



# 2018 LENOIR COUNTY COMMUNITY HEALTH ASSESSMENT



**LENOIR**  
UNC HEALTH CARE

**KINSTON COMMUNITY  
HEALTH CENTER, INC.**  
Hope For Equal Access

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



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# Table of Contents

<b>List of Figures</b>	<b>5</b>
<b>List of Tables</b>	<b>7</b>
<b>Executive Summary</b>	<b>8</b>
Service Area	8
Methods for Identifying Community Health Needs	8
Secondary Data	8
Primary Data	8
Summary of Findings	8
Selected Priority Areas	9
Conclusion	9
<b>Introduction</b>	<b>10</b>
About Health ENC	10
Member Organizations	11
Steering Committee	12
HealthENC.org	13
Consultants	13
Lenoir County Hospital / Health Department / Health Center / Collaborative	14
Community Health Team Structure	15
Distribution	15
<b>Evaluation of Progress Since Prior CHNA</b>	<b>16</b>
Community Feedback on Prior CHNA	16
<b>Methodology</b>	<b>17</b>
Overview	17
Secondary Data Sources & Analysis	17
Health and Quality of Life Topic Areas	18
Health ENC Region Comparison	18
Primary Data Collection & Analysis	18
Community Survey	19
Focus Group Discussions	23
Data Considerations	24
Prioritization	24
<b>Overview of Lenoir County</b>	<b>27</b>
About Lenoir County	27
Demographic Profile	30
Population	30
Age and Gender	33
Birth Rate	35
Race/Ethnicity	36
Tribal Distribution of Population	37
Military Population	37
Veteran Population	38
Socioeconomic Profile	39
NC Department of Commerce Tier Designation	39
Income	39
Poverty	42
Housing	45
Food Insecurity	47
Employment	48
SocioNeeds Index	49
Educational Profile	51
Educational Attainment	51
High School Dropouts	53
High School Suspension Rate	54

Environmental Profile	56
Transportation Profile	56
Crime and Safety	60
Violent Crime and Property Crime	60
Juvenile Crime	61
Child Abuse	62
Incarceration	63
Access to Healthcare, Insurance and Health Resources Information	64
Health Insurance	64
Civic Activity	67
Political Activity	68
<b>Findings</b>	<b>69</b>
Secondary Data Scoring Results	69
Primary Data	69
Community Survey	69
Focus Group Discussions	74
Data Synthesis	75
Topic Areas Examined in This Report	76
Navigation Within Each Topic	77
Diabetes	78
Key Issues	78
Secondary Data	78
Primary Data	78
Highly Impacted Populations	79
Heart Disease & Stroke	80
Key Issues	80
Secondary Data	80
Primary Data	81
Highly Impacted Populations	81
Respiratory Diseases	82
Key Issues	82
Secondary Data	82
Primary Data	83
Highly Impacted Populations	83
Immunizations & Infectious Diseases	84
Key Issues	84
Secondary Data	84
Primary Data	85
Highly Impacted Populations	85
Cancer	86
Key Issues	86
Secondary Data	86
Primary Data	88
Highly Impacted Populations	88
Mortality	89
<b>Other Significant Health Needs</b>	<b>90</b>
Access to Health Services	90
Economy	90
Exercise, Nutrition & Weight	91
Public Safety	92
Substance Abuse	93
<b>A Closer Look at Highly Impacted Populations</b>	<b>93</b>
Older Adults & Aging	93
Women's Health	93
Disparities by Age, Gender and Race/Ethnicity	94
Geographic Disparities	95
Community Needs Not Addressed	95
<b>Conclusion</b>	<b>96</b>
<b>Appendix A. Impact Since Prior CHNA</b>	<b>97</b>

<b>Appendix B. Secondary Data Scoring</b>	<b>104</b>
Overview	104
Comparison Score	104
Indicator Score	104
Topic Score	104
Comparison Scores	105
Comparison to a Distribution of North Carolina Counties and U.S. Counties	105
Comparison to North Carolina Value and U.S. Value	105
Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets	105
Trend Over Time	106
Missing Values	106
Indicator Scoring	106
Topic Scoring	106
Age, Gender and Race/Ethnicity Disparities	107
Topic Scoring Table	108
Indicator Scoring Table	109
Sources	125
<b>Appendix C. Primary Data</b>	<b>126</b>
English Survey	127
Spanish Survey	156
Focus Group Questions	186
<b>Appendix D. Community Resources</b>	<b>189</b>
<b>Appendix E. Health Department Programs and Services</b>	<b>18992</b>

## List of Figures

Figure 1. Health ENC Online Data Platform	13
Figure 2. Secondary Data Scoring	17
Figure 3. Education of Community Survey Respondents-English	20
Figure 4. Education of Community Survey Respondents-Spanish	20
Figure 5. Employment Status of Community Survey Respondents-English	21
Figure 6. Employment Status of Community Survey Respondents-Spanish	21
Figure 7. Health Care Coverage of Community Survey Respondents-English	22
Figure 8. Health Care Coverage of Community Survey Respondents-Spanish	22
Figure 9. Total Population (U.S. Census Bureau)	31
Figure 10. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)	32
Figure 11. Population by Age (U.S. Census Bureau, 2016)	33
Figure 12. Population 18+ and 65+ (U.S. Census Bureau, 2016)	35
Figure 13. Birth Rate (North Carolina State Center for Health Statistics)	35
Figure 14. Population by Race/Ethnicity (U.S. Census Bureau, 2016)	36
Figure 15. Population in Military / Armed Forces (American Community Survey)	37
Figure 16. Veteran Population (American Community Survey, 2012-2016)	38
Figure 17. Median Household Income (American Community Survey, 2012-2016)	39
Figure 18. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)	40
Figure 19. Median Household Income by Zip Code (American Community Survey, 2012-2016)	41
Figure 20. People Living Below Poverty Level (American Community Survey, 2012-2016)	42
Figure 21. Children Living Below Poverty Level (American Community Survey, 2012-2016)	43
Figure 22. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)	43
Figure 23. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)	44

Figure 24. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)	45
Figure 25. Severe Housing Problems (County Health Rankings, 2010-2014)	46
Figure 26. Households with Children Receiving SNAP (American Community Survey, 2012-2016)	47
Figure 27. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)	49
Figure 28. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)	51
Figure 29. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016)	52
Figure 30. High School Dropout Rate (North Carolina Department of Public Instruction)	53
Figure 31. High School Suspension Rate (North Carolina Department of Public Instruction)	54
Figure 32. Mode of Commuting to Work (American Community Survey, 2012-2016)	56
Figure 33. Workers who Drive Alone to Work (American Community Survey, 2012-2016)	57
Figure 34. Violent Crime Rate (North Carolina Department of Justice)	60
Figure 35. Property Crime Rate (North Carolina Department of Justice)	60
Figure 36. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)	61
Figure 37. Juvenile Delinquent Rate (North Carolina Department of Public Safety)	61
Figure 38. Child Abuse Rate (Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)	62
Figure 39. Incarceration Rate (North Carolina Department of Public Safety)	63
Figure 40. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)	64
Figure 41. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)	65
Figure 42. Voting Age Population (American Community Survey, 2012-2016)	66
Figure 43. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016)	66
Figure 44. Top Quality of Life Issues, as Ranked by Survey Respondents-English	70
Figure 45. Level of Agreement Among Lenoir County Residents in Response to Nine Statements about their Community-English	70
Figure 46. Level of Agreement Among Lenoir Residents in Response to Nine Statements about their Community-Spanish	71
Figure 47. Services Needing the Most Improvement, as Ranked by Survey Respondents-English	72
Figure 48. Services Needing the Most Improvement, as Ranked by Survey Respondents-Spanish	72
Figure 49. Health Behaviors that Residents Need More Information About, as Ranked by Survey Respondents-English	73
Figure 50. Health Behaviors that Residents Need More Information About, as Ranked by Survey Respondents-Spanish	74
Figure 51. Data Synthesis Results	76
Figure 52. Secondary Data Scoring Overview	104
Figure 53. Score Range	104
Figure 54. Comparisons used in Secondary Data Scoring	105
Figure 55. Compare to Distribution Indicator Gauge	105
Figure 56. Distribution of County Values	105
Figure 57. Comparison to Single Value	105
Figure 58. Comparison to Target Value	106
Figure 59. Trend Over Time	106

## List of Tables

Table 1. Significant Health Needs	9
Table 2. Health and Quality of Life Topic Areas	18
Table 3. Survey Respondents	19
Table 4. List of Focus Group Discussions	23
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)	34
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)	37
Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)	50
Table 8. Secondary Data Scoring Results by Topic Area	69
Table 9. Focus Group Results by Topic Area	74
Table 10. Criteria for Identifying the Top Needs from each Data Source	75
Table 11. Topic Areas Examined In-Depth in this Report	76
Table 12. Description of Gauges and Icons used in Secondary Data Scoring	77
Table 13. Data Scoring Results for Diabetes	78
Table 14. Data Scoring Results for Heart Disease & Stroke	80
Table 15. Data Scoring Results for Respiratory Diseases	82
Table 16. Data Scoring Results for Immunizations & Infectious Diseases	84
Table 17. Data Scoring Results for Cancer	86
Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)	89
Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities	94
Table 20. Topic Scores for Lenoir County	108
Table 21. Indicator Scores by Topic Area	109
Table 22. Indicator Sources and Corresponding Number Keys	125

## Executive Summary

Lenoir County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Lenoir County.

### Service Area

The service area for this report is defined as the geographical boundary of Lenoir County, North Carolina. Lenoir County is located inland from the coastal area of the state and has an area of 403 square miles, of which 401 square miles is land and 2.2 square miles is water.

## Methods for Identifying Community Health Needs

### Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Lenoir County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

### Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (4) focus group discussions. Over 400 Lenoir County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

## Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Lenoir County and are displayed in Table 1.



**Table 1. Significant Health Needs**

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Access to Health Services
Cancer
Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Immunizations & Infectious Diseases
Public Safety
Respiratory Diseases
Substance Abuse

---

## **Selected Priority Areas**

The significant health needs that were identified as priorities to address through this Community Health Needs Assessment cycle (2019-2021) are

- Access to Health Services;
- Substance Abuse; and
- Exercise, Nutrition, and Weight.

## **Conclusion**

This report describes the process and findings of a comprehensive health needs assessment for the residents of Lenoir County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Lenoir County. Following this process, Lenoir County will outline how it plans to address the prioritized health needs in the UNC Lenoir Implementation Plans and Lenoir County Health Department Community Health Improvement Plans.

## Introduction

Lenoir County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Lenoir County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Lenoir County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Lenoir County Community Health Needs Assessment was developed through a partnership between the Lenoir County Health Department, UNC Lenoir Health Care, Kinston Community Health Center, Health ENC and Conduent Healthy Communities Institute, with Lenoir Hospital Foundation providing some financial support for the process.

## About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

## **Member Organizations**

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

### *Partner Organizations*

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

### *Hospitals and Health Systems*

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- UNC Johnston Health Care
- UNC Lenoir Health Care
- UNC Nash Health Care
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- UNC Wayne Health Care
- Wilson Medical Center

### *Health Departments and Health Districts*

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department

- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

### **Steering Committee**

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

#### *Health ENC Program Manager*

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

#### *Health ENC Steering Committee Members*

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

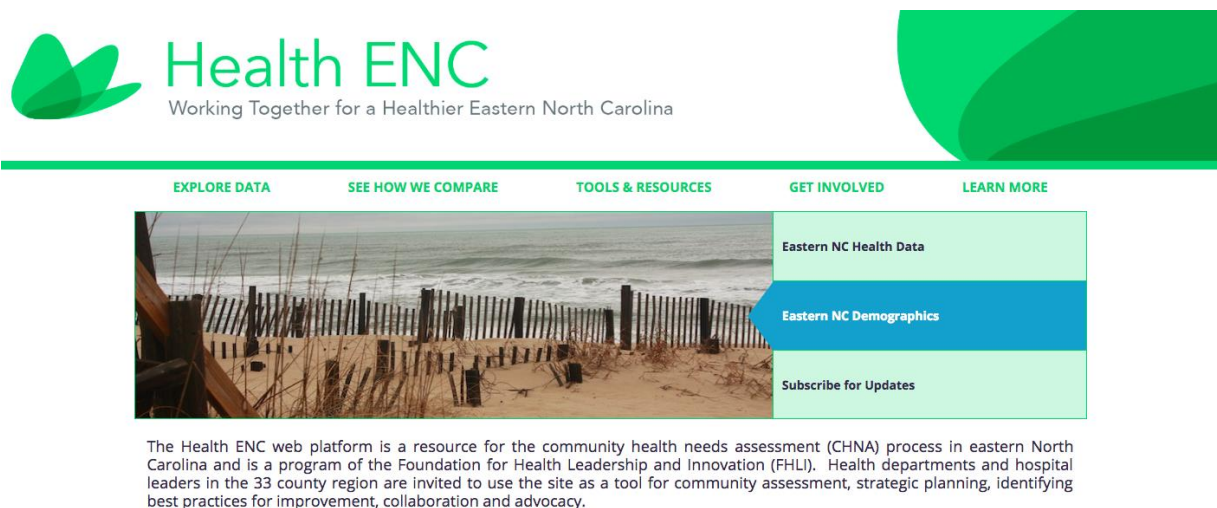
## HealthENC.org

The [Health ENC](https://www.healthenc.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on [HealthENC.org](https://www.healthenc.org) and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit [HealthENC.org](https://www.healthenc.org) to learn more.

Figure 1. Health ENC Online Data Platform



## Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI’s national knowledge base of

population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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## 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, and 2017. 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.

### **Distribution**

An electronic copy of this report is available at [HealthENC.org](http://HealthENC.org), [www.unclenoir.org](http://www.unclenoir.org), [www.lenoir.co.nc.us/health](http://www.lenoir.co.nc.us/health), and [www.kinstonhealth.org](http://www.kinstonhealth.org)

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](http://www.unclenoir.org).

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

## Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding 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 2017 Community Health Needs Assessment, Obesity, Responsible Parenting, 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 2017 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 [www.lenoir.co.nc.us/health](http://www.lenoir.co.nc.us/health).

## Community Feedback on Prior CHNA

The 2017 Lenoir County Community Health Needs Assessment was made available to the public via [www.unclenoir.org](http://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](http://www.unclenoir.org). No comments had been received on the preceding CHNA at the time this report was written.



# Methodology

## Overview

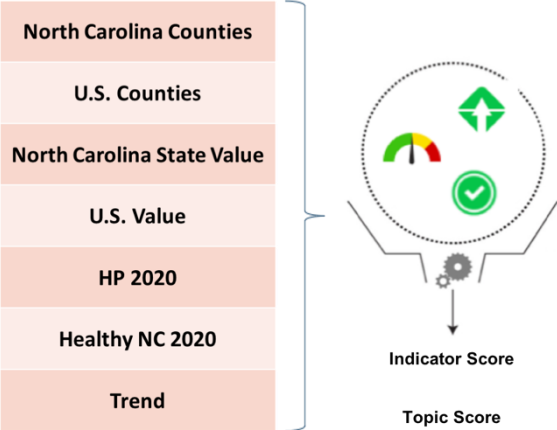
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Lenoir County.

## Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org)<sup>1</sup>, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 150 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Lenoir County’s status, including how Lenoir County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI’s data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Lenoir County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



Please see Appendix B for further details on the secondary data scoring methodology.

<sup>1</sup> Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

## Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

**Table 2. Health and Quality of Life Topic Areas**

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health*	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

\*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

## Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: 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, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

## Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

## Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

### *Survey Distribution*

Lenoir County distributed paper copies of the survey in English and Spanish to area churches, Council on Aging, Physician practices, local government agencies, hospital lobby, and at health fairs. The survey was advertised through media coverage in news articles and social media, and flyers were created with the QR code to access the survey online.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 449 responses were collected from Lenoir County residents, with a survey completion rate of 85.3%, resulting in 383 complete responses from Lenoir County. The survey analysis included in this CHNA report is based on complete responses.

**Table 3. Survey Respondents**

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Lenoir County	357	26	383

\*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Lenoir County, what their personal health challenges are, and what the most critical health needs are for Lenoir County. The survey instrument is available in Appendix C.

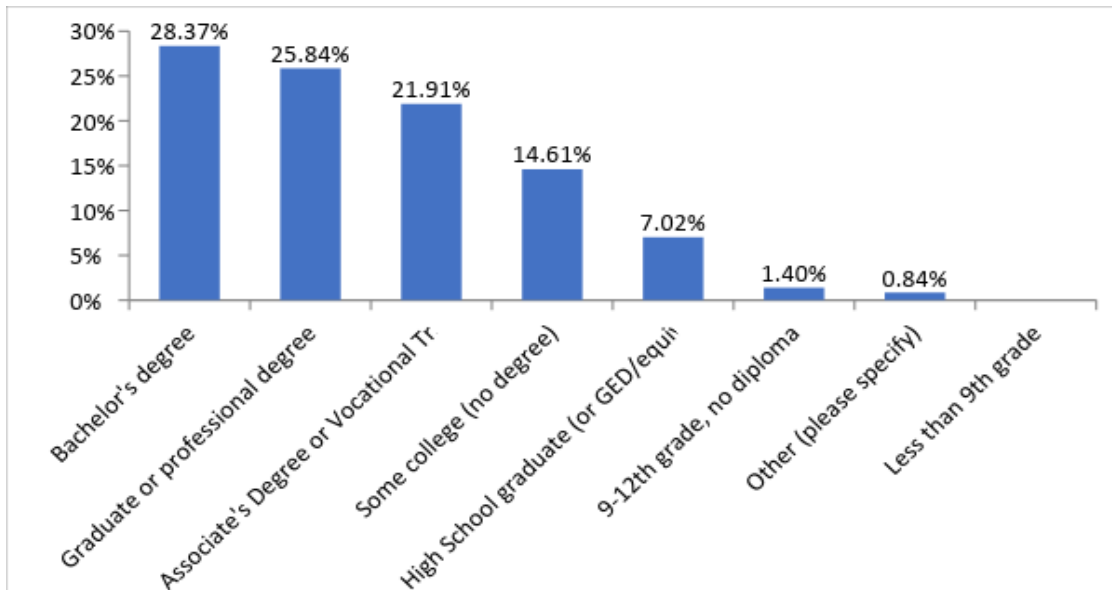
### *Demographics of Survey Respondents*

The following charts and graphs illustrate Lenoir County demographics of the community survey respondents for both English and Spanish surveys.

Among Lenoir County English survey participants, 58% of respondents were over the age of 50, with the highest concentration of respondents (15.1%) grouped into the 55-59 age group. While, 100% of Spanish survey respondents were under the age of 50 with the highest concentration grouped into the 25-29 age group. The majority of respondents were female (80.3% English, 92.3% Spanish) and White (81.4% English, 61.9% Spanish). Of the Spanish respondents, 72% identified as Mexican or Mexican American.

English survey respondents had varying degrees of education, with the highest share of respondents (28.4%) having a bachelor's degree and the next highest share of respondents (25.8%) having a graduate or professional degree (Figure 3).

**Figure 3. Education of Community Survey Respondents-English**



As shown in Figure 4, almost half of the Spanish respondents had at least a high school education, and the highest share of respondents (27.8%) had household annual incomes of \$100,000 or greater before taxes. The average household size was 2.8 individuals.

**Figure 4. Education of Community Survey Respondents-Spanish**

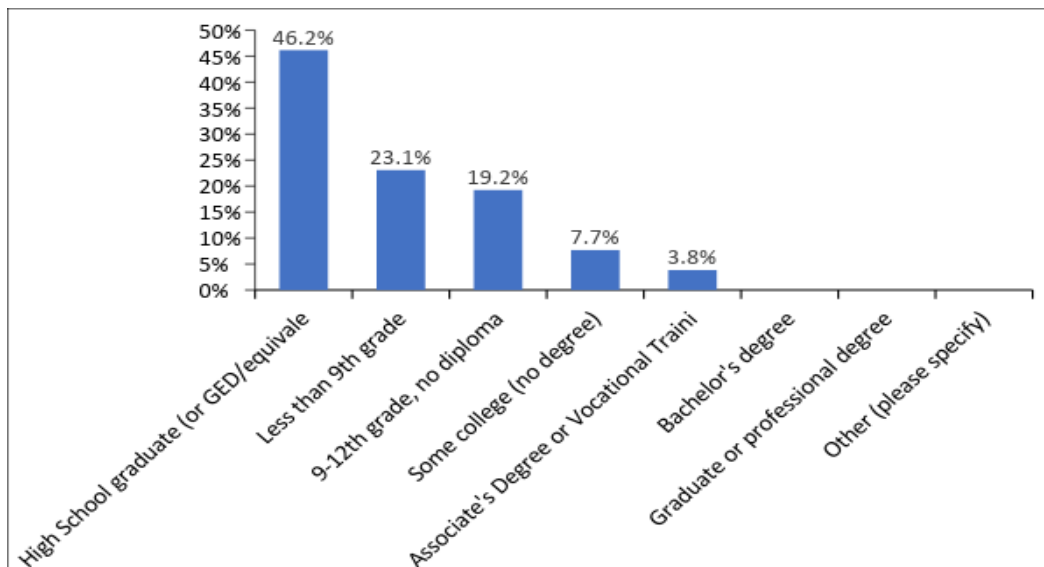
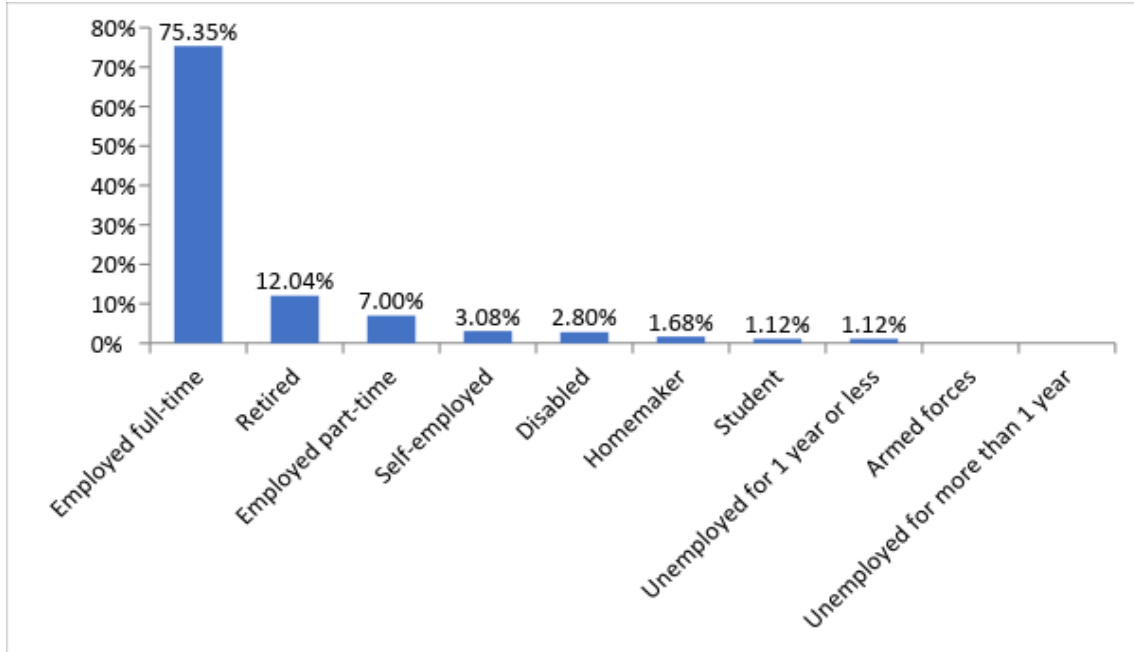


Figure 5 shows the employment status of community survey respondents (English). About 3 out of 4 respondents (75.4%) were employed full-time, while 12% of them were retired and 7% part-time workers. None of the respondents were in the armed forces or had been unemployed for more than a

year. This differed from Spanish survey respondents where 50% were homemakers and 46.2% were employed full time. (Figure 6)

**Figure 5. Employment Status of Community Survey Respondents-English**



**Figure 6. Employment Status of Community Survey Respondents-Spanish**

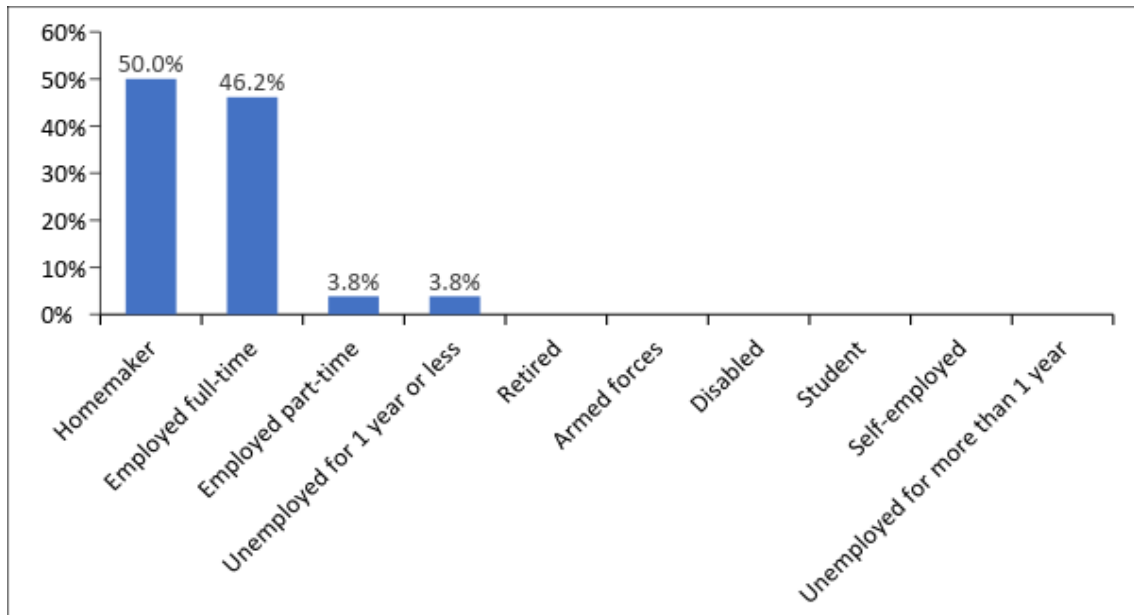
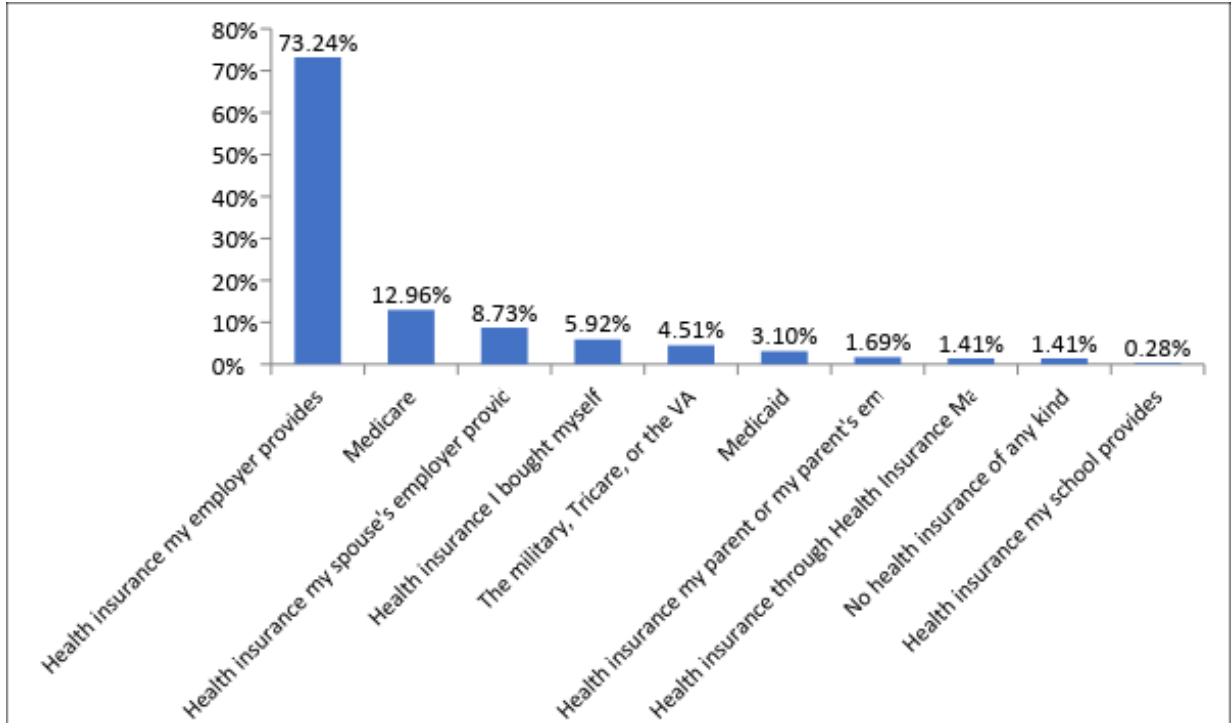
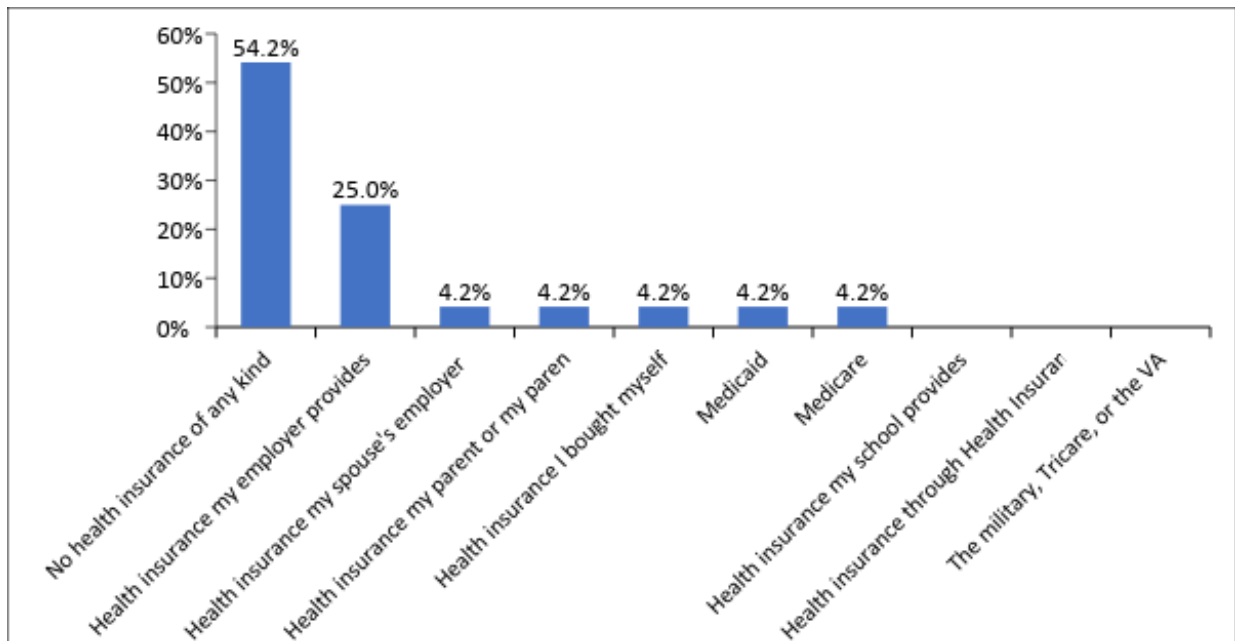


Figure 7 and 8 show health care coverage amongst community survey respondents. 73.2% of English survey respondents have health insurance through their employer while 54.2% of Spanish survey respondents have no health insurance of any kind.

**Figure 7. Health Care Coverage of Community Survey Respondents-English**



**Figure 8. Health Care Coverage of Community Survey Respondents-Spanish**



Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on [HealthENC.org](http://HealthENC.org). Full results can be downloaded by county or for the entire Health ENC Region.

### Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Lenoir County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC’s 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Focus groups were targeted to diverse groups to include community health leaders working with a variety of specific programs across the county, community residents and underserved patients and family from the Kinston Community Health Center, Inc.

Four focus group discussions were completed within Lenoir County between June 26, 2018 – July 18, 2018 with a total of 54 individuals. Participants included community stakeholders and community members. Table 4 shows the date, location, population type, and number of participants for each focus group.

**Table 4. List of Focus Group Discussions**

<b>Date Conducted</b>	<b>Focus Group Location</b>	<b>Population Type</b>	<b>Number of Participants</b>
6/26/2018	NC State Veterans Home - Kinston, NC	Stakeholders	25
7/18/2018	UNC Lenoir Health Care	Community Members	18
7/12/2018	Kinston Community Health Center, Inc.	General Population	6
7/17/2018	Lenoir County Health Department	Management Team	5

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the

most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on [HealthENC.org](https://www.healthenc.org).

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Lenoir County is rich with involvement by a cross section of the community.

## Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

## Prioritization

The Community Health Assessment Planning/Review Group made up of The Lenoir County Alliance for Healthy Community met on Tuesday, January 22<sup>nd</sup> at UNC Lenoir Health Care. Participants reviewed the group work of the Lenoir County cycle of CHNA, the new regional CHNA process and cycle change, and the 2017 priorities. A group discussion was held using the 2018 data from 383 community surveys, four focus groups, and secondary data highlights. The goal of the meeting was to prioritize issues for community strategies in the new CHNA cycle.

