

Lincoln County State of the County Health Report

2018 Lincoln County SOTCH Report

2018 Lincoln County State Of The County Report



Report Completed by:
Community Health Division of the
Lincoln County Health Department

Lincoln County Partnership for Health

Who are we?

The Partnership for Health is a community-based partnership that brings together community members, leaders, and organizations to address local health issues.

Special Thanks to Partnership Organizations:

- Lincoln County Health Department • Atrium Health-Lincoln
- Lincoln County Department of Social Services • Lincoln County Schools
- Lincoln County Parks and Recreation • North Carolina Cooperative Extension
- Partnership for Children of Lincoln and Gaston Counties • Gaston College
- United Way of Lincoln County • Sally's YMCA of Denver • Lincoln County Family YMCA • Gaston Family Health Services • Lincoln Wellness Center • Lincoln County Emergency Management • Lincoln County Emergency Medical Services • Lincoln County Transportation • Lincoln County Coalition Against Child Abuse • Lincoln Economic Development Association • Lincoln County Planning and Inspections
- Lincoln County Environmental Health • Partners Behavioral Health Management

Are you or someone in your organization interested in joining the Lincoln County Partnership for Health?

Call to join: 704-736-2023



The 2017-2019 Health Priority Areas

Lincoln County's most recent CHA was completed for 2016. The CHA document can be found online by visiting www.lincolncounty.org/health and choosing documents. After analyzing the available data and assessing available resources, the Lincoln County Partnership for Health chose the 2017-2019 priorities for Lincoln County. Action plans were created by the Partnership for Health to address the chosen priorities and submitted to the state in September 2017. The Lincoln County Board of Health approved the chosen priorities and action plans to be implemented in Lincoln County. The following priorities were chosen for 2017-2019:

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.
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.

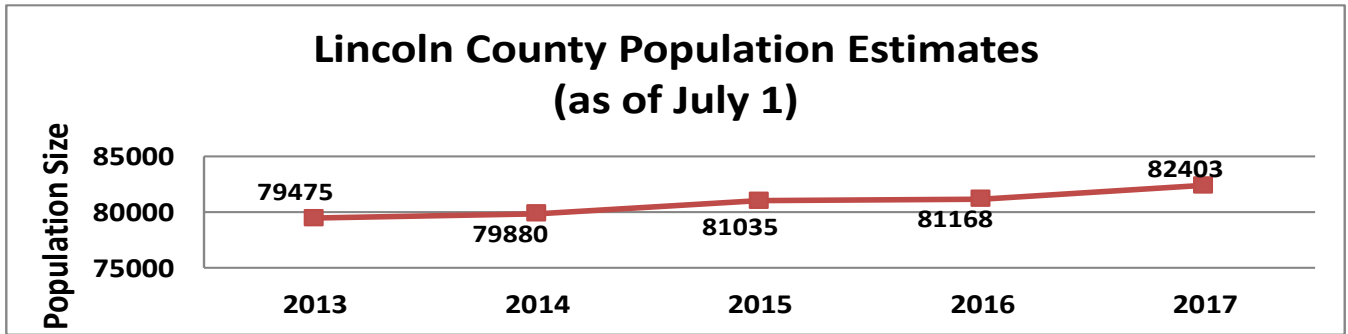
The 2018 SOTCH document will be presented and distributed to the local Board of Health, area Rotary Clubs, Partnership for Health, and will be available online by visiting www.lincolncounty.org/health after approval.

Information about the data:

- The Lincoln County health statistics in this report are compared to the State of North Carolina, BRFSS Piedmont region, BRFSS Region 4, bordering counties, or are used as stand-alone statistics.
- A majority of the data is from the North Carolina State Center for Health Statistics, United States Census Bureau, 2016 Lincoln County Community Health Assessment, and other independent data sources.
- Morbidity** is the rate or number of people that are sick with a certain disease/illness.
- Mortality** is the rate or number of people who die of a certain disease/illness.
- BRFSS NC Piedmont Region (LCR)** is comprised of 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.
- BRFSS NC Region 4 (NC R4)** is comprised of Alexander, Cabarrus, Catawba, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union counties.

