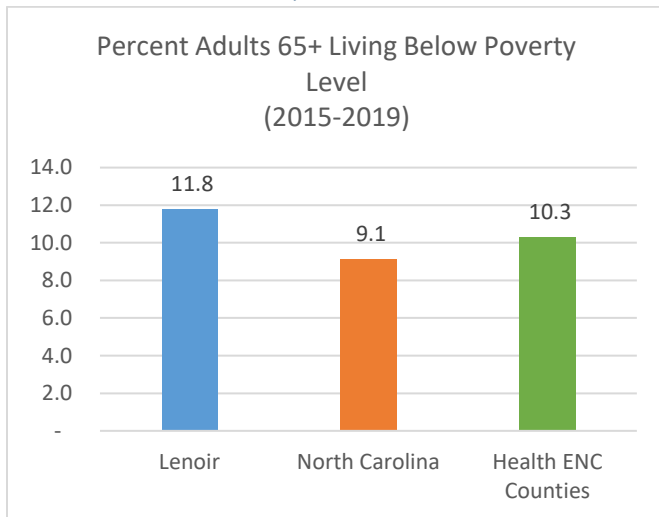
*Data from [the Census Bureau ACS 5-year Estimate](#).

Children in Poverty

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



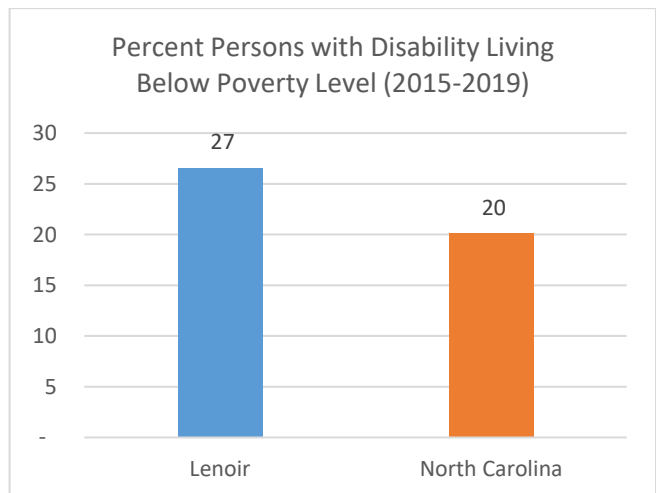
Older Adults in Poverty



- The percent of adults age 65+ years living in poverty is 2.7% higher in Lenoir County when compared with NC and the 1.5% higher than Health ENC counties.

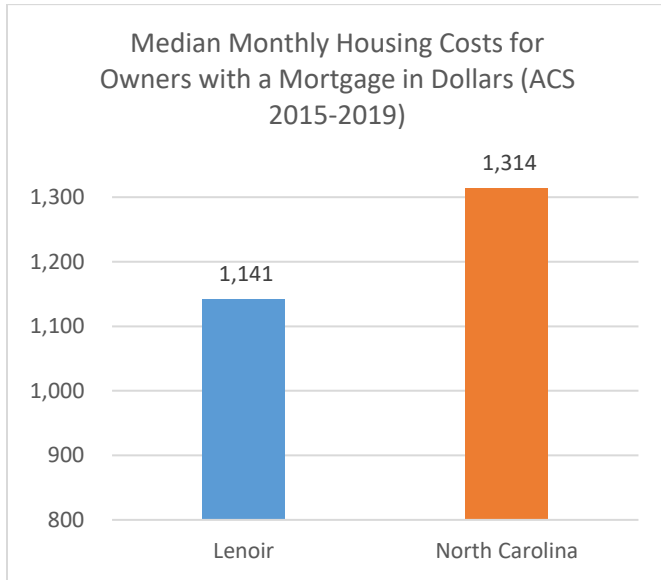
Disabled People in Poverty

- The percent of disabled people living in poverty in Lenoir County (27%) is higher than N.C. (20%)



Housing

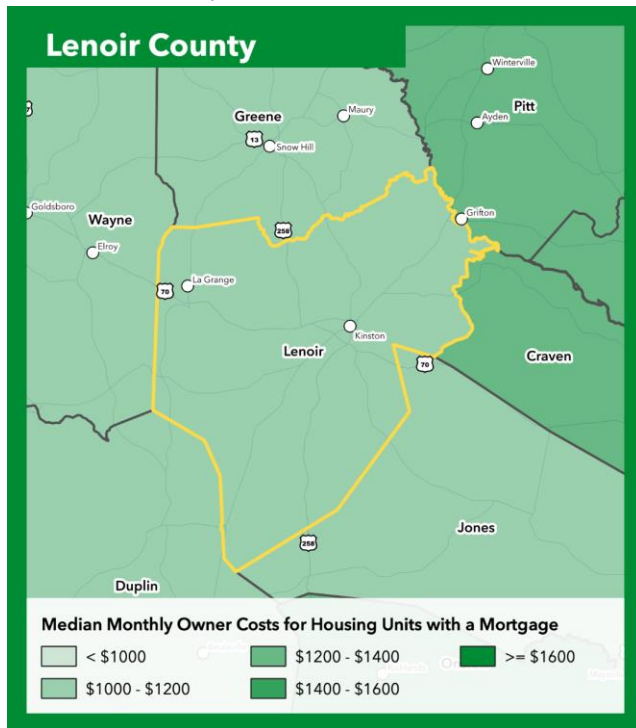
Median Monthly Housing Costs



The average household size in Lenoir County is 2.4 people per household (owners) and 2.38 people per household (renters), which is slightly lower than the North Carolina value of 2.57 people per household (owners) and for renters (2.43 people per household).

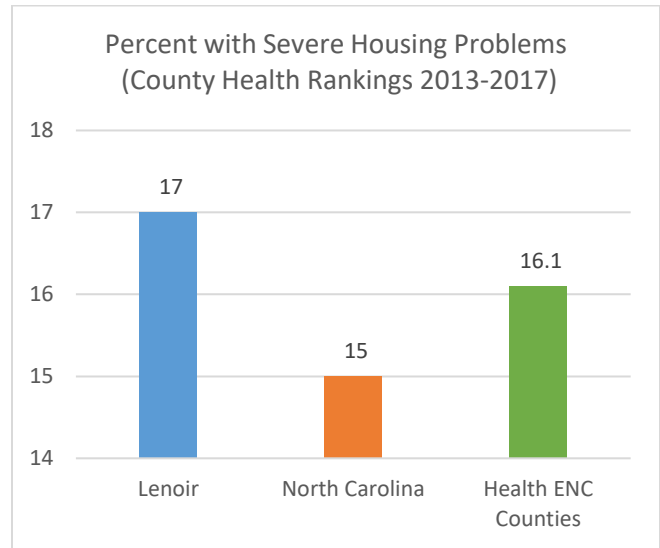
- In Lenoir County, the median housing costs for homeowners with a mortgage is \$1,141, which is slightly lower than the N.C. median \$1,314 costs.

Median Monthly Household Costs in Lenoir County and Surrounding Counties



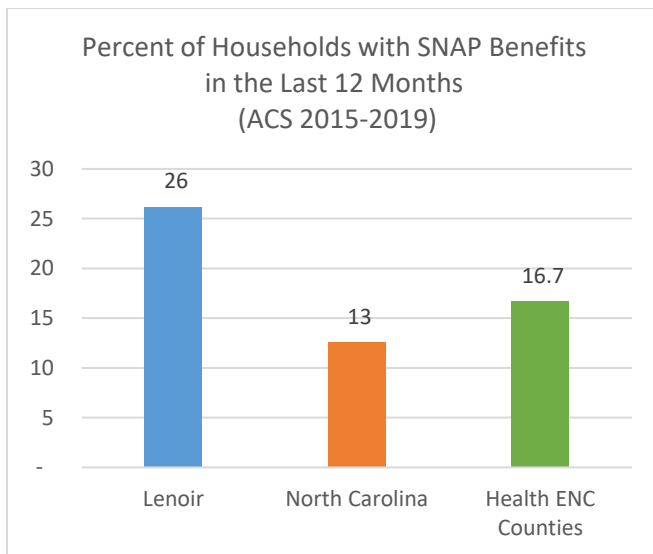
Severe Housing Problems

- Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.
- Housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities
- 17.0% of households in Lenoir County have severe housing problems, compared to 15.0% in NC and 16.1% in Health ENC Counties.



Food Insecurity

Households with SNAP Benefits



The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

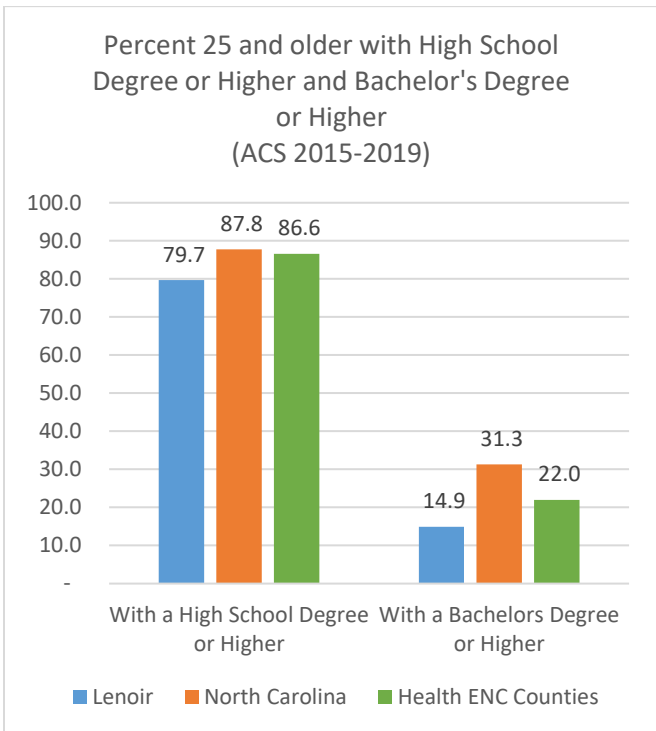
This figure shows the percent of households with children that participate in SNAP. In Lenoir County, the percent of households (26%) that participate in SNAP, is much higher than the state value of 13% and the Health ENC region value of 16.7%.

Education

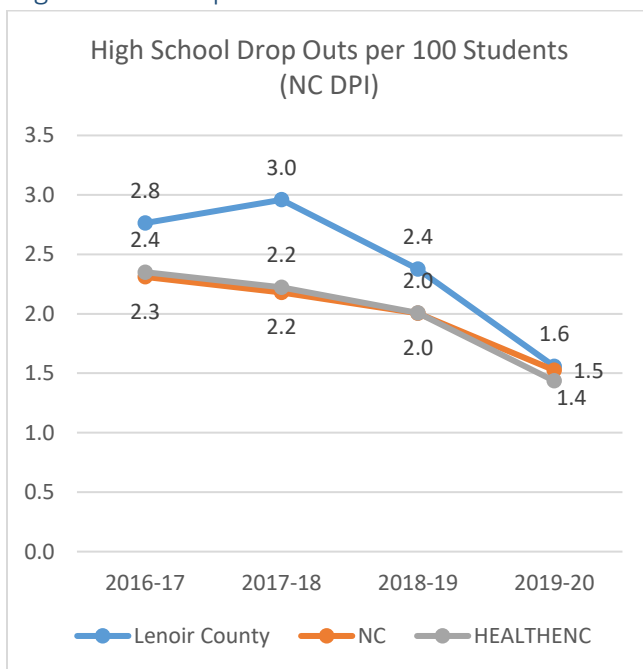
Educational Attainment

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

- In Lenoir County the percent of residents 25 or older with a high school degree or higher was lower (79.7%) than the state value (87.8%) and the Health ENC region (86.6%)
- Percent with a higher education attainment in Lenoir County was lower (14.9%) compared to N.C. (31.3%) and Health ENC region (22.0%)



High School Drop Out Rate



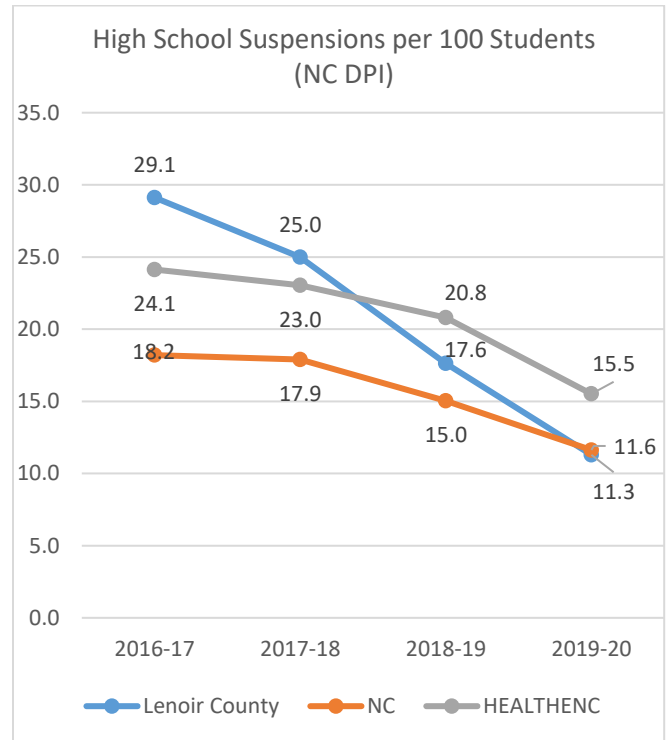
High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community’s economic, social, and civic health.

- Lenoir County’s high school dropout rate was 1.6% in 2019-2020, which was slightly higher than the rate in North Carolina (1.5%) and the Health ENC region (1.4%)
- Lenoir County’s high school dropout rate has been on a decline over the past four measurement periods

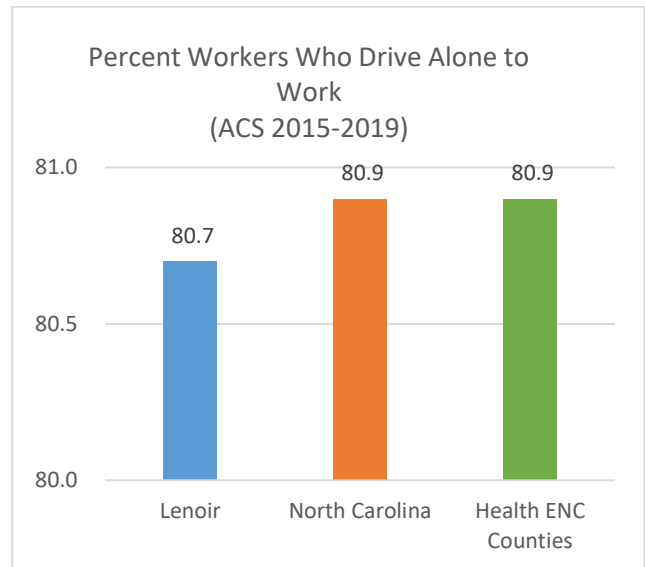
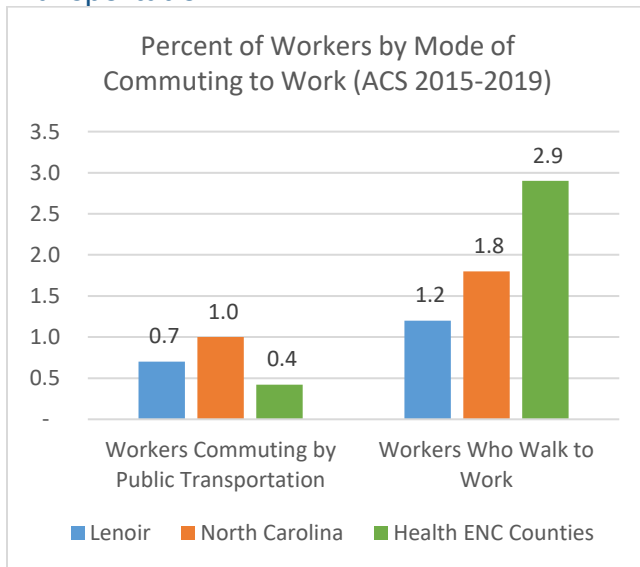
High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

- Lenoir County’s rate of high school suspension (11.3 per 100 students) was lower than North Carolina’s rate (11.6) and the Health ENC counties (15.5) in 2019-2020



Transportation

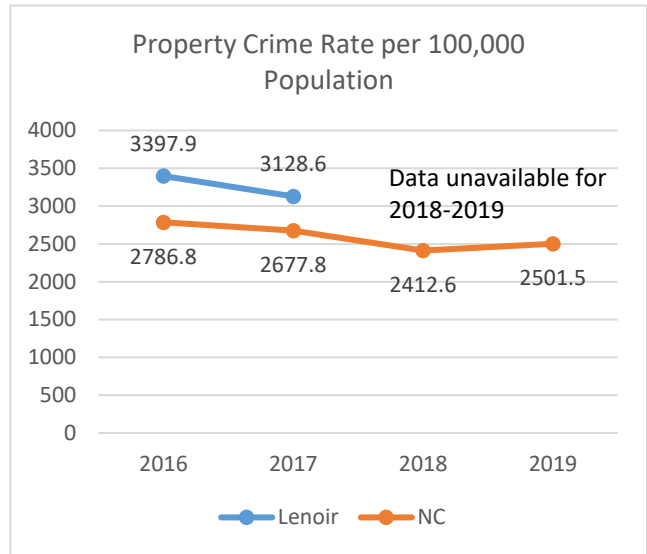
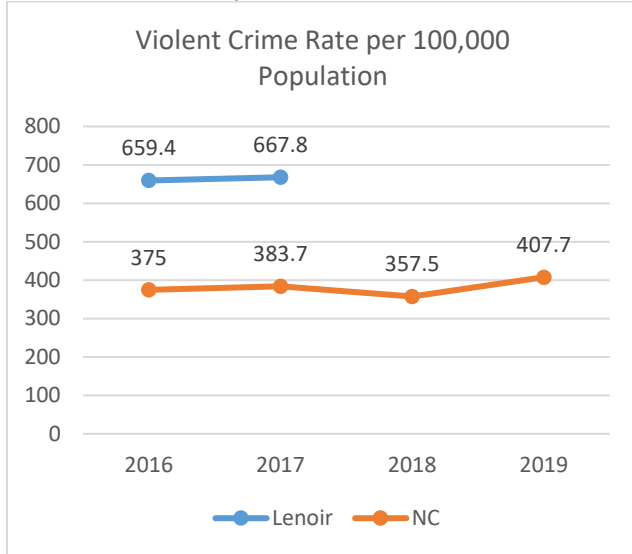


Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

- In Lenoir County, an estimated 0.7% of residents commute to work by public transportation, compared to the state value of 1.0%.

- Approximately 1.2% of residents walk to work, which was lower than the state value of 1.8%. An estimated 80.7% of workers 16 and older drive alone to work, compared to 80.9% in N.C.

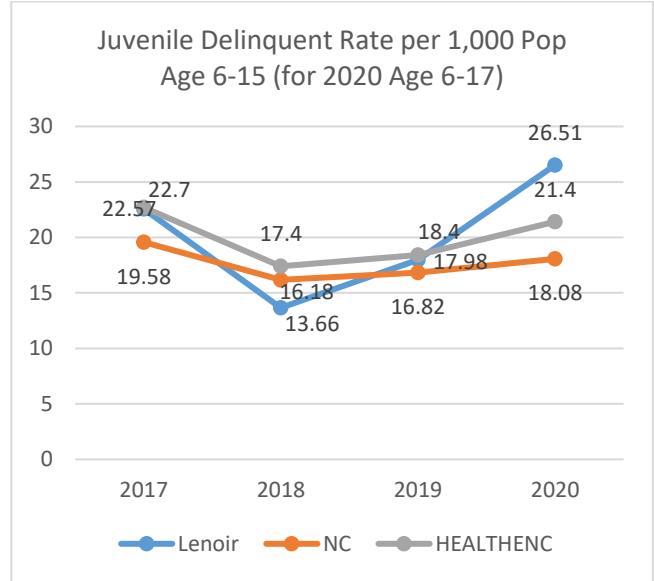
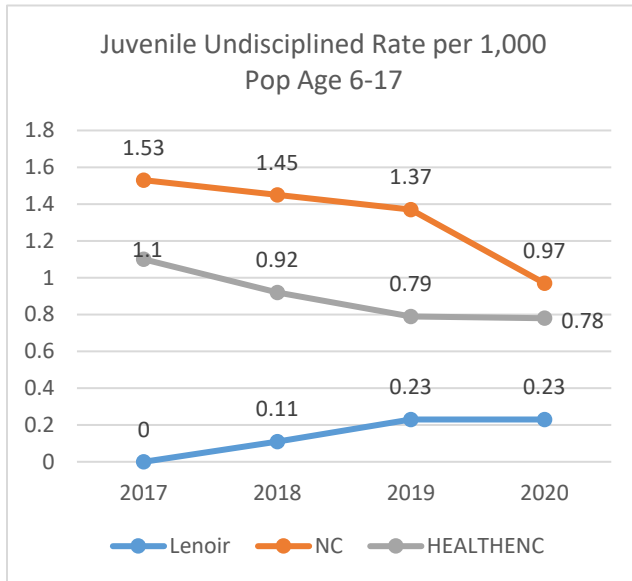
Crime and Safety



Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

- From 2016 to 2017, the violent crime rate in Lenoir County increased from 659.4 to 667.8. Note that data were unavailable for 2018 and 2019
- During the same time period, the property crime rate decreased from 3397.9 to 3128.6, which was lower than the N.C. rate. Note that data were unavailable for 2018 and 2019

Juvenile Crime

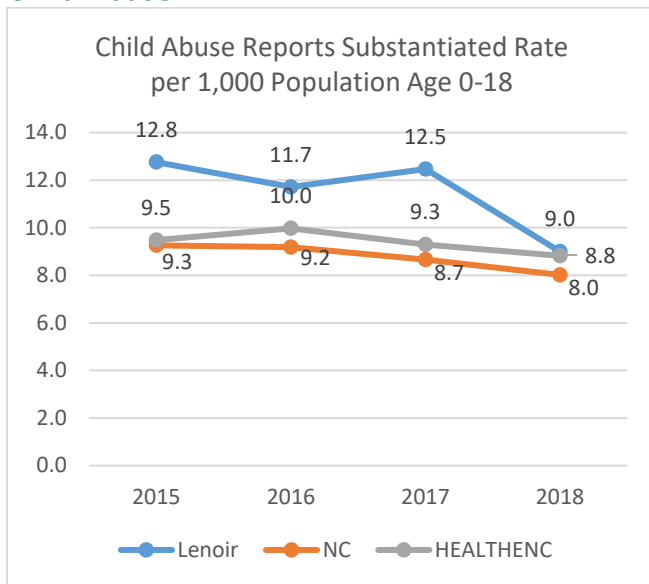


Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims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

The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours.