Using a Venn diagram handout from the 2018 CHNA, each participant was able to review the synthesis of results in each category. Across all three data sources, there is strong evidence for Economy as a key



issue. A discussion focused on the issue of transportation affecting all areas of need including Economy. The group discussed additional community health issues including child abuse and mental health.

The Lenoir County Health Director provided the group with a handout with the topic areas identified as highest scoring across the three data sources. The ten top areas were also identified on posters around the room. They were:

1. Access to Health Services
2. Cancer
3. Diabetes
4. Economy
5. Exercise, Nutrition & Weight
6. Heart Disease & Stroke
7. Immunizations & Infectious Diseases
8. Public Safety
9. Respiratory Diseases
10. Substance Abuse

The committee 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 Alliance members were then provided the 2018 Data Scoring Tool information for Lenoir County as a handout from Conduent Healthy Communities Institute (HCI). The information helped clarify top Lenoir County health indicators and an assigned score based on comparison to other counties, whether health targets have been met, and the trend of the indicator over time. The comparison scores of 0-3 where 3 is the worst outcome was used. **The top ten poorest performing HCI indicators were:**

1. Diabetes
2. Heart Disease and Stroke
3. Wellness & Lifestyle
4. Respiratory Diseases
5. Immunizations & Infectious Diseases
6. Older Adults & Aging
7. Women's Health
8. Cancer
9. Environmental & Occupational Health
10. Maternal, Fetal & Infant health

The group was urged to use the HCI secondary data to help confirm the perceptions as prioritizations were made.

The next part of the process included all Alliance members being given 3 colored dots each for selecting within the ten top issues that were posted around the room and as described above. Instructions included having each person assign one dot placement on each of the three most important issues based on his/her view and experience. The issues given the highest priority were:

1. **Access to Care**
2. **Substance Abuse**
3. **Economy *and* Exercise, Nutrition & Weight (tie)**

Because there was a tie, the group further discussed current efforts in the community surrounding Economy. Transportation barriers were noted as a key reason for selecting Economy and members shared that a focus of the 2020 Lenoir County Chamber of Commerce plan is on transportation. To break the tie, the Health Department Director provided each person with one colored dot to re-vote between Economy and Exercise, Nutrition & Weight, and Exercise, Nutrition & Weight was chosen. Because the group felt so strongly about Economy, the decision was made to draft a letter from the Alliance to City and County Officials to express support for economic efforts benefitting health, such as transportation. The priority health issues over the next community health needs assessment cycle period are:

**Access to Care**

**Substance Abuse**

**Exercise, Nutrition & Weight**

Individuals present at this meeting represented the following organizations:

- AmeriCorps
- Boys & Girls Club – Lenoir County Unit
- Chamber of Commerce
- Eastpointe
- Guardian Ad Litem
- Kinston Community Health Center
- Kinston Police Department
- Kinston/ICOR
- Lenoir Community Center
- Lenoir County Council on Aging
- Lenoir Department of Social Services
- Lenoir County Emergency Medical Services
- Lenoir County Health Department
- Lenoir County Transit
- Lenoir/Greene United Way
- Lenoir County - NC Cooperative Extension
- NC Works
- Parents as Teachers
- Partnership for Children
- Pitt County Health Department
- Spring Harbor Kinston
- Triple P
- UNC Lenoir Health Care
- Vocational Rehab

# Overview of Lenoir County

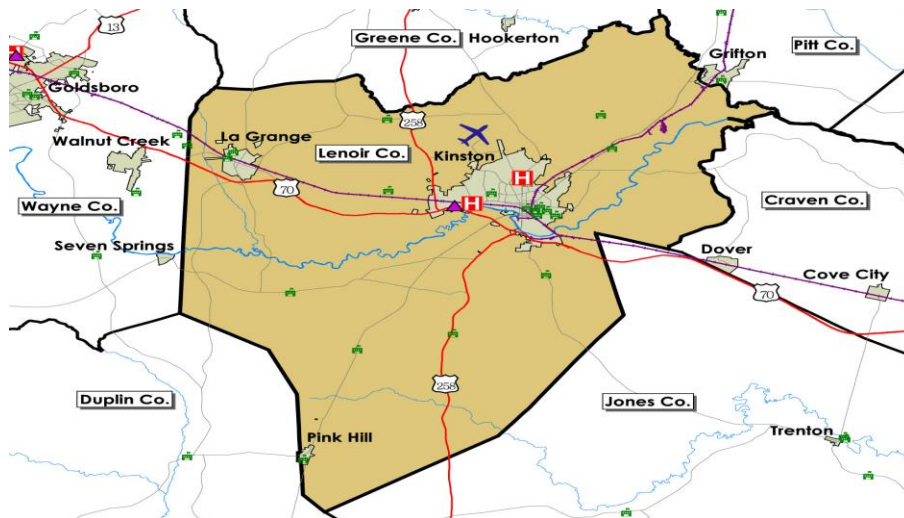
## About Lenoir County

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.

## **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 261 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, oncology, radiology and urology. With a medical staff of over 100 physicians, UNC Lenoir Health Care offers a range of specialty services and technology normally found in hospitals in larger cities. Please see [www.unclenoir.org](http://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 nearly 900 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 2018, a shorter fiscal year, UNC Lenoir provided care for 4354 total admissions with an average daily census of 73.8. There were 33,162 Emergency Room visits with 274 newborn deliveries, and 2722 surgeries. The consistent leading cause of hospital admission is congestive heart failure. 86% 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. Two new providers were recruited and joined the community in 2018. They are Dr. Lowell Gill, UNC Orthopedics and Sports Medicine at Lenoir and Dr. Julianna Barahona, UNC Pulmonary and Sleep

Medicine at Lenoir. 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)

## Kinston Community Health Center, Inc.

The mission of the Kinston Community Health Center is to provide quality and accessible health care to all the people of our community in the most cost-efficient manner.

Our goal is to be a partner in healthcare by serving as a primary medical facility. The center is committed to making available a personal physician who provides for all of a client's healthcare needs and coordinates care across all settings, including the medical office, hospital, clinics, testing facilities, and other places where clients may receive healthcare. Please visit [www.kinstonhealth.org](http://www.kinstonhealth.org) for more information about Kinston Community Health Center, Inc.

## Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Lenoir County, North Carolina.

### Population

According to the U.S. Census Bureau's 2016 population estimates, Lenoir County has a population of 57,307 (Figure 9). The population of Lenoir County has decreased from 2013 to 2016.

Figure 9. Total Population (U.S. Census Bureau)

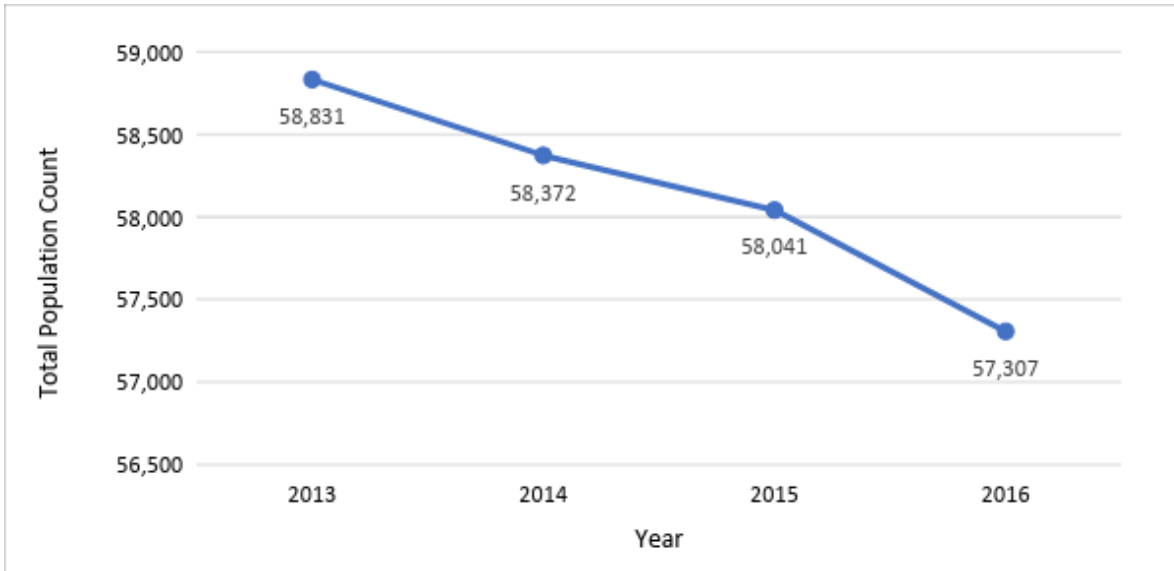
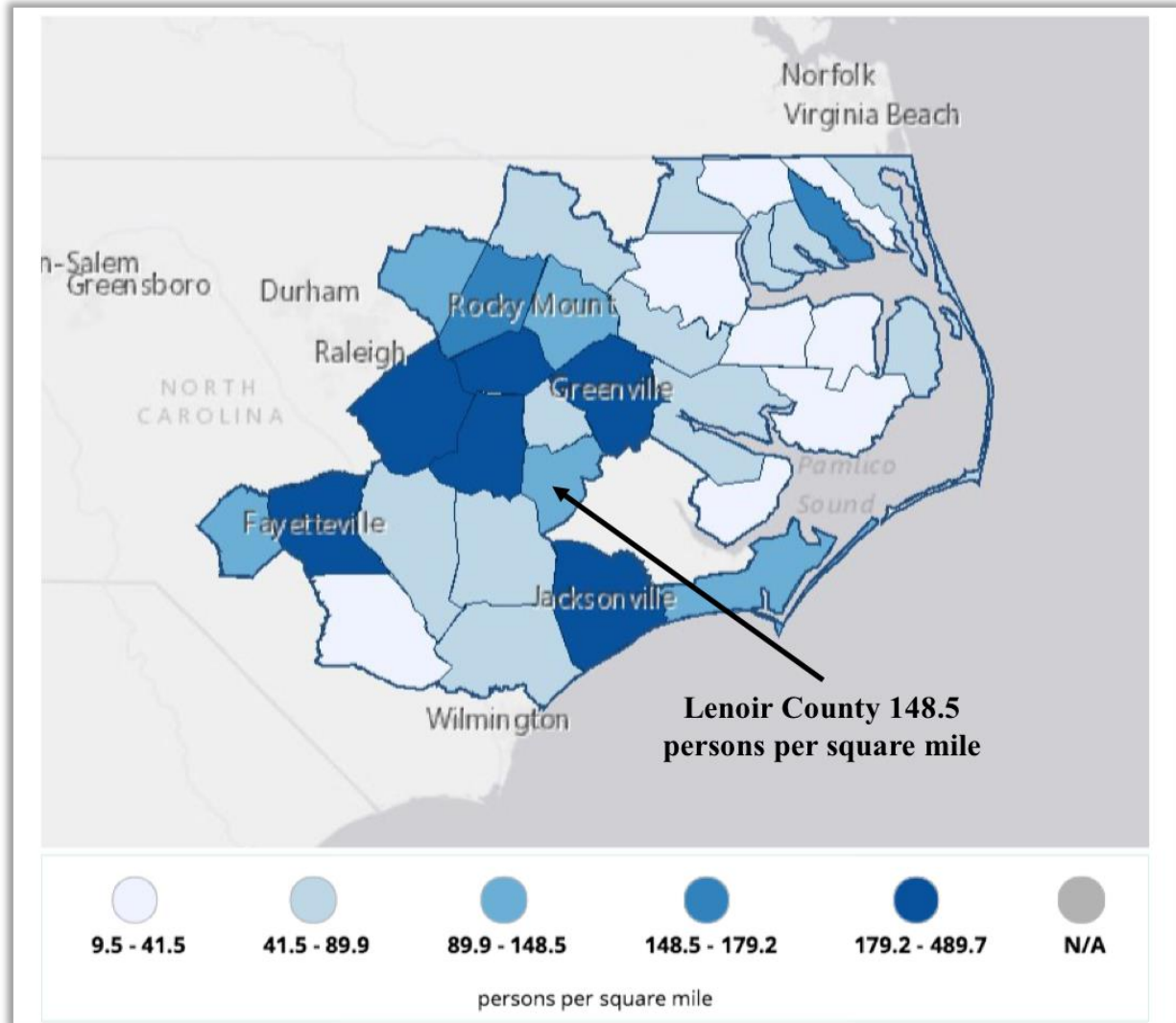


Figure 10 shows the population density of Lenoir County compared to other counties in the Health ENC region. Lenoir County has a population density of 148.5 persons per square mile.

**Figure 10. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)**

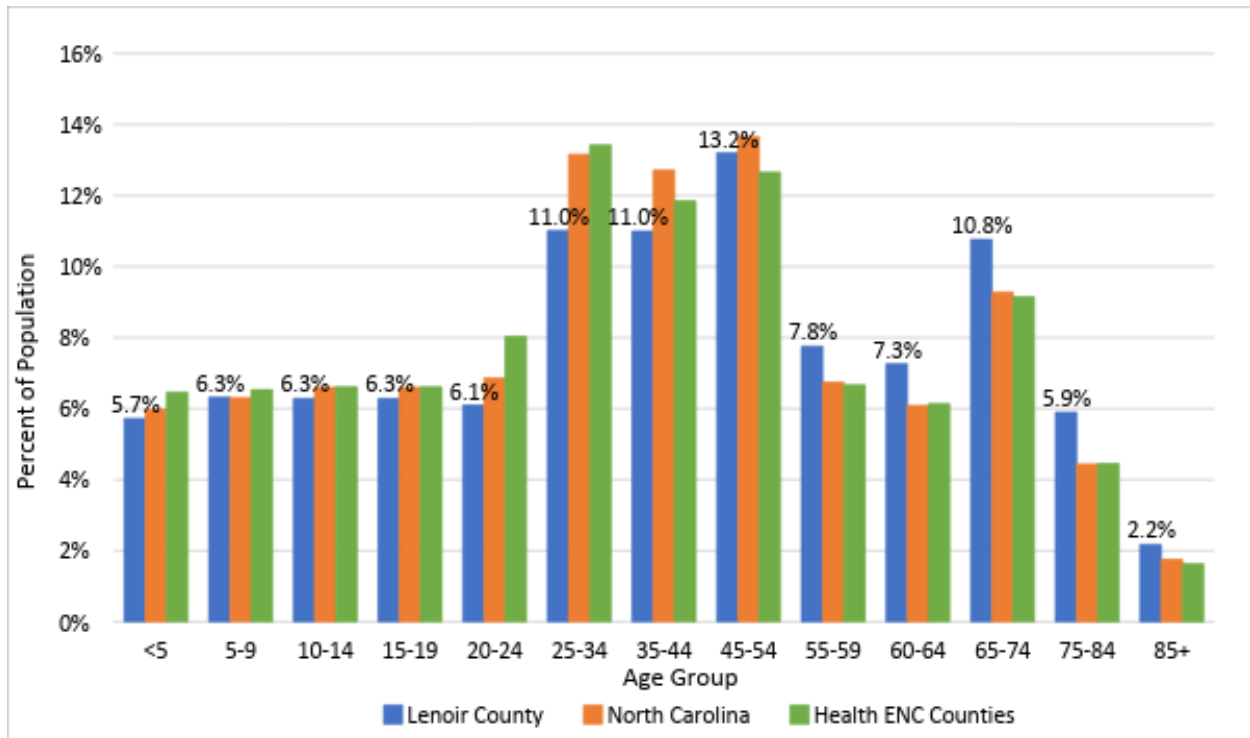




## Age and Gender

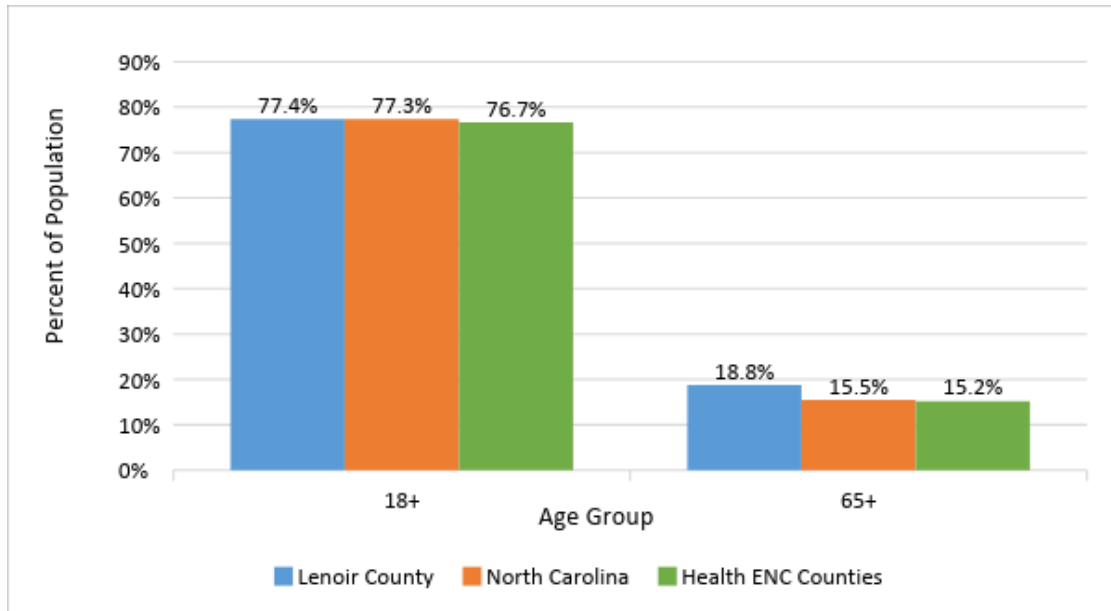
Overall, Lenoir County residents are older than residents of North Carolina and the Health ENC region. Figure 11 shows the Lenoir County population by age group. The 45-54 age group contains the highest percent of the population at 13.2%, while the 25-34 and 35-44 age groups contain the next highest percent of the population at 11.0% each.

Figure 11. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 18.8% of the Lenoir County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 12).

**Figure 12. Population 18+ and 65+ (U.S. Census Bureau, 2016)**



Males comprise 47.7% of the population, whereas females comprise 52.3% of the population (Table 5). The median age for males is 39.8 years, whereas the median age for females is 44.8 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

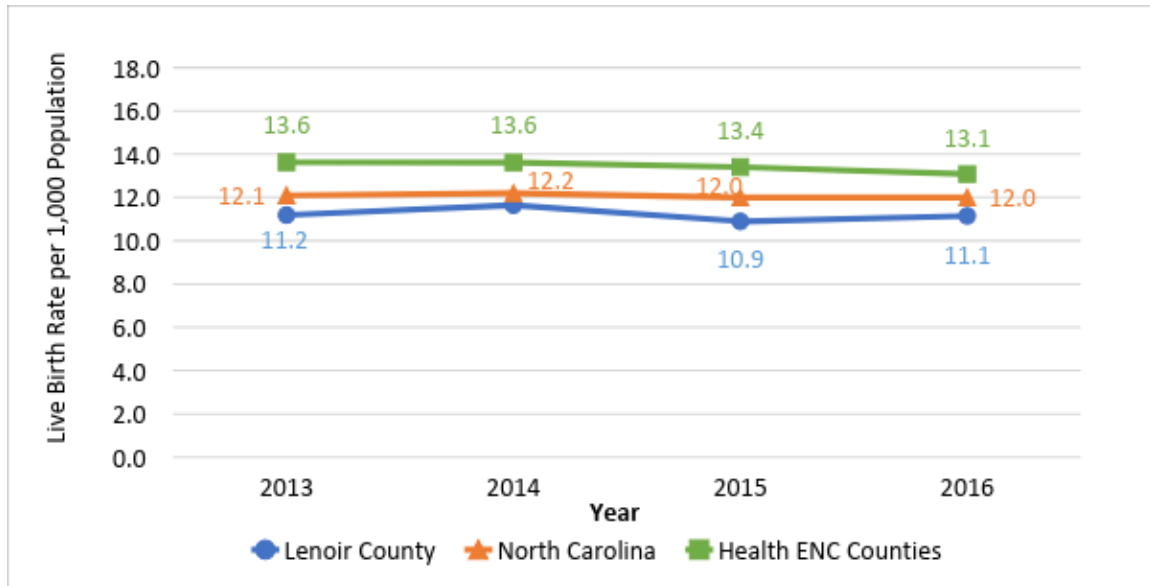
**Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)**

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
<b>Lenoir County</b>	47.7%	52.3%	75.7%	16.1%	78.9%	21.3%	39.8	44.8
<b>North Carolina</b>	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
<b>Health ENC Counties</b>	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

## Birth Rate

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. Figure 13 illustrates that the birth rate in Lenoir County (11.1 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC Counties (13.1).

Figure 13. Birth Rate (North Carolina State Center for Health Statistics)



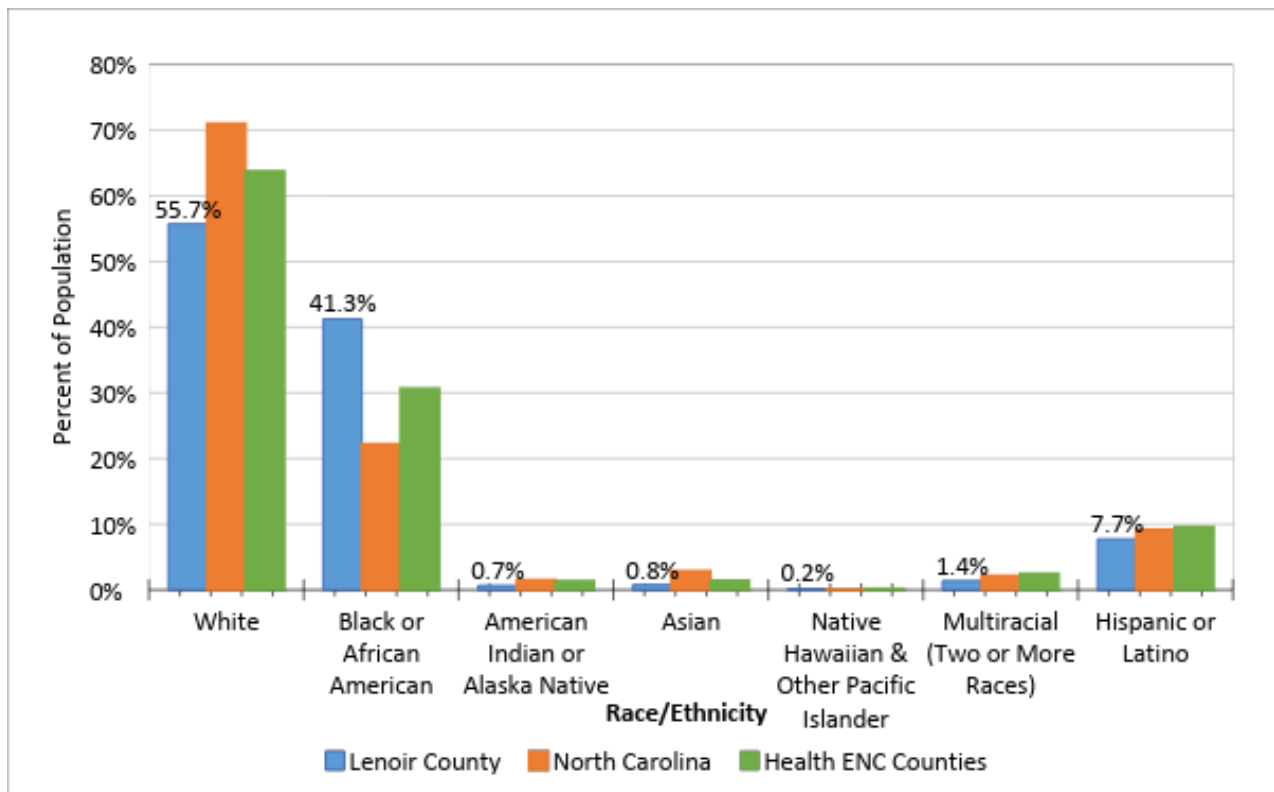
## Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 14 shows the racial and ethnic distribution of Lenoir County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Lenoir County (55.7%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Lenoir County has a larger share of residents that identify as Black or African American (41.3%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 7.7% of Lenoir County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 14. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



## Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

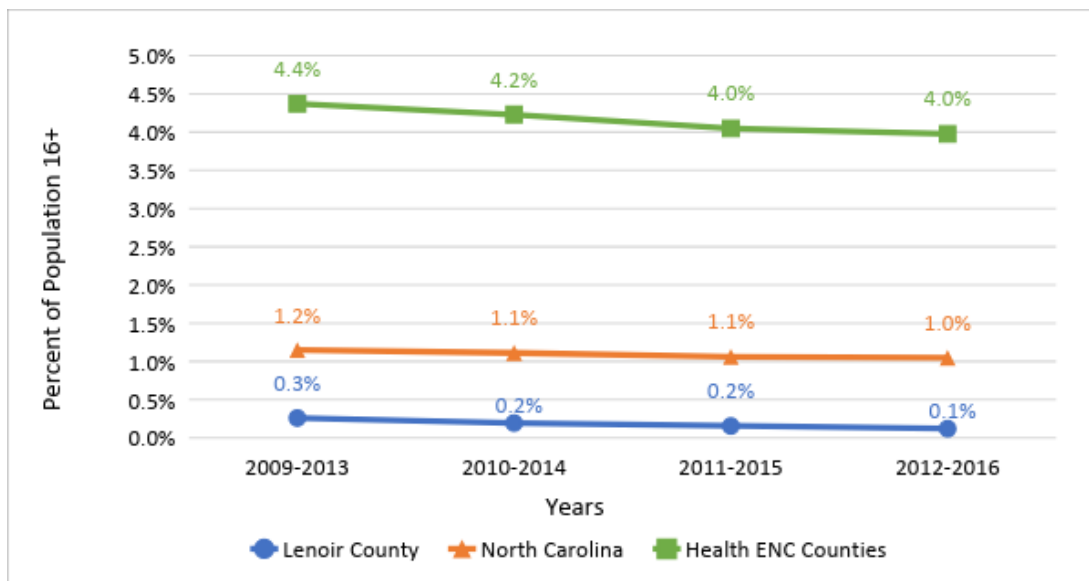
**Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)**

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

## Military Population

Figure 15 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Lenoir County has a smaller share of residents in the military (0.1%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 15 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the percent of the population in the military for Lenoir County is lower than in North Carolina and the Health ENC region.

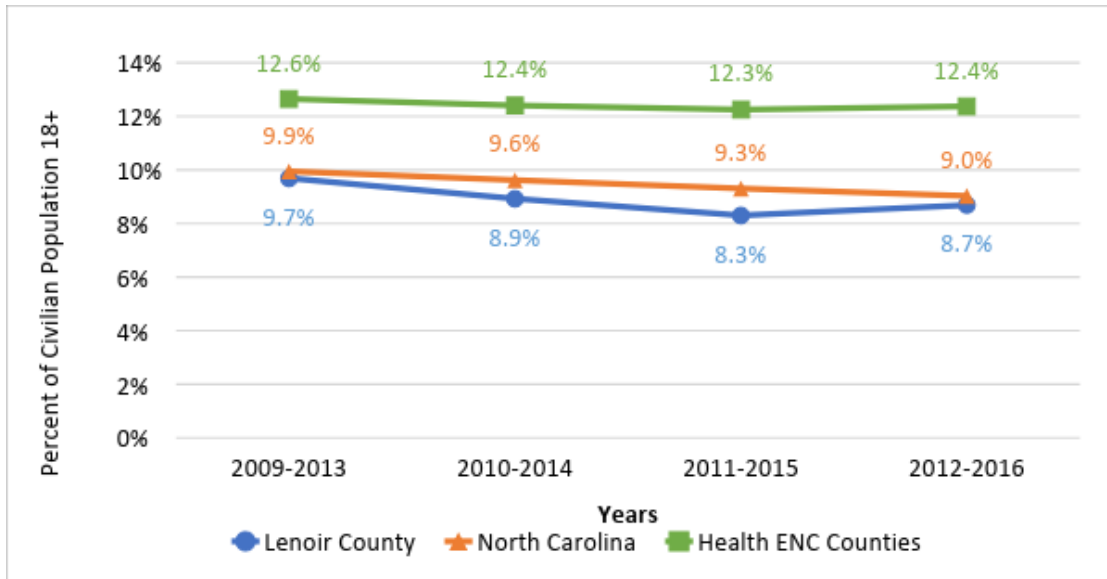
**Figure 15. Population in Military / Armed Forces (American Community Survey)**



## 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 has a veteran population of 8.7% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 16).

Figure 16. Veteran Population (American Community Survey, 2012-2016)



## North Carolina State Veterans Home

The North Carolina Department of Military and Veterans Affairs (NC DMVA) runs four full-service skilled nursing care facilities in North Carolina. The cities of Fayetteville, Salisbury, Black Mountain, and Kinston are equipped with 449 skilled-care beds and employ over 750 North Carolinians. The State Veterans Home in Kinston is complete with 100 beds for veterans. The facility offers quality care for veterans and aims to improve the quality of their lives. Services offered include:

- Private rooms
- 24-hour nursing
- IV therapy
- oxygen therapy
- physical therapy
- occupational therapy
- speech therapy
- wound care and pain management
- full-time dietician
- nourishment care activity programming
- hospice, private chapel
- counseling services



The NC State Veterans Home – Kinston has been named to the 2018-2019 Best Nursing Homes list by the U.S. News & World Report.

- family support group meetings
- laundry, volunteer services
- medication management
- psychiatry
- MSW social worker
- aquatic therapy
- barber/beauty shop services

The Veterans Home in Kinston is certified with Medicare, Medicaid, and Joint Commission.

## Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

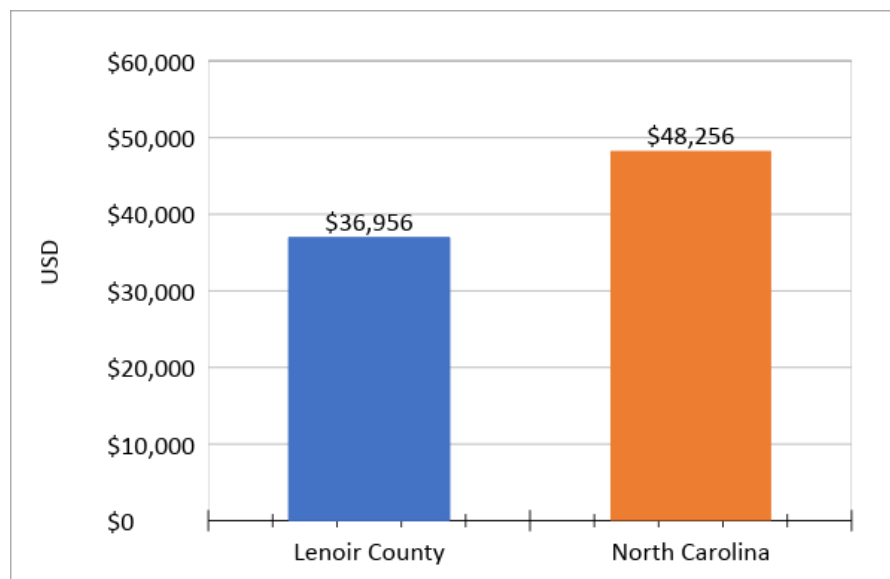
### NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Lenoir County has been assigned a Tier 1 designation for 2018.

### Income

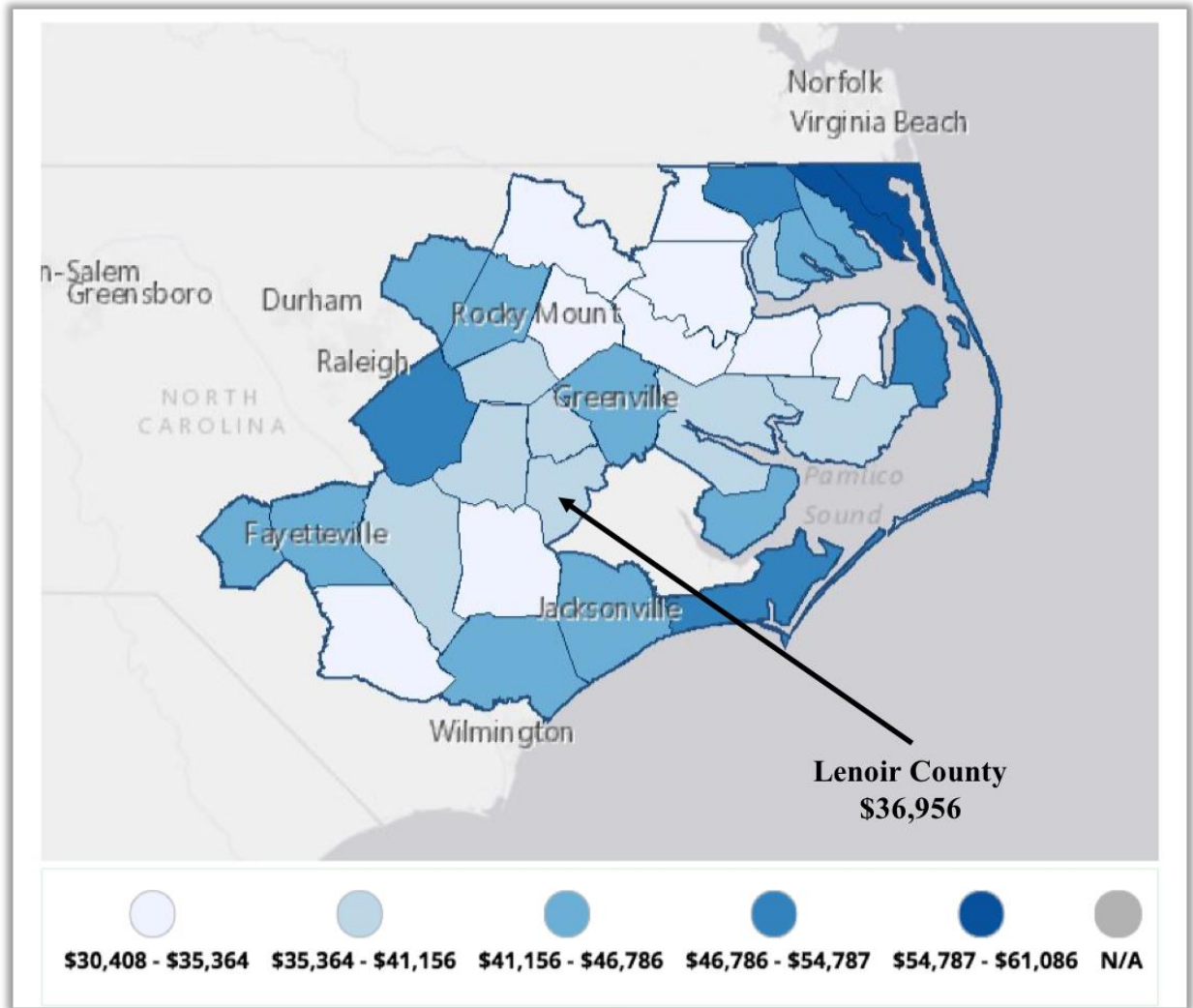
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 17 shows the median household income in Lenoir County (\$36,956), which is lower than the median household income in North Carolina (\$48,256).