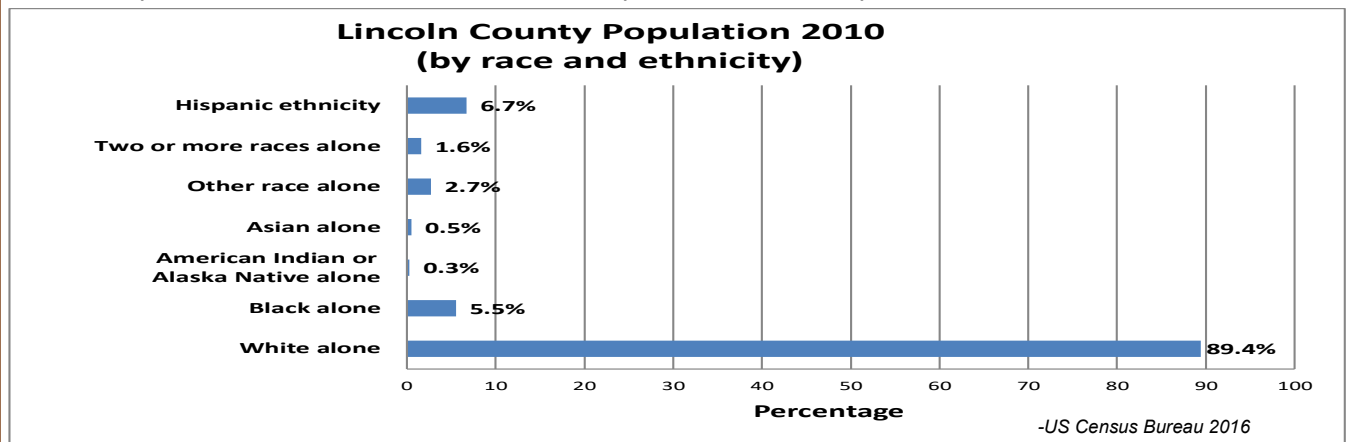
Population

Lincoln County's population continues to increase. In 2017 the population was estimated to be 82,403. This number represents a percentage increase of 3.7% from 2013 to 2017, which is slightly higher than the 2012 to 2016 increase of 2.7%. Males and females held a fairly even percentage of the total population at 49.5% and 50.5% in 2017, respectively. The median age in Lincoln County was 42.7 in 2017.
-US Census Bureau 2017



Race and Ethnicity

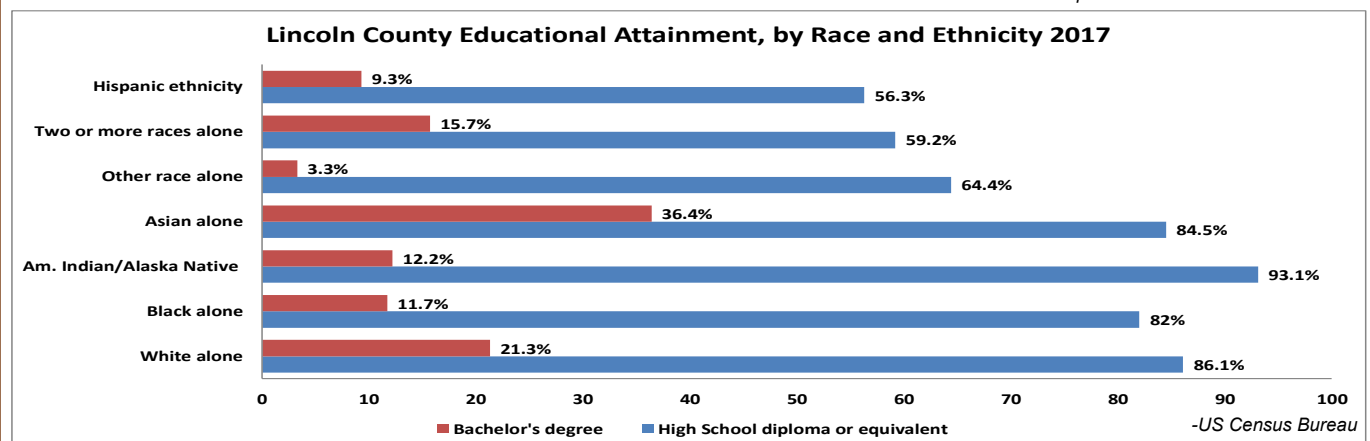
Race and ethnicity are considered separate and distinct. Thus, in addition to race, all residents are categorized by membership in one of two ethnicities, which are "Hispanic" and "Non Hispanic".



Education

When compared to NC and the US, Lincoln County's educational accomplishments are mixed. In 2017, 84.4% of people in Lincoln County aged 25 or older held a high school diploma or equivalent, compared to 86.9% for the state and 87.3% nationally. In that same timeframe, 20.2% of residents aged 25 or older held a bachelor's degree, compared to 29.8% for NC and 30.9% nationwide. For the 2016/2017 school year, Lincoln County School students exceeded the State average for Biology, English II, Math, NC Math I, Language Arts/Reading, and Science end-of-course test performance scores. However, Lincoln County High Schools had varying 4-year graduation rates between 84.6% and 95.0% in the 2016/2017 school year. Lincoln County School's dropout rate was 2.09 for the 2015/2016 school year and increased to 2.36 for the 2016/2017 school year, while Lincoln County Charter School's dropout rate was 0.17 for 2015/2016 and increased to 0.31 for 2016/2017. During this same timeframe Gaston and Catawba Counties have experienced a decreased dropout rate overall. Dropout rates are significant because educational attainment level has been shown to have an impact on socioeconomic indicators including poverty status and household income, affecting overall health outcomes.