- In 2020, the juvenile undisciplined rate in Lenoir County (0.23) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Lenoir County was higher (26.51) than N.C. (18.1) and the Health ENC region (21.4)

Child Abuse



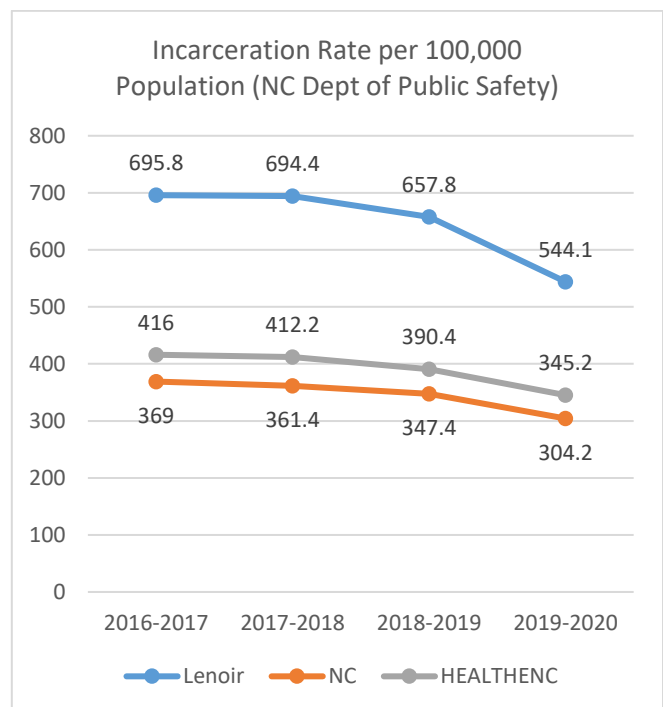
Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

- The 2018 child abuse rate in Lenoir County was higher (9.0 per 1,000 pop.) than N.C. (8.0 per 1,000 pop.) and the Health ENC (8.8)

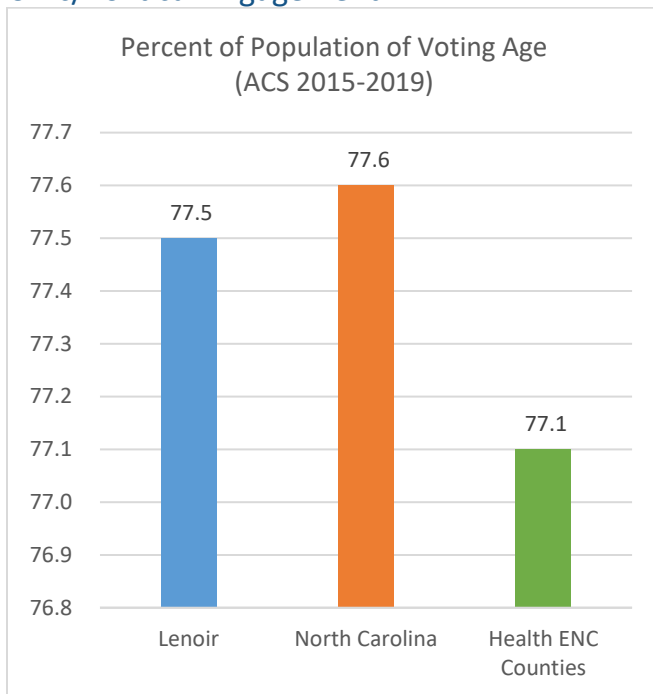
Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

- Over the past four measurement periods, the incarceration rate in Lenoir County has decreased
- In 2019-2020, the incarceration rate in Lenoir County was higher (544.1 per 1,000 population) than N.C. (304.2) and the Health ENC region (345.2)



Civic/Political Engagement



Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

- Lenoir County has a marginally lower percent of residents of voting age (77.5%) than North Carolina (77.6%) but slightly higher than the Health ENC Counties (77.1%)

Analysis of Socioeconomic Profile

The predominant socioeconomic factor for Lenoir County is poverty. On almost every poverty indicator, Lenoir County residents rank higher than state or regional communities. It is no surprise that other measures impacted by poverty – such as crime rates, incarceration, housing issues, food insecurity, and access to healthcare – are also at higher levels in the county. These socioeconomic factors disproportionately impact historically marginalized populations for generations.

Lenoir County is a rural community built on agricultural wealth and many manufacturing. The above socioeconomic data characterizes Lenoir County as disadvantaged compared to Health ENC counties and North Carolina. Socio-economic status is a significant indicator for overall health, life expectancy, and determining environmental conditions. It is the storyteller that determines if a community is thriving or distressed.

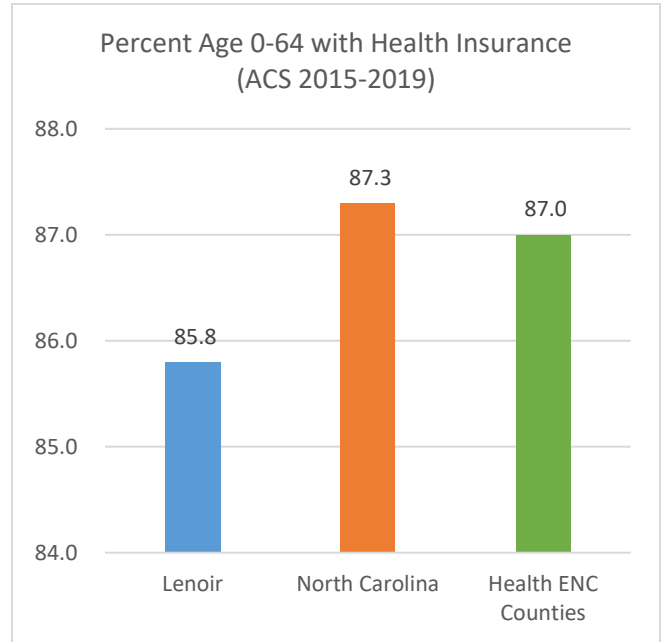
According to the North Carolina Department of Commerce Tier Designation chart on page 18, Lenoir County is categorized as a Tier 1 County and is most distressed. This description is not surprising due to the comparison data above. One of the main factors contributing to overall health is the nature of an environment and the opportunities generated to reduce the likelihood of individuals living in poverty. An estimated 23% of the population lives below the poverty level. More than 40% of the Black or African American population in Lenoir County lives below poverty. This data provides a basis for why access to health care is a concern, and the elevated risks of health conditions are primarily seen in the Black or African American population.

Chapter 4 Clinical Care Profile

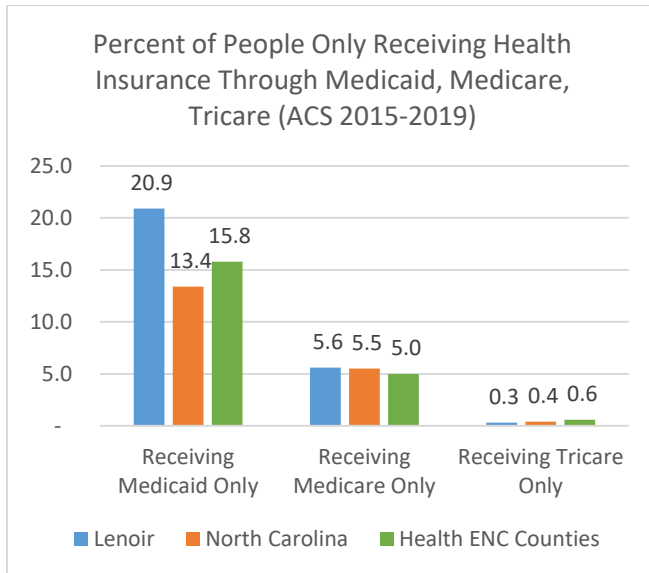
Health Insurance Coverage

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

- The rate of individuals aged 0-64 years old that have health insurance coverage in Lenoir County is 85.8%, which was lower than the rate for North Carolina (87.3%) and the Health ENC region (87.0%)
- Nearly 15% of the population 0-64 years of age in Lenoir County are uninsured.



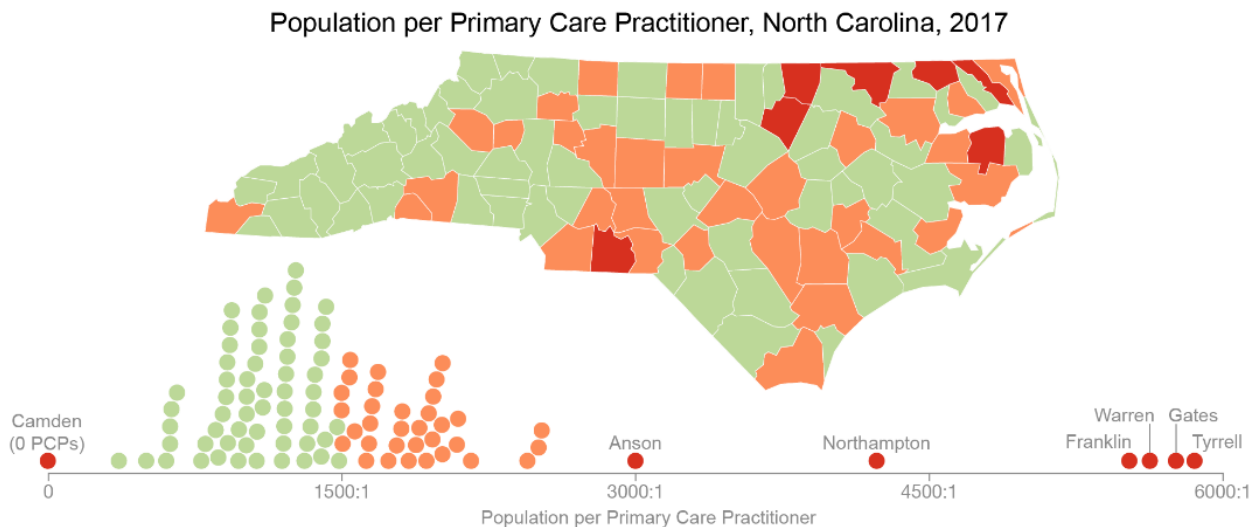
Government Health Insurance Only Coverage – Medicaid, Medicare, Tricare



This graph shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

- In Lenoir County, 20.9% of the population report receives health insurance coverage through Medicaid, 5.6% Medicare and 0.3% Tricare

Primary Care Practitioners



Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management

**SHEPS HEALTH
WORKFORCE NC**

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel [coronavirus](#) in North Carolina, primary care is critical as an entry-point to further care. Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

On the map a shaded in green color indicates the county is meeting the NC Institute of Medicine's (NCIOM) target ratio of 1 primary care provider to every 1,500 people.

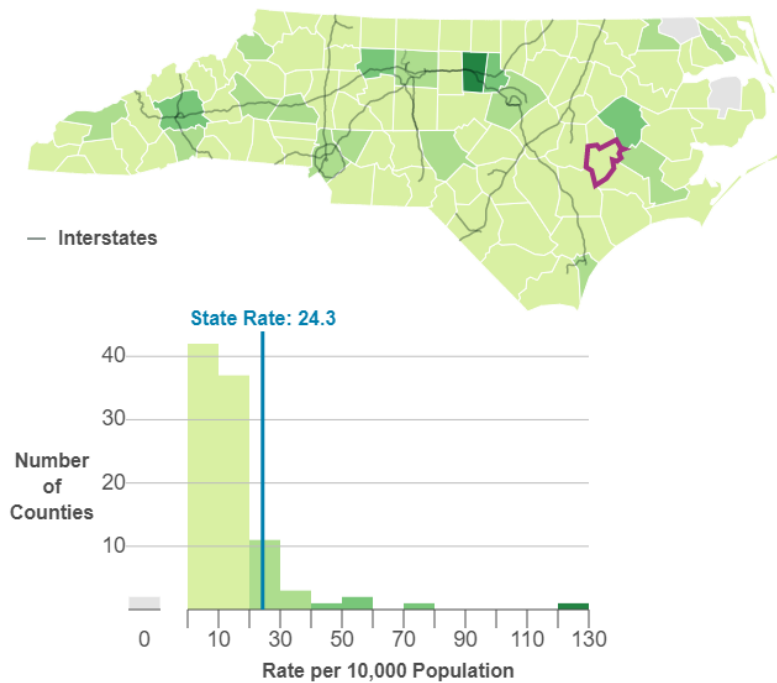
Lenoir is orange; therefore, this color indicates the county does not meet the NC Institute of Medicine's (NCIOM) target ratio of 1 primary care provider to every 1,500 people.

Currently, 60% of NC's 100 counties meet the NCIOM's target. As shown in this figure, seven counties were substantially below target: Anson, **Northampton**, **Franklin**, **Warren**, **Gates**, **Tyrrell** and **Camden**. **Camden** has a population of just over 10,000, and no primary care providers.

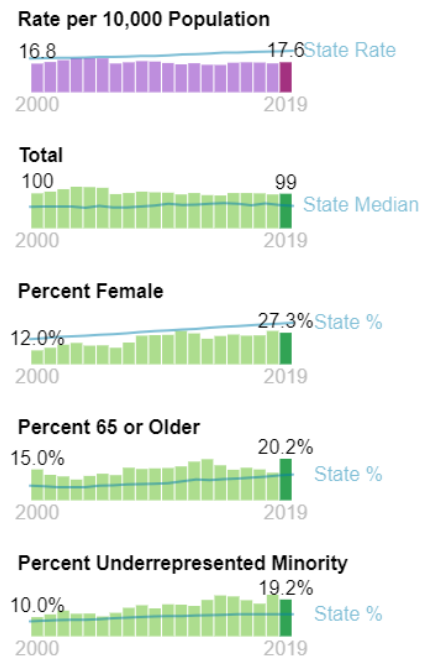
The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs).

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

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



Profession Demographics for Lenoir County



Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

As shown in this figure, the number of physicians per 10,000 population in Lenoir County has increased from 16.8 physicians in 2000 to 17.6 in 2019 which is still below the state rate of 24.3 per 10,000 population.

Source: North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](https://nchealthworkforce.unc.edu/interactive/supply/), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Analysis of Clinical Care Profile

The percentage of residents with insurance in Lenoir County is lower than the percentages of other Health ENC counties and the state of North Carolina. A reasonable factor attributing to these lower percentages may be that most insurance coverage is linked with an individual's job. Some Lenoir County residents are without gainful employment, making insurance affordability unattainable.

The Federal Poverty Level (FPL) is determined by income and eligibility for government assistance coverage of Medicaid or Children's Health Insurance Plan (CHIP). This assistance will allow individuals to receive health care if they fall below 138% of the FPL. However, those who fall 100% below are not eligible for a Marketplace insurance plan or Medicaid. Of the 85.8% insured in Lenoir County, 20.9% receive insurance through Medicaid, and 15% are uninsured. This percentage is a considerable number of individuals who may not be receiving adequate health care. Low-cost or free services are available at the Lenoir County

Health Department and Kinston Community Health Center, a Federally Qualified Health Center (FQHC), to address the disparity in health care services. A shortage of providers also impacts access to care.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Lenoir County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	166	296.7	1	Cancer	19,963	190.34	1	Heart Disease	4546	210.2
2	Cancer	141	252.02	2	Heart Disease	19,661	187.46	2	Cancer	4345	200.91
3	Cerebrovascular Disease	53	94.73	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1215	56.18
4	Other Unintentional Injuries	42	75.07	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1114	51.51
5	Chronic Lower Respiratory Diseases	31	55.41	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1006	46.52
6	Nephritis Nephrotic Syndrome and Nephrosis	24	42.9	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Alzheimer's Disease	23	41.11	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Diabetes Mellitus	23	41.11	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Motor Vehicle Injuries	20	35.75	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Essential Primary Hypertension	15	26.81	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in 2019.

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

This table shows the leading causes of mortality in Lenoir County, North Carolina, and Health ENC Counties in 2019.

Many of these chronic conditions death rates are higher than the state and the Health ENC County Region rates.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 LENOIR			Leading Causes of Injury Hospitalization 2016 to 2019 LENOIR			Leading Causes of Injury ED Visits 2016 to 2019 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	45	1	Fall - Unintentional	621	1	Fall - Unintentional	7,396
2	Fall - Unintentional	40	2	MVT - Unintentional	205	2	MVT - Unintentional	4,411
3	Poisoning - Unintentional	39	3	Poisoning - Unintentional	164	3	Unspecified - Unintentional	2,214
4	Firearm - Assault	23	4	Poisoning - Self-Inflicted	61	4	Struck By/Against - Unintentional	2,085
5	Firearm - Self-Inflicted	19	5	Fire/Burn - Unintentional	60	5	Natural/Environmental - Unintentional	1,492
TOTAL		234	TOTAL		1,394	TOTAL		32,811

MVT – motor vehicle traffic Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>
(2016-2019, all ages)

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 LENOIR			Leading Causes of Injury Hospitalization 2016 to 2019 LENOIR			Leading Causes of Injury ED Visits 2016 to 2019 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	45	1	Fall - Unintentional	621	1	Fall - Unintentional	7,396
2	Fall - Unintentional	40	2	MVT - Unintentional	205	2	MVT - Unintentional	4,411
3	Poisoning - Unintentional	39	3	Poisoning - Unintentional	164	3	Unspecified - Unintentional	2,214
4	Firearm - Assault	23	4	Poisoning - Self-Inflicted	61	4	Struck By/Against - Unintentional	2,085
5	Firearm - Self-Inflicted	19	5	Fire/Burn - Unintentional	60	5	Natural/Environmental - Unintentional	1,492
TOTAL		234	TOTAL		1,394	TOTAL		32,811

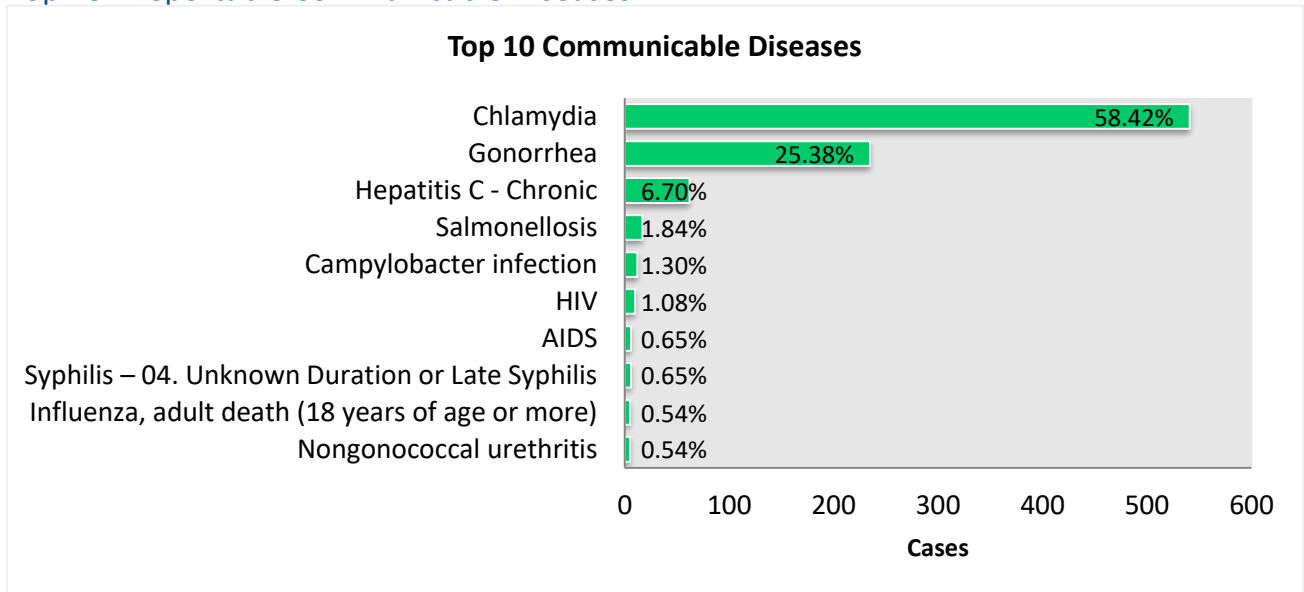
MVT – motor vehicle traffic Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>
(2016-2019, all ages)

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 LENOIR			Leading Causes of Injury Hospitalization 2016 to 2019 LENOIR			Leading Causes of Injury ED Visits 2016 to 2019 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT - Unintentional	45	1	Fall - Unintentional	621	1	Fall - Unintentional	7,396
2	Fall - Unintentional	40	2	MVT - Unintentional	205	2	MVT - Unintentional	4,411
3	Poisoning - Unintentional	39	3	Poisoning - Unintentional	164	3	Unspecified - Unintentional	2,214
4	Firearm - Assault	23	4	Poisoning - Self-Inflicted	61	4	Struck By/Against - Unintentional	2,085
5	Firearm - Self-Inflicted	19	5	Fire/Burn - Unintentional	60	5	Natural/Environmental - Unintentional	1,492
TOTAL		234	TOTAL		1,394	TOTAL		32,811

MVT – motor vehicle traffic Source: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/index.htm#genData>
(2016-2019, all ages)

Top Ten Reportable Communicable Diseases



Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard

<https://NCD3NorthCarolinaDiseaseDataDashboard>

Preventing and controlling the spread of communicable diseases are a top concern among communities.

The top communicable diseases as reported by NC DHHS in Lenoir County in 2018 are shown above.

Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

Analysis of Chronic and Communicable Disease Profile

Lenoir County is similar to the region and state in the top 4 causes of death. Leading causes of injury are motor vehicle accidents, falls, poisoning (including overdoses), firearms. In addition to the disease burden caused by COVID-19, the county ranks high in North Carolina for new HIV diagnosis. Chlamydia, Gonorrhea, and Hepatitis C are also prevalent.