**Figure 17. Median Household Income (American Community Survey, 2012-2016)**



Lenoir County has a slightly lower median household income compared to other counties in the Health ENC region (Figure 18).

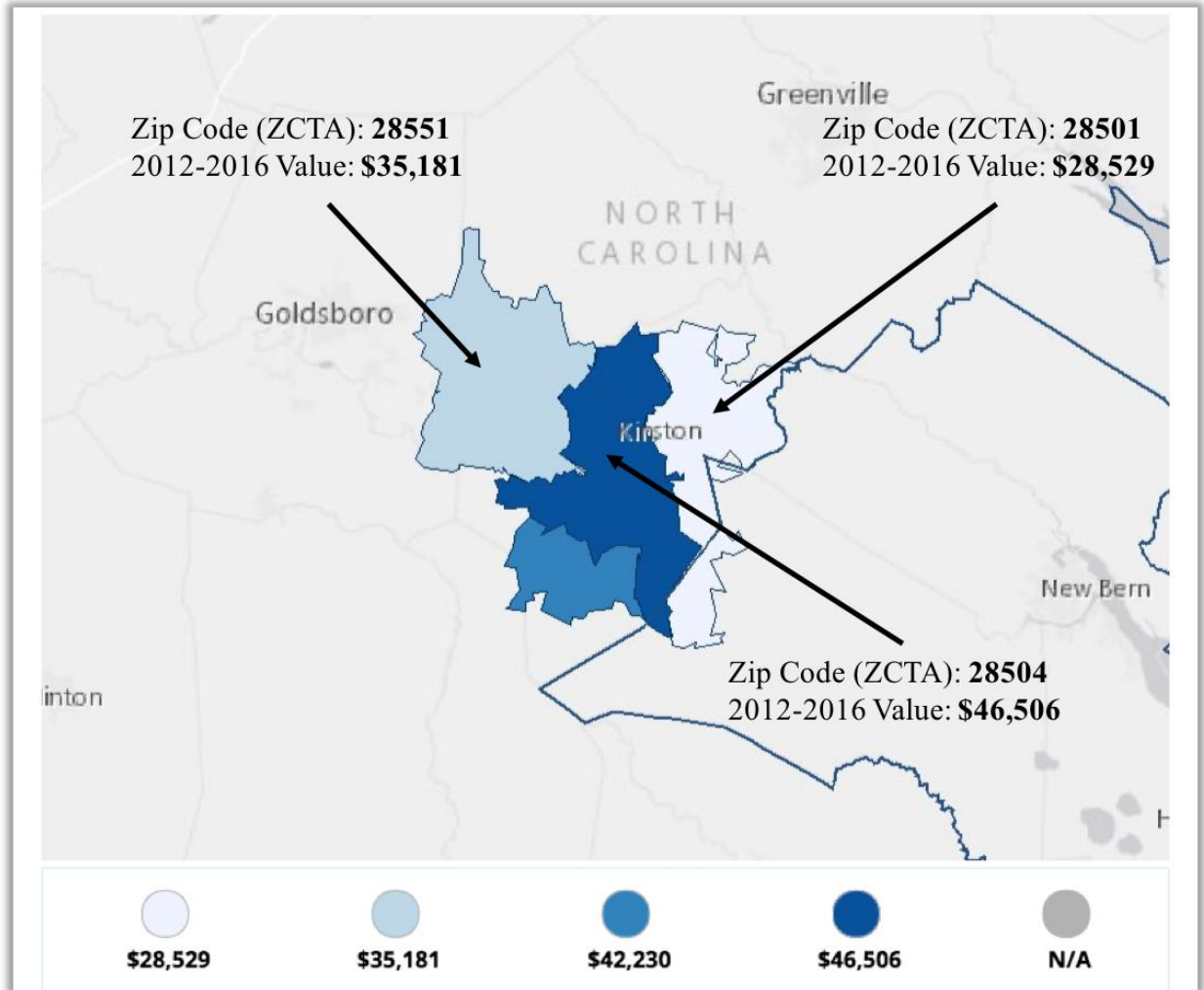
**Figure 18. Median Household Income of Health ENC Counties  
(American Community Survey, 2012-2016)**





Within Lenoir County, zip code 28501 has the lowest median household income (\$28,529) while zip code 28504 has the highest median household income (\$46,506) (Figure 19).

Figure 19. Median Household Income by Zip Code (American Community Survey, 2012-2016)

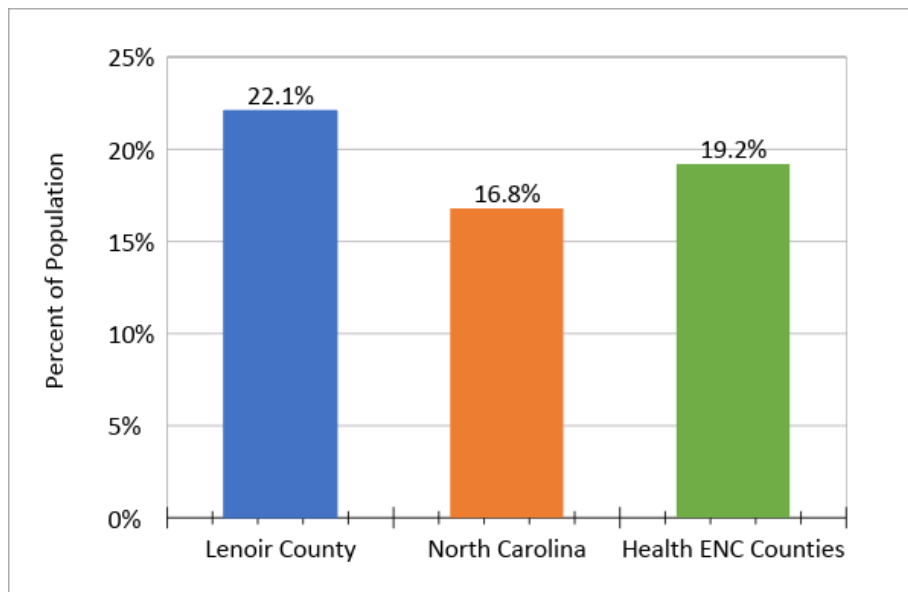


## Poverty

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. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. 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.

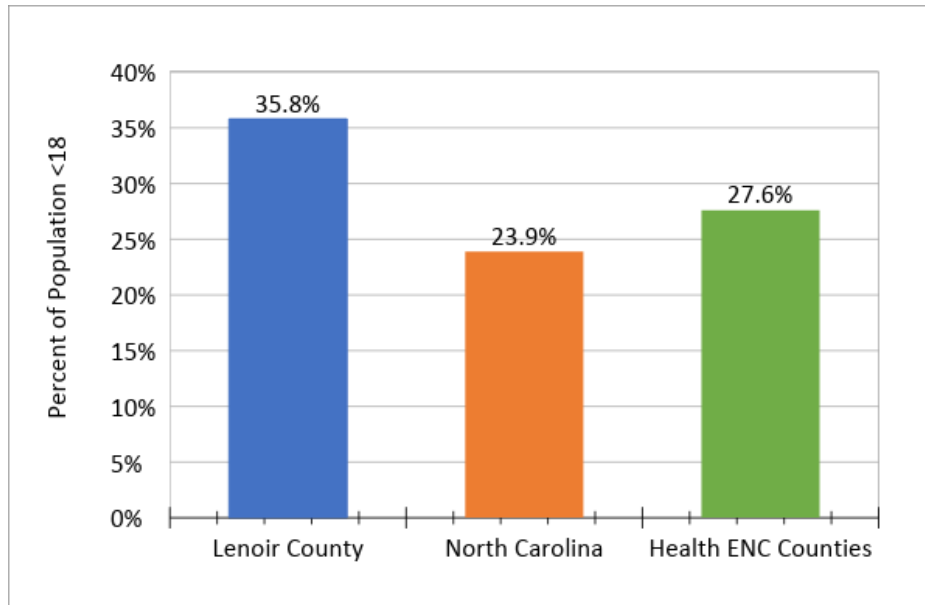
As seen in Figure 20, 22.1% percent of the population in Lenoir County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

**Figure 20. People Living Below Poverty Level (American Community Survey, 2012-2016)**



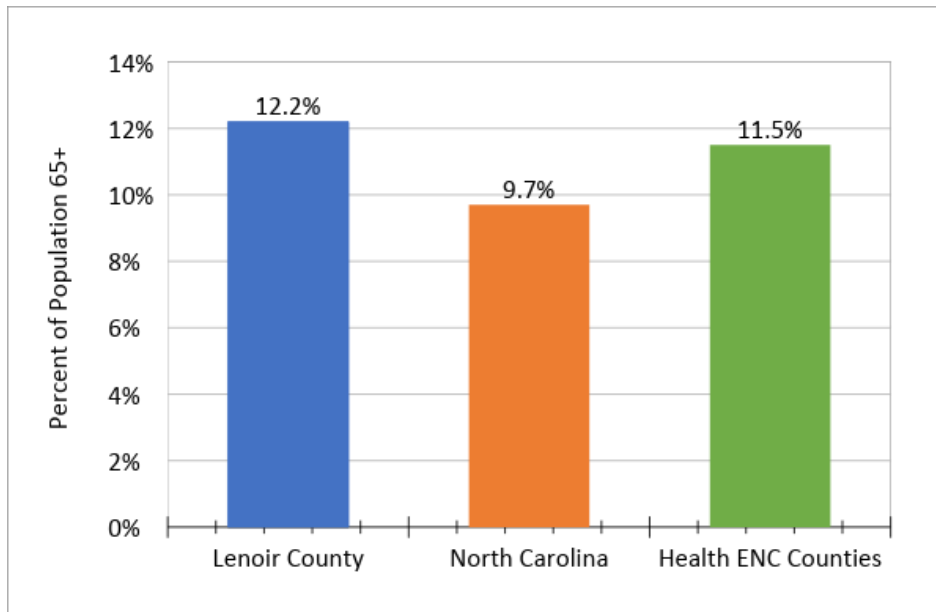
As shown in Figure 21, the rate of children living below the poverty level is also higher for Lenoir County (35.8%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

**Figure 21. Children Living Below Poverty Level (American Community Survey, 2012-2016)**



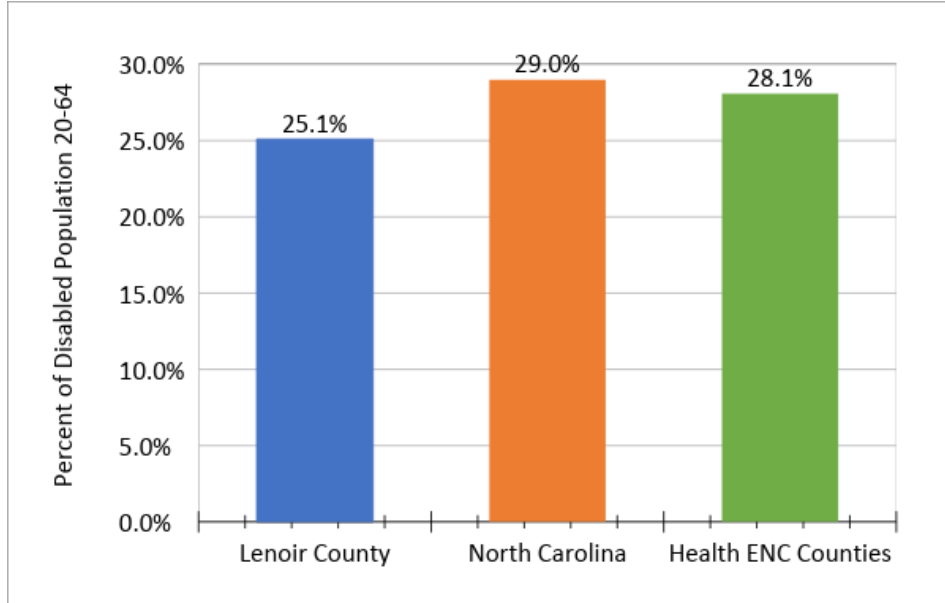
Similarly, as shown in Figure 22, the rate of older adults living below the poverty level is higher in Lenoir County (12.2%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

**Figure 22. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)**



As shown in Figure 23, the percent of disabled people living in poverty in Lenoir County (25.1%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

**Figure 23. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)**

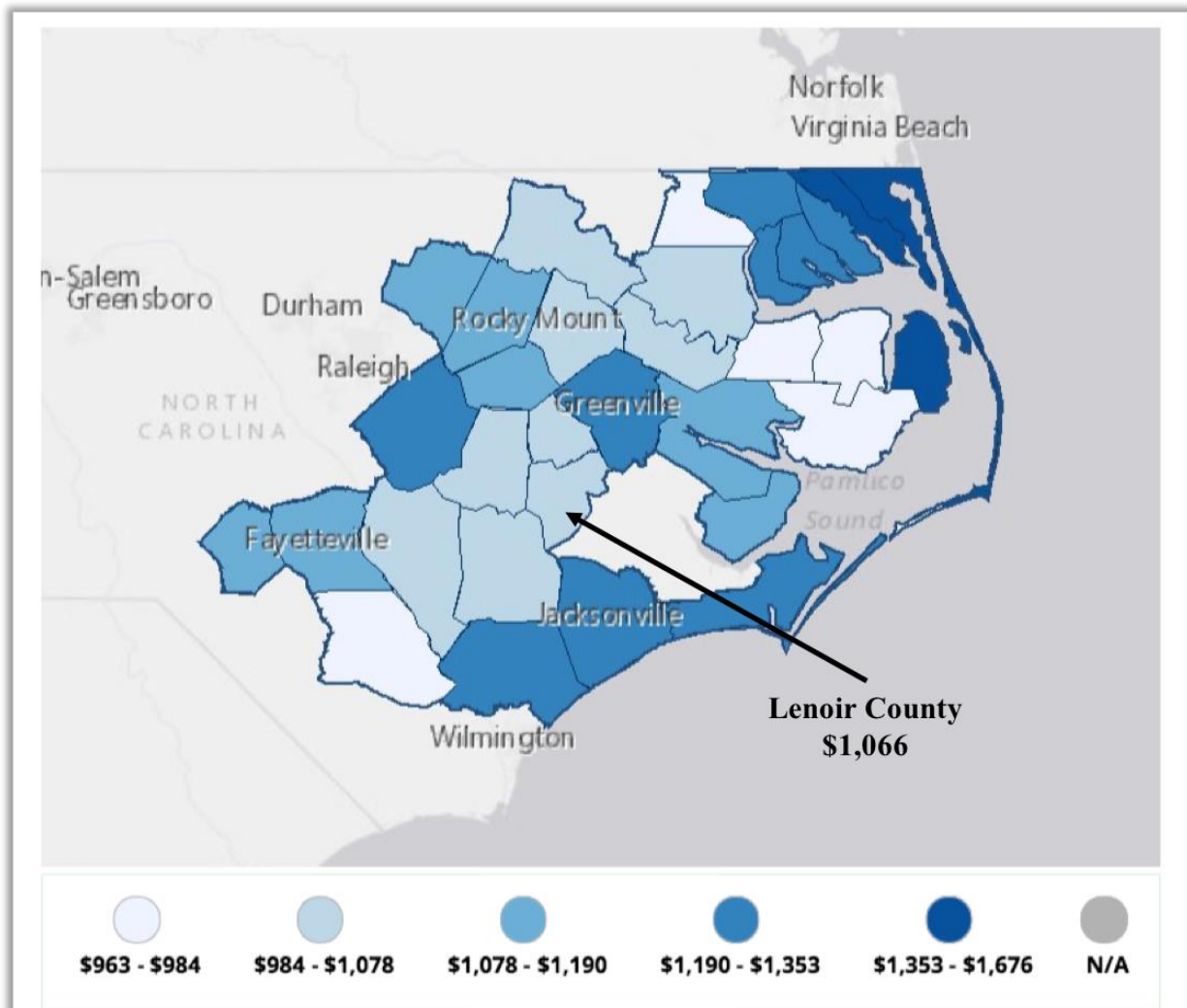


## Housing

The average household size in Lenoir County is 2.5 people per household, which is the same as the average household size in North Carolina.

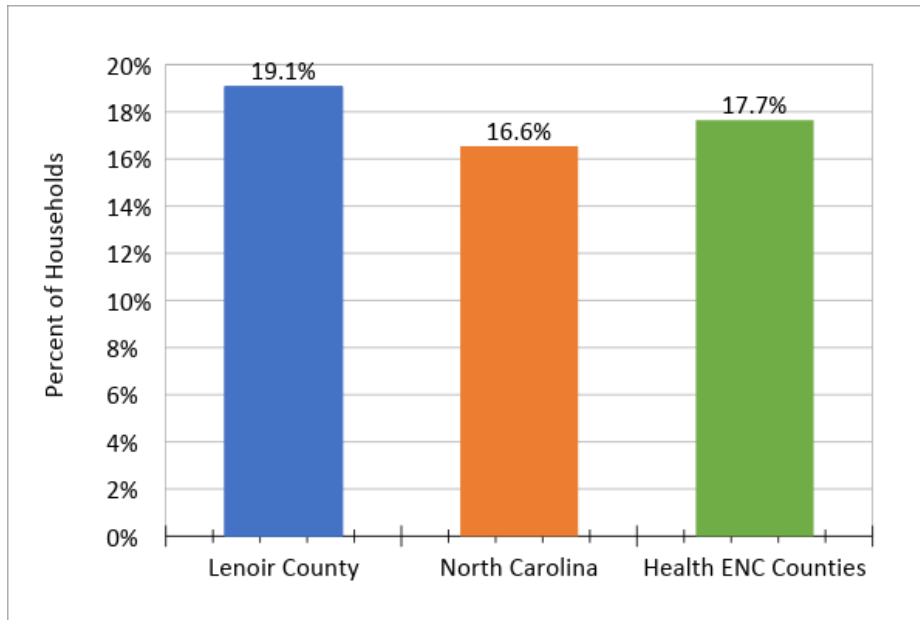
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 24 shows mortgaged owners median monthly household costs in the Health ENC region. In Lenoir County, the median housing costs for homeowners with a mortgage is \$1,066. This is lower than the North Carolina value of \$1,243, but similar to other counties in the Health ENC region.

**Figure 24. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 25 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Slightly more than 19% of households in Lenoir County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

**Figure 25. Severe Housing Problems (County Health Rankings, 2010-2014)**

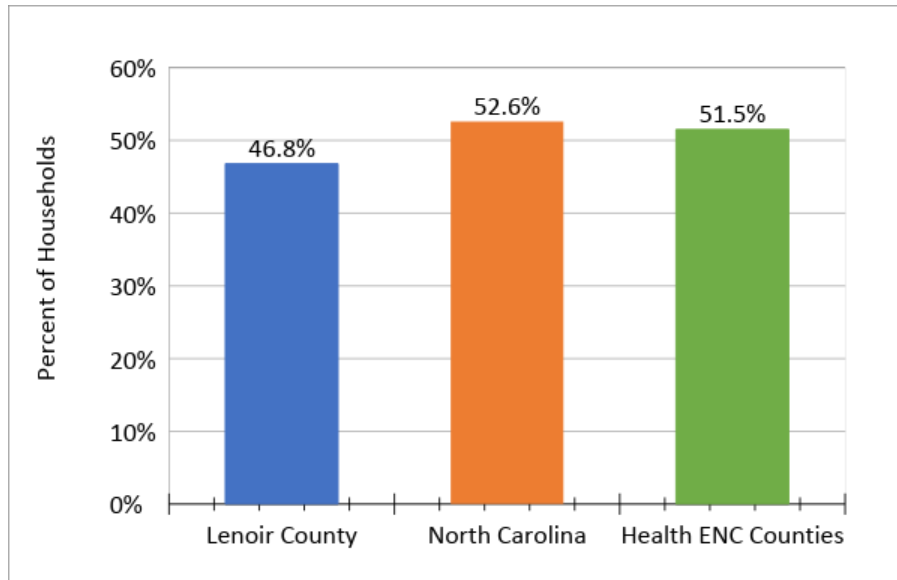


## Food Insecurity

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.

Figure 26 shows the percent of households with children that participate in SNAP. The rate for Lenoir County, 46.8%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

**Figure 26. Households with Children Receiving SNAP (American Community Survey, 2012-2016)**



Child Care Subsidy is a program that uses state and federal funds to provide subsidized child care to eligible families. Eligibility for child care assistance is determined if:

- A parent is working or attempting to find work
- A parent is in school or in a job training program
- A child is receiving child protective services
- A child needs care to support child welfare services or if your family is experiencing a crisis
- A child has developmental needs

Lenoir County currently has 38 child care centers and 28 of those centers are enrolled in a subsidized child care program.

## Employment

The chart below shows the 25 top manufacturing and non-manufacturing employers in Lenoir County by number of employees. The top 10 employers are in the manufacturing, public administration, and education & health services industries.

Rank	Year	Month	Company Name	Industry	County	Employment Range
1	2018	03	Sanderson Farms Inc	Manufacturing	Lenoir	1000+
2	2018	03	State Of Nc Dept Of Health & Human	Public Administration	Lenoir	1000+
3	2018	03	Lenoir County Schools	Education & Health Services	Lenoir	1000+
4	2018	03	Smithfield Foods Inc	Manufacturing	Lenoir	1000+
5	2018	03	Lenoir Memorial Hospital, Inc	Education & Health Services	Lenoir	500-999
6	2018	03	Aristofraft/Decora/Schrock	Manufacturing	Lenoir	500-999
7	2018	03	Spirit Aerosystems	Manufacturing	Lenoir	500-999
8	2018	03	Electrolux Home Products Inc	Manufacturing	Lenoir	500-999
9	2018	03	County Administration	Public Administration	Lenoir	500-999
10	2018	03	City Of Kinston	Public Administration	Lenoir	250-499
11	2018	03	Lenoir Community College	Education & Health Services	Lenoir	250-499
12	2018	03	Crown Lift Trucks	Manufacturing	Lenoir	250-499
13	2018	03	Advance Security	Professional & Business Services	Lenoir	250-499
14	2018	03	West Pharmaceutical Services Inc	Manufacturing	Lenoir	250-499
15	2018	03	Rha Health Services Llc	Education & Health Services	Lenoir	250-499
16	2018	03	Sandersons Farms Inc (Production Di	Manufacturing	Lenoir	250-499
17	2018	03	Personnel Outsource Solutions Inc	Professional & Business Services	Lenoir	250-499
18	2018	03	Wal-Mart Associates Inc.	Trade, Transportation, & Utilities	Lenoir	250-499
19	2018	03	Pactiv Llc	Trade, Transportation, & Utilities	Lenoir	250-499
20	2018	03	Barnhill Contracting Company	Construction	Lenoir	250-499
21	2018	03	Bojangles Famous Chicken & Biscuits	Leisure & Hospitality	Lenoir	100-249
22	2018	03	Principle Long Term Care Inc	Education & Health Services	Lenoir	100-249
23	2018	03	Associated Materials Llc Ultracraft	Manufacturing	Lenoir	100-249
24	2018	03	Food Lion	Trade, Transportation, & Utilities	Lenoir	100-249
25	2018	03	Lenox Corporation	Manufacturing	Lenoir	100-249

Source: NC Department of Commerce, Labor and Economic Analysis, Quarterly Census of Employment and Wages

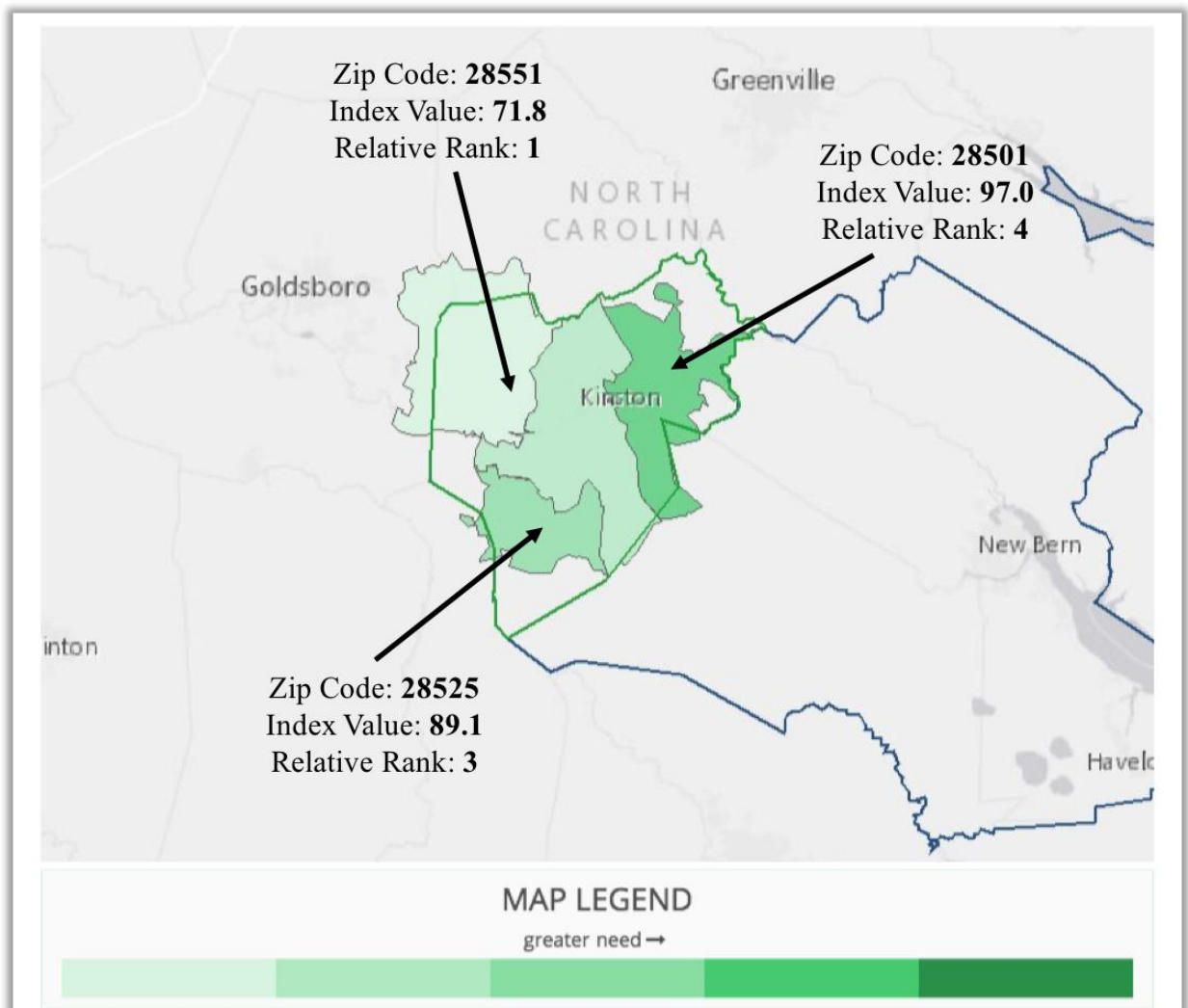


## SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Lenoir County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Lenoir County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 28501, with an index value of 97.0, has the highest level of socioeconomic need within Lenoir County. This is illustrated in Figure 27. Index values and the relative ranking of each zip code within Lenoir County are provided in Table 7.

**Figure 27. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**



**Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**

<b>Zip Code</b>	<b>Index Value</b>	<b>Relative Rank</b>
28501	97.0	4
28525	89.1	3
28504	73.8	2
28551	71.8	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

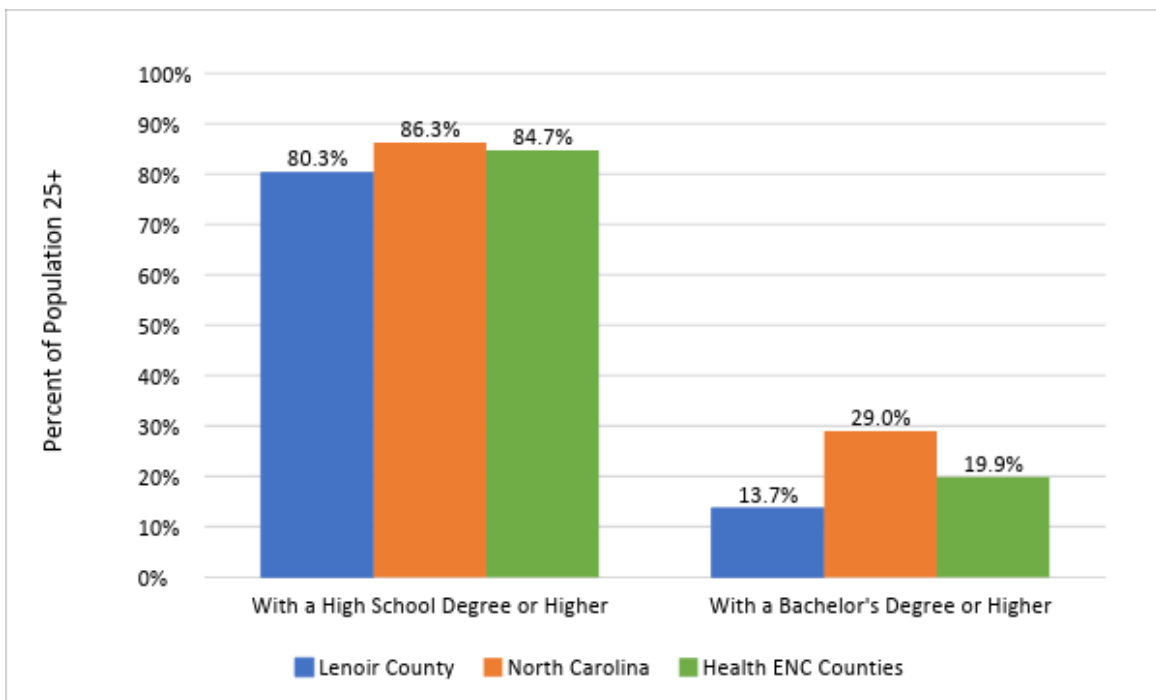
## Educational Profile

### Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

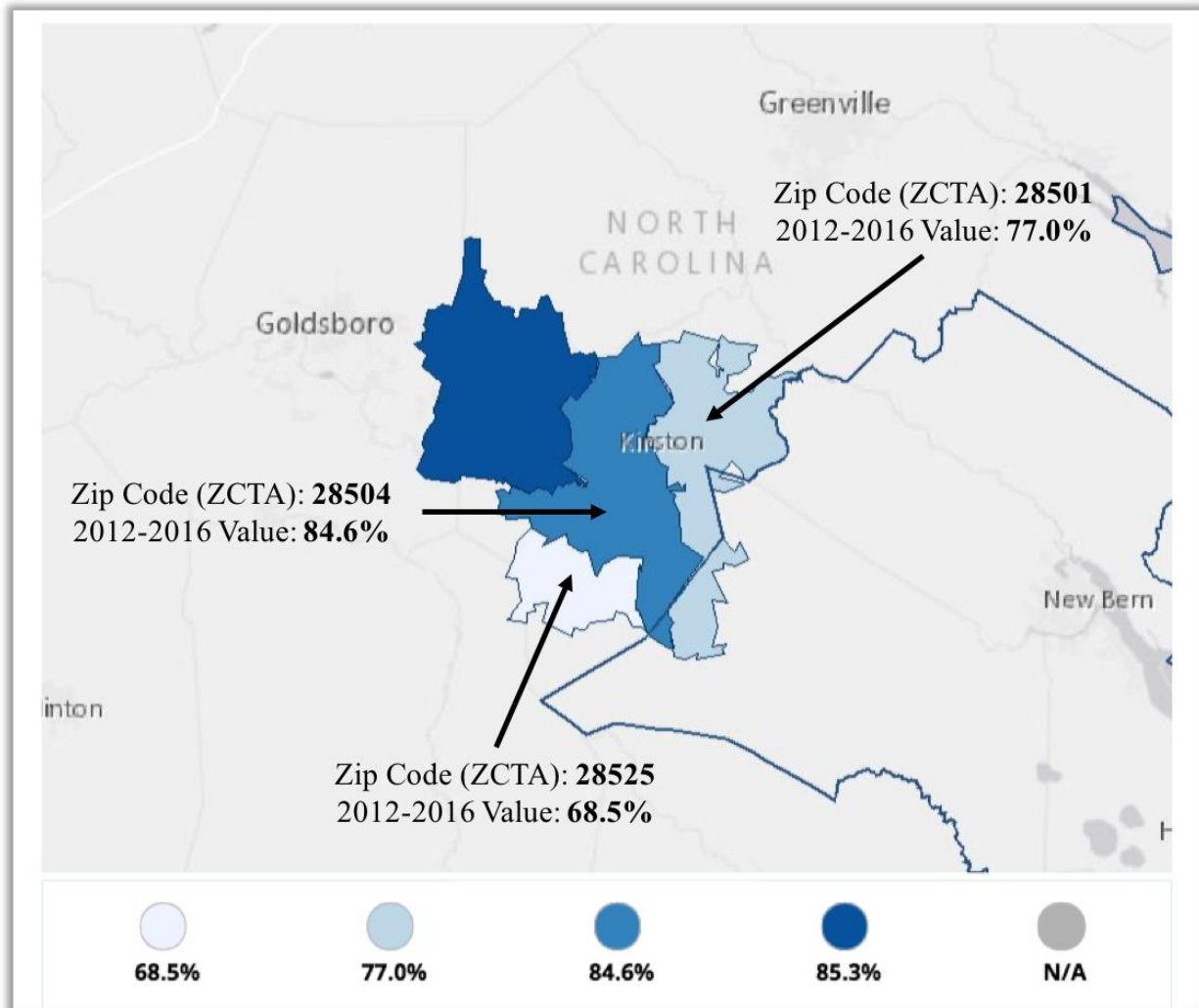
Countywide, the percent of residents 25 or older with a high school degree or higher (80.3%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 28). Higher educational attainment in Lenoir County is also lower than the state and regional value. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 19.9% in Health ENC counties and 13.7% in Lenoir County (Figure 28).

