

# Lincoln County Community Health Assessment

2016



**Public Health**  
Prevent. Promote. Protect.



Prepared by Lincoln County Health Department, Community Health Division

## Acknowledgements

The Lincoln County Health Department in collaboration with the Lincoln County Partnership for Health and Lincoln County Board of Health worked together to determine priorities and gather necessary data to complete the 2016 Community Health Assessment. Lincoln County Health Department Community Health Staff would like to thank members of the Partnership for Health and Board of Health for their work and support during this process.

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# Lincoln County 2016 CHA Executive Summary

## Purpose and Process

The Lincoln County Community Health Assessment (CHA) was completed in collaboration with the Lincoln County Partnership for Health. The Lincoln County Partnership for Health reviewed data sources including primary and secondary data to identify topic areas that should be prioritized due to the impact these areas have on the health of Lincoln County. The priorities were approved for use by the Lincoln County Board of Health.

## Community History and Demographics

Lincoln County was originally formed in 1779 from a larger county, Tryon County. Once a larger county itself, parts of Lincoln County were later annexed to become part of Cleveland County, Catawba County, and Gaston County. Today, Lincoln County is uniquely comprised of rich farmlands in the western part of the county, one municipality in the center of historic downtown Lincolnton, and the entire eastern border of the county is surrounded by Lake Norman (LEDA, 2016). Lincoln County is the home of many historical landmarks and you can find placards noting these locations throughout the county.

During the twentieth century new businesses and factories moved into Lincoln County helping to grow the economy for residents and stabilizing commerce. During this time, the downtown area of Lincoln County was vibrant and prosperous. Today, there are new economic revitalization programs proposed to help bolster downtown Lincolnton's commerce. In the eastern end of the county, Trilogy of Lake Norman is slated to be the largest residential subdivision in the county, while 12 other residential projects are proposed for single family, multi-family, and an 18-acre school site to provide housing and schools for the growing population (LEDA, 2016). Lincolnton is attracting new restaurants and businesses that will support economic growth within the county (North Carolina History Project Encyclopedia: Lincoln County (1779) and Lincoln County Historical Association: Historic Sites of Lincoln County).

Lincoln County has an estimated total population of 81,035 (2015 US Census estimates). This estimate represents a 3.5% increase in the total population when compared to 2010 census data (78,265). According to 2010 US Census Bureau data, non-Hispanic whites make up 89.4% of the total population of Lincoln County, followed by non-Hispanic blacks who make up 5.5%, and 5.1% of some other race. Additionally, 6.7% of our total population identifies as Hispanic ethnicity.

## Health Outcomes

Lifespan (maximum time a person can live) and quality of life are the factors used to determine our health outcomes. Increased morbidity affects our pre-quantified life expectancies (actual time a person lives) that are calculated based on each individual's year of birth and demographic influences. This pre-calculated measure can be affected negatively or positively at many different times during one's lifetime. The calculated life expectancies for individuals born between 2013 and 2015 in Lincoln County is 77.4 years, which is higher than

our neighboring counties of Catawba (76.5 years) and Gaston (75.7 years) but still lower than the state average (78.0 years). Statistically, white non-Hispanic females have longer calculated life expectancies than their male and black, non-Hispanic counterparts. Quality of life is largely impacted by the numbers of self-reported poor physical health and poor mental health days that plague individuals. 2016 County Health Rankings and Roadmaps data reported Lincoln County residents experienced 3.7 poor physical health and 3.6 poor mental health days within the 30 days prior to the survey. Additionally, only 16% of Lincoln County residents reported poor or fair health compared to 19% statewide.

## **Populations at Risk**

Populations found to be vulnerable based on available data include:

- Individuals impacted by health disparity factors including race, age, gender, lower educational attainment, and lower household income.
- Individuals impacted with substance abuse disorders.
- Individuals impacted with mental health disorders and/or disabilities.
- Individuals impacted with preventable chronic disease conditions.
- Individuals impacted by adverse childhood experiences (ACEs).

## **Process Used to Identify Priorities**

Data specific to Lincoln County was not available for many health indicators. To supplement the regional and multi-county data that was available, the Lincoln County Health Department developed a community health opinion survey by modifying the survey provided for use by the NC Health and Human Services Public Health Division. The survey was reviewed and edited by the Lincoln County Board of Health and the Lincoln County Partnership for Health before being finalized.

The 2016 Community Health Opinion Survey was made available in English and Spanish. Primary data was collected from the 41 question survey utilizing a convenience sampling technique within Lincoln County. A total of 811 surveys were collected for analysis using Survey Monkey.

The 2016 Community Health Assessment (CHA) priorities were chosen very carefully, considering primary and secondary data sources on October 26, 2016. The priorities were chosen by the Lincoln County Partnership for Health. The Partnership for Health used primary data gathered from the 2016 Community Health Opinion Survey, secondary data gathered from a variety of available sources, and their own professional knowledge to suggest potential CHA priorities. The Partnership for Health chose substance abuse, mental health, and chronic disease as the three top priorities impacting the health outcomes of Lincoln County residents. The chosen 2016 CHA priorities received final approval by the Lincoln County Board of Health on November 1, 2016.

## 2016 Community Health Assessment Priorities

Priority	Strategy	Implementation Goal
Substance Abuse	Education	Provide age appropriate education to all community members including general information, resources, and treatment.
	Awareness	Provide education to stakeholders in an effort to improve whole community relations regarding the substance abuse issue in our county.
Mental Health	Healthy Social Interactions	Provide child, youth, and family education regarding internet and social media safety, interpersonal relationships, and positive behaviors.
	Education	Provide age appropriate education to all community members including general information, resources, and treatment.
	Awareness	Provide education to all community members in an effort to reduce the stigma associated with mental health disorders.
	Education	Provide education regarding recommended well-care visits and age appropriate preventative health and wellness screenings to all community members.
Chronic Disease	Education	Provide education and resources to assist community members in selecting a primary care physician (PCP) if needed.
		Provide education regarding healthy eating and physical activity to all community members.
	Prevention	Provide age appropriate preventative health and wellness screening opportunities to community members.

### Next Steps

Upon approval of the 2016 Community Health Assessment, the Lincoln County Partnership for Health will reconvene to develop action plans and next steps. The Lincoln County Partnership for Health will work in subgroups to focus on specific priorities and strategies that are listed in the 2016 Community Health Assessment document. The 2016 priorities were chosen in collaboration with the Lincoln County Partnership for Health and Board of Health, and will be addressed as a collaborative unit.

# Chapter 1: Background and Introduction

## What is a Community Health Assessment?

A community health assessment (CHA) is a systematic analysis of the health status of a given population that is used to identify priority health concerns in a community. The goal of this assessment is to develop priorities to address local health and community needs. The CHA is a required document that must be submitted for accreditation by local health departments. As part of the accreditation process, local health departments must provide evidence of collaboration among citizens and stakeholders to educate the public about current health trends of the community. The CHA is utilized by local health departments, agencies, and organizations to guide strategic planning, obtain grant funding, and form collaborative partnerships to provide a holistic health approach to citizens.

Every three years local health departments, in conjunction with community and state partners, conduct a CHA. The purpose of the 2016 Lincoln County CHA is to evaluate the health status of Lincoln County, North Carolina, identify the top three county specific health priorities, identify community resources to address the health priorities, and develop strategies to address resource gaps within the county.

The CHA document completes phase 6 of an 8 phase process to address the health needs of a community. The eight phases of the CHA process include **(1)** establishing a CHA team, **(2)** collecting primary data, **(3)** collecting secondary data, **(4)** interpreting and analyzing county data, **(5)** setting health priorities, **(6)** creating the CHA document, **(7)** disseminating the CHA document to the public, and **(8)** developing action plans based on the determined CHA priorities to guide community health work for 2017-2019 (NC DHHS).



## **Data Collection and Methodology**

Data specific to Lincoln County is not available for many health indicators. To supplement regional and multi-county data, the Lincoln County Health Department developed a community health opinion survey by modifying the survey provided for use by the NC Health and Human Services Public Health Division. The survey was reviewed and edited by the Lincoln County Board of Health and the Lincoln County Partnership for Health before being finalized.

The 2016 Community Health Opinion Survey was made available in English and Spanish. Primary data was collected from the 41 question survey utilizing a convenience sampling technique within Lincoln County. Between July and September 2016, paper surveys and survey collection boxes were located at the Lincoln County Health Department, Charles R. Jonas Library, Florence S. Shanklin Library, West Lincoln Branch Library, James W. Warren Citizens Center, Lincoln County Environmental Health, Lincoln County Senior Services, and First Baptist Children's Ministry. QR codes were made available in all locations above to encourage residents with QR reader applications to take the survey. Web-links to the online survey were also available on the Lincoln County Government and Lincoln County Health Department websites. Local advertisements were placed in three local, online and print newspapers between July and September 2016 to encourage community participation. Lincoln County Partnership for Health members distributed survey Web-links to all county childcare locations, Lincoln County School System employees, and Carolinas Healthcare System Lincoln employees. Paper surveys were also made available at Lincoln County festivals and events that took place between July and September 2016. A total of 811 surveys were collected for analysis using Survey Monkey.

## **Chapter 2: Brief County Description**

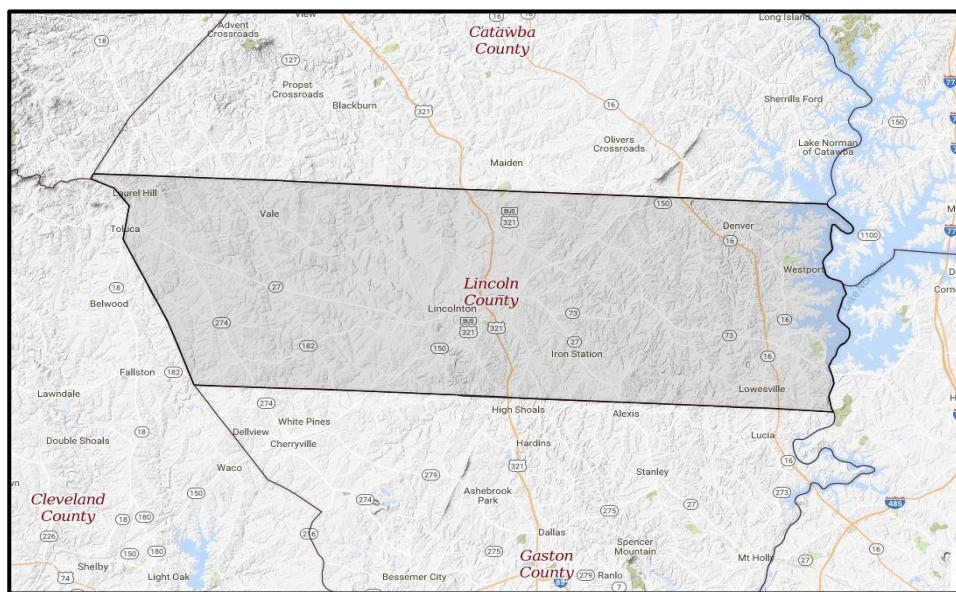
### **Community History**

Lincoln County was originally formed in 1779 from a larger county, Tryon County. The county was still larger than it is today because then it contained parts of Cleveland County, Catawba County, and Gaston County. The county received its name in honor of General Benjamin Lincoln who fought in the American Revolution. Lincolnton was later established as the county seat. In the 1800's the county saw a population boom. A cotton mill was built close to the county and soon Lincoln County became the leader in the iron works industry in the state. Later in history, parts of Lincoln County were combined with or wholly taken from the once Lincoln County to form the above mentioned counties as they are today. Due to this annexation, the iron industry dwindled and many mills and large sections of farmland were no

longer part of Lincoln County. Today, Lincoln County is the home of many historical landmarks, you can find placards noting these locations throughout the county. During the twentieth century, new businesses and factories moved into Lincoln County helping to grow the economy for residents and stabilizing commerce. The downtown area of Lincoln County was vibrant and prosperous through most of the twentieth century. Currently, there are new economic revitalization programs projected to help bolster downtown Lincolnton's recovery. Lincolnton is attracting new restaurants and businesses that will support economic growth within the county. (North Carolina History Project Encyclopedia: Lincoln County (1779) and Lincoln County Historical Association: Historic Sites of Lincoln County)

## Community Geography, Location & Demographics

Lincoln County is located in southwestern North Carolina and is considered part of the Piedmont Region. The county is 30 miles long and 10 miles wide. Lincoln County is bordered by Lake Norman and the Catawba River in the east, Cleveland County in the west, Catawba County in the north, and Gaston County in the south. Lake Norman, the largest man-made lake in North Carolina, was created between 1959 and 1964 due to the construction of the Cowans Ford Dam. Since the county is so long there are stark differences between the east and the west ends, creating diversity within the county. The eastern end is home to bigger businesses, water activities and contains a larger percentage of Lincoln County's population than the western end, which is home to spacious farmland and luscious green parks. Highway 321 and Highway 16 are the only major highways that run through Lincoln County. (Lincoln County Historical Association: Historic Sites of Lincoln County)



Source: Maptechnica

Lincoln County's population estimate as of July 2015 was 81,035, representing a 3.5% increase in total population from April 2010. Males and Females represent an equal portion of the total population. As of July 2015, whites accounted for a significant proportion of the total population at 91.6%, compared to blacks at 5.9%, American Indian and Alaska Natives at 0.4%, Asians at 0.7%, and those of two or more races at 1.4%. Additionally, individuals of Hispanic ethnicity represented about 7.2% of the total population in Lincoln County.

## Chapter 3: Health Data Collection Process

### Process Used to Identify the Health Priorities

The 2016 Community Health Assessment (CHA) priorities were chosen very carefully, considering primary and secondary data sources on October 26, 2016. The priorities were chosen by the Lincoln County Partnership for Health. The Partnership for Health committee used primary data gathered from the 2016 Community Health Opinion Survey, secondary data gathered from a variety of available sources, and their own professional knowledge to suggest potential CHA priorities. Potential 2016 CHA priorities included management of mental health, healthy social interactions, substance abuse, screening for chronic disease, poverty/food insecurities, transportation options, and integrated health opportunities. Each suggested priority was ranked utilizing the **Hanlon Method for priority setting** using the criteria of **(1)** magnitude, **(2)** seriousness of the consequences, and **(3)** feasibility of correcting on a 1 to 10 rating scale. The 2016 CHA priorities were selected from the suggested priorities that received the highest numerical rank. The Partnership for Health decided to combine management of mental health and healthy social interactions to make a stronger priority deemed mental health. The three chosen priorities for the 2016 CHA were determined to be substance abuse, mental health, and chronic disease. **(See Appendix G for details on the Hanlon Method)**

The three chosen priorities selected by the Lincoln County Partnership for Health were presented by the Lincoln County Public Health Educator to the Lincoln County Board of Health on November 1, 2016 for final approval. The proposed priorities were approved unanimously.

### Process Used to Identify Secondary Data Sources

A comprehensive data search was conducted to locate and analyze county, regional, statewide and national data. Data sources used included the NC Department of Health and Human Services, State Center for Health Statistics, US Census Bureau, Centers for Disease Control and Prevention, Lincoln County specific websites, and various non-profit websites. A complete list of data sources can be found in the Works Sited section of the document.

## Chapter 4: Comprehensive Data Results

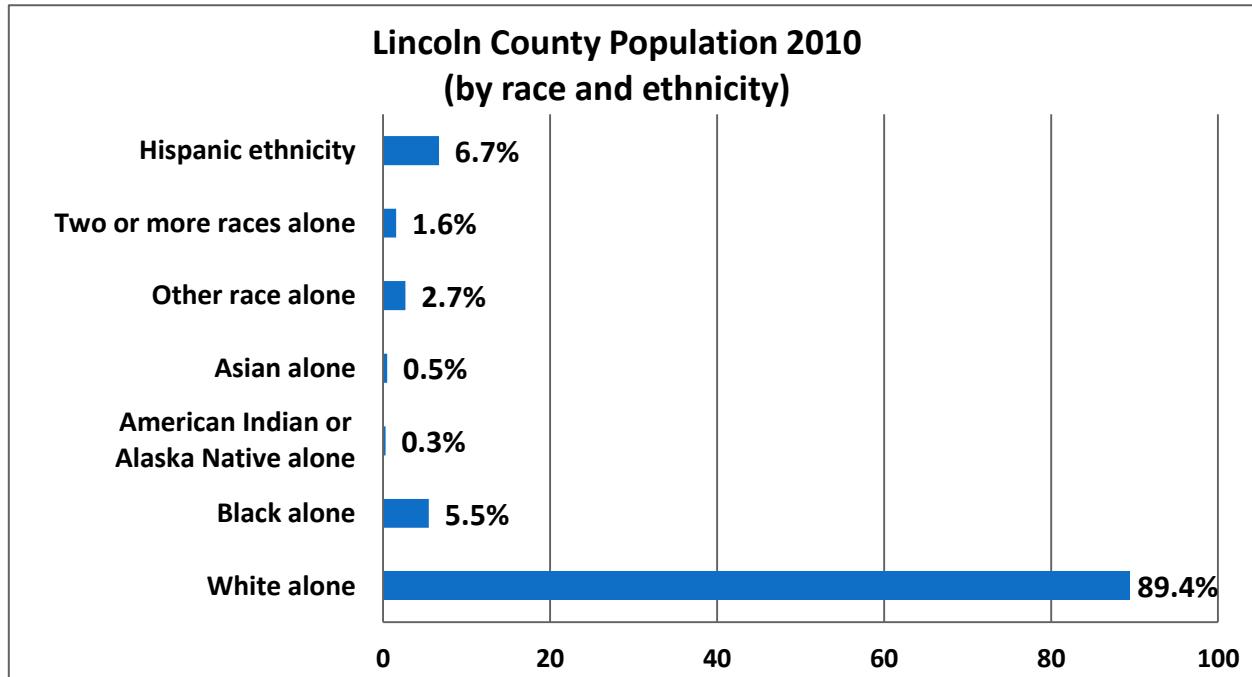
**2016 Community Health Opinion Survey data is found throughout the document and denoted for your convenience in RED, with the exception of the appendices portion.**

### Social and Economic Factors

#### Population Size

According to the US Census Bureau, the population estimate for Lincoln County, NC was 81,035 people as of July 2015. This estimate represents a 3.5% increase in the total population when compared to 2010 census data (78,265). Catawba County and Gaston County showed a 0.5% and 3.6% increase in population size, respectively, during this same time frame.

(See Appendix A, Graph 1 for more details on population trends)



Source: US Census Bureau, 2010 Census

#### Income

According to the 2011-2015 American Community Survey 5-Year estimates, Lincoln County's median **household income** was \$49,215 and the average household income was \$67,876 in 2015. Lincoln County's median household income has steadily decreased every year to \$48,664 in 2014 since reaching \$50,279 in 2011. The slight increase in 2015 parallels the increase in business and housing opportunities in the county. According to the American

Community Survey, the largest percentage of households report income between \$50,000 and \$74,999 compared to other income brackets. This statistic holds true for 2016 Community Health Opinion (CHO) Survey respondents with 20% reporting a 2015 total household income between \$50,000 and \$74,000. However, the percentage of Lincoln County households in the \$50,000 to \$74,999 income bracket has decreased every year from 2011 to 2015. This percentage decrease represents a depletion of the middle class, further widening the gap between the lower-income tier and the upper-income tier. 30.8% of 2016 CHO Survey respondents reported a 2015 total household income of less than \$50,000 while 33.6% of respondents reported a total household income of \$75,000 or more. Economists speculate that the American middle class is waning because the jobs that could support a middle-class lifestyle are disappearing. 15.7% of 2016 CHO Survey respondents indicated higher paying employment was the number one service most needing improvement in Lincoln County.

## Poverty

According to US Census Bureau 2011-2015 estimates, 15.5% of Lincoln County residents were considered to be below **poverty level** matching Catawba County's poverty rate and lower than Gaston County's poverty rate (17.4%). Lincoln County residents identifying as black were more likely than any other race to be below poverty level at 36.9%, compared to 13.6% of whites, 18.8% of American Indian and Alaska Natives, 7.5% of Asians, 33.2% of some other race, 27.4% of two or more races, and 32.9% of individuals of any race identifying themselves as Hispanic. According to the US Census Bureau, 23.8% of Lincoln County children younger than 18 years old were considered to be below poverty level in 2015. The **percentage of children in poverty** has been increasing in Lincoln County every year since 2002 (NC County Health Rankings & Roadmaps). Additionally, as educational attainment increased the poverty rate decreased, showing the need for higher education. 21.5% of 2016 CHO Survey respondents believed that the number one problem most affecting the quality of life in Lincoln County is low income and poverty.

## Employment

In 2015 it was estimated that 63.9% of Lincoln County residents 16 years and older participated in the labor force, compared to North Carolina at 62.8%. The percentage of Lincoln County residents in the above mentioned age range that participates in the labor force has decreased every year since 2011 (66.5%). However, the **unemployment rate** for the same age group was lower in 2015 (10.2%) than it has been since 2011. Lincoln County's unemployment rate fell between the two counties that account for the largest percentage of our land border at

8.2% for Catawba County and 11.2% for Gaston County in 2015. (See Appendix A, Graph 2 for more details on unemployment rate trends)

According to the US Census Bureau, 83.7% of males and 71.2% of females participated in the labor force in 2015. When broken down by race, 63.8% of whites, 61.6% of blacks, 63% of American Indian and Alaska Native alone, 51.9% of Asian alone, 75.1% of some other race alone, and 62.3% of individuals identifying with two or more races participated in the labor force in 2015. 70.9% of individuals of Hispanic or Latino origin (of any race) living in Lincoln County participated in the labor force in 2015. **62.9% of 2016 CHO Survey respondents indicated that they are employed full-time, 7.9% indicated they are employed part-time, 1.8% indicated that they are unemployed, and 18.4% indicated that they are retired.**

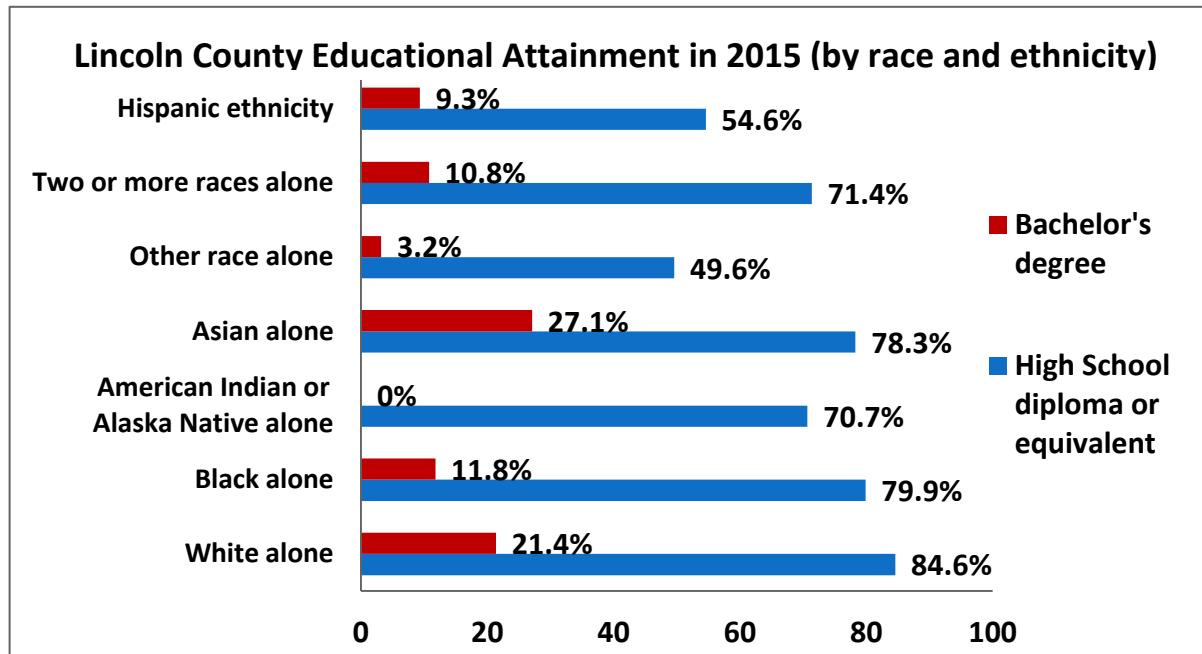
When considering the Lincoln County **civilian employed population** 16 years and older contributing to the labor force in 2015, 29.6% worked in management, business, science and arts (financial, computers, engineering, legal, education, healthcare practitioner and health technologists occupations), 14.1% worked in service (healthcare support, fire prevention, law enforcement, food preparation, building and ground cleaning, personal care and service occupations), 24.8% worked in sales and office (sales and administrative support occupations), 11.6% worked in natural resources, construction, and maintenance (farming, fishing, forestry, construction, extraction, installation and repair occupations), and 19.9% worked in production, transportation, and material moving occupations. Lincoln County civilian women aged 16 years and older were more likely to work in (1) management, business, science and arts occupations, (2) service occupations, and (3) sales and office occupations than their male counterparts who were more likely to work in (4) natural resources, construction, and maintenance occupations, and (5) production, transportation, and material moving occupations, according to the US Census Bureau. **43.8% of 2016 CHO Survey respondents either disagreed or strongly disagreed when asked if they believe there is plenty of economic opportunity in Lincoln County.**

In 2015, the average **commute time** (to work) for people aged  $\geq 16$  in Lincoln County was 29.6 minutes, compared to 22.3 minutes in Catawba County, 24.5 minutes in Gaston County, and 23.9 minutes nationally. The longer average commute time to work for Lincoln County residents could be attributed to lesser job availability and lesser economic opportunities within the County when compared to Catawba County, Gaston County, and nationally.

## Education

According to 2015 US Census Bureau estimates, 82.9% of Lincoln County residents aged  $\geq 25$  have at least a high school diploma and 20.2% have at least a bachelor's degree. **The 2016 CHO Survey indicated that 97.8% of respondents hold a high school diploma or GED and 47.1%**

hold a Bachelor's Degree or higher. The US Census Bureau reports that 82.7% of Lincoln County residents graduate from high school on time.



Source: US Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

For the 2015-2016 school year, Lincoln County Schools reported 84 total dropouts while Lincoln Charter Schools reported 1 total dropout for students between 7<sup>th</sup> and 13<sup>th</sup> grades.

**Dropout rates** are computed taking the number of students who dropped out and dividing that number by the total number of students in those particular grades. Early college programs are considered grade 13. Dropout rates for Lincoln County Schools and Lincoln Charter Schools have remained mostly consistent between 2010 and 2016. (See Appendix A, Graph 3 for more details on dropout rate trends for Lincoln County Schools and Lincoln Charter Schools) 1.0% of 2016 CHO Survey respondents reported that dropping out of school is the number one problem most affecting the quality of life in Lincoln County. Currently, Lincoln County boasts 14 elementary schools, four middle and four high schools, one school of technology, four private schools, and one college campus (LEDA, 2016).

**Educational attainment** is a powerful predictor of health and wellness. Higher academic achievement plays a role in increasing economic opportunity which attributes to higher socioeconomic status. **Socioeconomic status** is a combined total of an individual's or family's social standing as it relates to income, education, occupation, and access to resources. A combination of these things contributes to the distribution of finite wealth (American Psychological Association). A higher socioeconomic status affects many aspects of health and

wellness including health and general literacy making it easier to understand health information and interpret important data. It is important for the health of our county that we increase the emphasis we place on education.

### **Emerging Innovation**

With over 20 percent of the workforce representing the industrial sector, economic development is robust, with 90 industries operating in Lincoln County (LEDA, 2016). Through a partnership with Lincoln County Schools, the Lincoln Economic Development Association, select local industries, and an Ohio based company (Edge Factor), students are informed of different post-secondary education choices available to pursue careers in Science, Technology, Engineering, Math Education (STEM) and manufacturing (LEDA, 2017).

### **Housing**

Of the occupied housing units (30,088) in Lincoln County in 2015, 77.1% were **owner-occupied** and 22.9% were **renter-occupied** with an **average household** size of 2.64 and 2.57, respectively. Between 2011 and 2015, 88.8% of persons aged  $\geq 1$  reported living in the same home for at least the one year prior to the US Census Bureau Survey. The largest percentage (48%) of total housing units in Lincoln County contains 3 bedrooms followed by 2 bedroom homes at 30%. According to the 2016 County Health Rankings and Roadmaps, 28% of Lincoln County's children live in **single-parent households** compared to the state at 36%.

The median monthly combined **mortgage rate** including owner costs (i.e. mortgage, second mortgages, home equity loans, real estate taxes, homeowners insurance, condo fees, mobile home costs, and utilities) for home-owners in Lincoln County is \$1,177 while the median monthly **rent rate** including utilities is \$671, according to the 2015 US Census Bureau Survey. Per the US Census Bureau, 26.5% of homeowners spend  $\geq 30\%$  of their household income on housing costs compared to 46.3% of renters. Spending  $\geq 30\%$  of monthly household earnings on housing costs is an indicator of a housing affordability issue. **3.0% of 2016 CHO Survey respondents said that more affordable and better housing is the number one service needing the most improvement in Lincoln County and that homelessness was the number one problem most affecting the quality of life in Lincoln County at 2.1%.**

### **Community Safety**

**Injury and violence** occurrences largely impact how individuals view the overall safety of their environments in which they live, work, and play. **80% of 2016 CHO Survey respondents indicated they agreed or strongly agreed when asked if they believe Lincoln County is a safe place to live.** Community safety accounts for violent acts and unintentional injuries caused by

accidents. **Violent crimes** are person to person offenses between a victim(s) and the perpetrator(s) and include acts such as murder, rape, robbery, and assault. These types of crimes can affect one's lifelong mental and physical health. Lincoln County reported 115 violent crimes between 2010 and 2012 with a violent crime rate of 145 per 100,000 people, which is lower than NC's rate and the rates reported in our neighboring counties of Catawba and Gaston. NC, Catawba County and Gaston County reported violent crime rates of 355, 308 and 391 per 100,000 people, respectively, during the same timeframe.

According to the 2013 NC Department of Justice's Report on Domestic Violence Related Homicides, Lincoln County reported 2 total **domestic violence** related homicides between 2008 and 2013 with one taking place in both 2012 and 2013. Domestic violence mortality rates and violent crime rates are generally low in Lincoln County.

According to the Centers for Disease Control and Prevention, **unintentional injuries** were the 5<sup>th</sup> leading cause of death for individuals living in the US in 2010. The age-adjusted unintentional injury death rate, including motor vehicle accidents, for Lincoln County was 51.6 per 100,000 people between 2005 and 2011, while the age-adjusted unintentional injury death rate, excluding motor vehicle accidents, was 30.0 per 100,000 persons for the same timeframe. Catawba and Gaston Counties reported aged-adjusted unintentional injury death rates, excluding motor vehicle accidents, at 31.8 and 39.3 per 100,000 persons for the same time period, respectively. Lincoln County men are significantly more likely than women to die due to unintentional injuries, excluding motor vehicle accidents, at 46.7 and 15.0 per 100,000 people, respectively. **22.2% of 2016 CHO Survey respondents believe the children they are responsible for under the age of 18 need more information regarding reckless driving and speeding.**

Per the NC State Center for Health Statistics, Lincoln County reported an age-adjusted **unintentional falls** mortality rate of 6.8 per 100,000 population between 2008 and 2012 compared to NC, Catawba, and Gaston Counties at 8.8, 9.0, and 8.8, respectively. The Healthy North Carolina 2020 target is 5.3.

Between 2008 and 2012, the age-adjusted **unintentional poisoning** mortality rate for Lincoln County was 15.9 per 100,000 population compared to NC, Catawba, and Gaston Counties at 11.1, 15.2, and 20.9, respectively. The Healthy North Carolina 2020 target is 9.9.

**According to the 2016 CHO Survey, 80.4% and 69.3% of respondents indicated they agreed or strongly agreed when asked if Lincoln County is a good place to raise children and if Lincoln County is a good place to grow old, respectively.**

## Social Support

Adequate Social support is important for a person's overall health and wellness because it can positively impact a person's **quality of life**. Social support can take on different forms including emotional, physical (i.e. monetary, providing services, material goods), and informational (i.e. guidance, advice, valued information). Social support can affect stress levels and self-esteem, immune function, blood pressure levels, and obesity rates. Sufficient social support can produce individuals that are more resilient when faced with factors negatively affecting health and wellness. Between the years of 2006 and 2012, 18.8% of Lincoln County residents reported **inadequate social support** compared to 20.9% of Catawba County residents, 23.4% of Gaston County residents, and 19.6% nationally. **52.3% of 2016 CHO Survey respondents indicated they agreed or strongly agreed when asked if they believe there is plenty of help for people during times of need in Lincoln County.** Additionally, 4% of respondents indicated they believed that the number one problem affecting the quality of life in Lincoln County was the lack of community support.

## Health Data Findings

### Morbidity

**Lifespan** (maximum time a person can live) and **quality of life** are the factors used to determine our health outcomes. Increased morbidity affects our pre-quantified **life expectancies** (actual time a person lives) that are calculated based on each individual's year of birth and demographic influences. This pre-calculated measure can be affected negatively or positively at many different times during one's lifetime. Quality of life refers to an individual's overall wellness as it affects their ability to function comfortably and how they feel overall. Mental and physical health plays a role in determining one's quality of life. Factors that can negatively impact life expectancy and lead to decreased quality of life include damaging physical environment changes (i.e. air pollution, water pollution, deforestation, destruction of natural resources), harmful built environment changes (i.e. decreased green space, decreased walkability, increased numbers of fast-food restaurants in a given location), low birth weight, and consequential health behaviors (i.e. lack of exercise, obesity, failure to receive preventative health and wellness screenings, substance abuse, unhealthy eating habits, stress).

2016 County Health Rankings & Roadmaps				
Measures	Lincoln County	Top U.S. Performers	North Carolina	Rank (of 100 counties)
<b>Health Behaviors</b>				<b>42</b>
Adult smoking	19%	14%	19%	
Adult obesity	29%	25%	29%	
Food environment index	7.4	8.3	6.7	
Physical inactivity	28%	20%	25%	
Access to exercise opportunities	63%	91%	75%	
Excessive drinking	16%	12%	15%	

Life Expectancy for Individuals Born between 2013-2015	Total Population	Gender		Race	
		Male	Female	White	Black
North Carolina	78.0	75.6	80.4	78.8	75.8
Lincoln County	77.4	75.7	79.3	77.6	76.1
Catawba County	76.5	74.1	78.8	76.8	73.4
Gaston County	75.7	73.2	78.1	75.8	74.9

Source: NC SCHS, 2015 NC and 2013-2015 County Life Expectancies at Birth Report

2016 County Health Rankings & Roadmaps					
Measures	Lincoln County	2016 CHO Survey Results	Top U.S. Performers	North Carolina	Rank (of 100 counties)
<b>Quality of Life (Morbidity)</b>					<b>11</b>
Poor or fair health	16%	13.7%	12%	19%	
Poor physical health days (past 30 days)	3.7	26.8%	2.9	3.9	
Poor mental health days (past 30 days)	3.6	15.2%	2.8	3.7	
Insufficient sleep	31%		28%	32%	
Low birthweight	8%		6%	9%	

## Mortality

Mortality (death rate) refers to the number of deaths in a certain population within a given unit of time. **Health outcomes** within any given county are largely impacted by premature death scores. **Premature death scores** are considered the age-adjusted total number of years of potential life lost before age 75 per 100,000 persons.

2016 County Health Rankings & Roadmaps				
Measures	Lincoln County	Top U.S. Performers	North Carolina	Rank (of 100 counties)
<b>Health Outcomes</b>				<b>24</b>
<b>Length of Life</b>				<b>30</b>
Premature Death	7,300	5,200	7,200	

According to the 2011-2015 Years of Potential Life Lost Death Report, cancer of all sites had the largest impact on years of potential life lost at 12,040 total years for Lincoln County residents, followed by heart disease at 11,170 total years. When examining gender separately, men displayed a greater number of years of potential lost life than women for both cancer of all sites and heart disease between 2011 and 2015. (See Appendix A, Table 1 for more details on years of potential life lost)

## Leading Causes of Death

Heart disease was the number one leading cause of death in Lincoln and bordering counties between 2011 and 2015. Lincoln County heart disease rates increased to 229.8 when only considering men and dropped to 166.2 when only considering women. Additionally, between 2011 and 2015, heart disease death rates were higher for blacks than whites at 238.5 and 196.0, respectively. These rates indicate a strong **disparity gap** between genders and races in regards to heart disease death rates in Lincoln County.