Chapter 6 HNC 2030 Indicator Data

TABLE 1

HEALTH INDICATORS AND DATA

(TOTAL NC POPULATION, 2030 TARGET, AND DATA BY RACE/ETHNICITY, SEX, AND POVERTY LEVEL)

W = WHITE
 B/AA = BLACK/AFRICAN AMERICAN
 H/LX = HISPANIC/LATINO
 A/PI = ASIAN/PACIFIC ISLANDER
 AI = AMERICAN INDIAN
 FPL = FEDERAL POVERTY LEVEL
 ‡ NOT AVAILABLE OR NOT APPLICABLE

* 2016-18 AVERAGE
 † INCLUDES HISPANIC ETHNICITY
 ‡ DATA FROM 2015
 A - ASIAN ONLY
 B - PACIFIC ISLANDER
 C - ECONOMICALLY DISADVANTAGED STUDENTS, AS DEFINED BY NC DEPARTMENT OF PUBLIC INSTRUCTION

D - 50%-100% FEDERAL POVERTY LEVEL
 E - 10%-15% FEDERAL POVERTY LEVEL
 F - 15%-20% FEDERAL POVERTY LEVEL
 G - TWO OR MORE RACES
 H - STUDENTS WHO ARE NOT ECONOMICALLY DISADVANTAGED, AS DEFINED BY NC DEPARTMENT OF PUBLIC INSTRUCTION

HEALTH INDICATOR	DESIRED RESULT	TOTAL POPULATION	
		CURRENT (YEAR)	2030 TARGET
1 INDIVIDUALS BELOW 200% FPL	Decrease the number of people living in poverty	36.8% (2013-17)	27.0%
2 UNEMPLOYMENT	Increase economic security	7.2% (2013-17)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
3 SHORT-TERM SUSPENSIONS (PER 10 STUDENTS)	Dismantle structural racism	1.39 (2017-18)	0.80
4 INCARCERATION RATE (PER 100,000 POPULATION)		341 (2017)	150
5 ADVERSE CHILDHOOD EXPERIENCES	Improve child well-being	23.6% (2016-17)	18.0%
6 THIRD GRADE READING PROFICIENCY	Improve third grade reading proficiency	56.8% (2018-19)	80.0%
7 ACCESS TO EXERCISE OPPORTUNITIES	Increase physical activity	73% (2010/18)	92%
8 LIMITED ACCESS TO HEALTHY FOOD	Improve access to healthy food	7% (2015)	5%
9 SEVERE HOUSING PROBLEMS	Improve housing quality	16.1% (2011-15)	14.0%
10 DRUG OVERDOSE DEATHS (PER 100,000 POPULATION)	Decrease drug overdose deaths	20.4 (2018)	18.0
11 TOBACCO USE	Decrease tobacco use	YOUTH 19.8% (2017)	9.0%
		ADULT 23.8% (2018)	15.0%
12 EXCESSIVE DRINKING	Decrease excessive drinking	16.0% (2018)	12.0%
13 SUGAR-SWEETENED BEVERAGE CONSUMPTION	Reduce overweight and obesity	YOUTH 33.6% (2017)	17.0%
		ADULT 34.2% (2017)	20.0%
14 HIV DIAGNOSIS (PER 100,000 POPULATION)	Improve sexual health	13.9 (2018)	6.0
15 TEEN BIRTH RATE (PER 1,000 POPULATION)		18.7 (2018)	10.0
16 UNINSURED	Decrease the uninsured population	13% (2017)	8%
17 PRIMARY CARE CLINICIANS (COUNTIES AT OR BELOW 1,500 PROVIDERS TO POPULATION)	Increase the primary care workforce	62 (2017)	25% decrease for counties above 1:1,500 providers to population
18 EARLY PRENATAL CARE	Improve birth outcomes	68.0% (2018)	80.0%
19 SUICIDE RATE (PER 100,000 POPULATION)	Improve access and treatment for mental health needs	13.8 (2018)	11.1
20 INFANT MORTALITY (PER 1,000 BIRTHS)	Decrease infant mortality	6.8 (2018)	6.0
		Black/white disparity ratio = 2.4	Black/white disparity ratio = 1.5
21 LIFE EXPECTANCY (YEARS)	Increase life expectancy	77.6 (2018)	82.0

RACE / ETHNICITY						SEX		FEDERAL POVERTY LEVEL		
W	B/AA	H/LX	O	A/PI	AI	MALE	FEMALE	<200%	200-399%	400%+
30.7%	51.1%	63.6%	46.1% [†]	30.6%	51.5%	34.8%	38.7%	‡	‡	‡
5.7% [‡]	11.7% [‡]	7.1% [‡]	7.3% [‡] 11.0% [‡]	5.2% [‡]	10.3% [‡]	6.4%	6.7%	‡	‡	‡
0.73	3.00	0.88	1.69	0.18 [‡]	2.46	1.98	0.74	2.09 [‡]	‡	‡
203 [‡]	915 [‡]	209 [‡]	‡	‡	488 [‡]	649	50	‡	‡	‡
17.5%	36.0%	23.2%	37.2%	11.1%	‡	23.8%	23.5%	47.9%	19.9%	8.3%
70.1%	40.8%	42.6%	59.5% [‡]	75.6% [‡]	44.5%	54.0%	59.8%	42.6% [‡]	70.6% [‡]	‡
DATA NOT AVAILABLE										
26.4	12.9	5.4	4.4	‡	32.6	27.8	13.2	‡	‡	‡
20.6%	17.0%	20.7%	19.0%	‡	‡	23.0%	16.5%	‡	‡	‡
25.9%	22.5%	12.2%	17.1%	‡	‡	29.9%	18.5%	32.8%	21.6%	17.2%
17.2%	12.5%	17.8%	13.1%	‡	‡	21.7%	10.8%	14.5%	17.6%	21.2%
36.1%	31.5%	28.9%	24.3%	‡	‡	38.7%	28.3%	‡	‡	‡
32.6%	38.7%	37.0%	‡	‡	‡	37.6%	31.0%	41.0%	32.7%	24.1%
4.9	40.8	17.7	‡	4.3	5.9	23.1	5.4	‡	‡	‡
12.9	24.1	34.3	6.9	‡	38.3	‡	‡	‡	‡	‡
10%	13%	31%	8%	9%	18%	14%	11%	21%	12%	4%
NOT APPLICABLE										
74.8%	60.5%	57.5%	66.0%	‡	54.3%	‡	‡	‡	‡	‡
17.8	5.7	5.8	7.7	‡	‡	22.4	5.9	‡	‡	‡
5.0	12.2	4.8	5.0	‡	9.3	8.0	5.5	‡	‡	‡
78.3 [*]	75.5 [*]	‡	87.0 [*]	‡	75.6 [*]	74.8	80.3	‡	‡	‡

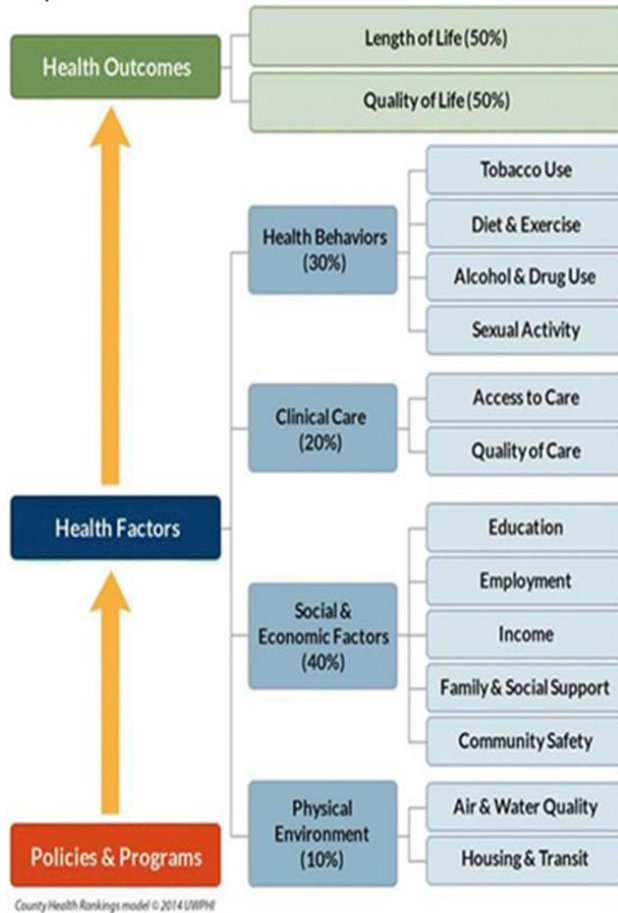
Source: See descriptions of health indicators throughout this report for information on data sources.

Chapter 7 County Health Ranking Indicators

Indicators / Measures	Lenior	NC
Health Outcomes		
Premature Death (Years of Potential Life Lost)	11,100	7600
Low Birthweight (% of live births <2500 grams)	11%	9%
Health Factors		
Health Behaviors		
Adult Smoking (% of adults, current smokers)	24%	18%
Adult Obesity (% of adults 20 years older with BMI greater than 30 kg/m ²)	37%	32%
Sexual Transmitted infections (Chlamydia cases per 100,000 pop)	944.00	647.80
Clinical Care		
Uninsured (% population under 65 without health insurance)	14%	13%
Preventable hospital stays (Ambulatory care among Medicare enrollees)	7,491	4539
Mammography Screening (% Medicare enrollees 65-74 years screened)	47%	46%
Flu Vaccinations (% fee for service Medicare enrollees that had flu shot)	51%	52%
Social & Economic Factors		
High School Completion	80%	88%
Some College	53.00%	67.00%
Unemployment	3.80%	3.90%
Children in Poverty	37.00%	19.00%
Children in single parent households (% of children in single parent household)	36.00%	28.00%
Violent crime (Number of violent crime offenses per 100,000 pop)	753	351.0
Physical Environment		
Air Pollution (particulate matter 2.5 in mg per cubic meter)	7.8	8.5
Areas to Explore Needs Attention	Areas of Strength Doing Good	

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

Population Health Model

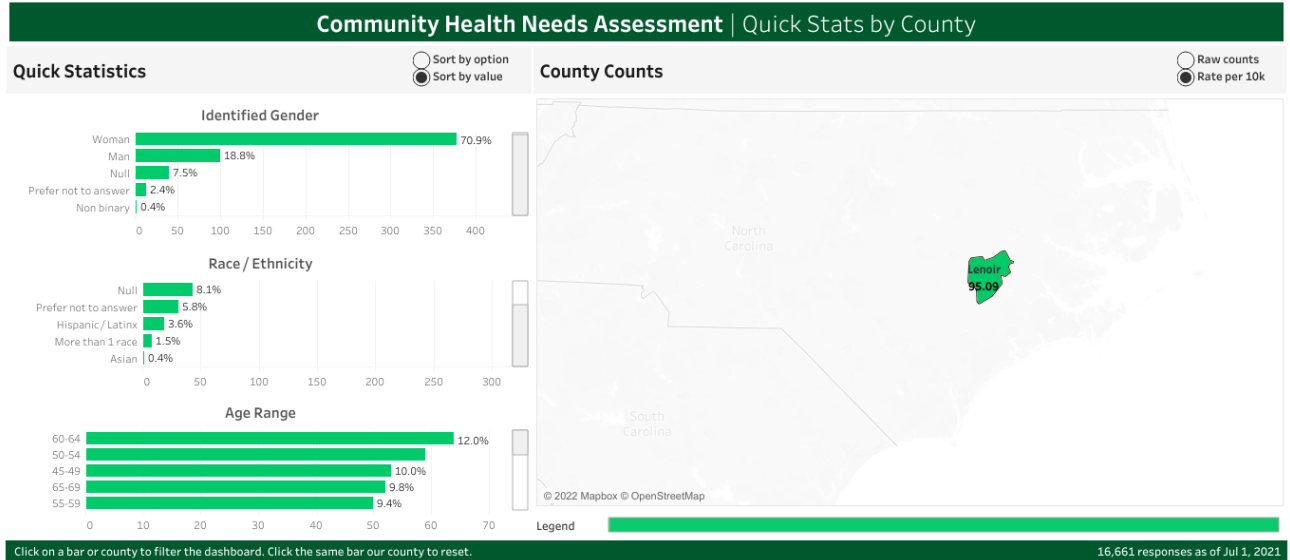


The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health

- There are many factors that influence how well and how long people live.
- The *County Health Rankings* model (right) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

Chapter 8 Survey Findings

The attachment below is a graphical representation of the responses to each question. To view survey questions, see appendix A.



Community Health Needs Assessment | Question Response Counts

Select a question: Gender | County filter: Lenoir | Highlight by: Percent | Highlight legend: 0.38 to 70.86

County_Name	Null	Man	Non binary	Prefer not to answer	Woman	Grand Total
Lenoir	40 (7.5%)	100 (18.8%)	2 (0.4%)	13 (2.4%)	377 (70.9%)	532 (100.0%)
Grand Total	40 (7.5%)	100 (18.8%)	2 (0.4%)	13 (2.4%)	377 (70.9%)	532 (100.0%)

Community Health Needs Assessment | Question Response Counts

Select a question: Age | County filter: Lenoir | Highlight by: Percent | Highlight legend: 0.94 to 12.03


County_Name	Null	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75
Lenoir	41 (7.7%)	15 (2.8%)	35 (6.6%)	23 (4.3%)	25 (4.7%)	39 (7.3%)	32 (6.0%)	53 (10.0%)	59 (11.1%)	50 (9.4%)	64 (12.0%)	52 (9.8%)	22 (4.1%)	
Grand Total	41 (7.7%)	15 (2.8%)	35 (6.6%)	23 (4.3%)	25 (4.7%)	39 (7.3%)	32 (6.0%)	53 (10.0%)	59 (11.1%)	50 (9.4%)	64 (12.0%)	52 (9.8%)	22 (4.1%)	

Community Health Needs Assessment | Question Response Counts

Select a question: Race / Ethnicity | County filter: Lenoir | Highlight by: Percent | Highlight legend: 0.38 to 50.75

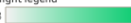
County_Name	Null	Asian	Black / African American	Hispanic / Latinx	More than 1 race	Prefer not to answer	White / Caucasian	Grand Total
Lenoir	43 (8.1%)	2 (0.4%)	159 (29.9%)	19 (3.6%)	8 (1.5%)	31 (5.8%)	270 (50.8%)	532 (100.0%)
Grand Total	43 (8.1%)	2 (0.4%)	159 (29.9%)	19 (3.6%)	8 (1.5%)	31 (5.8%)	270 (50.8%)	532 (100.0%)

Community Health Needs Assessment | Question Response Counts

Select a question: English - Primary in Home
 County filter: Lenoir
 Highlight by: Percent
 Highlight legend: 3.38  88.16


County_Name	Null	No	Yes	Grand Total
Lenoir	45 (8.5%)	18 (3.4%)	469 (88.2%)	532 (100.0%)
Grand Total	45 (8.5%)	18 (3.4%)	469 (88.2%)	532 (100.0%)

Community Health Needs Assessment | Question Response Counts

Select a question: Marital Status
 County filter: Lenoir
 Highlight by: Percent
 Highlight legend: 0.38  48.87


County_Name	Null	Divorced	Married	Never married/Single	please share more	Separated	Unmarried partner	Widowed	Grand Total
Lenoir	43 (8.1%)	60 (11.3%)	260 (48.9%)	113 (21.2%)	2 (0.4%)	12 (2.3%)	12 (2.3%)	30 (5.6%)	532 (100.0%)
Grand Total	43 (8.1%)	60 (11.3%)	260 (48.9%)	113 (21.2%)	2 (0.4%)	12 (2.3%)	12 (2.3%)	30 (5.6%)	532 (100.0%)

Community Health Needs Assessment | Question Response Counts

Select a question: Highest Education
 County filter: Lenoir
 Highlight by: Percent
 Highlight legend: 0.75  24.25

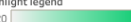
County_Name	Null	9th - 12th grade, no diploma	Associate's Degree or Vocational Traini..	Bachelor's Degree	Graduate or professional degree	High School graduate (or GED/equivalent)	Less than 9th grade	please share more	Some college (no degree)	Grand Total
Lenoir	41 (7.7%)	24 (4.5%)	129 (24.2%)	99 (18.6%)	84 (15.8%)	59 (11.1%)	6 (1.1%)	4 (0.8%)	86 (16.2%)	532 (100.0%)
Grand Total	41 (7.7%)	24 (4.5%)	129 (24.2%)	99 (18.6%)	84 (15.8%)	59 (11.1%)	6 (1.1%)	4 (0.8%)	86 (16.2%)	532 (100.0%)

Community Health Needs Assessment | Question Response Counts

Select a question: Job
 County filter: Lenoir
 Highlight by: Percent
 Highlight legend: 0.94  31.77


County_Name	Null	Agriculture	Business / Industry	Education	Food Service	Government	Healthcare	Homemaker	please share more	Retail	Student	Grand Total
Lenoir	80 (15.0%)	5 (0.9%)	46 (8.6%)	70 (13.2%)	15 (2.8%)	37 (7.0%)	169 (31.8%)	22 (4.1%)	58 (10.9%)	11 (2.1%)	19 (3.6%)	532 (100.0%)
Grand Total	80 (15.0%)	5 (0.9%)	46 (8.6%)	70 (13.2%)	15 (2.8%)	37 (7.0%)	169 (31.8%)	22 (4.1%)	58 (10.9%)	11 (2.1%)	19 (3.6%)	532 (100.0%)

Community Health Needs Assessment | Question Response Counts

Select a question: Household Income
 County filter: Lenoir
 Highlight by: Percent
 Highlight legend: 3.20  17.48

County_Name	Null	\$10,000 to \$14,999	\$15,000 to \$24,999	\$25,000 to \$34,999	\$35,000 to \$49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 or more	Less than \$10,000	Grand Total
Lenoir	93 (17.5%)	17 (3.2%)	39 (7.3%)	59 (11.1%)	62 (11.7%)	88 (16.5%)	53 (10.0%)	85 (16.0%)	36 (6.8%)	532 (100.0%)
Grand Total	93 (17.5%)	17 (3.2%)	39 (7.3%)	59 (11.1%)	62 (11.7%)	88 (16.5%)	53 (10.0%)	85 (16.0%)	36 (6.8%)	532 (100.0%)

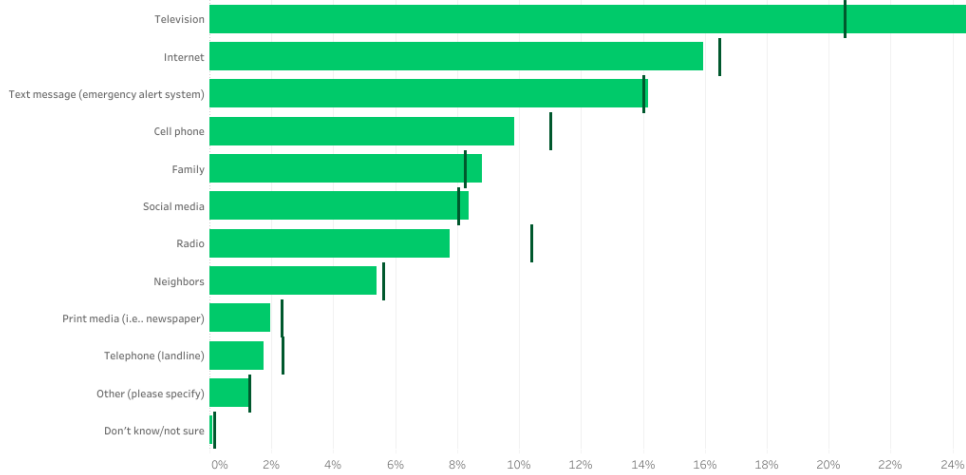
Community Health Needs Assessment | Question Response Counts

Select a question: # in Household
 County filter: Lenoir
 Highlight by: Percent
 Highlight legend: 0.38  35.90

County_Name	Null	2	4-Mar	6-May	8-Jul	10-Sep	I live alone	More than 10	Grand Total
Lenoir	54 (10.2%)	191 (35.9%)	161 (30.3%)	29 (5.5%)	2 (0.4%)	2 (0.4%)	91 (17.1%)	2 (0.4%)	532 (100.0%)
Grand Total	54 (10.2%)	191 (35.9%)	161 (30.3%)	29 (5.5%)	2 (0.4%)	2 (0.4%)	91 (17.1%)	2 (0.4%)	532 (100.0%)

Community Health Needs Assessment | Ranking Results

[Natural disaster information accessible] If so, where do you get your information to stay safe?



Settings

Question
[Natural disaster information ac..

County
Lenoir

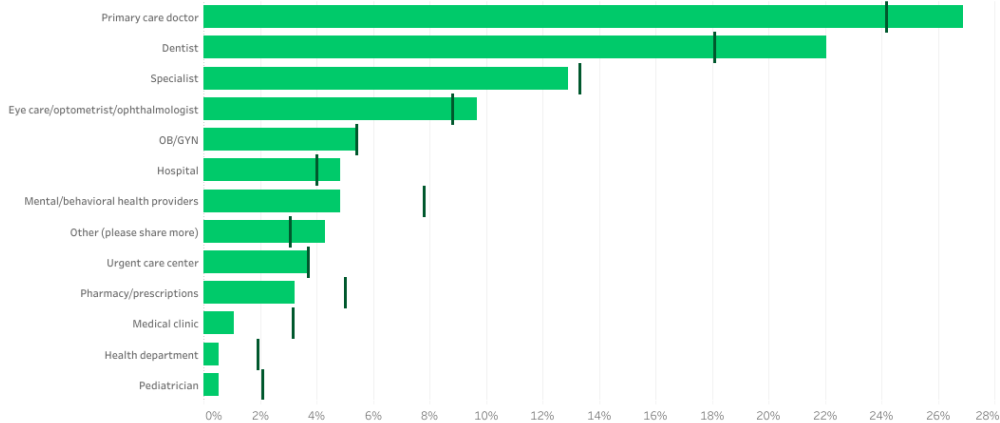
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected County. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

[Problems accessing healthcare] If yes, what type of provider or facility did you have trouble getting healthcare from?



Settings

Question
[Problems accessing healthcare] ..

County
Lenoir

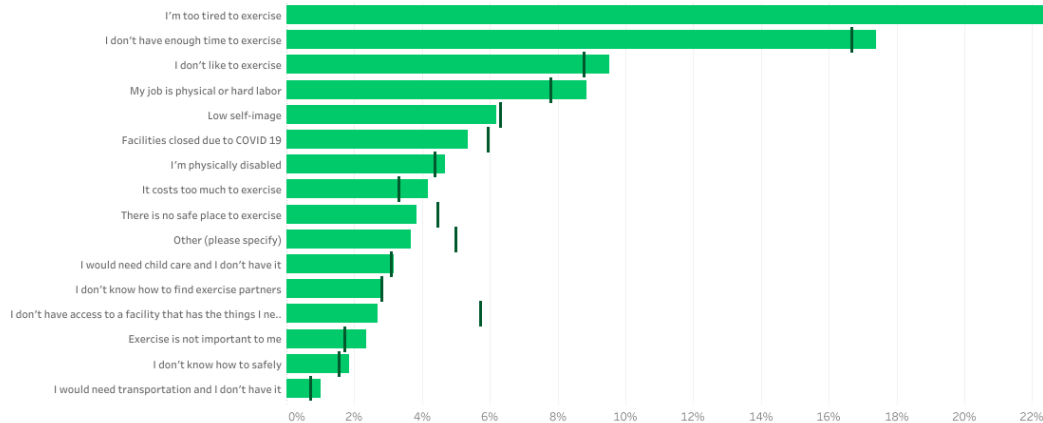
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected County. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise.



Settings

Question
If you do not exercise at least a h..