**Figure 28. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)**



Countywide, the high school degree attainment rate varies. For example, in zip code 28525, which has a high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 70% (Figure 29).

**Figure 29. People 25+ with a High School Degree or Higher by Zip Code  
(American Community Survey, 2012-2016)**

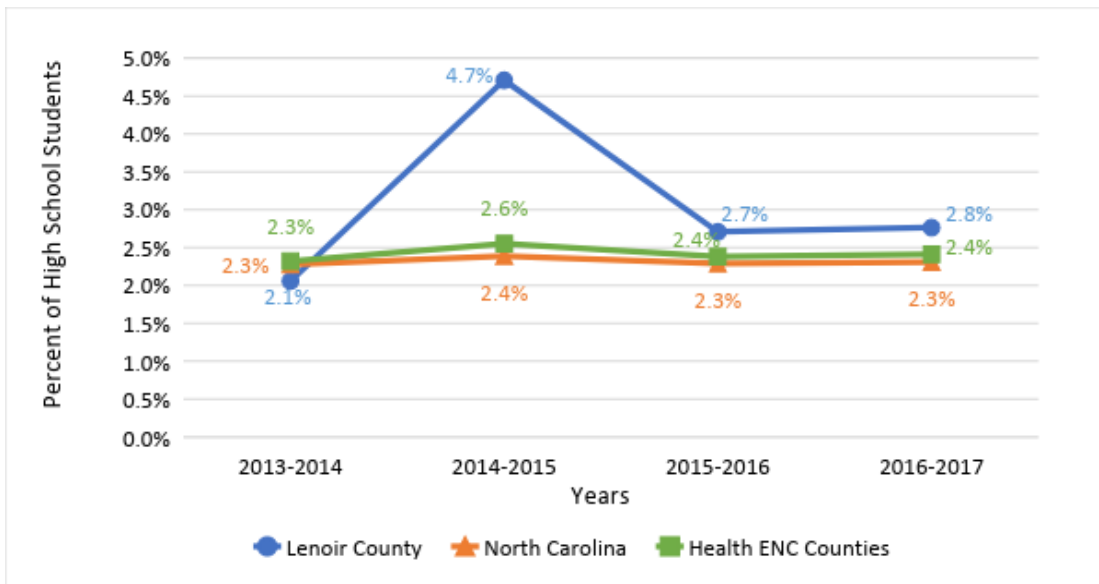


## High School Dropouts

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, given as a percent of high school students in Figure 30, is 2.8% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%).

Figure 30. High School Dropout Rate (North Carolina Department of Public Instruction)

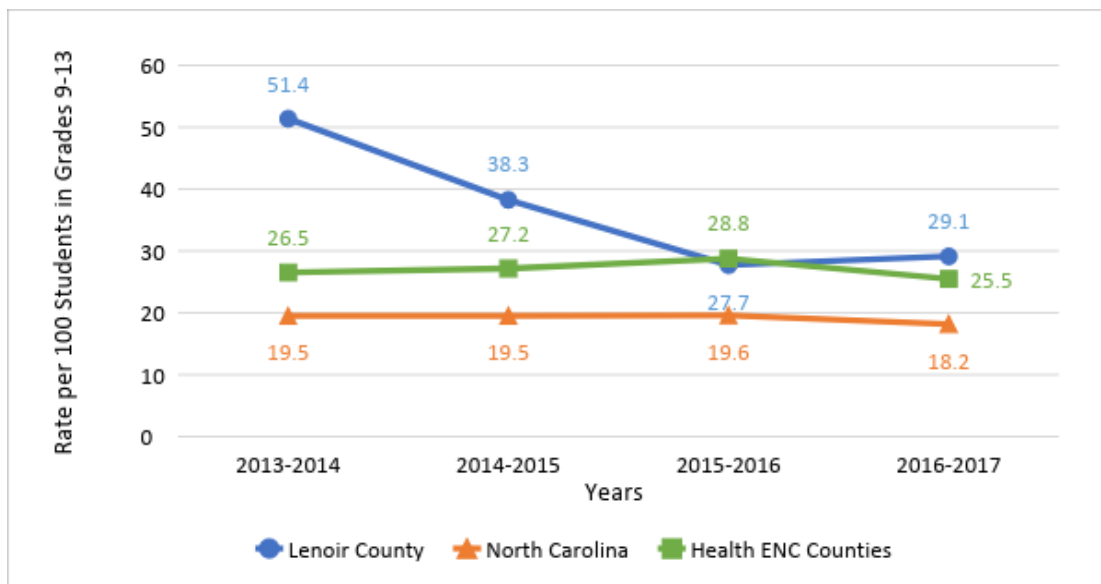


## High School Suspension Rate

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 (29.1 suspensions per 100 students) is higher than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 31, Lenoir County's suspension rate has decreased noticeably since 2013-2014.

Figure 31. High School Suspension Rate (North Carolina Department of Public Instruction)



- The Lenoir County Public Schools system consist of 18 schools:
  - 9 Elementary Schools
  - 3 Middle Schools
  - 4 High Schools
  - 1 Charter School
  - 1 Alternative School
- There are 2 private schools located within the county:
  - Bethel Christian Academy (K-12)
  - Arendell-Parrott Academy (K-12)
- There are 38 Child Care Centers in Lenoir County
- Lenoir Community College serves as the county's 2-year academic institution

### Lenoir County Public School Student Enrollment

Elementary	Students Enrolled	Grade Range
Banks Elementary	568	PK-5
La Grange Elementary	568	PK-5
Moss Hill Elementary	473	KG-5
Northeast Elementary	486	PK-5
Northwest Elementary	512	KG-5
Pink Hill Elementary	497	PK-5
Southeast Elementary	255	KG-5
Southwood Elementary	340	KG-5
Contentnea-Savannah	916	PK-8
Lenoir County Learning Academy	60	PK-12

Middle	Students Enrolled	Grade Range
E B Frink	500	6-8
Rochelle	422	6-8
Woodington	621	6-8

High	Students Enrolled	Grade Range
Kinston	722	9-12
Lenoir County Early College High	209	9-13
North Lenoir	875	9-12
South Lenoir	788	9-12

Source: CCD Public school data 2016-2017, 2017-2018 school years

### Lenoir Community College (LCC)

The Lenoir Community College is a two-year, public institution in Kinston, NC. The academic calendar is based off a semester calendar with the institution's size being at the medium level. The community college has 8 off-campus locations: Greene County Center-Snow Hill, Center for Aviation Education-Kinston Jetport, Jones County Center-Trenton, LaGrange Center-LaGrange, Pink Hill Wellness and Education Center-Pink Hill, Workforce Development Center-Snow Hill, Automotive Customizing Technology-Kinston and Small Business Center-Kinston Enterprise Center. Lenoir Community College was established more than 50 years ago and offers educational programs and opportunities to develop the intellectual, economic, social, and cultural aspects of the students and communities it serves. According to the Community College Review webpage, the total number of LCC students enrolled for the 2018-2019 academic year was 2,959 (43% full-time student). The minority enrollment is 44% of the student body population, which is more than the state average of 38%.

<https://www.communitycollegereview.com/lenoir-community-college-profile>

## Environmental Profile

The Neuse River is the longest river in the state of North Carolina. The streamflow crosses through six counties. The endpoints are located at the Falls Lake Dam in Wake County and the Pamlico Sound in Pamlico County. The river divides Lenoir County into North and South. Due to the geographic location of Lenoir County in the coastal plain, the county is subject to the impacts of hurricanes, which can bring needed precipitation or flooding and devastation.

The top 5 historic crests of the Neuse River in Lenoir County include Hurricane Matthew (2016) and Hurricane Florence (2018). Both Hurricane Matthew and Hurricane Florence had a 1% flooding probability within a 500-year span. Yet, these two storms were two years apart. Many factors contribute to the high levels of flooding seen with these storms. One major factor is developed land cover. Land cover is a term used to describe physical material on the earth's surface, (i.e. grass, trees, asphalt, water, ground, etc.).

## Transportation Profile

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.

Countywide, 2.3% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Lenoir County, with an estimated 0.5% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 32). In Lenoir County, 78.1% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 33).

Figure 32. Mode of Commuting to Work (American Community Survey, 2012-2016)

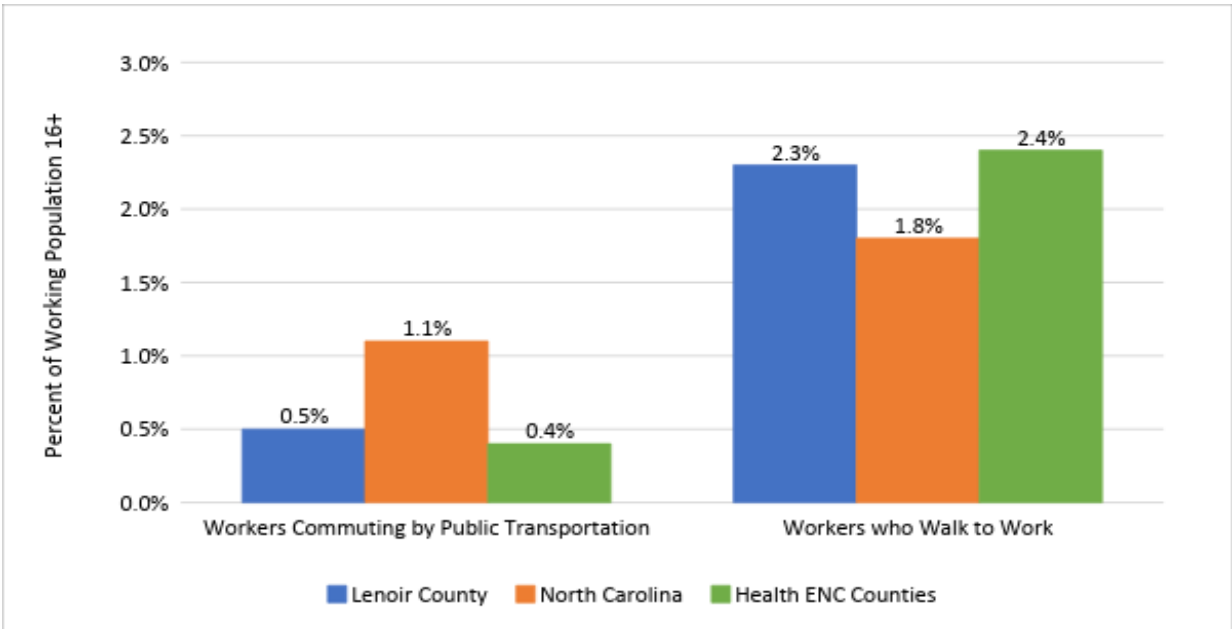
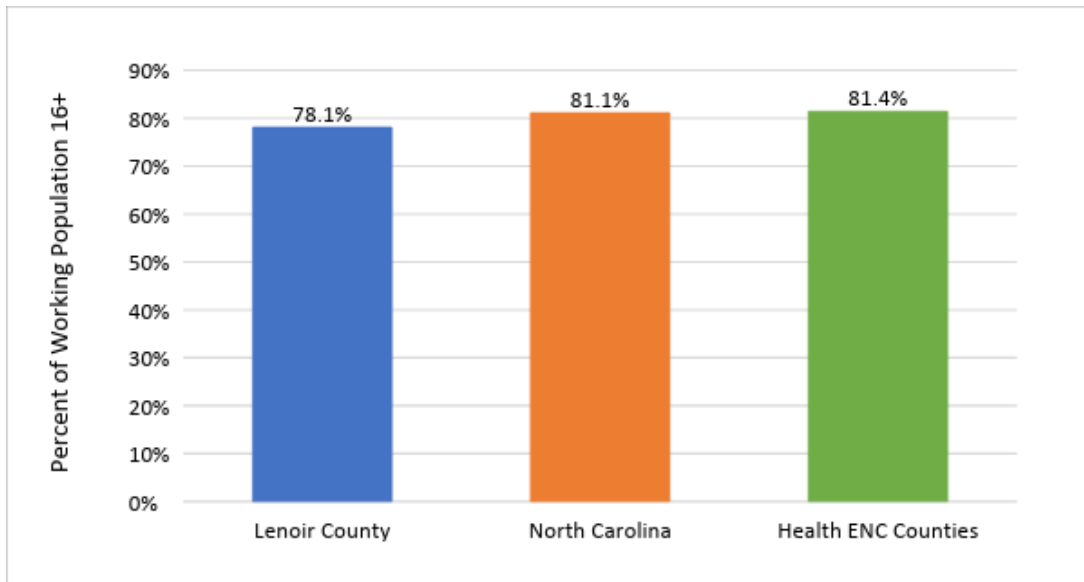




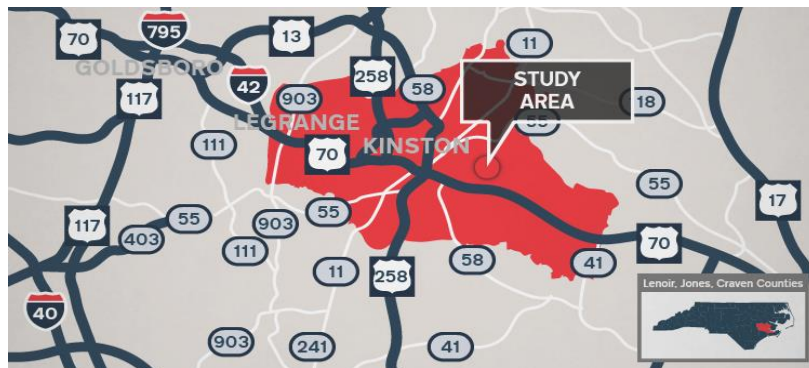
Figure 33. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



### Kinston Bypass Project

The North Carolina Department of Transportation (NC DOT) has been working on a development that proposes a reduction of Kinston Bypass' traffic congestion. This project will be along a 20-mile segment of U.S. 70 between LaGrange and Dover in Lenoir, Jones and Craven counties.

This project is listed as Project R-2553 in the [N.C. Department of Transportation's State Transportation Improvement Program](#) and is funded for \$379 million.



Project Timeline Table	
Milestone	Date*
Public hearing	January 2019
Preferred Alternative selected	February 2019
Final Environmental Impact Statement released	Winter 2020
Record of Decision issued	Summer 2020
Right of way acquisition begins	2022
Construction begins	2025

<https://www.ncdot.gov/projects/kinston-bypass/Pages/default.aspx>

### C. F. Harvey Parkway Extension

The NC DOT plans to extend the C. F. Parkway (N.C. 148) from N.C. 58 to N.C. 11 north of Kinston to improve connectivity in northern Kinston between U.S. 70, N.C. 58 and N.C. 11. The development's extension will improve areas and industries like the NC Global TransPark, the U.S. 70 Industrial Park and industrial facilities along N.C. 11, and points of interest northeast of Kinston – including Greenville, East Carolina University Medical Center and other communities. The estimated cost of this extension is \$96.14 million. The table below details the project's timeline.

Project Timeline Table	
Milestone	Date*
Project funding approved	Early 2015
Project development	Summer 2015
Public meeting	Nov. 19, 2015
Completion of Environmental Assessment	June 30, 2016
Public meeting	July 19, 2016
Right of way acquisition	2017
Construction	2018
Completion	2020



## **Kinston Regional Jetport**

The Kinston Regional Jetport, also known as Stallings Field, is a 26,000-square-foot terminal and has one of the longest runways east of the Mississippi River. The Jetport is built alongside the N.C. Global TransPark (GTP) 11,500-foot runway. The GTP supports the needs of aviation, aerospace, defense, emergency response, and advanced materials industries. The Kinston Regional Jetport is a public airport three miles from downtown Kinston, N.C. The Kinston Regional Jetport (ISO) flight operations include air carrier charter, air transit charter, military operations, general aviation, cargo operations and flight school training. <https://www.ncdot.gov/divisions/aviation/Pages/nc-airports.aspx>

## **Lenoir County Transit**

The Lenoir County Transit (LCT) is a community transportation system designed to serve local residents and aid in human services transportation. LCT is the primary provider of transportation services for Lenoir County Department of Social Services, Lenoir County Health Department, Vocational Rehabilitation, Council on Aging and Eastpointe Mental Health.

The LCT system receives funding from the Department of Transportation/Public Transportation Division and from the Federal Transportation Administration by applying for grants.

<https://www.ncdot.gov/divisions/public-transit/Pages/local-transit-search.aspx>

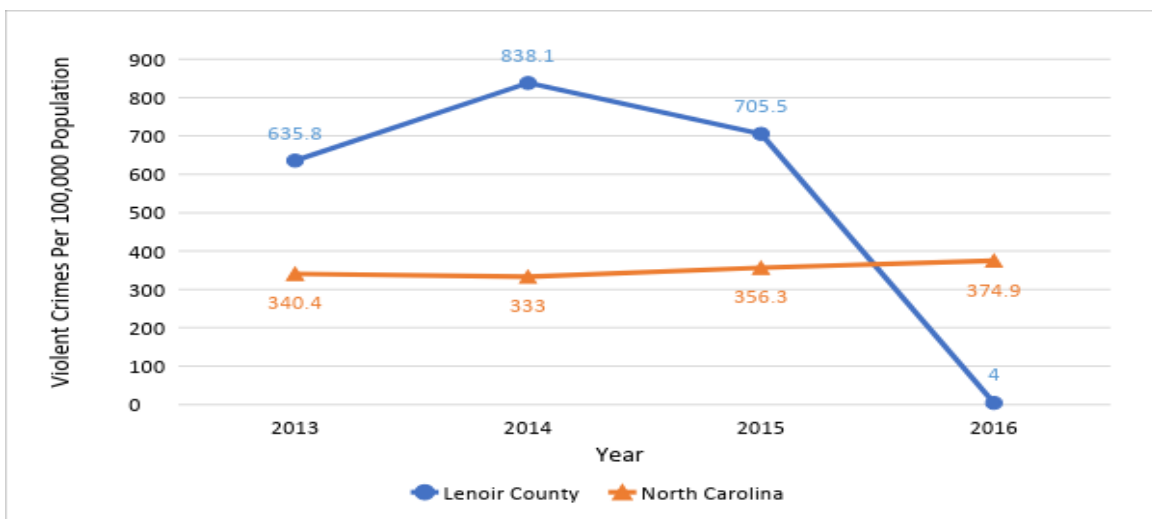
The CHNA Planning/Review Team recognized transportation as a high need for access in Lenoir County. The team will continue to explore and address this need in a multi-agency/community letter to the Lenoir County Board of Commissioners.

## Crime and Safety

### Violent Crime and Property Crime

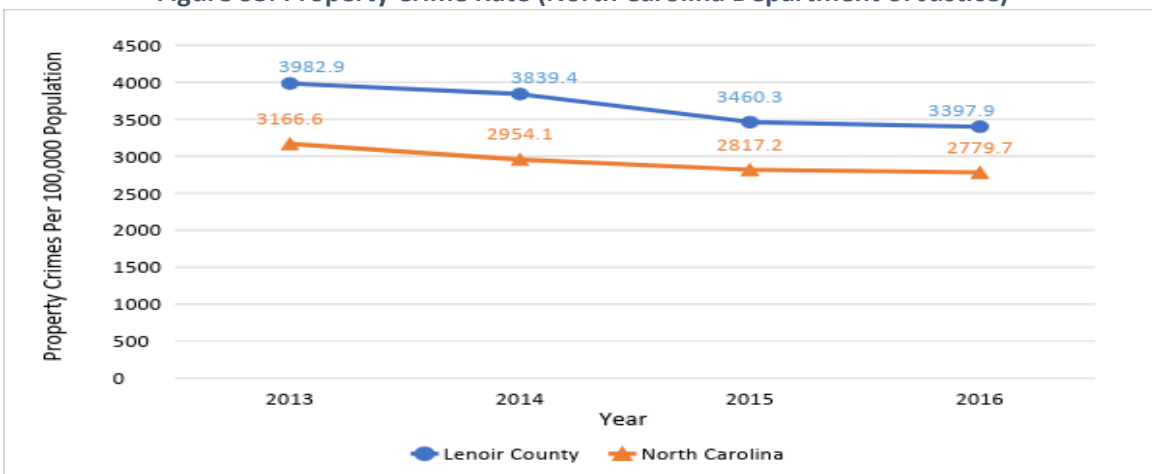
Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The violent crime rate in Lenoir County is 705.5 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 34). Across three measurement periods, from 2013 to 2015, the violent crime rate in Lenoir County is noticeably higher than the state rate.

Figure 34. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Lenoir County (3,397.9 per 100,000 people) is higher than the state value (2,779.7 per 100,000 people) (Figure 35). Over the past four measurement periods, the property crime rate has decreased in both the county and state.

Figure 35. Property Crime Rate (North Carolina Department of Justice)



## 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.

Figure 36 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. 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. The 2017 juvenile undisciplined rate in Lenoir County (0.0) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

**Figure 36. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)**

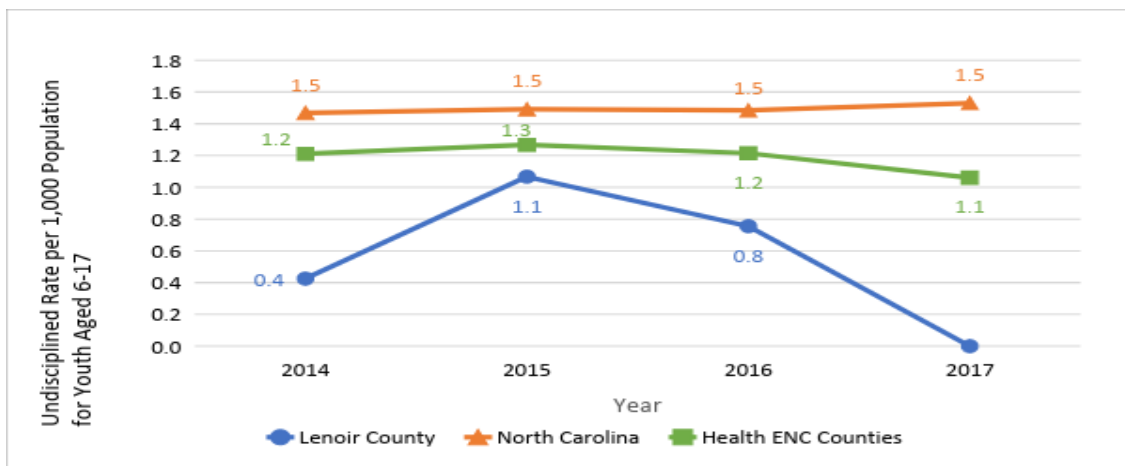
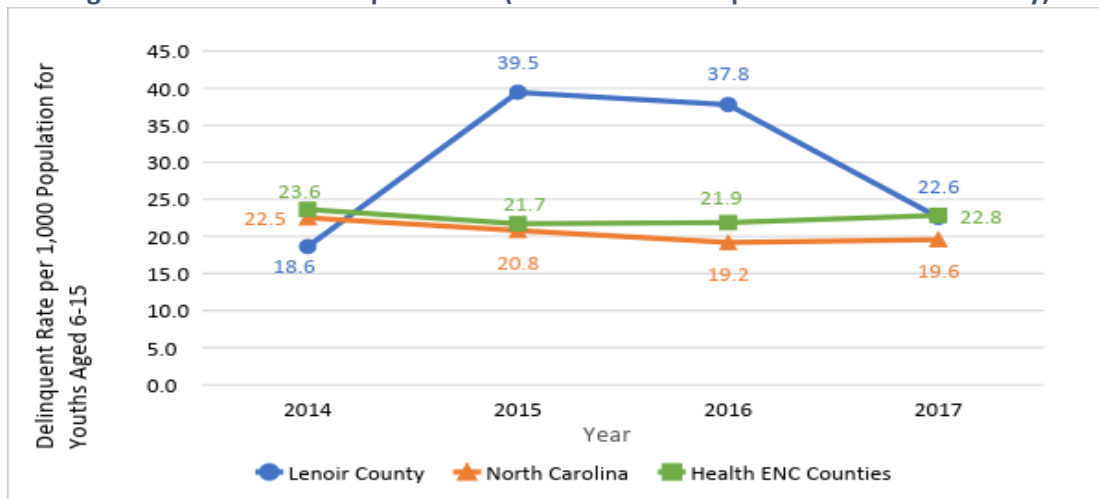


Figure 37 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Lenoir County (22.6) is higher than the state rate (19.6), but similar to the regional rate (22.8). Further, the juvenile delinquent rate in Lenoir County has decreased from 39.5 in 2015 to 22.6 in 2017.

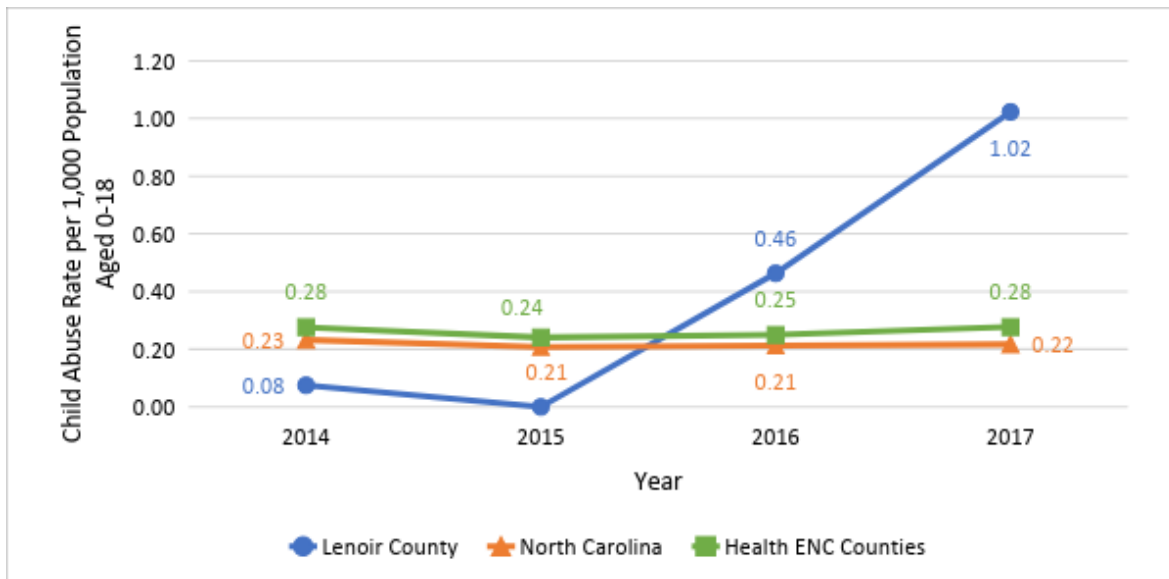
**Figure 37. Juvenile Delinquent Rate (North Carolina Department of Public Safety)**



## 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. Figure 38 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Lenoir County (1.02 per 1,000 population) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28). Further, the child abuse rate in Lenoir County has increased over the past three measurement periods, from 0.00 in 2015 to 1.02 in 2017.

**Figure 38. Child Abuse Rate**  
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

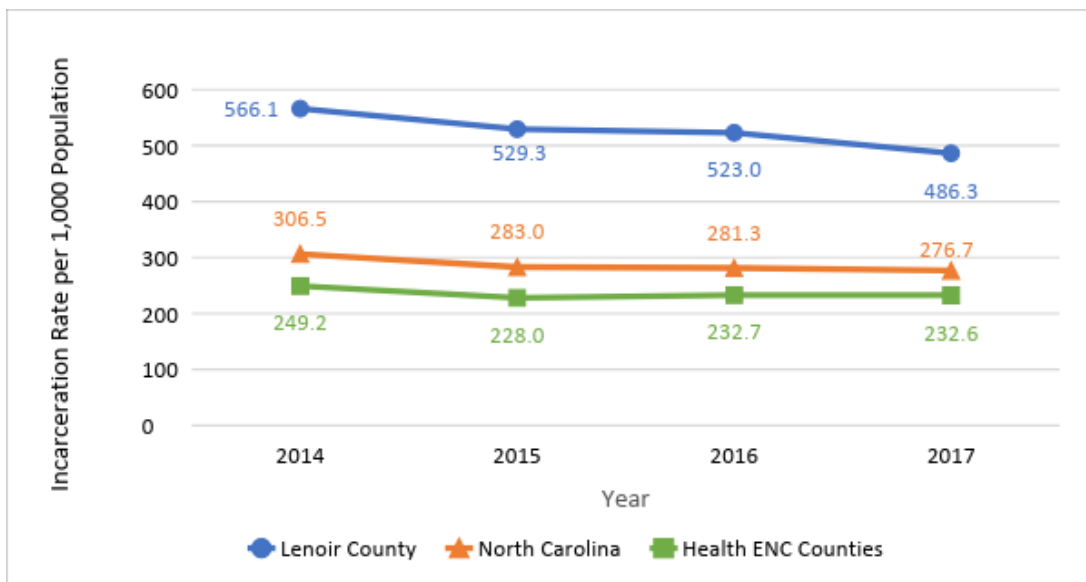


## Incarceration

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.

Figure 39 shows the incarceration rate per 1,000 population. While the incarceration rate in Lenoir County has decreased over the past four measurement periods, the county rate in 2017 (486.3 per 1,000 population) is higher than the rate in North Carolina (276.7) and the Health ENC region (232.6).

**Figure 39. Incarceration Rate (North Carolina Department of Public Safety)**



## Access to Healthcare, Insurance and Health Resources Information

### Health Insurance

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.

Figure 40 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Lenoir County, 86.0%, is lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 14% of residents are uninsured.