Cancer was the second leading cause of death in Lincoln County between 2011 and 2015. Per the 2015 US Census Bureau, **trachea, bronchus, and lung cancers combined were the leading cause of cancer deaths in Lincoln County** at 50.6 per 100,000 people. This number increased to 60.4 when only considering men and dropped to 42.5 when only considering women. Catawba County, Gaston County, and NC's death rate for trachea, bronchus, and lung cancers during the same time period were 49.8, 63.5, and 48.9, respectively. These numbers indicate a need for more research and **preventative health services** surrounding lung health.

**Chronic lower respiratory diseases were the third leading cause of death** in Lincoln County between 2011 and 2015. Emergency department case counts of chronic respiratory distress increased by 90.3% in Lincoln County between 2012 and 2016. Chronic lower respiratory diseases include chronic bronchitis, emphysema, and asthma.

**(Refer to Appendix A, Table 2 for more details on leading causes of death)**

## **Health Status**

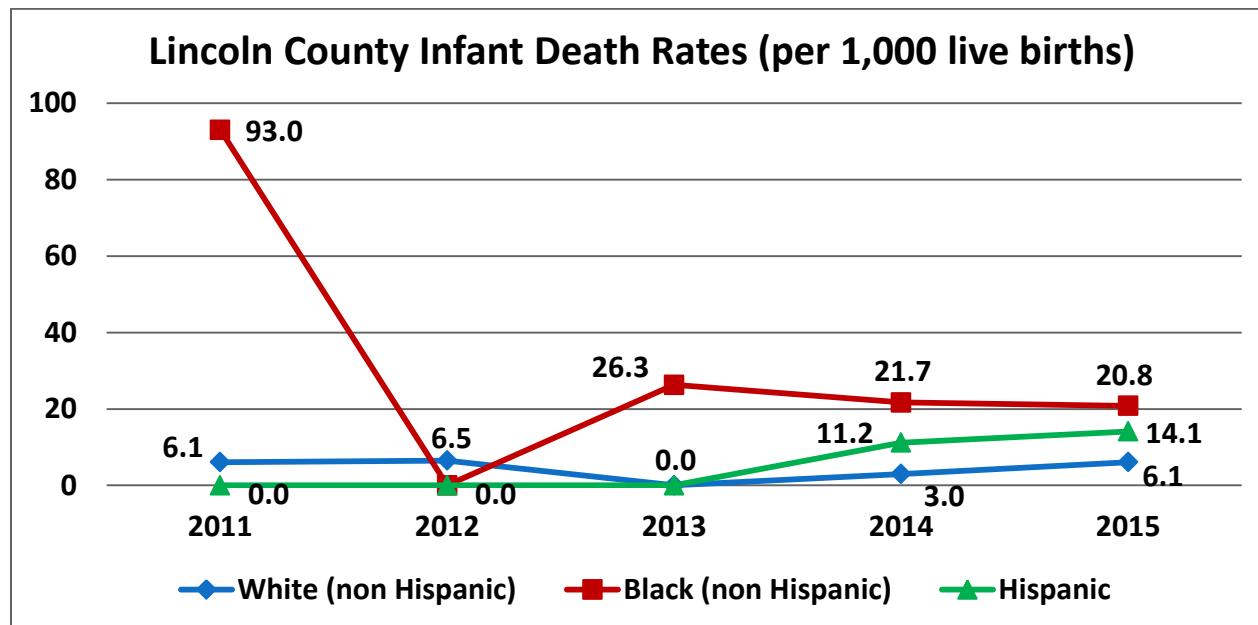
Health behaviors, clinical care options, social and economic factors, and physical environment are considered when determining the overall health status of a county. Lincoln County ranked 24 overall (where 1=best of 100 counties) compared to Catawba and Gaston Counties at 34 and 67, respectively. NC ranked 32 (where 1=best of 50 states) in 2016, dropping one spot from 31 the previous year. The 2015 America's Health Rankings Report presented several **strengths for North Carolina** including low prevalence of excessive drinking (15.1% of adults), high immunization among adolescent females for HPV, and high immunization coverage among children (80% between 19-35 months). **North Carolina challenges** included disparities in health status by education level, low per capita public health funding (\$44 per person), and high infant mortality rate (7.2 deaths per 1,000 live births).

**(Refer to Appendix A, Table 3 for more details on Health Status)**

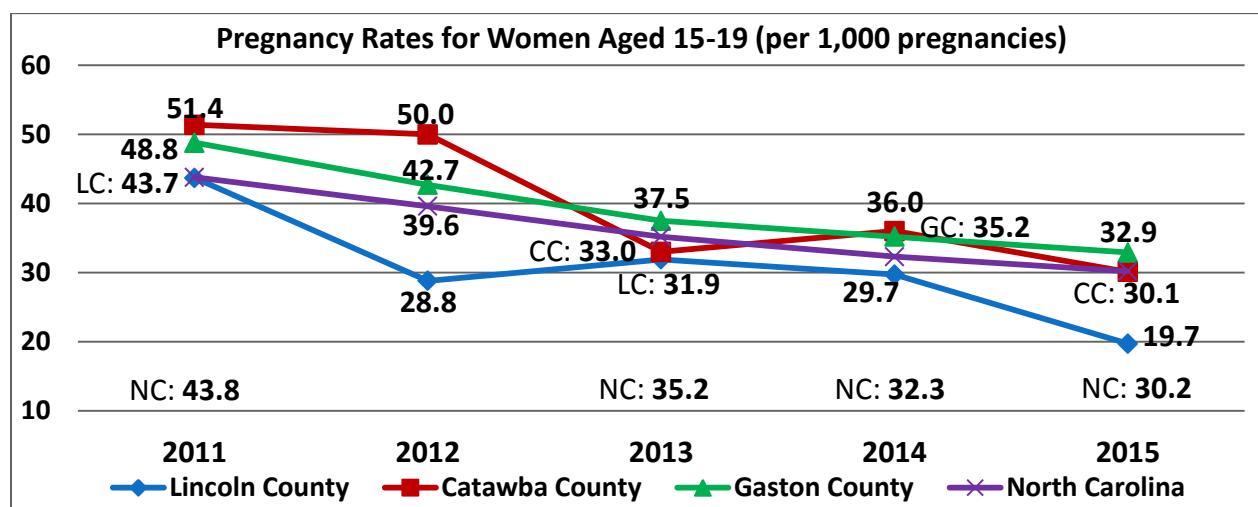
## **Maternal and Infant Health**

Adequate maternal and infant services and outcomes are important because they help to determine the health of future generations and are predictors of potential public health challenges that will be faced in the future. **Pregnancy** is a time when women are screened for potentially harmful conditions that can be passed on to unborn children. Maternal and paternal family histories are examined to identify health risks and prevent possible health issues for mother and child. **Healthy birth outcomes** are the number one priority of preventative health services during pregnancy. Early identification of health issues in infants can lead to treatment and possible correction of complications to potentially prevent death or disability. Health care services before, during, and after pregnancy are vital to decreasing the risk of complications during pregnancy and infancy (Healthy People 2020 Maternal, Infant and Child Health). Higher educational attainment has been shown to affect the month of pregnancy at which women begin **prenatal care**. The earlier prenatal care begins during pregnancy the higher the likelihood of positive birth outcomes for mother and child. When considering all Lincoln County resident births in 2015 to women who began prenatal care by the end of the

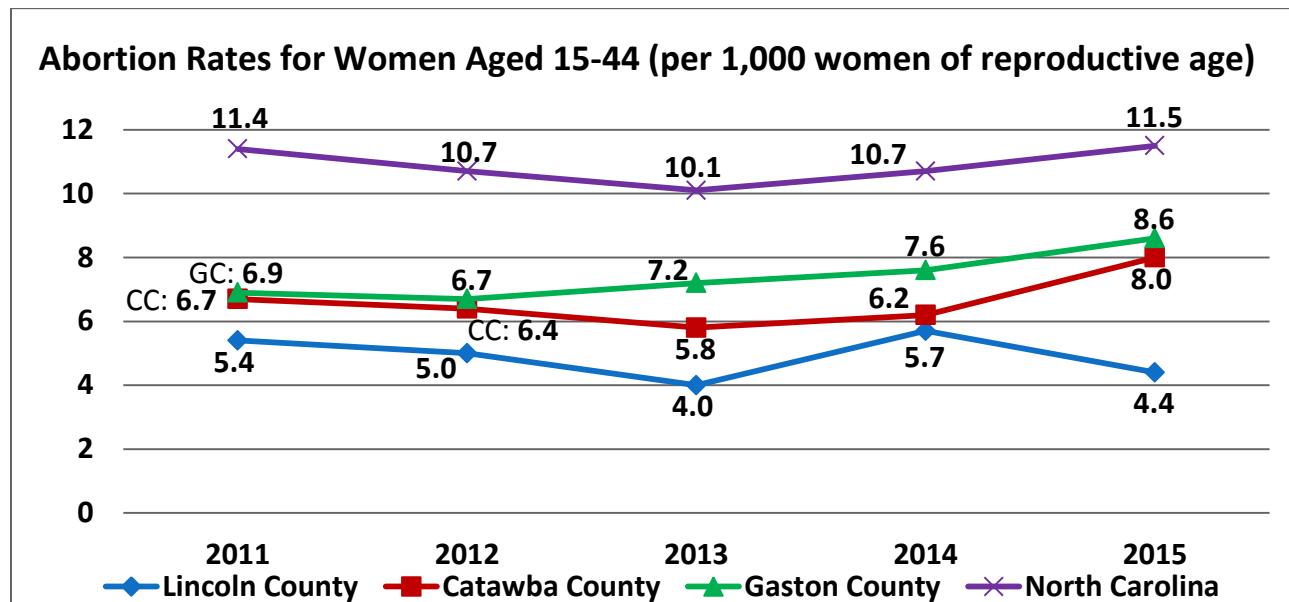
third month of pregnancy, 65.3% of them reported an educational attainment status of some college or more.



When looking at infant mortality rates for Lincoln County, one can see a **large disparity gap** when considering race and ethnicity. These rates indicate a need for additional funding and resources for maternal, child and infant health services and specific programming to close the disparity gap when looking at the black and Hispanic infant death rates as compared to the white death rate. Infant mortality is a whole community issue because even one potentially preventable infant death is too many.

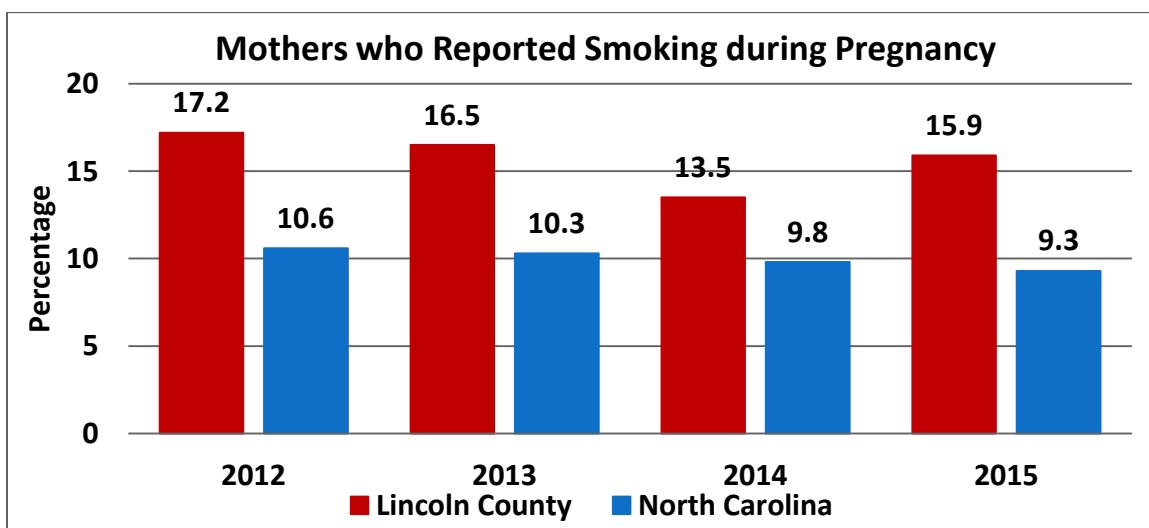


**Teen pregnancy rates** for women aged 15 through 19 are dropping statewide. Lincoln County's rates have been lower than Catawba County, Gaston County and NC every year since 2011. In Lincoln County, 19.1% of pregnancies in women aged 15 through 19 were **repeat pregnancies** in 2015 (NC SCHS, 2015 NC Repeat Teen Pregnancies Report). **9.4% of 2016 CHO Survey respondents believe the children they are responsible for under the age of 18 need more information regarding sexual intercourse.**



Source: NC SCHS, 2011-2015 Abortion Rates Report

**Abortion rates** for Lincoln County were almost half that of Catawba and Gaston Counties and nearly a third of the NC rate in 2015. Lincoln County abortion rates declined in 2013, followed by a slight spike in 2014, and dropped again in 2015.



Source: NC SCHS, 2014-2017 County Health Data Book Birth Indicator Tables

In Lincoln County, mothers who report **smoking during pregnancy** has been decreasing in recent years until a recorded spike in 2015. In 2015, **gestational diabetes** was present in 6.6% of total resident births in Lincoln County. (NC SCHS, 2017 County Health Data Book Birth Indicator Tables)

**Breastfeeding** is widely known and endorsed as the most beneficial type of nutrition for infants. Breastfeeding has many **health benefits to mother and baby**. Babies that are breastfed have increased protection against some illnesses and diseases (i.e. diabetes, obesity, pneumonia, ear infections, asthma), less gastrological issues, fewer allergies, and are less likely to die from sudden infant death syndrome. Mothers that breastfeed have been shown to be less likely to develop breast cancer, ovarian cancer, diabetes, and osteoporosis. Breastfeeding is also **financially beneficial to families** since formula can cost between \$1,200 and \$1,500 yearly, per child (Eat Smart North Carolina, Beth, D et al. 2009). In North Carolina, 80% of infants were being **breastfed at the time of discharge** in 2015 compared to 78.7% in 2014 and 77.1% in 2013. In Lincoln County, 79.5% of infants were being breastfed at the time of discharge in 2015 compared to 78.5% in 2014 and 79.3% in 2013. (NC SCHS, 2017 County Health Data Book Birth Indicator Tables)

## Child Health

**Immunizations (vaccines)** can prevent or lessen the severity of many illnesses and diseases. In 2016, 94% of 2 year old children were up-to-date on their immunizations for Lincoln County Health Department (LCHD) clients and 76% county-wide. 1.2% of Lincoln County Children were excluded from receiving vaccines in 2016 due to **parent refusal**, compared to 1.5% statewide. None of the parent refusals for Lincoln County 2 year olds in 2016 were due to **religious exemption**. LCHD ranked 23 out of 100 health departments (where 1=best of 100 local health departments) for the percentage of 2 year olds who were up to date on their vaccinations in 2016, compared to Lincoln County as a whole that was ranked 44 out of 100 (NC Immunization Program Annual Assessment).

The number of potential **blood lead poisoning** cases referred the LCHD in 2015 was 12, compared to 8 in 2016. Public Health nurses and Care Coordinators follow-up on all referred cases to determine what action should be taken in each case.

**Exposure to lead is extremely harmful** to a young child's development and can cause damage to the brain and nervous system, stunt growth and development, increase the likelihood of learning disabilities and behavior problems, and cause difficulties with hearing and speech (CDC). These issues can be detrimental to a child and can lead to an increased incidence of lower IQ, problems with paying attention, and poor academic performance (CDC). For this

reason, it is important to **monitor your child's environment (especially in homes built before 1978), be mindful of foods and toys imported from other countries, and check traditional home remedies** to be sure they do not increase your child's lead exposure.

Lincoln County reported 9 total **child deaths** in 2015 compared to Catawba County at 27 reports and Gaston County at 26 reports. Of Lincoln County's 9 reported deaths, 6 cases involved children <1 year of age and 3 cases involved children between 10 and 14 years of age. The number one cause of child deaths in Lincoln County in 2015 was birth defects (NC SCHS). (See Appendix 1, Table 4 for more details on child deaths in Lincoln County)

2015 Risk Factors for Unintentional Injuries in Youth	
% of NC high school students (HSS) who reported rarely or never wearing a bicycle helmet	84.7%
% of NC HSS who reported rarely or never wearing a seat belt	6.5%
% of NC HSS who reported riding with a driver who had been drinking alcohol	16.9%
% of NC HSS who reported driving when drinking alcohol	4.3%
% of NC HSS who reported texting or emailing when driving a vehicle	37.6%
% of NC HSS who reported carrying a weapon on school property	3.9%
% of NC HSS who reported being threatened or injured with a weapon on school property	4.9%

Source: 2015 Youth Risk Behavior Surveillance Survey

\*A complete list of Lincoln County Child Care Providers can be found in Appendix E.

## Oral Health

Many oral health issues can be prevented with regular visits to the dentist. Between 2012 and 2013, 84% of all Lincoln County kindergarten children and 86% of all Lincoln County 5<sup>th</sup> grade children were **screened by a public health dental hygienist** to access the percentage of dental disease present in the county. During that time, 15% of kindergarteners and 2% of 5<sup>th</sup> graders screened in Lincoln County were found to have **untreated dental decay**. 55% of 5<sup>th</sup> graders screened were found to have **preventative sealants** between 2012 and 2013 (NC SCHS Oral Health Section). **14.2% of 2016 CHO Survey respondents thought that the children they were responsible for under the age of 18 needed more information regarding dental hygiene.**

In 2011, 53.4% of individuals living in Lincoln County under the age of 21 who were enrolled in **Medicaid** took advantage of the dental services provided to them through their insurance. Additionally, 34.8% of individuals in Lincoln County who were ≥21 years of age took

part in Medicaid dental services that were made available to them through their insurance during the same timeframe. (NC DHHS, Division of Medical Assistance)

### **2015-2016 N.C. Oral Health Section Region 4 Snapshot Report\***

- 47% of Region 4 children aged 1-2 received preventative services through Medicaid (fluoride varnish) (2013 Form CMS-416: Annual EPSDT Participation Report)
- 46% of Region 4 children and teens under the age of 21 who were enrolled in Medicaid received preventative dental services (2013 Form CMS-416: Annual EPSDT Participation Report)
- 11% of Region 4 Kindergarten children have untreated tooth decay (2015-2016 NC Calibrated Dental Assessment)
- 30% of pregnant women have untreated tooth decay (2016 NC Pregnant Women Basic Screening Survey; convenience sample, not regional specific)
- 46.8% of Region 4 adults aged 18 or older have lost at least one tooth due to tooth decay or gum disease (2014 NC BFRSS)
- 21.1% of Region 4 adults aged 65 or older have complete tooth loss (2014 NC BFRSS)
- 74% of the Region 4 population served by public water systems receive fluoridated water (NC Safe Drinking Water Information System)

\*Region 4: Union, Mecklenburg, Gaston, Lincoln, Catawba, Alexander, Iredell, Rowan, Cabarrus and Stanly Counties

### **Clinical Care and Access**

Clinical care access is vital to health and wellness. Individuals with impaired access to clinical care tend to have higher percentages of serious health concerns compared to those who have better access and can meet their healthcare needs. **Lincoln County has significantly fewer primary care physicians, dentists and mental health providers** than the average county in North Carolina. This deficit of providers proves to be a great inhibitor to clinical care access since this would increase the likelihood that some county residents would be required to travel out of the county to see a medical provider. Increased driving distance to medical appointments can cause individuals to use more **sick time or leave without pay** to attend their appointments. **The number of healthcare providers, more affordable health services, and services for disabled people were chosen as the number one service needing improvement in Lincoln County on the 2016 CHO Survey by 3.2%, 5.7%, and 1.9% of respondents, respectively.**

According to a new Gallop poll, the **Affordable Care Act** (Obama Care or ACA) helped more than 4% of all Americans get health insurance for the first time. The ACA was signed in to

law on March 23, 2010 and upheld by the Supreme Court on June 28, 2012. According to the 2016 County Health Rankings and Roadmaps, 23% of Lincoln County residents were uninsured in 2011; by 2013, the percent of uninsured individuals dropped to 21% and further dropped to 19% in 2016. **This decrease in the uninsured rate accounts for a 4% increase of insured individuals in Lincoln County** or 3,241 people (2015 population estimates were used to compute) who now have insurance that did not previously. Continued access to affordable and valuable insurance to further decrease the numbers of uninsured individuals living locally and nationwide is desirable. **6.3% of 2016 CHO Survey respondents indicated that the lack of and/or inadequate health insurance was the number one problem most affecting the quality of life in Lincoln County.**

According to the 2016 Medicaid Annual Report, there were 19,991 (24.6%) **Medicaid** eligible persons living in Lincoln County. The number above accounts for 246 out of every 1,000 people that are eligible for Medicaid services in Lincoln County. Catawba and Gaston Counties reported that 27.5% and 30.4% of their populations were eligible for Medicaid during the same time period, respectively. The per capita spending for Medicaid in Lincoln County was \$1,041 compared to the total expenditure per eligible at \$4,238 in fiscal year 2016. (**Refer to Appendix A, Graph 4 for details on Medicaid eligible people living in Lincoln County**)

## Physical Environment

### Water

The Clean Water Act (CWA) ensures that pollutants on surface waters are regulated. This act keeps the water we drink, fish, and play in safe for consumption and recreation (USEPA, 2016). In Lincoln County, approximately 48% of the population receive their drinking water through a community water system; a system that supplies water year around to the same population (USEPA, 2017, USPA, 2016). According to the 2016 County Health Rankings & Roadmaps, there were no health-based drinking water violations in the community water systems in Lincoln County. The Lincoln County Environmental Health Department abides by the NC Division of Water Quality, Groundwater Protection Unit Rules to provide private well water testing to ensure safe drinking water is provided to the public (Lincoln County NC, 2017). Evidence suggests that providing medication drop off locations and education about the proper disposal of medication can reduce the amount of pharmaceutical contamination in lakes and streams, and improve the overall quality of water (Lubick 2010, Glassmeyer 2009, Ruhoy 2008, Becker 2010, US EPA-PPCPs, as cited in CHR&R, 2016). Lincoln County expanded the number of drug take-back locations in 2016 through a partnership with the health department, CVS, and the Lincolnton Police Department.

## Air Quality

Air pollutants not only negatively affect the environment, but they also have negative health implications. Poor air quality can negatively impact respiratory and cardiovascular systems, especially for sensitive groups including people with asthma, older adults, children, those with certain genetic characteristics, people with inadequate absorption of key nutrients, and outdoor workers. The changing climate increases ozone and carbon dioxide levels in the outdoor air, and induces longer pollen seasons causing heightened allergic sensation and asthmatic issues that can limit performance at work and school (USGCRP, 2016). According to the 2015 US Environmental Protection Agency (USEPA) Air Quality Index Report, Lincoln County only experienced one day where sensitive groups were asked to limit their outdoor exposure due to increased ozone particles in the air.

**(Refer to Appendix A, Tables 5 and 6 for details on air quality in Lincoln County)**

## Built Environment

A built environment can influence the overall health of a community and individual behavior (NCCDPHP, 2015). A built environment can be assessed through the availability of public transportation systems, adequate sidewalks and bike lanes, access to recreational outlets, and access to healthy foods in a community. A deficiency in these resources can invoke a sedentary lifestyle that leads to poor health outcomes.

## Access to Healthy Places

Lincoln County has one consolidated transportation system, Transportation Lincoln County, which serves five local human services departments and one Rural General Public service that is available for Lincoln County residents, and both services are available to persons with disabilities (Maldonado, 2017). There are 35.1 miles of sidewalks, 1.2 miles of bike lanes, and 10.4 miles of greenways and trails throughout the county (Lincoln County Planning and Inspections, 2017). Recreation can be found at 11 county owned facilities and parks (Lincoln County NC, 2017), four city operated facilities and parks (The City of Lincolnton, NC, 2017), two YMCA locations (LEDA, August 16, 2016), and one state park (LEDA, December 2, 2016).

## Access to Healthy Foods

Three Lincoln County Farmers Market locations are available with 15 vendors (Lincoln County Farmers Market, 2016), 16 grocery stores, two supercenters, one specialized food store, and 42 convenience stores are located throughout the county (USDA, 2012). According to the 2016 County Health Rankings and Roadmaps, Lincoln County ranks better in food insecurity and limited access to healthy foods than North Carolina, Catawba and Gaston County.

Comparison of Health Behaviors Related to Food Insecurity and Access to Healthy Foods					
		North Carolina	Catawba	Lincoln	Gaston
Health Behaviors	Overall Rank	58	42	81	
<u><a href="#">^Food insecurity**</a></u>	18%	16%	15%	18%	
<u><a href="#">^^Limited access to healthy foods</a></u>	7%	10%	5%	11%	

<sup>\*\*</sup>Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year" (CHR&G4, 2016).

<sup>\*\*</sup>Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store" (CHR&R, 2016).

[http://www.countyhealthrankings.org/app/north-carolina/2016/compare/additional?counties=37\\_035%2037\\_109%2037\\_071](http://www.countyhealthrankings.org/app/north-carolina/2016/compare/additional?counties=37_035%2037_109%2037_071)

## Emergency and Disaster Preparedness

### Community Preparedness

Lincoln County has an **Emergency Operations Plan** that provides guidance for response and recovery efforts for man-made and natural disasters. **Lincoln County Communications Center provides a communication service (Everbridge)** for adverse events to the residents of Lincoln County. This system allows for real-time notification for severe weather events, missing persons, and health alerts. The Lincoln County Health Department maintains a **Medical Countermeasure Plan** to provide prophylaxis to the entire population in the event of a biological release. Lincoln County Health Department is responsible for providing Potassium Iodide (KI) tablets to residents and businesses located in the **10 mile Emergency Planning Zone (EPZ) near McGuire Nuclear Plant**. In the event of a **radiological release** from the McGuire Nuclear Plant, the local health director will instruct residents when they should take the KI tablets to protect their thyroid from a potential exposure to radiation.

### Personal Preparedness

85.2% of 2016 CHO Survey respondents indicated they would evacuate due to a large-scale disaster or emergency if asked to do so by public authorities. 14.8% of respondents indicated they would not or were not sure if they would evacuate under the same conditions mentioned above. The number one reason given by respondents to explain why they would not or weren't sure if they would evacuate was **concern of leaving property behind**. Additionally, 2016 CHO Survey respondents were 96.5% likely to report having fire alarms/smoke detectors in the home, 56.4% likely to report having carbon monoxide detectors in the home, and 57.1% likely to report having a basic emergency supply kit in the home.

## Chapter 5: Health Resources and Gaps

### Health Resources Inventory Process

Members of the Partnership for Health were asked to submit available resource lists to compile a community-wide resource guide. United Way of Lincoln County provided a 2-1-1 database with community resources, Carolinas Health Care System Lincoln provided a resource directory of medical providers, the dental hygienist for the Lincoln County Health Department provided a dental health resource list, Senior Services of Lincoln County provided a resource list targeted at the senior population, and Solid Foundations Counseling Center provided resources on behavioral health. The Lincoln County Health Department compiled the information into a Community Health and Wellness Resource Guide in English and Spanish to provide a directory of resources for the community. **The guide can be found on the Lincoln County Health Department website and in Appendix F.**

### Resource Gaps

According to the County Health Rankings & Roadmaps, Lincoln County ranks 44<sup>th</sup> in the clinical care health outcomes (where 1=best out of 50 counties). One resource gap that was identified is the ratio of the population to one medical provider. Measures were taken from the number of primary care physicians, dentists, and mental health providers in Lincoln County. Lincoln County has a population ratio of 2,490 residents to one primary care physician, a population ratio of 2,960 to one dentist, and a population ratio of 1,860 residents to one mental health provider. Access to mental health providers in Lincoln County is more than four times the reported population to provider ratio of North Carolina, Catawba and Gaston County.

2016 County Health Rankings & Roadmaps				
Measures	North Carolina	Lincoln County	Catawba County	Gaston County
<b>Clinical Care</b>		<b>44</b>	<b>16</b>	<b>34</b>
Uninsured	18%	19%	18%	18%
Primary care physicians	1,410:1	2,490:1	1,390:1	1,510:1
Dentist	1,910:1	2,960:1	2,030:1	1,990:1
Mental health providers	440:1	1,860:1	490:1	480:0
Preventable Hospital Stays	51	51	39	54
Diabetic monitoring	89%	92%	92%	90%
Mammography screening	68%	67%	68%	65%

## Chapter 6: 2016 Identified Community Priorities

### 2016 CHA Priority 1: Substance Abuse

#### Healthy People 2020 Goal

##### Substance Abuse

- Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

##### Why is Substance Abuse Important to the Public's Health?

Substance abuse is important because it can influence many aspects of one's life affecting the individual, family and community. Healthy People 2020 states that substance abuse plays a part in expensive social, physical, mental and public health issues. Some of these issues include unintended pregnancies, sexually transmitted infections, violence (i.e. domestic violence, homicide, physical fights, child abuse and other types of abuse), unintentional injuries (i.e. overdose, poisoning, motor vehicle crashes, falls), other non-violent crimes (i.e. driving under the influence, theft, drug crimes), and suicide.

##### Substance Abuse Priority Explanation

The Lincoln County Health Department in collaboration with the Lincoln County Partnership for Health chose this priority by reviewing available primary and secondary data sources. It was determined our strategies for this priority would include education and awareness only. Our implementation goals include increasing education surrounding the treatment and resources available, while providing general information to the public and community stakeholders regarding substance abuse. An additional implementation goal includes increasing awareness of substance abuse to improve whole community relations.

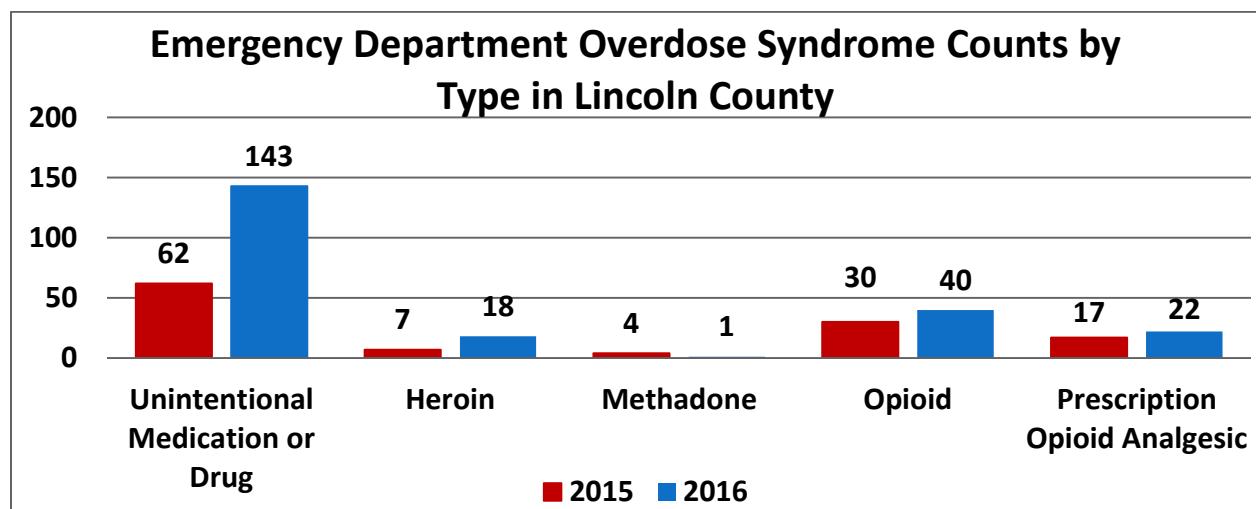
Priority	Strategy	Implementation Goal
Substance Abuse	Education	Provide age appropriate education to all community members including general information, resources, and treatment.
	Awareness	Provide education to stakeholders in an effort to improve whole community relations regarding the substance abuse issue in our county.

## Data Findings

Increased positive teen and young adult programs, activities, and interactions lead to better choices made regarding substance abuse. Individuals with poor family, friend and community ties have an increased risk for substance abuse. Protective behaviors including good parent communication, increased understanding of risks, and increased educational opportunities to improve skills regarding the refusal of drugs, alcohol, and tobacco when asked have been shown to positively impact an individual's substance misuse and abuse risk (Fawcett et al., 1994). According to the 2016 CHO Survey, 7.2% of individuals reported that positive teen activities was the service most needing improvement and 2.3% reported that healthy family activities was the service most needing improvement in Lincoln County.

### Illicit Drugs

According to the Centers for Disease Control and Prevention, Injury Prevention and Control Branch, **drug abuse and overdose** is on the rise. Opioid overdose is the cause of more than 60% of all overdose deaths nationwide. Additionally, opioid prescriptions have increased 4 fold even though the amount of pain reported by Americans has not increased. The resulting increase in **prescription drugs** readily available in most of America's households is a large driving factor in the 15-year increase in opioid overdose deaths (CDC Injury Prevention & Control Branch). Suggestions for reducing the rate of opioid overdose rates include improving prescribing procedures, expanding access to substance abuse treatment and the use of naloxone, and promoting the use of state monitoring programs to prevent high-risk prescribing (CDC Injury Prevention & Control Branch).



Source: 2015 & 2016 NC DETECT County-Level Overdose Syndrome Charts

Lincoln County emergency department syndrome counts of unintentional medication or drug overdoses has seen a 130.6% increase from 2015 to 2016. **33.9% of respondents from the 2016 Community Health Opinion (CHO) Survey felt drug abuse was the number one problem affecting the quality of life in Lincoln County.** Additionally, 16.3% thought that all people in Lincoln County needed more information about substance abuse prevention. 19.8% of 2016 CHO Survey respondents thought children under the age of 18 that they are responsible for needed more information regarding drug abuse.

### **Naloxone Usage**

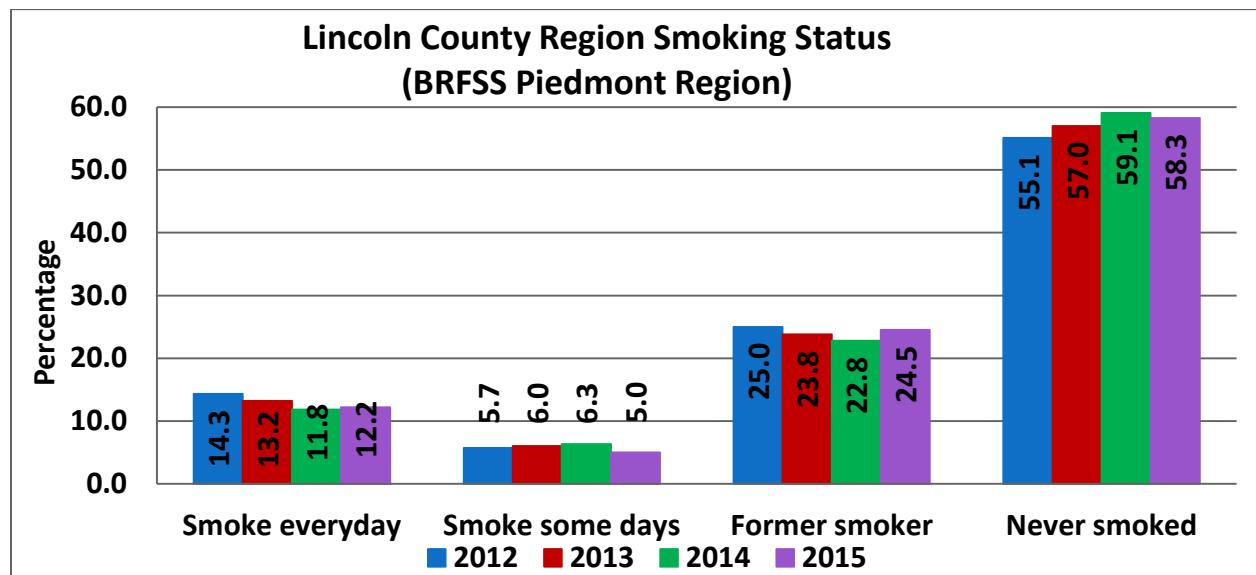
Naloxone is a medication that when given blocks receptor sites in the brain successfully reversing the effects of an overdose (SAMHSA). Naloxone works to prevent overdose by opioids including heroin, morphine, fentanyl, codeine, methadone, oxycodone, and hydrocodone. Naloxone is not affective to prevent overdose on benzodiazepines like alprazolam (Xanax), clonazepam (Klonopin), and diazepam (Valium), stimulants like cocaine and amphetamines (i.e. Ecstasy, Speed, Methamphetamine, Ritalin, Adderall), or non-opioid analgesics (i.e. ibuprofen, naproxen, acetaminophen, Aspirin). In 2015 and 2016 reported case counts of emergency department usage of naloxone to prevent overdose in Lincoln County residents was 14 and 19, respectively (NC DETECT).