County
Lenoir

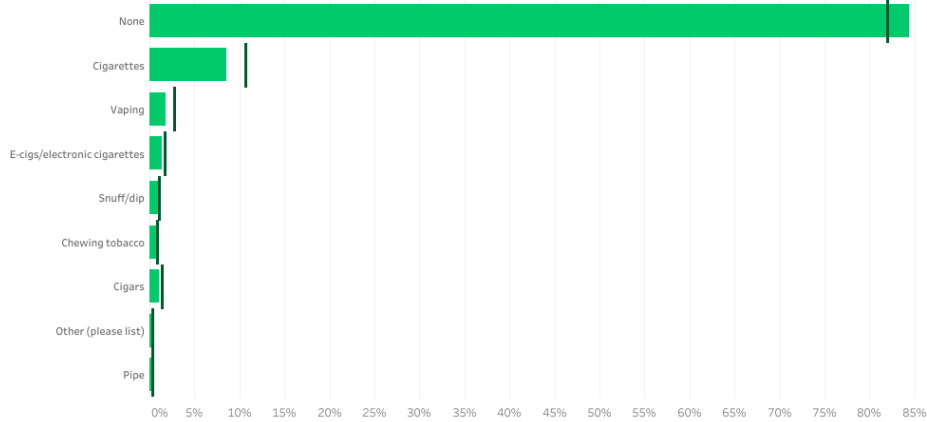
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected County. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Please select any tobacco product you currently use.



Settings

Question
Please select any tobacco produc..

County
Lenoir

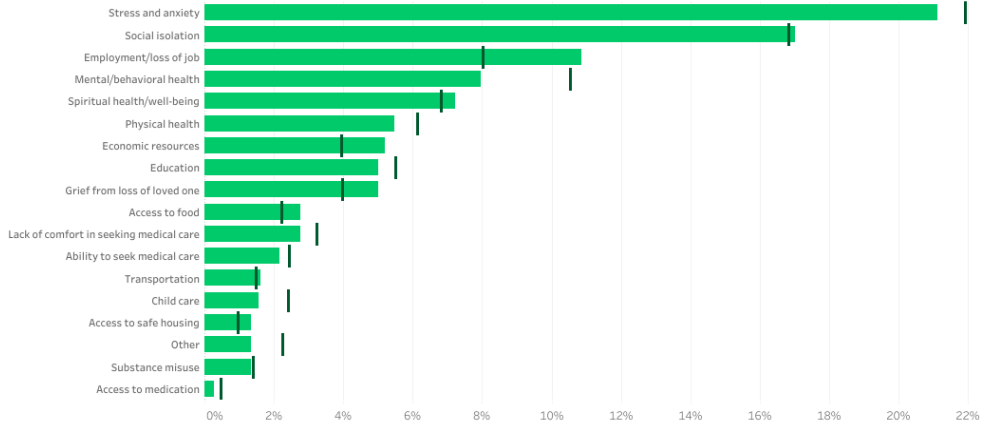
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Please select the top 3 areas where COVID-19 has impacted you most severely/significantly.



Settings

Question
Please select the top 3 areas whe..

County
Lenoir

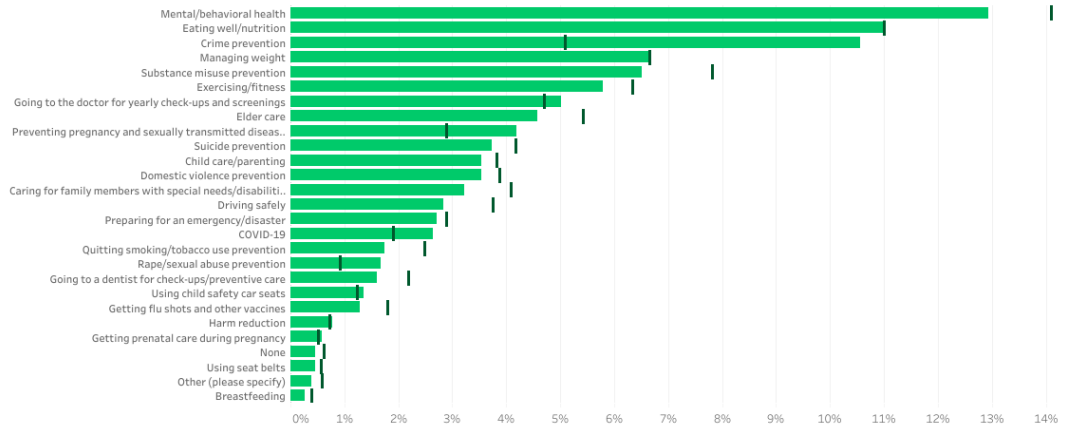
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Please select the top 3 health behaviors that you feel people in your community need more information about.



Settings

Question
Please select the top 3 health be..

County
Lenoir

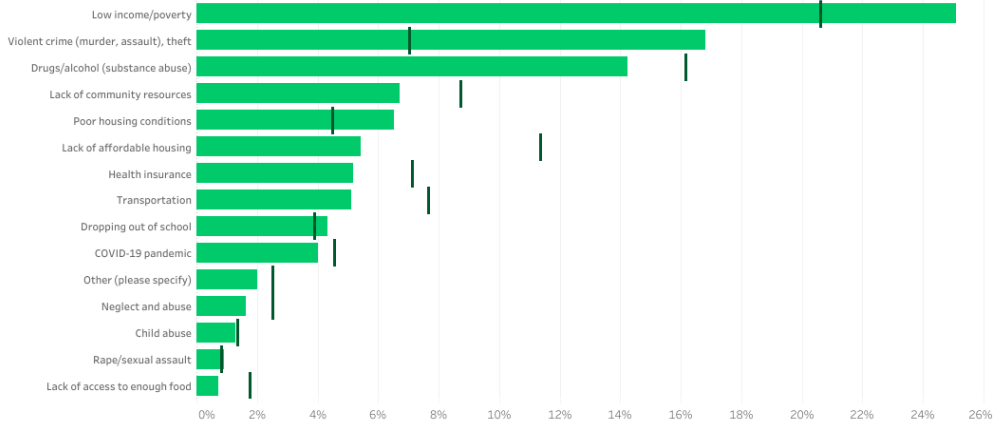
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Please select the top 3 issues which have the highest impact on quality of life in this county.



Settings

Question
Please select the top 3 issues wh..

County
Lenoir

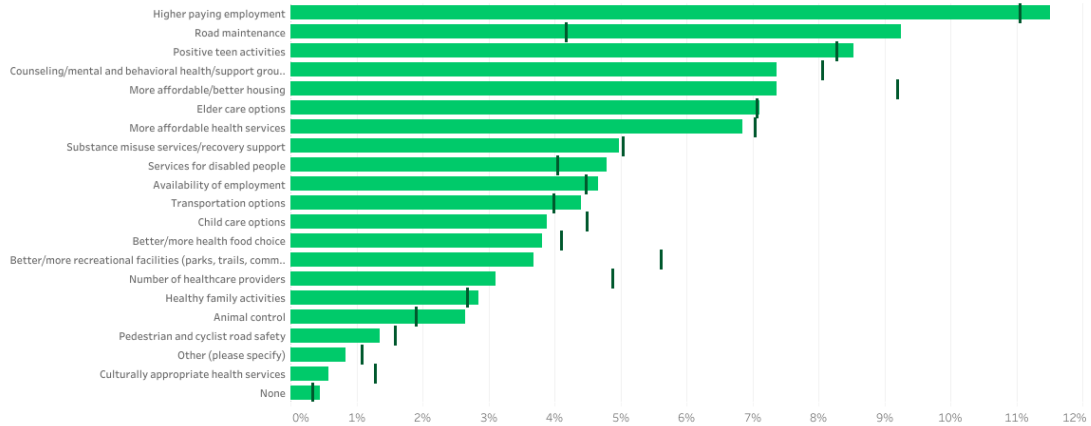
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Please select what you feel are the top 3 services that need the most improvement in your community.



Settings

Question
Please select what you feel are t..

County
Lenoir

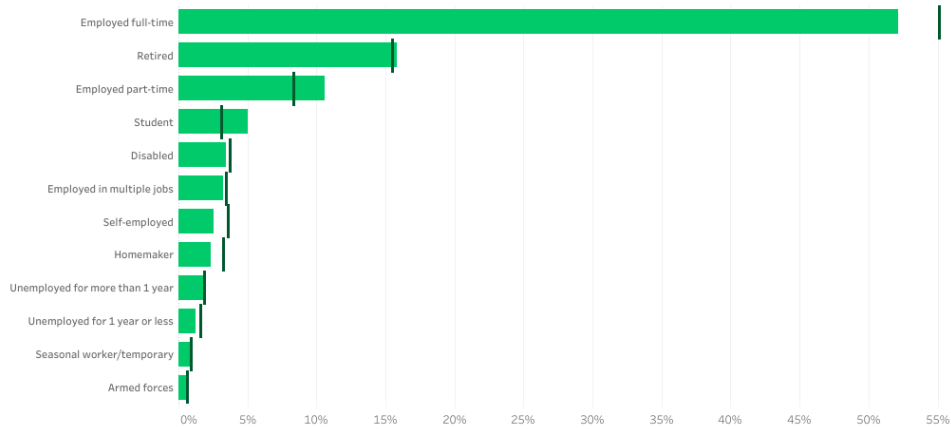
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

What is your employment status?



Settings

Question
What is your employment status?

County
Lenoir

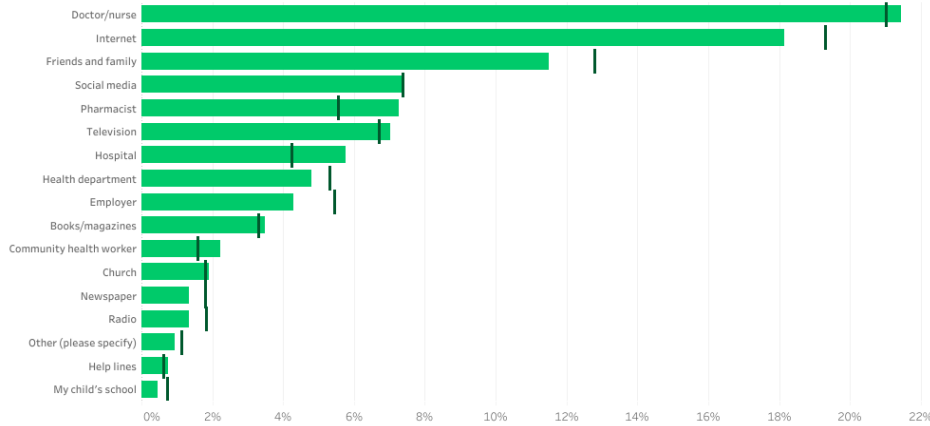
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Where do you get most of your health-related information?



Settings

Question
Where do you get most of your h..

County
Lenoir

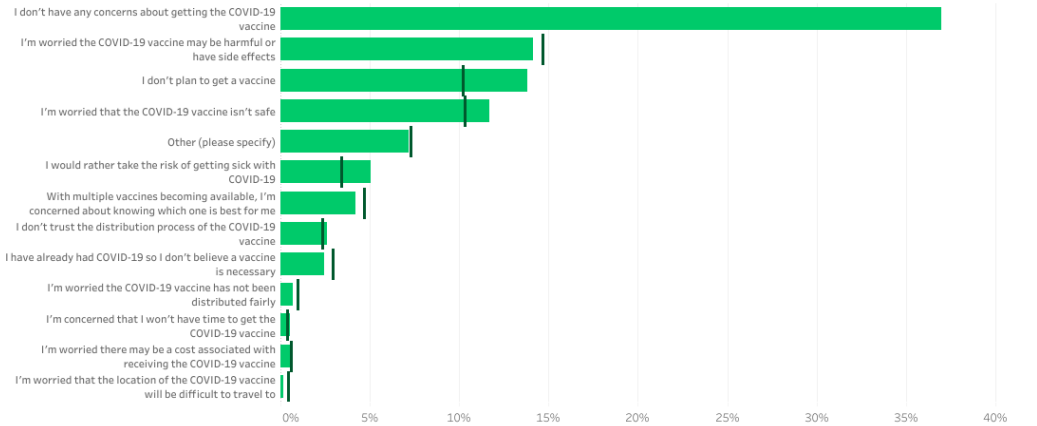
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine?



Settings

Question
Which of the following concerns ..

County
Lenoir

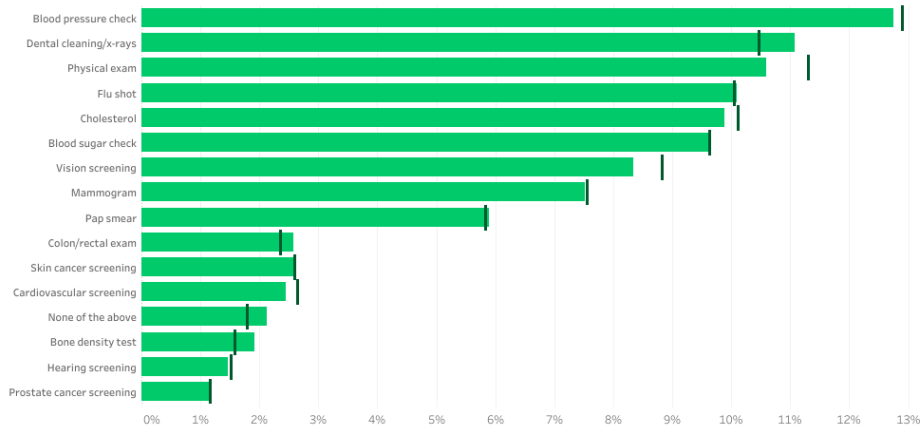
Baseline ticks
All Counties

Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results

Which of the following preventative services have you had in the past 12 months?



Settings

Question
Which of the following preventat..

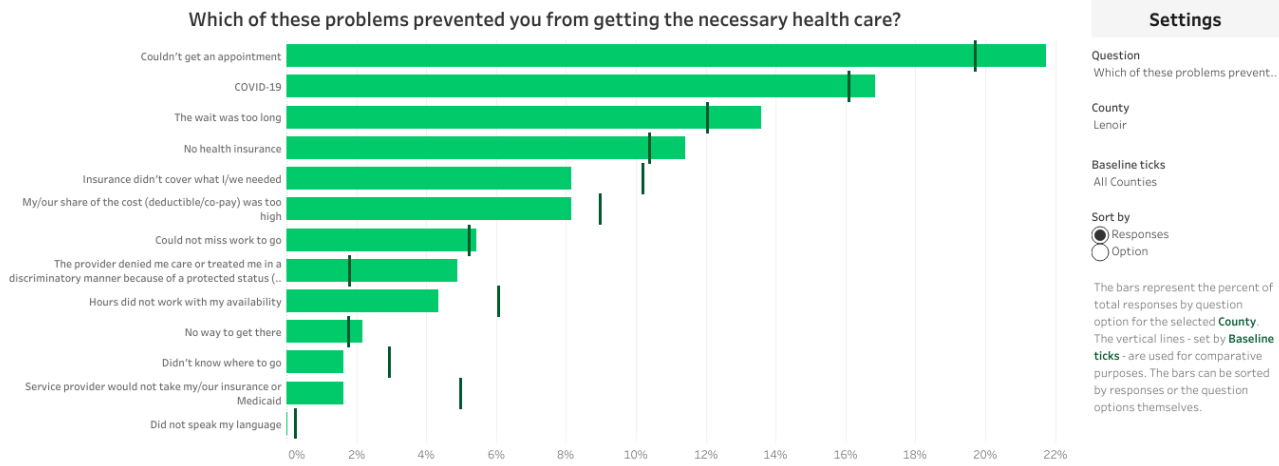
County
Lenoir

Baseline ticks
All Counties

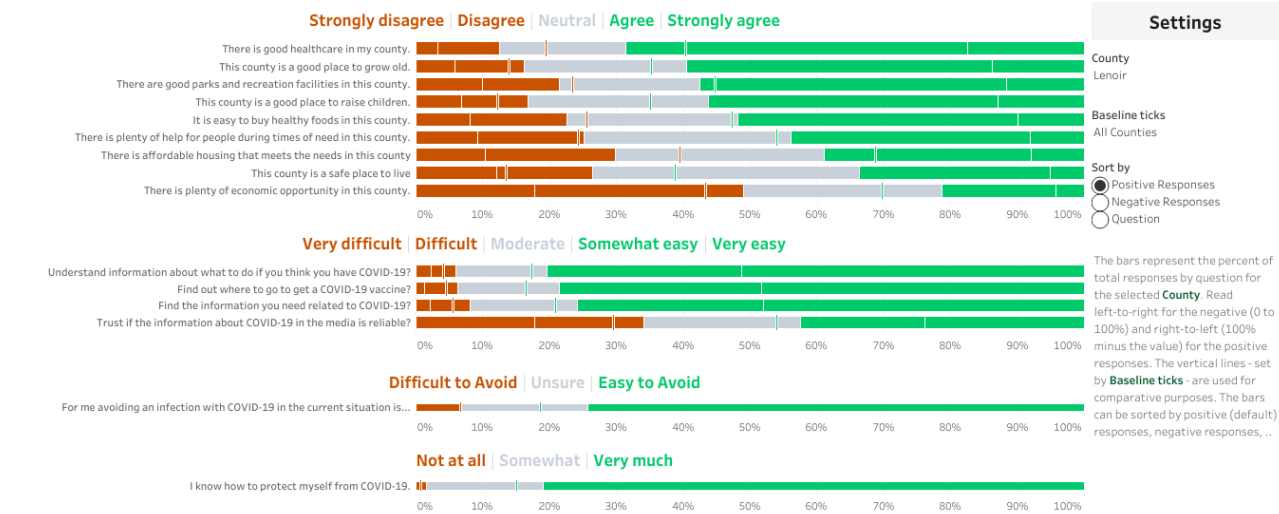
Sort by
 Responses
 Option

The bars represent the percent of total responses by question option for the selected **County**. The vertical lines - set by **Baseline ticks** - are used for comparative purposes. The bars can be sorted by responses or the question options themselves.

Community Health Needs Assessment | Ranking Results



Community Health Needs Assessment | Likert Results



Chapter 9 Inventory of Resources



Charity Tracker is a system that connects those in need and gets organizations communicating with the community right away.



NC211 is an information and referral service connected to human and health services within their community.



Aunt Bertha (Findhelp.org) helps those in need find food, health, housing, and employment programs in seconds.









NCCARE360


NCCARE360 is a connected services platform for community providers to coordinate services with those they serve and ensure that patients receive access that closes the loop on every referral made.

Word of Mouth is a community group on social media to get the word out about events and services within Lenoir County.

Community Resource Assistance for Lenoir County, NC

<p>Carseats/Apply for Pre-K</p> <p><u>Lenoir -Greene Partnership for Children</u></p> <p>1465 Hwy. 258 North Kinston, NC 28504 Lenoir</p> <p>(252)939-1200 Igpfc.org</p> 	<p>Headstart/Early Headstart/Childcare</p> <p><u>Greene Lamp</u></p> <p>309 Summit Avenue Kinston, NC 28501 Lenoir</p> <p>(252)523-7770 greenelamp.org</p>	<p>Affordable Housing</p> <p><u>Kinston Housing Authority</u></p> <p>608 N. Queen Street Kinston, NC 28501 Lenoir</p> <p>(252)523-1195 khanc.org</p> 
<p>Temporary Shelter and Nutrition</p> <p><u>Friends of the Homeless</u></p> <p>112 N. Independence Street Kinston, NC 28501 Lenoir</p> <p>(252)522-2788</p>	<p>Rent[Utility Assistance, Food, Clothes</p> <p><u>Salvation Army</u></p> <p>2110 N. Queen Street Kinston, NC 28501 Lenoir</p> <p>(252) 523-5175 salvationarmycarolinas.org/Kinston/home</p>	<p>Financial Assistance With Utilities, meds, etc.</p> <p><u>Kinston InterChurch OutReach (ICOR)</u></p> <p>107 E. Peyton Avenue Kinston, NC 28501 Lenoir</p> <p>Call between 1pm-2:30pm (252)522-4357 Inoirgreeneunitedway.org/Kinstoninterchurch-outreach-icor</p>
<p>Transportation Assistance</p> <p><u>Lenoir County Transit</u></p> <p>201 E. King Street Kinston, NC 28501 Lenoir</p>  <p>(252)599-6457 lenoircountync.gov/transportationdepartment/sechedule-a-ride/</p>	<p>Searching for career path: Job/School</p> <p><u>Joblink Career Center/Lenoir Community College</u></p> <p>231 Highway 58 South Kinston, NC 28502 Lenoir</p> <p>(252)527-7320 ncworks.gov</p>	<p>Clothes/Household Items</p> <p><u>Goodwill Industries</u></p> <p>4190 W. Vernon Avenue Kinston, NC 28504 Lenoir</p> <p>(252)520-6624 gienc.org</p> 

<p>Free Lunch (Mon-Sat IOAM11:30AM) <u>Mary's Kitchen</u></p> <p>110 N. Independence Street Kinston, NC 28501 Lenoir</p> <p>(252) 523-1013 Stmaryskinton.com/articles/marykitchen/</p>	<p>Low-Income Residence</p> <p><u>Lenoir County Department of Social Services</u></p> <p>130 W. King Street Kinston, NC 28502 Lenoir</p> <p>Economic Services-LaTania DixonMoye (252) 559-6400 ncdhhs.gov/divisions/socialservices/lenoir-county-departmentsocial-services</p>	<p>Local Community Events</p> <p><u>Lenoir County Cooperative Extension Service</u></p> <p>1791 NC Hwy 11/55 Kinston, NC 28504 Lenoir</p> <p>Contact: Kelly Tyndall (252) 527-2191 lenoir.ces.ncsu.edu</p>
<p>Local Community Events</p> <p><u>Lenoir County Cooperative Extension Service</u></p> <p>1791 NC Hwy 11/55 Kinston, NC 28504 Lenoir</p> <p>Contact: Kelly Tyndall (252) 527-2191 lenoir.ces.ncsu.edu</p>	<p>OBGYN/Dental/Family Medicine/Behavioral Health/Pediatric (Sliding Fee Scale) <u>Kinston Community Health Center, Inc</u></p> <p>324 N. Queen Street Kinston, NC 28501 Lenoir</p> <p>Contact: Susan Paddy, ext. 1369 (252)522-9800 kinstonhealth.org</p>	<p>Domestic Abuse</p> <p><u>S.A.F.E. in Lenoir County, Inc.</u></p> <p>2500 N. Heritage Street, Suite D Kinston, NC 28501 Lenoir</p> <p>Contact: Shikitheia Tindley (252) 523-5573 safeinlenoir-greene.org</p>
<p>Mental Health</p> <p><u>Lenoir County Port Health Services (Eastpointe)</u></p> <p>2901 N. Heritage Street Kinston, NC 28501 Lenoir</p> <p>(252) 233-2383 porthealth.org</p> 	<p>Pregnancy Center</p> <p><u>EPIC Center (Eastern Pregnancy Information Clinic)</u></p> <p>304 N. Queen Street Kinston, NC 28501 Lenoir</p> <p>Contact: Theresa Beverly (252) 523-9516 easternpregnancy.net</p>	<p>Breastfeeding-Nursery</p> <p><u>UNC-Lenoir</u></p> <p>100 Airport Road Kinston, NC 28503 Lenoir</p> <p>(252) 522-7000 unclenoir.org/caretreatment/pregnancy-birth/</p> 

<p>Breastfeeding [Lactation Consultant <u>Vidant Medical Center</u> 2100 Stantonsburg Road Greenville, NC 27834 Pitt (252) 847-0892 vidanthealth.com/services/womensservices/newborn-care/</p>	<p>Alcohol & Drug Abuse Information & Treatment, Mental Health <u>Lenoir County Mental Health</u> 2901 N. Heritage Street Kinston, NC 28501 Lenoir (252) 527-7086</p>	<p>Recreation Activities <u>Lenoir County Parks and Recreation</u> 2602 W. Vernon Avenue Kinston, NC 28501 Lenoir (252) 939-3332 Kinstonrec.com</p> 
<p>Latino Farm Worker Outreach Services <u>Greene County Healthcare, Inc.</u> 7 Professional Drive Kinston, NC 28580 Lenoir Contact: Walkyria Sessions, ext. 2332 (252) 747-4078 gchcinc.org</p>		

Chapter 10 Community Prioritization Process

The Lenoir County Community Health Assessment Planning/Review steering group made up of representatives from Lenoir County Health Department and UNC Lenoir Health Care met on November 5th and November 18th, 2021 at UNC Lenoir Health Care to prepare the meeting agenda and primary and secondary data information to share as handouts with Alliance members in preparation for the November 30th, 2021 Alliance meeting.