**Figure 40. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)**

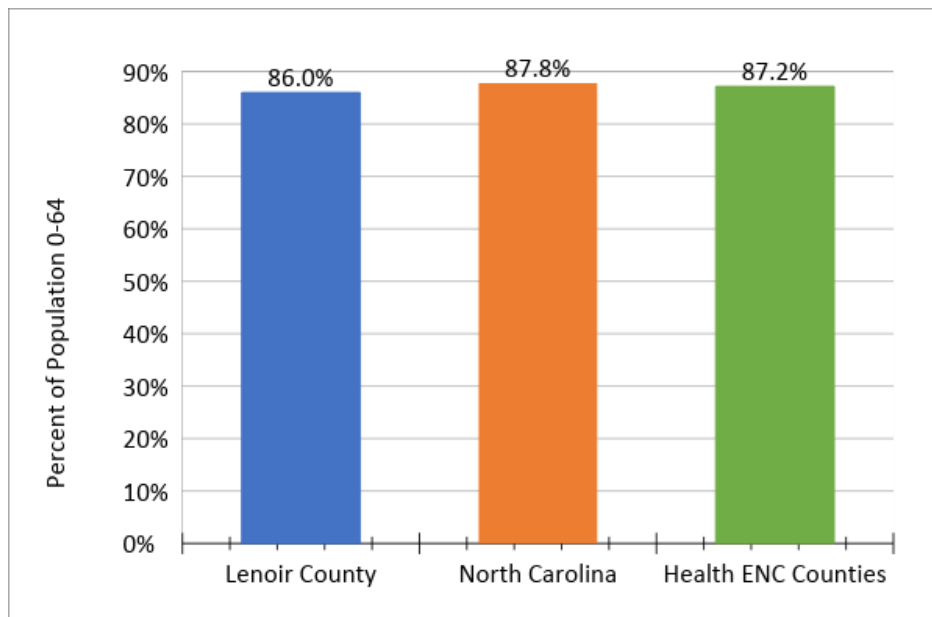
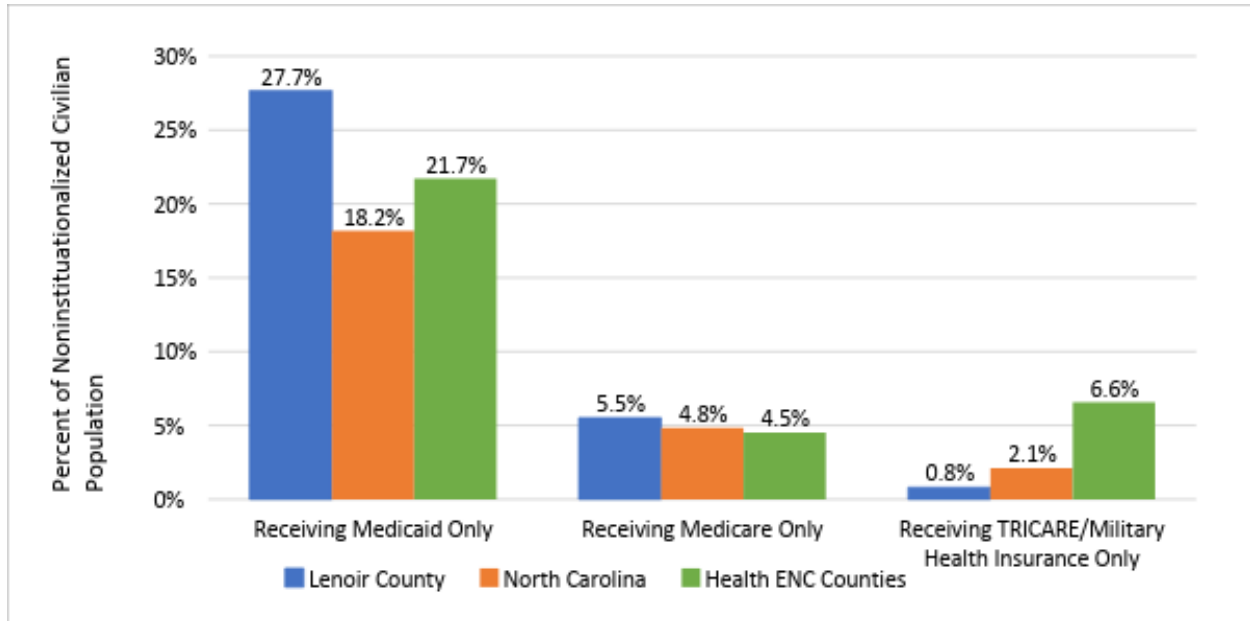




Figure 41 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Lenoir County has a higher percent of people receiving Medicaid (27.7%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Lenoir County (5.5%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Lenoir County (0.8%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

**Figure 41. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)**



According to NC Child, 96% of children living in Lenoir County have health insurance. This is particularly due to the positive expansions in coverage by the Affordable Care Act, Medicaid, and NC Health Choice. However, 4.4% of children in Lenoir County lack health insurance.

## Civic Activity

### Political Activity

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.

Figure 42 shows the voting age population, or percent of the population aged 18 years and older. In Lenoir County, 77.4% of residents are of voting age, compared to 77.3% in North Carolina and 76.7% in Health ENC counties.

**Figure 42. Voting Age Population (American Community Survey, 2012-2016)**

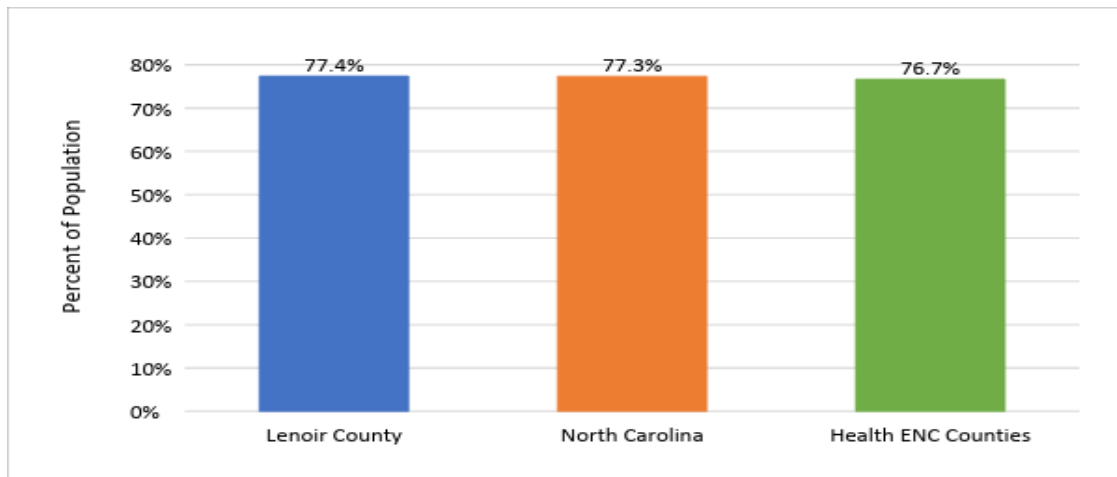
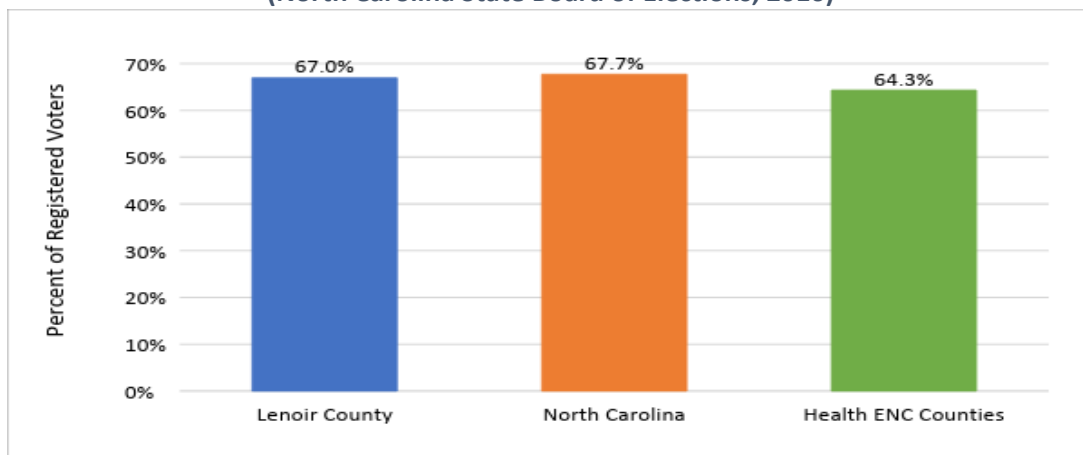


Figure 43 shows the percent of registered voters who voted in the last presidential election. The rate in Lenoir County was 67.0%, which is slightly lower than the state value (67.7%) and higher than the regional value (64.3%).

**Figure 43. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016)**



## **Local Governance and Law Enforcement**

### **LENOIR COUNTY COMMISSIONERS**

Linda Rouse-Sutton, Chairman  
Roland Best, Vice Chairman  
J. Mac Daughety  
Reuben Davis  
Craig Hill  
Eric Rouse  
Preston Harris

### **OTHER OFFICIALS**

Don Hardy	Mayor of Kinston
Woodard H. Gurley	Mayor of LaGrange
Carol Sykes	Mayor of Pink Hill
Joey Bryan	Interim Lenoir County Manager
Tony Sears	Kinston City Manager
John Craft	LaGrange Town Manager

### **Law Enforcement**

Ronnie T. Ingram	Lenoir County Sheriff
Alonzo Jaynes	Kinston Police Chief
Jerry M. Davis, Lieutenant	La Grange Division Supervisor
Joey Thigpen	Pink Hill Police Chief

### **North Carolina State and National Officials**

Chris Humphrey	District 12 – NC House of Representatives
Jim Perry	District 7 – NC Senator
Richard Burr	US Senate
Thom Tillis	US Senate
Walter Jones (deceased February 2019)	District 3 – US House of Representatives (primarily for the city of Kinston)
David Rouzer	District 7 – US House of Representatives (may serve as representative due to an overlap of multiple congressional districts)

### **LENOIR COUNTY BOARD OF HEALTH MEMBERSHIP**

Mr. Clifton Miller, Chair, Public Member  
Dr. Randy Jones, Veterinarian  
Mr. Eric Rouse, Commissioner  
Mr. Michael Wiggins, Vice Chair, Pharmacist  
Dr. Alan Kirollos, Physician

### Political Activity in Lenoir County

A detailed summary of the 2019 voting registration statistics for Lenoir County is charted below.

<u>Lenoir County</u>	<u>North Carolina</u>
<b>Democratic:</b> 18,800	<b>Democratic:</b> 2,460,876
<b>Republican:</b> 9,099	<b>Republican:</b> 1,982,918
<b>Green:</b> 1	<b>Green:</b> 1,120
<b>Constitution:</b> 2	<b>Constitution:</b> 1,052
<b>Libertarian:</b> 102	<b>Libertarian:</b> 36,010
<b>Unaffiliated:</b> 7,568	<b>Unaffiliated:</b> 2,089,626
<b>White:</b> 18,955	<b>White:</b> 4,481,882
<b>Black:</b> 15,040	<b>Black:</b> 1,435,314
<b>American Indian:</b> 56	<b>American Indian:</b> 51,072
<b>Other:</b> 1,521	<b>Other:</b> 603,334
<b>Hispanic:</b> 522	<b>Hispanic:</b> 185,895
<b>Male:</b> 15,410	<b>Male:</b> 2,901,665
<b>Female:</b> 19,401	<b>Female:</b> 3,458,504
<b>Total:</b> 35,572	<b>Total:</b> 6,571,602

# Findings

## Secondary Data Scoring Results

Table 8 shows the data scoring results for Lenoir County by topic area. Topics with higher scores indicate greater need. Diabetes is the poorest performing health topic for Lenoir County, followed by Heart Disease & Stroke, Respiratory Diseases, Immunizations & Infectious Diseases, Older Adults & Aging, Women’s Health and Cancer.

**Table 8. Secondary Data Scoring Results by Topic Area**

<b>Health Topic</b>	<b>Score</b>
Diabetes	2.31
Heart Disease & Stroke	2.15
Respiratory Diseases	2.07
Immunizations & Infectious Diseases	2.02
Older Adults & Aging	1.99
Women’s Health	1.98
Cancer	1.97

\*See Appendix B for additional details on the indicators within each topic area

## Primary Data

### Community Survey

Figure 44 shows the list of community issues that were ranked by residents as most affecting the quality of life in Lenoir County. Low income/poverty was the most frequently selected issue and was ranked by 51.7% of survey respondents, followed by violent crime. Less than 1% of survey respondents selected domestic violence, elder abuse, homelessness, child abuse, or rape/sexual assault as issues most affecting the quality of life in Lenoir County.

**Figure 44. Top Quality of Life Issues, as Ranked by Survey Respondents-English**

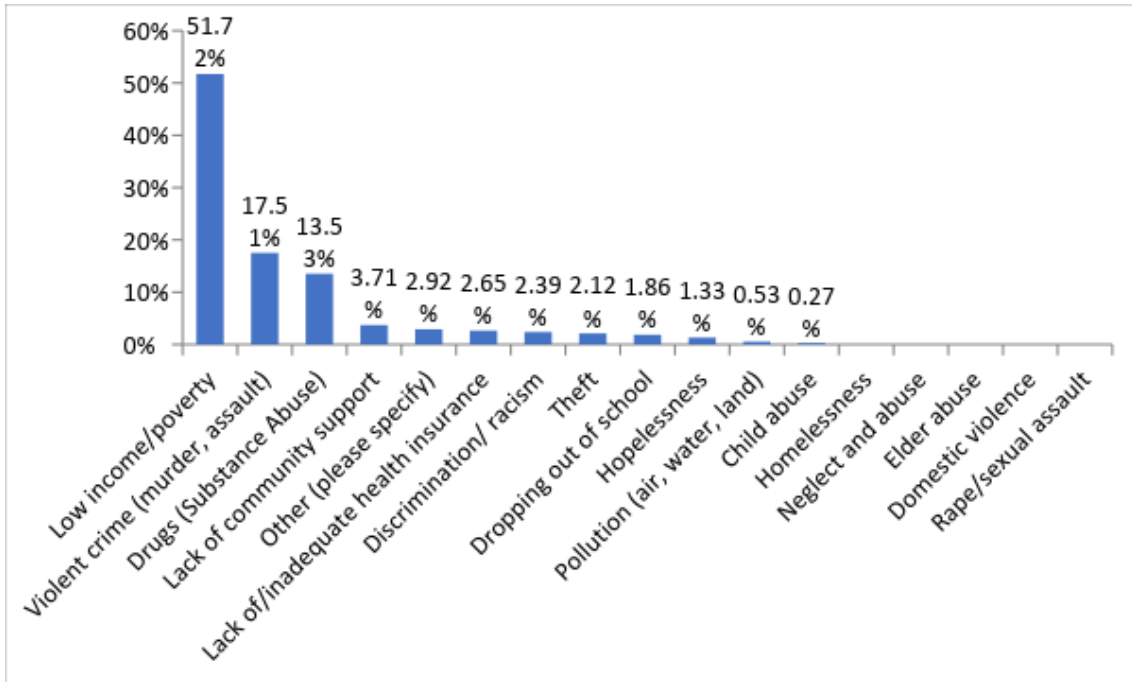


Figure 45 displays the level of agreement among Lenoir County residents in response to nine statements about their community in English. More than half of survey respondents agreed or strongly agreed that the county is a good place to grow old, an easy place to buy healthy foods, and a good place for parks and recreational facilities. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity.

**Figure 45. Level of Agreement Among Lenoir County Residents in Response to Nine Statements about their Community-English**

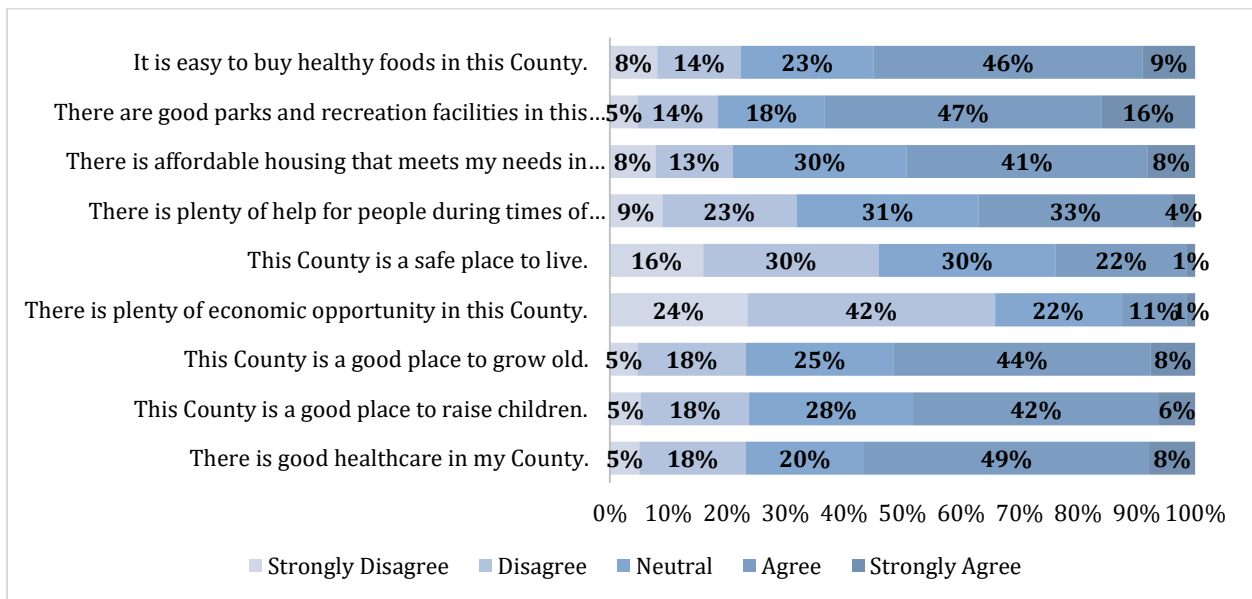


Figure 46 displays the level of agreement among Lenoir County residents in response to nine statements about their community in the Spanish survey. More than half of survey respondents agreed or strongly agreed to each survey statement.

**Figure 46. Level of Agreement Among Lenoir County Residents in Response to Nine Statements about their Community-Spanish**

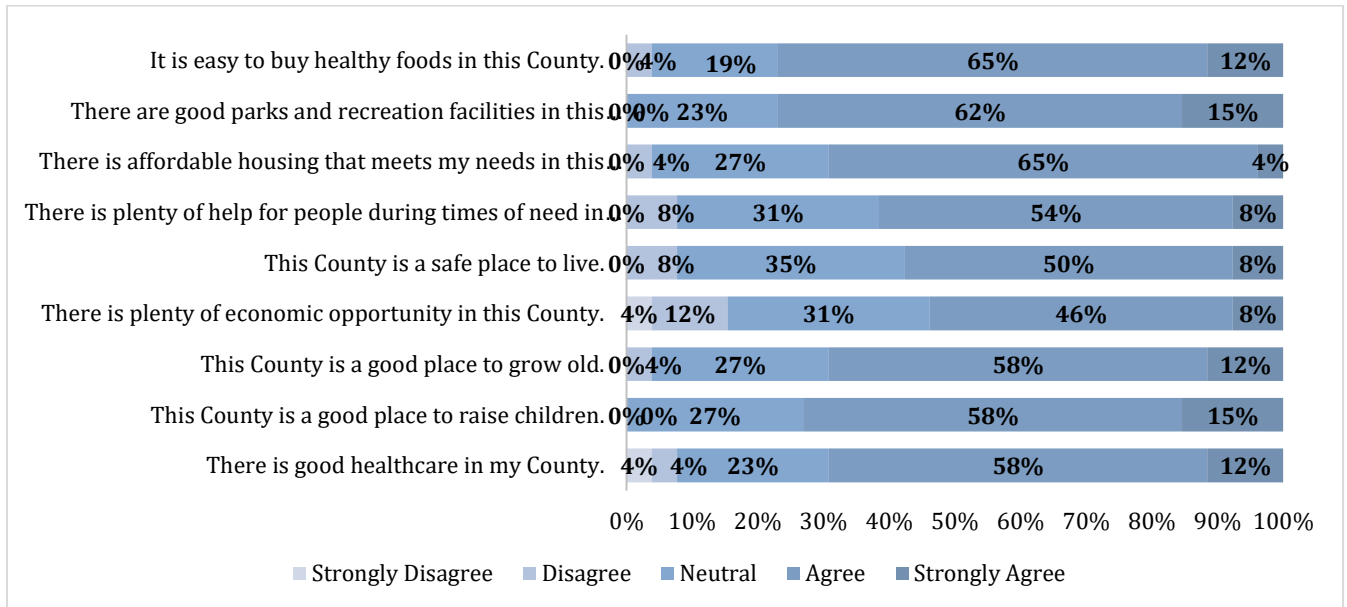


Figure 47 and Figure 48 show how participants responded to the question about services needing the most improvement in their community. Higher paying employment was the top selection in both English and Spanish survey. Spanish survey respondents also selected 'positive teen activities' as a top choice (11.5%) while English survey respondents selected 'counseling/mental health/support groups' as a top choice (9.6%).

Figure 47. Services Needing the Most Improvement, as Ranked by Survey Respondents-English

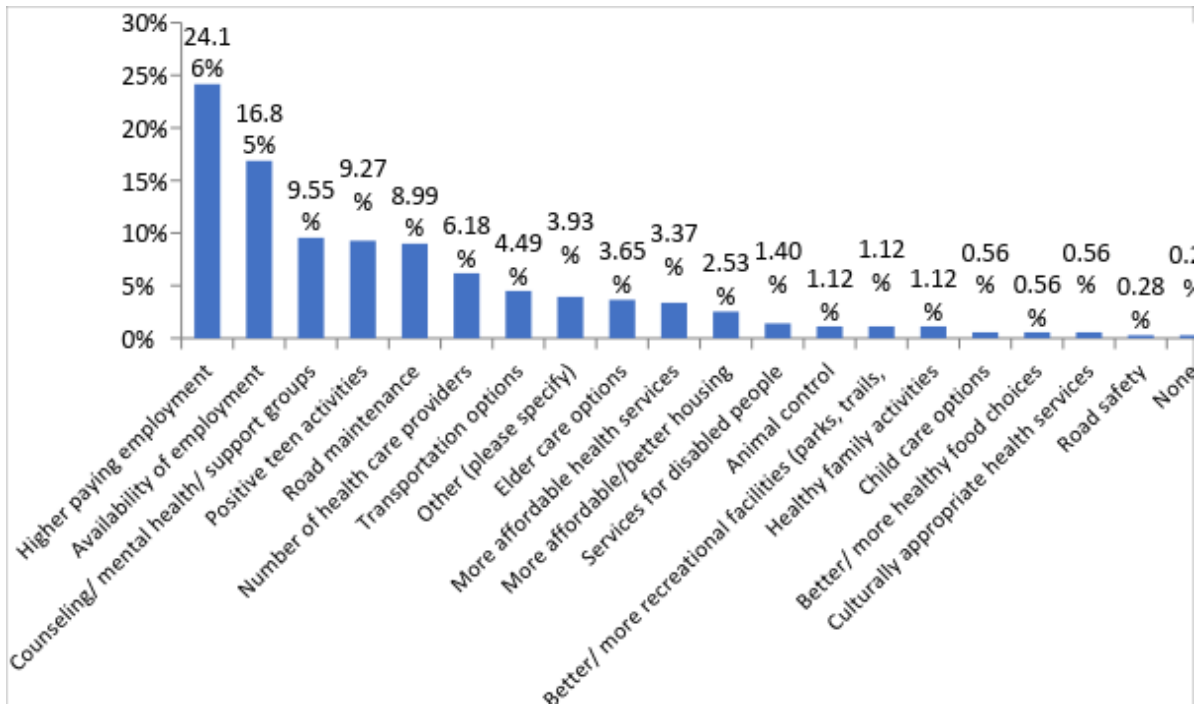
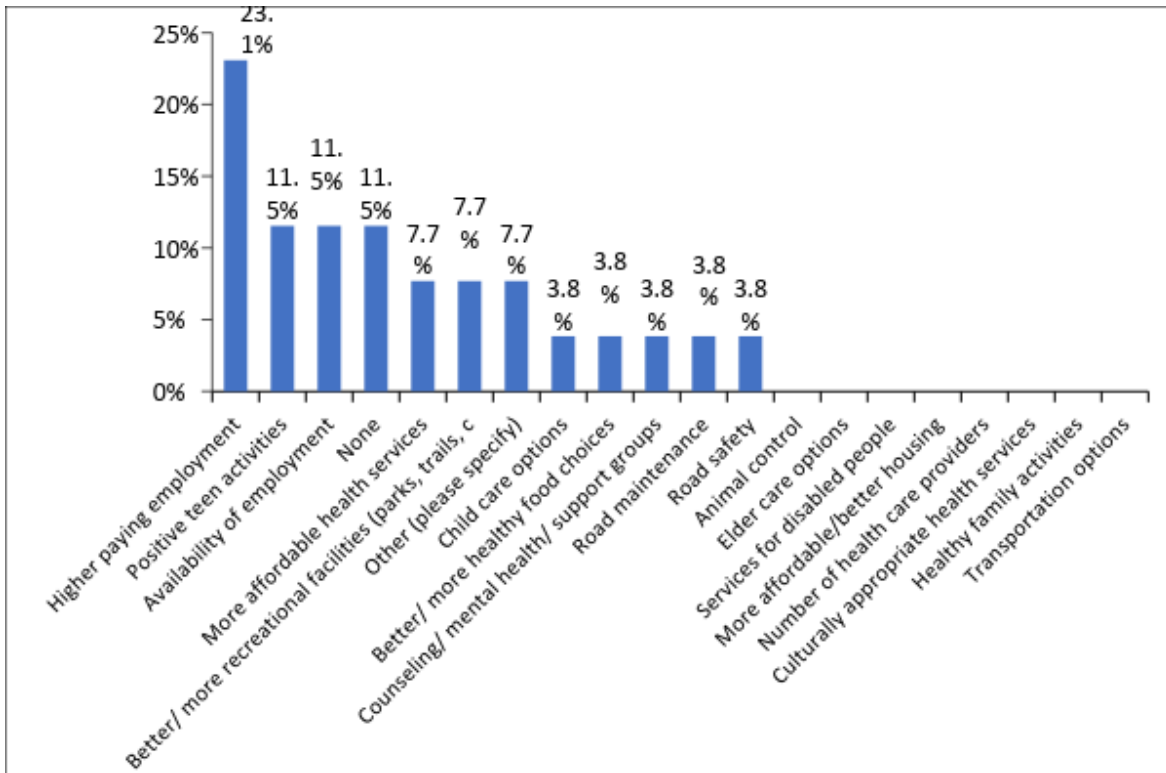


Figure 48. Services Needing the Most Improvement, as Ranked by Survey Respondents-Spanish





Figures 49 and 50 show the responses to the question about health behaviors participants need more information about. English survey respondents selected ‘substance abuse prevention’ as their top health behavior (22.9%) followed by ‘crime prevention’ (16.7%). Spanish survey respondents selected ‘going to the doctor for yearly check-ups’ as the top health behavior they needed more information about (15.4%) followed by ‘child care/parenting’ (11.5%).

**Figure 49. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-English**

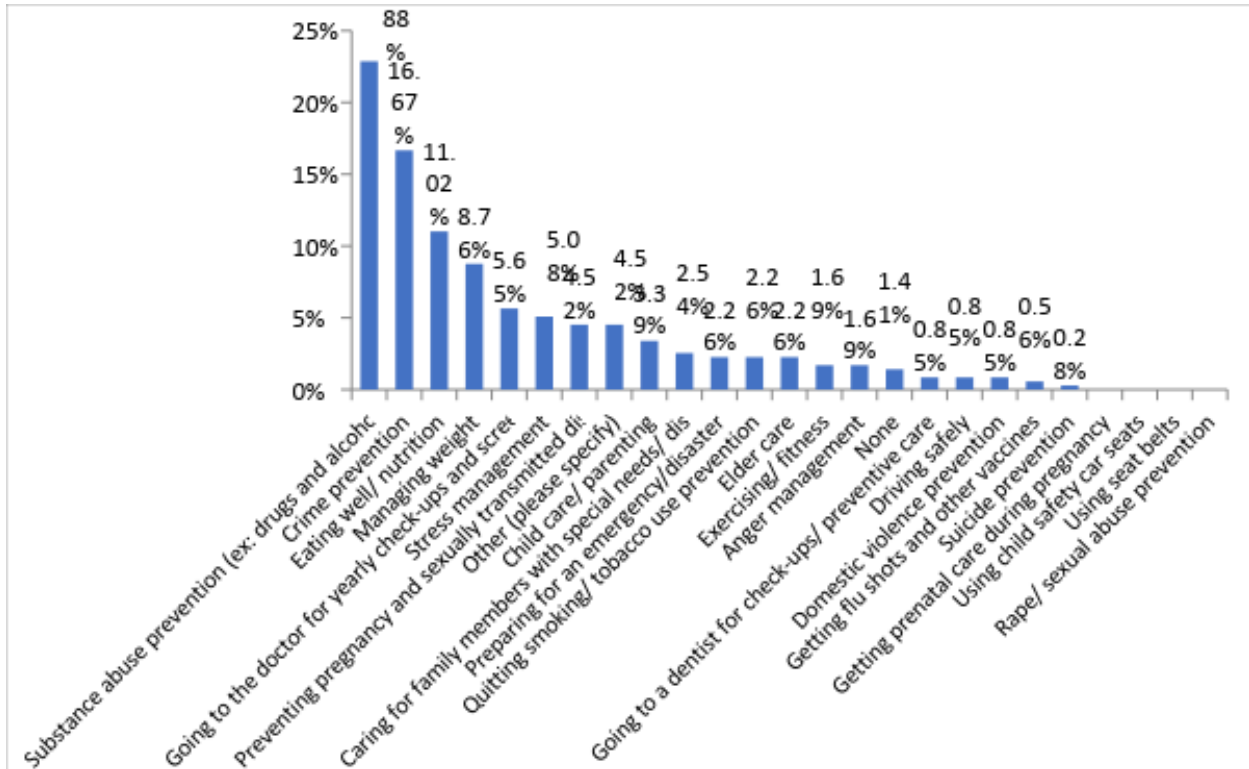
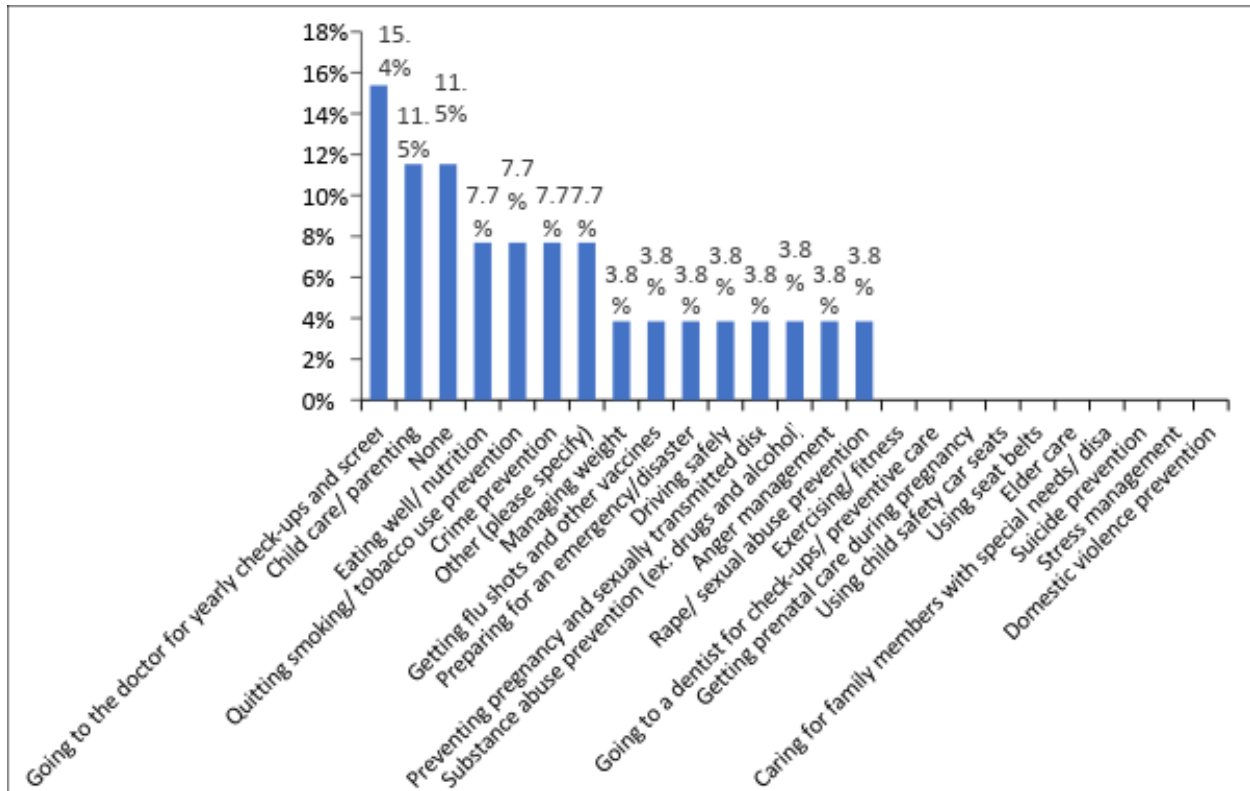


Figure 50. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-Spanish



### Focus Group Discussions

Table 9 shows the focus group results for Lenoir County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	43
Exercise, Nutrition, & Weight	24
Economy	20
Heath Care Navigation/ Literacy	11

Children’s Health	10
Low-Income/Underserved	10
Mental Health & Mental Disorders	10

## Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Lenoir County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

**Table 10. Criteria for Identifying the Top Needs from each Data Source**

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

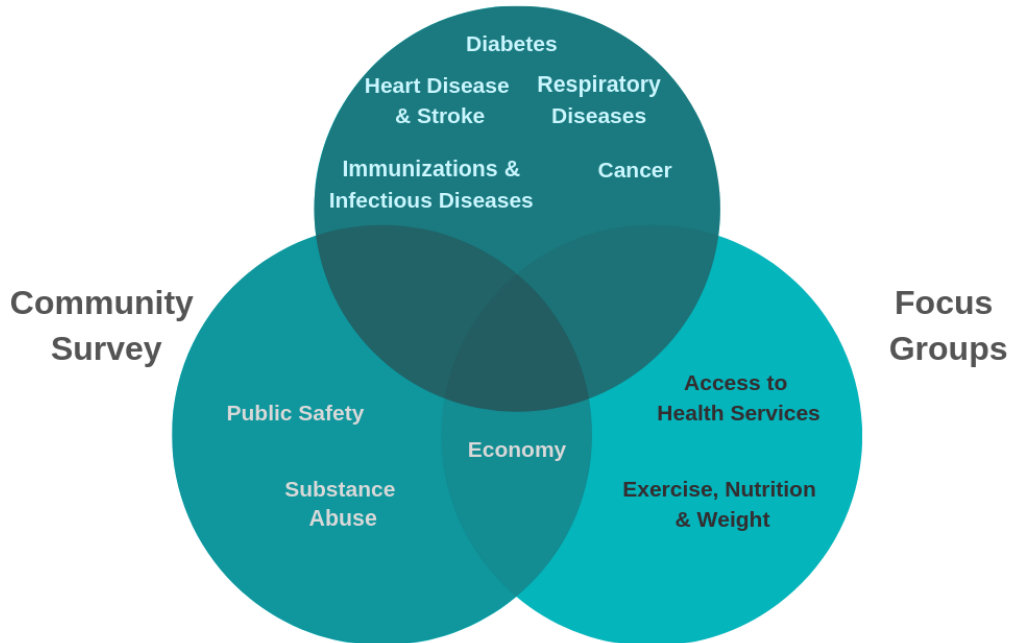
\*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

The top 5 needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in Table 2. If survey respondents ranked “Other” within the top 5, open-ended responses were further examined to identify the most appropriate topics to include.