### **Tobacco Use**

Tobacco products are widely known to **cause various types of cancer and other chronic conditions including heart disease and lung disease.** Also, smoking is known to lead to issues during pregnancy including ectopic pregnancy, premature birth, low birth weight, stillbirth, reduced fertility in women, birth defects (i.e. cleft-lip, cleft palate), and erectile dysfunction (Health People 2020: Tobacco Use).

Although traditional tobacco use is decreasing among teens, the use of **electronic nicotine delivery systems (e-cigarettes)** is on the rise among this age group. The National Youth Tobacco Survey (NYTS) is administered yearly by the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. The survey examines beliefs, attitudes, behaviors, and exposures regarding tobacco products in middle and high school students. In 2015, 35% of NYTS respondents reported that they were curious about using an electronic cigarette and 26.4% reported that they have tried an electronic cigarette (even once or twice). In 2015, 21% of NYTS respondents indicated that they had tried smoking before (even one or two puffs). According to the 2015 NYTS, the most popular brand of cigarettes was Marlboro (4.0% preferred) followed by Newport (2.6% preferred). 16.5% of

2015 NYTS respondents reported that they have tried smoking cigars, cigarillos, or little cigars (even one or two puffs). Additionally, 7.7% of 2015 NYTS respondents reported that they have tried chewing tobacco, snuff, or dip (even a small amount). **9% of 2016 CHO Survey** respondents thought that the children they were responsible for under the age of 18 needed more information regarding tobacco.



Source: 2012-2015 BRFSS Survey

According to BRFSS regional data, Lincoln County Region (LCR) residents who reported they smoke everyday has steadily decreased until a slight uptick in 2015. Additionally, LCR residents have been more likely in recent years to report they have never smoked with the exception of a slight negative change in 2015. However, LCR residents reporting they are former smokers increased in 2015 following several years of decrease. The LCR is composed of 35 counties including Alamance, Alexander, Anson, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Franklin, Gaston, Granville, Guilford, Iredell, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Orange, Person, Randolph, Richmond, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Wake, Warren, and Yadkin counties. **7.1% of 2016 CHO Survey respondents self-reported that they currently smoke and 11.3% self-reported that they are regularly exposed to secondhand smoke during a typical month.** Healthy People 2020 states that negative health effects do not stop with the user and that as many as 2.5 million people have died from diseases caused by exposure to secondhand smoke since 1964. **3.9% of 2016 CHO Survey respondents indicated that the number one topic people need more information about in Lincoln County is tobacco cessation and prevention.**

## Alcohol Use

Binge drinking has been shown to have negative effects on the body and mental state, and lead to an increased likelihood of alcohol-related unintentional injuries and death. Binge drinking is considered to have taken place when males drink five or more alcoholic drinks and females drink four or more alcoholic drinks during one occasion (usually within 2 hours). 14.0% of NC Region 4 BRFSS respondents indicated that they have binge drank in the past (even once or twice), compared to 13.8% of NC. College students are highly susceptible to binge drinking and negative drinking habits because they see drinking as part of the overall college experience. For this reason, the college environment can lead young adults to establish a problem drinking habit. In 2015, 17.6% of NC Region 4 BRFSS respondents who have attended college reported binge drinking which is higher than respondents having a high school diploma or less (8.7%).

2015 NC Region 4 BRFSS Self-Report on Binge Drinking by Risk Factor		
Gender	Male	17.8%
	Female	10.6%
Race	Non-Hispanic White	15.0%
	Non-Hispanic Black	12.8%
	Other	11.3%
Age	18 – 44	19.1%
	44 – 64	12.8%
	65+	3.9%
Education	High School or Less	8.7%
	Some College+	17.6%
Household Income	Less than \$50,000	11.6%
	\$50,000+	17.0%

Source: 2015 BRFSS

\* NC Region 4 is composed of 10 counties including Alexander, Cabarrus, Catawba, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union counties.

According to a December 2015 National Institute on Alcohol Abuse and Alcoholism College Drinking Report, around 1,900 students died between the ages of 18 and 24 from 1998 through 2005 due to alcohol-related unintentional injuries (including motor vehicle accidents), about 696,000 individuals were assaulted by another student who had been drinking between 1998 and 2001, and around 97,000 students between the ages of 18 and 24 reported alcohol-related sexual assault or rape between 1998 and 2001. Additionally, about 25% of college

students surveyed reported negative academic consequences from drinking including poor performance in class, on exams, and on papers, receiving lower grades and missing class. According to the report, heavy drinking is more notable among students who attend colleges with strong Greek and Athletic programs and is highest among those who live in fraternities and sororities (National Institute on Alcohol Abuse and Alcoholism College Drinking Report). **12.7% of 2016 CHO Survey respondents thought that the children they were responsible for under the age of 18 needed more information regarding alcohol.**

## Potential Public Health Adversities Related to Substance Abuse

### Other Unintentional Injuries

Substance abuse increases the chances of unintentional injuries. According to the Centers for Disease Control and Prevention, **unintentional injuries** were the 5<sup>th</sup> leading cause of death for individuals living in the US in 2010. In Lincoln County, men are more likely than women to die due to an unintentional injury **including motor vehicle accidents**. The overall age-adjusted unintentional injury death rate, including motor vehicle accidents, for Lincoln County was 51.6 per 100,000 people between 2005 and 2011, while the age-adjusted unintentional injury death rate, **excluding motor vehicle accidents**, was 30.0 per 100,000 persons for the same timeframe. **5.4% of 2016 CHO Survey respondents indicated that the number one topic people need more information about in Lincoln County is driving safely.** Additionally, **2.3% of respondents believe the number one service needing the most improvement in Lincoln County is road safety.** Other unintentional injuries include **unintentional falls and poisonings**. Between 2008 and 2012 the age adjusted mortality rate for unintentional falls and poisonings was 6.8 and 15.9 per 100,000 people, respectively.

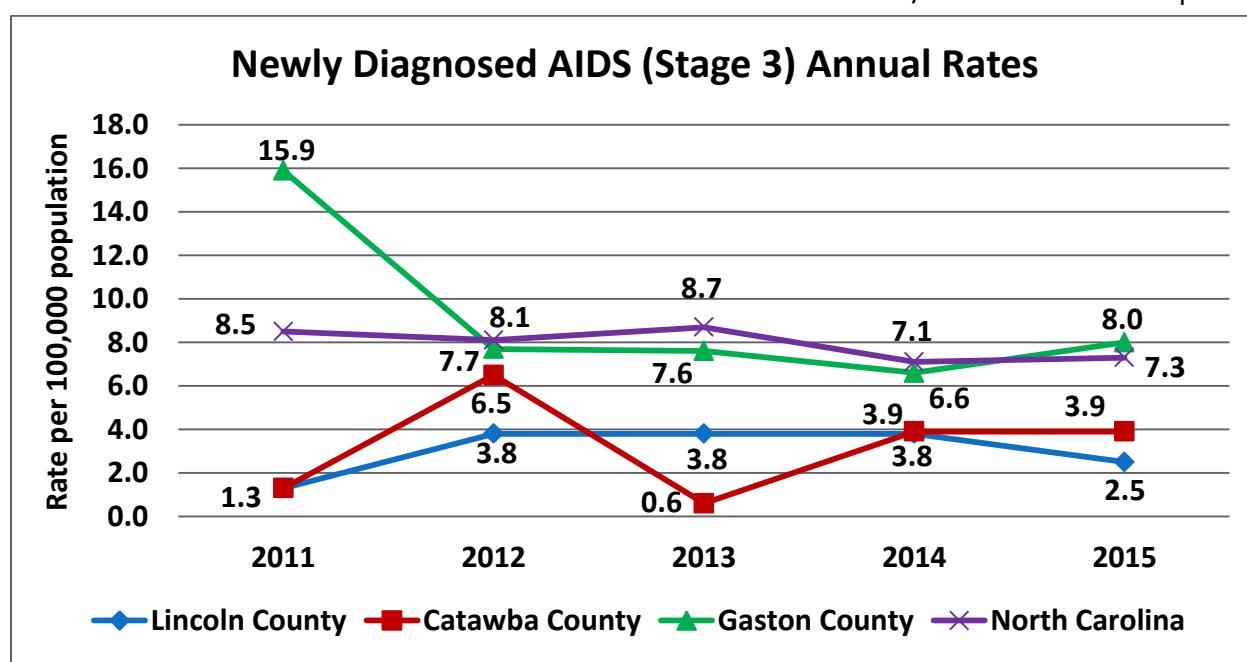
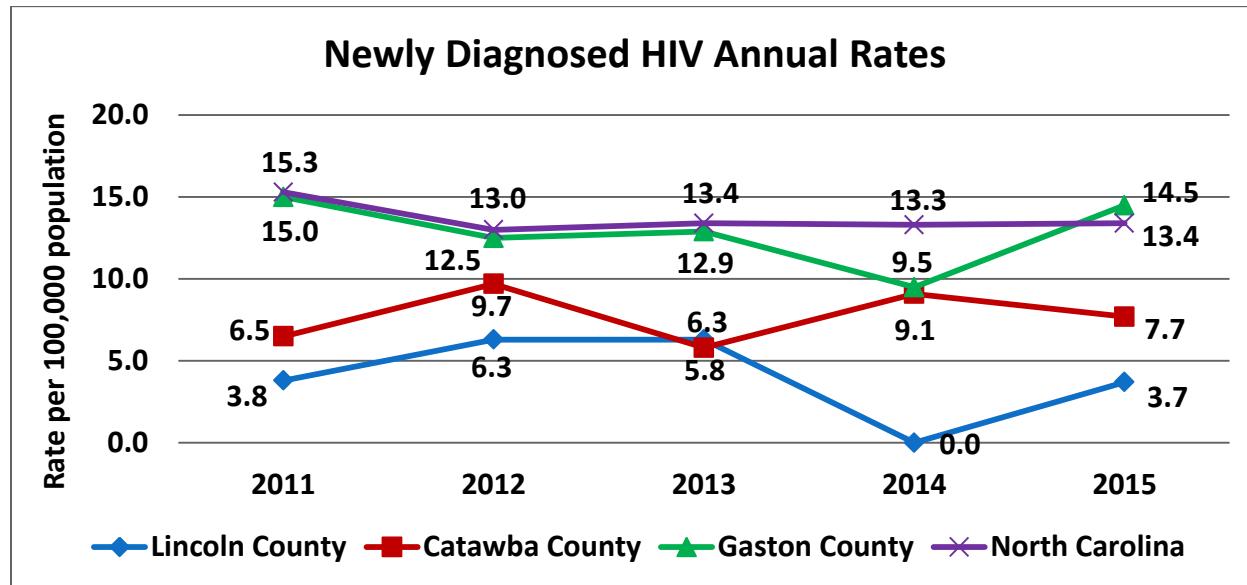
## Sexual Health

Drugs and alcohol can impair your judgement and lead you to make undesirable choices regarding sexual health. This decrease in one's ability to make safe choices can increase the risk for sexually transmitted infections (STIs/STDs), intimate partner violence and unintended pregnancy. **4.3% of 2016 CHO respondents believe people needed more information about preventing pregnancy and STDs in Lincoln County.** Also, **2016 CHO Survey respondents believe that the children they are responsible for under the age of 18 need more information regarding sexual intercourse and STDs at 9.4% and 9.0%, respectively.**

### Sexually Transmitted Infections

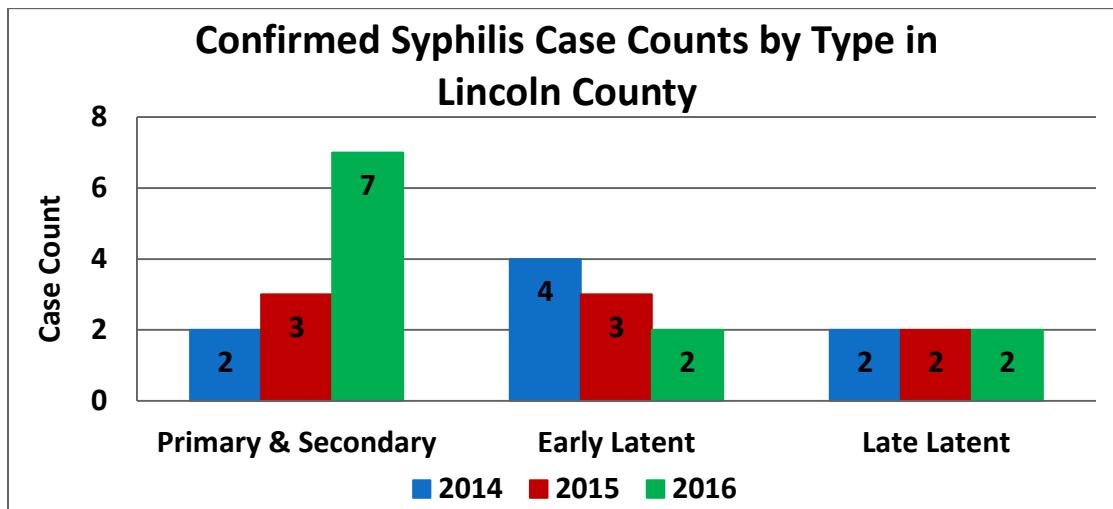
Misusing drugs and alcohol puts one at greater risk for contracting STDs including **HIV**. Pregnant mothers can spread HIV to their unborn children. According to the 2015 North

Carolina HIV/STD Surveillance Report, there have been 39 cases of **diagnosed infant perinatal HIV** in North Carolina between 2006 and 2015. The number of diagnoses of infant perinatal HIV has been decreasing in recent years.



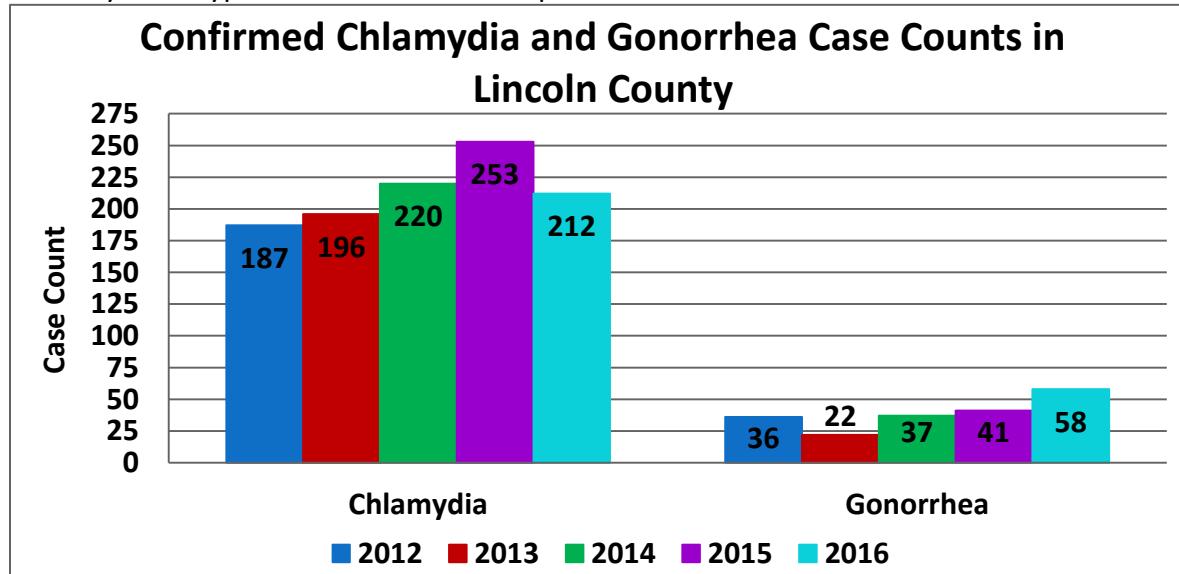
**Syphilis** is on the rise locally, regionally and nationally. Pregnant mothers can spread syphilis to their unborn children which can cause miscarriage, birth defects, or stillbirth. In 2015, the number of infants with **probable congenital syphilis at birth** in NC (12 cases) was the

highest it has been since 2006. Since 2006, 11.4% of infants with probable congenital syphilis (70 cases) were **stillbirths with confirmed syphilis** (8 cases) (2015 North Carolina HIV/STD Surveillance Report).



Source: NC EDSS

\*County level Syphilis data not available prior to 2014.



Source: NC EDSS

**Chlamydia** is spread by having unprotected vaginal, anal, or oral sex with someone who has the disease. Chlamydia can cause serious reproductive harm to women making it difficult or impossible to get pregnant or causing ectopic pregnancy. Pregnant mothers can pass chlamydia on to their babies at birth, possibly causing an eye infection or pneumonia in newborns (CDC: Chlamydia Fact Sheet).

**Gonorrhea** is a common STD and can infect one's genitals, rectum, and throat. Pregnant mothers can pass gonorrhea to their babies at birth, possibly causing serious health concerns for the newborn. For this reason, it is important healthcare provider are notified so appropriate action can be taken to test and treat the newborn for gonorrhea, decreasing the likelihood of health complications (CDC: Gonorrhea Fact Sheet).

Drugs and alcohol use decreases inhibitions, which can lead to irresponsible sexual behaviors. The best way to **prevent the spread of an STD** is by being in a monogamous relationship where each partner has been tested and found negative for STDs, using condoms and other barrier devices correctly every time you engage in sexual activity, or abstaining.

### **Intimate Partner Violence**

The occurrence of domestic violence or **intimate partner violence (IPV)** can lead to an increased risk for substance abuse as a form of coping with traumatic events. According to a paper published by the National Center on Domestic Violence, Trauma and Mental Health, the aggressor in the relationship will then sometimes use the substance abuse condition to **further control their partner** by threatening to expose them to authorities and/or take custody of their children. This type of threat can further exacerbate the substance abuse issue and prevent men and women that are victims of IPV from seeking services to support their efforts to stop the physical and substance abuse. In a 2012 study by Engstrom, El-Bassel, and Gilbert, 90% of women entering a **methadone clinic** were found to have experienced IPV at some point in their lifetime. Additionally, 67% of US women entering a **substance abuse treatment program** were found to have experienced physical IPV in the last 6 months (Downs, 2001).

Other studies found that women who have experienced IPV have an increased risk for substance abuse, even those women with no history of substance use or previous IPV experiences (Kilpatrick et al., 1997). Kilpatrick and colleagues (1997) also noted that IPV and substance abuse is bidirectional, reporting that substance abuse increases the likelihood of IPV and IPV increases the likelihood of substance abuse. **1.6% of 2016 CHO Survey respondents think domestic violence prevention is the number one topic people need more information about and 0.5% believes domestic violence is the number one problem most affecting the quality of life in Lincoln County.**

### **Unintended Pregnancy**

Substance abuse increases the likelihood of risky sexual behaviors, thus increasing the risks of unintended pregnancies. Women of reproductive age who self-reported opioid

dependence were more likely to become pregnant four times or more in their lifetime than women who do not abuse substances at 54% and 14%, respectively (Heil et al., 2012). The study also concluded that women who abused opioids were five times as likely to report receiving an **abortion** when compared to women who do not abuse opioids.

**Health risks of unintended pregnancies** include increased abortion rates, increased rates of violence and depression during pregnancy, miscarriage, late prenatal care, decreased rates of breastfeeding, low birth weight, infant mortality, maternal mortality, premature birth, and learning and cognitive delays in infants (Healthy People 2020). To combat the negative health outcomes associated with an unplanned pregnancy and substance abuse, pregnant mothers should seek adequate treatment programs and family planning services for support against drug and alcohol use during and after pregnancy.

## Child Neglect and Abuse

Substance abuse issues with parents, caregivers, and families increases the risk for child neglect and abuse in the home. According to the National Council on Child Abuse and Family Violence (NCCAFV), substance abuse is an issue in 40-80% of families where children have been found to be **victims of abuse**. Additionally, children in the homes of parents who refuse substance abuse treatment and are removed from the home, **stay in foster care longer** and are more likely to return to foster care once they are allowed to return to the home. The report also states that children who live in homes with parents who abuse alcohol and drugs are more than four times as likely to be **neglected** as children who live in homes with parents who do not abuse drugs or alcohol (NCCAFV). In Lincoln County, the number of children in foster care declined every year between 2008 and 2011. In 2010, the percentage of foster children reunified within 12 months was the lowest it has been since 2006 in Lincoln County. Additionally, 2.6% of Lincoln County children re-entered foster care within 12 months in 2010 (Annie E. Casey Foundation). Lincoln County had no reported **homicides due to child abuse** from 2008 to 2012, compared to Catawba County and Gaston County who each reported 3 cases of child abuse homicides during the same time period. **4.3% of 2016 CHO Survey respondents believe child care and parenting techniques is the number one topic people need more information about and 2.6% believe that child abuse is the number one problem most affecting the quality of life in Lincoln County.**

Children who are raised with families and parents that abuse alcohol and drugs are more likely to abuse alcohol and drugs when they are older. This is referred to as the **cycle of addiction** and it plagues many families and individuals. Drug and alcohol abuse in adolescences

and teens increases the risk for disciplinary problems at home and school, involvement in violence or crime, teen pregnancy, and affects the developing brain potentially causing mental and emotional issues now and in the future (NCCAFV). The adverse consequences from the risks listed above can follow a child into adulthood. In order to break the cycle of addiction, parents dealing with substance abuse disorders should **seek immediate and adequate treatment to protect the innocence of children** in the home and minimize the occurrences of adverse childhood experiences.

### **Adverse Childhood Experiences**

Adverse Childhood Experiences (ACEs) are stressful or traumatic events that take place during childhood and impact future health and wellness efforts. ACEs include different types of **abuse** like physical, sexual and emotional and **neglect** like physical and emotional. Other forms of ACEs include **household traumas** involving witnessing domestic violence and substance abuse, mental illness in the household, parental separation or divorce, or member incarceration (Substance Abuse and Mental Health Services Administration). These traumatic experiences can negatively affect individuals, families and communities while they are taking place and in the future.

The problem with ACEs is that they are very common and proven to be detrimental to public health. According to the 2010 BRFSS ACE Module, 59.3% of individuals nationwide reported at least one ACE during childhood. The most reported ACE during the study was emotional abuse (35.0%), followed by household substance abuse (25.1%) and parental separation or divorce (22.8%). A major finding from the 2010 BRFSS ACE Module was that as the number of ACEs increased the risk factors for many personal, family and public health concerns also increased. Additionally, 56.4% of 2014 NC BRFSS LCR respondents reported one or more ACEs within their lifetime. **Negative health outcomes** fostered by the presence of an ACE in a child's life includes chronic heart conditions (i.e. heart disease, stroke, myocardial infarction), asthma, mental issues (i.e. depression, anxiety), smoking, disability, lower income, unemployment, decreased educational attainment, and diabetes (BRFSS ACE Module data).

## 2016 CHA Priority 2: Mental Health

### Healthy People 2020 Goal

#### Mental Health and Mental Disorders

- Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

#### Why is Mental Health Important to the Public's Health?

Healthy People 2020 states that mental health is vital to personal wellness, interpersonal relationships, and the individual's capacity to contribute to society. According to Healthy People 2020, mental illness is among the most common cause of disability. Mental health issues can impair the desire and ability to practice prevention behaviors and participate in necessary treatments, leading to the increased prevalence of chronic disease and premature death.

#### Mental Health Priority Explanation

The Lincoln County Health Department in collaboration with the Lincoln County Partnership for Health chose this priority by reviewing available data sources. Strategies for this priority include healthy social interactions, education and awareness. The implementation goals include providing education regarding treatment and resources available, supplying general information to the public and community stakeholders regarding mental health, and reducing the stigma associated with mental health disorders. An additional implementation goal includes providing targeted education to children, youth and families regarding internet/social media safety, interpersonal relationships and positive behaviors.

Priority	Strategy	Implementation Goal
Mental Health	Healthy Social Interactions	Provide child, youth, and family education regarding internet and social media safety, interpersonal relationships, and positive behaviors.
	Education	Provide age appropriate education to all community members including general information, resources, and treatment.
	Awareness	Provide education to all community members in an effort to reduce the stigma associated with mental health disorders.

## Data Findings

Mental health issues are known to affect a person's personality, mood, mental functioning and thought processes, as well as social interactions and capabilities. Mental health disorders can make it harder or impossible for an affected person to seek medical treatment and prevention services when needed causing an **increased risk of chronic disease and illnesses, substance abuse, self-harm, and suicide**. Additionally, poor physical health can increase one's risk of developing mental health issues. Mental health issues include chronic stress, anxiety disorders, mood disorders, personality disorders, post-traumatic stress disorder (PTSD), obsessive-compulsive disorders (OCD), attention deficit hyperactivity disorder (ADHD), eating disorders, psychotic disorders, and impulse control disorders, among others (WebMD). **Intimate partner violence** has been shown to have a negative impact on mental health caused from depression, anxiety, chronic pain/injury, and post-traumatic stress disorder (Rivera et al., 2015). **4.2% of 2016 CHO Survey respondents believe the service most needing improvement in Lincoln County is counseling and mental health support groups. 41.2% of respondents indicated they would tell a friend or family member who needed mental health or drug/alcohol abuse assistance to see a doctor, followed by 19.8%, 14.3%, and 9.3% who would refer to a private counselor or therapist, minister or religious official, or support group, respectively.**

Mental health issues, suicide prevention, and eating disorders were the number one topics that 2016 CHO Survey respondents indicated that the children they were responsible for needed more information about at 12.3%, 11.8%, and 6.1% of the time, respectively. Additional topics listed by survey respondents regarding information their children need included anger management, stress management, bullying, autism/speech disorders, internet safety and sex trafficking. Furthermore, stress management, anger management, suicide prevention, and caring for family members with special needs and/or disabilities were number one topics respondents indicated everyone needed more information about in Lincoln County at 7.5%, 1.6%, 1.1%, and 5.2% of the time, respectively. Also, 15.2% of respondents indicated that in the previous 30 days before taking the survey they have experienced at least one day when feeling sad or worried kept them from going about their normal business.

### Depression and Anxiety

Depression and anxiety disorders are quite common and can have a huge impact on individuals and families. **Many factors can attribute to the onset of depression** including bullying, poor physical health due to injury and chronic disease, poverty, loss of income, death of a close family member, disability, having a baby, previously diagnosed mental disorders, prescription and illicit drug use, withdrawal symptoms from alcohol or drugs, caring for a

person with a disability long-term, inadequate exposure to sunlight, and seasonal changes (Mental Health First Aid (MHFA) USA 2016).

According to the 2016 MHFA USA training booklet, the **median age onset of most anxiety disorders** is between 7 and 31 years of age, and 18.1% of American adults have at least one diagnosed anxiety disorder. There are **many risk factors associated with an increased likelihood of developing an anxiety disorder** including adverse childhood experiences, gender, family history, parental substance abuse issues, personal substance abuse issues, parental separation or divorce, or prescription drug side effects (MHFA USA, 2016)

### Healthy Days

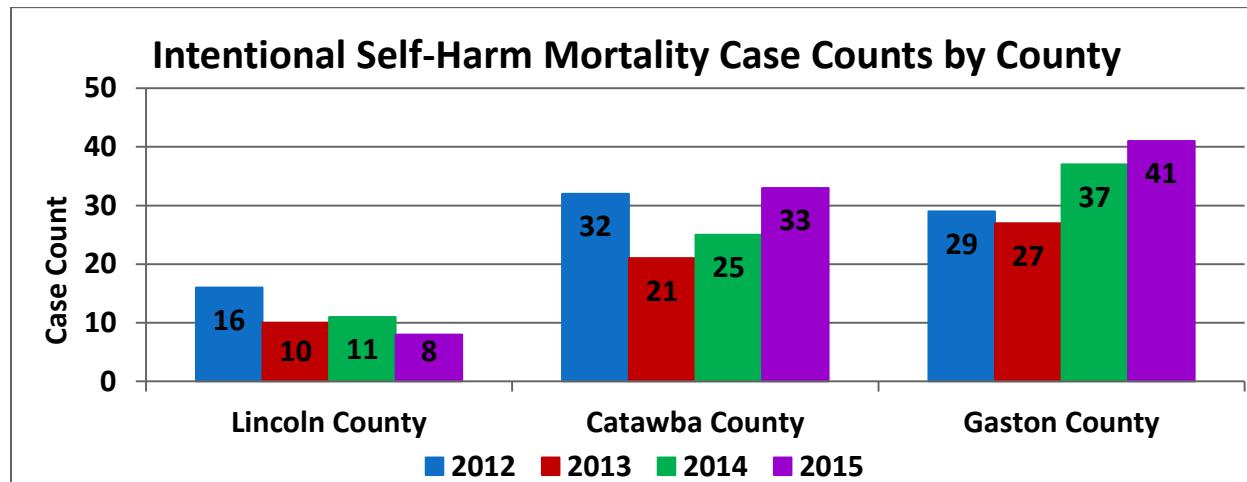
According to the 2016 CHO Survey, 15.2% of respondents indicated that there have been days in the 30 days prior to the survey when **feeling sad or worried** kept them from going about their normal business. Comparatively, 20.7% of 2015 NC Region 4 BRFSS respondents indicated that there has been at least one day, in the 30 days prior to the survey, when poor physical or mental health kept them from going about their normal business. A **disparity gap** is observed when looking at the prevalence of poor physical or mental health days when compared to higher or lower **household income**. For example, 24.8% of 2015 NC Region 4 BRFSS respondents who reported a total household income of less than \$50,000 annually indicated that there had been at least one day, in the 30 days prior to the survey, when poor physical or mental health kept them from going about their normal business, compared to 15.4% of respondents who reported a total household income of \$50,000 or greater, annually. Also, 31.6% of 2015 NC Region 4 BRFSS respondents indicated that there had been at least one day, in the 30 days prior to the survey, when their mental health was not good (i.e. stress, depression, and emotional problems). Furthermore, NC Region 4 **respondents who reported a total household income of less than \$50,000 annually were twice as likely to report (18.4%) eight or more negative mental health days** than their counterparts (9.2%) who reported income of \$50,000 or greater, annually. This statistic further demonstrates the importance of total household income and the impact it has on health and health disparities.

### Suicide

Suicide is known to be a negative health outcome to mental health and substance abuse disorders. **Suicide was the 12<sup>th</sup> leading cause of death in Lincoln County in 2015**, compared to Catawba County, Gaston County and NC at 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup>, respectively (NC SCHS). Nationally, suicide is the 3<sup>rd</sup> leading cause of death for 10 to 24 year olds and the 2<sup>nd</sup> leading cause of death for 25 to 34 year olds. Also, an estimated 3.7% of US adults have **seriously**

considered suicide, 1.1% developed a suicide plan, and 0.6% attempted suicide (MHFA USA, 2016). Comparably, 15.9% of NC high school students have seriously considered suicide, 14.1% reported developing a suicide plan, and 9.3% reported an injury, poisoning, or overdose related to a suicide attempt that had to be treated by a medical professional (YRBSS, 2015).

Lincoln County case counts of emergency department (ED) visits found to have **suicidal thoughts** has increased every year since 2012. Between 2012 and 2016, ED suicidal thoughts case counts in Lincoln County increased by 92.4% (NC DETECT).



Source: NC SCHS, Mortality Statistics

Lincoln County has observed a 50% decrease in death case counts due to **intentional self-harm** between 2012 and 2015. However, our neighboring counties have seen an increase in death case counts due to intentional self-harm during the same timeframe, reporting a 3% increase for Catawba County and 29.3% increase for Gaston County.

**Suicide is largely preventable.** If you suspect someone is suicidal, it is important to quickly assess the individual's risk, offer support, listen, and encourage professional and self-help (MHFA USA, 2016).

**The National Suicide Hotline number is 1(800) 273-8255.**

### Social Interactions that Potentially Impact Mental Health Status

#### Bullying and School Safety

**Bullying** has been found to have a negative effect on mental health, especially during childhood and adolescence, and can negatively affect one's self esteem and increase the risk of poor academic performance, depression, and suicide. **Types of bullying** include physical,

verbal, social (using relationships to hurt someone), and cyber (using cell phones or the internet to hurt someone) (Kids Help Phone).

2015 Youth Surveillance Data Regarding Mental Health	
% of NC high school students (HSS) who reported being in a physical fight on school property <sub>2,3</sub>	6.9%
% of NC HSS who reported not going to school due to safety concerns at school or on their way to and from school <sub>1,3</sub>	6.2%
% of NC HSS who reported being electronically bullied <sub>2,4</sub>	12.1%
% of NC HSS who reported being bullied on school property <sub>2</sub>	15.6%
% of NC HSS who reported feeling sad or hopeless <sub>2,5</sub>	26.4%
% of NC HSS who reported seriously considering attempting suicide <sub>2</sub>	15.9%
% of NC HSS who reported making a suicide plan <sub>2</sub>	14.1%
% of NC HSS who reported an injury, poisoning, or overdose caused by attempted suicide that had to be treated by a doctor or nurse <sub>2</sub>	9.3%

<sub>1</sub>During the 30 days before the survey.

<sub>2</sub>During the 12 months before the survey.

<sub>3</sub>One or more times.

<sub>4</sub>Counting being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.

<sub>5</sub>Almost every day for  $\geq 2$  weeks in a row so that they stopped doing some usual activities.

Source: 2015 Youth Risk Behavior Surveillance Survey (YRBSS)

According to the 2016 CHO Survey, positive teen activities or healthy family activities were chosen as the number one service needing the most improvement in Lincoln County 7.2% and 2.3% of the time, respectively. Additionally, hopelessness was chosen as the number one problem most affecting the quality of life for all residents in Lincoln County by 1.2% of survey respondents.

### Internet and Social Media Safety

**Social networking sites** allows for the connection of tweens, teens, and young adults from across the World Wide Web more than in the past. Social networking is an excellent platform for supporting and building relationships among users who have similar interest or hobbies. Unfortunately, many social network **users divulge too much personal information** that can be exploited by individuals looking to cause harm. Disclosing too much information can leave one open to an increased risk of **identity theft or physical harm**. Parents with children who use social media should **limit usage of all social media platforms, monitor the usage of all electronic devices, and adjust privacy settings to prevent potential harm** to their children. Children and teens are more likely to make irresponsible decisions regarding social

media usage due to immature impulse control and lack of perceived risks, causing increased risk for emotional reactivity resulting in potentially poor outcomes (Casey et al., 2008). Children and teens can be taken advantage of when using the internet and should be monitored closely until they are old enough to make responsible decisions on their own.

### **Interpersonal Relationships and Positive Behaviors**

Adolescence is a time when more time is spent with peers than adults, and the potential for conflict and increased emotional reactivity is higher between the child and their caretakers. The **perceived social environment** has a large impact on the adolescent brain and sensitivity to information, positive or negative, can be inflated. Additionally, risky behaviors are often acted upon **without regard to future consequences** (Casey et al., 2008). Inhibitions are diminished and impulsive reactions are amplified during this time period, making it increasingly important to teach tweens and teens the importance of **healthy interpersonal relationships** and **positive social behaviors**. Healthy interpersonal relationships and positive social behaviors have been shown to have a positive impact on one's self-image; **positive self-image is known to be protective** against harmful outcomes including the onset of certain depressive and anxiety disorders, substance abuse disorders, self- hate and self-harm, and suicide. **Social skills are vital and do not necessarily come naturally to all adolescences**. Many children need to be taught appropriate social interactions to help them succeed. All interpersonal relationships, whether positive or negative, play an important role in academic, professional, and personal success. Positive interpersonal relationships can lead to better communication and understanding of important social cues and expectations.