The Lenoir County Alliance for a Healthy Community met in person from 8:30-11:30 am on Tuesday, November 30th at the offices of Lenoir County Cooperative Extension. The meeting was promoted to community agencies and interested individuals as an open meeting with breakfast provided. The Lenoir County Alliance serves as the Community Health Assessment Planning/Review group.

A review of the group work of the Lenoir County cycle of CHNA, the Health ENC regional CHNA processes, and the 2019 priorities were presented. The Lenoir County Health Department identified ten topic areas by comparing data scored highly among Health ENC Data Findings, Healthy NC 2030 Indicators, and the Conduent Healthy Communities Institute (HCI) data platform topic scoring for Lenoir County. The three data platforms helped shape the ten indicators for the 2021 prioritization. The goal of the meeting was to prioritize issues for community strategies in the new CHNA cycle.

Using the handouts: October 2021 Conduent HCI topic scoring tool; LCHD CHNA Ten Priorities; Health ENC Community Survey Results, each participant was able to review the synthesis of results in each category. The top three Conduent HCI indicators were: Wellness & Lifestyle, Prevention and Safety, and Oral Health. The group was urged to use the Conduent HCI secondary data to help confirm the perceptions as prioritizations were made. The Health ENC Community Survey ranked the top three quality of life issues as Income/Poverty, Violent Crime, and Substance Abuse.

A discussion focused on the issue of transportation affecting all areas of need and uncertainty about any community improvement in this area as it was highlighted in two community task forces pre-COVID. The group also discussed community health issues, including COVID pandemic, child abuse, and mental health.

The Lenoir County Health Director provided detail about the CHNA Ten Priorities handout, with the topic areas identified as the highest-scoring across the three data sources. The ten top areas were also identified on posters around the room. They were:

1. Wellness and Lifestyle
2. Prevention and Safety
3. Community-transportation
4. Maternal, Fetal & Infant Health
5. Cancer
6. Economy
7. Heart Disease

8. Mortality Data
9. Mental Health & Mental Disorders
10. Immunizations & Infectious Diseases

The group discussed previous CHNA Action Plan priorities, community capacity to address and impact items of concern, existing priorities of participant organization/agencies, and likely success or progress in current areas of further focus. The group highlighted the following as important key ideas related to selection: present work and energy around certain problems, resources available, length of time to see change, and obvious combined themes of issues that surrounded several issues. The number of priorities was limited to three for these reasons.

The next part of the process included all Alliance members being given 3 stickers each for selecting within the ten top issues that were posted on posters around the room and as described above. Instructions included having each person assign one sticker placement on each of the three most important issues. The group was also asked to use sticky notes to add to each selected topics identifying resources, ideas for action, and who will work on the issue.

The highest stickered issues were in four identified areas with a tie between Mental Health & Mental Disorders and Prevention and Safety. They were:

- 1. Wellness & Lifestyle**
- 2. Immunizations & Infectious Diseases**
- 3. Mental Health & Mental Disorders/ Prevention and Safety**

Because there was a third category tie, the group further discussed Mental Health & Mental Disorders and Prevention and Safety by reading aloud the sticky note information that was added for each tying topic. This gave the group more context for the individual issues/concerns in the selections.

Everyone was then provided one sticker to revote for the third priority.

This time there was also a tie. The group then held discussion about the two topics and agreed that Substance Abuse is the single core issue across both topics and best mirrors the third community survey identified issue, and would be the third priority. The group vote was unanimous for the third priority selection that finalized the selection of priorities in the following issues over the next community health needs assessment cycle period:

- + Wellness & Lifestyle**
- + Immunizations & Infectious Diseases**
- + Substance Abuse**

Community Needs Not Addressed	
Community Need	Reasons Needs Not Addressed
Community-transportation	The prioritization group felt that this is an ongoing and important issue in the community. There was discussion at the last prioritization in 2019 about this and in 2021 it was felt that there is continued community interest by a number of stakeholders but were unsure of where that work was left given the COVID impact on community resources over last two years. Group wants to continue to elevate issue for more work on issue.
Maternal, Fetal & Infant Health	The prioritization group identified several areas of strength in the community in this area that are already working on important objectives.
Cancer	UNC Lenoir Health Care provides screenings for colorectal, lung cancers and educational sessions for prostate and skin. A multi-organization collaborative has expanded mammogram screening in Lenoir County for more access to those without insurance. A head and neck cancer screening program was started in 2019. Cancer treatment is a part of core hospital services. Cancer program accreditation achieved in 2019.
Economy	The prioritization group did not select this area to address due to multiple organizations working on workforce readiness, new employment opportunities with Masterbrand cabinets and other employer expansion. UNC Lenoir has over 100 vacancies that we are seeking to fill at this time.
Heart Disease	UNC Lenoir Health Care offers risk factor reduction programming through the Minges Wellness Center. Comprehensive heart services are part of core hospital services. Stroke care is a targeted focus of UNC Lenoir Health Care primary stroke certification and program. UNC Lenoir Health Care offers free HTN classes and three BP screening machines for community use. A heart failure program has been implemented including community paramedic components for home education.
Mortality Data	The prioritization group need not select. There are available resources for the measurements of data including Healthy Communities Institute with over 180 health indicators for Lenoir County access.
Mental Health & Mental Disorders	The prioritization group felt that the key area of need within this topic is substance abuse which was chosen after discussion as a priority.

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	Source	Years
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	Source	Years
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies
Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021
Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

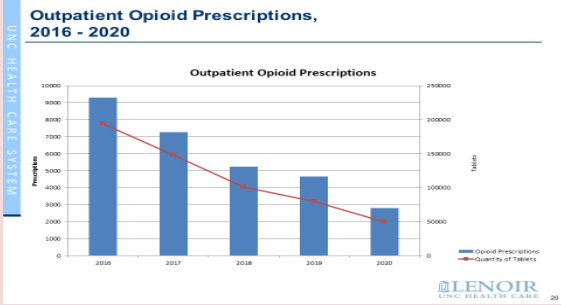
Appendices to the Community Health Needs Assessment

Appendix A: Evaluation of Progress Since Prior CHNA

Significant Health Need Identified by UNC Lenoir Health Care in Preceding 2019 CHNA	Planned UNC Lenoir Health Care Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
<p>Exercise Nutrition Weight including High Percentage of Adults with Obesity</p> <p>Goal #1: Increase physical activity for residents of Lenoir County.</p>	<p>Availability of low cost UNC Lenoir Hospital fitness center and free outdoor community walking track available for community exercise access</p>	<p>Yes</p>	<p>Target Measurement: CDC data reveals Lenoir County Adults with Obesity at 37% (County Health Rankings 2021)</p> <p>2019: Four exercise topic education sessions offered free to community.</p> <p>2020- UNC Lenoir Minges Wellness Center The on-site medically based fitness center for the community has 78 pieces of stationary exercise equipment with an average of 25 beginner’s group exercise classes weekly. With a membership of 865 active individual members in FY20, monthly membership rates of \$20 per month assist an underserved community to initiate exercise plans. Our program partners with Silver Sneakers and Silver & Fit benefits for eligible community members. A number of free physical activity oriented educational sessions are offered throughout the year to the community by our exercise specialists. The Minges Wellness Center was closed due to Governor’s COVID mandate from March-June this period but eight separate Facebook exercise and wellness options were provided. (Memberships tracked in UNC Lenoir Minges Wellness Center GymAssist database) Three exercise topic education sessions offered free to community.</p> <p>2020- UNC Lenoir Community Walking Track averages over 500 walkers per month. Offered the use of the track for not-for-profit community organizations’ walks x 2 in FY 20 for no fees. During a period of COVID precaution, the playground was closed per Governor’s mandate.</p>
	<p>Identify another potential community site for partnership to increase physical</p>	<p>Ongoing</p>	<p>2020: UNC Lenoir participated in year-long NC DOT planning to increase pedestrian/bicycle walkways within the City of Kinston. Implemented community-wide live Long Lenoir challenge in October to increase physical activity for residents to do at home during COVID</p> <p>2019: Participant in Farm and Food Council Evaluation and Planning Event at Cooperative Extension</p>

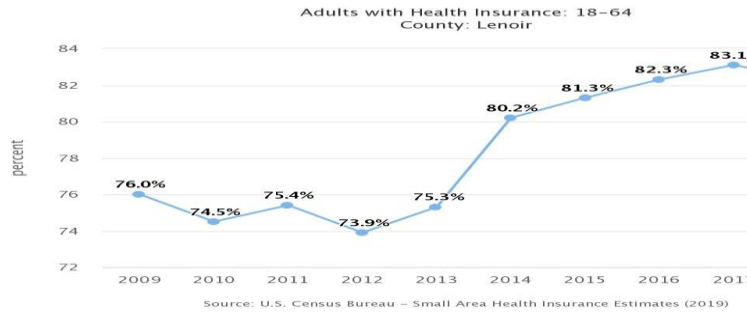
	activity for youth/families.		2020: Offered Live Long Lenoir physical activity campaign to community-72 participants 2021: Offered Live Long Lenoir physical activity campaign to community in January- 73 participants and October-87 participants.
	Support community organizations with sponsorships targeting physical activity components of events.	Yes	2019: LCC Foundation Golf Tournament, Shady Grove Methodist Church Cystic Fibrosis Race, Mother Earth Brewery Ironclad Race, Kinston Community Health Center Annual Fun Run, Greene County Chamber Golf Tournament, Kinston Host Lions Diabetes Walk, Dementia Alliance of NC Walk in Lenoir County, Pink Hill Rose Fest 5K, LCC Foundation Disc Golf Tournament, Caswell Center Golf Tournament, American Cancer Society Relay for Life, Lenoir Greene Young Life Golf Tournament 2020:Kinston Community Health Center Annual Fun Run, LCC Foundation Golf Tournament, Mother Earth Brewery Ironclad Run, Shady Grove Methodist Church Cystic Fibrosis Race, NLHS Booster Club Golf Tournament, Coastal Carolina Boys and Girls Club Golf Tournament, Dementia Alliance of NC Walk in Lenoir County, Partnership for Children Safe Kids Golf Tournament, LCC Foundation Disc Golf tournament, Lenoir County Relay for Life 2021:Lenoir Greene Young Life Golf tournament, American Cancer Society Relay for Life, ECU College of Nursing 5K, Shady Grove Methodist Church Cystic Fibrosis Race (UNC Lenoir Community Benefit tracked cash donations)
	Explore youth obesity prevention initiatives with LCPS	Ongoing	2020: UNC Lenoir met with LCPS Danielle Smith and reviewed multiple current strategies to increase healthy and fresh foods in menus including salad bar in middle schools, yogurt availability at breakfasts. Grant funding for nutrition is supporting 6 out of 9 elementary schools with a fruit or vegetable snack 3 x week. COVID impacted opportunities with staff and students within school system due to closings and virtual school requirements. Continue to explore in next cycle.
Goal #2: Increase nutrition education and healthy food behaviors for residents of Lenoir County	Support increased access to fresh fruits and vegetables to community.	Yes	2019: Rx Food Coupons at local farmers market offered as healthy fresh fruit and vegetable incentives in Diabetes program and Heart Failure Program. Heart Failure Program provided 60 Rx Food Coupons to the farmers market. 2020: Participated in Kinston BBQ Festival with nutrition education booth. Assisted underserved residents of the community with diabetes and pre-diabetes with access to local fresh fruits and vegetables through 86 incentive Rx coupons within program in partnership with Lenoir Hospital Foundation and Lenoir County Cooperative Extension at the local farmers market. Additionally, UNC Lenoir provided monthly onsite cooking demonstrations by a dietitian. Heart Failure Program provided 60 Rx Food Coupons to the local farmers market. Assisted Kinston/Lenoir County Farmers Market with technology for SNAP use at market site. 2021: Participated in Kinston BBQ festival with nutrition education booth. Rx Food Coupons at local farmers market used as healthy fresh fruit and vegetable incentives in Diabetes Program. Heart

			Failure Program provided 60 Rx Food Coupons to the local farmers market.
	Develop Heart Failure Management program.	Yes	<p>2019: Heart failure management program implemented through partial funding from The Duke Endowment with focus on daily weights, lowering sodium in diets and increasing self-management education via community paramedic home visits. Decreased CMS heart failure readmission rates to 18.8%.</p> <p>2020: Programmatic nutrition education helped decrease CMS heart failure readmissions to 17.3% through August 2020.</p> <p>2021: Active program continued with nutrition education without yearly final measurements at time of this report.</p>
	Community weight loss programming and service line.	Yes	<p>2019-2021: Healthy Life Weigh classes offered to community taught by RD. Monthly grocery store education at Piggly Wiggly location led by Rd except during height of COVID. Grew MNT programming through referrals and through EPIC EHR conversion for easier referrals to RD for weight loss and diabetes.</p> <p>2019-2020: Women’s Heart Series with expert provider presentations offered at Queen Street Deli to all women in February. 150 women participated each year.</p> <p>2019: Bariatric program support groups open to community. The Baritastic© app is offered to community residents via UNCPN.</p> <p>2021: Bariatric program nationally accredited with comprehensive program status.</p>
	Lenoirwellness.org hosts healthy nutrition blog	Yes	<p>2019-2021: RD monthly blog contributions made to website</p> <p>2020: Live Long Lenoir implemented with nutrition and exercise offerings including external community exposure.</p>
<p>Substance Abuse</p> <p>Goal: Reduce drug misuse and abuse and increase access to substance abuse providers</p>	Develop UNC Lenoir Pain Stewardship Committee	Yes	<p>Target Measurements: Illicit drug use is no longer captured in the same manner within the National Survey on Drug Use and Health (NCDUH). Lenoir County death rate due to drug poisoning during 2017-2019 per 100k population = 23.7 revealed per County Health Rankings.</p> <p>2020: Interdisciplinary committee initiated and meeting regularly. Implemented staff education brochure for non-pharmacological pain comfort measures including massage, dimming light, etc.. resulted in increased documentation of pain comfort interventions.</p>
	Community drug safety education project for youth	No	2021: No elementary school was targeted due to COVID priorities in 20/21 school year.
	Pharmacist presentations to community about safe	Yes	2019-2021: Pharmacist provided education session including handout to three classes each year with 25 persons attending each year

	medication practices		
	Emergency Department participation in UNC Roundtable for system-wide best practices for ED discharge prescription guidelines for narcotics	Yes	<p>2019-2021: ED leadership participated in system-wide changes for safer ED discharge for pain control practices resulting in limiting the number of narcotics dispensed and the number of pills prescribed. 2021 use of EPIC ehr contains defaults that assist in control of prescribing practices.</p> 
	Physician recruitment support for physician pain specialist in Lenoir County	Yes	<p>2019-2021: Referrals increased to pain specialist 2019-2021: Pain specialist presentations to community residents each year with @ 25 persons attending each year</p>
	Provide community medication management tools	Yes	<p>2019-2021: Provided 1050 free personal medication cards to community residents. 2020: Implemented Med Action Plan within the Heart failure Program for 50 high risk patients to assist with medication management behaviors. 100% med management knowledge increase with all participants. Participated in Overdose Awareness Day with educational community messaging. 2021: Helped bring NC Med Assist to community on March 12, 2021 at Grainger Stadium for non-prescription giveaway and education community event.</p>
	Provide community educational presentations focused on alternative pain management measures	Yes	<p>2019: Acupuncture presentation provided by local acupuncturist. 2021: Emmanuel Memorial Hill Church wellness presentation virtually- 20 participants</p>
	Support Lenoir County Mental Health Crisis Collaborative	No	<p>Changes in Lenoir County Eastpointe ended Eastpointe leadership for formal collaborative during this time.</p>
	Maintain Neonatal Abstinence Program to screen all newborns that	Yes	<p>In January 2021, the Neonatal Abstinence Program transitioned to the Eat, Sleep & Console initiative which was developed to decrease the use of Morphine for infants that are born to mothers who have used illegal drugs. The initiative is sponsored by PQCNC (Perinatal Quality Collaborative of NC.) All mothers are screened via survey and drug screen with opiate infected infants consoled first prior and</p>

	have a history of exposure to illegal substances in utero and incorporate new requirements for Substance Affected infant within the local community.		sometimes in lieu of opiate taper treatment. Since January, 2021, nearly 3% of deliveries/infants received consolation therapy in the program.
	Lenoir County opiate Task Force	No	Task Force became inactive during this period.
Access to Health Services			Target Measurement: Primary Care Provider rate for Lenoir County: 46 providers per 100,000 pop vs. NC value of 71. (2018 County Health Rankings)
Goal: Improve Access to health services	Partner for roll-out of NCCARE360 in Lenoir County for enhanced care coordination.	Yes	2020: Lenoir County activated project with community presentations and per state timeline
	Physician recruitment from UNC Lenoir Health Care	Yes	2019: (5) orthopedic surgery, infectious disease, cardiology, endocrinology, pain medicine 2020 (3) general surgery, family medicine, vascular surgery 2021 (7) orthopedic surgery, vascular surgery, general surgery ,pulmonology, OB GYN, radiation oncology
	Transportation Issues	Yes	2019-2020: Kinston/Lenoir County Chamber of Commerce and Lenoir Community College initiated community stakeholders to explore issues. UNC Lenoir community health team also joined regional Health ENC working group for transportation needs identified in regional CHNA
	Increase faith-based sites for health education outreach	Yes	2019: Jerusalem Free Will Baptist Church- 15 participants 2020: Neuse Baptist Church- 20 participants 2021: Emanuel Hill Baptist Church -20 participants virtually
	Maintain Lenoir County Alliance for a Healthy Community	Yes	2019-2021: Leadership and administrative support was provided in order to conduct monthly meetings. During 2020- 2021, meetings were held virtually
	Maintain Healthy Communities database	Yes	2019: The Lenoir Hospital Foundation provided half the expense to maintain with UNC Lenoir Health Care to cover cost (200 health indicators for Lenoir County in lenoirwellness.org based database) 2020-2021: 237 health indicators for Lenoir County in lenoirwellness.org based database

	Medicare/Medicaid eligible enrollments are promoted	Yes	2019-2021: Annual hospital sponsored Medicare SHIP presentation on and off-site (@50 persons per event). Medicaid caseworkers are hosted on-site.
	Kinston Community Health Center (KCHC) support	Yes	2019-2020- Loaned director to serve on KCHC board of directors 2021: KCHC mobile van implemented in community
	CDC Diabetes Prevention Program: Prediabetes program offered at Lenoir County Health Department (LCHD)	Yes	2019-2021: LCHD staff participate in quarterly UNC Lenoir sponsored diabetes advisory group for planning and updates.
	Enhance UNC Lenoir service lines across community	yes	2019: CAP DA program slot increase requested for Lenoir County. NC Medicaid took over waiting list management to decrease wait times 2020: PET scan increased availability by adding openings on Thursdays/bi-weekly. Cardiac Rehab program increased slots with increased staffing during program times and decreased delay to start from 40 days to 26 days. COMPASS referrals are made per Stroke Coordinator for paramedic visits at home 2021: Cardiac Rehab program decreased delay to start from 26 days to 13 days.
	Heart Failure Program Development	Yes	Community Paramedic Program provided home visits to patients in program for education and interventions. Referrals to program: CY 2019:573 CY 2020:434 CY 2021:396
	Increase breast cancer screening to access underserved community	Yes	2019-2021: Partnered with LCHD to increase annual mammogram screenings by 20 additional screens per year through funding.
	Increase education and awareness for local population needs for health insurance coverage in order to increase and	Yes	Fostered education and awareness of insurance open enrollments. Increased education in community of free COVID testing and vaccination sites. Hosted free COVID testing and vaccination clinics onsite.

	improve health access		
	UNC Lenoir Corporate Health Program to work with City of Kinston for biometric screenings and health improvement education	Yes	2019:299 participants 2020:294 participants 2021:269 participants
	Increase management team education and awareness of resources and best practices in promoting health access and care in rural community	Yes	2019-2021: Four management team memberships were increased to National Rural Health Association during this period.

 Appendix B: Community Health Needs Assessment Survey (Health ENC 2021)

Community Health Needs Assessment

Hello, please take a few minutes to complete the survey below. The purpose of this survey is to get your opinion about community health issues. Once we have gathered all of the surveys, we plan to compile this information and use it to develop a community health improvement plan with our community public health partners in the area. Thank you for taking time to help identify our most pressing health problems and issues to make our community a better and healthier place to live!

 Section I.

Please take a moment to think about the county you live in and tell us how you feel

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
This county is a good place to raise children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This county is a good place to grow old.		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is plenty of economic opportunity in this county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This county is a safe place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is plenty of help for people during times of need in this county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is affordable housing that meets the needs in this county	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good parks and recreation facilities in this county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to buy healthy foods in this county.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

about each of the following;

 Section II.

Please answer the questions below regarding impacts on quality of life, services that need the most improvement and health behaviors that people in your community need information about.