Across all three data sources, if there was a tie, or if one or more of the top needs were specific to population subgroups (e.g., Children’s Health, Men’s Health, Older Adults & Aging and/or Women’s Health), more than 5 topics were incorporated into the Venn Diagram for a single data source.

Figure 51 displays the top needs from each data source in the Venn diagram.

**Figure 51. Data Synthesis Results  
Secondary Data**



Across all three data sources, there is strong evidence of need for Economy. As seen in Figure 44, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

**Topic Areas Examined in This Report**

Ten topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

**Table 11. Topic Areas Examined In-Depth in this Report**

---

Access to Health Services
Cancer*
Diabetes*
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke*
Immunizations & Infectious Diseases*
Public Safety
Respiratory Diseases*
Substance Abuse







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The five topic areas with the highest secondary data scores (starred\*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Access to Health Services, Exercise, Nutrition & Weight, Economy, Public Safety and Substance Abuse.

### Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Lenoir County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

**Table 12. Description of Gauges and Icons used in Secondary Data Scoring**

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

## Diabetes









### Key Issues

- Diabetes is a major issue within the Medicare Population.
- The death rate from diabetes is higher in Lenoir County compared to the rates in North Carolina and the U.S.
- Financial barriers may prohibit community members from seeking treatment or purchasing medications.

### Secondary Data

The secondary data scoring results reveal Diabetes as the top need in Lenoir County with a score of 2.3. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

**Table 13. Data Scoring Results for Diabetes**

Score	Indicator (Year) (Units)	Lenoir County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.7	Diabetes: Medicare Population (2015) (percent)	34	28.4	26.5			
2.5	Adults 20+ with Diabetes (2014) (percent)	15.9	11.1	10			
2.28	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	36.8	23	21.1			

\*See [Appendix B](#) for full list of indicators included in each topic area

Diabetes is a clear area of concern for Lenoir County. The indicator score for Diabetes within the Medicare Population for Lenoir County is 2.7 with a rate of 34%. This rate is higher than the rates for both North Carolina (28.4%) and the U.S. (26.5%), and this association is significantly trending upward. Additionally, the death rate from diabetes in Lenoir County is 36.8 deaths (per 100,000 population), which is higher than the rates for North Carolina (23) and the U.S. (21.1). Moreover, the rate for adults (20+) with diabetes is higher in Lenoir County (15.9%) compared to North Carolina (11.1%) and the U.S. (10%), and this association is trending upward.

### Primary Data

16.9% of English community survey respondents reported being told by a health professional that they had Diabetes and 52.2% had been told they were overweight or obese. 13.6% of Spanish respondents had been told by a health professional that they had diabetes while 17.4% had been told they were

overweight or obese. Diabetes was raised by eight participants in the focus group discussions as a top health issue in the community. In particular, one participant expressed the need for early intervention through education about nutrition in the schools. Participants discussed obesity in context of other chronic diseases such as heart disease that they also view as top issues in the community.

### **Highly Impacted Populations**

Data scoring identified the Medicare population and adults over the age of 20 as highly impacted groups.

## Heart Disease & Stroke

### Key Issues

- Heart disease and stroke are major health concerns in Lenoir County.
- Lenoir County has higher rates for every heart disease and stroke category below compared to the rates for North Carolina and the U.S.
- The greatest health disparities between Lenoir County and North Carolina and the U.S. occur for hypertension and death rates from cerebrovascular disease or stroke.
- The conditions, hyperlipidemia and hypertension, are trending upwards in Lenoir County.

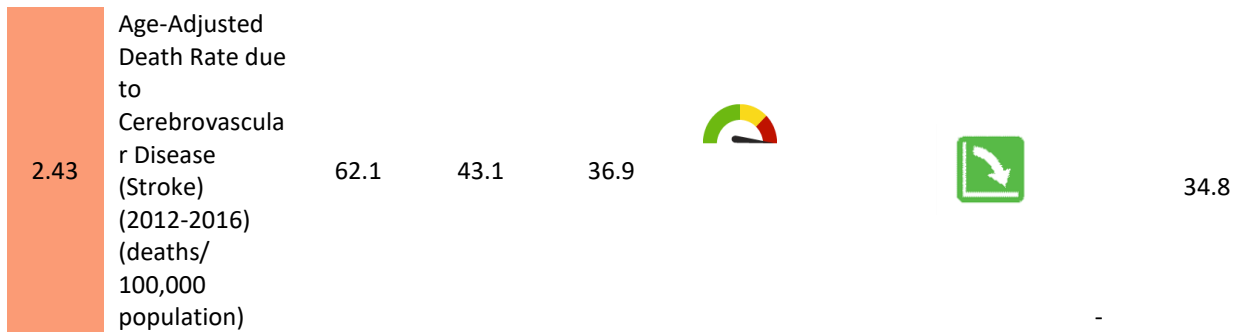
### Secondary Data

The secondary data scoring results reveal Heart Disease and Stroke as a top need in Lenoir County with a score of 2.15. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 14.

**Table 14. Data Scoring Results for Heart Disease & Stroke**

Score	Indicator (Year) (Units)	Lenoir County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	Heart Failure: Medicare Population (2015) (percent)	16.5	12.5	13.5				-	-
2.3	Ischemic Heart Disease: Medicare Population (2015) (percent)	30.2	24	26.5				-	-
2.3	Stroke: Medicare Population (2015) (percent)	4.6	3.9	4				-	-
2.7	Hyperlipidemia: Medicare Population (2015) (percent)	54.2	46.3	44.6				-	-
2.7	Hypertension: Medicare Population (2015) (percent)	69	58	55				-	-





*\*See Appendix B for full list of indicators included in each topic area*

Heart disease and stroke are key concerns for Lenoir County. The indicator score for heart failure with the Medicare Population for Lenoir County is 2.3 with a value of 16.5%. This rate is higher than the rates for both North Carolina (12.5%) and the U.S. (13.5), but this association is trending downward. Additionally, the death rate due to cerebrovascular disease or stroke for Lenoir County is 62.1 deaths (per 100,000 population), which is higher than the rates for North Carolina (43.1) and the U.S. (36.9). In addition, hyperlipidemia and hypertension are both trending significantly upward with indicator scores of 2.7, as Lenoir County has higher rates for both conditions compared to the rates for North Carolina and the U.S.

### Primary Data

40.9% of community survey respondents reported that they had been told by a health professional they had high blood pressure and 41.1% had been told they have high cholesterol. Spanish survey respondents reported only 9% had been told they have high blood pressure and 4.6% had been told they have high cholesterol. This difference could be a result of the results report by Spanish survey respondents that they are more likely to be uninsured and have not had similar access to health services. Five focus group participants raised health issues related to the Heart Disease & Stroke as top health needs in the community. Participants brought up high blood pressure and hypertension as health issues that need to be addressed.

### Highly Impacted Populations

Data scoring identified the Medicare population as a highly impacted group within the Heart Disease & Stroke topic.

According to the North Carolina Stroke Association, the incidence of first strokes in African Americans is nearly double that of whites. The Lenoir County African American population is almost twice that of the overall African American population in North Carolina. As a result of high stroke rates, UNC Lenoir initiated a comprehensive stroke program and is now designated as a “Primary Stroke Center” to address the health needs of this population in the community.

# Respiratory Diseases

## Key Issues

- Hospitalizations from asthma are crucial in Lenoir County.
- The tuberculosis rate is more than 5 times higher in Lenoir County compared to the rate in North Carolina.
- Asthma rates in the Medicare population are trending upwards in Lenoir County.
- Death rates are higher in Lenoir County compared to the rates for North Carolina and the U.S. for lung cancer, influenza and pneumonia.

## Secondary Data

The secondary data scoring results reveal the topic, Respiratory Diseases, as a major concern in Lenoir County with a score of 2.07. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 15.

**Table 15. Data Scoring Results for Respiratory Diseases**

Score	Indicator (Year) (Units)	Lenoir County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.7	Asthma: Medicare Population (2015) (percent)	10	8.4	8.2				-	-
2.05	COPD: Medicare Population (2015) (percent)	12.8	11.9	11.2				-	-
1.65	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	53	50.7	44.7				-	45.5
1.7	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	72.5	70	61.2				-	-
1.85	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/	167.6	90.9	-		-		-	-



10,000 population)							
2.43	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	10.2	2	3			1
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/ 100,000 population)	18.4	17.8	14.8			13.5

\*See [Appendix B](#) for full list of indicators included in each topic area

Respiratory diseases are serious matters in Lenoir County. The indicator score for asthma within the Medicare Population for Lenoir County is 2.7 with a value of 10%. This rate is higher than the rates in both North Carolina (8.4%) and the U.S. (8.2%), and it is trending upwards. Additionally, the age-adjusted death rate from influenza and pneumonia for Lenoir County is 18.4 deaths (per 100,000 population), which is higher than the rates for North Carolina (17.8) and the U.S. (14.8). Moreover, the tuberculosis rate is more than 5 times higher in Lenoir County (10.2) compared to North Carolina (2).

### Primary Data

16% of English survey respondents reported being told that they have Asthma while 8% of Spanish survey respondents have been told the same. Focus group participants did not discuss Respiratory Diseases during the discussions. This may be due to the nature of the conversations or could indicate a lack of awareness about issues present in the community.

### Highly Impacted Populations

Data scoring identified the Medicare population as a highly impacted group within the Respiratory Disease topic.

## Immunizations & Infectious Diseases











### Key Issues

- The death rate from HIV in Lenoir County is almost 4 times higher compared to the rates in North Carolina and the U.S.
- The rates of gonorrhea and tuberculosis are both trending upwards in Lenoir County.
- The tuberculosis rate in Lenoir County is more than 5 times higher than the rate in North Carolina.

### Secondary Data

The secondary data scoring results reveal the topic, Immunizations and Infectious diseases, as a top concern in Lenoir County with a score of 2.02. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 16.

Table 16. Data Scoring Results for Immunizations & Infectious Diseases

Score	Indicator (Year) (Units)	Lenoir County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.28	Gonorrhea Incidence Rate (2016) (cases/ 100,000 population)	274	194.4	145.8				-	-
2.03	Age-Adjusted Death Rate due to HIV (2012-2016) (deaths/ 100,000 population)	8.3	2.2	2				-	3.3
2.18	Chlamydia Incidence Rate (2016) (cases/ 100,000 population)	783.5	572.4	497.3				-	-
2.43	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	10.2	2	3				-	1
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/	18.4	17.8	14.8			 	13.5	-

 100,000  
population)

*\*See Appendix B for full list of indicators included in each topic area*

68% of English survey respondents reported that they had gotten a flu shot in the past 12 months while only 19% of Spanish survey respondents had. Immunizations and infectious diseases are major concerns in Lenoir County. The indicator score for tuberculosis for Lenoir County is 2.43 with a value of 10.2 (per 100,000 population). This rate is much higher than the rates in both North Carolina (2) and the United States (3), and it is trending upwards. Additionally, the death rate from influenza and pneumonia for Lenoir County is 18.4 deaths (per 100,000 population), which is higher than the rates for North Carolina (17.8) and the U.S. (14.8). Moreover, gonorrhea and chlamydia rates in Lenoir County are much higher compared to the rates in North Carolina and the U.S. Death rates from HIV are nearly 4 times higher in Lenoir County (8.3) compared to North Carolina (2.2) and the U.S (2).

### **Primary Data**

Immunizations & Infectious Diseases was not a health topic that came up during focus group discussions. This may be due to the nature of the conversations or could indicate a lack of awareness about issues present in the community.

### **Highly Impacted Populations**

North Carolina has one of the best TB programs in the United States. Due to giving directly-observed medications to TB patients, initiating isolation procedures quickly, and well-researched contact investigations, Lenoir County has had success in keeping our numbers low. These numbers are in line with the rest of the state's gradual decline in tuberculosis. Tuberculosis has not been totally eradicated; therefore, North Carolina will continue to work aggressively to identify all TB disease and individuals who are at risk for developing TB.

Lenoir County has experienced a gradual rise in Chlamydia and gonorrhea cases over the last five years. It is unclear whether the statistics indicate an actual rise in infection rates or a rise in testing within the county. Cases of primary, secondary, and early latent syphilis have declined dramatically over the last three years. Lenoir County Health Department has worked closely with the State to provide rapid treatment and close follow up to prevent the spread of syphilis. HIV rates in North Carolina are based on the county of residence at the time of diagnosis. Lenoir County is ranked 24<sup>th</sup> in the State for newly diagnosed cases of HIV, with a total of 2 in 2017.

## Cancer

### Key Issues

- Cervical cancer is nearly two times higher in Lenoir County than in North Carolina and the U.S.
- Pancreatic cancer is trending upwards in Lenoir County.
- Lenoir County has higher rates than North Carolina and the U.S. for every cancer category below.

### Secondary Data

The secondary data analysis identified Cancer as a top quality of life issue, receiving a data score of 1.97. Some of the highest scoring indicators are listed in Table 17.

**Table 17. Data Scoring Results for Cancer**

Score	Indicator (Year) (Units)	Lenoir County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.4	Cancer: Medicare Population (2015) (percent)	9.6	7.7	7.8				-	-
2.45	Age-Adjusted Death Rate due to Cancer (2010-2014) (deaths/100,000 population)	195.6	172	166.1				-	161.4
2.5	Ovarian Cancer Incidence Rate (2010-2014) (cases/100,000 females)	14.2	10.9	11.4				-f	-
2.7	Pancreatic Cancer Incidence Rate (2010-2014) (cases/100,000 population)	14.9	12	12.5				-	-
2.7	Age-Adjusted Death Rate due to	21	14.1	14.8				10.1	14.5


2.43	Colorectal Cancer (2010-2014) (deaths/100,000 population)	13.7	7.2	7.5				7.3
2.5	Cervical Cancer Incidence Rate (2010-2014) (cases/100,000 females)							-
2.5	Liver and Bile Duct Cancer Incidence Rate (2010-2014) (cases/100,000 population)	10.2	7.7	7.8				-
2.5	Oral Cavity and Pharynx Cancer Incidence Rate (2010-2014) (cases/100,000 population)	14.7	12.2	11.5				-
2.5								-

\*See Appendix B for full list of indicators included in each topic area

Lenoir County has higher rates than North Carolina and the U.S. for every cancer category in the table. The indicator score for cancer in the Medicare population is 2.4, where Lenoir County has a rate of 9.6% compared to North Carolina (7.7%) and the U.S (7.8%). The rates for ovarian and pancreatic cancer are higher in Lenoir County compared to North Carolina and the U.S., with both associations trending upward. The death rate from colorectal cancer for Lenoir County was 21 (per 100,000 population) compared to 14.1 for North Carolina and 14.8 for the U.S., where Lenoir's rate failed to meet the Healthy People 2020 Goal of 14.5. Moreover, the death rate from cancer was higher in Lenoir County (195.6) compared to North Carolina (172) and the U.S. (166.1), where all rates failed to meet the Healthy People 2020 Goal of 161.4.

## Primary Data

12% of English survey respondents reported being told by a health care professional that they had cancer while 0% of Spanish respondents reported the same. Cancer was discussed by seven participants during focus group discussions. Participants brought up services that are needed in the community such as more cancer screenings, a mobile cancer unit and community education about early detection. One participant shared their belief about a connection with exposure to chemicals from local industry and cancer in the community.



"{We need a} mobile cancer unit to drive in needy areas."

-Focus Group Participant

## Highly Impacted Populations

Primary data identified those who live in more rural areas may be more impacted within this topic area related to access to cancer screening services.

This year a partnership was developed between Lenoir County Health Department, Eastern Radiology Associates, Lenoir Hospital Foundation, and UNC Lenoir to increase the availability of year-long community screening and diagnostic mammograms by combining efforts and grant funds in a collaborative and more unified, formal process. The Lenoir County Community Breast Cancer Screening Program that will aim to provide screening services to 20 eligible women throughout the 2018-2019 year.



## Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Lenoir County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

**Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)**

Lenoir County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	476	201.6	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	457	193.5	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	148	61	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	128	52.9	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Diabetes	92	37.8	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Accidental Injuries	88	44.9	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	50	21.2	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Hypertension	50	20.4	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Influenza and Pneumonia	41	18.2	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Chronic Liver Diseases	40	16.2	Septicemia	4,500	13.1	Septicemia	1,033	15.1

*\*Age-adjusted death rate per 100,000 population*

## Other Significant Health Needs

### Access to Health Services


#### Secondary Data

From the secondary data scoring results, the Access to Health Services topic had a score of 1.59 and was the 21<sup>st</sup> highest scoring health and quality of life topic. High scoring related indicators include: Mental Health Provider Rate (2.05) and Primary Care Provider Rate (1.85).

A list of all secondary indicators within this topic area is available in Appendix B.

#### Primary Data

64.3% of English survey respondents and 82.6% of Spanish survey respondents reported seeing most of their medical providers in Lenoir County. The top reason Spanish survey respondents reported not being able to seek the medical services that they needed was due to not having health insurance while the top reason English survey respondents were not able to seek the services that they needed was due to insurance not covering the service they needed.



“Take our services to them if they can’t get to us.”

-Focus Group Participant

Access to Health Services was a primary focus of the focus group discussion. Participants discussed difficulties scheduling appointments due to appointment availability or transportation issues. They described challenges with finding providers nearby and having to travel long distances to see the health care provider that they needed. Discussion also focused on financial barriers participants faced while seeking medical services such as not being able to afford multiple co-pays or prescriptions and putting off major procedures because their insurance plans didn’t cover enough of the costs. Participants also identified groups they felt were disparately unable to access health care services such as the Hispanic/Latino population, uninsured and those who work long hours and can’t take off work. Suggestions for improving access to care included offering free wellness visits for uninsured individuals and adding urgent care, mobile units or outreach centers throughout the community.

### Economy

#### Secondary Data

From the secondary data scoring results, the Economy topic had a score of 1.79 and was the 13<sup>th</sup> highest scoring health and quality of life topic. High scoring related indicators include: Students Eligible for the Free Lunch Program (2.70), Households with Supplemental Security Income (2.50), People Living 200% Above Poverty Level (2.50), Children Living Below Poverty Level (2.30), Food Insecurity Rate (2.30), People Living Below Poverty Level (2.30), Young Children Living Below Poverty Level (2.30), Median Housing Unit Value (2.28), Median Household Income (2.25), Per Capita Income (2.15), Severe Housing Problems (2.15) and Child Food Insecurity Rate (2.10).

A list of all secondary indicators within this topic area is available in Appendix B.

### **Primary Data**

Community survey respondents selected the economy and poverty as the top issue impacting the quality of life in Lenoir County. The top economic concern among focus group participants not being able to afford the cost of health services. Participants shared personal stories about not being able to pay for co-pays and have to delay care due to the inability to pay for services. One participant was concerned about patients who are referred to specialists but cannot afford to pay for these services. Some participants felt that unemployment is a top concern in the community, specifically for young adults.

*“{A} family member had an abnormal pap smear. {They} were unable to get Medicaid and had no insurance. They then reached out to a charitable organization in the community to get help because their follow-up appointment required a payment.”*

*-Focus Group Participant*

## **Exercise, Nutrition & Weight**

### **Secondary Data**

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.75 and was the 15<sup>th</sup> highest scoring health and quality of life topic. High scoring related indicators include: Adults 20+ who are Obese (2.65), Food Insecurity Rate (2.30), Adults 20+ who are Sedentary (2.25), Access to Exercise Opportunities (2.10), Child Food Insecurity Rate (2.10), Fast Food Restaurant Density (2.05) and Food Environment Index (2.00).

A list of all secondary indicators within this topic area is available in Appendix B.

### Primary Data

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. There were also concerns with the food served at schools for young children and described the need to intervene early with influencing healthy eating habits. Several participants felt that there is an

*“I would say as far as me and my family, time constraint would be the main thing. We all kind of live in a fast-paces life now where we have to run our children from here to there. We really don’t have time to exercise like we need to and that always leads to eating late at night when you are always running your children everywhere.”*

*-Focus Group Participant*

“I think it is sometimes what you are taught growing up because Grandma ate fried this, fried that, and fried the other. You just go with the flow. That’s how you are taught to cook. Maybe we need to be teaching kids healthy habits changes healthier habits.”

-Focus Group Participant

opportunity to prevent obesity by intervening early and teaching nutrition in the local schools. There was much discussion regarding challenges with accessing grocery stores and healthy foods and finding time for healthy behaviors. One participant shared that given the rural nature of the community more could be done to connect the community with local produce. Staying physically active in the community was the greatest challenge for those who could not afford to join local exercise facilities. Participants shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, weight-loss, nutrition, and diabetes/diabetic food preparation were high frequency responses.

## Public Safety

### Secondary Data

From the secondary data scoring results, the Public Safety topic had a score of 1.80 and was the 12<sup>th</sup> highest scoring health and quality of life topic. High scoring related indicators include: Age-Adjusted Death Rate due to Homicide (2.58), Violent Crime Rate (2.18) and Age-Adjusted Death Rate due to Firearms (2.15).

A list of all secondary indicators within this topic area is available in Appendix B.

### Primary Data

Public safety was raised as a top area of concern amongst survey participants, specifically crime and theft within the community. This was more highly rated as a service needing improvement amongst the English survey participants than the Spanish survey participants. Public Safety was not a health topic that came up during focus group discussions. This may be due to the direction of the conversations or could indicate a lack of awareness amongst the group about issues present in the community.

## Substance Abuse


### Secondary Data

From the secondary data scoring results, the Substance topic had a score of 1.26 and was the 25<sup>th</sup> highest scoring health and quality of life topic. High scoring related indicators include: Adults who Smoke (2.70).

A list of all secondary indicators within this topic area is available in Appendix B.

### Primary Data

Substance Abuse was amongst the top concerns raised by community survey participants when asked about quality of life issues impacting the community. Substance Abuse was raised nine times in the focus group sessions as an issue in the community. Participants raised tobacco use and opioids as the top priorities that need to be addressed within this topic area. One participant felt that there is overprescribing of opioids in the community. Another participant raised the lack of detox substance abuse across the area as a top concern.



“There is a lot of drug use in the community in our area both legal and illegal.”  
-Focus Group Participant

## A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

### Older Adults & Aging

Older Adults & Aging ranks as a top need in Lenoir County as determined by the secondary data scoring results; there are number of indicators within this topic that are contributing to its overall score of 1.99. In particular, there are five very poor performing indicators. The percent of the Medicare population with asthma (10%), diabetes (34%), hyperlipidemia (54.2%) and hypertension (69%) are of particular concern. The percent of the Medicare population with these conditions is higher than in the state and U.S. overall. Also concerning, 31.1% of people over 65 in Lenoir County live alone which is higher than in the state (26.8%) and the U.S. (26.4%).

### Women’s Health

Women’s health ranks as a top need in Lenoir County as determined by the secondary data scoring results; however, this should be interpreted with caution as a limited number of indicators (3) are contributing to its topic score of 1.98. The ovarian cancer incidence rate is of particular concern. The ovarian cancer incidence rate in Lenoir County is 14.2 cases/100,000 females and the Cervical Cancer incidence rate is 13.7 cases / 100,000 females, both of which are higher than the state value and

national value. Lenoir County also fails to meet the Healthy People 2020 target of 79.5 years life expectancy for females.

## Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Lenoir County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

**Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities**

Health Indicator	Group(s) Disparately Affected*
People 25+ with a Bachelor's Degree or Higher	Black or African American, Hispanic or Latino, Other
Children Living Below Poverty Level	Black or African American, Hispanic or Latino, Other, Two or More Races
People Living Below Poverty Level	6-11, <6, Black or African American, Hispanic or Latino
Young Children Living Below Poverty Level	Hispanic or Latino, Other
Median Household Income	Black or African American, Hispanic or Latino
Per Capita Income	Black or African American, Hispanic or Latino, Other, Two or More Races
Families Living Below Poverty Level	Black or African American, Hispanic or Latino, Other, Two or More Races
People 25+ with a High School Degree or Higher	Male, Hispanic or Latino, Other
People 65+ Living Below Poverty Level	Black or African American
Prostate Cancer Incidence Rate	Black
Preventable Hospital Stays: Medicare Population	Black
Workers who Drive Alone to Work	65+, Asian, Native Hawaiian or Other Pacific Islander, White, non-Hispanic

\*See [HealthENC.org](http://HealthENC.org) for indicator values for population subgroups

## Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28501, with an index value of 97.0, has the highest socioeconomic need within Lenoir County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Lenoir County zip codes and index values.

## Community Needs Not Addressed

While the community identified health needs that are significant, not every need is detailed in this report or reflected in the priorities and improvement plans. Often, these needs were not prioritized because they are already being addressed by agencies or a coalition of agencies offering programs and services to those impacted. Those health needs that were identified but not prioritized are listed in this table along with an explanation of why improvement plans will not focus on them and how they are currently being addressed.

Community Need	Reasons Needs Not Addressed
Economy	The prioritization group felt that this was too large an issue for the prioritization. Additionally, there are a number of current local, regional, and state resources working within this issue. UNC Lenoir Health Care has a Workforce Development Committee that identifies strategies for work readiness and early recruitment of youth and adults in the area schools. Lenoir County Economic Development and Lenoir Community College collaborate in this area to match job growth with employable skills. Lack of availability of public transportation to be key topic in 2019 for Kinston/Lenoir County Chamber of Commerce 2020 focus.
Cancer	UNC Lenoir Health Care provides screenings for colorectal, lung cancers and educational sessions for prostate and skin. A recent multi-organization collaborative has expanded mammogram screening in Lenoir County for more access to those without insurance. Plans are underway for head and neck cancer screening program in 2019. Cancer treatment is a part of core hospital services. Cancer program accreditation being pursued for 2019.
Heart Disease and Stroke	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.
Diabetes	UNC Lenoir Health Care offers free DSME, gestational, and pre-diabetes education at the onsite Diabetes Wellness Program. KCHC plans to hire a diabetes educator for their chronic disease management program. LCHD is exploring CDC Diabetes Prevention Program for prediabetes.
Public Safety	Lenoir County Sheriff's Dept., Kinston Public Safety, The Gate, and Kinston/Lenoir County Chamber of Commerce and many other community agencies address these issues within their focus.
Respiratory Disease	UNC Lenoir Health Care offers tobacco cessation programming. NC Quitline available. Flu vaccination rates improved in Lenoir County.
Immunizations and Infections	Flu vaccination rates improved in Lenoir County. Immunizations available at providers, LCHD, pharmacies. LCPS vaccinations requirements enforced. Plans underway by UNC Lenoir to increase education about HPV vaccination benefits.

## Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Lenoir County. The assessment was further informed with input from Lenoir County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified 10 significant health needs: Access to Health Services, Cancer, Diabetes, Economy, Exercise, Nutrition & Weight, Heart Disease & Stroke, Immunizations & Infectious Diseases, Public Safety, Respiratory Diseases and Substance Abuse. The prioritization process identified three focus areas: (1) Access to Health Services (2) Substance Abuse (3) Exercise, Nutrition, & Weight. Following this process, Lenoir County will outline how it plans to address these health needs in its implementation and improvement plans.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to the [Lenoir County Alliance for a Healthy Community Facebook page](#), [Lenoir County Health Department Facebook page](#), [Kinston Community Health Center Facebook page](#), or UNC Lenoir Health Care via “Contact Us” area of the website at [www.unclenoir.org](http://www.unclenoir.org).



## Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding 2017 CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
<b>Obesity</b>	Availability of low-cost UNC Lenoir Hospital fitness center and free outdoor community walking track available for community exercise access	Yes	2018-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 1172 active individual members in FY18, monthly membership rates of \$20 per month assist an underserved community to initiate exercise plans. Voted #1 Place to Shape Up by the Free Press Reader’s Choice Award in 2018. The UNC Lenoir Health Care 2018-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 3 in FY 18 for no fees.
	Implementation of SMARTFit exercise system at local Boys & Girls Club	Yes	In 2017, the Lenoir Hospital Foundation and UNC Lenoir partnered with the Boys & Girls Club of the Coastal Plain to provide evidenced-based physical activity equipment and initiative at the new Kinston club site for over 100 youth in the area. SMARTfit systems, an initiative in other Boys and Girls Clubs addresses aspects of the body, mind, and soul with academic features that revolve around physical activities.
	Story Walk implementation on Kinston River Walk with Lenoir-Greene Partnership for Children	Yes	2017/2018-Story Walk is fully implemented with Lenoir-Greene Partnership for Children on April 19, 2018 as the lead agency. Multiple community partners organized this project.
	Explore youth obesity prevention initiatives with LCPS	Ongoing	Include in 2018 CHNA implementation plan to evaluate new school for a third Lenoir County Project Fit America implementation. Lenoir County Public Schools engaged in healthier menus and with grant funded initiatives

	Bariatric Service line development and initiation at UNC Lenoir	Yes	The Bariatric service is fully operational at UNC Lenoir with two surgeries offered and a medical supplement program offered. Working towards accreditation.
	UNC Lenoir to provide healthy living and disease self-management programs to community	Yes	In 2018, UNC Lenoir provided 834 participants on and off-site health and wellness programming. Programming included Infant CPR, tobacco cessation, exercise, nutrition and other health education offerings. A three-part heart series with featured cardiologist speakers led educational programs this year. Sponsored a parenting education seminar through Triple P-positive parenting by trained child educators for the community.
	UNC Lenoir to support area organizations through community benefit process for increasing physical activity-oriented events	Yes	Cash donations from UNC Lenoir included support for Run for the River, Lions Industries for the Blind Diabetes Walkathon, Alzheimer's Awareness Walk, Lenoir/Greene Relay for Life, and others as part of Community Benefit program.
	Healthier nutrition education is provided to the community	Yes	UNC Lenoir assisted 75 underserved residents of the community having diabetes with access to local fresh fruits and vegetables through an incentive Rx coupon program in partnership with Kinston Community Health Center, Kate B. Reynolds Charitable Trust and Lenoir County Cooperative Extension. Additionally, UNC Lenoir provided an onsite cooking demonstration by a dietitian. 2018-The Health Educator at Lenoir County Health Department completed a Fruit and Vegetable Inventory with farm produce stands in Lenoir County. Inventory includes operation times/contact info and is made available to community.
<b>Substance Abuse/Mental Health</b>	Increase UNC Lenoir provider education and access to NC Controlled Substance Reporting System database	Yes	Ongoing work at UNC Lenoir to integrate into EMR for efficiencies
	Pharmacist presentation about safe medication practices including disposal	Yes	UNC Lenoir pharmacist developed a one-page handout detailing safe medication disposal that is being used as an educational tool at community events and available at <a href="http://www.lenoirwellness.org">www.lenoirwellness.org</a>
	UNC Lenoir ED participation in UNC Roundtable for system-wide best practices for ED discharge prescription guidelines for narcotics	Yes	Ongoing system improvements.

	UNC Lenoir ED Behavioral Health ED facility improvement	Yes	2018- Renovations complete for five behavioral health holding rooms rooms in ED for safe treatment spaces. 2017/2018- Staffing includes constant observers in ED safe treatment spaces.
	UNC Lenoir to provide community medication cards for medication management	Yes	Free medication cards are provided to any community resident who requests one. They are distributed through the Minges Wellness Center at UNC Lenoir and at <a href="http://www.lenoirwellness.org">www.lenoirwellness.org</a>
	Lenoir County Alliance for a Healthy Community support	Yes	This group meets monthly and is led by leaders from UNC Lenoir and Lenoir County Health Department. Minutes are recorded by UNC Lenoir staff and housed at UNC Lenoir/ Corporate and Community Health Department.
	Evaluate local sponsorship of a NC Med Assist giveaway event	Yes	Completed.
	UNC Lenoir to provide community educational presentations focused on alternative pain management measures	Yes	2018- Two presentations provided free to the community at UNC Lenoir by a local licensed acupuncturist for alternative pain management approach.
	Develop a community resource directory for community substance abuse resources	Yes	2018- UNC Lenoir and Lenoir Hospital Foundation: community resources were identified and published in a Lenoir County brochure. Distributed to area agencies and churches and located online at <a href="http://www.lenoirwellness.org">www.lenoirwellness.org</a> . Education stations with substance abuse education placed in UNC Lenoir ED/ Lobby/Radiology waiting areas.
	Lenoir County Mental Health Crisis Collaborative	Yes	This group meets quarterly, cross-community participation led by Eastpointe and identifies mental health needs and resources. Mobile crisis resources and promotion are funneled to community through this group.
	UNC Lenoir Neonatal Abstinence screening for all newborns	Yes	Ongoing
	UNC Lenoir to valuate depression screening tool and need for community	Yes	2018-A depression screening tool is located at <a href="http://www.lenoirwellness.org">www.lenoirwellness.org</a> 2018-Eastpointe has placed a mental health resources kiosk at Lenoir County Health Department- one of thirteen placed in ENC.
	Develop community referral pathway for Lenoir County EMS naloxone kit distribution	Yes	2018-EMS clinical pathways in place.
	Lenoir County Opiate Task Force	Yes	Led by a Lenoir County commissioner, meets regularly to determine top priorities. Cross-community participation.