## **2016 CHA Priority 3: Chronic Disease**

### **Healthy People 2020 Goal**

#### **Heart Disease and Stroke (1<sup>st</sup> leading cause of death in Lincoln County)**

- Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; prevention of repeat cardiovascular events (i.e. heart attacks, hospitalizations for heart failure, stroke); and reduction in deaths from cardiovascular disease.

#### **Cancer (2<sup>nd</sup> leading cause of death in Lincoln County)**

- Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

#### **Respiratory Diseases (3<sup>rd</sup> leading cause of death in Lincoln County)**

- Promote respiratory health through better prevention, detection, treatment, and education efforts.

### **Nutrition and Weight Status**

- Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

### **Why is Chronic Disease Important to the Public's Health?**

Chronic disease prevention is important because about half of all adults nationwide had at least one chronic disease in 2012. In 2015, 47.7% of NC Behavioral Risk Factor Surveillance System (NC BRFSS) Region 4 respondents reported that they had one or more chronic disease conditions. Certain health risk factors like not engaging in recommended physical activity, not eating a healthful diet, and not receiving preventative wellness screenings can lead to disability and premature death caused by chronic disease. Presence of chronic disease conditions can greatly impact one's quality of life and financially burden individuals and families in the process.

### **Chronic Disease Priority Explanation**

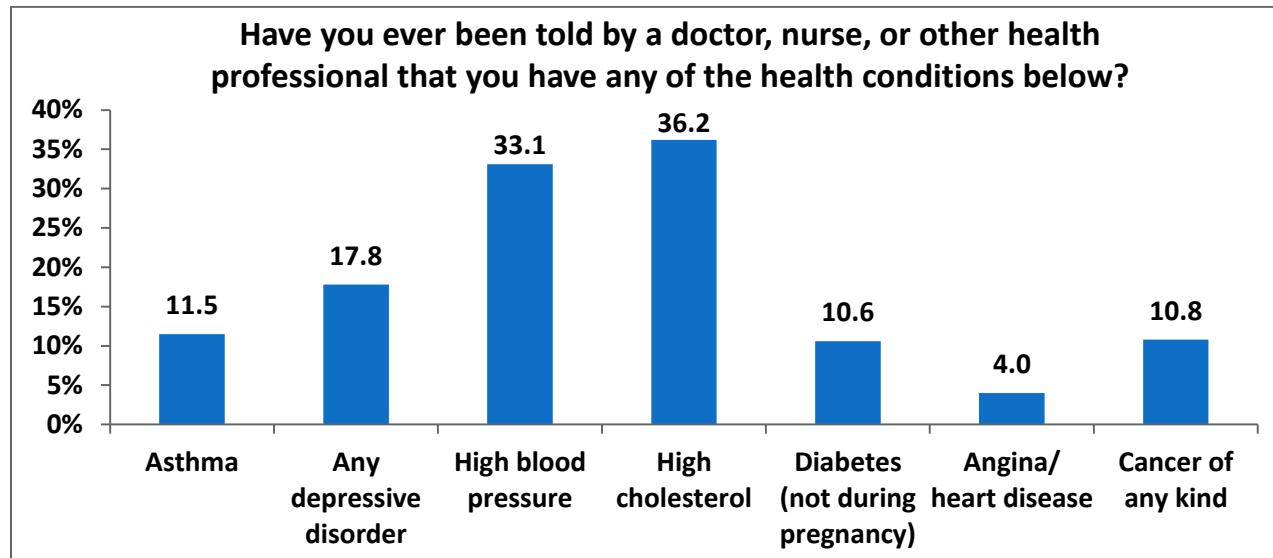
The Lincoln County Health Department, in collaboration with the Lincoln County Partnership for Health, chose this priority by reviewing available data sources. Strategies for this priority include education and prevention. Implementation goals include providing education regarding well-care visits, age appropriate preventative health screenings, resources to assist in choosing a primary care physician if needed, and information on healthy eating and physical activity. An additional implementation goal includes providing age appropriate health screening opportunities to the public.

Priority	Strategy	Implementation Goal
Chronic Disease	Education	Provide education regarding recommended well-care visits and age appropriate preventative health and wellness screenings to all community members.
		Provide education and resources to assist community members in selecting a primary care physician (PCP) if needed.
		Provide education regarding healthy eating and physical activity to all community members.
	Prevention	Provide age appropriate preventative health and wellness screening opportunities to community members.

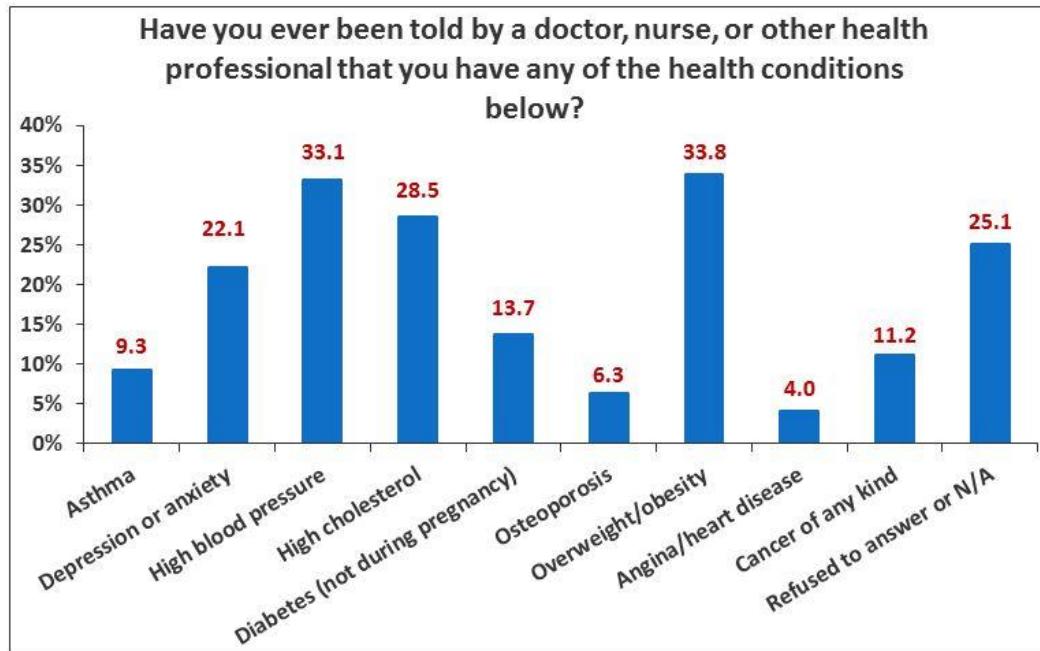
## Data Findings

According to the Centers for Disease Control and Prevention, chronic diseases account for 7 out of 10 deaths every year and 86% of the nation's healthcare cost. 47.7% of 2015 NC Region 4 BRFSS respondents reported having at least one chronic disease condition while 22% reported having two or more chronic disease conditions.

### 2015 NC Region 4 BRFSS Survey Self-Report on Chronic Disease Conditions



### 2016 Community Health Opinion Survey Self-Report on Chronic Disease Conditions



## General Health Condition

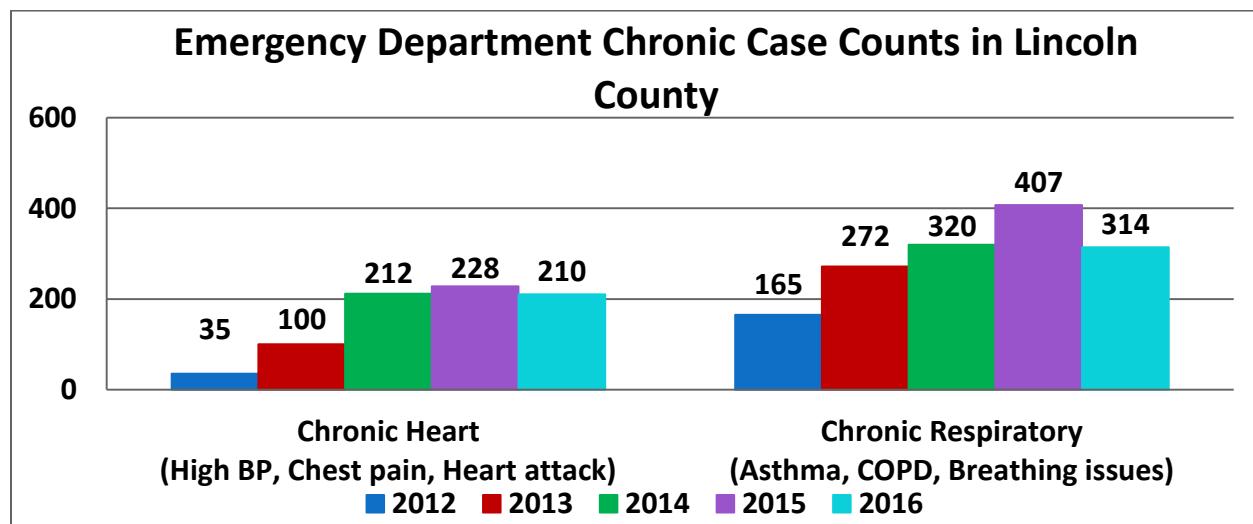
Respondent Self Report: Would you say that in general health is...		
General Health Status	2016 CHO Survey	2015 NC Region 4 BRFSS
Excellent	9.8%	21.8%
Very Good	35.4%	31.4%
Good	40.3%	29.1%
Fair	10.8%	11.6%
Poor	2.9%	6.1%
No answer/ Don't know	0.7%	

Source: 2015 NC BRFSS

A **disparity gap** is realized when considering the general health status of individuals broken down by **educational attainment and total household income**. According to 2015 NC Region 4 BRFSS respondents, individuals with some college education or greater were 65.9% likely to report their health was excellent or very good compared to 33.9% of individuals with a high school diploma or less. Similarly, individuals who reported a total household income of \$50,000 or greater were 73.3% likely to report their health was excellent or very good compared to 37.7% of individuals who reported a total household income of less than \$50,000.

## Heart and Respiratory Health

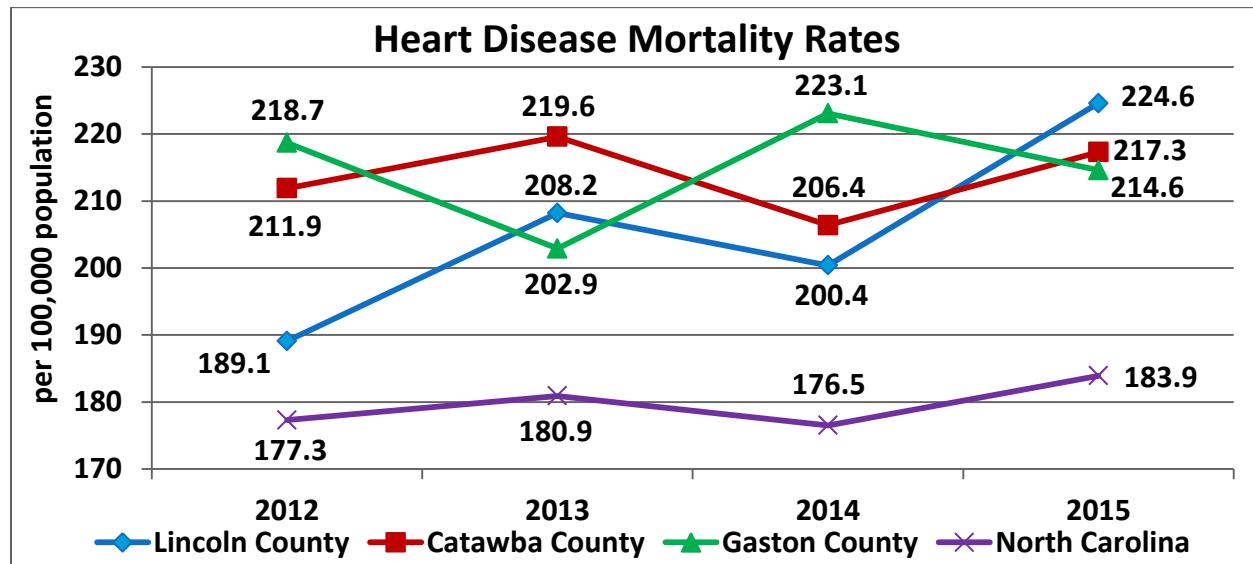
### Chronic Heart and Respiratory Emergency Department Case Counts



Source: 2012-2016 NC DETECT County-Level Chronic Syndrome Charts

Lincoln County emergency department case counts of chronic heart and chronic respiratory cases has seen a 500.0% and a 90.3% increase from 2012 to 2016, respectively.

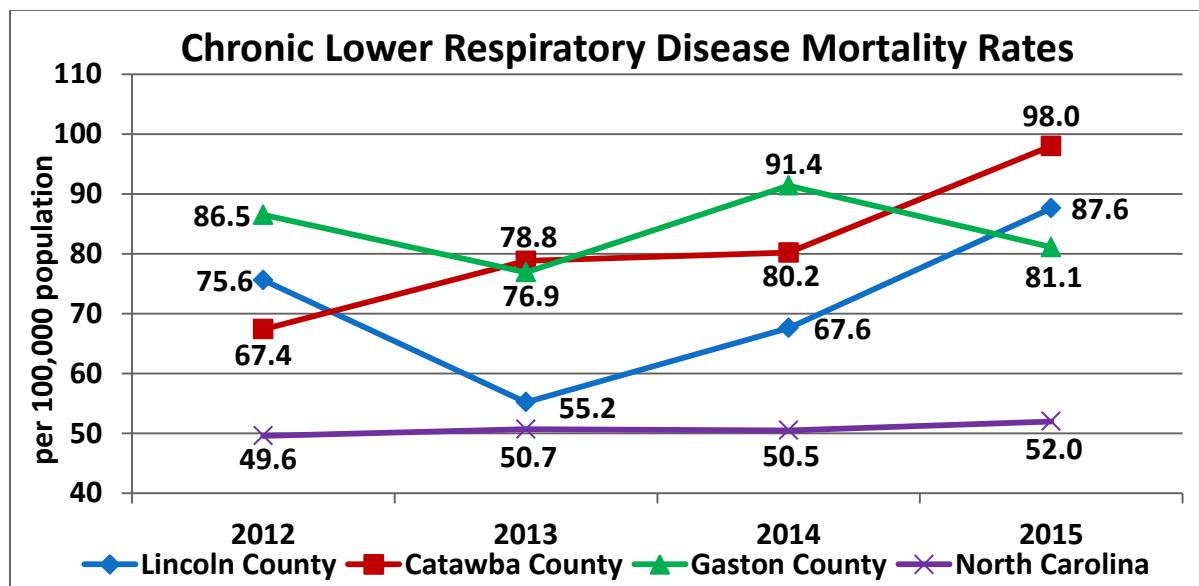
### Heart Disease



Source: NC SCHS

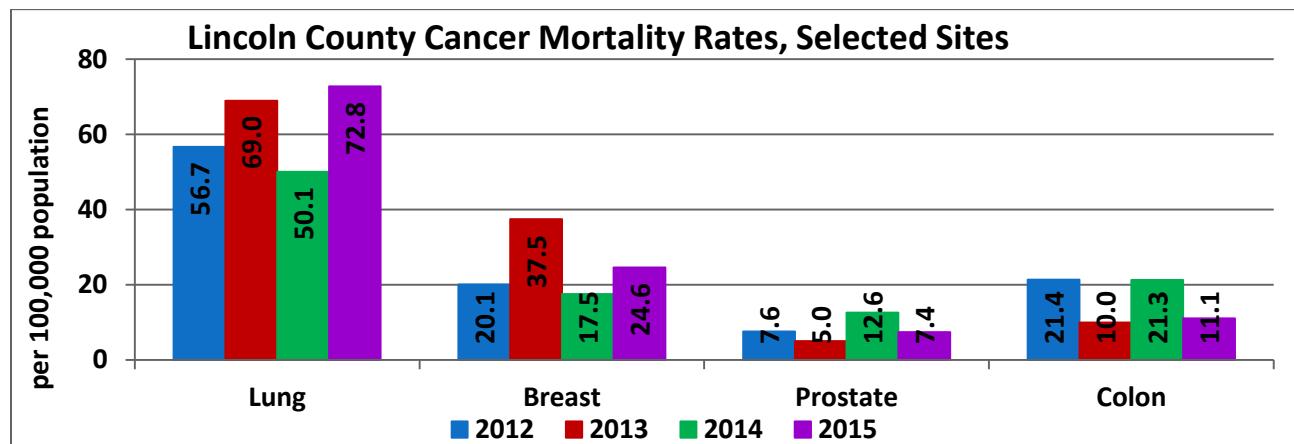
Heart disease mortality is on the rise in Lincoln County. The NC rate for heart disease mortality is also trending up but is lower than Lincoln, Catawba and Gaston Counties. According to 2015 NC Region 4 BRFSS respondents, 3.5% and 3.0% have been told by a medical professional that they have had a **stroke** or **heart attack** in their lifetime, respectively.

### Chronic Lower Respiratory Disease



Source: NC SCHS

## Cancer



Source: NC SCHS

When grouping **all cancer sites and types together**, cancer mortality rates have seen a **13% increase** in Lincoln County since 2012. A **disparity gap** is realized when considering individuals that have ever been told they had cancer of any kind when broken down by **age and total household income**. According to 2015 NC Region 4 BRFSS respondents, individuals aged  $\geq 65$  and those reporting a total household income of  $< \$50,000$  were more likely to have ever been told they have had cancer at 29.1% and 12.0%, respectively, than individuals aged 44-64 (12.5%) and those reporting a total household income of  $\geq \$50,000$  (8.7%).

## Diabetes

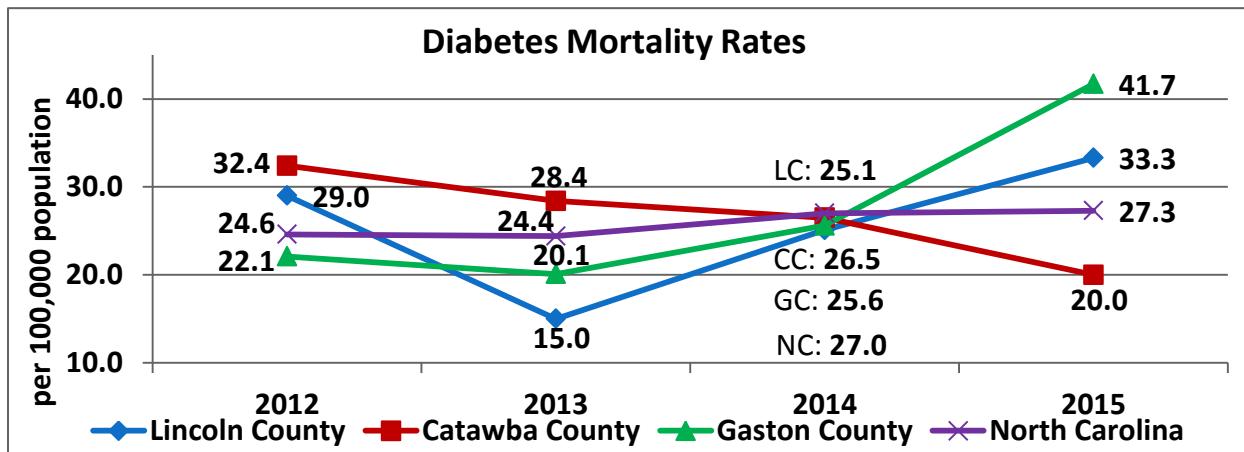
2015 NC Region 4 BRFSS Self-Report on Diabetes (not during pregnancy) by Risk Factor		
Gender	Male	9.4%
	Female	11.7%
Race	Non-Hispanic White	9.6%
	Non-Hispanic Black	17.7%
	Other	5.8%
Age	18 - 44	--
	44 - 64	14.7%
	65+	26.9%
Education	High School or Less	14.8%
	Some College+	7.8%
Household Income	Less than \$50,000	14.8%
	\$50,000+	6.6%

A **disparity gap** is realized when considering individuals that have ever been told they had diabetes when broken down by **gender, race, age, educational attainment, and household income**.

**Excess sodium** intake is harmful to people with diabetes. 22.9% of 2015 NC Region 4 BRFSS respondents reported that a medical professional has advised them to reduce their salt intake.

Source: 2015 NC BRFSS

**Diabetes mortality rates** have been increasing in Lincoln County in recent years from a low of 15.0 deaths per 100,000 people in 2013 to a high of 33.3 deaths per 100,000 population in 2015. Comparably, Gaston County and North Carolina's rates have been trending upward in recent years. Catawba County has the only reported decline of diabetes mortality rates every year since 2012.



Source: NC SCHS

## High Blood Pressure and High Cholesterol

According to the 2015 BRFSS Survey, Region 4 respondents were 32.9% likely to report they had been told in the past that they had high blood pressure compared to the state at 35.2%. Additionally, 36.2% of Region 4 BRFSS respondents reported they had been told in the past that they had high cholesterol compared to the state at 37%. **33.1% and 28.5% of 2016 CHO Survey respondents reported they had been told in the past that they had high blood pressure and high cholesterol, respectively.** According to the 2015 BRFSS Survey, Region 4 respondents who reported a total household income of less than \$50,000 annually, those with reported educational attainment of a high school diploma or less, and those identifying as non-Hispanic black were statistically more likely to have **high blood pressure and high cholesterol** than their counterparts reporting a higher total household income, higher educational attainment, and identifying as non-Hispanic white. These identified **disparity gaps** should be analyzed and addressed to improve the health of individuals falling within these categories. Health equity measures should be applied when addressing these issues. **(See Appendix A, Table 7 for details on high blood pressure and high cholesterol disparity gaps)**

## Overweight and Obesity

BMI stands for Body Mass Index and is a relationship between weight and height that is associated with body fat and health risk that is used to determine population health data on overweight (25-29.9) and obese ( $\geq 30$ ) adults. **Obesity (having a BMI of  $\geq 30$ ) is a leading risk factor for many chronic diseases** including heart disease, cancer, and diabetes. **Individuals that are overweight (having a BMI between 25.0 and 30) are at greater risk for being obese** at some point in their lives. Healthy weight range is considered having a BMI between 18.5 and 25. 64.7% of NC Region 4 BRFSS respondents indicated that were overweight or obese (having a BMI of  $\geq 25$ ), compared to 65.8% statewide. **33.8% of 2016 CHO Survey respondents reported that they have been told by a medical professional that they were overweight or obese.**

2015 NC Region 4 BRFSS Self-Report on Healthy Weight Range, Overweight and Obesity				
	Risk Factor	Healthy Range	Overweight	Obese
Gender	Male	30.2%	39.4%	29.3%
	Female	37.9%	29.2%	31.3%
Race	Non-Hispanic White	36.8%	32.0%	29.7%
	Non-Hispanic Black	19.5%	40.1%	40.1%
	Other	41.5%	37.0%	19.2%
Age	18 - 44	40.7%	31.5%	26.7%
	44 - 64	26.7%	33.9%	38.0%
	65+	31.0%	42.4%	24.8%
Education	High School or Less	31.4%	35.0%	31.3%
	Some College+	35.6%	33.9%	29.7%
Household Income	Less than \$50,000	30.1%	35.6%	32.4%
	\$50,000+	35.7%	33.3%	30.2%

## Behaviors that Potentially Impact Chronic Disease Conditions

### Nutrition

Adequate nutrition is an important indicator of good health. **Proper nutrition decreases the risk of chronic diseases** including heart disease, cancer, diabetes, stroke, high blood pressure, high cholesterol, and overweight/obesity. According to the 2015 NC BRFSS, 57.5% of Region 4 respondents indicated that they eat fruit at least once a day, 79.2% indicated that they eat vegetables at least once a day, and 14.5% indicated that they eat **fruits or vegetables or beans** five or more times a day. **Comparably, 38.4% of 2016 CHO Survey respondents indicated**

that they eat at least 2 cups of whole fruits and 2.5 cups of whole vegetables per day including fresh, frozen or canned options. Additionally, 83% of 2015 NC Region 4 BRFSS respondents either strongly agreed or agreed when asked if they think it is easy to purchase **healthy foods in their neighborhoods** including whole grain foods, low fat options, and fruits and vegetables. A large **disparity gap** is realized when considering the perceived availability of healthy food when broken down by **race, educational attainment and household income**.

2015 NC Region 4 BRFSS: Perceived Availability of Healthy Food		
Risk Factor		"Strongly Agree" or "Agree" that it is easy to purchase healthy foods in their neighborhood.
Race	Non-Hispanic White	84.9%
	Non-Hispanic Black	73.9%
	Other	87.1%
Education	High School or Less	79.9%
	Some College+	85.3%
Household Income	Less than \$50,000	79.3%
	\$50,000+	90.4%

According to the 2015 NC BRFSS, 22.9% of Region 4 respondents indicated they drink one or more **regular sodas that contain sugar** every day compared to 20.0% that indicated they drink one or more **sugar-sweetened fruit drinks** every day. NC Region 4 BRFSS respondents that identify as male, individuals between 18 and 44 years old, those reporting an educational attainment level of high school diploma or less, and those reporting a total household income of less than \$50,000 annually were more likely to drink regular soda containing sugar and sugar-sweetened fruit drinks one or more times a day than their counterparts who were female, individuals over the age of 44, those with higher educational attainment, and those reporting a higher total household income. These identified **disparity gaps** should be analyzed and addressed to improve the health of individuals falling within these categories.

### Physical Activity

Adequate physical activity can reduce one's risk for many chronic diseases. Physical activity can also improve mood, decrease stress, and lower an individual's risk of developing a physical disability, mental health disorder or substance abuse issue. According to the 2016 CHO Survey, 72% of respondents indicated that they engage in physical activity that last at least 30 minutes every week; of those respondents, 64.6% reported exercising at home. Additionally, survey respondents that reported they did not engage in at least 30 minutes of physical activity

weekly cited physical pain, gym costs, lack of motivation, busy lifestyles, being a single parent, work schedules, access and general laziness as reasons they do not exercise. 74.4% of NC Region 4 BRFSS respondents indicated that within the one month prior to the survey they have participated in physical activity outside of regular work and 46.1% indicated that they participated in 150 minutes or more of physical activity per week. A **disparity gap** is realized when considering individuals that reported exercising at least 150 minutes each week when broken down by **age, educational attainment, and household income**.

2015 NC Region 4 BRFSS Self-Report: Individuals participating in at least 150 Minutes of Physical Activity Per Week		
Age	18 - 44	45.3%
	44 - 64	41.5%
	65+	59.8%
Education	High School or Less	39.8%
	Some College+	50.5%
Household Income	Less than \$50,000	41.7%
	\$50,000+	50.9%

## Preventative Health Behaviors

**Preventative care** is one of the most important ways to manage one's health; for when a condition is diagnosed early, it is usually easier to treat. According to the 2014 BRFSS, 75.6% of women aged 40+ living in LCR have had a **mammogram** within the last 2 years. This statistic indicates room for improvement because 24.4% of women of appropriate age have not had this potentially lifesaving exam within the past 2 years. Also, 77.5% of women aged 18+ reported having had a **Pap test** in the past 3 years, leaving 22.5% that are missing out on this necessary screening within the LCR. Across NC, data reveals a need for increased awareness regarding **preventative prostate exams** (PSA) for men aged 40+. Only 43.9% of men residing in the LCR aged 40+ reported that they have had a PSA test in the past 2 years. Additionally, 71.7% of 2014 NC BRFSS LCR respondents indicated that they have received any recommended **colorectal cancer screenings** within the recommended time interval. Furthermore, only 37.6% of 2014 NC BRFSS LCR respondents indicated that they take a **daily multivitamin**.

**Primary care providers (PCPs)** provide clients with a level of familiarity to better manage their health. PCPs are responsible for screening clients for a myriad of health conditions to prevent the onset of disease or diagnose a disease early when it is potentially easier to treat. Additionally, PCPs recommend and provide lifesaving vaccinations when needed. Unfortunately, the number of PCPs in Lincoln County has been decreasing since 2009.

## Chapter 7: Next Steps

### Disseminating Findings

The 2016 Community Health Assessment (CHA) priorities were chosen by the Lincoln County Partnership for Health on October 26, 2016 and approved by the Lincoln County Board of Health on November 1, 2016. The approved 2016 CHA will be made available to the community on the Lincoln County Health Department and Lincoln County Government websites. Additionally, a press release publicizing the completion of the 2016 CHA document and accessibility will be sent to all available media outlets. Actual report findings from the 2016 CHA will be offered to the community by request.

### Determining Action Plans

Once the 2016 Community Health Assessment is approved, the Lincoln County Partnership for Health will reconvene to determine action plans and next steps. Action plans will be chosen based on the information presented in the 2016 Community Health Assessment. The Lincoln County Partnership for Health will develop work groups to focus on specific priorities and strategies that are listed in the 2016 Community Health Assessment document. The 2016 priorities were chosen in collaboration with the Lincoln County Partnership for Health and Lincoln County Board of Health and will be addressed as a collaborative unit.

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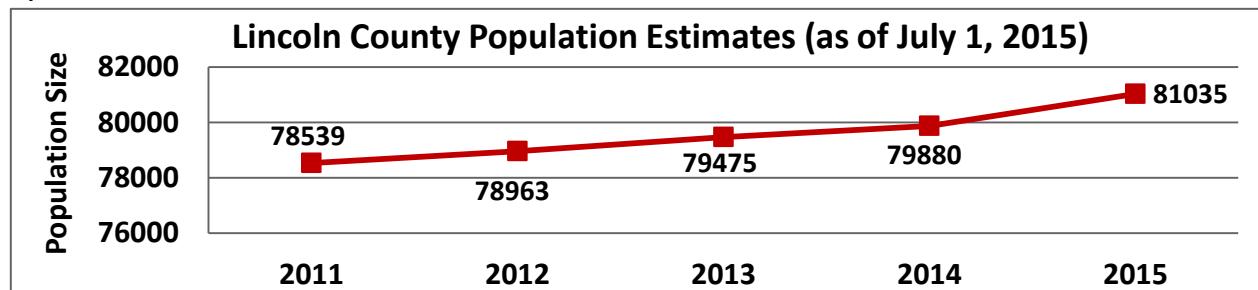
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## Appendices

- Appendix A – Lincoln County Health Data Book
- Appendix B – Primary survey findings from 2016 Community Health Opinion Survey
- Appendix C – 2016 CHA Survey Tool – English
- Appendix D – 2016 CHA Survey Tool – Spanish
- Appendix E – Lincoln County Child Care Facility Database
- Appendix F – Lincoln County Medical Providers Database
- Appendix G – Hanlon Method for Priority Setting Tool

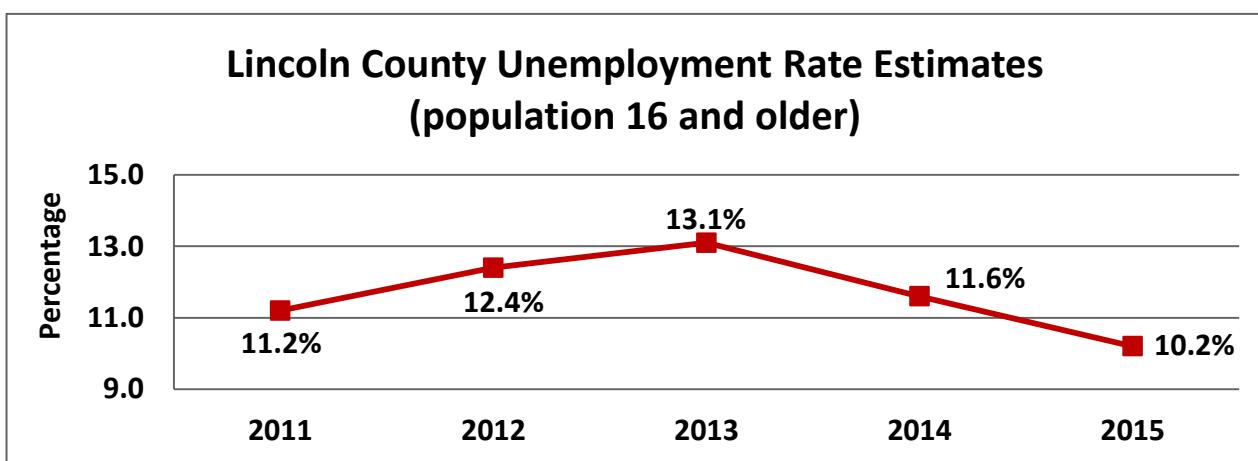
## Appendix A: Health Data Book

Graph 1:



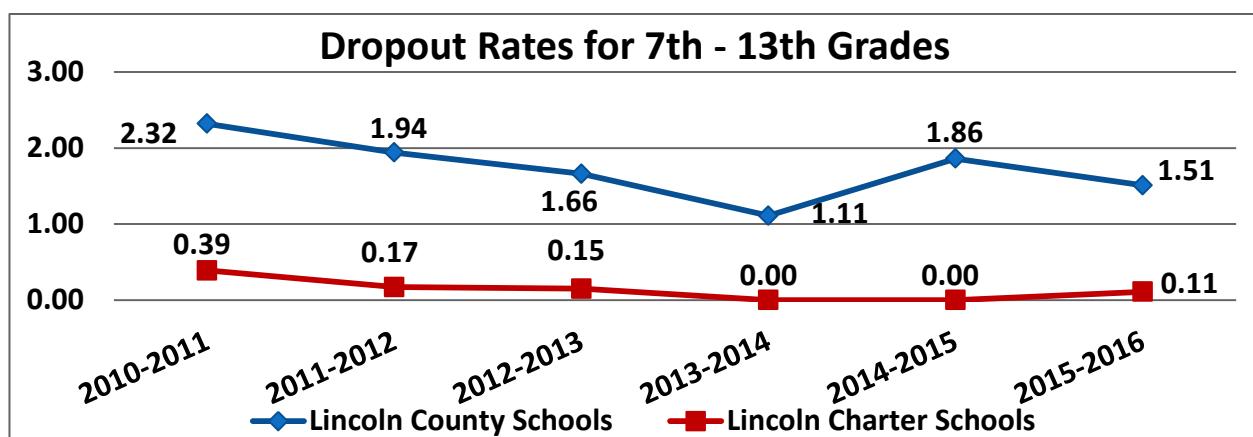
Source: US Census Bureau, Population Division Quick Facts

Graph 2:



Source: US Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Graph 3:



Source: Public Schools of North Carolina Annual Dropout Reports

Graph 4:



Source: NC Division of Medical Assistance 2012-2016 Annual Reports

Table 1:

Cause of Death	Number of Deaths 2011-2015	Total		Male		Female	
		5-Year Total Years of Potential Life Lost	5-Year Average Years of Potential Life Lost	Number of Deaths 2011-2015	5-Year Total Potential Life Lost	Number of Deaths 2011-2015	5-Year Average Years of Potential Life Lost
<b>Residence = Lincoln County</b>							
Diseases of Heart	828	11,170	2,234	429	6,393	1,279	399
Acute Myocardial Infarction	216	3,544	709	133	2,372	474	83
Other Ischemic Heart Disease	316	3,799	760	165	2,176	435	151
Hypertension	33	346	69	10	119	24	23
Cerebrovascular Disease	200	2,326	465	98	1,238	248	102
Atherosclerosis	1	16	3	1	16	3	N/A
Cancer	773	12,040	2,408	418	6,336	1,267	355
Colon, Rectum, and Anus	64	856	171	41	610	122	23
Trachea, Bronchus, and Lung	242	3,579	716	131	1,857	371	111
Breast (Female Only)	44	789	158	N/A	N/A	44	789
Prostate	21	225	45	21	225	45	N/A
Diabetes Mellitus	103	1,505	301	49	770	154	54
Pneumonia and Influenza	73	915	183	33	482	96	40
Chronic Lower Respiratory Diseases	280	3,691	738	132	1,792	358	148
Chronic Liver Disease and Cirrhosis	46	974	195	31	642	128	15
Septicemia	54	727	145	22	298	60	32
Nephritis, Nephrosis, & Nephrotic Syndrome	84	1,015	203	48	625	125	36
Alzheimer's disease	125	964	193	29	234	47	96
HIV disease	6	165	33	3	66	13	3
Unintentional Motor Vehicle Injuries	67	2,396	479	45	1,588	318	22
All Other Unintentional Injuries	144	3,697	739	84	2,386	477	60
Suicide	55	1,626	325	38	1,075	215	17
Homicide	14	464	93	7	216	43	7
Remaining Causes	793	11,972	2,394	354	6,489	1,298	439
<b>Total Deaths - All Causes</b>	<b>3,679</b>	<b>56,009</b>	<b>11,202</b>	<b>1,831</b>	<b>30,765</b>	<b>6,153</b>	<b>1,848</b>

Source: NC SCHS, 2011-2015 Years of Potential Life Lost by Cause of Death Report

Years of Potential Life Lost (YPLL) for an individual death is the difference between the life expectancy (at death age) and the death age.  
 Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions constant throughout their lifetime.  
 N.A. indicates that estimates are not applicable for sex-specific diseases.