03/17/2021 1:07pm

Please select the top 3 issues which have the highest [3 Low income/poverty impact on quality of life in this county. Dropping out of school

- Poor housing conditions
- Lack of affordable housing
- Lack of community resources
- [3 Violent crime (murder, assault) Theft
- Drugs/Alcohol (Substance Use)
- Rape/Sexual Assault
- Neglect and Abuse
 - Transportation
 - Child Abuse
 - health insurance
 - Lack of access to enough food
 - COVID-19 pandemic
 - Other (please specify)

Other _____

Please select what you feel are the top 3 services O Animal control that need the most improvement in your community. O Child care options

- C] Elder care options
- Services for disabled people
 - More affordable health services
- C] Better/More healthy food choices

- More affordable / better housing
- C] Number of healthcare providers
- Culturally appropriate health services
- Counseling / mental and behavioral health / support groups
- Better / more recreational facilities (parks, trails, community centers)
- Substance Misuse Services/ Recovery Support
 - Positive teen activities
- Transportation options
- O Availability of employment
- O Higher paying employment
- Road maintenance
- Pedestrian and cyclist road safety
- O Healthy family activities
- O None
- Other (please specify)

Other

Please select the top 3 health behaviors that you feel your community need more information about.

- Eating well/nutrition people in
- Using child safety car seats
 - Exercising/fitness
 - O Managing weight
 - O Using seat belts
 - C] Suicide prevention
 - Driving safely
 - Mental/Behavioral Health
 - Domestic violence prevention
 - O Crime prevention
 - O Elder care
 - O Child care/parenting
 - Rape/sexual abuse prevention
 - O COVID-19
 - Going to a dentist for check-ups/preventive care
 - Quitting smoking/tobacco use prevention
 - Substance misuse prevention
 - Harm reduction
 - O Breastfeeding
 - Going to the doctor for yearly check-ups and screenings
 - Getting prenatal care during pregnancy
 - Getting flu shots and other vaccines
 - O Preparing for an emergency/disaster

- Caring for family members with special needs I disabilities
- C] Preventing pregnancy and sexually transmitted diseases (safe sex)
- O None
- Other (please specify)

Other

Please select the top 3 areas where COVID-19 have Employment/Loss of Job impacted you most severely/significantly? Access to food

- Access to safe housing
- Transportation
- Education
- Physical Health
- Mental/Behavioral Health
- Substance Misuse
- Stress and anxiety
- Economic Resources
- Ability to seek medical care C] Social isolation
- Grief from loss of loved one
- [3 Access to medication
- Lack of comfort in seeking medical care
- Spiritual Health/Well-being
- Child care
- Other

Other

Section III

Please answer the questions below regarding health information in your community and exercise.

Where do you get most of your health-related Friends and family information? (Please check all that apply) Internet

- Social Media
- Employer
- Television

- Radio
 - Doctor / Nurse
- MY child's school
- Help lines
 - Pharmacist
- Hospital
- Books / magazines
- Church
- Health department
- Community health worker
 - Newspaper
 - Other (please specify)

Prevention Other

Which of the following preventative services have you had in the past 12 months? (Check all that apply)

- Mammogram
- Prostate cancer screening
- Colon / Rectal exam
- Blood sugar check Cholesterol
- Hearing Screening
- Bone density test
- Physical Exam
- Pap Smear
- Flu shot
- Blood pressure check
- Skin cancer screening
- Vision screening
- Cardiovascular screening
- Dental cleaning / x-rays
- None of the above

During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one)

- Yes How many times per week?
- Don't know [not sure]

How many times per week?

01

02

0 4 times or more per week

If you do not exercise at least a half hour a few days week, please select the reasons why you do not exercise? (Please select all that apply) It costs too much to exercise.

- My job is physical or hard labor. each
- Exercise is not important to me.
- There is no safe place to exercise.

- I don't have enough time to exercise.
- I'm too tired to exercise.
- I would need child care and I don't have it. I'm physically disabled.
- I don't know how to find exercise partners.
- I don't know how to safely
- I would need transportation and I don't have it. I don't like to exercise.
- I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
Facilities closed due to COVID 19
- Low self-image
- Other (please specify)

Other

Section IV.

Please answer the following about any tobacco products you currently use, whether you have had a flu shot and/ or COVID vaccine or problems getting health care in your community.

Please select any tobacco product you currently use,

- Cigarettes
- E-cigs / electronic cigarettes
- Chewing Tobacco
- Vaping
- Pipe
- Cigars
- Snuff / Dip
- please list:
- None

Where would you go for help if you wanted to quit?

- Quit Line NC
- Doctor
- Pharmacy
- Health Dept
- Private counselor / therapist
- I don't know
- N/A, I don't want to quit
- Other (please share more)

Other

An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a seasonal flu vaccine? (Choose only one)

- flu shot
- flu mist
- No
- Don't know or not sure

If you did not get your flu vaccine, why not? Please check any barriers.

- cost
- transportation
- access
- time
- fear
- need more info / have questions
- personal preference

Have you had a COVID-19 vaccine?

- Yes
- No
- Don't know or not sure

If you did not get your COVID-19 vaccine, why not? Please check any barriers.

- cost
- transportation
- access
- time
- fear
- need more info / have questions
- personal preference
- other

In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Please choose only one)

- Yes
- No
- Don't know or not sure

If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply)

- Dentist
- Primary Care Doctor
- Pediatrician
- OB / GYN
- Urgent care center
- Medical clinic
- Hospital
- Health department
- Specialist
- Eye care / optometrist / ophthalmologist
- Pharmacy / prescriptions
- Mental/Behavioral Health Providers
- Other (please share more)

Other

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply)

- No health insurance
- Insurance didn't cover what I / we needed. My / our share of the cost (deductible / co-pay) was too high.
- Service provider would not take my / our insurance or Medicaid.
- NO way to get there.
- Didn't know where to go

- Couldn't get an appointment
- The wait was too long
- Did not speak my language
- Could not miss work to go
- Hours did not work with my availability
- COVID 19
- The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.)

Section V.

Please answer the questions below regarding finding information about natural disasters, staying safe, having enough food and any other thing you would like for us to know about your community.

In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe?

- Yes
- No
- Don't know or not sure

If so, where do you get your information to stay safe?

- television
- radio
- internet
- telephone (landline)
- cell phone
- print media (i.e.. newspaper)
- social media
- neighbors
- family
- text message (emergency alert system)
- Don't know / not sure
- Other (please specify)

Other

In the past 12 months, were you ever worried about food would run out before you Yes whether your family's got money to buy more? (Please choose only one) No Don't know or not sure

Is there anything else you would like for us to know about your community?

Part II. Demographics

Please answer questions so we can see how people in the communtiy feel about local health issues.

How would you describe yourself? Woman
 Man
 Non binary
 Not listed, please share _____
 Prefer not to answer

How old are you?
 15-19
 20-24
 25-29
 30-34
 35-39
 40-44
 45-49
 50-54
 55-59
 60-64
 65-69
 70-74
 75-79
 80-84
 85 +

How do you describe your race/ethnicity?
 Asian
 Black / African American
 Hispanic / Latinx
 Native American
 Pacific Islander
 White / Caucasian
 More than 1 race
 Prefer not to answer

Is English the primary language spoken in your home?
 Yes
 No

If no, please share which primary language
 Spanish
 Creole
 French
 Chinese
 Other

LENOIR COUNTY 2021-2022 Community Health Needs Assessment

What is your marital status?

- Never married/Single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated
- please share more

What is the highest level of education you have O Less than 9th grade completed? O 9th - 12th grade, no diploma

- High School graduate (or GED/equivalent)
- Associate's Degree or Vocational Training
- Some college (no degree)
- Bachelor's Degree
- Graduate or professional degree
- please share more

Please share more

How is your current job best described?

- Agriculture
- Business / Industry
- Retail
- Homemaker
- Government
- Healthcare
- Student
- Education
- Food Service
- please share more

Please share more

What is your total household income?

- Less than \$10,000
 - \$10,000 to \$14,999
 - \$15,000 to \$24,999
 - \$25,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 to \$99,999
 - \$100,000 or more
-

How many people live in your household?

- I live alone
 - 3-4
 - 5-6
 - 7-8
 - 9-10
 - More than 10
-

What is your employment status? Please check all Employed full-time that apply. Employed part-time

- Employed in multiple jobs
- Seasonal Worker/Temporary
- Retired
 - Armed forces
 - Disabled
 - Student
 - Homemaker
- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1 year

What type of internet access do you have at your home?

- Dial up
 - Broadband
 - Wi-Fi
 - Cellular or Hotspot
 - None
 - please share more
-

Other

Which county do you live in?

- Beaufort
- Bertie
- Bladen

- Camden
- Carteret
- Chowan
- Cumberland
- Currituck
- Dare
- Duplin
- Edgecombe
- Franklin
- Gates
- Greene
- Halifax
- Hertford
- Hoke
- Hyde
- Johnston
- Lenoir
- Martin
- Nash
- Onslow
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Pender
- Pitt
- Sampson
- Tyrrell
- Washington
- Wayne
- Wilson
- Other

Other

Thank you for completing the above survey questions. If you have time and are interested, there are a few additional questions about COVID-19 and Climate Change that East Carolina University would like to ask you if you choose to complete.

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine? (Please select all

I would rather take the risk of getting sick with

I don't plan to get a vaccine.
I'm worried that the COVID-19 vaccine isn't safe. that apply)

COVID-19.

I'm worried the COVID-19 vaccine may be harmful or have side effects.

I'm worried there may be a cost associated with receiving the COVID-19 vaccine.

I have already had COVID-19 so I don't believe a vaccine is necessary.

I don't trust the distribution process of the COVID-19 vaccine.

I'm worried the COVID-19 vaccine has not been distributed fairly.

I'm worried that the location of the COVID-19 vaccine will be difficult to travel to.

I'm concerned that I won't have time to get the COVID-19 vaccine.

With multiple vaccines becoming available, I'm concerned about knowing which one is best for me.

I don't have any concerns about getting the COVID-19 vaccine. [3

Other (please specify)

Other

Since COVID-19, how easy or difficult would you say it is has been able to do the following,

	Very Difficult	Somewhat Difficult	Something	Somewhat Easy	Very Easy
Find the information you need related to COVID-19?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find out where to go to get a COVID-19 vaccine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand information about what to do if you think you have COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust if the information about COVID-19 in the media is reliable?	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>

Next, please tell us about you personal choices and practices related to COVID-19.

Not at all Somewhat Very much I know how to protect myself o o from coronavirus.

Extremely difficult Something Extremely easy

For me avoiding an infection O o o with COVID-19 in the current situation is...

Global warming refers to the idea that the world's average temperature has been increasing over the past 150 years may be increasing more in the future, and that the world's climate may change as a result. How do you feel about the following?

Do you think that global warming is happening?
 Yes
 No
 Don't know or unsure

Assuming global warming is happening, do you think it O Caused mostly by human activities is... ? O Caused mostly by natural changes in the environment
 None of the above because global warming isn't happening
 Other
 Don't know

Very worried Somewhat worried Not very worried Not at all worried
How worried are you about o global warming?

Not at all Only a little A moderate A great deal Don't know amount

How much do you think global warming will harm you personally?

They are being harmed right now, In 10 years, In 25 years, In 50 years, In 100 years, Never being harmed

When do you think global warming will start to harm people in the United States?

More Less Don't know or not sure

Do you think the government and politicians in your county should be doing more or less to address global warming?

How often do you discuss global warming with your friends and family?

Often Occasionally Rarely Never

At least once a week At least once a month Several times a year Once a year or less often Never

How often do you hear about global warming in the media?

Thank you for your participation! Please feel free to include any additional comments in the box below.

2021-2022 Evaluación de las Necesidades de Salud de la Comunidad

Sección I

Piense en el condado en el que vive. Díganos cómo se siente con respecto a cada una de las siguientes afirmaciones.

Se permite una selección por columna.	Totalmente en Desacuerdo	Desacuerdo	Neutral	De Acuerdo	Totalmente en Acuerdo
Hay buena atención médica en mi condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
condado es un buen lugar para criarniños.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Este condado es un buen lugar para envejecer.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay muchas oportunidades económicas en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
condado es un lugar seguro para vivir.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay mucha ayuda para las personas en tiempos de necesidad en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay viviendas asequibles que satisfacen las necesidades de este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hay buenos parques e instalaciones recreativas en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Es fácil comprar alimentos saludables en este condado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sección II

Responda las preguntas a continuación sobre los impactos en la calidad de vida, los servicios que necesitan más mejoría y los comportamientos de salud sobre los que las personas de su comunidad necesitan información.

Por favor, seleccione los 3 problemas principales que tienen el mayor impacto en la calidad de vida en este condado.

- | | |
|--|--|
| <input type="checkbox"/> bajos ingresos/pobrem | <input type="checkbox"/> violación/agresión sexual a negligencia y abuso |
| <input type="checkbox"/> desigualdad racial | <input type="checkbox"/> transporte |
| <input type="checkbox"/> violencia en el hogar | <input type="checkbox"/> abandono de la escuela |
| <input type="checkbox"/> contaminación (aire, agua, tierra) | <input type="checkbox"/> abuso infantil |
| <input type="checkbox"/> malas condiciones de vivienda | <input type="checkbox"/> abuso de/rmltrato de personas mayores |
| <input type="checkbox"/> falta de vivienda asequible | <input type="checkbox"/> desesperación a falta de o insuficiente seguro médico |
| <input type="checkbox"/> falta de recursos comunitarios | <input type="checkbox"/> acceso limitado a alimentos saludables |
| <input type="checkbox"/> crimen violento (asesinato, asalto) | |
| <input type="checkbox"/> robo a drogas/alcohol (abuso de sustancias) | |

El falta de acceso a suficientes alimentos
 pandemia de COVID-19 a otra, (por

O estrés y ansiedad recursos
 económicos capacidad para

Por favor, seleccione los que considere que son los 3 servicios principales que necesitan más mejoras en su comunidad

- control de animal
- opciones de cuidado de niños
- opciones de cuidado de ancianos a servicios para personas discapacitadas
- servicios de salud no asequibles
- opciones de alimentos mejores/más saludables
- El vivienda no asequible/mejor
- a número de proveedores de atención médica
- El servicios de salud culturalmente apropiados a asesoramiento/salud mental y conductual/grupos de apoyo
- C) mejores/número instalaciones recreativas (parques, senderos, centros comunitarios) otro, (por favor especifica)

- a servicios de abuso de sustancia/apoyo para la recuperación a actividades positivas para adolescentes
- opciones de transporte
- disponibilidad de envío a envío mejor remunerado
- a mantenimiento de carreteras
- a seguridad vial peatonal y ciclista
- actividades familiares saludables
- a falta de acceso a suficientes alimentos
- a ninguno

Por favor, seleccione los 3 comportamientos de salud principales sobre los que cree que las personas de su comunidad necesitan más información.

El comer bien/nutrición

ir al dentista para chequeos/cuidados preventivos

El uso de asientos de seguridad para niños

dejar de fumar/prevenición del consumo de tabaco

ejercicio/fitness

El prevenición del uso indebido de sustancias

controlar el peso

a reducción de daños

usar cinturones de seguridad

a aumento

a prevenición del suicidio

c) ir al doctor para chequeos anuales y estacionales

conduciendo con seguridad

recibir atención prenatal durante el embarazo

O salud mental/conductual

recibir vacunas contra la gripe y otras vacunas

c) prevenición de la violencia doméstica

o prepararse para una emergencia/desastres

O prevenición del crimen

o cuidado de ancianos

o cuidado de niños/crianza de los hijos

c) prevenición de violación/abuso sexual

COVID-19

ninguno

cuidar a miembros de la familia con necesidades especiales/discapacidades prevenir el embarazo y las enfermedades de transmisión sexual (sexo seguro) a otro, (por favor especifica)

- Por favor, seleccione las 3 áreas principales en las que COVID-19 lo ha afectado de manera más severa/significativa.
- (por favor especifica)
- _____o
- empleo/pérdida de trabajo acceso a la comida
- acceso a una vivienda segura transporte a
- educación salud física salud mental/conductual o
- uso de sustancias o cuidado de los niños
- buscar atención médica a
- aislamiento social dolor por la
- pérdida de un ser querido a
- acceso a medicación a falta de
- comodidad al buscar atención
- médica a salud/bienestar espiritual

c) otro, (porfavorespecifica)

Sección 111

Porra vor responde las siguientespregwtas sobw la informadón médica en su comunidad

¿De dónde obtiene la mayor parte de la información relacionada con su salud? (marque todas las opciones que correspondan)

amigos y familia

internet

redes sociales

empleador

televisión

radio

doctor/enfermera

a la escuela de mi hijo

otro, (por favor especifica) _____

a farmacéutico

el hospital

a libros/revistas

iglesia

a departamentos de salud

a trabajador comunitario de salud

a periódico

a líneas de ayuda

¿Cuál de los siguientes servicios preventivos ha recibido en los últimos 12 meses? (marque todas las opciones que correspondan)

mamografía o prueba de Papanicolaou

cáncer de próstata o prueba de PSA

colon/recto o control de azúcar en la sangre

colesterol o examen de audición

audición

O prueba de densidad ósea

mamamen físico

o prueba de Papanicolaou

D vacuna contra la gripe

a control de la presión arterial

detección de cáncer de piel

examen de la vista

a cribado cardiovascular

a limpieza dental/radiografías

ninguna de las anteriores

Durante una semana normal, además de en su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (por favor, seleccione solo uno)

c) Sí ¿Cuántas veces por semana? _____

No

No sé/No estoy seguro(a)

Si no hace ejercicio al menos media hora algunos días a la semana, seleccione las razones por las que no hace ejercicio, (marque todas las opciones que correspondan)

mi trabajo es físico o duro

O el ejercicio no es importante para mí

a veces no tengo tiempo para hacer ejercicio

o no hay un lugar seguro para hacer ejercicio

o es demasiado cansado(a) para hacer ejercicio

a baja autoinmunidad

a necesitaria cuidado de niños y no lo tengo

no sé hacer ejercicio de forma segura

necesitaría transporte y no lo tengo

o no tengo suficiente tiempo para hacer ejercicio

o instalaciones cerradas debido a COVID-19

a estoy físicamente discapacitado

a no sé cómo encontrar compañeros de ejercicio

a no tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.

Sección IV

Seleccione cualquier producto de tabaco que actualmente usa, si ha recibido una vacuna contra la gripe y/o la vacuna contra COPD y también si ha tenido problemas para obtener atención médica en su comunidad

Seleccione cualquier producto de tabaco que utilice actualmente.

- cigarrillos a puros
 a e-cigs/cigarrillos electrónicos a rapé
 a mascando tabaco c] vapear
 a fumar en pipa otro, (por favor especifica) c] ninguno

¿Adónde iría en busca de ayuda si quisiera dejar de fumar?

- a Quit Line NC (línea para dejar de fumar) c] consejero/terapeuta privado
 o doctor a no sé
 a farmacia o N/A, no quiero renunciar
 o departamento de salud c) otro, (por favor especifica) _____

Una vacuna contra la influenza/ gripe puede ser una inyección o una nebulización intranasal. Durante los últimos 12 meses, ¿ha recibido una vacuna contra la influenza estacional? (por favor, elija solo uno)

- c] Sí, vacuna inyectada contra la gripe
 C] Sí, vacuna intranasal contra la gripe
 a No
 No se/No estoy seguro(a)

Si no recibió la vacuna contra la gripe, ¿por qué no? (marque todas las opciones que correspondan)

- costo a miedo
 E falta de transporte C] necesitan información/ tienen preguntas acceso preferencia personal a no tengo tiempo otra, (por favor especifica)

¿DI los últimos 12 meses, tuvo algún problema para obtener la atención médica que **necesitaba** para usted o un miembro de su familia de algún proveedor o servicio de atención médica? Por ejemplo, un médico de atención primaria, un dentista, la farmacia o otro centro?

- Sí
 No a No se/No estoy seguro(a) ¿De qué tipo de proveedor o centro tuvo problemas para obtener atención médica? (marque todas las opciones que correspondan)

a médico de atención primaria dentista a departamento de salud a pediatra especialista a
obstetra/ginecóloga cuidado de los ojos/optometrista/oftalmólogo centro de atención urgente
farmacia/recetas clínica médica a hospital proveedores de salud mental/conductual a otra, (por
favor especifica)

¿Cuál de estos problemas le impidió recibir la atención médica necesaria? (marque todas las opciones que correspondan)

sin seguro médico o no pude conseguir una cita el seguro no cubría lo que necesitaba/ necesitábamos
la espera fue demasiado larga mi o nuestra parte del costo era demasiado alta (copago/deducible) a no hablaban mi
idiom no podía faltar al trabajo para ir las horas no funcionaron con disponibilidad COVID-19 a no tengo
transporte para ir al médico
 no sabía a donde ir

el proveedor de servicios no aceptaron nuestro seguro ni Medicaid el proveedor me negó la atención o me trató de manera
discriminatoria debido a un estado de protección (edad, raza, preferencia sexual, enfermedad, etc.)

Sección V

Responda las **siguientes preguntas** sobre cómo encontrar información sobre desastres naturales cómo mantenerse seguro,
tener suficiente comida y cualquier otra inquietud que le gustaría que conociéramos sobre su comunidad

En un desastre natural (huracán, inundación, tornado, etc.), ¿siente que sabe cómo acceder o encontrar la información que
necesita para mantenerse a salvo?

a Sí

No

No se/No estoy seguro(a)

Si es así, ¿dónde tiene su información para mantenerse a salvo?

televisión

redes sociales

radio

vecinos

internet

familia

teléfono (fijo)

mensaje de texto, (sistema de alerta de emergencia)

teléfono móvil

revistas (periódicos, etc.)

No se/No estoy seguro(a)

otra, (por favor especifica) _____

En los últimos 12 meses, ¿alguna vez le preocupó si se acabaría la comida de su familia antes de tener el dinero para
comprar

Sí

No No se/No estoy
seguro(a)

¿Hay algo más que le gustaría que supiéramos sobre su comunidad? _____

Información Demográfica

Porfavor, cuéntenos más sobre usted

¿Cómo se describe usted?

Mujer Hombre No binario(a) No en la lista, por favor compartan•ús

Prefiero no responder

¿Cuántos años tiene?

15- 19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64

65-69 70-74 75-79 80-84 85+

40-44

45-49

75-79

80-84

85+

¿Cómo describe su origen étnico? (marque todas las opciones que correspondan)

Asiático

Negro/Afroamericano

Nativo Americano

Más de una ram

D Blanco/Caucásico

o Hispano/Latinx

Isleño del Pacífico

No en la lista, por favor convarta nús a

Prefiero no responder _____

¿Es el Inglés el iüoma principl en su hogar?

Sí

No, por favor comparta su idioma principal

Cuál es su es tadocivil?

D Nunca Casado(a)/Soltero(a) Cl

Casado(a) n Pareja Soltera

Otra, por favor compartarnás _____

a Algo de Universidad (no graduado) a Licenciatura

Título de Posgrado o Profesional o Otra, por favor comparta n•ús _____

¿Cuál es el nivel más alto de educación que ha completado?

a Menos de Noveno Gado

Novena a Duodécimo Gado (sin diplomu)

Diploma de Escuela Secundaria o EquivalenteGED o Título

Asociadoo FomuciónProfesional

a Viudo(a)

Separado(a)

O Divorciado(a)

¿Cómo se describe mejor su trabajo actual?