-NC Report Cards 2015/2016 & 2016/2017

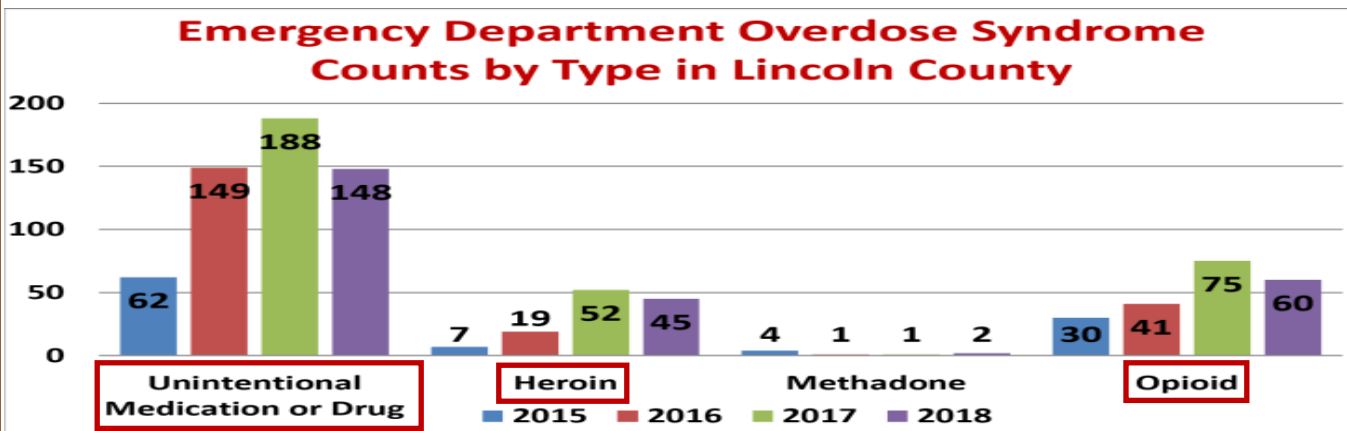


The Substance Abuse Issue

Substance abuse is an important public health issue 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 (as cited in Lincoln Co. Community Health Assessment (LCCHA), 2016). Individuals with reduced or absent social ties including family, friends, and community are at an increased risk of substance abuse over their peers that have adequate support systems (LCCHA, 2016).

Illicit Drug Use and Prescription Drug Abuse

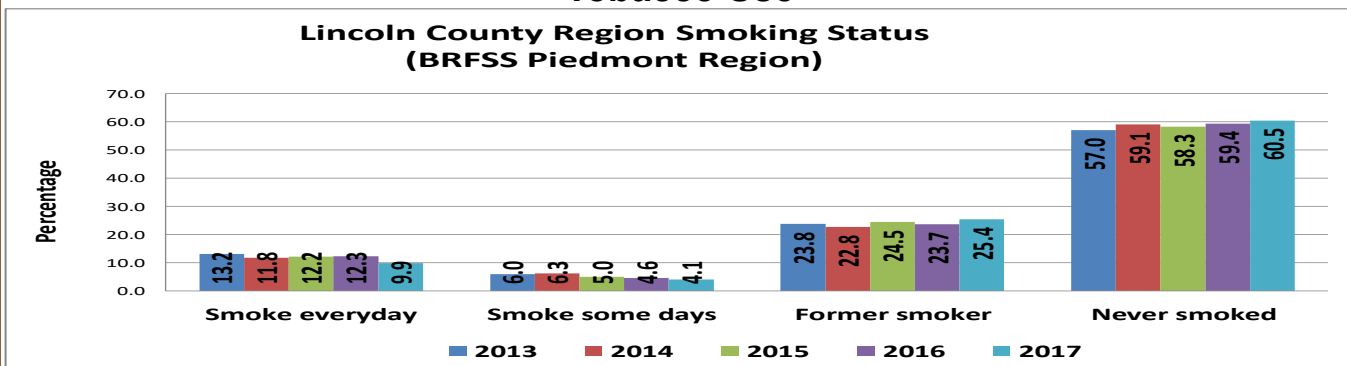
Emergency Department (ED) Overdose counts for Lincoln County Residents have slightly dropped between 2017 and 2018 but still remain high (NC DETECT). Opioid overdose is the cause of more than 60% of all overdose deaths in the United States (as cited in LCCHA, 2016). **The rate of opioid-related overdose deaths has almost doubled in NC between 2010 (8.1 deaths per 100,000 people) and 2016 (15.4 deaths per 100,000 people).** Heroin related and Synthetic Opioid related deaths have also risen between 2010 and 2016, from 39 to 544 deaths and 170 to 601 deaths per year, respectively (NIH Drug Abuse NC Opioid Summary, February 2018).



-2015-2018 NC DETECT County-Level Overdose Syndrome Charts

Lincoln County (LC) ED syndrome counts of unintentional medication or drug overdoses has seen a 138.7% increase from 2015 to 2018, accounting for 148 total syndrome counts in 2018 compared to 62 in 2015. The number of syndrome counts slightly dropped for unintentional medication or drug overdose syndrome counts in 2018 when compared to 2016 and 2017, but is still significantly higher than 2015 counts. **Opioid and heroin ED syndrome counts are on the rise, reporting a 100% and 542.9% increase, respectively, from 2015 to 2018 in LC.** However, 2018 ED overdose counts for opioids and heroin dropped slightly from 2017 counts (NC DETECT).

Tobacco Use



Smoking status in BRFSS NC Piedmont Region/Lincoln County Region (LCR) residents remained fairly consistent between 2013 and 2016, but showed a slight improvement for all reported indicators between 2016 and 2017 (NC BRFSS, 2013-2017). **This slight improvement between 2016 and 2017 does not negate the need for more and improved tobacco prevention programming in the LCR, especially since Juuls and other e-cigarettes have become popular among our youth.** Furthermore, Healthy People 2020 reports that the negative effects of tobacco are not limited to the user, stating that as many as 2.5 million people have died from diseases caused by exposure to secondhand smoke since 1964 (as cited in LCCHA, 2016).

Alcohol Use

Binge drinking has been shown to have negative effects on the body and mind, and increases one's chances of alcohol-related unintentional injuries or death. **Binge drinking is on the rise; in 2015, 14.0% of BRFSS NC Region 4 (NC R4) respondents indicated that they have binge drank in the past (even once), rising to 15.1% in 2016 and rising again to 18.2% in 2017.** NC statistics on binge drinking also show an increase during the same timeframe rising from 14.6% in 2015 to 15.5% in 2017 (NC BRFSS, 2017). College students, males, those identifying as non-Hispanic white, and those who earn an income of ≥\$50,000 per year are at a greater risk for binge drinking, thus targeted programming should be considered (as cited in LCCHA, 2016).