Table 2:

Cause of Death	North Carolina		Lincoln County		Catawba County		Gaston County	
	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate
Diseases of the Heart	2	163.7	1	195.7	1	180.3	1	194.9
Cancer (all sites)	1	169.1	2	165.0	2	172.8	2	190.6
Chronic Lower Respiratory Diseases	3	45.9	3	62.1	3	67.3	3	74.8
Cerebrovascular Disease	4	43.1	4	48.4	4	46.5	5	45.1
Unintentional Injuries (not motor vehicle)	5	30.5	5	36.0	6	38.7	6	40.4
Alzheimer's Disease	6	30.2	6	33.6	5	39.6	4	46.9
Diabetes Mellitus	7	22.8	7	23.2	8	21.8	9	23.0
Nephritis, Nephrotic Syndrome, and Nephrosis	9	16.3	8	19.7	9	18.2	10	15.9
Pneumonia and Influenza	8	17.8	9	17.6	7	21.9	7	29.2
Unintentional Motor Vehicle Injuries	10	13.6	10	16.5	12	14.3	13	14.0
Septicemia	11	13.0	11	13.2	11	14.6	8	25.3
Suicide	12	12.7	12	12.7	10	16.3	11	14.7
Chronic Liver Disease and Cirrhosis	13	10.1	13	9.2	13	14.0	12	14.2

Source: NC SCHS

Table 3:

2016 County Health Rankings & Roadmaps				
Measures	Lincoln County	Top U.S. Performers	North Carolina	Rank (of 100 counties)
<b>Health Factors</b>				<b>24</b>
Alcohol-impaired driving deaths	45%	14%	33%	
Sexually transmitted infections <sup>1</sup>	247.1	134.1	496.5	
Teen births <sup>2</sup>	38	19	39	

<sup>1</sup> Number of newly diagnosed chlamydia cases per 100,000 population.  
<sup>2</sup> Number of births per 1,000 female population ages 15-19.

Table 4:

2015 Infant and Child Deaths by Cause of Death and Age			
	Lincoln County	Catawba County	Gaston County
<b>Total Child Deaths</b>	<b>9</b>	<b>27</b>	<b>26</b>
<b>Cause of Death</b>			
Birth Defects	3	1	3
Perinatal Conditions	0	9	9
SIDS	0	1	1
Illnesses	1	7	2
Motor Vehicle Injuries	1	1	1
Drowning	0	0	0
Bicycle Injuries	0	0	0
Poisoning	1	1	0
Suffocation/ Choking/ Strangulation	1	1	1
Other Injuries	0	0	1
Homicide	0	2	2
Suicide	1	1	0
All Other Causes	1	3	6
<b>Age</b>			
Under 1	6	19	20
1 – 4	0	2	3
5 – 9	0	2	1
10 – 14	3	0	0
15 – 17	0	4	2

Source: NC SCHS, 2015 Child Deaths in North Carolina

**Table 5:**

**2015 EPA Air Quality Index Report- Lincoln County, NC**

		Number of Days when Air Quality was...						AQI Statistics			Number of Days when AQI Pollutant was...					
County	# Days with AQI	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy	Very Unhealthy	Maximum	90th Percentile	Median	CO	NO2	O3	SO2	PM2.5	PM10	
Lincoln County, NC	208	158	49	1	-	-	112	67	44	-	208	-	-	-	-	-

**Table 6:**

**2015 EPA Air Quality Statistics Report- Lincoln County, NC**

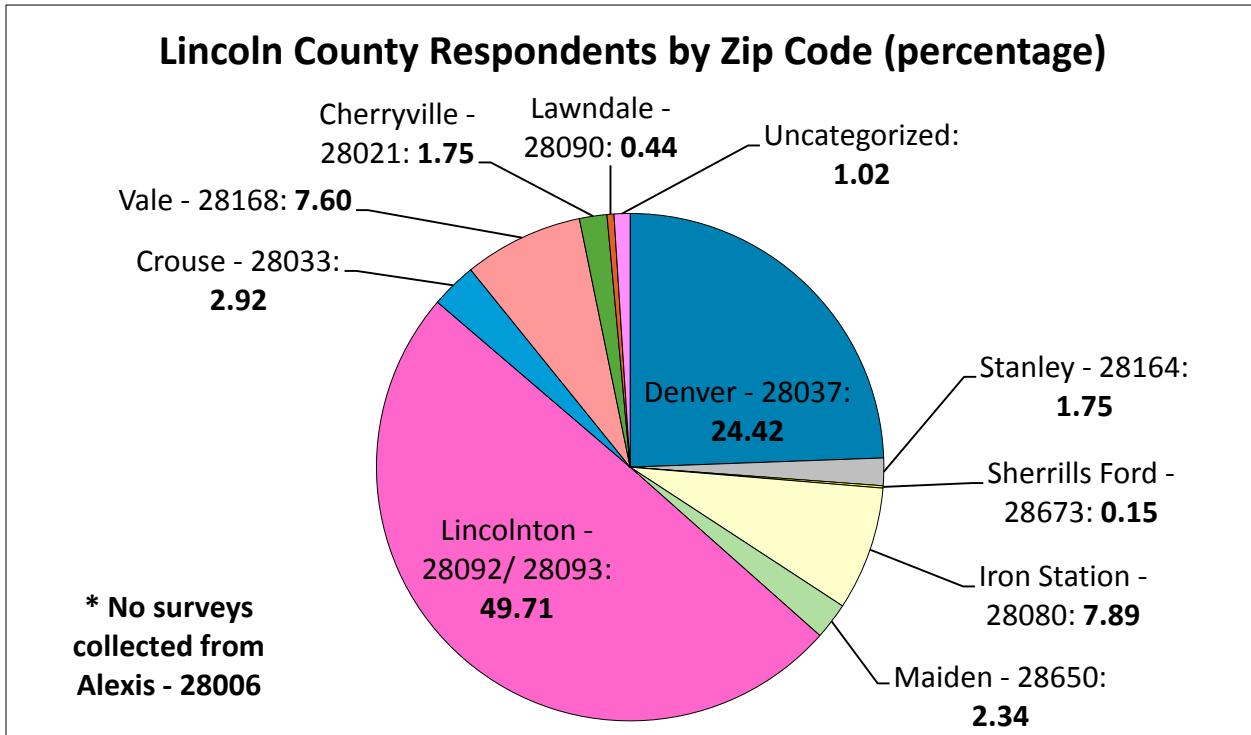
County	CO 1-hr 2nd Max	CO 8-hr 2nd Max	NO2 98th %ile	NO2 Annual Mean	O3 1-hr 2nd Max	O3 8-hr 4th Max	SO2 99th %ile	SO2 24-hr 2nd Max	SO2 Annual Mean	PM2.5 98th %ile	PM2.5 Wtd. Mean	PM10 24-hr 2nd Max	PM10 Annual Mean	PM10 Max	Lead 3-Mo. Avg
Lincoln County, NC	-	-	-	-	0.08	0.068	-	-	-	-	-	-	-	-	-

**Table 7:**

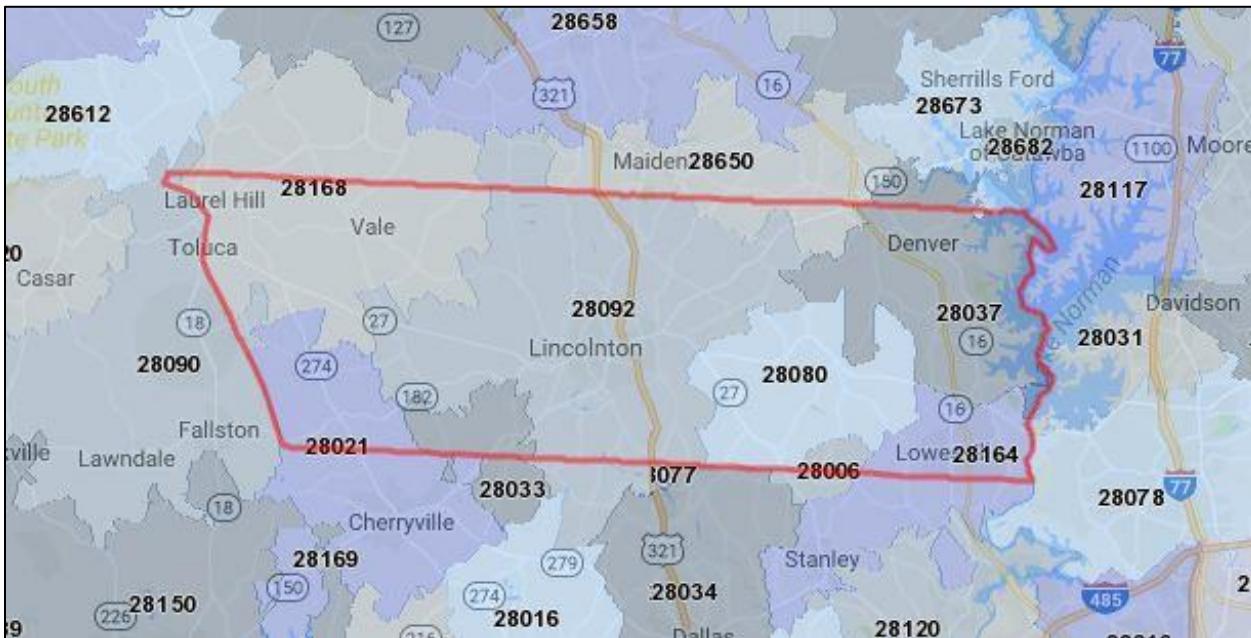
2015 NC Region 4 BRFSS Self-Report on Select Conditions (not during pregnancy)			
Risk Factor		Ever been told you have high blood pressure?	Ever been told you have high cholesterol?
<b>North Carolina Resident</b>		35.2%	37.0%
<b>Region 4 Resident</b>		32.9%	36.2%
<b>2016 CHO Survey Respondents</b>		<b>33.1%</b>	<b>28.5%</b>
<b>Gender</b>	Male	32.5%	35.7%
	Female	33.2%	36.6%
<b>Race</b>	Non-Hispanic White	32.5%	37.3%
	Non-Hispanic Black	49.0%	39.0%
	Other	13.9%	26.8%
<b>Age</b>	18 - 44	14.8%	17.4%
	44 - 64	44.3%	46.2%
	65+	61.3%	54.5%
<b>Education</b>	High School or Less	38.3%	44.7%
	Some College+	29.4%	31.4%
<b>Household Income</b>	Less than \$50,000	38.9%	41.6%
	\$50,000+	28.0%	31.5%

## Appendix B: Primary survey findings from 2016 Community Health Opinion Survey

- 811 total surveys were completed.

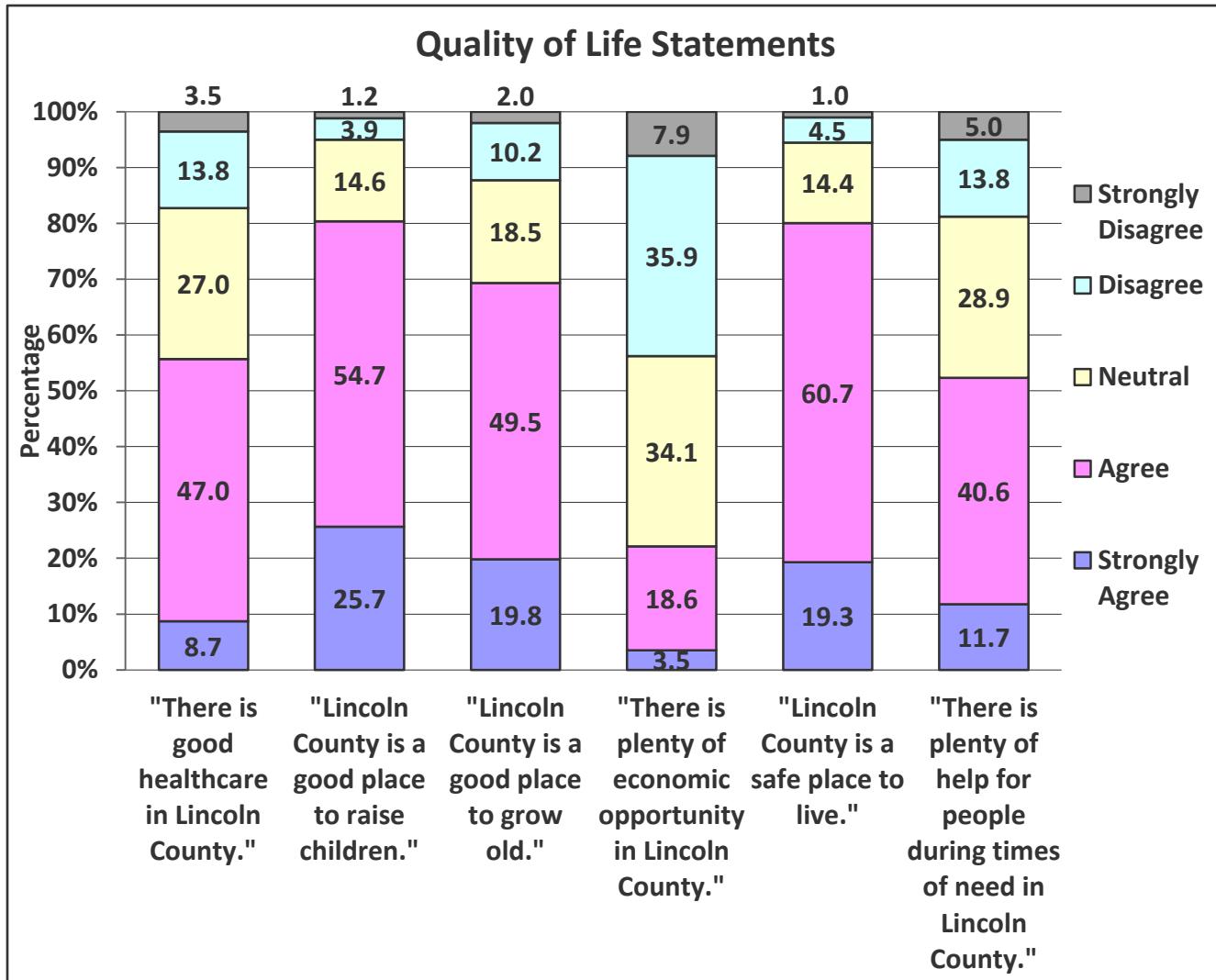


**Responses were collected from 11 out of 12 possible county zip codes.** Alexis (28006) was the only zip code not represented in the survey responses.



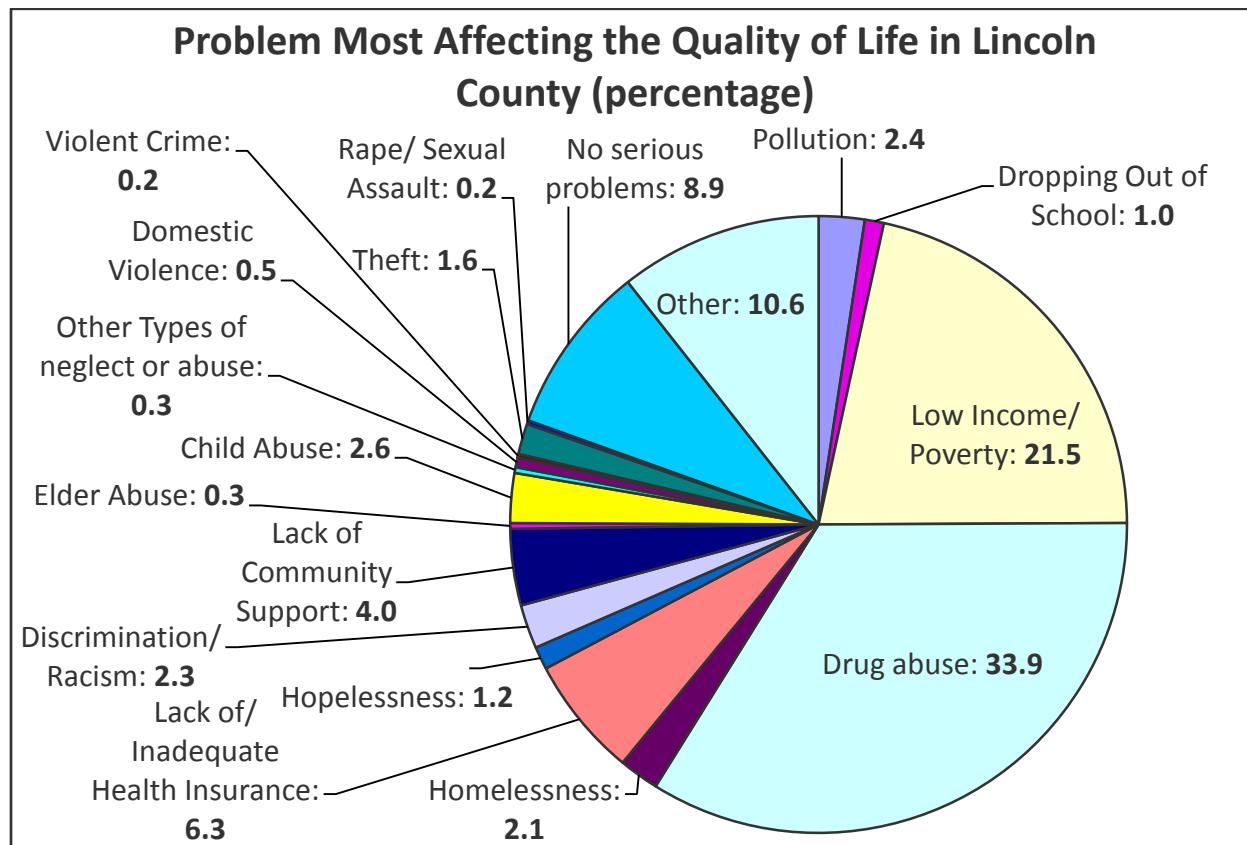
Source: Zipmap

## Part 1 – Quality of Life Statements:



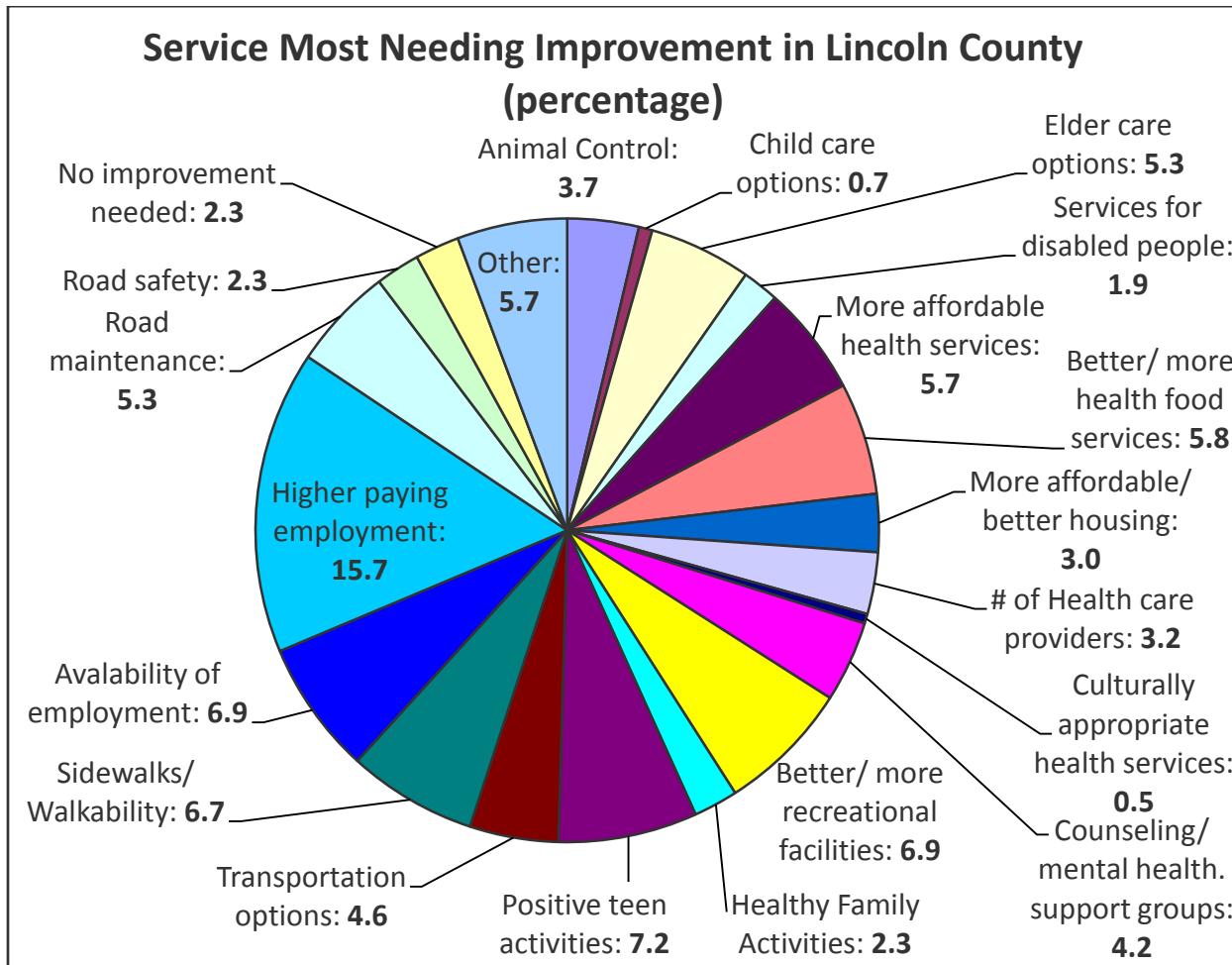
Most people surveyed “agreed” and/or “strongly agreed” with all of the quality of life statements except the statement regarding in county economic opportunities.

## Part 2 – Community Improvement:



Word Cloud: “Other” responses to problem most affecting quality of life

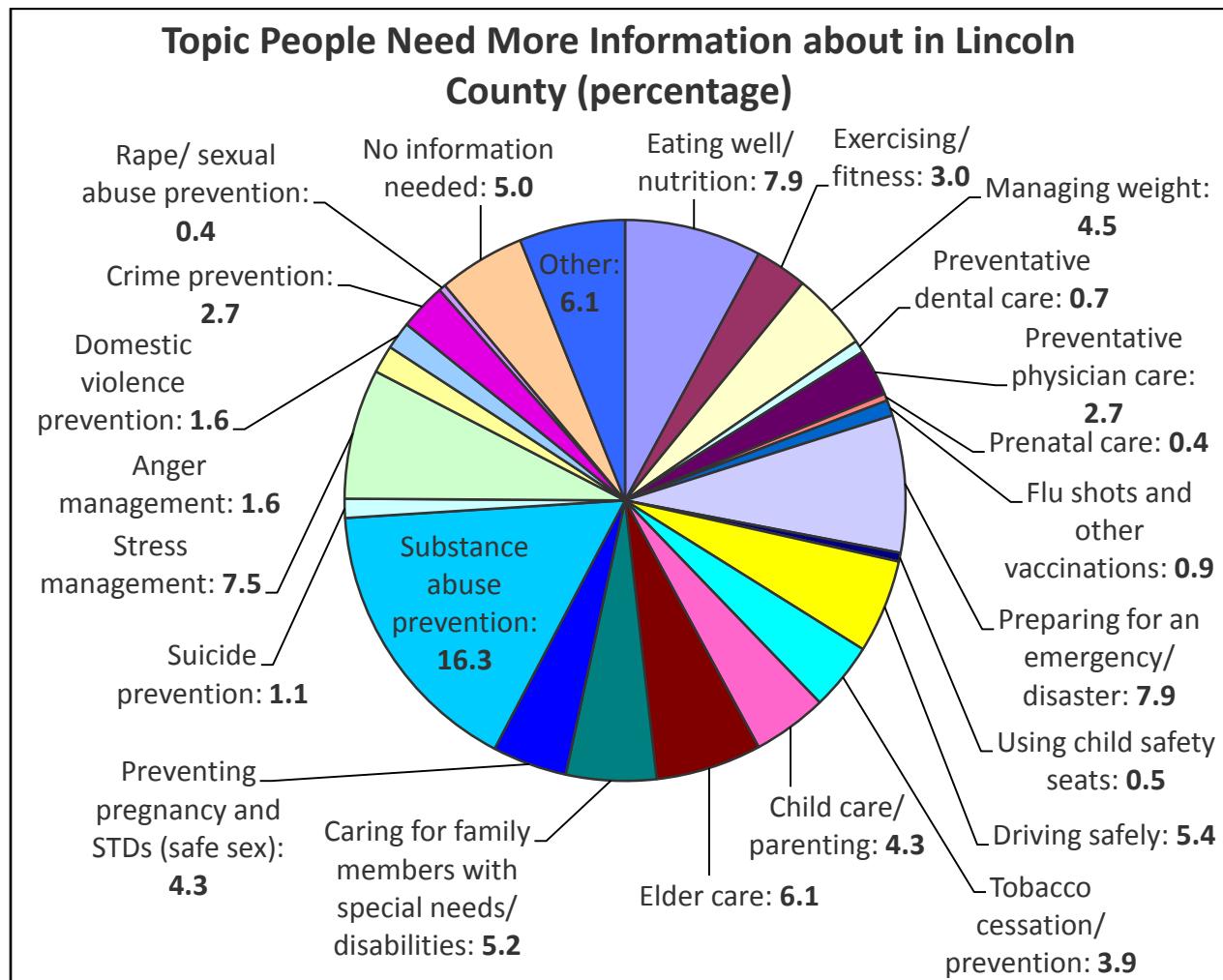
Children Lincoln Growth Child  
 Abuse Community Paying Jobs  
 Traffic Mental Health Transportation  
 Town Roads Assistance Public Congestion  
 Infrastructure Poor Resources



## Word Cloud: “Other” responses to services most needing improvement

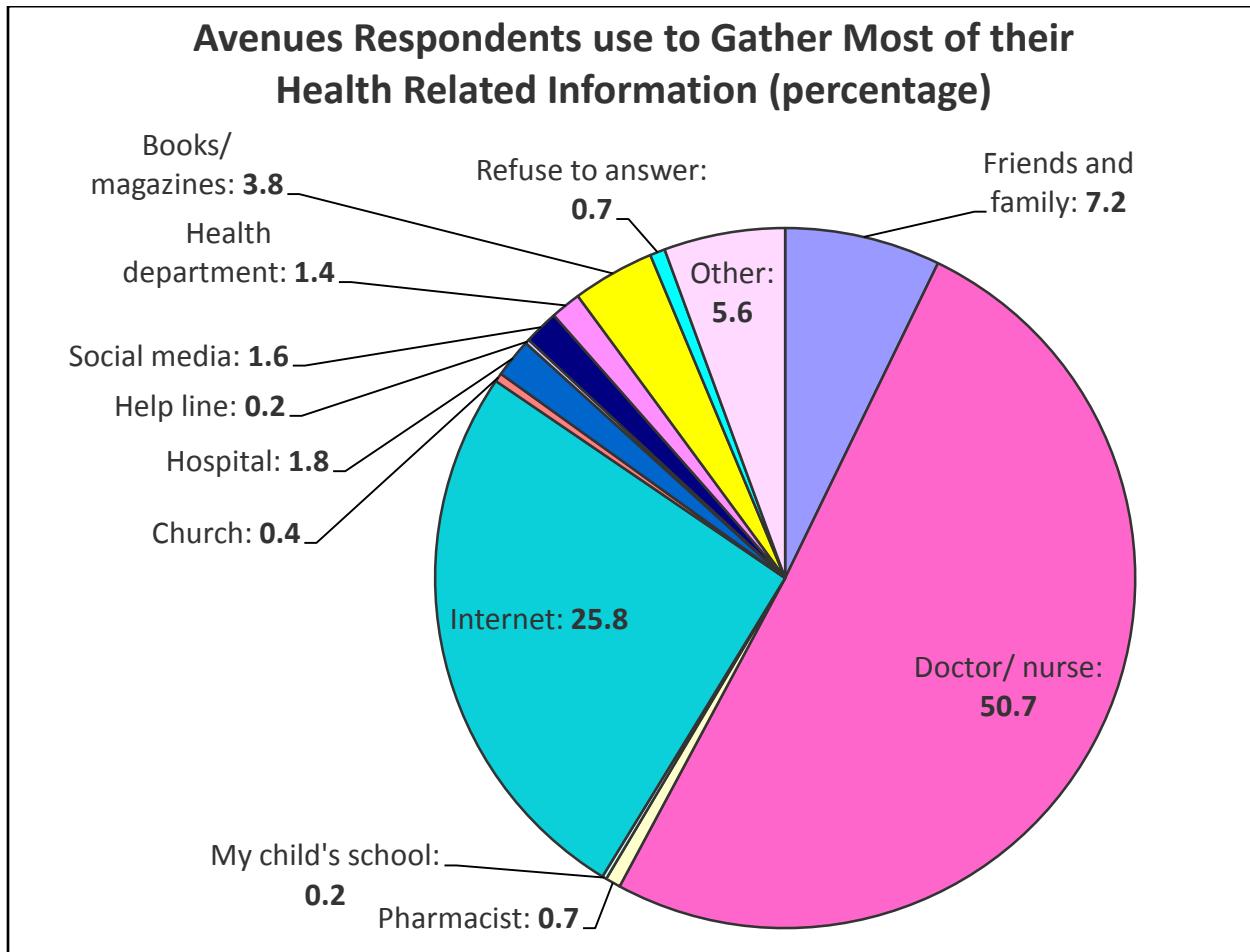
Facilities Jobs Traffic Services for Disabled Children  
Health Elder Care Options  
Transportation Options Select Events

### Part 3 – Health Information:



Word Cloud: “Other” responses to topics people need more information about

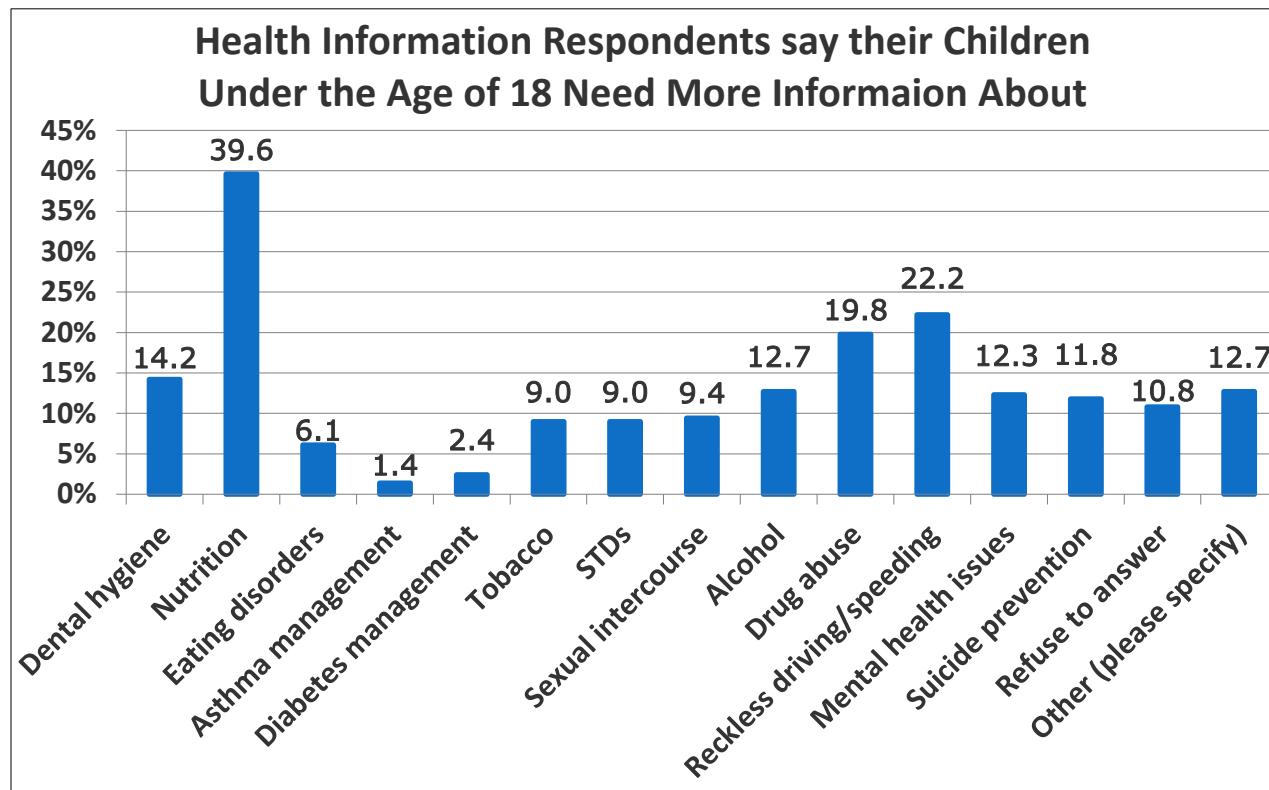
Skills Public Substance Abuse Family  
 Health Services Anger Responsibility  
 Community Mental Health Domestic  
 Prevention Jobs Stress Management



Word Cloud: “Other” responses to where do you gather most of your health information