Empleado de tiempo completo

Empleado a tiempo parcial

Empleado en múltiples trabajos

Trabajador estacional/Temporario

Retirado(a)

Fuera de las Américas

¿Qué tipo de acceso a Internet tiene en tu casa?

Ninguno, no tengo acceso a internet WiFi Otra, (por favor especifica) _____

Discapacitado(a)

Estudiante

Anude casa

Trabajador por cuenta propia

Desempleado durante 1 año o menos

Desempleado por más de 1 año

¿En qué condado vive? _____

¿Cuál es su código postal? _____

¡Gracias por tomar el tiempo para completar esta encuesta para ayudarnos a mejorar la salud de nuestra comunidad!

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

NCIOM North Carolina Health Profile Lenoir County		Lenoir County	NC	Data Year
Classification	Metropolitan or Nonmetropolitan USDA Economic Research Service Metro/Nonmetro labels	Nonmetro	N/A	2013
	Tier NC Department of Commerce economic well-being designations	1	N/A	2019
Demographics	Population	55,949	10,488,084	2019
	Child Population % of population age < 18 years	22.4%	21.9%	2019
	Elderly Population % of population age 65+ years	20.2%	16.7%	2019
	White % of population non-Hispanic White	48.9%	70.6%	2019
	Hispanic/Latinx % of population Hispanic/Latinx	7.9%	9.8%	2019
	African American % of population non-Hispanic African American	41.4%	22.2%	2019
	Asian % of population Asian	0.7%	3.2%	2019
	Native Hawaiian/Pacific Islander % of population Native Hawaiian/Pacific Islander	0.2%	0.1%	2019
	American Indian % of population American Indian/Alaskan Native	0.6%	1.6%	2019
	Two or More Races % of population Two or More Races	1.6%	2.3%	2019
Education	College Graduation % of population, age 25 years+, with a Bachelor's degree or higher	13.5%	21.3%	2013-2017

	High School Graduation % of high school students who graduate on time	85.4%	87.6%	2019-2020
	Reading Proficiency % of third grade students reading at grade-level	40.5%	56.8%	2018-2019
Access to Care	Uninsured Adults % of adults age 18 to 64 years without health insurance	17.7%	15.5%	2018
	Uninsured Children % of children age 18 and under without health insurance	5.1%	5.4%	2018
	Medicaid & CHIP Enrollees % of population enrolled in Medicaid or CHIP	37.5%	25.0%	SFY 2019
	Health Care Workforce - Primary Care Physicians Primary care physicians per 10,000 population	5.5	8	2019
	Health Care Workforce - Dentists Dentists per 10,000 population	4.6	5	2019
	Health Care Workforce - Psychiatrists & Psychologists Psychologists, psychiatrists, addiction psychiatrists, and pediatric psychiatrists per 10,000 population	1.4	3.6	2019
	Health Care Workforce - Birth Attendants OBGYNs/family medicine physicians/CNMs per 10,000 population	3.7	4.2	2018
Healthy Eating, Active Living	Adult Obesity % of adults who have obesity	27.8%	32.8%	2018
	Overweight and Obese Adolescents % of 10-17 years olds who are overweight or obese	N/A	30.7%	2018-2019
	Fruit and Vegetable Consumption*	Region 9&10:	14.8%	2019

	% of adults consuming fruits, vegetables, or beans five or more times per day	7.9%		
	Physical Activity* % of adults who participated in 150 minutes of physical activity per week	Region 9&10: 44.3%	45.2%	2019
Tobacco & Substance Use	Adult Smoking % of adults who are current smokers	19.0%	17.0%	2017
	Youth Tobacco Use* % of high school students reporting current use of any tobacco product	East: 30.3%	28.8%	2017
	Unintentional Poisoning Deaths / Overdose Deaths Unintentional poisoning mortality rate per 100,000 population	17.0	18.5	2014-2018
	Opiate Poisoning Deaths Rate of opiate poisoning deaths per 100,000 population	8.3	11.8	2013-2017
	Opioid Prescribing Rate Rate of retail opioid prescriptions dispensed per 100 persons	67.1	72	2018
Mental Health	Mental Health Emergency Visits* Rate of substance abuse and mental health-related visits to emergency departments per 100,000 population	1841.7	1902.3	2017
Maternal & Child Health	Teen Birth Rate Rate of births to females age 15-19 per 1,000	35.8	22	2014-2018
	Low Birthweight % of babies born with birthweight <2,500 grams	10.7%	9.1%	2014-2018
	Infant Mortality Rate† Resident infant death rates (per 1,000 live births)	7.3	7	2015-2019

	Racial Disparity in Infant Mortality Rate Rate of infant deaths	White : Black - :9.2	White : Black 5.3:12.7	2017
	Vaccines % of children age 19-35 months who receive combined 6-vaccine series vaccinations	N/A	73.6%	2017
Oral Health	Tooth Decay* % of adults who have had permanent teeth removed due to tooth decay or gum disease	Region 9 & 10: 50.8%	45.5%	2018
Chronic Disease	Diabetes Prevalence % of adults with diagnosed diabetes	12.8%	10.1%	2017
	Cancer Prevalence Cancer incidence rates per 100,000 population	509	469.2	2015-2019
	Heart Disease Age-adjusted rate of heart disease deaths per 100,000 population	207.9	158.0	2014-2018
Community Well-Being	Poverty % of individuals living in poverty (100% Federal Poverty Level)	23.1%	13.6%	2019
	Housing Cost Burden % of households spending 30% or more of household income on housing costs	27.3%	25.6%	2013-2017
	Unemployment Unemployment rate	3.8%	3.9%	2019
	High-Quality Child Care % of kids in 4/5 star child care	71.0%	73%	2020
	Food Insecurity % of population that is food insecure	18.9%	14.00%	2018
	Low Access to a Grocery Store % of population with low access to a grocery store	12.8%	N/A	2015
	Transportation % of households without access to a vehicle	11.5%	6.5%	2017
	Violent Crime Violent crime rate per 100,000 population	-	407.7	2019

	Life expectancy Life expectancy (years) at birth - avg.	74.7	78.1	2017-2019
	Racial Disparity in Life Expectancy Life expectancy (years) at birth	White : Black 75.6:73.9	White : Black 78.4:75.5	2017-2019
	Air Pollution Average daily density of fine particulate matter in micrograms per cubic meter	10.3	9.8	2014

Key:

– | Data suppressed

N/A | Data not available

* | Multi-County Data

For some indicators, data is not available at the county level and counties are aggregated into groups:

- “Regions” refer to the 10 [North Carolina Local Health Director Association Regions](#).
- “West,” “Central,” and “East” categorizations are based on the regions reported for the [North Carolina Youth Tobacco Survey](#). *Central region estimates are not representative of the total population due to a low response rate.
- Mental health emergency room visit rates are aggregated into the 7 [LME/MCO regions](#).

† | Rates based on fewer than ten cases are unstable and should be interpreted with caution. Refer to the [State Center for Health Statistics Infant Mortality Report](#) for the number of infant deaths by county.

Sources

Metro/Nonmetro: [USDA Economic Research Service](#) | Tier: [NC Department of Commerce](#) | Population: [US Census – Population Estimates Program](#) | Child Population: [US Census – Population Estimates Program](#) | Elderly Population: [US Census – Population Estimates Program](#) | White: [US Census – Population Estimates Program](#) | Hispanic/Latinx: [US Census – Population Estimates Program](#) | African American: [US Census – Population Estimates Program](#) | Asian: [US Census – Population Estimates Program](#) | Native Hawaiian/Pacific Islander: [US Census – Population Estimates Program](#) | American Indian: [US Census – Population Estimates Program](#) | Two or More Races: [US Census – Population Estimates Program](#) | High School Graduation: [NC Department of Instruction](#) | Reading Proficiency: [NC Department of Instruction](#) | College Graduation: [U.S. Census – American Community Survey](#) | Uninsured Adults: [US Census – Small Area Health Insurance Estimates](#) | Uninsured Children: [US Census – Small Area Health Insurance Estimates](#) | Medicaid & CHIP Enrollees: [NC Division of Medical Assistance](#) | Health Care Workforce – Primary Care Physicians: [North Carolina Health Professions Data System – Cecil G. Sheps Center for Health Services Research](#) | Health Care Workforce – Dentists: [North Carolina Health Professions Data System – Cecil G. Sheps Center for Health Services Research](#) | Health Care Workforce – Psychiatrists & Psychologists: [North Carolina Health Professions Data System – Cecil G. Sheps Center for Health Services Research](#) | Health Care Workforce – Birth Attendants: [North Carolina Health Professions Data System – Cecil G. Sheps Center for Health Services Research](#) | Adult Obesity: [CDC](#) | Overweight and Obese Adolescents: [National Survey of Children’s Health](#) | Physical Activity: [CDC – Behavioral Risk Factors Survey](#) | Fruit and Vegetable Consumption: [CDC – Behavioral Risk Factors Survey](#) | Adult Smoking: [County Health Rankings](#) | Youth Tobacco Use: NC Youth Tobacco Survey, Special data request from NC Division of Public Health, Tobacco Prevention and Control Branch | Unintentional Poisoning Deaths / Overdose Deaths: [NC Division of Public Health](#) | Opiate Poisoning Deaths: [NC Division of Public Health](#) | Opioid Prescribing Rate: [CDC](#) | Mental Health Emergency Visits: NC Hospital Association, Special data request from NC Hospital Association | Teen Birth Rate: [NC State Center for Health Statistics](#) | Low Birthweight: [NC State Center for Health Statistics](#) | Infant Mortality Rate: [NC](#)

[State Center for Health Statistics](#) | Racial Disparity in Infant Mortality Rate – White: [NC State Center for Health Statistics](#) | Racial Disparity in Infant Mortality Rate – Black: [NC State Center for Health Statistics](#) | Vaccines: [CDC](#) | Tooth Decay: [CDC – Behavioral Risk Factors Survey](#) | Diabetes Prevalence: [CDC](#) | Cancer Prevalence: [NC State Center for Health Statistics](#) | Heart Disease: [NC State Center for Health Statistics](#) | Poverty: [US Census – Small Area Income and Poverty Estimates](#) | Housing Cost Burden: [U.S. Census – American Community Survey](#) | Unemployment: [U.S. Department of Labor](#) | High-Quality Child Care: NC Division of Child Development and Early Education, Special data request from NC Division of Child Development and Early Education | Food Insecurity: [Feeding America](#) | Low Access to a Grocery Store: [USDA Economic Research Service](#) | Transportation: [US Census – American Community Survey](#) | Violent Crime: [State Bureau of Investigation](#) | Life expectancy: [NC State Center for Health Statistics](#) | Racial Disparity in Life Expectancy – Black: [NC State Center for Health Statistics](#) | Racial Disparity in Life Expectancy – White: [NC State Center for Health Statistics](#) | Air Pollution: [County Health Rankings](#)

Appendix D. County Data Tables (Spring 2021)

Lenoir County		North Carolina		United States	
55,949		10,488,084		328,239,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	-6.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/lenoircountynorthcarolina/SEX255219					

Age Group	Lenoir County (%)	North Carolina (%)
	Persons under 5 years	5.6%
Persons under 18 years	22.4%	21.9%
Persons 65 years and over	20.2%	16.7%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/lenoircountynorthcarolina/RHI825219		

Table 3. Age Distribution by Age Group, Lenoir County (2019)		
Age Group	Estimate	Percent
Total population	56,756	100%
Under 5 years	3,245	5.7%
5 to 9 years	3,841	6.8%
10 to 14 years	3,500	6.2%
15 to 19 years	3,373	5.9%
20 to 24 years	3,183	5.6%
25 to 34 years	3,390	6.0%
35 to 44 years	3,170	5.6%
45 to 54 years	2,922	5.1%
55 to 59 years	3,130	5.5%
60 to 64 years	3,459	6.1%
65 to 74 years	3,972	7.0%
75 to 84 years	4,298	7.6%
85 years and over	4,189	7.4%
Median age (years)	42.7	
Source: American Community Survey (ACS) 5-Year Estimates and Data Profiles.		
Data are based on a sample and are subject to sampling variability.		
Table ID: DP05		
https://data.census.gov/cedsci/table?q=DP05&g=0500000US37107&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Lenoir County and North Carolina (2019)

Gender	Lenoir (Percent)	North Carolina (Percent)
Female	52.2%	51.4%
Male	47.8%	46.8%

Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones).

<https://www.census.gov/quickfacts/fact/table/lenoircountynorthcarolina/RHI825219>

Table 5. Veterans, Lenoir County (2019)

	Number	Percent of population 18 years and older
Veterans	4,212	9.6%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: S2101

<https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37107&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true>

Table 6. Race/Ethnicity, Lenoir County and North Carolina (2019)

Race	Lenoir County		North Carolina	
	Number	Percent	Number	Percent
White	31,205	55.0%	7,049,919	68.7%
Black or African American	22,205	39.1%	2,200,761	21.4%
American Indian and Alaska Native	119	0.2%	123,952	1.2%
Asian	279	0.5%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	26	0.0%	7,213	0.1%
Hispanic or Latino (of any race)	4,414	7.8%	962,665	9.4%
Some other race	771	1.4%	316,763	3.1%
Two or more races	2,151	3.8%	273,276	2.7%

Total	56,756		10,264,876	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate				
Table ID: DP05				
https://data.census.gov/cedsci/table?text=DP05&g=0500000US37107&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false				

Table 7. Hispanic or Latino Origin and Race, Lenoir County (2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Lenoir County	49.2%	38.7%	0.2%	0.5%	0.0%	0.0%	3.6%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: DP05

<https://data.census.gov/cedsci/table?text=DP05&g=0500000US37107&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false>

Table 8. Limited English-Speaking Households, Lenoir County (2019)

All Households	23,148	100%
Limited English-Speaking Households	575 ± 210	2.5%
Households Speaking:		
Spanish	1,474 ± 172	6.4%
Other Indo-European languages	106 ± 56	0.5%
Asian and Pacific Island languages	225 ± 150	1.0%
Other languages	18 ± 26	0.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate.

Table ID: S1602

<https://data.census.gov/cedsci/table?q=S1602&g=0500000US37107&tid=ACSST5Y2019.S1602&hidePreview=true>

Table 9. Educational Attainment Population 25+ years, Lenoir County (2019)

	Lenoir County	North Carolina
High School Graduate or Higher	79.7%	87.8%
Less than 9 th Grade	7.3%	4.5%
High School, No Diploma	13.0%	7.7%
High School Graduate or Equivalency	31.9%	25.7%
Some College, No Degree	21.6%	21.2%
Associate Degree	11.2%	9.7%
Bachelor's Degree	10.1%	20.0%
Graduate or Professional Degree	4.9%	11.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: S1501

<https://data.census.gov/cedsci/table?q=washington%20county%20north%20carolina%20educational%20attainment&g=0500000US37107&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false>

Table 10. SAT scores for Lenoir County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Lenoir County	977	976	1,001	891
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards

<https://ncreports.ondemand.sas.com/src/district?district=540LEA&year=2019&lng=en>

Table 11. ACT Scores for Lenoir County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Lenoir County	35.7%	42.2%	36.8%	42.0%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards

<https://ncreports.ondemand.sas.com/src/district?district=540LEA&year=2019&lng=en>

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Lenoir County and North Carolina (2019)

Income Level	Lenoir County	North Carolina
Below \$10,000	7.7%	6.4%
\$10,000-\$14,999	9.3%	5.0%
\$15,000-24,999	15.0%	10.3%
\$25,000-34,999	12.5%	10.3%
\$35,000-\$49,999	15.5%	13.9%
\$50,000-74,999	17.6%	18.0%
\$75,000-99,999	10.3%	12.4%
\$100,000-149,999	7.9%	13.1%
\$150,000-199,999	2.4%	5.1%
200,000 or more	1.8%	5.4%
Median household income	\$39,402	\$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimate

Table ID: S1901

<https://data.census.gov/cedsci/table?q=S1901&g=0500000US37107&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Lenoir County and North Carolina (2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Lenoir County	41.0%	40.0%	28.2%	16.9%	13.0%	11.8%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%

2019: ACS 5-Year Estimates Subject Tables.

Table ID: S1701

<https://data.census.gov/cedsci/table?q=Lenoir%20county%20north%20carolina%20poverty%20status&tid=ACST5Y2019.S1701&hidePreview=true&moe=false>

Table 14. Means of Transportation to Work by Age, Lenoir County (2015-2019)

Label	Estimate
Total:	22,447
Car, truck, or van:	21,302
Drove alone	18,125
Carpooled:	3,177
In 2-person carpool	2,432
In 3-person carpool	181
In 4-person carpool	67
In 5- or 6-person carpool	390
In 7-or-more-person carpool	107
Public transportation (excluding taxicab):	156
Bus	122
Subway or elevated rail	0
Long-distance train or commuter rail	0
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	34

Taxicab	29
Motorcycle	81
Bicycle	84
Walked	270
Other means	131
Worked from home	394

2019: ACS 5-Year Estimates Subject Tables.

Table ID: B08301

<https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37107&tid=ACSDT5Y2019.B08301&moe=false&hidePreview=true>

Table 15. Financial Characteristics for Housing Units with a Mortgage in Lenoir County (2015-2019)

	Lenoir County, North Carolina	
	Owner-occupied housing units with a mortgage	% owner-occupied housing units with a mortgage
Owner-Occupied Housing Units with a Mortgage	6,909	6,909
Value		
Less than \$50,000	842	12.2%
\$50,000 to \$99,999	2,114	30.6%
\$100,000 to \$299,999	3,567	51.6%
\$300,000 to \$499,999	326	4.7%
\$500,000 to \$749,999	19	0.3%
\$750,000 to \$999,999	0	0.0%
\$1,000,000 or more	41	0.6%
Median (dollars)	\$112,900	\$112,900
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	1,128	16.3%

Second mortgage only	236	3.4%
Home equity loan only	892	12.9%
Both second mortgage and home equity loan	91	1.3%
No second mortgage and no home equity loan	5,690	82.4%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	259	3.7%
\$10,000 to \$24,999	688	10.0%
\$25,000 to \$34,999	736	10.7%
\$35,000 to \$49,999	973	14.1%
\$50,000 to \$74,999	1,499	21.7%
\$75,000 to \$99,999	1,168	16.9%
\$100,000 to \$149,999	1,025	14.8%
\$150,000 or more	561	8.1%
Median household income (dollars)	\$62,200	\$62,200
2019: ACS 5-Year Estimates Subject Tables. Table ID: S2506 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37107&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true		

Table 16. Financial Characteristics for Housing units without a Mortgage in Lenoir County (2015-2019)

	Lenoir County, North Carolina	
	Owner-occupied housing units without a mortgage	% owner-occupied housing units without a mortgage
Owner-Occupied Housing Units With a Mortgage	6,829	6,829
Less than \$50,000	2,185	32.0%

\$50,000 to \$99,999	2,114	31.0%
\$100,000 to \$199,999	1,874	27.4%
\$200,000 to \$299,999	346	5.1%
\$300,000 to \$499,999	184	2.7%
\$500,000 to \$749,999	80	1.2%
\$750,000 to 999,999	35	0.5%
\$1,000,000 or more	11	0.2%
Median (dollars)	\$80,300	\$80,300
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than \$10,000	292	4.3%
\$10,000 to \$24,999	1,635	23.9%
\$25,000 to \$34,999	854	12.5%
\$35,000 to \$49,999	1,388	20.3%
\$50,000 to \$74,999	1,206	17.7%
\$75,000 to \$99,999	599	8.8%
\$100,000 to \$149,999	602	8.8%
\$150,000 or more	253	3.7%
Median household income (dollars)	\$41,575	\$41,575
2019: ACS 5-Year Estimates Subject Tables.		
Table ID: S2507		
https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37107&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true		

Table 17. Lenoir County and North Carolina Live Births (2018)

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Lenoir County	624	11.1	257	9.2	293	12.6	68	16.1
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Lenoir.html>

Table 18. Lenoir County Live Births by Sex (2014-2018)

	Total	Total Rate	White, non-Hispanic	White, non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	333	5.9	134	4.8	159	6.8	38	9.0
Females	291	5.2	123	4.4	134	5.8	30	7.1

<https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Lenoir.html>

Table 19. Lenoir County and North Carolina Low Birth Weight (2019)

		Non-Hispanic											
		Total		Total		White		Black		Other		Hispanic	
County of Residence	Birth Weight	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Lenoir County	Low	344	10.7	320	11.4	86	6.7	230	15.4	4	12.5	24	6.2
	Very Low	65	2.0	61	2.2	17	1.3	43	2.9	1	3.1	4	1.0

<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>

Table 20. Lenoir County, Fetal Death Rates per 1000 Deliveries (2014-2018)

	Total Fetal Deaths	Total Fetal Death Rate	White Non-Hispanic Fetal Deaths	White Non-Hispanic Fetal Death Rate	Af. Am. Non-Hispanic Fetal Deaths	Af. Am. Non-Hispanic Fetal Death Rate	Other Non-Hispanic Fetal Deaths	Other Non-Hispanic Fetal Death Rate	Hispanic Fetal Deaths	Hispanic Fetal Death Rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Lenoir County	28	8.7	4	*	20	13.2	0	*	4	*

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Lenoir County and North Carolina, (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Lenoir County	170	43.9	319	78.0	320	151.9	240	132.1	1,997	511.5

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

Table 22. Neonatal (<28 Days) Death Rates, North Carolina, and Lenoir County

	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Lenoir County	15	*	7	*	7	*	0	*	1	*

Table 22. Neonatal (<28 Days) Death Rates, North Carolina, and Lenoir County										
	Total neonate deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
Prepared by N.C. DHHS State Center for Health Statistics										
Note: rates based on small numbers (fewer than 20 cases) are unstable and are not reported"										
https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf										

Table 23. Age-Adjusted death Rates for Lenoir County (2014-2018)