The Mental Health Issue

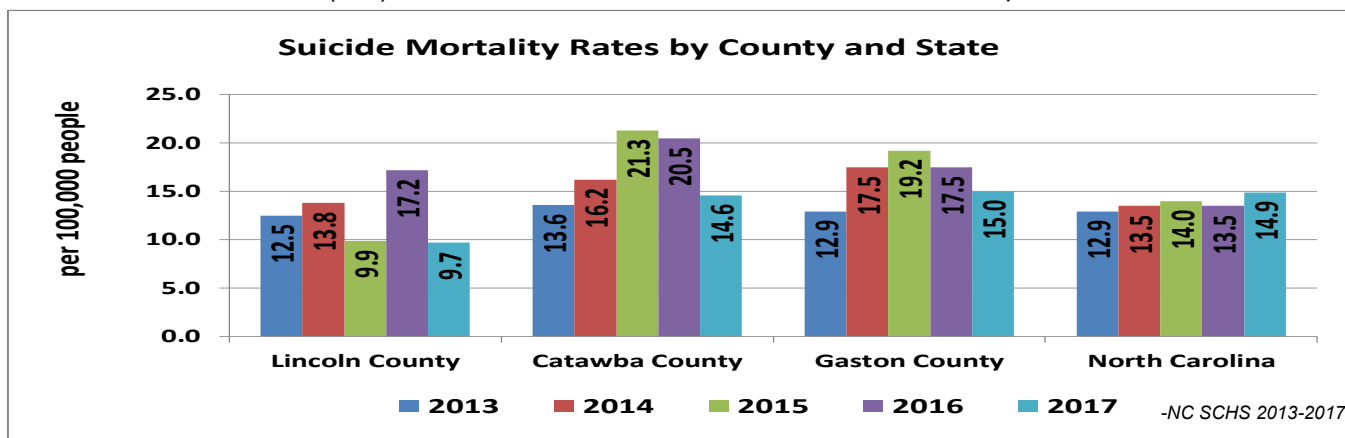
Mental Health is an important public health issue because poor mental health status can impair one's drive and ability to practice prevention and treatment behaviors, leading to an increased prevalence of chronic disease and premature death (LCCHA, 2016). Healthy People 2020 states that mental health is vital to personal wellness, interpersonal relationships, and the individual's capacity to contribute to society (as cited in LCCHA, 2016). Furthermore, poor physical health can increase one's risk of developing mental health issues.

Healthy Days

According to the NC BRFSS 2016 and 2017 surveys, the percentage of NC R4 respondents indicating there was 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 slightly increased between the two reported years from 17.8% to 18.2%, respectively. Health disparities are realized when looking at the prevalence of poor physical or mental health days when observing educational attainment or household (hh) income. **Individuals who obtained a high school diploma or less or individuals who reported a hh income of <\$50,000 were more likely to report that poor physical or mental health days kept them from going about their normal business at 24.1% and 25.9%, respectively, than their peers who attended college (14.6%) or reported a hh income of ≥\$50,000 (11.1%) (NC BRFSS, 2017).**

Depression, Anxiety and Suicide

Depression and anxiety disorders are quite common and can have a huge impact on individuals and families (LCCHA, 2016). There are many factors that can contribute to depression and anxiety disorders including poor physical health, previous mental disorders, poverty, illegal drug use or withdrawal, death of a close family member or friend, job loss, being a long-term caregiver to a disabled person, lack of sunlight exposure, or seasonal changes (Mental Health First Aid (MHFA) USA 2016). Developing an anxiety disorder is associated with risk factors including adverse childhood experiences, gender, family history, parental or personal substance abuse, separation or divorce, or side effects from prescription drugs (MHFA USA, 2016). According to the 2016 MHFA USA course book, most anxiety disorders have a median age onset between 7 and 31 years of age, and 18.1% of American adults have at least one diagnosed anxiety disorder (as cited in LCCHA, 2016). Suicide is known to be a negative health outcome of mental health and substance abuse disorders (LCCHA, 2016). Suicide was the 12th leading cause of death in Lincoln County for years 2011-2015, it dropped to the 11th leading cause of death for years 2012-2016 and remains the 11th cause of death for 2013-2017 (NC SCHS). For years 2013-2017, suicide was the 10th, 11th and 11th leading cause of death for all ages in Catawba County, Gaston County and NC, respectively (NC SCHS). **For Lincoln County from years 2013-2017, suicide was the 4th leading cause of death for 20 to 39 year olds and the 6th leading cause of death for 0 to 19 year olds (NC SCHS).** Suicide is preventable. If you suspect someone you know is suicidal or you are considering suicide, please call the National Suicide Hotline number at 1(800)273-8255 for resources, information and treatment options.



Social Interactions and Mental Health

Many factors can contribute to one's mental health status including many of the social interactions that take place between individuals and groups on a daily basis. Some social interactions that can impact mental health include bullying, school safety, internet and social media safety, interpersonal relationships, and other social behaviors. Bullying, including physical, verbal, social and cyber, can negatively affect one's self esteem and increase the risk of poor academic performance, depression and suicide. Internet and social media usage can be rewarding and allows users to build and maintain relationships with friends and family. Conversely, children and teens are more likely to make irresponsible social media decisions due to lack of impulse control, perceived risks, and consequences including providing too much personal information, emotional hyper-reactivity, and poor decision making (Casey et al., 2008). Children and teens should be monitored while using any social media platform until they are mature enough to make responsible decisions in regards to social media usage. Since children and teens are much more emotionally hyper-reactive and lack the impulse control that most adults have mastered with age and maturity, they have a harder time learning and using appropriate social skills. For this reason, it is important to promote positive self-image and continually reinforce appropriate social skills to help children and teens navigate their interpersonal relationships and achieve positive social behaviors.