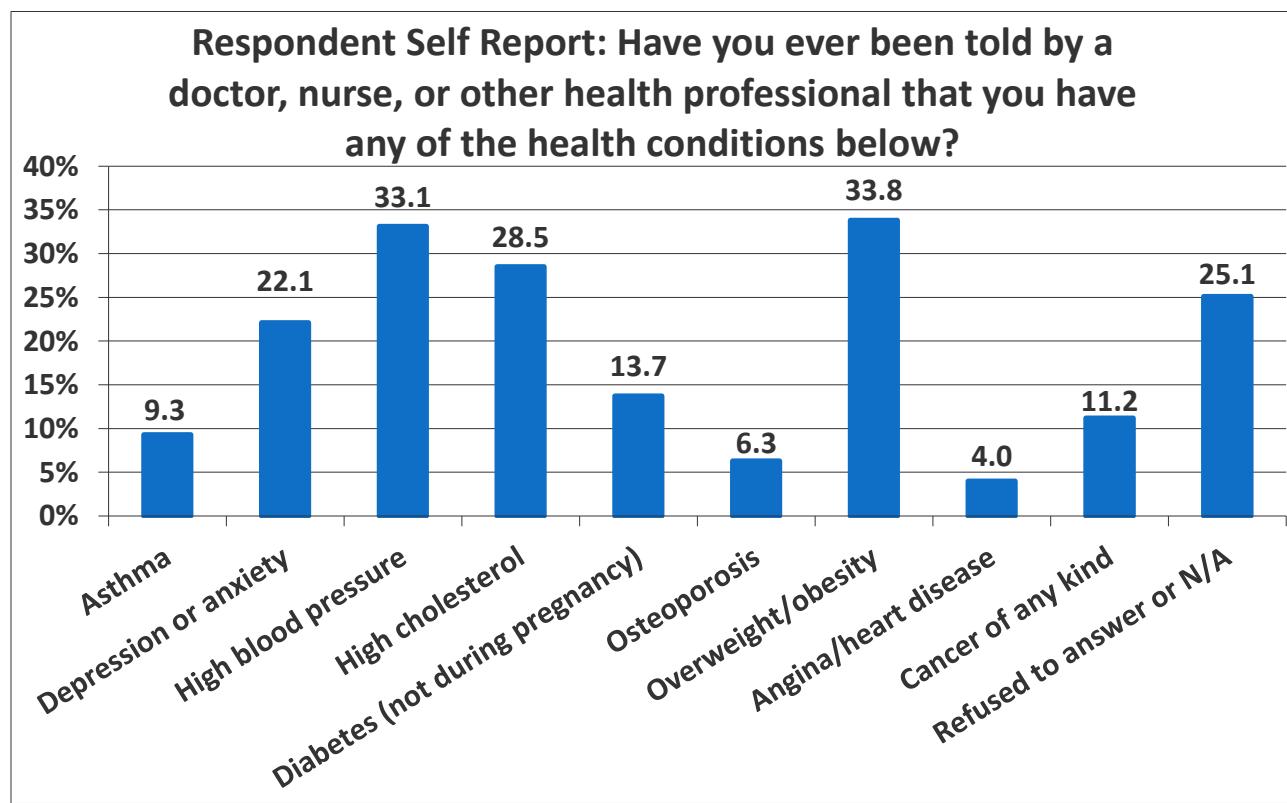
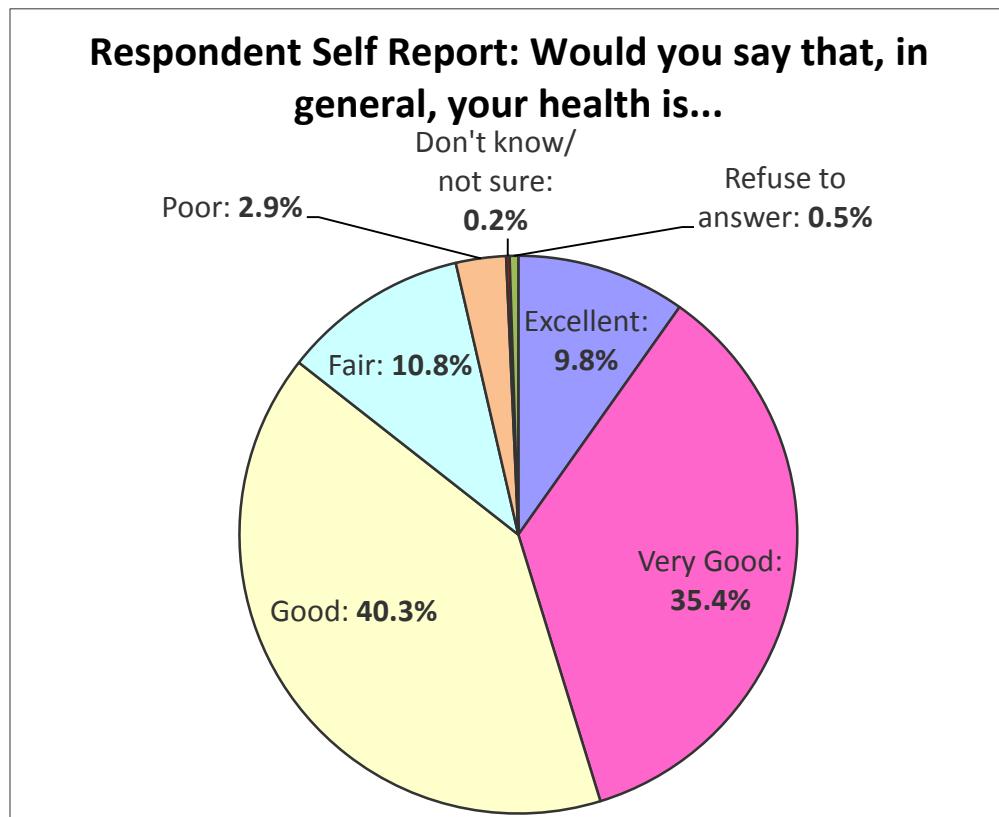
Senior Center Self Nurse Health Care Sys  
 Healthcare Family Research Media  
 Combination

**38% of survey respondents indicated that they are a primary caretaker of at least one child under the age of 18 including step-children, grandchildren, or other relatives.**

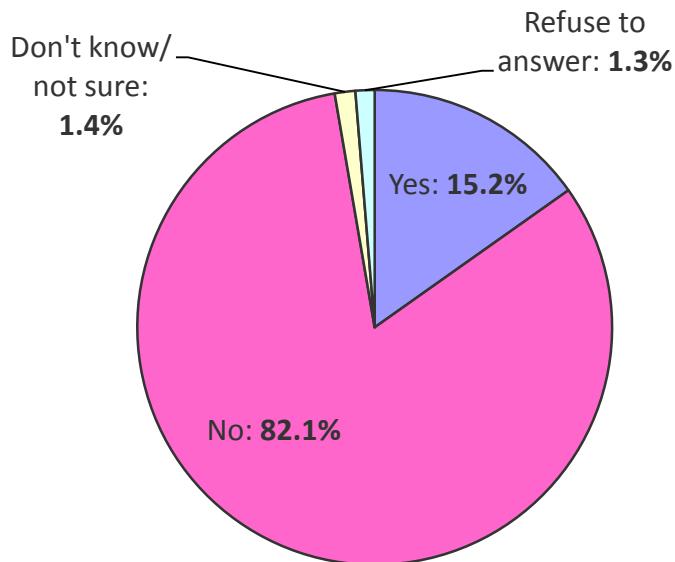


Word Cloud: “Other” responses to what health information do your children need

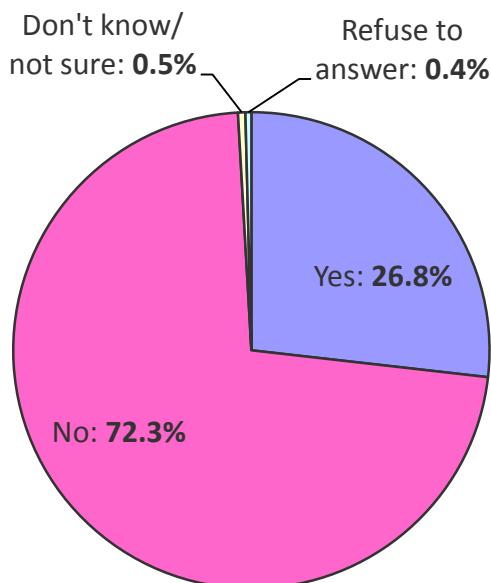
Community Months Child Management  
**Needed** Bullying Suicide Prevention  
 County

**Part 4 – Personal Information:**

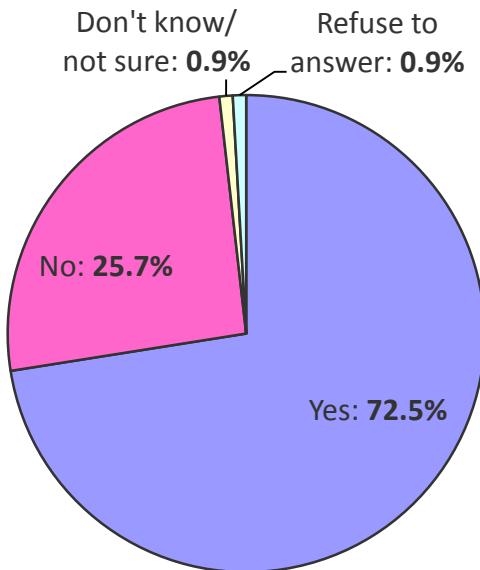
**Respondent Self Report: In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?**



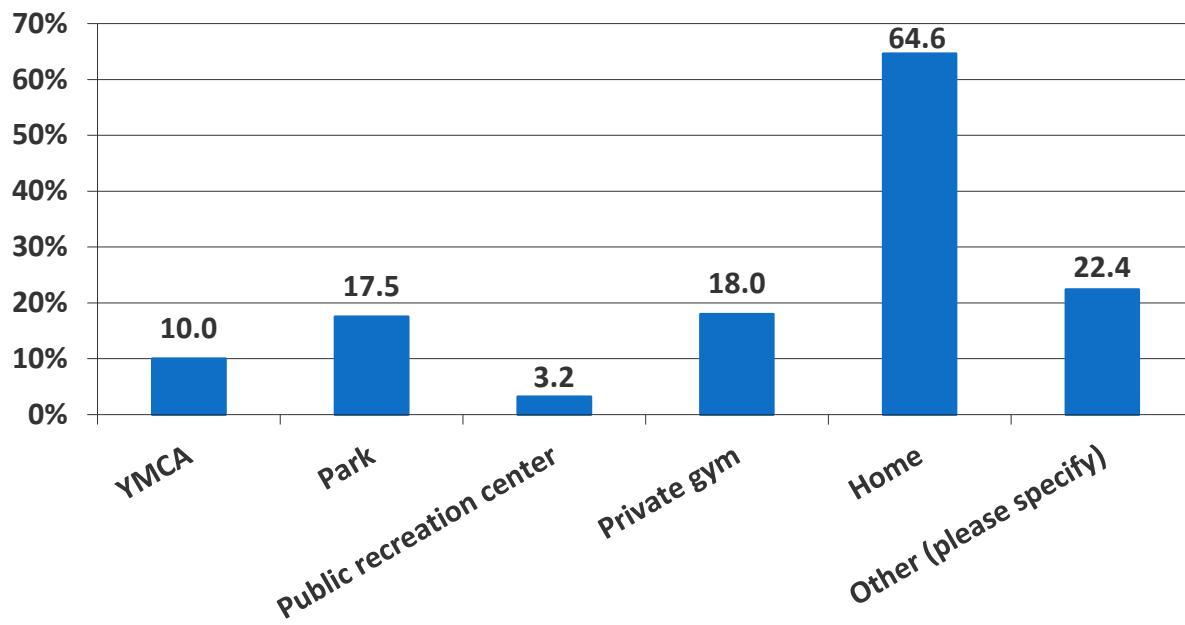
**Respondent Self Report: In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?**



**Respondent Self Report: 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 hour?**



**Respondent Self Report: Since you answered "yes" to the previous question, where do you go to exercise or engage in physical activity?**



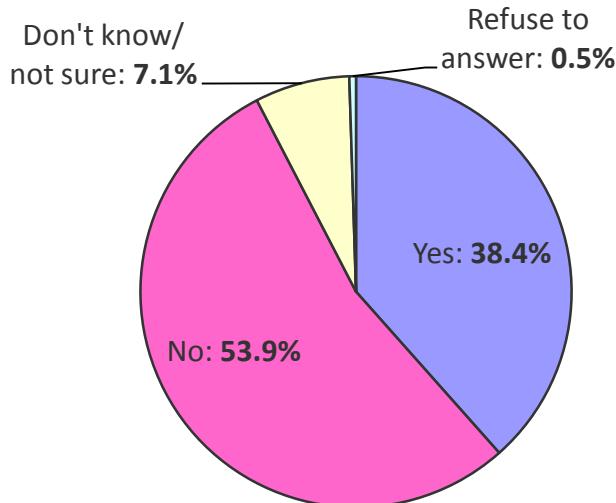
Word Cloud: "Other" responses to where do you go to engage in physical activity.

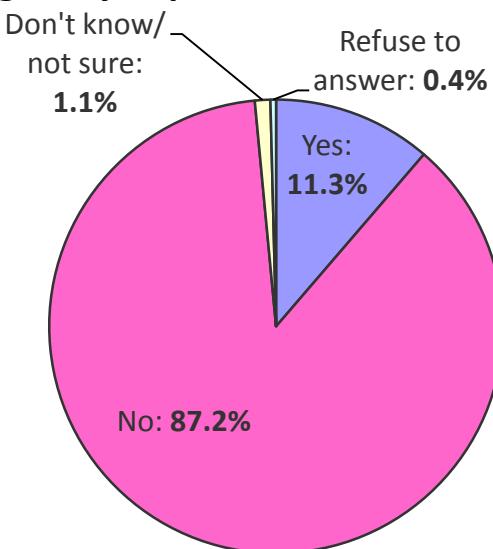
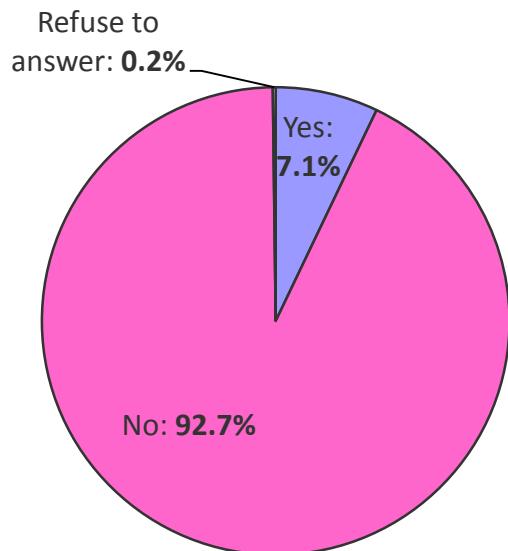
Rock Club Golf Course County  
 Senior Center Life Neighborhood  
 Downtown Walking Tennis Rail Trail  
 White Water Center Roads Pool Fitness Ball Local

Word Cloud: Self-reported reasons why respondents do not exercise for at least a half hour during a normal week.

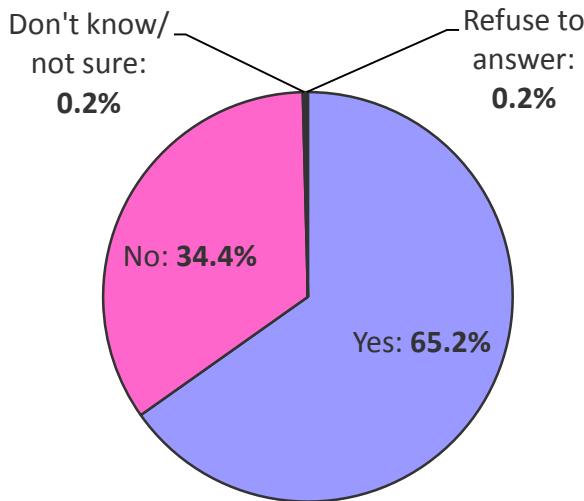
Problems Issues Gym Hip Pain Outside Health  
 YMCA Motivation Days a Week Busy  
 Single Parent Exercise Knee Tired Care  
 Cancer Walk Access Lazy Physical Work Schedule

**Respondent Self Report: Do you eat at least 2 cups of whole fruits and 2.5 cups of whole vegetables per day? (Fresh, Frozen, and/or Canned)**



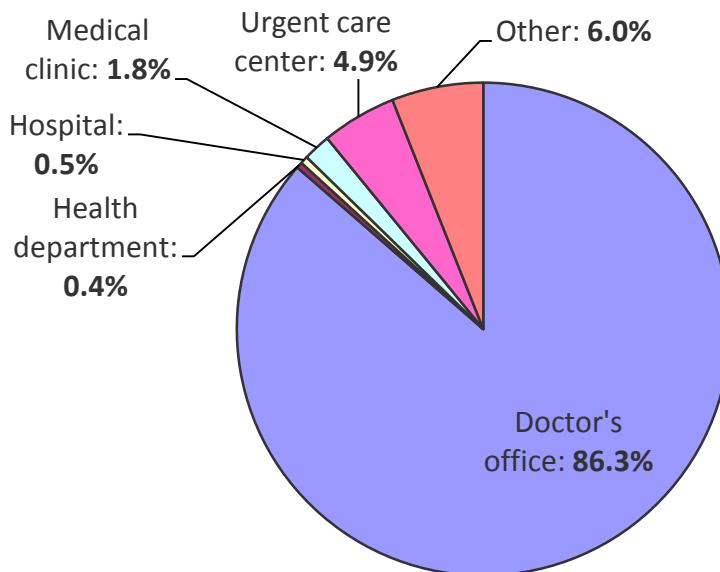
**Respondent Self Report: During a typical month, are you regularly exposed to secondhand smoke?****Respondent Self Report: Do you currently smoke?**

**Respondent Self Report: During the past 12 months, have you had a seasonal flu vaccine?**



**Part 5 – Access to Care and Family Health:**

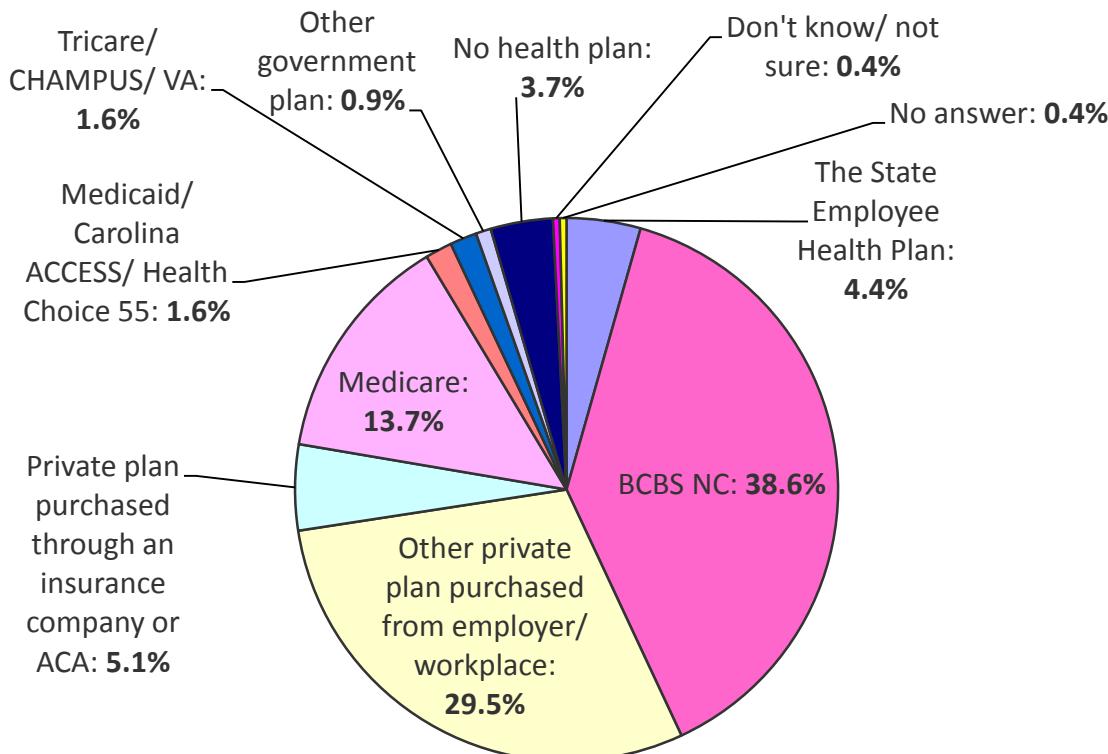
**Where do you go most often when you are sick?**



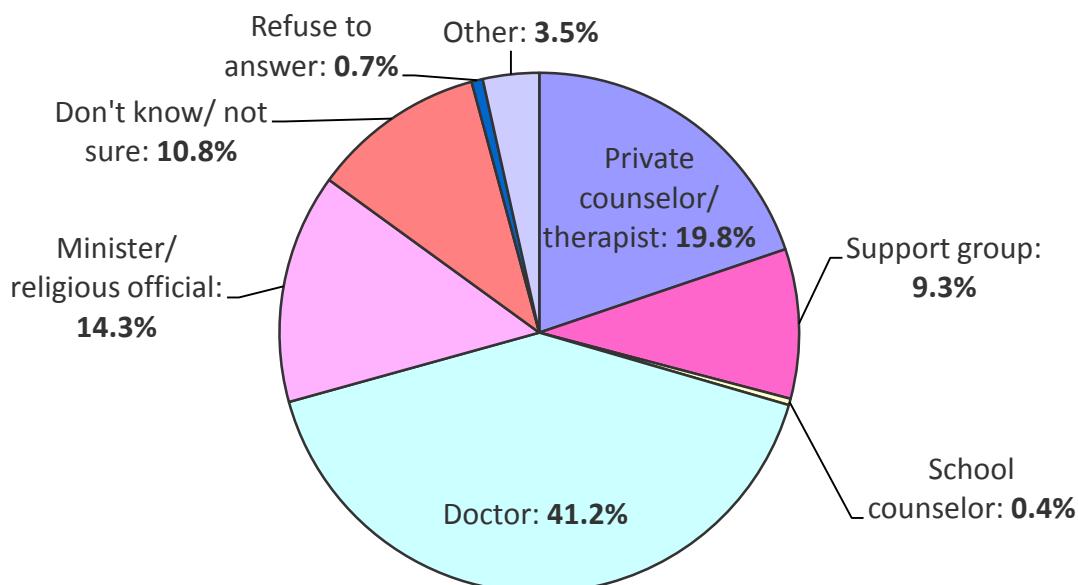
Word Cloud: “Other” responses for where do you go most often when you are sick

Afford Walgreens Sick Care Minute Clinic  
CVS

### What is your primary health insurance plan?



### If a friend or family member needed help for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to talk to?

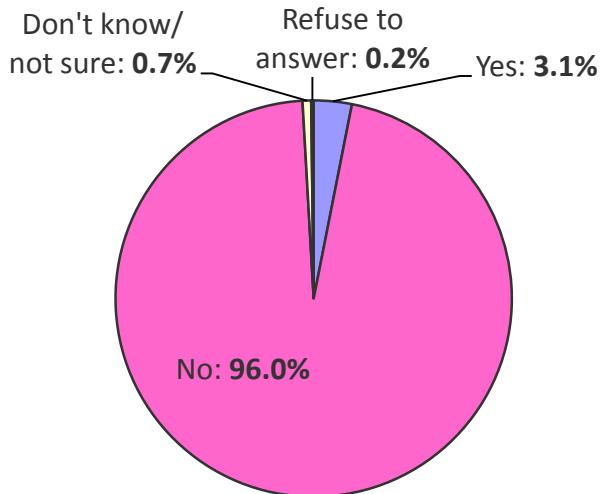


Word Cloud: “Other” responses to who would you tell a friend or family member to talk to first regarding a mental health or drug/alcohol abuse problem

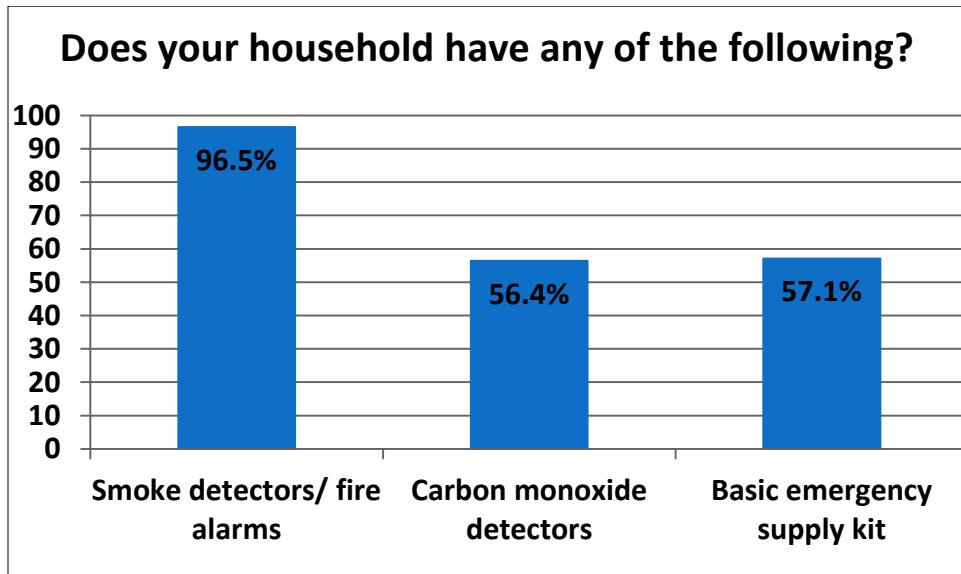
# Mental Therapist Counselor

## Partners Behavioral Health

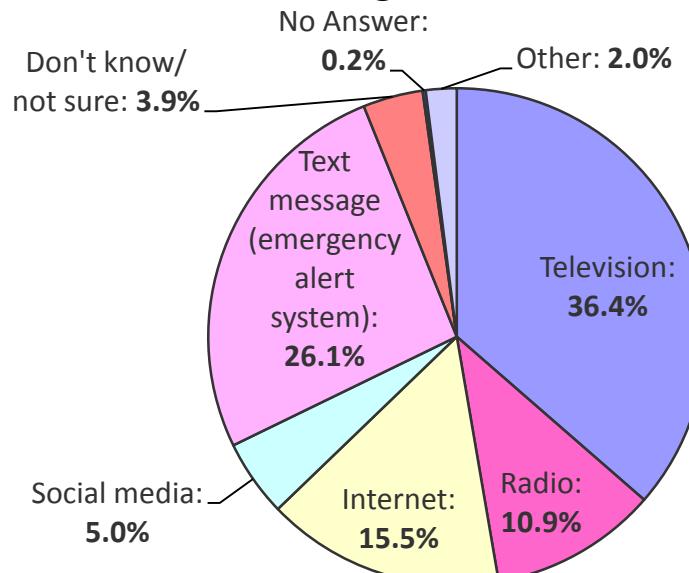
**Have you ever not gone to the doctor or hospital for an appointment or medical emergency because you had no way of getting there, due to lack of transportation?**



### Part 6 – Emergency Preparedness



**What would be your main way of getting information from authorities in a large-scale disaster or emergency?**



**Word Cloud: "Other" responses to how would you get information from authorities during a disaster or emergency**

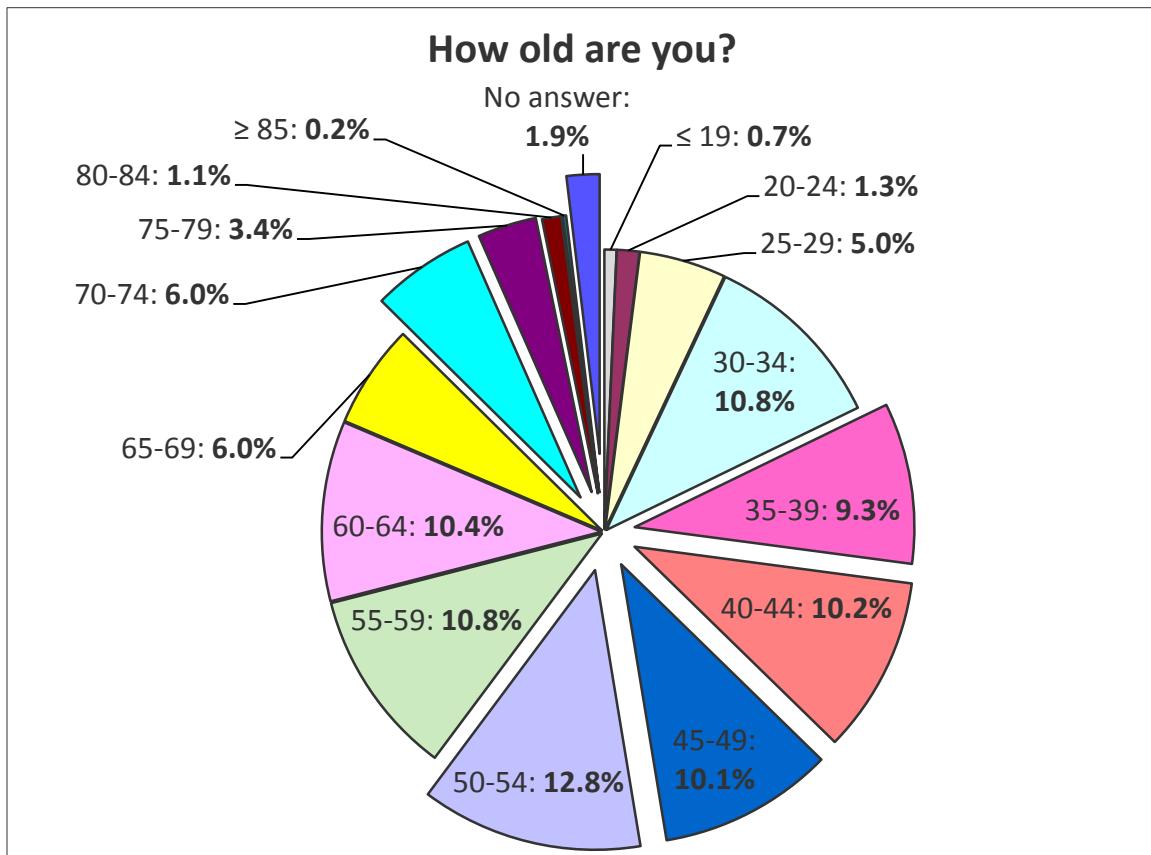
**Alert System** Text Message **Radio Family**

**85.2% of respondents indicated they would evacuate** due to a large-scale disaster or emergency if asked to do so by public authorities. 14.8% of respondents indicated they would not or were not sure if they would evacuate under the same conditions mentioned above.

Respondent Opinion: What is the main reason you wouldn't evacuate during a mandatory evacuation called by public authorities?		
30%	1	Concern about leaving property behind
10-20%	2	Concern about leaving pets
10-20%	3	Other (Multiple reasons chosen, work requirements, will use own judgement, depends on the emergency)
10-20%	4	Concern about family safety
2-9.9%	5	Lack of trust in public officials
2-9.9%	6	Don't know/ not sure
2-9.9%	7	Concern about traffic jams and inability to get out
< 2%	8	Lack of transportation
< 2%	9	Concern about personal safety
< 2%	10	Health problems where you cannot be moved

When faced with evacuation, 30% of respondents were most concerned with leaving their property behind followed by 10-20% of respondents that said they would be concerned about leaving pets, concerned about family safety, and other reasons including work requirements, wanting to use their own judgement, and the perceived severity of the emergency or disaster.

## Part 7 – Demographic Questions:



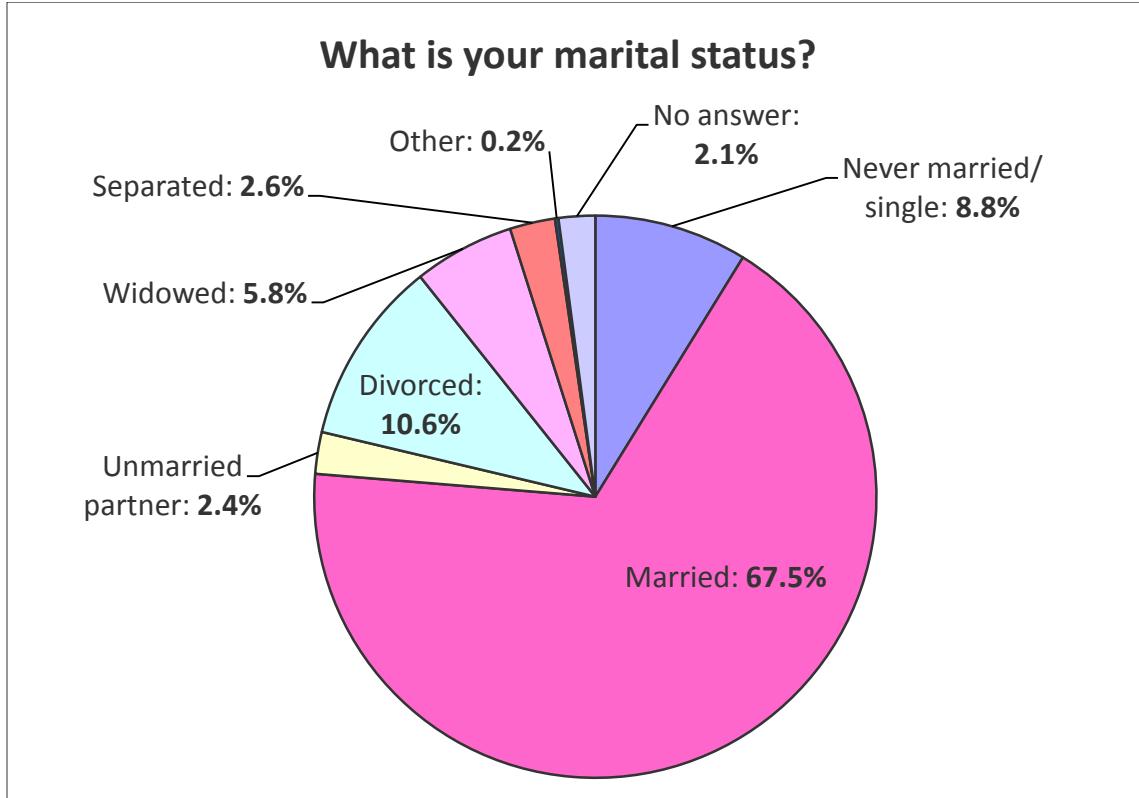
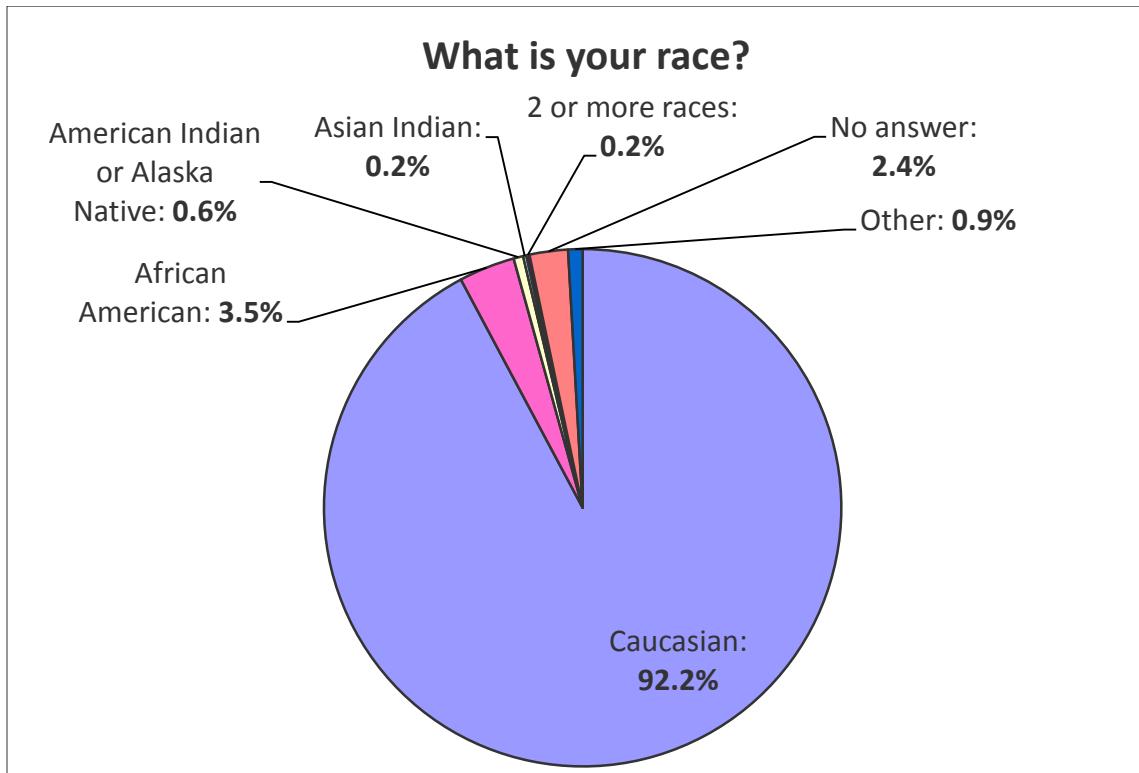
At the time of the survey, roughly 17.8% of respondents were Millennials (Gen Y), 42.4% were Gen X's, 27.2% were baby boomers, 10.7% were matures, and 1.9% did not provide an answer for the question.