	UNC Lenoir to evaluate need for geriatric psychiatric inpatient hospital service	Ongoing	Ongoing evaluation by UNC Lenoir.
	Promote awareness of opioid abuse prevention	Yes	2018-Lenoir County Health Department used Down East Wood Ducks season home games to promoted education on signs, symptoms, and resources.
	Increase dispensing of Naloxone in community		2018- Lenoir County Health Department dispenses Naloxone kits to high risk patients and families via standing order.
<b>Responsible Parenting</b>	UNC Lenoir supports high-risk OB providers group	Yes	UNC Lenoir facilitates regularly provider meetings for community.
	UNC Lenoir participates in system-wide UNC roundtable for improving rates and support for breast feeding	Yes	UNC Lenoir Family Birth Center participates in regular meetings.
	Implement new mother's support group	No	Planning continues.
	UNC Lenoir to provide support to Lenoir County Safe Kids Coalition	Yes	Annual cash donation provided by UNC Lenoir to support low income assistance of Child Passenger Safety seats.
	UNC Lenoir to Continue 10 step Baby Friendly Practices in UNC Lenoir Family Birth Center for breast feeding support and education	Yes	2017/2018"Baby Friendly "practices such as "rooming in" and "skin to skin" for mom and baby are. Breastfeeding support is provided for those moms who want to breastfeed and proper bottle-feeding techniques for those that choose to formula feed.
	UNC Lenoir to provide family health community educational event annually	Yes	2017- Eugenia Briley Women's Health Seminar for females of all ages- 35 attendees 2018- Bed bug presentation by NC DHHS- 40 attendees
	UNC Lenoir to coordinate a community parenting education event	Yes	UNC Lenoir and Triple P worked together to offer free annual parenting educational sessions at hospital and at Triple P identified locations.
	UNC Lenoir to develop a parenting educational station in the Family Birth Center waiting area	Yes	UNC Lenoir and Lenoir Hospital Foundation placed permanent station in 2018. Over 15 different parenting education resources provided in station.

	UNC Lenoir to maintain Healthy Communities database for community access to health indicators and promising practices for community health information and tracking access	Yes	HCI access available through <a href="http://www.healthenc.org">www.healthenc.org</a> at no charge to community members.
	Reduce percentage of women who smoke during pregnancy.	Yes	Lenoir County Health Department Maternal Health Program uses You Quit, Two Quit tobacco cessation program for identified clients.
	Increase number of trained Triple P individuals in county for increased parenting resource for parents/caregivers.	Yes	Triple P has a robust Lenoir County presence and meets program goals for volumes of trainees in Lenoir County.
	Increase the percentage of children aged 19-35 months who receive recommended vaccines.	Yes	Through a number of strategies by Lenoir County health Department, progress has been made in this area by .5%.

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Continue the 8 Weeks to Healthy Living program and look for ways to increase participation and completion of this program through faith-based and other community partnerships.	Yes	Seven Programs were held during FY16. 152 participants enrolled, 74% completed the program, total pounds lost of everyone involved was 830, total pounds lost those who completed program was 754.6, decreases in BMI of those who attend final screening was 92% normal versus 69% normal at the beginning of the program. Five programs were held during FY17. 82 participants enrolled, 61 participants completed the program, 74% completed the program, 214.5 total pounds lost by everyone enrolled, 197.6 total pounds lost by those who completed the program. 57% decrease in BMI of those who attended final screening.
	Continue its partnership with the YMCA to provide prevention and maintenance education on diabetes.	Yes	During FY16, Hospital X provided community health programming in three Healthy Living Center Locations in partnership with the YMCA. These centers provided health screenings, follow-up coaching and information related to diabetes prevention and/or maintenance to 129 people.
	Provide free BMI and blood glucose screenings at community health fairs and offer follow-up resources for those who are found to be high-risk for developing diabetes. Provide health literature on diabetes prevention and maintenance at all health screenings	Yes	Hospital X participated in 41 health fairs during FY16. 1,799 people received a health screening (blood pressure, BMI and/or blood glucose) and 621 people were identified with abnormal results. Hospital X participated in over 29 health fairs and community events during FY17 at which health screenings were provided. 1,199 people received a health screening (blood pressure, BMI and/or blood glucose) and 451 people were identified with abnormal results. Those with abnormal results received a follow-up call from a Social Responsibility staff member who connected them to a primary care clinic if they had not already done so themselves.
	Provide care coordination services for pre-diabetic and diabetic patients in Primary Care offices. Care	Yes	Over 22 nurse care coordinators are embedded in primary care offices with high numbers of chronic complex patients and frequent utilizers of acute care services. In addition, centralized care coordinators are focused on managing medically complex patients discharged from Hospital X as well as

	<p>coordinators work with patients to educate them on prevention and disease management as well as directing patients to appropriate community resources for additional support.</p>		<p>high-risk individuals within the populations we serve through shared savings contracts, including the Hospital Employee Health Plan. This model also supports primary care offices with lower numbers of chronic complex patients who could benefit from care coordination services.</p> <p>There was a total of 1,255 people in Care Coordination for Diabetes:</p> <ul style="list-style-type: none"> <li>● Average A1c levels dropped a rate of -.31</li> <li>● Average Blood Pressure Diastolic levels went up a rate of 1.7</li> <li>● Average Blood Pressure Systolic levels dropped a rate of -.74</li> <li>● Average BMI levels dropped a rate of -.07</li> </ul> <p>There were a total of 67 people in Care Coordination for Prediabetes.</p> <ul style="list-style-type: none"> <li>● Average A1c levels went up a rate of .05</li> <li>● Average Blood Pressure Diastolic levels dropped a rate of -1.41</li> <li>● Average Blood Pressure Systolic levels dropped a rate of -1.6</li> <li>● Average BMI levels went up a rate of .126</li> </ul>
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# Appendix B. Secondary Data Scoring

## Overview

Data scoring consists of three stages, which are summarized in Figure 52:

### Comparison Score

For each indicator, Lenoir County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 53).

### Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 53).

### Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 53). Indicators may be categorized into more than one topic area.

Figure 52. Secondary Data Scoring Overview

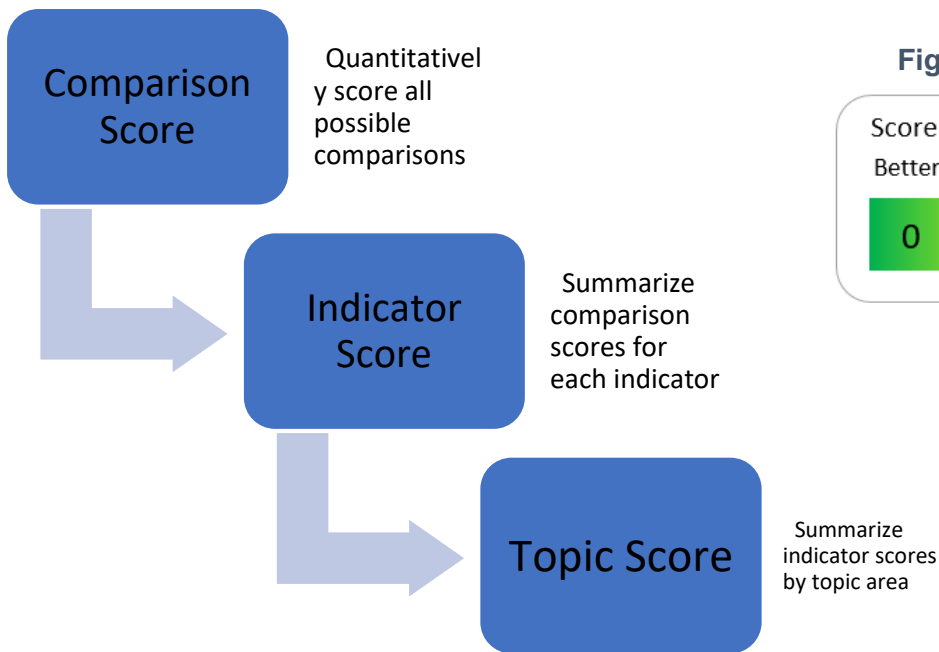
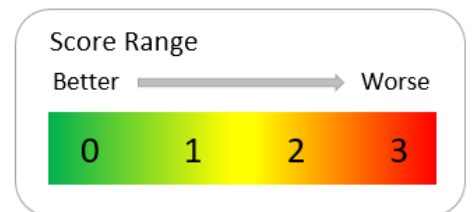


Figure 53. Score Range

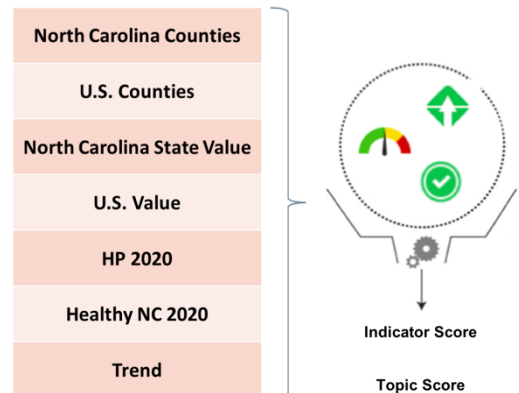




## Comparison Scores

Up to 7 comparison scores were used to assess the status of Lenoir County. The possible comparisons are shown in Figure 54 and include a comparison of Lenoir County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 54. Comparisons used in Secondary Data Scoring



### Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Lenoir County is faring against a distribution of counties in North Carolina or the U.S. (Figure 55).

Figure 55. Compare to Distribution Indicator Gauge



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 56). The comparison score is determined by how Lenoir County falls within these four groups or quartiles.

Figure 56. Distribution of County Values



### Comparison to North Carolina Value and U.S. Value

As shown in Figure 57, the diamond represents how Lenoir County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 57. Comparison to Single Value



### Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 58, the circle represents how Lenoir County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina

2020. Healthy People 2020<sup>2</sup> goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020<sup>3</sup> objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

**Figure 58. Comparison to Target Value**



### **Trend Over Time**

As shown in Figure 59, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Lenoir County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

**Figure 59. Trend Over Time**



### **Missing Values**

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

### **Indicator Scoring**

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

### **Topic Scoring**

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

<sup>2</sup> For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

<sup>3</sup> For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

### **Age, Gender and Race/Ethnicity Disparities**

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

## Topic Scoring Table

Table 20 shows the Topic Scores for Lenoir County, with higher scores indicating a higher need.

**Table 20. Topic Scores for Lenoir County**

<b>Health and Quality of Life Topics</b>	<b>Score</b>
Diabetes	<b>2.31</b>
Heart Disease & Stroke	<b>2.15</b>
Wellness & Lifestyle	<b>2.10</b>
Respiratory Diseases	<b>2.07</b>
Immunizations & Infectious Diseases	<b>2.02</b>
Older Adults & Aging	<b>1.99</b>
Women's Health	<b>1.98</b>
Cancer	<b>1.97</b>
Environmental & Occupational Health	<b>1.94</b>
Maternal, Fetal & Infant Health	<b>1.94</b>
Education	<b>1.88</b>
Public Safety	<b>1.80</b>
Economy	<b>1.79</b>
Men's Health	<b>1.78</b>
Exercise, Nutrition, & Weight	<b>1.75</b>
Social Environment	<b>1.73</b>
Mental Health & Mental Disorders	<b>1.72</b>
Mortality Data	<b>1.70</b>
Other Chronic Diseases	<b>1.70</b>
County Health Rankings	<b>1.63</b>
Access to Health Services	<b>1.59</b>
Environment	<b>1.50</b>
Transportation	<b>1.41</b>
Prevention & Safety	<b>1.30</b>
Substance Abuse	<b>1.26</b>

## Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Lenoir County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on [HealthENC.org](http://HealthENC.org).

**Table 21. Indicator Scores by Topic Area**

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Mental Health Provider Rate	2017	providers/ 100,000 population	109.9	215.5	214.3				5
1.85	Primary Care Provider Rate	2015	providers/ 100,000 population	48.2	70.6	75.5				5
1.63	Persons with Health Insurance	2016	percent	86	87.8		100	92		19
1.58	<b>Clinical Care Ranking</b>	2018	ranking	68						5
1.50	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	71.5	102.5	81.2				5
1.35	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	52.7	49	49.9			Black	20
1.20	Dentist Rate	2016	dentists/ 100,000 population	52.4	54.7	67.4				5

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	21	14.1	14.8	14.5	10.1		8
2.70	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.9	12	12.5				8
2.50	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	10.2	7.7	7.8				8
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.7	12.2	11.5				8

2.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	14.2	10.9	11.4			8
2.45	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	195.6	172	166.1	161.4		8
2.43	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	13.7	7.2	7.5	7.3		8
2.40	Cancer: Medicare Population	2015	percent	9.6	7.7	7.8			4
1.85	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23	21.6	21.2	20.7		8
1.80	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	481.4	457	443.6			8
1.80	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	134.5	129.4	123.5			8
1.80	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	130.3	125	114.8		Black	8
1.70	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72.5	70	61.2			8
1.65	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	53	50.7	44.7	45.5		8
1.60	Mammography Screening: Medicare Population	2014	percent	66.2	67.9	63.1			20
1.55	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	42.2	37.7	39.8	39.9		8
1.50	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.5	21.6	20.1	21.8		8
1.20	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	10.6	10.8	10.9			8
0.75	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	17.4	20.1	20.5			8

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	86						5
1.73	Morbidity Ranking	2018	ranking	83						5
1.73	Mortality Ranking	2018	ranking	90						5
1.73	Social and Economic Factors Ranking	2018	ranking	81						5

1.58	Clinical Care Ranking	2018	ranking	68						5
1.28	Physical Environment Ranking	2018	ranking	22						5

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Diabetes: Medicare Population	2015	percent	34	28.4	26.5				4
2.50	Adults 20+ with Diabetes	2014	percent	15.9	11.1	10				5
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	36.8	23	21.1				18
1.75	Diabetic Monitoring: Medicare Population	2014	percent	87	88.8	85.2				20

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Students Eligible for the Free Lunch Program	2015-2016	percent	99.1	52.6	42.6				9
2.50	Households with Supplemental Security Income	2012-2016	percent	8.3	5	5.4				1
2.50	People Living 200% Above Poverty Level	2012-2016	percent	51.6	62.3	66.4				1
2.30	Children Living Below Poverty Level	2012-2016	percent	35.8	23.9	21.2			Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.30	Food Insecurity Rate	2016	percent	20.2	15.4	12.9				6
2.30	People Living Below Poverty Level	2012-2016	percent	22.1	16.8	15.1		12.5	6-11, <6, Black or African American, Hispanic or Latino	1
2.30	Young Children Living Below Poverty Level	2012-2016	percent	41.8	27.3	23.6			Hispanic or Latino, Other	1
2.28	Median Housing Unit Value	2012-2016	dollars	93400	157100	184700				1
2.25	Median Household Income	2012-2016	dollars	36956	48256	55322			Black or African American,	1

								Hispanic or Latino	
2.15	Per Capita Income	2012-2016	dollars	20773	26779	29829		Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.15	Severe Housing Problems	2010-2014	percent	19.1	16.6	18.8			5
2.10	Child Food Insecurity Rate	2016	percent	24.6	20.9	17.9			6
1.95	Families Living Below Poverty Level	2012-2016	percent	15.9	12.4	11		Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.85	Homeownership	2012-2016	percent	52	55.5	55.9			1
1.80	People 65+ Living Below Poverty Level	2012-2016	percent	12.2	9.7	9.3		Black or African American	1
1.73	Social and Economic Factors Ranking	2018	ranking	81					5
1.65	Households with Cash Public Assistance Income	2012-2016	percent	2.4	1.9	2.7			1
1.55	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.3	57.4	58.3			1
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	6					23
1.48	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	409	376	462			1
1.40	Population 16+ in Civilian Labor Force	2012-2016	percent	59.4	61.5	63.1			1
1.40	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	43.5	49.4	47.3	36.1		1
1.28	Median Household Gross Rent	2012-2016	dollars	676	816	949			1
1.25	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.7	3.7	3.7			21
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1066	1243	1491			1
0.98	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	25.1	29	27.6			1



0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						23
0.60	Total Employment Change	2014-2015	percent	9.3	3.1	2.5				22

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	13.7	29	30.3			Black or African American, Hispanic or Latino, Other	1
2.25	8th Grade Students Proficient in Reading	2016-2017	percent	35.7	53.7					14
1.90	High School Graduation	2016-2017	percent	81.7	86.5		87	94.6		14
1.85	8th Grade Students Proficient in Math	2016-2017	percent	31.1	45.8					14
1.85	People 25+ with a High School Degree or Higher	2012-2016	percent	80.3	86.3	87			Male, Hispanic or Latino, Other	1
1.70	4th Grade Students Proficient in Math	2016-2017	percent	52.1	58.6					14
1.60	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.9	15.6	17.7				9
1.35	4th Grade Students Proficient in Reading	2016-2017	percent	55.3	57.7					14

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Severe Housing Problems	2010-2014	percent	19.1	16.6	18.8				5
2.10	Access to Exercise Opportunities	2018	percent	65	76.1	83.1				5
2.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.9						23
2.00	Food Environment Index	2018		6.4	6.4	7.7				5
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						23
1.75	Houses Built Prior to 1950	2012-2016	percent	14	9.1	18.2				1
1.60	PBT Released	2016	pounds	36.1						24
1.58	Annual Particle Pollution	2011-2013		B						2
1.50	Children with Low Access to a Grocery Store	2015	percent	3						23

1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.1						23
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	6						23
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.1						23
1.30	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.1						23
1.28	Physical Environment Ranking	2018	ranking	22						5
1.20	Grocery Store Density	2014	stores/ 1,000 population	0.3						23
1.18	Annual Ozone Air Quality	2014-2016		A						2
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						23
0.85	Liquor Store Density	2015	stores/ 100,000 population	5.2	5.8	10.5				22
0.68	Drinking Water Violations	FY 2013-14	percent	0	4			5		5

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10	8.4	8.2				4
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	167.6	90.9					11
1.28	Physical Environment Ranking	2018	ranking	22						5

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Adults 20+ who are Obese	2014	percent	35.9	29.6	28	30.5			5
2.30	Food Insecurity Rate	2016	percent	20.2	15.4	12.9				6
2.25	Adults 20+ who are Sedentary	2014	percent	31.8	24.3	23	32.6			5
2.10	Access to Exercise Opportunities	2018	percent	65	76.1	83.1				5
2.10	Child Food Insecurity Rate	2016	percent	24.6	20.9	17.9				6
2.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.9						23

2.00	Food Environment Index	2018		6.4	6.4	7.7				5
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.02						23
1.73	Health Behaviors Ranking	2018	ranking	86						5
1.50	Children with Low Access to a Grocery Store	2015	percent	3						23
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.1						23
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	6						23
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.1						23
1.35	Workers who Walk to Work	2012-2016	percent	2.3	1.8	2.8	3.1			1
1.30	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.1						23
1.20	Grocery Store Density	2014	stores/ 1,000 population	0.3						23
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.2						23

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Hyperlipidemia: Medicare Population	2015	percent	54.2	46.3	44.6				4
2.70	Hypertension: Medicare Population	2015	percent	69	58	55				4
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	62.1	43.1	36.9	34.8			18
2.30	Heart Failure: Medicare Population	2015	percent	16.5	12.5	13.5				4
2.30	Ischemic Heart Disease: Medicare Population	2015	percent	30.2	24	26.5				4
2.30	Stroke: Medicare Population	2015	percent	4.6	3.9	4				4
1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	203.9	161.3			161.5		18
0.70	Atrial Fibrillation: Medicare Population	2015	percent	7	7.7	8.1				4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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2.43	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	10.2	2	3	1		12
2.28	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	274	194.4	145.8			12
2.18	Chlamydia Incidence Rate	2016	cases/ 100,000 population	783.5	572.4	497.3			12
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	18.4	17.8	14.8		13.5	18
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	8.3	2.2	2	3.3		18
1.85	AIDS Diagnosis Rate	2016	cases/ 100,000 population	14.5	7				12
1.75	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	17.1	16.1			22.2	12
1.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	8.6	10.8	8.7			10

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Babies with Very Low Birth Weight	2012-2016	percent	2.1	1.7	1.4	1.4			17
2.18	Preterm Births	2016	percent	11.7	10.4	9.8	9.4			17
2.03	Babies with Low Birth Weight	2012-2016	percent	10.4	9	8.1	7.8			17
1.70	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.6	7.2		6	6.3		18
1.50	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	21.6	15.7		36.2			18

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Life Expectancy for Males	2014	years	71.9	75.4	76.7		79.5		7
1.80	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	130.3	125	114.8			Black	8
1.50	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.5	21.6	20.1	21.8			8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Poor Mental Health: Average Number of Days	2016	days	4.5	3.9	3.8		2.8		5
2.10	Frequent Mental Distress	2016	percent	13.9	12.3	15				5
2.05	Mental Health Provider Rate	2017	providers/ 100,000 population	109.9	215.5	214.3				5
1.90	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.2	9.8	9.9				4
1.50	Depression: Medicare Population	2015	percent	16	17.5	16.7				4
1.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	18.2	31.9	26.6				18
0.83	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	9.9	12.9	13	10.2	8.3		18

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	21	14.1	14.8	14.5	10.1		8
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	13.9	6.2	5.5	5.5	6.7		18
2.50	Premature Death	2014-2016	years/ 100,000 population	10386.8	7281.1	6658.1				5
2.45	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	195.6	172	166.1	161.4			8
2.43	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	62.1	43.1	36.9	34.8			18
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	36.8	23	21.1				18
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	17.3	12.7	11	9.3			3
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	18.4	17.8	14.8		13.5		18
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	8.3	2.2	2	3.3			18
1.85	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23	21.6	21.2	20.7			8

1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	203.9	161.3			161.5	18
1.73	Mortality Ranking	2018	ranking	90					5
1.70	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.6	7.2	6		6.3	18
1.65	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	53	50.7	44.7	45.5		8
1.55	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	15.6	14.1				18
1.50	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.5	21.6	20.1	21.8		8
1.20	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	10.6	10.8	10.9			8
1.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	18.2	31.9	26.6			18
1.10	Alcohol-Impaired Driving Deaths	2012-2016	percent	27.7	31.4	29.3		4.7	5
0.83	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	9.9	12.9	13	10.2	8.3	18
0.80	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	13	15.1	15.4		9.9	3
0.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	12.7	16.2	16.9			5
0.38	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	27.2	31.9	41.4	36.4		18

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10	8.4	8.2				4
2.70	Diabetes: Medicare Population	2015	percent	34	28.4	26.5				4
2.70	Hyperlipidemia: Medicare Population	2015	percent	54.2	46.3	44.6				4
2.70	Hypertension: Medicare Population	2015	percent	69	58	55				4
2.70	People 65+ Living Alone	2012-2016	percent	31.1	26.8	26.4				1
2.50	Chronic Kidney Disease: Medicare Population	2015	percent	23.1	19	18.1				4
2.40	Cancer: Medicare Population	2015	percent	9.6	7.7	7.8				4
2.30	Heart Failure: Medicare Population	2015	percent	16.5	12.5	13.5				4

2.30	Ischemic Heart Disease: Medicare Population	2015	percent	30.2	24	26.5				4
2.30	Stroke: Medicare Population	2015	percent	4.6	3.9	4				4
2.05	COPD: Medicare Population	2015	percent	12.8	11.9	11.2				4
1.90	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.2	9.8	9.9				4
1.80	People 65+ Living Below Poverty Level	2012-2016	percent	12.2	9.7	9.3			Black or African American	1
1.75	Diabetic Monitoring: Medicare Population	2014	percent	87	88.8	85.2				20
1.60	Mammography Screening: Medicare Population	2014	percent	66.2	67.9	63.1				20
1.50	Depression: Medicare Population	2015	percent	16	17.5	16.7				4
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.1						23
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.7	29.1	30				4
1.13	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	18.2	31.9	26.6				18
1.10	Osteoporosis: Medicare Population	2015	percent	5	5.4	6				4
0.70	Atrial Fibrillation: Medicare Population	2015	percent	7	7.7	8.1				4

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Chronic Kidney Disease: Medicare Population	2015	percent	23.1	19	18.1				4
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.7	29.1	30				4
1.10	Osteoporosis: Medicare Population	2015	percent	5	5.4	6				4

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	17.3	12.7	11	9.3			3
2.15	Severe Housing Problems	2010-2014	percent	19.1	16.6	18.8				5

1.55	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	15.6	14.1					18
1.40	Domestic Violence Deaths	2016	number	1						15
0.80	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	13	15.1	15.4		9.9		3
0.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	12.7	16.2	16.9				5
0.38	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	27.2	31.9	41.4	36.4			18

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	13.9	6.2	5.5	5.5	6.7		18
2.18	Violent Crime Rate	2016	crimes/ 100,000 population	657.7	374.9	386.3				13
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	17.3	12.7	11	9.3			3
1.65	Property Crime Rate	2016	crimes/ 100,000 population	3397.9	2779.7					13
1.55	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	15.6	14.1					18
1.40	Domestic Violence Deaths	2016	number	1						15
1.10	Alcohol-Impaired Driving Deaths	2012-2016	percent	27.7	31.4	29.3		4.7		5

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10	8.4	8.2				4
2.43	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	10.2	2	3	1			12
2.13	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	18.4	17.8	14.8		13.5		18
2.05	COPD: Medicare Population	2015	percent	12.8	11.9	11.2				4
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	167.6	90.9					11



1.70	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72.5	70	61.2				8
1.65	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	53	50.7	44.7	45.5			8

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	People 65+ Living Alone	2012-2016	percent	31.1	26.8	26.4				1
2.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	13.7	29	30.3			Black or African American, Hispanic or Latino, Other	1
2.30	Children Living Below Poverty Level	2012-2016	percent	35.8	23.9	21.2			Black or African American, Hispanic or Latino, Other, Two or More Races	1
2.30	People Living Below Poverty Level	2012-2016	percent	22.1	16.8	15.1		12.5	6-11, <6, Black or African American, Hispanic or Latino	1
2.30	Young Children Living Below Poverty Level	2012-2016	percent	41.8	27.3	23.6			Hispanic or Latino, Other	1
2.28	Median Housing Unit Value	2012-2016	dollars	93400	157100	184700				1
2.25	Median Household Income	2012-2016	dollars	36956	48256	55322			Black or African American, Hispanic or Latino	1
2.15	Per Capita Income	2012-2016	dollars	20773	26779	29829			Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.95	Single-Parent Households	2012-2016	percent	41.4	35.7	33.6				1

1.85	Homeownership	2012-2016	percent	52	55.5	55.9				1
1.85	People 25+ with a High School Degree or Higher	2012-2016	percent	80.3	86.3	87			Male, Hispanic or Latino, Other	1
1.73	Social and Economic Factors Ranking	2018	ranking	81						5
1.65	Voter Turnout: Presidential Election	2016	percent	67	67.7					16
1.63	Persons with Health Insurance	2016	percent	86	87.8		100	92		19
1.55	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.3	57.4	58.3				1
1.48	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	409	376	462				1
1.40	Linguistic Isolation	2012-2016	percent	2.4	2.5	4.5				1
1.40	Population 16+ in Civilian Labor Force	2012-2016	percent	59.4	61.5	63.1				1
1.28	Median Household Gross Rent	2012-2016	dollars	676	816	949				1
1.00	Social Associations	2015	membership associations/ 10,000 population	15	11.5	9.3				5
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1066	1243	1491				1
0.65	Mean Travel Time to Work	2012-2016	minutes	21.4	24.1	26.1				1
0.60	Total Employment Change	2014-2015	percent	9.3	3.1	2.5				22

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	20.8	17.9	17	12	13		5
1.73	Health Behaviors Ranking	2018	ranking	86						5
1.10	Alcohol-Impaired Driving Deaths	2012-2016	percent	27.7	31.4	29.3		4.7		5
0.85	Liquor Store Density	2015	stores/ 100,000 population	5.2	5.8	10.5				22
0.70	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	12.7	16.2	16.9				5
0.45	Adults who Drink Excessively	2016	percent	14.1	16.7	18	25.4			5

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Households without a Vehicle	2012-2016	percent	10.8	6.3	9				1
1.90	Workers Commuting by Public Transportation	2012-2016	percent	0.5	1.1	5.1	5.5			1
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.1						23
1.35	Workers who Walk to Work	2012-2016	percent	2.3	1.8	2.8	3.1			1
1.20	Workers who Drive Alone to Work	2012-2016	percent	78.1	81.1	76.4			65+, Asian, Native Hawaiian or Other Pacific Islander, White, non-Hispanic	1
1.00	Solo Drivers with a Long Commute	2012-2016	percent	26.3	31.3	34.7				5
0.65	Mean Travel Time to Work	2012-2016	minutes	21.4	24.1	26.1				1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Self-Reported General Health Assessment: Poor or Fair	2016	percent	20.8	17.6	16		9.9		5
2.25	Life Expectancy for Females	2014	years	78	80.2	81.5		79.5		7
2.25	Poor Physical Health: Average Number of Days	2016	days	4.2	3.6	3.7				5
2.10	Frequent Physical Distress	2016	percent	13.6	11.3	15				5
2.05	Life Expectancy for Males	2014	years	71.9	75.4	76.7		79.5		7
1.95	Insufficient Sleep	2016	percent	36.8	33.8	38				5
1.73	Morbidity Ranking	2018	ranking	83						5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	LENOIR COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	14.2	10.9	11.4				8

<b>2.43</b>	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	13.7	7.2	7.5	7.3	8
<b>2.25</b>	Life Expectancy for Females	2014	years	78	80.2	81.5	79.5	7
<b>1.85</b>	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23	21.6	21.2	20.7	8
<b>1.80</b>	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	134.5	129.4	123.5		8
<b>1.60</b>	Mammography Screening: Medicare Population	2014	percent	66.2	67.9	63.1		20
<b>1.40</b>	Domestic Violence Deaths	2016	number	1				15

## Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

**Table 22. Indicator Sources and Corresponding Number Keys**

<b>Number Key</b>	<b>Source</b>
1	American Community Survey
2	American Lung Association
3	Centers for Disease Control and Prevention
4	Centers for Medicare & Medicaid Services
5	County Health Rankings
6	Feeding America
7	Institute for Health Metrics and Evaluation
8	National Cancer Institute
9	National Center for Education Statistics
10	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
11	North Carolina Department of Health and Human Services
12	North Carolina Department of Health and Human Services, Communicable Disease Branch
13	North Carolina Department of Justice
14	North Carolina Department of Public Instruction
15	North Carolina Department of Public Safety
16	North Carolina State Board of Elections
17	North Carolina State Center for Health Statistics
18	North Carolina State Center for Health Statistics, Vital Statistics
19	Small Area Health Insurance Estimates
20	The Dartmouth Atlas of Health Care
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency

## Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

# Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

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### Part 1: Quality of Life

*First, tell us a little bit about yourself...*

#### **1. Where do you currently live?**

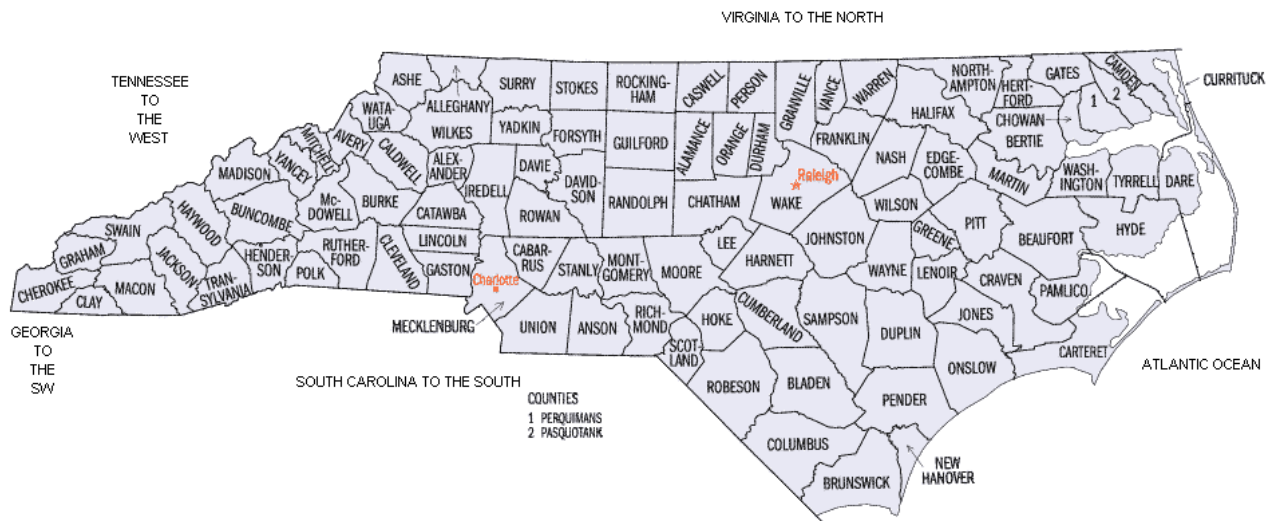
ZIP/Postal Code

**2. What 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
- Pitt
- Sampson
- Tyrrell
- Washington
- Wayne
- Wilson



# North Carolina County Map



**3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.**

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

## **PART 2: Community Improvement**

*The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.*

**4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)**

- Pollution (air, water, land)
- Dropping out of school
- Low income/poverty
- Homelessness
- Lack of/inadequate health insurance
- Hopelessness
- Discrimination/ racism
- Lack of community support
- Drugs (Substance Abuse)
- Neglect and abuse
- Elder abuse
- Child abuse
- Domestic violence
- Violent crime (murder, assault)
- Theft
- Rape/sexual assault
- Other (please specify)

**5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)**

- Animal control
- Child care options
- Elder care options
- Services for disabled people
- More affordable health services
- Better/ more healthy food choices
- More affordable/better housing
- Number of health care providers
- Culturally appropriate health services
- Counseling/ mental health/ support groups
- Better/ more recreational facilities (parks, trails, community centers)
- Healthy family activities
- Positive teen activities
- Transportation options
- Availability of employment
- Higher paying employment
- Road maintenance
- Road safety
- None
- Other (please specify)

### PART 3: Health Information

*Now we'd like to hear more about where you get health information...*

**6. In your opinion, which one health behavior do people in your own community need more information about? (*Please suggest only one.*)**

- Eating well/ nutrition
- Exercising/ fitness
- Managing weight
- Going to a dentist for check-ups/ preventive care
- Going to the doctor for yearly check-ups and screenings
- Getting prenatal care during pregnancy
- Getting flu shots and other vaccines
- Preparing for an emergency/disaster
- Using child safety car seats
- Using seat belts
- Driving safely
- Quitting smoking/ tobacco use prevention
- Child care/ parenting
- Elder care
- Caring for family members with special needs/ disabilities
- Preventing pregnancy and sexually transmitted disease (safe sex)
- Substance abuse prevention (ex: drugs and alcohol)
- Suicide prevention
- Stress management
- Anger management
- Domestic violence prevention
- Crime prevention
- Rape/ sexual abuse prevention
- None
- Other (please specify)

**7. Where do you get most of your health-related information? (Please choose only one.)**

- Friends and family
- Doctor/nurse
- Pharmacist
- Church
- Internet
- My child's school
- Hospital
- Health department
- Employer
- Help lines
- Books/magazines
- Other (please specify)

**8. What health topic(s)/ disease(s) would you like to learn more about?**

**9. Do you provide care for an elderly relative at your residence or at another residence?  
(Choose only one.)**

- Yes
- No

**10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?  
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)**

- Yes
- No *(if No, skip to question #12)*

**11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)**

- Dental hygiene
- Nutrition
- Eating disorders
- Fitness/Exercise
- Asthma management
- Diabetes management
- Tobacco
- STDs (Sexually Transmitted Diseases)
- Sexual intercourse
- Alcohol
- Drug abuse
- Reckless driving/speeding
- Mental health issues
- Suicide prevention
- Other (please specify)

## PART 4: Personal Health

*These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.*

### **12. Would you say that, in general, your health is... (Choose only one.)**

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know/not sure

### **13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?**

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**14. Which of the following preventive 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

**15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)**

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (more than 1 year but less than 2 years ago)
- Within the past 5 years (more than 2 years but less than 5 years ago)
- Don't know/not sure
- Never

**16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)**

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

**17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.**

**Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- Don't know / not sure

**18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.**

**Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (*Choose only one.*)**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28

- 29
- 30
- Don't know / not sure

*(if you responded 0, skip to question #20)*

**19. During the past 30 days, which illegal drug did you use? (Check all that apply.)**

- Marijuana
- Cocaine
- Heroin
- Other (please specify)

**20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30

Don't know / not sure

**21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)**

- Yes
- No *(if No, skip to question #23)*

**22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)**

- Yes
- No

**23. Now we'd like to know about your fitness. 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? (Choose only one.)**

- Yes
- No *(if No, skip to question #26)*
- Don't know/not sure *(if Don't know/not sure, skip to question #26)*

**24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?**

**25. Where do you go to exercise or engage in physical activity? (Check all that apply.)**

- YMCA
- Park
- Public Recreation Center
- Private Gym
- Worksite/Employer
- School Facility/Grounds
- Home
- Place of Worship
- Other (please specify)

***Since you responded YES to #23 (physical activity/exercise), skip to question #27.***

**26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.**

- My job is physical or hard labor
- Exercise is not important to me.
- I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- I don't have enough time to exercise.
- I would need child care and I don't have it.
- I don't know how to find exercise partners.
- I don't like to exercise.
- It costs too much to exercise.
- There is no safe place to exercise.
- I would need transportation and I don't have it.