-LCCHA, 2016

Priority 3: Chronic Disease

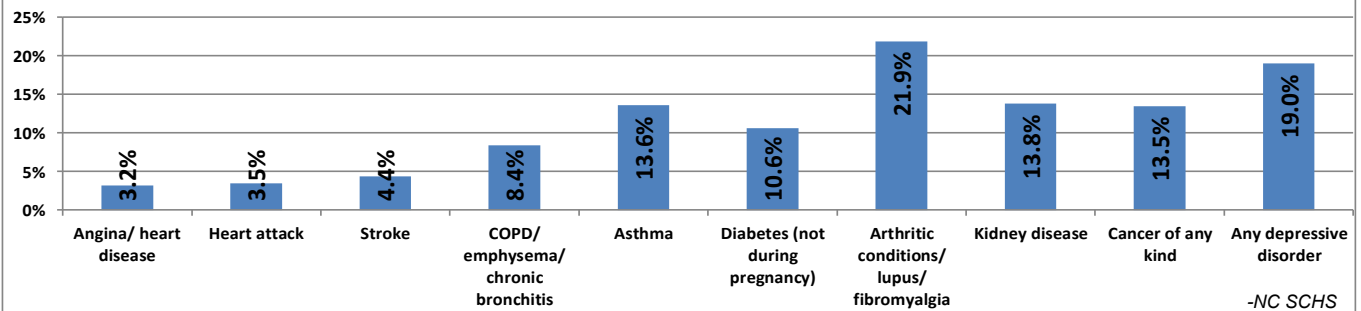
The Chronic Disease Issue

Chronic Disease is an important public health issue because the presence of chronic disease(s) can greatly impact quality of life and financially burden individuals, families, communities and the healthcare system nationwide. Prevention of chronic disease is vital because an estimated 52.7% of individuals living in NC reported living with at least one chronic disease condition in 2017, which is up from 2016 at 51.2%. Furthermore, 26.9% of individuals residing in NC reported living with two or more chronic disease conditions during the same timeframe, which is up from 2016 at 25.7% (NC BRFSS, 2016-2017). Comparably, numbers have increased for individuals who lived in BRFSS NC R4 in 2016 and 2017. **BRFSS NC R4 Respondents reported living with at least one chronic disease condition at 48.1% and two or more chronic disease conditions at 21.3% in 2016, increasing to 50.4% and 24.3% in 2017, respectively (NC BRFSS, 2016-2017).**

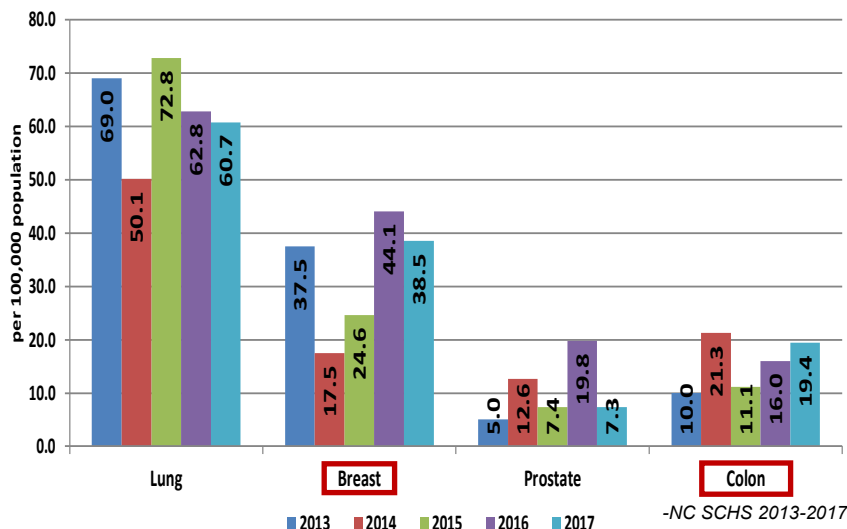
2013-2017 Age-Adjusted Death Rates/per 100,000 for Selected Counties and NC								
Cause of Death	North Carolina		Lincoln County		Catawba County		Gaston County	
	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate
Diseases of Heart	2	159.8	1	180.8	2	169.0	1	183.9
Cancer (all sites)	1	164.0	2	165.8	1	170.1	2	183.3
Chronic Lower Respiratory Diseases	3	45.5	3	57.1	3	67.9	3	69.6
Cerebrovascular Disease	4	43.2	4	44.8	5	42.5	5	46.3
Alzheimer's Disease	6	33.7	5	38.1	4	58.2	4	51.4
Unintentional Injuries (not motor vehicle)	5	34.6	6	35.1	6	41.5	6	42.4
Diabetes Mellitus	7	23.3	7	22.9	7	22.1	7	28.5
Nephritis, Nephrotic Syndrome, and Nephrosis	9	16.6	8	20.3	9	20.6	12	13.5
Unintentional Motor Vehicle Injuries	10	14.2	9	18.9	11	15.8	10	16.3
Pneumonia and Influenza	8	17.6	10	16.0	8	22.0	8	27.7
Suicide	11	13.3	11	11.3	10	16.7	11	15.9
Septicemia	12	13.1	12	12.6	12	14.6	9	24.8
Chronic Liver Disease and Cirrhosis	13	10.3	13	8.5	13	13.6	13	12.9

Have you ever been told by a medical professional that you have any of the following conditions?