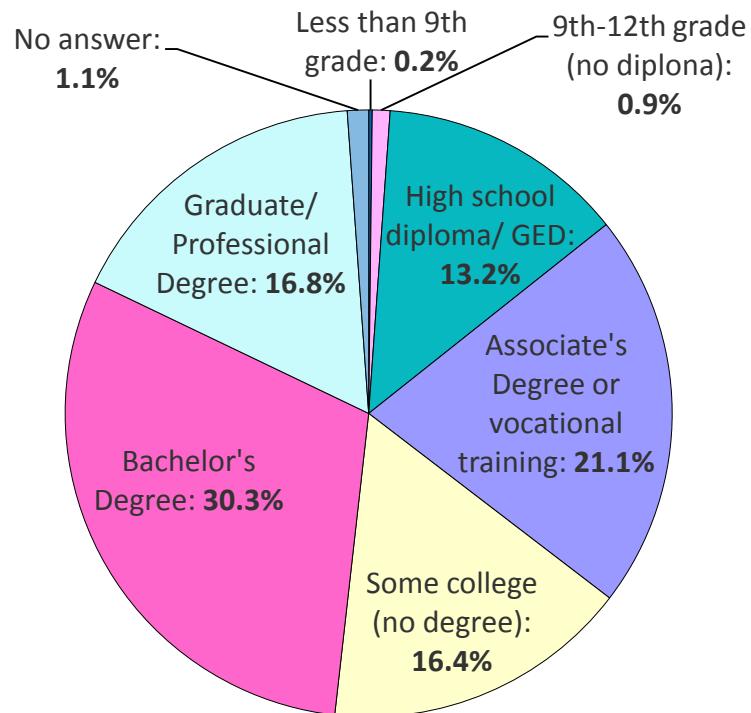
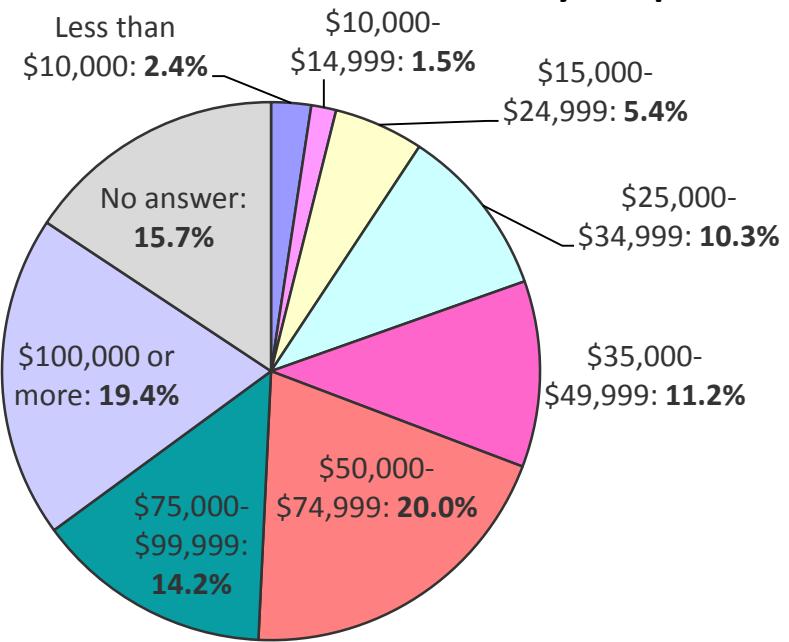
## Gender

- 76.2% of respondents were female.
- 22.5% of respondents were male.
- 1.3% refused to answer the question.

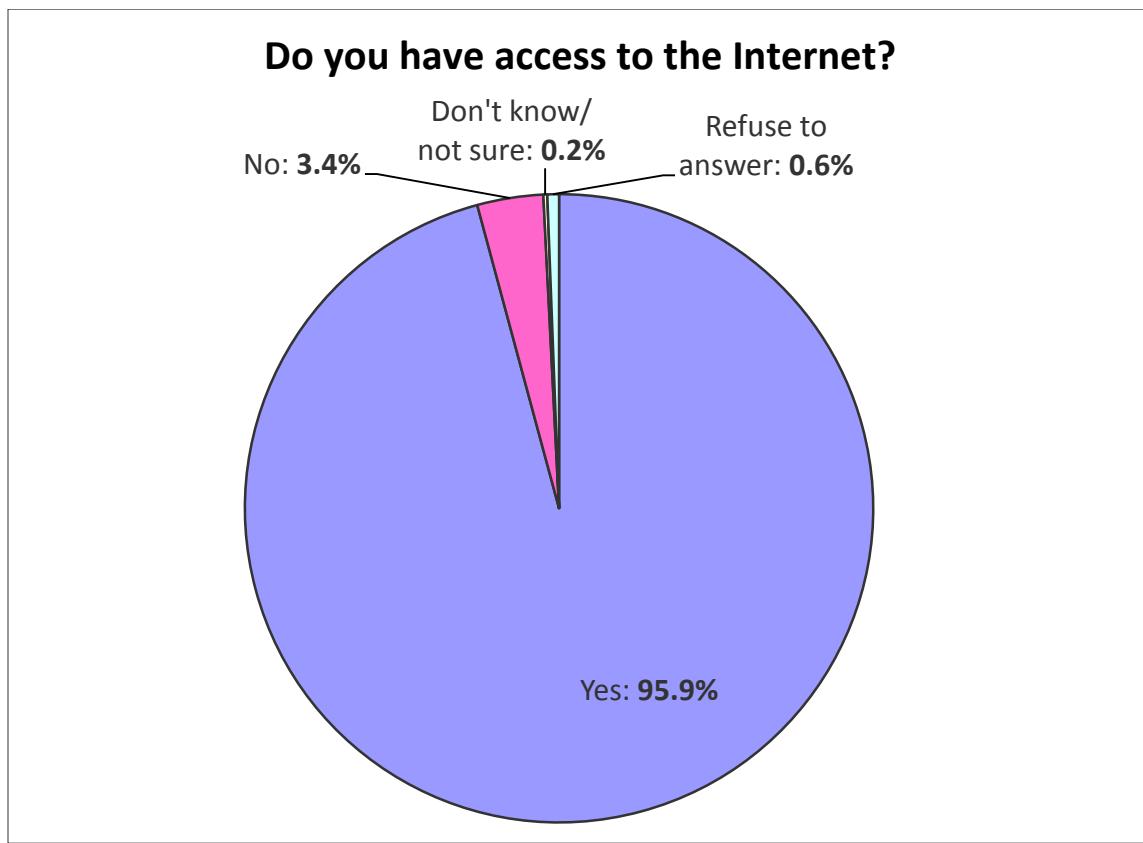
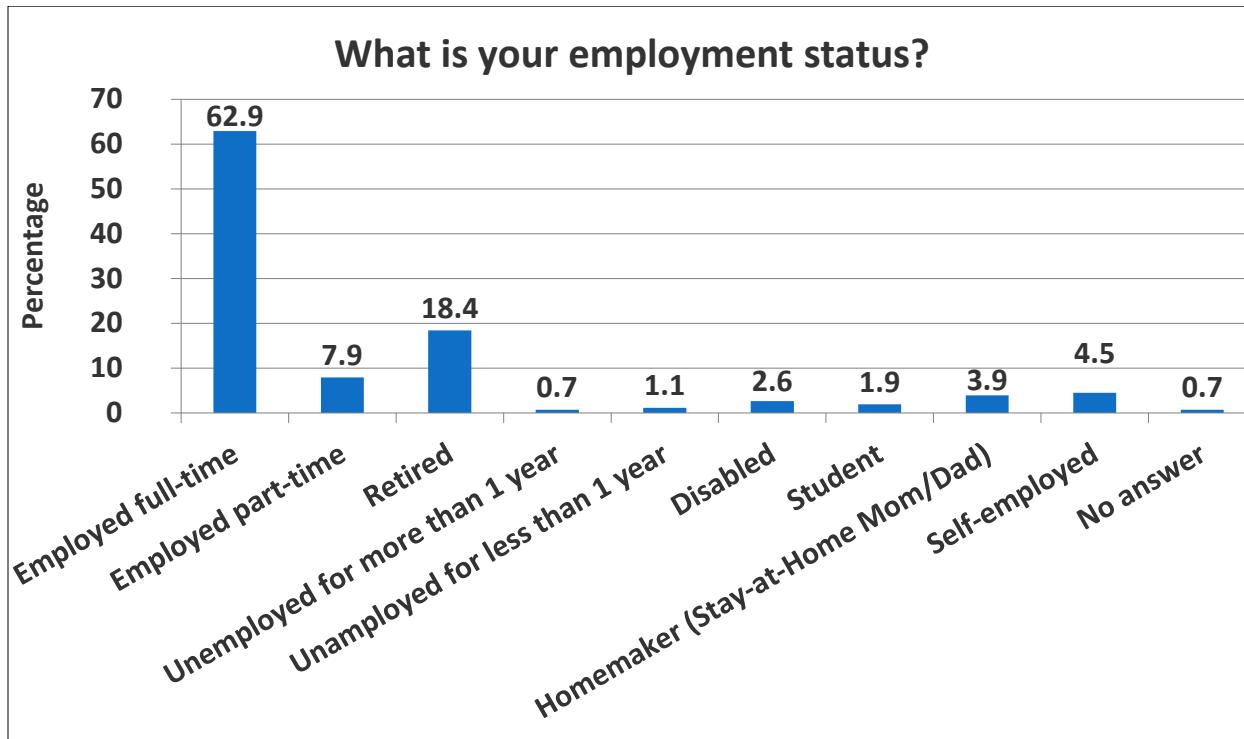
### Hispanic or Latino origin

- 2.2% of respondents were of Hispanic or Latino origin.
- 2.8% refused to answer the question.



**What is the highest level of school that you have finished?****What was your total household income last year, pre tax?**

The majority (36.7%) of respondents indicated that their household income supports two individuals, followed by three, four and one individual at 20.3%, 17.6% and 17.3%, respectively.



## Appendix C: 2016 CHA Survey Tool – English



### Lincoln County Health Department

151 Sigmon Road  
Lincolnton, NC 28092  
PHONE: 704-735-3001  
FAX: 704-732-9034



### 2016 Community Health Opinion Survey

Lincoln County Health Department, in collaboration with the Lincoln Partnership for Health, is conducting a survey to learn more about the health and quality of life in our community. We will use the results of this survey to help address health and community concerns in our county.

This survey is completely voluntary and it should take no longer than 15 minutes to complete. Your answers will be completely confidential and cannot be linked to you in any way.

Your opinions and responses are highly valued! We appreciate your time and your willingness to help improve the health of residents in Lincoln County.

---

#### Eligibility Questions:

1. Do you live in Lincoln County?  Yes  No

(If no, stop the survey here.)

2. If you answered "Yes" to question #1, please provide your zip code.

---

(Write only the first 5 digits.)

3. Have you participated in this year's survey already?

Yes  No  Don't know/not sure

(If yes or don't know/not sure, stop the survey here.)

**PART 1: Quality of Life Statements**

4. Please tell us whether you "strongly disagree," "disagree," "neutral," "agree," or "strongly agree" with each of the next 6 statements.

<b>Statements</b>	Circle the number that best represents your opinion of each statement below.				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>How do you feel about the following statements?</b>					
<b>"There is good healthcare in Lincoln County."</b> Consider the cost, quality, and availability of healthcare in the county.	1	2	3	4	5
<b>"Lincoln County is a good place to raise children."</b> Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.	1	2	3	4	5
<b>"Lincoln County is a good place to grow old."</b> Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.	1	2	3	4	5
<b>"There is plenty of economic opportunity in Lincoln County."</b> Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.	1	2	3	4	5
<b>"Lincoln County is a safe place to live."</b> Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.	1	2	3	4	5
<b>"There is plenty of help for people during times of need in Lincoln County."</b> Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	1	2	3	4	5
<b>Please use this section for suggestions or comments regarding the statements above.</b>					

## PART 2: Community Improvement

The next set of questions will ask about community problems and services that are important to you. Your answers will remain anonymous and cannot be linked to you in any way.

**5. Please look at the list of community problems below.**

In your opinion, which one of the following problems most affects the quality of life in Lincoln County?

(Please choose only one.)

If there is a community problem that you consider the most important and it is not on this list, please write it in the "other" blank.

a. <input type="checkbox"/> Pollution (air, water, land)	j. <input type="checkbox"/> Elder Abuse
b. <input type="checkbox"/> Dropping out of school	k. <input type="checkbox"/> Child Abuse
c. <input type="checkbox"/> Low income/poverty	l. <input type="checkbox"/> Other types of neglect or abuse <b>(Specify type):</b> _____
d. <input type="checkbox"/> Drug abuse (legal, controlled, illegal)	m. <input type="checkbox"/> Domestic Violence
e. <input type="checkbox"/> Homelessness	n. <input type="checkbox"/> Violent crime (murder, assault)
f. <input type="checkbox"/> Lack of/ inadequate health insurance	o. <input type="checkbox"/> Theft
g. <input type="checkbox"/> Hopelessness	p. <input type="checkbox"/> Rape/sexual assault
h. <input type="checkbox"/> Discrimination/ racism	q. <input type="checkbox"/> I do not believe Lincoln County has any serious community problems.
i. <input type="checkbox"/> Lack of community support	r. <input type="checkbox"/> Other: _____

**6. Please look at the list of services below.**

In your opinion, which service below needs the most improvement in your neighborhood or community?

(Please choose only one.)

If there is a service that you think needs improvement that is not on this list, please write it in the "other" blank.

a. <input type="checkbox"/> Animal control	k. <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers)
b. <input type="checkbox"/> Child care options	l. <input type="checkbox"/> Healthy family activities
c. <input type="checkbox"/> Elder care options	m. <input type="checkbox"/> Positive teen activities
d. <input type="checkbox"/> Services for disabled people	n. <input type="checkbox"/> Transportation options
e. <input type="checkbox"/> More affordable health services	o. <input type="checkbox"/> Sidewalks/Walkability
f. <input type="checkbox"/> Better/ more healthy food choices	p. <input type="checkbox"/> Availability of employment
g. <input type="checkbox"/> More affordable/better housing	q. <input type="checkbox"/> Higher paying employment
h. <input type="checkbox"/> Number of health care providers <b>What kind?</b> _____	r. <input type="checkbox"/> Road maintenance
i. <input type="checkbox"/> Culturally appropriate health services	s. <input type="checkbox"/> Road safety
j. <input type="checkbox"/> Counseling/ mental health/ support groups	t. <input type="checkbox"/> I do not believe Lincoln County needs to improve any services.
	u. <input type="checkbox"/> Other: _____

**Part 3: Health Information**

7. In your opinion, which topic below do people in your community need more information about?  
 (Please choose only one.)

a. <input type="checkbox"/> Eating well/ nutrition	i. <input type="checkbox"/> Using child safety seats	q. <input type="checkbox"/> Substance abuse prevention (ex: drugs and alcohol)
b. <input type="checkbox"/> Exercising/ fitness	j. <input type="checkbox"/> Using seat belts	r. <input type="checkbox"/> Suicide prevention
c. <input type="checkbox"/> Managing weight	k. <input type="checkbox"/> Driving safely	s. <input type="checkbox"/> Stress management
d. <input type="checkbox"/> Going to a dentist for check-ups/ preventive care	l. <input type="checkbox"/> Quitting smoking/ tobacco use prevention	t. <input type="checkbox"/> Anger management
e. <input type="checkbox"/> Going to the doctor for yearly check-ups and screenings	m. <input type="checkbox"/> Child care/ parenting	u. <input type="checkbox"/> Domestic violence prevention
f. <input type="checkbox"/> Getting prenatal care during pregnancy	n. <input type="checkbox"/> Elder care	v. <input type="checkbox"/> Crime prevention
g. <input type="checkbox"/> Getting flu shots and other vaccines	o. <input type="checkbox"/> Caring for family members with special needs/ disabilities	w. <input type="checkbox"/> Rape/ sexual abuse prevention
h. <input type="checkbox"/> Preparing for an emergency/disaster	p. <input type="checkbox"/> Preventing pregnancy and sexually transmitted disease (safe sex)	x. <input type="checkbox"/> I do not believe my community needs more information about any of these topics.
		y. <input type="checkbox"/> Other: _____

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

a. <input type="checkbox"/> Friends and Family	e. <input type="checkbox"/> Internet	i. <input type="checkbox"/> Social Media (ex: Facebook or Twitter)
b. <input type="checkbox"/> Doctor/Nurse	f. <input type="checkbox"/> Church	j. <input type="checkbox"/> Health Department
c. <input type="checkbox"/> Pharmacist	g. <input type="checkbox"/> Hospital	k. <input type="checkbox"/> Books/Magazines
d. <input type="checkbox"/> My child's school	h. <input type="checkbox"/> Help lines	l. <input type="checkbox"/> Other: _____
		m. <input type="checkbox"/> Refuse to answer

9. Do you have children under the age of 18 for which you are the caretaker?  
 (Includes step-children, grandchildren, or other relatives.)

Yes (Go to Question #10)

No (Skip to Question #11)

Refuse to answer (Skip to Question #11)

10. If you answered "yes" to question #9, which of the following health topics do you think your child/children need(s) more information about?  
 (Mark all that apply.)

a. <input type="checkbox"/> Dental hygiene	f. <input type="checkbox"/> Tobacco	k. <input type="checkbox"/> Reckless driving/speeding
b. <input type="checkbox"/> Nutrition	g. <input type="checkbox"/> STDs	l. <input type="checkbox"/> Mental health issues
c. <input type="checkbox"/> Eating disorders	h. <input type="checkbox"/> Sexual intercourse	m. <input type="checkbox"/> Suicide prevention
d. <input type="checkbox"/> Asthma management	i. <input type="checkbox"/> Alcohol	n. <input type="checkbox"/> Other: _____
e. <input type="checkbox"/> Diabetes management	j. <input type="checkbox"/> Drug abuse	o. <input type="checkbox"/> Refuse to answer or N/A

### PART 4: Personal Health

These next questions are about your own personal health. Your answers will remain anonymous and cannot be linked to you in any way.

11. Would you say that, in general, your health is...  
*(Please choose only one.)*

a. <input type="checkbox"/> Excellent	d. <input type="checkbox"/> Fair
b. <input type="checkbox"/> Very good	e. <input type="checkbox"/> Poor
c. <input type="checkbox"/> Good	f. <input type="checkbox"/> Don't know/not sure
	g. <input type="checkbox"/> Refuse to answer

12. Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions below?  
*(Mark all that apply to you.)*

a. <input type="checkbox"/> Asthma	f. <input type="checkbox"/> Osteoporosis
b. <input type="checkbox"/> Depression or anxiety	g. <input type="checkbox"/> Overweight/Obesity
c. <input type="checkbox"/> High blood pressure	h. <input type="checkbox"/> Angina/Heart Disease
d. <input type="checkbox"/> High cholesterol	i. <input type="checkbox"/> Cancer of any kind
e. <input type="checkbox"/> Diabetes (not during pregnancy)	j. <input type="checkbox"/> Refuse to answer or N/A

13. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

Yes       No  
 Don't know/ not sure       Refuse to answer

14. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

Yes       No  
 Don't know/ not sure       Refuse to answer

15. 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 hour?

Yes (Go to Question #16)       No (Skip to Question #17)  
 Don't know/ not sure       Refuse to answer (Skip to Question #18)  
→ (Skip to Question #18)

16. If you answered "yes" to question #15, where do you go to exercise or engage in physical activity?  
*(Check all that apply.)*

a. <input type="checkbox"/> YMCA	d. <input type="checkbox"/> Private gym
b. <input type="checkbox"/> Park	e. <input type="checkbox"/> Home
c. <input type="checkbox"/> Public Recreation Center	f. <input type="checkbox"/> Other: _____
	g. <input type="checkbox"/> Refuse to answer or N/A

*(If you provided an answer to Question #16 please skip to Question #18)*

17. If you answered "no" to question #15, what are the reasons you do not exercise for at least a half hour during a normal week?  
(Please list all of the reasons that apply to you.)

Reasons I do not exercise for at least a half hour during a normal week include:

18. Think about how often you eat whole fruits and vegetables in an average day. Please consider fresh, frozen, and canned whole fruits and vegetables.  
(Do not include the following food and drink types in your calculations: lettuce salad like house salads with iceberg lettuce or salad mixes with toppings, potato products like french fries, baked potatoes, hash browns, or mashed potatoes, and fruit juices or smoothie type drinks.)

\*For calculation purposes, one apple or 12 baby carrots equal one cup.

Do you eat at least 2 cups of whole fruits and 2 ½ cups of whole vegetables per day?

Yes       No  
 Don't know/ not sure       Refused to answer

19. During a typical month, are you regularly exposed to secondhand smoke?  
 Yes       No  
 Don't know/ not sure       Refuse to answer

20. Do you currently smoke?  
(Include smoking in social settings.)  
 Yes       No  
 Refuse to answer

21. During the past 12 months, have you had a seasonal flu vaccine?  
(An influenza/flu vaccine can be a "flu shot" injected into your arm or a spray like "FluMist" which is sprayed into your nose.)  
 Yes       No  
 Don't know/ not sure       Refuse to answer

**Part 5: Access to Care and Family Health**

22. Where do you go most often when you are sick?  
*(Please choose only one.)*

a.  Doctor's office      d.  Medical clinic  
b.  Health department      e.  Urgent care center  
c.  Hospital      f.  Other: \_\_\_\_\_

23. What is your primary health insurance plan? Choose the plan which pays the medical bills first or pays most of the medical bills.  
*(Please choose only one.)*

a.  The State Employee Health Plan  
b.  Blue Cross and Blue Shield of North Carolina  
c.  Other private health insurance plan purchased from employer/workplace  
d.  Private health insurance plan purchased from an insurance company or through the Affordable Care Act (Obama Care)  
e.  Medicare  
f.  Medicaid or Carolina ACCESS or Health Choice 55  
g.  Tricare or CHAMPUS or the VA  
h.  The Indian Health Service  
i.  Other (government plan)  
j.  No health plan of any kind  
k.  Don't know/not sure  
l.  Refuse to answer

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

a.  Private counselor or therapist      e.  Minister/religious official  
b.  Support group (e.g., AA, Al-Anon)      f.  Don't know/not Sure  
c.  School counselor      g.  Other: \_\_\_\_\_  
d.  Doctor      h.  Refuse to answer

25. Have you ever not gone to the doctor or hospital for an appointment or medical emergency because you had no way of getting there, due to lack of transportation?

Yes       No  
 Don't know/ not sure       Refuse to answer

**Part 6: Emergency Preparedness**

26. Does your household have working smoke detectors (fire alarms)?  
 Yes       No  
 Don't know/ not sure       Refuse to answer

27. Does your household have working carbon monoxide detectors?  
 Yes       No  
 Don't know/ not sure       Refuse to answer

28. Does your family have a basic emergency supply kit?  
 (These kits include water, canned or shelf-stable food, necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)  
 Yes       No  
 Don't know/ not sure       Refuse to answer

29. What would be your main way of getting information from authorities in a large-scale disaster or emergency?  
 (Please choose only one.)  
 a.  Television      g.  Text message  
 b.  Radio      h.  Other (describe): \_\_\_\_\_  
 c.  Internet      i.  Don't know/not sure  
 d.  Print media (ex: newspaper)      j.  Refuse to answer  
 e.  Social media  
 (ex: Facebook or Twitter)      f.  Neighbors

30. If public authorities announced a mandatory evacuation of your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?  
 Yes (Skip to Question #32)       No (Go to Question #31)  
 Don't know/ not sure       Refuse to answer (Skip to Question #32)  
 (Go to Question #31)

31. If you answered "no" or "don't know/not sure" to question #30, what would be the main reason you might not evacuate if asked to do so?  
 (Please choose only one.)  
 a.  Lack of transportation  
 b.  Lack of trust in public officials  
 c.  Concern about leaving property behind  
 d.  Concern about personal safety  
 e.  Concern about family safety  
 f.  Concern about leaving pets  
 g.  Concern about traffic jams and inability to get out  
 h.  Health problems where you cannot be moved  
 i.  Other (describe): \_\_\_\_\_  
 j.  Don't know/ not sure  
 k.  Refuse to answer or N/A

**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 and cannot be linked to you in any way.

**32. How old are you?**

(Please choose only one.)

<input type="checkbox"/> 19 or younger	<input type="checkbox"/> 35 – 39	<input type="checkbox"/> 55 – 59	<input type="checkbox"/> 75 – 79
<input type="checkbox"/> 20 – 24	<input type="checkbox"/> 40 – 44	<input type="checkbox"/> 60 – 64	<input type="checkbox"/> 80 – 84
<input type="checkbox"/> 25 – 29	<input type="checkbox"/> 45 – 49	<input type="checkbox"/> 65 – 69	<input type="checkbox"/> 85 or older
<input type="checkbox"/> 30 – 34	<input type="checkbox"/> 50 – 54	<input type="checkbox"/> 70 – 74	<input type="checkbox"/> Refuse to answer

**33. Are you Male or Female?**

Male  Female  Refuse to answer

**34. Are you of Hispanic, Latino, or Spanish origin?**

Yes  No  Refuse to answer

**35. What is your race?**

(Please 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  
 Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro  
 Other race not listed here: (write in race) \_\_\_\_\_  
 2 or more races: (please list races) \_\_\_\_\_  
 Refuse to answer

**36. What is your marital status?**

(Please choose only one. No explanation needed for "other".)

<input type="checkbox"/> Never married/single	<input type="checkbox"/> Widowed
<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Unmarried partner	<input type="checkbox"/> Other
<input type="checkbox"/> Divorced	<input type="checkbox"/> Refuse to answer

37. What is the highest level of school that you have finished?

(Please choose only one.)

Less than 9<sup>th</sup> grade  
 9-12<sup>th</sup> 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: \_\_\_\_\_  
 Refuse to answer

38. What was your total household income last year, before taxes?

(Please choose only one.)

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

Refuse to answer (Skip to Question #40)

39. How many people does this income support? \_\_\_\_\_

(If you are paying child support but your child is not living with you, this still counts as someone living on your income.)

40. What is your employment status?

(Mark all that apply to you.)

Employed full-time       Disabled  
 Employed part-time       Student  
 Retired       Homemaker (Stay-at-Home Mom/Dad)  
 Armed forces/Military       Self-employed  
 Unemployed for more than 1 year       Refuse to answer  
 Unemployed for less than 1 year

41. Do you have access to the Internet?

Yes       No

Don't know/ not sure       Refuse to answer

THE END.

Thank you so much for taking the time to complete this survey!

If you have any questions regarding the survey or if you would like to volunteer to serve on the Partnership for Health, please contact Kellie Hardin at (704)735-3001.

## Appendix D: 2016 CHA Survey Tool – Spanish



### Lincoln County Health Department

151 Sigmon Road  
Lincolnton, NC 28092  
PHONE: 704-735-3001  
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### 2016 Encuesta de Opinión de Salud de la Comunidad

El Departamento de Salud del Condado de Lincoln, en colaboración con el Participante en su Salud, está llevando a cabo una encuesta para conocer más acerca de la salud y la calidad de vida en nuestra comunidad. Vamos a utilizar los resultados de esta encuesta para ayudar a resolver los problemas de salud y las inquietudes de la comunidad en nuestro condado.

Esta encuesta es totalmente voluntaria y no debe tardar más de 15 minutos para completar. Sus respuestas serán totalmente confidenciales y no puede ser vinculada a usted de ninguna manera.

¡Sus opiniones y respuestas son muy valoradas! Apreciamos su tiempo y su buena voluntad de ayudar a mejorar la salud de los residentes en el condado de Lincoln.

#### Preguntas de Elegibilidad:

1. ¿Vive usted en el Condado de Lincoln?  Si  No  
(Si no, pare de tomar la encuesta aquí.)
2. Si usted contestó "Sí" a la pregunta #1, por favor proporcione su código postal.

(Escriba sólo los primeros 5 dígitos.)

3. ¿Usted participó en la encuesta de este año ya?  
 Si  No  No sé / No estoy seguro  
(Si sí o si no sabe / no está seguro, pare de tomar la encuesta aquí).

**PARTE 1: Declaraciones de Calidad de Vida**

4. Por favor diganos si usted está "fuertemente en desacuerdo," "no está de acuerdo," "neutral," "de acuerdo," o "muy de acuerdo" con cada una de las 6 siguientes declaraciones.

Declaraciones	Marque el número que mejor representa su opinión sobre cada declaración abajo.				
	Fuertemente en Desacuerdo	No está de Acuerdo	Neutral	de Acuerdo	Muy de Acuerdo
<b>¿Cómo se siente sobre las siguientes declaraciones?</b>	1	2	3	4	5
<b>"Hay asistencia médica buena en el condado de Lincoln."</b> Considere el costo, calidad y disponibilidad de la asistencia médica en el condado.	1	2	3	4	5
<b>"El condado de Lincoln es un lugar bueno para criar niños."</b> Considere la calidad y la seguridad de escuelas y programas del cuidado de los niños, programas escolares extracurriculares y sitios para jugar.	1	2	3	4	5
<b>"El condado de Lincoln es un buen lugar para envejecer."</b> Considere las viviendas favorables al anciano, transporte a servicios médicos, recreación y servicios para las personas mayores.	1	2	3	4	5
<b>"Hay mucha oportunidad económica en el condado de Lincoln."</b> Considere el número y la calidad de empleos, capacitación laboral / acceso a la enseñanza superior y disponibilidad de la vivienda económica.	1	2	3	4	5
<b>"El condado de Lincoln es un lugar seguro para vivir."</b> Considere cuán seguro se sienta en su casa, en el trabajo, en las escuelas, en los patios de recreo, parques y centros comerciales.	1	2	3	4	5
<b>"Hay mucha ayuda para la gente durante tiempos de necesidad en el condado de Lincoln."</b> Considere el apoyo social en este condado: vecinos, grupos de apoyo, la comunidad de fe, organizaciones de la comunidad y ayuda monetaria de emergencia.	1	2	3	4	5
<b>Utilice esta sección para comentarios en relación con las declaraciones anteriores.</b>					

## Parte 2: La Mejora de la Comunidad

El siguiente conjunto de preguntas le preguntará acerca de problemas de la comunidad y servicios que son importantes para usted. Sus respuestas permanecerán anónimas y no puede ser vinculada a usted de ninguna manera.

**5. Por favor mire la lista de problemas de la comunidad a continuación.**

¿En su opinión, cuál de los siguientes problemas más afecta la calidad de vida en el condado de Lincoln?

(Por favor seleccione sólo uno.)

Si hay un problema de comunidad que considere el más importante y no está en esta lista, por favor escríbalo en el renglón marcado "otro".

a. <input type="checkbox"/> Contaminación (aire, agua, suelo)	k. <input type="checkbox"/> Abuso infantil
b. <input type="checkbox"/> Abandono de la escuela	<input type="checkbox"/> Otros tipos de abandono o abuso <b>(Especifiquen el tipo):</b> _____
c. <input type="checkbox"/> Bajos ingresos/pobreza	m. <input type="checkbox"/> Violencia doméstica
d. <input type="checkbox"/> Abuso de drogas	n. <input type="checkbox"/> Delito violento (asesinato, asalto)
e. <input type="checkbox"/> Indigencia	o. <input type="checkbox"/> Robo
f. <input type="checkbox"/> Falta de/o insuficiente seguro médico	p. <input type="checkbox"/> Violación/acoso sexual
g. <input type="checkbox"/> Desesperanza	q. <input type="checkbox"/> No creo que el condado de Lincoln tenga ningún problema de la comunidad serio.
h. <input type="checkbox"/> Discriminación/racismo	
i. <input type="checkbox"/> Falta de apoyo de la comunidad	r. <input type="checkbox"/> Otro: _____
j. <input type="checkbox"/> Maltrato a las personas mayores	

**6. Por favor mire la lista de servicios a continuación.**

¿En su opinión, cuál es el servicio que necesita el mayor mejoramiento en su vecindario o comunidad?

(Por favor seleccione sólo uno.)

Si hay un servicio que considere que necesita mejoramiento y no está en esta lista, por favor escríbalo en el renglón marcado "otro".

a. <input type="checkbox"/> Servicio de control de animales	k. <input type="checkbox"/> Mejor / más instalaciones recreativas (parques, senderos, centros comunitarios)
b. <input type="checkbox"/> Opciones del cuidado de los niños	<input type="checkbox"/> Actividades sanas para la familia
c. <input type="checkbox"/> Opciones del cuidado de ancianos	m. <input type="checkbox"/> Actividades positivas para jóvenes
d. <input type="checkbox"/> Servicios para los discapacitados	n. <input type="checkbox"/> Opciones de transporte
e. <input type="checkbox"/> Más servicios de salud económicos	o. <input type="checkbox"/> Aceras / vías peatonales
f. <input type="checkbox"/> Mejor opciones de comida saludable	p. <input type="checkbox"/> Disponibilidad de empleo
g. <input type="checkbox"/> Mejor / más viviendas económicas	q. <input type="checkbox"/> Empleo mejor pagado
h. <input type="checkbox"/> Número de proveedores de cuidado de salud <b>¿De qué tipo?</b> _____	r. <input type="checkbox"/> Mantenimiento de carreteras
i. <input type="checkbox"/> Servicios de salud culturalmente apropiados	s. <input type="checkbox"/> Seguridad vial
j. <input type="checkbox"/> Asesoramiento/salud mental/grupos de apoyo	t. <input type="checkbox"/> No creo que el condado de Lincoln necesita mejorar los servicios
	u. <input type="checkbox"/> Otro: _____

**Parte 3: Información de Salud**

7. Indique un tema que en su opinión, la comunidad necesita conocer más.  
 (Por favor elija solo uno.)

- a.  Comer bien / nutrición
- b.  Ejercicio / acondicionamiento físico
- c.  Control de peso
- d.  Ir a un dentista para un chequeo / Cuidado preventivo
- e.  Ir al médico para chequeos anuales
- f.  Obtener atención prenatal durante el embarazo
- g.  Obtener vacunas contra la gripe y otras vacunas
- h.  Preparación para una emergencia / desastre
- i.  El uso de asientos de seguridad para niños
- j.  El uso de cinturones de seguridad
- k.  Conducción segura
- l.  Dejar de fumar/ prevención del uso de tabaco
- m.  Cuidado de los niños / crianza de los hijos
- n.  Cuidado de los ancianos
- o.  Cuidado de familiares con necesidades especiales / discapacidades
- p.  Prevención de embarazo y enfermedades de transmisión sexual (sexo seguro)
- q.  Prevención de abuso de sustancias (ej: drogas y alcohol)
- r.  Prevención del suicidio
- s.  Manejo del estrés
- t.  Manejo de la ira
- u.  Prevención de la violencia doméstica
- v.  Prevención del delito
- w.  Violación/prevención de los abusos sexuales
- x.  No creo que mi comunidad necesita más información sobre cualquiera de estos temas.
- y.  Otro: \_\_\_\_\_

8. ¿Dónde consigue usted la mayor parte de su información relacionada con la salud?  
 (Por favor elija solo uno.)

- a.  Amigos y familia
- b.  Médico / enfermera
- c.  Farmacéutico
- d.  La escuela de mi hijo
- e.  Internet
- f.  Iglesia
- g.  Hospital
- h.  Lineas de ayuda
- i.  Medios sociales (ej: Facebook o Twitter)
- j.  Departamento de Salud
- k.  Libros y Revistas
- l.  Otro: \_\_\_\_\_
- m.  Me niego a responder

9. ¿Esta usted al cuidado de algún niño menor de 18 años de edad? (Incluye hijos, nietos u otros parientes.)

Si (Pase a la pregunta #10)

No (Pasar a la pregunta #11)

Me niego a responder (Pasar a la pregunta #11)

10. ¿Si contestara "sí" a la pregunta #9, sobre cuál de los temas de la salud siguientes piensa que su(s) niño(nos) necesita(n) más información?  
 (Marque todo que se aplican.)

- a.  Higiene dental
- b.  Nutrición
- c.  Trastornos alimentarios
- d.  Manejo del asma
- e.  Manejo de la diabetes
- f.  Tabaco
- g.  ETDs
- h.  Relaciones sexuales
- i.  Alcohol
- j.  Abuso de drogas
- k.  conducción temeraria/alta velocidad
- l.  problemas de la salud mental
- m.  -Prevención del suicidio
- n.  Otro: \_\_\_\_\_
- o.  Me niego a responder o no aplica

**PARTE 4: SALUD PERSONAL**

Las siguientes preguntas son acerca de su salud propia. Sus preguntas permanecerán anónimas y no serán vinculadas con usted en ninguna forma.