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	2,218	929.7	1,410	1,003.3	3	N/A	13	N/A	21	260.0	1,789	1,104.1	1,876	808.4	3,665	941.4
Diseases of Heart	528	210.5	300	208.8	0	N/A	4	N/A	3	N/A	429	262.8	406	165.5	835	207.9
Acute Myocardial Infarction	78	32.1	43	30.6	0	N/A	0	N/A	1	N/A	78	46.7	44	17.8	122	30.5
Other Ischemic Heart Disease	217	86.4	117	79.7	0	N/A	2	N/A	1	N/A	193	118.7	144	59.6	337	83.8
Cerebrovascular Disease	148	58.0	116	79.1	0	N/A	1	N/A	1	N/A	123	75.8	143	57.0	266	65.3
Cancer	463	188.1	266	183.2	0	N/A	4	N/A	6	N/A	371	216.4	368	163.8	739	184.2
Colon, Rectum, and Anus	46	18.8	28	19.5	0	N/A	1	N/A	0	N/A	42	25.4	33	15.1	75	18.9
Pancreas	32	13.6	23	14.3	0	N/A	0	N/A	0	N/A	33	19.3	22	9.0	55	13.4
Trachea, Bronchus, and Lung	149	58.8	55	36.9	0	N/A	1	N/A	0	N/A	109	60.9	96	40.5	205	49.2
Breast	26	20.8	23	30.6	0	N/A	0	N/A	0	N/A	0	N/A	49	24.3	49	24.3
Prostate	15	N/A	15	N/A	0	N/A	0	N/A	1	N/A	31	19.1	0	N/A	31	19.1
Diabetes Mellitus	54	21.9	79	53.4	0	N/A	0	N/A	0	N/A	56	31.6	77	34.1	133	33.3
Pneumonia and Influenza	45	18.0	23	17.8	0	N/A	0	N/A	1	N/A	30	19.2	39	16.2	69	17.5
Chronic Lower Respiratory Diseases	149	57.4	50	36.3	0	N/A	1	N/A	0	N/A	103	62.5	97	40.4	200	49.1
Chronic Liver Disease and Cirrhosis	31	14.2	23	12.2	0	N/A	0	N/A	0	N/A	32	17.6	22	9.2	54	13.0
Septicemia	31	13.1	29	21.9	0	N/A	0	N/A	1	N/A	27	17.3	34	15.9	61	16.0
Nephritis, Nephrotic Syndrome, and Nephrosis	33	13.7	46	32.7	0	N/A	0	N/A	0	N/A	37	22.5	42	17.6	79	20.0
Unintentional Motor Vehicle Injuries	30	18.3	15	N/A	0	N/A	0	N/A	2	N/A	34	23.9	13	N/A	47	15.0
All Other Unintentional Injuries	72	39.0	41	31.6	1	N/A	1	N/A	1	N/A	73	49.1	43	22.1	116	34.9
Suicide	28	18.5	3	N/A	1	N/A	0	N/A	1	N/A	21	13.7	12	N/A	33	10.8
Homicide	9	N/A	29	28.1	0	N/A	0	N/A	0	N/A	30	24.7	8	N/A	38	14.7
Alzheimer's disease	54	20.4	43	31.5	0	N/A	1	N/A	0	N/A	26	16.8	72	27.8	98	24.0
Acquired Immune Deficiency Syndrome	1	N/A	12	N/A	0	N/A	0	N/A	0	N/A	6	N/A	7	N/A	13	N/A

<https://schs.dph.ncdhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis Lenoir County (2018-2020)

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar	2018 Jan- Mar	2019 Jan- Mar	2020 Jan- Mar
Lenoir County	120	143	151	49	56	52	0	3	2	1	1	1

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents for Lenoir County, and North Carolina, (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Lenoir County	24	42.9	116	40.5	34.9
North Carolina	4,478	43.1	19,576	38.6	37.0

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents for Lenoir County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Lenoir County	13	23.2	47	16.4	15.0
North Carolina	1,591	15.3	7,553	14.9	14.5

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

Table 27. Crime Rate per 100,000 persons, Lenoir County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Lenoir County	490.9				2,901.5		

'-' indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Lenoir County and North Carolina (2015-2019)

County of Residence	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
North Carolina	9,367	51,324,366	18.25	18.80
Lenoir County	43	286,135	15.03	15.50

N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
White, non-Hispanic	1,667	6,668,532	25.00	26.60
Black, non-Hispanic	349	2,320,112	15.04	15.20
American Indian, non-Hispanic	55	124,642	44.13	47.10
Other, non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)

Race/Ethnicity	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
----------------	--------------	---------------------	------------	-------------------

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)

Gender	Total Deaths	Population Estimate	Crude Rate	Age-Adjusted Rate
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20

Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 6	503	159	31.9	27.3-36.9	344	68.1	63.1-72.7
GENDER							
Male	233	75	30.5	23.9-37.9	158	69.5	62.1-76.1
Female	270	84	33.3	27.1-40.0	186	66.7	60.0-72.9
RACE							
Non-Hispanic White	313	96	29.2	23.9-35.1	217	70.8	64.9-76.1
Non-Hispanic Black	103	***	***	***	***	***	***
Other	87	18	15.7	9.5-25.0	69	84.3	75.0-90.5
AGE							
18-44	216	29	13.4	9.0-19.5	187	86.6	80.5-91.0
45-64	179	72	42.6	34.1-51.5	107	57.4	48.5-65.9
65+	98	***	***	***	***	***	***

<https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/nccr/BPHIGH.html>

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 6	507	29	5.6	3.8- 8.3	478	94.4	91.7-96.2

<https://schs.dph.ncdhhs.gov/data/brfss/2017/nc/nccr/cvdhist.html>

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 6	500	53	10.7	7.8-14.4	447	89.3	85.6-92.2
GENDER							
Male	235	21	8.9	5.1-15.1	214	91.1	84.9-94.9
Female	265	32	12.5	8.7-17.6	233	87.5	82.4-91.3
RACE							
Non-Hispanic White	309	29	10.4	6.8-15.7	280	89.6	84.3-93.2
Non-Hispanic Black	102	12	10.7	6.0-18.4	90	89.3	81.6-94.0
Other	89	12	12.4	6.9-21.5	77	87.6	78.5-93.1
AGE							
18-44	215	34	13.5	9.4-19.0	181	86.5	81.0-90.6
45-64	178	15	12.3	6.4-22.1	163	87.7	77.9-93.6
65+	97	***	***	***	93	96.1	89.0-98.7

<https://schs.dph.ncdhhs.gov/data/brfss/2019/region6/FMD.html>

Image 4. All ages: Leading causes of Injury Death, Hospitalization, and Emergency Visits by County (2010-2013)

Leading Causes of Injury Death All Ages: 2010 to 2013 LENOIR			Leading Causes of Injury Hospitalization** All Ages: 2010 to 2013 LENOIR			Leading Causes of Injury ED Visits** All Ages: 2010 to 2013 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT, Unintentional	40	1	Fall, Unintentional	810	1	Fall, Unintentional	8,263
2	Poisoning, Unintentional	28	2	MVT, Unintentional	216	2	MVT, Unintentional	3,874
	Firearm, Assault; Fall, Unintentional	20		Unspecified, Unintentional	197		Unspecified, Unintentional	3,739
3			3			3		
4	Firearm, Self inflicted	19	4	Poisoning, Unintentional	115	4	Struck, Unintentional	3,036
5	Suffocation, Unintentional	10	5	Poisoning, Self inflicted	83	5	Overexertion, Unintentional	3,031
	Other	36		Other	466		Other	8,271
TOTAL		173	TOTAL		1,887	TOTAL		30,214

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAllAges-2010-2013c.pdf>

Image 5. Ages 0-18: Leading causes of Injury death, Hospitalization and ED Visits by County (2010-2013).

Leading Causes of Injury Death Ages 0-18: 2010 to 2013 LENOIR			Leading Causes of Injury Hospitalization** Ages 0-18: 2010 to 2013 LENOIR			Leading Causes of Injury ED Visits** Ages 0-18: 2010 to 2013 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT, Unintentional	5	1	MVT, Unintentional	28	1	Fall, Unintentional	1,944
2	Firearm, Assault	3	2	Fall, Unintentional	19	2	Struck, Unintentional	1,296
3	Suffocation, Unintentional; Firearm,	2	3	Fire/Burn, Unintentional	14	3	MVT, Unintentional	628
4	Poisoning, Unintentional; Drowning,	1	4	Poisoning, Self inflicted	13	4	Unspecified, Unintentional	571
5			5	Other spec/class, Unintentional	12	5	Overexertion, Unintentional	498
	Other	0		Other	54		Other	2,341
TOTAL		14	TOTAL		140	TOTAL		7,278

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-0-18-2010-2013.pdf>

Image 6. Ages 19-34: Leading causes of injury death, Hospitalization and ED Visits by County, (2010-2013).

Leading Causes of Injury Death Ages 19-34: 2010 to 2013 LENOIR			Leading Causes of Injury Hospitalization** Ages 19-34: 2010 to 2013 LENOIR			Leading Causes of Injury ED Visits** Ages 19-34: 2010 to 2013 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	MVT, Unintentional	14	1	MVT, Unintentional	61	1	MVT, Unintentional	1,316
2	Firearm, Assault	9	2	Poisoning, Self inflicted	19	2	Fall, Unintentional	1,133
3	Poisoning, Unintentional	4	3	Fall, Unintentional	15	3	Overexertion, Unintentional	1,039
4	Unspecified, Assault; Suffocation,	1	4	Poisoning, Unintentional; Firearm,	14	4	Unspecified, Unintentional	1,031
				Other spec/class, Unintentional;	9		Struck, Unintentional	734
5			5	Fire/Burn, Unintentional		5		
	Other	0		Other	66		Other	2,414
TOTAL		35	TOTAL		207	TOTAL		7,667

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-19-34-2010-2013.pdf>

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, (2010-2013)

Leading Causes of Injury Death Ages 35-64: 2010 to 2013 LENOIR			Leading Causes of Injury Hospitalization** Ages 35-64: 2010 to 2013 LENOIR			Leading Causes of Injury ED Visits** Ages 35-64: 2010 to 2013 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning, Unintentional	22	1	Fall, Unintentional	203	1	Fall, Unintentional	2,462
2	MVT, Unintentional	13	2	MVT, Unintentional	84	2	Unspecified, Unintentional	1,649
3	Firearm, Self inflicted	8	3	Unspecified, Unintentional	70	3	MVT, Unintentional	1,493
4	Firearm, Assault	5	4	Poisoning, Unintentional	62	4	Overexertion, Unintentional	1,289
	Suffocation, Unintentional; Suffocation, Self inflicted; Poisoning, Self inflicted; Natural/Environ, Unintentional; Fall, Unintentional	2		Poisoning, Self inflicted	46		Struck, Unintentional	751
5	Other	8	5	Other	201	5	Other	2,738
TOTAL		66	TOTAL		666	TOTAL		10,382

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-35-64-2010-2013.pdf>

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visit by County, (2010-2013).

Leading Causes of Injury Death Ages 65+: 2010 to 2013 LENOIR			Leading Causes of Injury Hospitalization** Ages 65+: 2010 to 2013 LENOIR			Leading Causes of Injury ED Visits** Ages 65+: 2010 to 2013 LENOIR		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Fall, Unintentional	18	1	Fall, Unintentional	573	1	Fall, Unintentional	2,671
2	Firearm, Self inflicted	9	2	Unspecified, Unintentional	109	2	Unspecified, Unintentional	436
3	MVT, Unintentional	8	3	MVT, Unintentional	35	3	MVT, Unintentional	294
4	Unspecified, Unintentional	6	4	Poisoning, Unintentional	33	4	Struck, Unintentional	194
5	Suffocation, Unintentional	5	5	Other spec/class, Unintentional	31	5	Cut/pierce, Unintentional	142
	Other	9		Other	78		Other	590
TOTAL		55	TOTAL		859	TOTAL		4,327

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-65Plus-2010-2013.pdf>

References

- U.S. Census Bureau American Community Survey 5-year Estimates Subjects Tables (2019). Age. Retrieved from <https://data.census.gov/cedsci/table?q=Lenoir%20county&g=0500000US37015&tid=ACSST5Y2019.S0101&hidePreview=true>
- U.S. Census Bureau, Census QuickFacts Estimates. (2019). Population Estimates. Retrieved from <https://www.census.gov/quickfacts/fact/table/Lenoircountynorthcarolina/RHI825219>
- U.S. Census Bureau American Community Survey 5- Year Estimates Table. (2019). Sex By Age. Retrieved from <https://data.census.gov/cedsci/table?text=sex%20by%20age&g=0500000US37015&tid=ACSST5Y2019.B01001&moe=false&hidePreview=true>
- U.S. Census Bureau Census QuickFacts Estimates (2019). Sex. Retrieved from <https://www.census.gov/quickfacts/fact/table/Lenoircountynorthcarolina/RHI825219>
- U.S. Census Bureau American Community Survey 5-Year Estimates (2015-2019). Veteran Status. Retrieved from <https://data.census.gov/cedsci/table?text=veteran%20status&g=0500000US37015&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true>
- U.S. Census Bureau, Census QuickFacts Estimates (2015-2019). Veteran Status. Retrieved from <https://www.census.gov/quickfacts/fact/table/Lenoircountynorthcarolina/RHI825219>
- U.S. Census Bureau American Community Survey 5-Year Estimates (2015-2019). Race. Retrieved from <https://data.census.gov/cedsci/table?q=race&g=0500000US37015&tid=ACSST5Y2019.B02001&moe=false&hidePreview=true>
- U.S. Census Bureau Census QuickFacts Estimates (2019). Race. Retrieved from <https://www.census.gov/quickfacts/fact/table/Lenoircountynorthcarolina/RHI825219>
- U.S. Census Bureau American Community Survey 5-Year Estimates (2015- 2019). Hispanic or Latino Origin by Specific Origin. Retrieved from <https://data.census.gov/cedsci/table?q=hispanic%20%3Batino&g=0500000US37015&tid=ACSST5Y2019.B03001&moe=false&hidePreview=true>
- U.S. Census Bureau American Community Survey 5-Year Estimates (2015- 2019). Limited English-Speaking Households. Retrieved from <https://data.census.gov/cedsci/table?q=limited%20english%20speaking&g=0500000US37015&tid=ACSST5Y2019.S1602&moe=false&hidePreview=true>
- U.S. Census Bureau American Community Survey 5-Year Estimates (2015-2019). Educational Attainment. Retrieved from <https://data.census.gov/cedsci/table?q=educational%20attainment&g=0500000US37015&tid=ACSST5Y2019.S1501&moe=false&hidePreview=true>

North Carolina SAT Performance by District and School. (2016-2019). Retrieved from <https://www.dpi.nc.gov/districts-schools/testing-and-school-accountability/school-accountability-and-reporting/north-carolina-sat-and-ap-reports>

North Carolina ACT Benchmark Percentages by State, System, and School for Grade 11 Students. (2016-2019). Retrieved from <https://www.dpi.nc.gov/districts-schools/testing-and-school-accountability/school-accountability-and-reporting/act-reports>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables. (2019). Income in the past 12 months (in 2019 Inflation-Adjusted Dollars). Retrieved from <https://data.census.gov/cedsci/table?q=income&g=0500000US37015&tid=ACSST5Y2019.S1901&moe=false&hidePreview=true>

U.S. Census Bureau American Community Survey 5- Year Estimates Subject Tables (2019). Poverty Status in the past 12 months by Sex by age. Retrieved from <https://data.census.gov/cedsci/table?q=poverty%20by%20Age%20and%20Sex&g=0500000US37015&tid=ACSDT5Y2019.B17001&moe=false&hidePreview=true>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2019). Poverty Status in the Past 12 Months by Race and Hispanic or Latino Origin. Retrieved from <https://data.census.gov/cedsci/table?q=poverty%20status&g=0500000US37015&tid=ACSST5Y2019.S1701&moe=false&hidePreview=true>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2019). Means of Transportation to Work by Age. Retrieved from <https://data.census.gov/cedsci/table?text=means%20of%20transportation&g=0500000US37015&tid=ACSDT5Y2019.B08101&moe=false&hidePreview=true>

U.S. Census Bureau American Community Survey 5-Year Estimates Subject Tables (2019). Financial Characteristics for Housing Units With a Mortgage. Retrieved from <https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37015&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true>

U.S. Census Bureau. American Community Survey 5-Year Estimates Subject Tables (2019). Financial Characteristics for Housing Units Without a Mortgage. Retrieved from <https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37015&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true>

N.C. State Center for Health Statistics. (2018). Live Births. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Lenoir.html>

N.C. State Center for Health Statistics. (2014-2018). Live Births by Sex. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/Lenoir.html>

NC State Center for Health Statistics. (2018). Low Birth Weight. Retrieved from

<https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html>

N.C. State Center for Health Statistics. (2014-2018). Fetal death Rates per 1,000 Deliveries. Retrieved from

<https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf>

N.C. State Center for Health Statistics. (2012-2016). Cancer Incidence Rates by County for selected cities per 100,000 population Age-Adjusted to the 2000 US Census. Retrieved from

<https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx>

N.C. State Center for Health Statistics. (2014-2018). Neonatal (<28 Days) Death Rates per 1,000 Live Births.

Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf>

N.C. State Center for Health Statistics. (2014-2018). Race/Ethnicity-Specific Age Adjusted Death Rates Standard = Year 2000 U.S. Population per 100,000 for Lenoir County. Retrieved from

<https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf>

N.C. Division of Health and Human Services Communicable Disease Branch. (2020). North Carolina HIV/STD Quarterly Surveillance Report: Vol. 2020, No. 1. Retrieved from

<https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf>

N.C. State Center for Health Statistics. (2014-2018). All Other Unintentional Injuries Death Rates per 100,000. Retrieved from

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html>

N.C. State Center for Health Statistics. (2014-2018). Motor Vehicle Injury Death Rates per 100,000. Retrieved from

<https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html>

N.C. Bureau of Investigation. (2018). Crime in North Carolina. Retrieved from

<http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx>

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Hypertension Awareness. Retrieved from

<https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/nccr/BPHIGH.html>

N.C. State Center for Health Statistics. (2019). BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases. Retrieved from

<https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/nccr/cvdhist.html>

N.C. State Center for Health Statistics. (2019) BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress. Retrieved from

<https://schs.dph.ncdhhs.gov/data/brfss/2019/region6/FMD.html>

N.C. Injury & Violence Prevention Branch. (2010-2013) Leading Causes of Injury Death, Hospitalizations, and Injury Emergency Department visits all ages. Retrieved from

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAllAges-2010-2013c.pdf>

N.C. Injury & Violence Prevention Branch. (2010-2013) Leading Causes of Injury Death, Hospitalizations, and Injury Emergency Department visits ages 0-18. Retrieved from

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-0-18-2010-2013.pdf>

N.C. Injury & Violence Prevention Branch. (2010-2013) Leading Causes of Injury Death, Hospitalizations, and Injury Emergency Department visits ages 19-34. Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-19-34-2010-2013.pdf>

N.C. Injury & Violence Prevention Branch. (2010-2013) Leading Causes of Injury Death, Hospitalizations, and Injury Emergency Department visits ages 35-65. Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-35-64-2010-2013.pdf>

N.C. Injury & Violence Prevention Branch. (2010-2013) Leading Causes of Injury Death, Hospitalizations, and Injury Emergency Department visits ages 65+. Retrieved from <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FinalTop5TablesByCountyAges-65Plus-2010-2013.pdf>

N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.

N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.

N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.

Appendix E. Health Department Programs and Services

ADULT HEALTH – serve males and females age 21 and older.

1. Pap and breast exams.
2. BCCCP (Breast and Cervical Cancer Control Program) provide exams and schedule mammograms if financially eligible.
3. Blood pressure screening.
4. Diabetes screening.

ANIMAL CONTROL

1. Enforce local animal control ordinances.
2. Coordinate rabies vaccination clinics in Lenoir County.

CHILD HEALTH – serves individuals from birth to 21 years of age.

1. Routine child health screens and well child exam through age 21.
2. Assist with Immunizations and ensure children in day care setting meet immunization requirements.
3. Screen and refer for lead poisoning, speech, hearing, vision and developmental disorders.
4. Provide intervention in the event of a communicable disease in the school setting.
5. Provide follow-up for children with elevated blood lead levels.
6. Serves as resource to the community and school system for health care and health care problems.
7. Care Coordination for Children (CC4C).

ENVIRONMENTAL HEALTH

1. Permit/Inspect/Grade of food & lodging establishments, child day care, and institutional facilities.
2. Site evaluations, septic tank permits, and inspections of septic tank installations.
3. Water analysis and well inspections.
4. Lead investigation in conjunction with Child Health Clinic.
5. Permit & inspections of public swimming pools and tattoo artists/establishments.
6. Complaint investigations.

FAMILY PLANNING – serves females of childbearing age and males 19-60 years of age.

1. Complete physical exam, history, screening and referral for cancer, and STI screening and treatment.
2. Birth control supplies.

HEALTH EDUCATION

1. Provide health education, counseling and literature upon request.
2. Promote community programs on specific health topics.
3. Maintain statistics regarding health-related issues in the community.

IMMUNIZATIONS

1. Offer adult and child immunizations including diphtheria, pertussis, tetanus, polio, HIB, Hepatitis A&B, Chicken Pox, MMR (measles, mumps, rubella), Prevnar, Menactra, Pneumonia & Influenza vaccines.
2. Provide **FREE required** immunizations to uninsured and Medicaid eligible children.
3. Member of the NC Immunization Registry (NCIR).

4. Track all 2 year olds associated with Lenoir County Health Department to ensure compliance of immunization schedule.
5. Provide onsite immunizations/vaccinations to businesses/agencies, for their convenience, upon request.
6. Provide training on the NCIR to local medical providers.
7. Serve as an immunization resource for the community.

LABORATORY

1. Medium complexity CLIA certified lab.
2. Provide lab services to clinic clients and accept referrals with physician order.
3. Additional services include pregnancy test, cholesterol and blood glucose screens.

MATERNAL HEALTH

1. Provide comprehensive and routine prenatal services to low/ moderate risk pregnant females.

PUBLIC HEALTH PREPAREDNESS & RESPONSE

1. Develop plans for public response to Biological or Chemical Terrorism, Natural Disasters and Pandemics.
2. Conduct exercises with other agencies (EMS, Law Enforcement, Fire & Rescue, Hospital, Schools, etc.) to ensure community preparedness.
3. Collaborate with State, Regional and Local agencies to reduce Public Health threats.
4. Provide agency and community education regarding preparation and safety measures related to biological or chemical terrorism, natural disasters, and pandemics.

SEXUALLY TRANSMITTED INFECTIONS (STI)

1. Detection and treatment of STI's to include testing for HIV.
2. Contact follow-up.

SOCIAL WORK

1. Pregnancy and parenting skills counseling.
2. Coordinate client involvement with community agencies to insure continuity and quality of care.
3. Provide case management services through Pregnancy Care Management Program.
4. Provide evaluation/counseling services for Maternity Clients of Lenoir County Health Department.

TUBERCULOSIS

1. Detection and treatment of tuberculosis (TB).
2. Schedule chest x-rays for clinic patients if indicated.
3. Provide tuberculin skin tests (PPD's).
4. Follow-up with abnormal hepatitis tests.
5. Education on communicable diseases to client, family, and community.
6. Provide follow-up of communicable diseases.
7. Complete and send report cards to the state for all communicable diseases.
8. Provide updated information to professionals and public on emerging diseases (SARS, smallpox, etc.).

VITAL RECORDS

Ensures that records or certificates of all births and deaths that occur in the county are properly filed with the local Register of Deeds.

WIC (WOMEN, INFANTS, AND CHILDREN)

1. A supplementary nutrition program serving pregnant, breast-feeding, or postpartum women, as well as infants and children under 5 years of age. Nutritional counseling is provided for all participants.
2. Provide breastfeeding education, breast pumps and peer support.