BRFSS NC Region 4 - 2017



Lincoln County Cancer Mortality Rates, Selected Sites



Cancer of all sites was the #2 leading cause of death in Lincoln and Gaston Counties for 2013-2017, while it was the #1 leading cause of death in NC and Catawba County. The all-sites cancer mortality rate for Lincoln County was 168.6 in 2012-2016, decreasing to 165.8 in 2013-2017.

Breast, prostate, and lung cancer death rates decreased in Lincoln County between 2016 and 2017; however, breast and prostate cancer rates showed a sharp increase from 2015 to 2016. In Lincoln County, Colon cancer mortality rates have continued to increase in recent years (indicating a need for targeted screening and education opportunities).

Priority 3: Chronic Disease

Heart disease was the #1 leading cause of death in Lincoln County for 2013-2017 combined. Heart disease has been the leading cause of death in Lincoln County for many years; this observation holds true for Gaston County as well, but dropped to #2 for Catawba County during the same timeframe. Heart disease has consistently been the 2nd leading cause of death for NC residents in previous years, falling under cancer (of all sites) (NC SCHS).

Chronic lower respiratory disease was the #3 leading cause of death in Lincoln County for 2013-2017 combined. Lincoln, Gaston, and Catawba Counties have shown a higher death rate for all years reported between 2012 and 2017 than NC. Lincoln County's death rate has climbed from 2013 to 2016 from 55.2 to 73.9 per 100,000 population, respectively. The reported mortality rate for chronic lower respiratory disease for 2017 was 68.0 in Lincoln County, bringing our numbers close to our 2014 rate of 67.6 per 100,000 population (NC SCHS).

Diabetes was the #7 leading cause of death in Lincoln County for 2013-2017 combined. According to the 2017 BRFSS, NC R4 respondents were 10.6% likely to answer they have been told by a medical professional they had diabetes (not during pregnancy), compared to 11.3% of NC residents. **Additionally, 11.5% of 2017 BRFSS NC R4 respondents reported they have been told by a medical professional that they have pre-diabetes or borderline diabetes, compared to 12.5% of NC residents. This was a new survey question added to the 2017 BRFSS survey.**

Factors Influencing Chronic Disease

BMI stands for Body Mass Index and is a relationship between weight and height. Obesity (BMI of ≥ 30) is a leading risk factor for many chronic diseases. In 2017, 29.7% of BRFSS NC R4 respondents self-reported they were in the **recommended weight range**, compared to 31.3% of respondents in NC as a whole. Furthermore, 68.6% of BRFSS NC R4 respondents self-reported they were **overweight or obese (OO)** during the same time period. **Of the respondents who reported being OO during the 2017 BRFSS survey, women in NC R4 self-reported they were OO 65.3% of the time while men self-reported they were OO 72.0% of the time.** This gap indicates a need for increased intervention programming and strategies targeted toward men in BRFSS NC R4.

Comprehensive care, including wellness screenings, annual physicals, adhering to a healthy lifestyle, and managing previously diagnosed health conditions, is one of the most important ways to take care of your health. Healthy lifestyles can prevent or even reverse many chronic conditions. Screenings and annual exams can lead to early diagnosis which can make a condition easier to treat and lessen the negative impact a diagnosed condition has on one's quality of life.

Health care coverage status has a major impact on an individual's ability to receive and sustain comprehensive care. A **lack of health insurance or inadequate health insurance** can also exacerbate many chronic disease conditions. According to the 2017 BRFSS survey, 86.4% of NC R4 respondents indicated they had health insurance, leaving 13.6% of NC R4 uninsured. **Considering this statistic it should be noted that 13.6% of 2017 BRFSS NC R4 respondents also self-reported that there was a time in the past 12 months that they could not see a doctor when needed due to cost.** A **socioeconomic disparity gap** is realized when comparing insurance coverage looking at age, education and household (hh) income. Of BRFSS NC R4 respondents that indicated they had insurance coverage in 2017, those that were aged 65+, those with at least some college education, and those that indicated they had a hh income of $\geq \$50,000$ were more likely to respond that had insurance coverage at 99.4%, 94.6% and 96.9%, respectively, than their counterparts who were between 18 and 64 years of age (not eligible for Medicare), those holding a high-school diploma or less, and those that reported a hh income of $< \$50,000$ at 85.1%, 73.4% and 79.6%, respectively. This information potentially indicates a problem with available health care coverage options, cost of options available, and/or a lack of financial assistance available or that eligible individuals are not using the financial assistance available to them.