11. Diría en general, que su salud es...

(Por favor elija solo uno.)

a. <input type="checkbox"/> Excelente	d. <input type="checkbox"/> Justo
b. <input type="checkbox"/> Muy bueno	e. <input type="checkbox"/> Malo
c. <input type="checkbox"/> Bueno	f. <input type="checkbox"/> No se/no estoy seguro/a
	g. <input type="checkbox"/> me niego a responder

12. Alguna vez le ha dicho un doctor, enfermera, u otro profesional de salud que usted tiene alguna de las condiciones abajo?

(Marque todos los que aplican.)

a. <input type="checkbox"/> Asma	f. <input type="checkbox"/> Osteoporosis
b. <input type="checkbox"/> Depresión o ansiedad	g. <input type="checkbox"/> Sobre peso/Obesidad
c. <input type="checkbox"/> Presión Alta	h. <input type="checkbox"/> Angina/Enfermedad del Corazón
d. <input type="checkbox"/> Colesterol Alto	i. <input type="checkbox"/> Cáncer de cualquier tipo
e. <input type="checkbox"/> Diabetes (no durante el embarazo)	j. <input type="checkbox"/> Me niego a responder

13. En los últimos 30 días, han habido días en los que sentirse triste o preocupado/a le ha evitado que usted haga su actividad normal?

<input type="checkbox"/> Sí	<input type="checkbox"/> No
<input type="checkbox"/> No se / no estoy seguro/a	<input type="checkbox"/> Me niego a responder

14. En los últimos 30 días, ha tenido algún dolor físico o problema de salud que haya hecho difícil que usted hiciera sus actividades tal como manejar, trabajo en la casa, o ir a trabajar?

<input type="checkbox"/> Sí	<input type="checkbox"/> No
<input type="checkbox"/> No se/ no estoy seguro/a	<input type="checkbox"/> Me niego a responder

15. Durante una semana normal, aparte de su trabajo regular, usted hace alguna actividad física o ejercicio que dure por lo menos media hora?

<input type="checkbox"/> Sí (Salte a pregunta #16)	<input type="checkbox"/> No (Salte a pregunta #17)
<input type="checkbox"/> No se/ no estoy seguro/a	<input type="checkbox"/> Me niego a responder (Salte a pregunta #18)

→ (Salte a pregunta #18)

16. Si contesto "Sí" a la pregunta #15, a donde va para hacer su ejercicio o hacer actividad física?

(Marque todos los que apliquen.)

a. <input type="checkbox"/> YMCA	d. <input type="checkbox"/> Gimnasio Privado
b. <input type="checkbox"/> Parque	e. <input type="checkbox"/> Casa
c. <input type="checkbox"/> Centro de Recreación Pública	f. <input type="checkbox"/> Otro: _____
	g. <input type="checkbox"/> Rehusó contestar

Si contesto la pregunta #16 por favor pase a la pregunta #18

17. Si contesto "no" a la pregunta #15, cuales son los motivos por los que usted no hace ejercicio por lo menos media hora durante una semana normal?  
(Por favor haga una lista de las razones que le apliquen a usted.)

Razones por lo cual no hago ejercicio por lo menos media hora durante una semana normal:

18. Piense en que tan seguido come frutas y vegetales enteros en un día. Por favor considere frutas y vegetales frescas, congeladas, y en lata.

(No incluya los siguientes tipos de bebidas y comidas en sus calculaciones: ensalada de lechuga como ensaladas hechas en casa con lechuga iceberg o ensaladas mixtas con agregados como productos de papa como papas fritas, papa asada, papa rallada, puré de papa y jugos de frutas o bebidas de fruta o malteadas.)

\*Por motivos de cálculos, una manzana o 12 zanahorias pequeñas son igual a una taza..

Usted come por lo menos 2 tazas de fruta entera o 2 tazas y media de vegetales enteras al dia?

Si       No  
 No se/ no estoy seguro/a       Me niego a responder

19. Durante un mes tipico, usted está regularmente expuesto/a a humo de segunda mano?

Si       No  
 No se/ No estoy seguro/a       Me niego a responder

20. Usted fuma actualmente?

(Incluya fumar en ambiente social.)

Si       No  
 Me niego a responder

21. Durante los últimos 12 meses, usted se ha puesto la vacuna contra el flu?

(Una vacuna de la Influenza puede ser una vacuna del "flu" inyectada en su brazo un tipo de spray como él (FluMist) lo cual se le pone en la nariz.)

Si       No  
 No se/ No estoy seguro/a       Me niego a responder

**Parte 5: Acceso a Cuidado y Salud Familiar**

22. A donde va usted más seguido cuando está enfermo/a?

(Por favor elija solo uno.)

oficina de Doctor  Clínica Medica  
 a. Departamento de Salud  e. Centro de Urgencia  
 b. Hospital  f. Otro: \_\_\_\_\_

23. Cual es su Plan de seguro médico primario? Elija el plan cual paga los cobros médicos primero o paga la mayoría de los cobros médicos.

(Por favor elija solo uno.)

a.  El Plan del Empleado del Estado.  
b.  Blue Cross and Blue Shield de Carolina del Norte  
c.  Otro plan de seguro médico privado comprado del lugar de empleo  
d.  Seguro médico privado comprado de una compañía de seguro o de la Ley de seguro accesible (Obama Care)  
e.  Medicare  
f.  Medicaid o Carolina ACCESS o Health Choice 55  
g.  Tricare o CHAMPUS o el VA  
h.  The Indian Health Service  
i.  Otro (plan de gobierno)  
j.  Ningún tipo de plan de salud  
k.  No se/ No estoy seguro/a  
l.  Me niego a responder

24. Si un amigo o miembro de la familia necesita ayuda de salud mental o problema con abuso de alcohol/drogas, a quien es la primera persona que usted le diría que hablará?

a.  Consejero privado o terapeuta  e.  Ministerio/Oficial de Religión  
b.  Grupo de Apoyo (e.g., AA, Al-Anon)  f.  No se/ No estoy Seguro/a  
c.  Aconsejador de la Escuela  g.  Otro: \_\_\_\_\_  
d.  Doctor  h.  Me niego a responder

25. Alguna vez no ha ido a un doctor o hospital para una cita o emergencia médica porque no tenía cómo ir, debido a falta de transporte?

(Por favor elija solo uno.)

Si  No  
 No se/ No estoy seguro/a  Me niego a responder

**Part 6: Preparacion de Emergencia**

26. Su casa tiene detector de humo que funcione? (alarma contra fuego)?

Si  No  
 No se/no estoy seguro/a  Me niego a responder

27. Su casa tiene detector de monóxido de carbono?

Si  No  
 No se/no estoy seguro/a  Me niego a responder

28. Su familia tiene un equipo básico de emergencia?

(Estos equipos incluyen agua, comida enlatada o que se pueda almacenar, medicamento necesario, suministros de primeros auxilios, focos y baterías, abridor de lata no eléctrico, sabanas, etc.)

Si  No  
 No se/no estoy seguro/a  Me niego a responder

29. Cual seria su forma principal de recibir información de las autoridades en caso de un desastre grande o emergencia?

(Por favor elija uno de los siguientes.)

a. <input type="checkbox"/> Televisión ↳ (Sistema de alerta de emergencia)	g. <input type="checkbox"/> Mensaje de Texto
b. <input type="checkbox"/> Radio	h. <input type="checkbox"/> Otro (describa): _____
c. <input type="checkbox"/> Internet	i. <input type="checkbox"/> No se/no estoy seguro/a
d. <input type="checkbox"/> Medio por Imprenta (ex: Periódico)	j. <input type="checkbox"/> Me niego a responder
e. <input type="checkbox"/> medios Sociales ↳ (ex: Facebook o Twitter)	
f. <input type="checkbox"/> vecinos	

30. Si las autoridades públicas anuncian una evacuación obligatoria de su vecindario o comunidad debido a un desastre o emergencia grande. Usted evacuaría?

Si (Salte a pregunta #32)  No (Salte a pregunta #31)  
 No se/no estoy seguro/a  Me niego a responder (Salte a pregunta #32)  
↳ (Salte a pregunta #31)

31. Si contesto "no" o "no se/ no estoy seguro/a" a la pregunta #30, cuál sería la razón principal en por qué no evacuaría si le piden hacerlo??

(Por favor elija solo uno.)

- a.  Falta de transporte
- b.  Falta de confianza en los oficiales públicos
- c.  Le preocupa dejar sus propiedades
- d.  Le preocupa su seguridad personal
- e.  Le preocupa la seguridad de su familia
- f.  Le preocupa dejar a sus mascotas
- g.  Le preocupa congestión de tráfico y no poder salir
- h.  Problemas de salud por lo cual no se puede mover
- i.  Otro (describa): \_\_\_\_\_
- j.  No se/no estoy seguro/a
- k.  Me niego a responder

**Parte 7. Preguntas Demograficas**

La siguiente serie de preguntas son preguntas generales acerca de usted, que sólo se usara como Resumen de todas las respuestas dadas por los participantes de la encuesta. Sus respuestas permanecerán anónimas y no pueden vincularse a usted de ninguna manera.

32. Que edad tiene?

<input type="checkbox"/> 19 o menor	<input type="checkbox"/> 35 - 39	<input type="checkbox"/> 55 - 59	<input type="checkbox"/> 75 - 79
<input type="checkbox"/> 20 - 24	<input type="checkbox"/> 40 - 44	<input type="checkbox"/> 60 - 64	<input type="checkbox"/> 80 - 84
<input type="checkbox"/> 25 - 29	<input type="checkbox"/> 45 - 49	<input type="checkbox"/> 65 - 69	<input type="checkbox"/> 85 o mayor
<input type="checkbox"/> 30 - 34	<input type="checkbox"/> 50 - 54	<input type="checkbox"/> 70 - 74	<input type="checkbox"/> Me niego a responder

33. Es usted?

Hombre       Mujer       Me niego a responder

34. Es usted Hispano o de origen Are you of Hispanic Latino?

Si       No       Me niego a responder

35. Cual es su raza?

(Por favor elija solo uno.)

Blanco  
 Negro o Afroamericano  
 Indígena Americano o Nativo de Alaska  
 Asiático Indígena  
 Otro Asiático incluyendo japonés, chino, coreano, vietnamita y Filipino/a  
 Islas del Pacifico incluyendo Nativo de Hawái, Samoa, Guameño / Chamorro  
 Otra raza no incluida aquí: (escriba cual) \_\_\_\_\_  
 2 o más razas: (escriba cuales) \_\_\_\_\_  
 Me niego a responder

36. Cuál es su estado Civil?

(Por favor elija uno. No se necesita explicación para "otro".)

Nunca casado /soltero       Viudo  
 Casado       Separado  
 No casado con pareja       Otro  
 Divorciado       Me niego a responder

37. Cuál es el nivel más alto de educación que completo?

(Por favor elija uno.)

- menos de 9 grado
- 9-12 grado, sin diploma
- Graduado de colegio (o GED/ equivalente)
- Diplomado o título vacacional
- Algo de Universidad (Sin Diploma)
- Licenciatura
- Graduado/ Licenciado Profesional
- Otro: \_\_\_\_\_
- Me niego a responder

38. Cuál es el total de ingresos de la casa en el último año, antes de los impuestos?

(Por favor elija uno.)

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

Me niego a responder (Salte a la pregunta #40)

39. A cuantas personas mantienen estos ingresos? \_\_\_\_\_

(Si paga manutención por un hijo que no vive con usted, esto cuenta como alguien que vive bajo sus ingresos.)

40. Estado de Empleo?

(Marque todo lo que aplique.)

- Tiempo completo       Deshabilitado
- Medio tiempo       Estudiante
- Jubilado       Ama de casa
- Fuerza Armada/militaria       Trabajo propio
- Desempleado por más de un año       Me niego a responder

41. Tiene acceso al internet?

- Si       No
- No se / No estoy seguro       Me niego a responder

**FINAL.**

**Muchas gracias por tomar el tiempo y tomar esta encuesta!**

**Si tiene alguna pregunta con respecto a la encuesta o si quiere ser voluntario para trabajar con Participantes en su Salud por favor contacte a Kellie Hardin at (704)735-3001.**

## Appendix E: Lincoln County Child Care Facility Database

Facility	Contact Information	License
A HAPPY HOME CHILD CARE	6744 LOWESVILLE LANE STANLEY, NC 28164 (704) 575-8927	Two Star Family CC Home License
A PLACE TO GROW	410 NORTH POPLAR STREET LINCOLNTON, NC 28092 (704) 732-1745	Five Star Center License
BATTLEGROUND PRE-K	201 JEB SEAGLE DRIVE LINCOLNTON, NC 28092 (704) 735-3146	Five Star Center License
CARRIE'S DAY CARE	3898 HARMATTAN DRIVE DENVER, NC 28037 (704) 516-8218	Four Star Family CC Home License
CHESTERBROOK ACADEMY	7274 HIGHWAY 73 DENVER, NC 28037 (704) 827-1091	Five Star Center License
COUNTRY CLUB CHILDREN'S ACADEMY	310 LITHIA INN ROAD LINCOLNTON, NC 28092 (704) 240-8765	Five Star Center License
CREATIVE LEARNING CENTER	706 NORTH INGLESIDE FARM ROAD IRON STATION, NC 28080 (704) 740-6954	Four Star Family CC Home License
DEATON AVE HEAD START	101 DEATON AVENUE LINCOLNTON, NC 28092 (704) 866-8721	Four Star Center License
FIRST BAPTIST CHILDREN'S MINISTRY	201 ROBIN ROAD LINCOLNTON, NC 28092 (704) 735-9572	Five Star Center License
G E MASSEY ELEMENTARY PRE-K	130 NEWBOLD STREET LINCOLNTON, NC 28092 (704) 735-2322	Five Star Center License
IRON STATION ELEMENTARY PRE-K	4207 HIGHWAY 27 IRON STATION, NC 28080 (704) 736-4292	Five Star Center License
JUST BEE A KID	3459 ANDERSON MOUNTAIN ROAD MAIDEN, NC 28650 (828) 970-7360	Three Star Center License

Facility	Contact Information	License
JUST LIKE HOME CHILD CARE LLC	128 ROCKY KNOLL COURT DENVER, NC 28037 (845) 596-6075	One Star Family CC Home License
KENLIN ACADEMY PRESCHOOL	1796 HWY 73 IRON STATION, NC 28080 (704) 732-9999	Five Star Center License
KIDDIE TOT CHILD CARE	925 HORSESHOE LAKE ROAD LINCOLNTON, NC 28092 (704) 735-8627	Four Star Family CC Home License
KIDZ 1ST CHILD CARE	966 HORSESHOE LAKE ROAD LINCOLNTON, NC 28092 (704) 735-2419	Four Star Family CC Home License
LINCOLN PARK HEAD START	140 INDUSTRIAL PARK ROAD LINCOLNTON, NC 28092 (704) 732-1216	Five Star Center License
LITTLE BLESSINGS CHILDCARE	1976 ST JAMES CHURCH ROAD DENVER, NC 28037 (980) 222-7078	Four Star Family CC Home License
LITTLE HEARTS & HANDS PRESCHOOL	178 SUNNY HILL DRIVE LINCOLNTON, NC 28092 (704) 732-0497	Three Star Center License
LONG SHOALS WESLEYAN CHILD CARE	3032 WESLEYAN CHURCH ROAD LINCOLNTON, NC 28092 (704) 732-0216	Three Star Center License
LOVE MEMORIAL PRE-K	1463 LOVE MEMORIAL SCHOOL ROAD LINCOLNTON, NC 28092 (704) 735-5649	Five Star Center License
MARYVALE DAY CARE SCHOOL	2482 JUNE BUG ROAD VALE, NC 28168 (704) 276-2660	GS 110-106
MINI ACADEMY @ DENVER	7982 UNITY CHURCH RD DENVER, NC 28037 (704) 483-8100	Five Star Center License

Facility	Contact Information	License
MRS. PEG'S CARE FOR GOD'S PRECIOUS GIFTS	3361 MAIDEN HIGHWAY NORTH LINCOLNTON, NC 28092 (704) 736-1742	Five Star Family CC Home License
MRS. PHYLLIS TREASURED BLESSINGS CHILD CARE	1378 MEANDERING LANE LINCOLNTON, NC 28092 (704) 732-8646	Five Star Family CC Home License
NORRIS S. CHILDERS ELEMENTARY PRE-K	2595 ROCK DAM ROAD LINCOLNTON, NC 28092 (704) 736-9610	Five Star Center License
NORTH BROOK ELEMENTARY PRE-K	642 HIGHWAY 274 VALE, NC 28168 (704) 276-2479	Five Star Center License
OAKLAWN HEAD START	410 LINDEN STREET LINCOLNTON, NC 28572 (704) 735-4702	Four Star Center License
OUR GANG DAY CARE, INC.	675 NORTH HWY 16 DENVER, NC 28037 (704) 483-3622	Four Star Center License
PRECIOUS TIMES LEARNING CENTER, INC.	1040 NORTH FLINT STREET LINCOLNTON, NC 28092 (704) 732-1152	Five Star Center License
S RAY LOWDER ELEMENTARY PRE-K	350 KENNEDY DRIVE LINCOLNTON, NC 28092 (704) 735-2741	Five Star Center License
ST. KATE'S KORNER	2482 JUNE BUG ROAD VALE, NC 28168 (704) 276-2660	GS 110-106
THE LEARNING EXPRESS	419 NORTH PILOT KNOB ROAD DENVER, NC 28037 (704) 483-6373	Temporary License
THE PLAY ROOM CHILD CARE HOME	1797 WATERFALLS DRIVE LINCOLNTON, NC 28092 (980) 241-3440	Four Star Family CC Home License
TUTOR TIME CHILD CARE LEARNING CENTERS	7486 WATERSIDE LOOP ROAD DENVER, NC 28037 (704) 827-6580	Four Star Center License
		DCDDEE Lincoln County 03.02.17 LA

## Appendix F: Lincoln County Medical Providers Database

### Cancer

Caromont Lincolnton Radiation Oncology	440 McAlister Rd Lincolnton, NC 28092	704-735-6637
Levine Cancer Institute- Lincoln	411 McAlister Road Suite 1200 Lincolnton, NC 28092	980-212-5100

### Cardiology

Sanger Heart and Vascular Institute-Lincoln	447 McAlister Rd. Suite 2100 Lincolnton, NC 28092	980-212-6300
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### Dental Health

Avason Family Dentistry	7476 Waterside Loop Rd Suite 100 Denver, NC 28037	704-820-9797
Caring Dentistry	3090 E. Hwy 27 Lincolnton, NC 28092	704-732-2629
Carolina Center for Comprehensive Dentistry	2226 N. Hwy 16 Denver, NC 28037	704-489-9100
Comfort and Care Dentistry	518 N. Generals Blvd Suite F Lincolnton, NC 28092	704-748-1110
Dedmond Family Dentistry	1435 N. Aspen St Lincolnton, NC 28092	704-735-7001
Denver Dental Arts	7206 Austin Smiles Ct Suite 103 Denver, NC 28037	704-951-8272
Denver Pediatric Dentistry	7206 Austin Smiles Suite 101 Denver, NC 28037	980-247-2400
Dr. John L. (Les) Cloninger, DDS, PA	640 Magnolia St Lincolnton, NC 28092	704-732-3336

Dr. John L. Cloninger III, DDS, PLLC	904 Donita Dr Lincolnton, NC 28092	704-735-0765
John L. Lassiter, DDS	323 West Main St Lincolnton, NC 28092	704-735-4722
Lincoln Dental Services	111 Doctors Park Lincolnton, NC 28092	704-735-2324
Lincoln Family Dentistry	821 East Sycamore St Lincolnton, NC 28092	704-735-3117
Lincoln Pediatric Dentistry	701 S. Laurel St Suite 1 Lincolnton, NC 28092	980-247-2400
Richard R. Pence, DDS, MAGD, PA	7482 Waterside Crossing Blvd Suite 102 Lincolnton, NC 28092	704-489-8221
Robert T. Cloninger	910 Donita Dr Lincolnton, NC 28092	704-735-3014
The Dental Zone	501 N. Hwy 16 Denver, NC 28037	704-489-2009
Warren F. Hoyle, DDS, PA	6573 Bob White Trail Stanley, NC 28164	704-827-4396
West Lake Dentistry	275 N. Hwy 16 Suite 204-B Denver, NC 28037	704-483-1870
West LKN Dentistry	510 N. Hwy 16 Denver, NC 28037	704-966-1778
Wilmer and Austin Dentistry	3718 N. Hwy 16 Denver, NC 28037	704-483-5501

## **Ear Nose & Throat**

Carolina Ear Nose & Throat	275 HWY 16 N Denver, NC 28037	704-483-6635
Lincolnton	751 South Laurel St Lincolnton, NC 28092	704-748-6712

Charlotte ENT 441 McAlister Rd. Suite 2500 704-479-2600  
Lincolnton, NC 28092

### **Eye Care**

Carolina Eye Care	231 N. Generals Blvd Lincolnton, NC 28092	704-735-1701
Graystone Eye	623 N. Hwy 16 Denver, NC 28092	704-483-2263
	2311 E. Main St Lincolnton, NC 28092	704-732-3796
Lincoln Eye Center	110 Doctors Park Lincolnton, NC 28092	704-735-8512

### **Gastroenterology**

Carolinas HealthCare System Digestive Health Lincolnton	1585 Forney Creek Pkwy Suite 2350 Denver, NC 28037	980-212-4000
	441 McAlister Rd Suite 2100 Lincolnton, NC 28092	980-212-4000

### **General Surgery**

Aswad Surgical Group	441 McAlister Rd Suite 2100 Lincolnton, NC 28092	704-735-0511
CMC-Surgery-Denver	1585 Forney Creek Pkwy Suite 2350 Denver, NC 28037	980-801-5030
CMC-Surgery-Lincoln	441 McAlister Rd Suite 2100 Lincolnton, NC 28092	980-212-6070

### **Internal Medicine**

Internal Medicine Associates	447 McAlister Rd. Suite 2200 Lincolnton, NC 28092	980-212-7080
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## Neurology

Neurosciences Institute- Neurology Lincoln	441 McAlister Rd Suite 2220 Lincolnton, NC 28092	980-212-6650
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## OB-GYN

McAlister OB-GYN Associates	1585 Forney Creek Pkwy Denver, NC 28037	980-212-6230
Lincolnton	447 McAlister Rd. Lincoln Medical Plaza II Suite 3500 Lincolnton, NC 28092	980-212-6230

## Oral Surgeons

CMC-Orthopedic Surgery- Denver	1585 Forney Creek Parkway Suite 1200 Denver, NC 28037	704-801-5030
Drs. Darab & Richardson	701 S. Laurel St Suite 2 Lincolnton, NC 28092	828-322-1667

## Orthodontics

Austin Orthodontics	701 South Laurel St Suite 1 Lincolnton, NC 28092	704-735-1606
Hamilton Orthodontics	7482 Waterside Crossing Blvd Suite 201 Denver, NC 28037	704-822-0320

## Orthopedics

CMC-Orthopedic Surgery- Denver	1585 Forney Creek Parkway Suite 1200 Denver, NC 28037	704-801-5030
CMC-Orthopedic Surgery- Lincoln	4441 McAlister Rd Suite 1100A Lincolnton, NC 28092	980-212-6250

## Pain Medicine

CMC-Lincoln Pain Center	1585 Forney Creek Pkwy Suite 1200 Denver, NC 28037	704-735-6228
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**Pediatrics**

Lakeshore Pediatric Center	635 N. Hwy 16 Denver, NC 28037	704-489-8401
Lincoln Pediatrics	113 Doctors Park Lincolnton, NC 28092	704-735-1441
Pediatric Medical Associates	447 McAlister Rd Suite 3300 Lincolnton, NC 28092	980-212-2680

**Primary Care**

Carolina Internal Medicine	294 Hwy 16 Denver, NC 28037	704-489-2400
Denver Family Practice	5732 Hwy 150 E Denver, NC 28037	704-489-1103
East Lincoln Primary Care	1585 Forney Creek Pkwy Suite 2100 Denver, NC 28037	704-489-0365
Family Medicine Associates Of Lincoln County	1531 N. Aspen St. Lincolnton, NC 28092	704-732-8736
First Foundation Clinic	111 Dave Warlick Dr Lincolnton, NC 28092	704-748-6900
Lincoln Family Practice	447 McAlister Rd. Suite 2400 Lincolnton, NC 28092	980-212-6500
Lincoln Internal Medicine	308 S. Academy St. Lincolnton, NC 28092	704-736-9188
Lincolnton Medical Group	1470 East Gaston St. Suite 300 Lincolnton, NC 28092	704-735-7474
North State Medical	501 N. Aspen St. Lincolnton, NC 28092	704-735-3116
Novant Health Family Physicians Lakeside	7482 Waterside Crossing Blvd Suite 202 Denver, NC 28037	704-316-4930
Scala Medical Clinic	105 Dave Warlick Dr Lincolnton, NC 28092	704-748-9949

West Lincoln Family Medicine 4429 West Hwy 27 Vale, NC 28168 704-748-2245

### **Pulmonary**

Pulmonary Clinic of the Carolinas 206 Gamble Dr. Suite D Lincolnton, NC 28092 704-736-9959

### **Sleep Services**

Neurosciences Institute- Neurology Lincoln 441 McAlister Rd Suite 2220 Lincolnton, NC 28092 980-212-6650

### **Sports Medicine**

Sports Medicine Injury Care 1585 Forney Creek Pkwy Suite 2100 Denver, NC 28037 704-489-0365

447 McAlister Rd Suite 3400 Lincolnton, NC 28092 704-863-4878

### **Urology**

Dr. D. Nachamie 117 B Doctors Park Lincolnton, NC 28092 704-732-2661

McKay Urology 447 McAlister Rd. Suite 1200 Lincolnton, NC 28092 980-212-6200

## **Federally Qualified Health Center in Lincoln County**

Helping Hands Health Center      206 Gamble Dr      704-735-7145  
(GFHS)      Lincolnton, NC 28092

## Hospice in Lincoln County

Hospice & Palliative Care 900 Donita Drive 704-732-6146  
Lincoln County Lincolnton, NC 28092  
Website: <https://www.hpcrc.org/location-info/lincoln-county>

## Hospitals in Lincoln County

Carolinas Health Care System- 433 McAlister Rd 980-212-2000  
Lincoln Lincolnton, NC 28092  
Website: <http://www.carolinashealthcare.org/locations/carolinas-healthcare-system-lincoln>

## Public Health in Lincoln County

## Urgent Care in Lincoln County

Carolinas HealthCare System      275 Hwy 16 N Suite 104      980-212-7000  
Urgent Care-East Lincoln      Denver, NC 28037

Carolinas HealthCare System      1802 East Main St      980-212-2610  
Urgent Care-Lincoln      Lincolnton, NC 28092

## Wellness in Lincoln County

## **Adult/Senior Services**

Lincoln County Senior Services      514 S. Academy St      704-732-9053  
Lincolnton, NC

Website: <http://www.lincolncounty.org/DocumentCenter/Home/View/2875>

## **Child Services**

Adolescent Parenting Program	118 Deaton Ave Lincolnton, NC 28092	704-736-8781
Care Coordination for Children	151 Sigmon Rd Lincolnton, NC 28092	704-736-8510
Children's Developmental Service Agency	1240 N. Flint St Lincolnton, NC 28092	704-748-2408
Lincoln County Coalition Against Child Abuse & Advocacy Center	161 Policarp Street Lincolnton, NC 28092	704-736-1155
Website: <a href="http://www.cac-lincolncounty.org/index.html">http://www.cac-lincolncounty.org/index.html</a>		
Lincoln County Department of Social Services	1136 E. Main St Lincolnton, NC 28092	704-732-0738
Child Welfare		704-732-9017
Report Child Abuse/Neglect		704-736-8678
Medicaid		704-736-8590
Website: <a href="http://www.lincolncounty.org/index.aspx?NID=135">http://www.lincolncounty.org/index.aspx?NID=135</a>		

## **Education**

Denver Christian Academy	2243 N Hwy 16 Denver, NC 28037	704-483-2207
Website: <a href="http://denverchristianacademy.com/">http://denverchristianacademy.com/</a>		
Gaston College-Lincoln	511 S. Aspen Street Lincolnton, NC 28092	704.748.5200
Website: <a href="http://www.gaston.edu/lincolncampus/">http://www.gaston.edu/lincolncampus/</a>		
Lincoln Charter Denver Campus	7834 Galway Lane Denver, NC 28037	(Grades K-6) 704-489-4343 (Grades 7-12) 704-483-6611
Lincoln Campus	133 Eagle Nest Rd Lincolnton, NC 28092	(Grades K-5) 704-736-4549 (Grades 6-12) 704-736-9888
Website: <a href="http://www.lincolncharter.org/">http://www.lincolncharter.org/</a>		
Lincoln County Schools	353 N. Generals Blvd Lincolnton, NC 28092	704-732-2261
Website: <a href="http://www.lcsnc.org/">http://www.lcsnc.org/</a>		

Long Shoals Wesleyan Academy      3032 Wesleyan Church Rd  
Lincolnton, NC 28092      704-732-3886  
ext.306  
Website: <http://www.longshoalsacademy.org/>

## **Food/Clothing Assistance**

Amy's Closet	202 S Cedar St Lincolnton, NC 28092	704-240-3688
Christian Ministry of Lincoln County, Inc.	207 S Poplar St Lincolnton, NC 28092	704-732-0383
East Lincoln Christian Ministry	4278 Catawba Burris Rd Denver, NC 28037	704-483-4415
Good Neighbor Shop	116 S. Academy St Lincolnton, NC 28092	704-732-1835
Women, Infant, and Children Program	151 Sigmon Rd Lincolnton, NC 28092	704-736-8639

## **Housing**

Amy's House	<i>Unlisted</i>	704-736-1224
Habitat For Humanity of Lincoln County Website: <a href="http://habitatlcnc.org/">http://habitatlcnc.org/</a>	809 E. Sycamore St Lincolnton, NC 28092	704-748-1800
Hesed House Website: <a href="http://hesed-lincoln.org/Contact_Us.html">http://hesed-lincoln.org/Contact_Us.html</a>	100 Ann Gaither Court Lincolnton, NC 28092	704-732-0175
Lincoln Housing Authority Website: <a href="https://affordablehousingonline.com/housing-authority/North-Carolina/Lincolnton-Housing-Authority/NC070">https://affordablehousingonline.com/housing-authority/North-Carolina/Lincolnton-Housing-Authority/NC070</a>	806 McBee St Lincolnton, NC 28092	704-735-2221

## **Mental Health/Substance Abuse**

Hope Psychiatric	1220 N Flint St Lincolnton, NC 28092	704-748-9558
Impact Carolina Services, INC	106 Doctors Park Lincolnton, NC 28092	704-732-2006
Lincoln Wellness Center	311 McBee Street Lincolnton, NC 28092	704-732-0018
	Website: <a href="http://www.lincolnwellnessnc.org/">http://www.lincolnwellnessnc.org/</a>	Mobile Crisis 855-527-4747
Agencies located at the Lincoln Wellness Center:		
Monarch		704-732-0018
Phoenix Counseling Center		704-735-7710
Alexander Youth Network		704-732-1559
Support Inc.		704-865-3525
Solid Foundations Counseling Center		704-466-0162
Live-N-Joy	201 West Main St Lincolnton, NC 28092	704-754-4726
Phoenix Counseling Center	510 S. Aspen St Lincolnton, NC 28092	704-861-8014
	Website: <a href="http://www.phoenixcounseling.org/">http://www.phoenixcounseling.org/</a>	
PsycLinc	518 South Aspen St Lincolnton, NC 28092	704-612-2375
Recovery Dynamics	326 E. Main St (Rm B0-1) Lincolnton, NC 28092	704-735-3507
	Website: <a href="http://recoverydynamicsnc.com/">http://recoverydynamicsnc.com/</a>	
Solid Foundations Counseling Center	Lincoln County Health Department 151 Sigmon Road Lincolnton, NC 28092	704-466-0162
Support, Inc.	128 Performance Dr. Lincolnton, NC 28092	704-865-3525

## Pregnancy

Crisis Pregnancy Center	112 Doctors Park Lincolnton, NC 28092	704-732-3384
OB Care Management Program	151 Sigmon Rd Lincolnton, NC 28092	704-736-8510

## Smoking Cessation

**Quitline** 1-800-784-8669

## Transportation

Transportation Lincoln County (TLC) 435 Salem Church Road Lincolnton, NC 28092 Public Transportation Website: <http://www.lincolncounty.org/index.aspx?nid=134> 704-736-2030

MEDICAID Transportation 704-732-3471

## **United Way of Lincoln County**

United Way of Lincoln County      211 West Water Street      704-732-8055  
Lincolnton, NC 28092  
**Website:** <http://www.uwlincolncountync.org/Home>  
211-Information and Support      211

211-Information and Support 211

### Confidential Information and Support including:

- supplemental food and nutrition programs
- shelter and housing options and utilities assistance
- emergency information and disaster relief
- employment and education opportunities
- services for veterans
- health care, vaccination and health epidemic information
- addiction prevention and rehabilitation programs
- reentry help for ex-offenders
- support groups for individuals with mental illnesses or special needs
- a safe, confidential path out of physical and/or emotional domestic abuse

**\*\*\* This list is not inclusive of all resources in Lincoln County. Please consult your local phone book or call 704-735-3001.**

**The Health Department is an Equal Opportunity Provider**

## Appendix G: Hanlon Method

**Hanlon Method** - This is a modified version of a method developed by Hanlon and his colleagues (Hanlon & Pickett, 1990). While this method has several steps, it is a good method to use for setting priorities.

- Step 1: Rate Health Problems

The first step is to rate all of the selected health problems. Using the *Problem Importance Sample Worksheet* in Phase 5 Tools, create a separate worksheet for each health problem. List the health problem under consideration (e.g., heart disease, substance abuse, domestic violence) on the top of the form and add a brief summary of the data collected – how the community ranked this as a priority, the related secondary data, and any other information (for example, are agencies already addressing this issue? Has this been identified as a priority by Healthy NC 2020?). Three criteria that are useful in rating community health problems are:

1. Magnitude: How many persons does the problem affect, either actually or potentially?
2. Seriousness of the Consequences: What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?
3. Feasibility of Correcting: Is the problem amenable to interventions (i.e., is the intervention feasible scientifically as well as acceptable to the community?). What technology, knowledge, or resources are necessary to effect a change? Is the problem preventable?

The CHA Team may develop other criteria (e.g., the extent to which initiatives that address the health issue will build on community strengths and resources, the availability of local technical expertise regarding the health issue, or the probability of quick success). Whatever criteria are selected, use the scoring system described below.

The CHA Team (and others involved in the priority setting process) should agree as a group on a score of 1 to 10 for the criteria for each health problem. These scores should be noted in the appropriate boxes on the *Problem Importance Worksheet*. A problem with a score of 10 on each criteria would indicate that it is of the greatest magnitude, has the most serious consequences, and is most feasible to correct. In contrast, a score of 1 on each criteria would indicate that it is of the least magnitude, has the least serious consequences, and is least feasible to correct. Add together the scores for each health issue to obtain the Problem Importance Index. The summary score should be noted in the box on the lower right-hand corner on the *Problem Importance Worksheet*.

- Step 2: Rank Health Problems

To rank the health problems, list all of the problems according to their ranking on the *Problem Prioritization Worksheet*. The problem with the highest number should be listed first and subsequent problems listed in descending order. The CHA Team should review the scoring for each of the problems and reach consensus about the ranking. It is recommended that the most significant health problems addressed by the community be limited to the top three to six (i.e., the problems with the three to six highest scores). These problems will be the focus of the community health action plans in Phase 8. Various groups within the community may address the remaining problems in some fashion, but the primary problems should be limited at this point in order to ensure success. After analysis of the problems, the CHA Team may need to return to the ranking list to select other health problems if there are significant barriers associated with the first choices (Community Health Assessment Guidebook, pg 75-79)."

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