- I'm too tired to exercise.
- I'm physically disabled.
- I don't know
- Other (please specify)

**How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)**

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

**28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)**

- Yes
- No *(if No, skip to question #30)*
- Don't know/not sure *(if Don't know/not sure, skip to question #30)*

**29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)**

- Home
- Workplace
- Hospitals
- Restaurants
- School
- I am not exposed to secondhand smoke.

- Other (please specify)

**30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)**

- Yes
- No *(if No, skip to question #32)*

**31. If yes, where would you go for help if you wanted to quit? (Choose only one).**

- Quit Line NC
- Doctor
- Pharmacy
- Private counselor/therapist
- Health Department
- I don't know
- Not applicable; I don't want to quit
- Other (please specify)

**32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)**

- Yes, flu shot
- Yes, flu spray
- Yes, both
- No
- Don't know/not sure



## Part 5: Access to Care/Family Health

**33. Where do you go most often when you are sick? (Choose only one.)**

- Doctor's office
- Health department
- Hospital
- Medical clinic
- Urgent care center
- Other (please specify)

**34. Do you have any of the following types of health insurance or health care coverage? (Choose all that apply.)**

- Health insurance my employer provides
- Health insurance my spouse's employer provides
- Health insurance my school provides
- Health insurance my parent or my parent's employer provides
- Health insurance I bought myself
- Health insurance through Health Insurance Marketplace (Obamacare)
- The military, Tricare, or the VA
- Medicaid
- Medicare
- No health insurance of any kind

**35. 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? (Choose only one.)**

- Yes
- No *(if No, skip to question #38)*
- Don't know/not sure

**36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.**

- Dentist
- General practitioner
- Eye care/ optometrist/ ophthalmologist
- Pharmacy/ prescriptions
- Pediatrician
- OB/GYN
- Health department
- Hospital
  
- Urgent Care Center
- Medical Clinic
- Specialist
- Other (please specify)

**37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.**

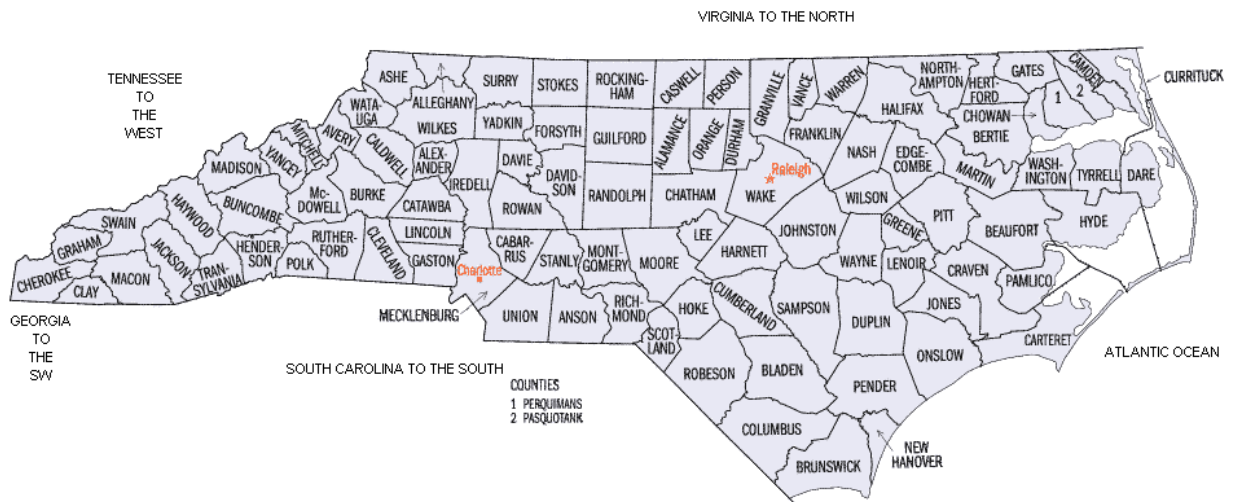
- No health insurance.
- Insurance didn't cover what I/we needed.
- My/our share of the cost (deductible/co-pay) was too high.
- Doctor would not take my/our insurance or Medicaid.
- Hospital would not take my/our insurance.
- Pharmacy would not take my/our insurance or Medicaid.
- Dentist would not 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.
- The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

**38. In what county are most of the medical providers you visit located? (*Choose only one.*)**

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Duplin
- Edgecombe
- Franklin
- Gates
- Granville
- Greene
- Halifax
- Harnett
- Hertford
- Hoke
- Hyde
- Johnston
- Jones
- Lenoir
- Martin
- Moore
- Nash
- New Hanover
- Northampton
- Onslow
- Pamlico

- Pasquotank
- Pender
- Perquimans
- Pitt
- Richmond
- Robeson
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- The State of Virginia
- Other (please specify)

### North Carolina County Map



**39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)**

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

**40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)**

- Private counselor or therapist
- Support group (e.g., AA, Al-Anon)
- School counselor
- Don't know
- Doctor
- Pastor/Minister/Clergy
- Other (please specify)

## Part 6: Emergency Preparedness

**41. Does your household have working smoke and carbon monoxide detectors? (Choose only one.)**

- Yes, smoke detectors only
- Yes, both
- Don't know/not sure
- Yes, carbon monoxide detectors only
- No

**42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)**

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

If yes, how many days do you have supplies for? (Write number of days)

**43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)**

- Television
- Radio
- Internet
- Telephone (landline)
- Cell Phone
- Print media (ex: newspaper)
- Social networking site
- Neighbors
- Family
- Text message (emergency alert system)
- Don't know/not sure
- Other (please specify)

**44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?**  
*(Check only one.)*

- Yes *(if Yes, skip to question #46)*
- No
- Don't know/not sure

**45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)**

- Lack of transportation
- Lack of trust in public officials
- Concern about leaving property behind
- Concern about personal safety
- Concern about family safety
- Concern about leaving pets
- Concern about traffic jams and inability to get out
- Health problems (could not be moved)
- Don't know/not sure
- Other (please specify)

## Part 7: Demographic Questions

*The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.*

### **46. How old are you? (Choose only one.)**

- 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 or older

### **47. What is your gender? (Choose only one.)**

- Male
- Female
- Transgender
- Gender non-conforming
- Other

### **48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).**

- I am not of Hispanic, Latino or Spanish origin
- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban or Cuban American
- Other Hispanic or Latino (please specify)



**49. What is your race? (Choose only one).**

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- Other race not listed here (please specify)

**50. Is English the primary language spoken in your home? (Choose only one.)**

- Yes
- No. If no, please specify the primary language spoken in your home.

**51. What is your marital status? (Choose only one.)**

- Never married/single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated
- Other (please specify)

**52. Select the highest level of education you have achieved. (Choose only one.)**

- Less than 9th grade
- 9-12th 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
- Other (please specify)

**53. What was your total household income last year, before taxes? (Choose only one.)**

- 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

**54. Enter the number of individuals in your household (including yourself).**

**55. What is your employment status? (Check all that apply.)**

- Employed full-time
- Employed part-time
- Retired
- Armed forces
- Disabled
- Student
- Homemaker

- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1 year

**56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? (Choose only one.)**

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

**57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.**

## Thank you for your time and participation!

If you have questions about this survey, please contact us at [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

### Spanish Survey

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## Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

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### PARTE 1: Calidad de vida

*Primero, cuéntanos un poco sobre usted:*

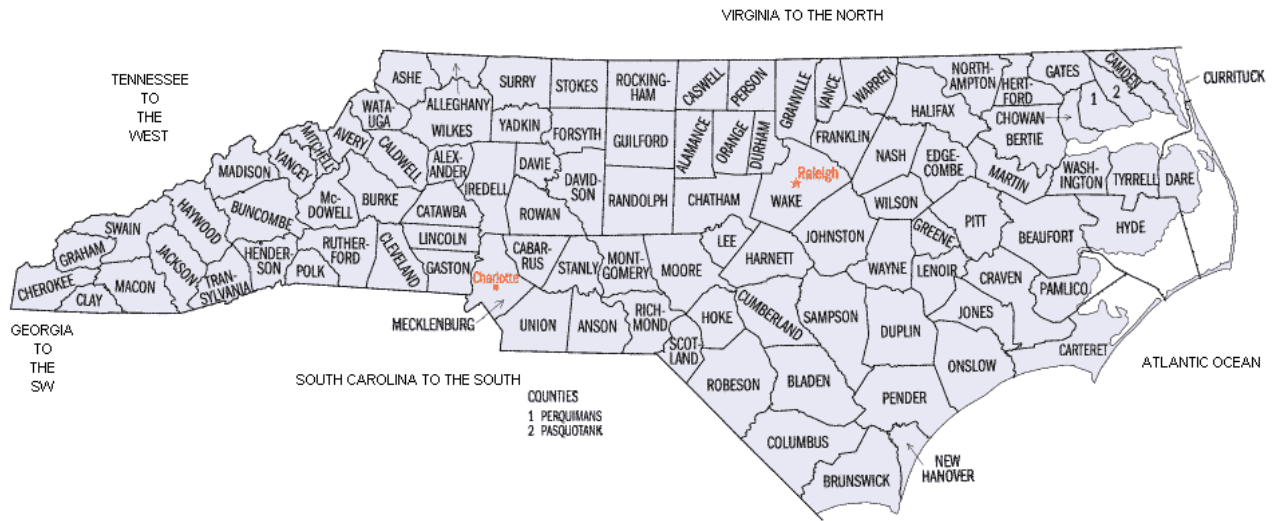
#### **3. ¿Dónde vive actualmente?**

Código postal

#### 4. ¿En qué condado vive?

- 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
- Pitt
- Sampson
- Tyrrell
- Washington
- Wayne
- Wilson

# Mapa del condado de Carolina del Norte



**3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.**

<b>Declaración</b>	<b>Muy en desacuerdo</b>	<b>En desacuerdo</b>	<b>Neutral</b>	<b>De acuerdo</b>	<b>Muy de acuerdo</b>
Hay una buena atención médica en mi condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PARTE 2: Mejora de la comunidad

*La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.*

### **4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)**

- Contaminación (aire, agua, tierra)
- Abandono de la escuela
- Bajos ingresos / pobreza
- Falta de hogar
- Falta de un seguro de salud adecuado
- Desesperación
- Discriminación / racismo
- Falta de apoyo de la comunidad
- Drogas (Abuso de sustancias)
- Descuido y abuso
- Maltrato a personas mayores
- Abuso infantil
- Violencia doméstica
- Delito violento (asesinato, asalto)
- Robo
- Violación / agresión sexual
- Otros (especificar)



**5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)**

- Control Animal
- Opciones de cuidado infantil
- Opciones de cuidado para ancianos
- Servicios para personas con discapacidad
- Servicios de salud más accesibles
- Mejores y más opciones de alimentos saludables
- Más accesibilidad / mejores vivienda
- Número de proveedores de atención médica
- Servicios de salud apropiados de acuerdo a su cultura
- Consejería / salud mental / grupos de apoyo
- Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)
- Actividades familiares saludables
- Actividades positivas para adolescentes
- Opciones de transporte
- Disponibilidad de empleo
- Empleos mejor pagados
- Mantenimiento de carreteras
- Carreteras seguras
- Ninguna
- Otros (especificar)

### PARTE 3: Información de salud

*Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.*

**6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)**

- Comer bien / nutrición
- Ejercicio
- Manejo del peso
- Ir a un dentista para chequeos / cuidado preventivo
- Ir al médico para chequeos y exámenes anuales
- Obtener cuidado prenatal durante el embarazo
- Recibir vacunas contra la gripe y otras vacunas
- Prepararse para una emergencia / desastre
- Usar asientos de seguridad para niños
- Usar cinturones de seguridad
- Conducir cuidadosamente
- Dejar de fumar / prevención del uso de tabaco
- Cuidado de niños / crianza
- Cuidado de ancianos
- Cuidado de miembros de familia con necesidades especiales o discapacidades
- Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)
- Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)
- Prevención del suicidio
- Manejo del estrés
- Control de la ira/enojo
- Prevención de violencia doméstica
- Prevención del crimen
- Violación / prevención de abuso sexual
- Ninguna
- Otros (especificar)

**7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)**

- Amigos y familia
- Doctor / enfermera
- Farmacéutico
- Iglesia
- Internet
- La escuela de mi hijo
- Hospital
- Departamento de salud
- Empleador
- Líneas telefónicas de ayuda
- Libros / revistas
- Otros (especificar)

**8. ¿De qué temas o enfermedades de salud le gustaría aprender más?**

**9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).**

- Sí
- No

**10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).**

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 12)*

**11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?**  
*(Seleccione todas las opciones que corresponden).*

- Higiene dental
- Nutrición
- Trastornos de la alimentación
- Ejercicios
- Manejo del asma
- Manejo de la diabetes
- Tabaco
- ETS (enfermedades de transmisión sexual)
- Relación sexual
- Alcohol
- Abuso de drogas
- Manejo imprudente / exceso de velocidad
- Problemas de salud mental
- Prevención del suicidio
- Otros (especificar)

## PARTE 4: Salud personal

*Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.*

### **12. En general, diría que su salud es... (Elija solo una).**

- Excelente
- Muy buena
- Buena
- Justa
- Pobre
- No sé / no estoy seguro

### **13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?**

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).**

- Mamografía
- Examen de cáncer de próstata
- Examen de colon / recto
- Control de azúcar en la sangre
- Examen de Colesterol
- Examen de audición (escucha)
- Prueba de densidad de los huesos
- Examen físico
- Prueba de Papanicolaou
- Vacuna contra la gripe
- Control de la presión arterial
- Pruebas de cáncer de piel
- Examen de la vista
- Evaluación cardiovascular (el corazón)
- Limpieza dental / radiografías
- Ninguna de las anteriores

**15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).**

- En el último año (en los últimos 12 meses)
- Hace 2 (más de un año pero menos de dos años)
- Hace más de 5 años (más de 2 años pero menos de 5 años)
- No sé / no estoy seguro
- Nunca

**16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).**

- Sí
- No
- No sé / no estoy seguro

**17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.**

**Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30

No sé / no estoy seguro

**18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.**

**¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26



- 27
- 28
- 29
- 30
- No sé / no estoy seguro

*(Si su respuesta es 0, salte a la pregunta numero 20)*

**19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (Marque todas las que corresponden).**

- Marihuana
- Cocaína
- Heroína
- Otros (especificar)

**20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- No sé / no estoy seguro

**21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).**

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 23)*

**22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).**

- Sí
- No

**23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).**

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 26)*

- No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)*

**24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?**

**25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).**

- YMCA  
 Parque  
 Centro de Recreación Pública  
 Gimnasio privado  
 Sitio de trabajo / Empleador  
 Terrenos escolares / instalaciones  
 Casa  
 Iglesia  
 Otros (especificar)

*Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27*

**26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.**

- Mi trabajo es trabajo físico o trabajo duro  
 El ejercicio no es importante para mí.  
 No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.  
 No tengo suficiente tiempo para hacer ejercicio.  
 Necesitaría cuidado de niños y no lo tengo.  
 No sé cómo encontrar compañeros de ejercicio.  
 No me gusta hacer ejercicio

- Me cuesta mucho hacer ejercicio.
- No hay un lugar seguro para hacer ejercicio.
- Necesito transporte y no lo tengo.
- Estoy demasiado cansado para hacer ejercicio.
- Estoy físicamente deshabilitado.
- No lo sé.
- Otros (especificar)

**27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.**

**¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (Una manzana o 12 zanahorias pequeñas equivalen a una taza).**

Cantidad de tazas de fruta	<input style="width: 95%; height: 30px;" type="text"/>
Número de tazas de verduras	<input style="width: 95%; height: 30px;" type="text"/>
Cantidad de tazas de jugo de fruta 100%	<input style="width: 95%; height: 30px;" type="text"/>

**28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (Elija solo una).**

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 30)*
- No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)*

**29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (Marque solo uno)**

- Casa
- Lugar de trabajo

- Hospitales
- Restaurantes
- Colegio
- No estoy expuesto al humo de segunda mano.
- Otros (especificar)

**30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).**

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 32)*

**31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).**

- QUITLINE NC (ayuda por teléfono)
- Doctor
- Farmacia
- Consejero / terapeuta privado
- Departamento de salud
- No lo sé
- No aplica; No quiero renunciar
- Otros (especificar)

**32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el spray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el spray "FluMist"? (Elija solo una).**

- Sí, vacuna contra la gripe

- Sí, FluMist
- Si ambos
- No
- No sé / no estoy seguro

### PARTE 5: Acceso a la atención / Salud familiar

#### **33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)**

- Oficina del doctor
- Departamento de salud
- Hospital
- Clínica Médica
- Centro de cuidado urgente
- Otros (especificar)

#### **34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)**

- Seguro de salud que mi empleador proporciona
- Seguro de salud que proporciona el empleador de mi cónyuge
- Seguro de salud que mi escuela proporciona
- Seguro de salud que proporciona mi padre o el empleador de mis padres
- Seguro de salud que compré
- Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- Seguro Militar, Tricare o el VA
- Seguro de enfermedad
- Seguro médico del estado
- Sin plan de salud de ningún tipo

#### **35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)**

- Sí
- No *(Si su respuesta es No, salte a la pregunta numero 38)*
- No sé / no estoy seguro

**36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.**

- Dentista
- Médico general
- Cuidado de los ojos / optometrista / oftalmólogo
- Farmacia / recetas médicas
- Pediatra
- Ginecologo
- Departamento de salud
- Hospital
  
- Centro de atención urgente
- Clínica Médica
- Especialista
- Otros (especificar)

**37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.**

- No tiene seguro medico
- El seguro no cubría lo que necesitaba
- El costo del deducible del seguro era demasiado alto
- El doctor no aceptaba el seguro ni el Medicaid.
- El hospital no aceptaba el seguro.
- La farmacia no aceptaba el seguro ni el Medicaid.
- El dentista no aceptaba el seguro ni el Medicaid.

- No tengo ninguna manera de llegar allí.
- No sabía a dónde ir.
- No pude conseguir una cita.
- La espera fue demasiado larga.
- El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

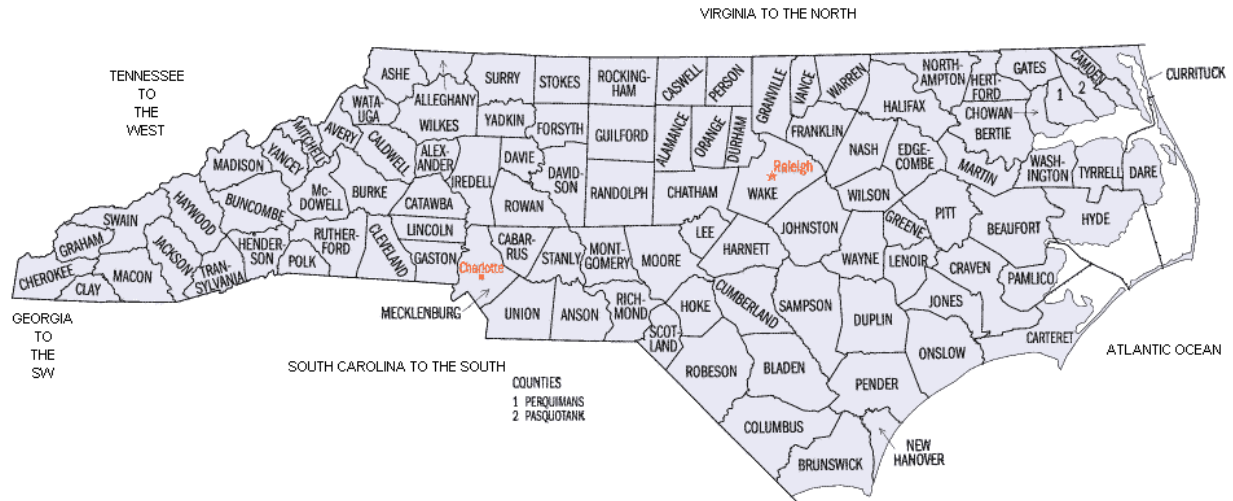
**38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)**

- Beaufort
- Bertie
- Bladen
- Brunswick
- Camden
- Carteret
- Chowan
- Columbus
- Craven
- Cumberland
- Currituck
- Dare
- Duplin
- Edgecombe
- Franklin
- Gates
- Granville
- Greene
- Halifax
- Harnett
- Hertford
- Hoke
- Hyde
- Johnston
- Jones
- Lenoir



- Martin
- Moore
- Nash
- New Hanover
- Northampton
- Onslow
- Pamlico
- Pasquotank
- Pender
- Perquimans
- Pitt
- Richmond
- Robeson
- Sampson
- Scotland
- Tyrrell
- Vance
- Wake
- Warren
- Washington
- Wayne
- Wilson
- El Estado de Virginia
- Otros (especificar)

## Mapa del condado de Carolina del Norte



**39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)**

- Sí
- No
- No sé / no estoy seguro

**40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)**

- Consejero o terapeuta privado
- Grupo de apoyo
- Consejero de la escuela
- No sé
- Doctor
- Pastor o funcionario religioso
- Otros (especificar)

## **PARTE 6: Preparación para emergencias**

**41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)**

- Sí, solo detectores de humo
- Si ambos
- No sé / no estoy seguro
- Sí, sólo detectores de monóxido de carbono
- No

**42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)**

- Sí
- No
- No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

**43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)**

- Televisión
- Radio
- Internet
- Línea de teléfono en casa
- Teléfono celular
- Medios impresos (periódico)
- Sitio de red social
- Vecinos
- Familia
- Mensaje de texto (sistema de alerta de emergencia)
- No sé / no estoy seguro
- Otros (especificar)

**44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)**

- Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*
- No
- No sé / no estoy seguro

**45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? (Marque solo uno)**

- Falta de transporte
- La falta de confianza en los funcionarios públicos
- Preocupación por dejar atrás la propiedad
- Preocupación por la seguridad personal
- Preocupación por la seguridad familiar
- Preocupación por dejar mascotas
- Preocupación por los atascos de tráfico y la imposibilidad de salir
- Problemas de salud (no se pudieron mover)
- No sé / no estoy seguro
- Otros (especificar)

### **PARTE 7: Preguntas demográficas**

*La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.*

**46. ¿Qué edad tiene? (Elija solo uno)**

- 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 o más

**47. ¿Cuál es tu género? (Elija solo uno)**

- Masculino
- Femenino
- Transgénero
- Género no conforme
- Otro

**48. ¿Eres de origen hispano, latino o español? (Elija solo uno)**

- No soy de origen hispano, latino o español
- Mexicano, mexicoamericano o chicano
- Puertorriqueño
- Cubano o cubano americano
- Otro - hispano o latino (por favor especifique)

**49. ¿Cuál es su raza? (Elija solo uno)**

- Blanco
- Negro o Afroamericano
- Indio Americano o nativo de Alaska
- Indio Asiático
- Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- Otra raza no incluida aquí (especifique)

**50. ¿El inglés es el idioma principal que se habla en su hogar? (Elija solo uno)**

- Sí
- No. En caso negativo, especifique el idioma principal que se habla en su hogar.

**51. ¿Cuál es tu estado civil? (Elija solo uno)**

- Nunca casado / soltero
- Casado
- Pareja- soltera
- Divorciado
- Viudo
- Separado
- Otros (especificar)

**52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)**

- Menos de 9no grado
- 9-12 grado, sin diploma
- Graduado de secundaria (o GED / equivalente)
- Grado Asociado o Formación Profesional
- Un poco de universidad (sin título)
- Licenciatura
- Licenciado o título profesional
- Otros (especificar)

**53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)**

- Menos de \$10,000
- \$10,000 a \$14,999
- \$15,000 a \$24,999
- \$25,000 a \$34,999
- \$35,000 a \$49,999
- \$50,000 a \$74,999
- \$75,000 a \$99,999
- \$100,000 o más

**54. Ingrese el número de personas en su hogar (incluyéndose a usted)**

**55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).**

- Empleado de tiempo completo
- Empleado a tiempo parcial
- Retirado
- Fuerzas Armadas
- Discapacitado
- Estudiante
- Ama de casa

- Trabajadores por cuenta propia
- Desempleado 1 año o menos
- Desempleado por más de 1 año

**56. ¿Tiene acceso al internet es su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)**

- Sí
- No
- No sé / no estoy seguro

**57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.**



¡Gracias por su tiempo y participación!

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

## Focus Group Questions

**Participants' Resident County(ies):**

**Focus Group Name / Number:**

**Date Conducted:**

**Location:**

**Start Time:**

**End Time:**

**Number of Participants:**

**Population Type (if applicable):**

**Moderator Name:**

**Moderator Email:**

**Note Taker Name:**

**Note Taker Email:**

### Core Questions

**1. Introduce yourself and tell us what you think is the best thing about living in this community.**

**2. What do people in this community do to stay healthy?**

***Prompt: What do you do to stay healthy?***

**3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?**

**4. What keeps people in your community from being healthy?**

***Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?***

**5. What could be done to solve these problems?**

***Prompt: What could be done to make your community healthier? Additional services or changes to existing services?***

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

#### Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

*Prompt: Specific strengths related to healthcare?*

*Prompt: Specific strengths to a healthy lifestyle?*

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

## Key Themes

**Summarize the top 2-3 themes from this focus group discussion.**

1.

2.

3.

## Appendix D. Community Resources

The findings in this report identified ten topic areas with the most significant need in Lenoir County. During the prioritization process in Lenoir County, the Community Health Assessment Planning/Review Group assessed each topic and matched available resources aimed to target those areas. The priorities that were selected by the CHA Planning/Review Team identified ideas for actions and listed organizations that could potentially work to target those areas. The summary of that process is listed below:

### Diabetes

#### Resources

- Vocational Rehab assist individuals with this and returning to work with this condition

### Cancer

#### Resources

- BCCM- Breast and Cervical Cancer Medicaid at Lenoir County Department of Social Services
- BCCCP - Breast and Cervical Cancer Control Program at the Lenoir County Health Department

### Heart Disease and Stroke

#### Resources

- Vocational Rehab assist individuals with this for recovery and returning to work following this condition
- Some may qualify for speech therapy, physical therapy, medication and surgery

### Exercise, Nutrition and Weight

Vote - **Prioritized**

#### Resources

- Lenoir County Council on Aging (age 55 and greater); exercise classes in Kinston LaGrange and Pink Hill at no charge
- Walking Tracks
- Reduced Fee Fitness Centers

#### Ideas for Action

- Community Wide Challenges
- Positive Moral impacts a healthier you
- Exercise, good nutrition and acceptable weight can reduce the high healthcare cost
- Healthy Eating Classes
- Home Exercise
- Community Center gym usage at low or no cost
- Transportation

#### Who will work on this?

- Lenoir County Department of Social Services

## **Substance Abuse**

Vote - **Prioritized**

### **Resources**

- Positive Parenting Program (Triple P)
- Parenting Matters
- KCHC Behavioral Health Program
- Parents as Teachers (PAT)
- Vocational Rehab assist individuals with this and returning to work with this condition

### **Ideas for Action**

- Parenting Classes and Parents support to help parents learn to deal with stress and relapse.

With re-entry of children in the home

- 4-H adolescence program
- Reactivate Community Advisory Group for drug court
- Identify transportation
- Need to be more proactive in working with parents working with opioids, leaving children in homes
- Opioids reduction team needs increased action

### **Who will work on this?**

- Triple P

## **Public Safety**

### **Resources**

- Positive Parenting Program (Triple P)
- Kinston Public Safety
- Kinston Housing Authority
- Parents as Teachers
- Child Abuse Prevention Team
- Transportation
- Resources Education

## **Respiratory Disease**

No resources were given by the CHA Planning/Review Team. However, the Lenoir County Health Department serves as a resource for respiratory diseases such as Tuberculosis.

## **Economy**

### **Resources**

- NC WORKS (labor market information)
- Positive Parenting Program (Triple P)

## **Access to Health Services**

Vote - **Prioritized**

### **Resources**

- Kinston Community Health Center
- Mobile Crisis

### **Ideas for Action**

- Chamber of Commerce
- Lenoir 20/20
- Community Meetings on transportation
- Transportation
- Community Volunteer Drivers
- Better Communication
- More funding
- Clarify understanding
- Build community resilience
- Address issues for aging adults losing mobility
- Rise in depression and isolation decreases access to services and support

## **Immunizations and Infections**

### **Resources**

- Kinston Community Health Center
- Kinston Pediatrics
- Local general practices
- Lenoir County Health Department
- Pharmacy's
- Parents as Teachers

The above list of resources were developed by the CHA Planning/Review Team aimed to best target these specific areas of concern. It is not an inclusive list for Lenoir County. A detailed Lenoir County Resource Directory is located at [www.lenoir.co.nc.us](http://www.lenoir.co.nc.us) under the Health Department page. Paper copies are also available upon request. Additional resources can be found at UNC Lenoir Health Care, Kinston Community Health Center, and highlighted monthly at the Lenoir County Alliance for a Health Community meetings.

## 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 3:00-4:00 P.M. (FREE).
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.