As per the 2017 BRFSS survey, NC R4 residents were similarly likely to respond that they **participated in physical activity or exercises** (outside of their regular jobs) such as running, calisthenics, golf, gardening, or walking for exercise when compared to NC at 74.8% and 74.4%, respectively. Research shows that physical activity decreases your risk for many chronic health conditions including depressive disorders, heart disease, diabetes, high blood pressure and cholesterol, obesity and stroke. In addition to physical activity, the vitamins and minerals you acquire from eating fruits and vegetables are protective against negative health outcomes. The 2015-2020 Dietary Guidelines for Americans state that adults should be eating 1.5-2 cups of fruit and 2-3 cups of vegetables per day (CDC-Fruits and Vegetables). **According to the 2017 BRFSS survey, 17.2% of NC R4 respondents indicated they consume fruits, vegetables or beans five or more times per day, leaving 82.8% that do not.** Additionally, 22.2% of 2017 BRFSS NC R4 respondents indicated they **drank regular soda that contains sugar** one or more times per day in the 30 days prior to the survey; while 21.8% of respondents indicated they **drank sugar-sweetened fruit drinks, sweet tea, or sports/energy drinks** one or more times per day in the 30 days prior to the survey. Only 72.4% of 2017 BRFSS NC R4 respondents reported their community had **trails, greenways, bike paths, or sidewalks available for physical activity use**. Proper ordinance and policy considerations should be addressed to make the healthy choice the easy choice.

Tobacco use is known to shorten life expectancy from tobacco related diseases including heart disease, lung cancer and respiratory disease. Secondhand smoke has been found to double the risk of children developing pneumonia, bronchitis and asthma. There has been very little improvement in LCR smoking status in recent years, indicating a need for improved tobacco prevention programming region wide. As per the 2017 BRFSS survey, 7.9% of NC R4 respondents indicated that they were **exposed to secondhand smoke in their homes** during all days in the 7 days prior to the survey, while 4.4% of respondents reported they have **smelled tobacco smoke that has drifted in their home from outside** during all days in the 7 days prior to the survey.

***Please refer to page 5 of this document for additional tobacco use information.**

Continuing Initiatives and New Initiatives

Substance Abuse:

The Lincoln County (LC) Partnership for Health chose to focus on two initiatives to impact this strategy.

- ⇒ Continuing Initiative: U-Turn Drug Intervention Program.
 - * The purpose of this initiative is to decrease the number of suspension days from ten (10) to five (5) days for first time offenders in high and middle school, due to drug offenses after program completion. - 2 students successfully completed the U-Turn Program in 2016-17, 2 in 2017-18, and 4 in 2018-present.
- ⇒ Continuing Initiative: Substance Abuse Media/Marketing Campaign & Comprehensive Resource Guide.
 - * The purpose of this initiative is to increase the number of media outreach and awareness efforts that educate the community on substance use and misuse, treatment, resources and Naloxone programs. - Partners Behavioral Health purchased the Kevin Hines Documentary, *Suicide: The Ripple Effect* for use by the Partnership for Health. - In 2018 & 2019, LC EMS distributed 83 Naloxone doses to fire/police and 48 doses to Olive Branch for their use.
 - * **New Aspect**– Opioid Summit targeting Faith Community & Social Workers planned for April 30, 2019 to include a panel of individuals affected by drug use and resources and recovery specialists. Community Opioid Event to be held in conjunction with Safe Kids Days on May 4, 2019 to include visuals and information regarding how drug users hide their addictions and drugs, in collaboration with the LC Substance Use Coalition.

Mental Health & Healthy Social Interactions:

The Lincoln County Partnership for Health chose to focus on two initiatives to impact this strategy.

- ⇒ Continuing Initiative: Mental Health First Aid (MHFA), or other suicide awareness or mental health gatekeeper training; and increasing awareness of mental health disorders to reduce negative stigma.
 - * The purpose of this initiative is to provide more opportunities for LC residents and stakeholders to take part in various suicide prevention or mental health gatekeeper trainings to improve awareness and education regarding mental health issues, resources and treatment. - 63 youth and adult participants completed the Mental Health First Aid course through Atrium Health in 2016, 122 in 2017, 83 in 2018, and 30 thus far in 2019.
 - * **New Aspect**– Opioid Summit targeting Faith Community & Social Workers planned for April 30, 2019 at Lincoln County Health Department to include a screening of the Kevin Hines Documentary, *Suicide: The Ripple Effect*.
- ⇒ Continuing Initiative: Parks Rx (prescription) intervention program.
 - * The purpose of this initiative is to implement a Parks Rx Prescription Program to improve wellness.
 - * **New Aspect**– *Get Healthy Lincoln* Map & App Development to use as a resource for the Parks Rx Prescription Program, and for use by county residents and employees. (Appx. 1) - 600 maps were printed for employees.

Chronic Disease:

The Lincoln County Partnership for Health chose to focus on two initiatives to impact this strategy.

- ⇒ Continuing Initiative (updated): Chronic Disease Screening.
 - * The purpose of this initiative is to increase the number of community partners that offer chronic disease screening opportunities to LC residents, especially those considered high risk.
 - * **New Aspect**– First Annual *Growing Healthy Families* Event planned for April 9, 2019 to include free hemoglobin screenings, blood pressure screenings, indoor obstacle course/kid's dance zone, medication safety, and healthy cooking demonstrations. (Appx. 2) Lincoln County Cooperative Extension is offering a 6-week Med(iterranean) Instead of Meds Nutrition Program in March/April 2019 at the Lincoln County Health Department.
- ⇒ Continuing Initiative: Parks Rx (prescription) intervention program.
 - * The purpose of this initiative is to implement a Parks Rx Prescription Program to improve wellness.
 - * **New Aspect**– *Get Healthy Lincoln* Map & App Development to provide a resource for the Parks Rx Prescription Program, and for use by county residents and employees. (Appx. 1) - Parks Rx to begin pilot phase in 2019-2020.

Lincoln County Partnership for Health		
Committee Sub-Groups for 2016 Community Health Assessment Priorities	Sub-Group Members	Progress Highlights 2018
Substance Abuse: Marketing Campaign & Resource Guide	United Way of Lincoln County (LC), YMCA, LC Emergency Management, Partners Behavioral Health Management, Lincoln Economic Development Association, LC Emergency Medical Services & LC Health Department	LC Substance Use Coalition and LC Partnership for Health Committee have joined efforts to combat this issue. Held 2 Opioid Events in 2018; 1 targeted Community Stakeholders/Providers and 1 targeted the community. 2 events are scheduled for 2019; 1 for Faith Community/Social Workers and 1 for the community.
Mental Health: Suicide/Gatekeeper training & reducing stigma	Atrium Health-Lincoln, LC Schools, Partners Behavioral Health Management, LC Health Department & Gaston College	Atrium Health has been our partner to provide Mental Health First Aid Trainings throughout the county. Partners Behavioral Health purchased the rights to the Kevin Hines Documentary, <i>Suicide: The Ripple Effect</i> for LC Partnership for Health Agencies to show during educational events.
Mental Health & Chronic Disease: Healthy Rx/ Farmers Market Rx/ Parks Rx prescription program	LC Parks & Recreation (Rec), LC Planning and Inspections, LC WIC, Partners Behavioral Health Management, LC Health Department, LC Environmental Health & LC Cooperative Extension	LC Parks & Rec, LC Tax Dept, and LC Health Dept collaborated on the development of a <i>Get Healthy Lincoln</i> Map and App. (See Appendix 1) The development of these tools is the first step to implementing a Parks Rx Program.
Chronic Disease: Screenings	LC Senior Services, LC Health Department, Gaston Family Health Services, Partners Behavioral Health Management & LC Environmental Health	LC Partnership for Health Agencies have hosted various wellness screenings/ awareness sessions to aid in the early detection and awareness of many chronic diseases including obesity, diabetes, osteoporosis, blood pressure and many cancers including breast, skin, colorectal, lung, etc. An event, <i>Growing Healthy Families</i> , scheduled for April 2019 will provide Hemoglobin and Blood Pressure Screenings and nutrition and physical activity education. (See Appendix 2)

Behavioral Risk Factor Surveillance System (BRFSS)—
www.schs.state.nc.us/data/brfss/survey.htm

Centers for Disease Control and Prevention (2018 State Indicator Report on Fruits and Vegetables-Published June 2018)—
<https://www.cdc.gov/nutrition/downloads/fruits-vegetables/2018/2018-fruit-vegetable-report-508.pdf>

Lincoln County Health Department 2016 Community Health Assessment—
<http://www.lincolncounty.org/DocumentCenter/View/11881>

NC Report Cards for Lincoln County Schools & Lincoln Charter Schools—
<https://ncreportcards.ondemand.sas.com/src/?county=Lincoln>

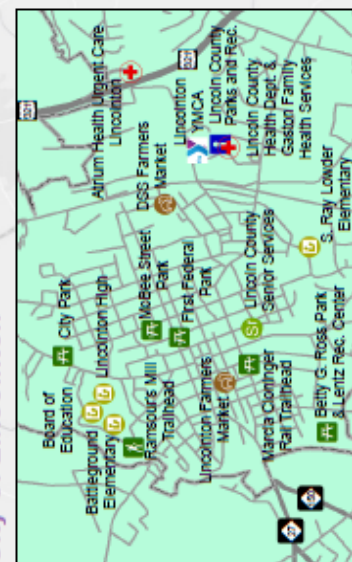
NC State Center for Health Statistics—
<http://www.schs.state.nc.us/data/>

US Census Bureau—
<https://www.census.gov/data.html>

National Institute on Drug Abuse—
<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/north-carolina-opioid-summary>


























































Get Healthy Lincoln

Lincoln County, North Carolina Map



Esri, HERE, Garmin, © OpenStreetMap contributors, and the GIS user community

Appendix 1: Get Healthy Lincoln County Map - 8.5"x11" (back)

Township of Howards Creek			Township of Lincoln		
Howards Creek Community Center • (704) 748 - 1518	  	494 Howards Creek School Rd., Lincolnton, NC 28092	Atrium Health Lincoln Trailhead	  	433 McAllister Rd., Lincolnton, NC 28092
Vale Recreation Park • (704) 748 - 1518	  	4875 Reepsville Rd., Vale, NC 28168	Betty G. Ross Park • (704) 735 - 2671	                                               	

Growing Healthy Families

Lincoln County Health Department

200 Gamble Dr., Lincolnton, NC

Tuesday, April 09, 2019

4:00 PM - 7:00 PM

You and your family are invited to join us at our
FREE Growing Healthy Families Event
at the Lincoln County Health Department!

Event Activities Include:

- FREE Blood Pressure checks and Iron Level screenings!
- Healthy Cooking Demonstrations in our Education Kitchen with tasty treats to sample!
- Family Games including a Kid's Dance Zone and an Indoor Obstacle Course suitable for children and adults of all ages!
- FREE book giveaway for children ages 0 to 5 years of age, also Sign Up to receive a FREE book every month through Dolly Parton's Imagination Library for eligible children!
 - Car Seat education, visuals and handouts!
- Promotional giveaways, information and activities that your entire family can enjoy, and much more!

The Growing Healthy Families Event is hosted by the Lincoln County Health Department, in partnership with the Lincoln County WIC Department, Lincoln County Parks and Recreation, and the Partnership for Children of Lincoln and Gaston Counties.

