

2015
Lincoln County

2014
**State of the
County Health Report**

Report

2015

Lincoln County

State Of The County Report



Research and data analysis completed by:
Lincoln County Health Department
Public Health Education Staff
February 26, 2016

Lincoln County Partnership for Health

Who are we?

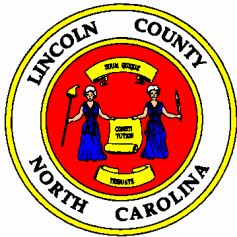
The Partnership for Health is a community-based partnership that brings together community members, leaders, and organizations to address local health issues.

Special Thanks to Partnership organizations:

- Lincoln County Health Department • Carolinas Healthcare System Lincoln
- Lincoln County Department of Social Services • Lincoln County Schools
- Communities in Schools of Lincoln County • North Carolina Cooperative Extension
- Partnership for Children of Lincoln and Gaston Counties • Gaston College
- United Way of Lincoln County • Lincoln County Family YMCA
- Multicultural Center of Hope • And More!

Want to see your name here?

Call to join: 704-736-2023



The 2013-2016 Health Priority Areas

Every three years, health departments are required to complete a Community Health Assessment (CHA). The SOTCH is the yearly update of the CHA and a snapshot of how we're doing.

Lincoln County's most recent CHA was completed in 2013. The full CHA can be found online at www.lincolncounty.org/health à Documents. The Lincoln County Partnership for Health chose the priorities that the county should focus on for 2013-2016. Based on need and ability to address an issue, the following priorities were chosen:

1. Chronic Disease Prevention: Increase access to recreational facilities, educate on the importance of physical activity for all ages, increase nutrition education, and improve access to healthy food.
2. Access to Healthcare: Improve and market transportation options, provide mobile clinic options to the community, and decrease infant mortality.
3. Healthy Behaviors: Reduce unintended pregnancies and reduce STD prevalence.

The most recent data was utilized for 2014 to identify trends as either “good” (👍), “bad” (👎), or “in the middle” (👉) on the right side of the page.

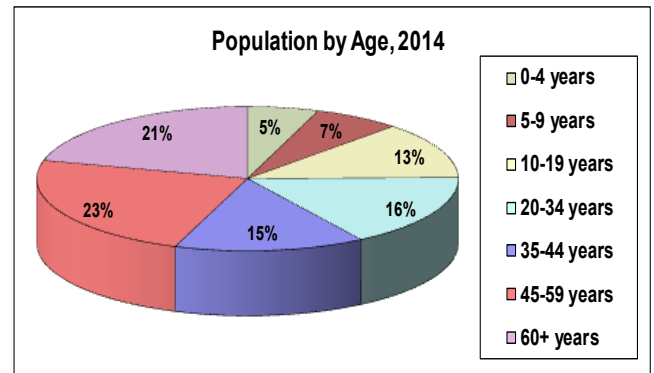
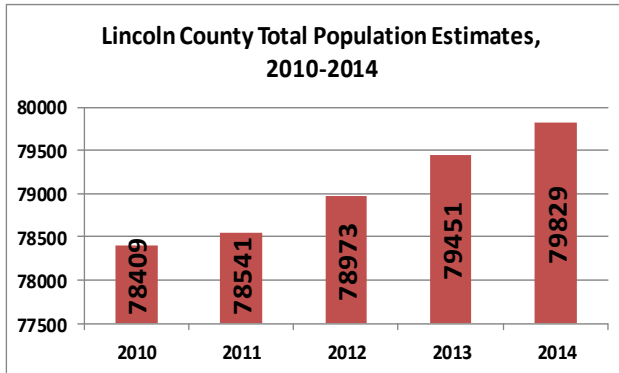
DATA FYI:

- For some health statistics in this report, Lincoln County is compared to the State of North Carolina.
- For other statistics in our report, we are compared with the rest of our region, the Piedmont of North Carolina, or our peer or bordering counties
- A lot of the data is from the **Behavioral Risk Factor Surveillance System (BRFSS)**. This is a tool from the CDC to determine health behaviors and conditions across the country.
- **Morbidity** is the rate or number of people that are sick with a certain disease/illness. 4
- **Mortality** is the rate or number of people who die of a certain disease.

Population

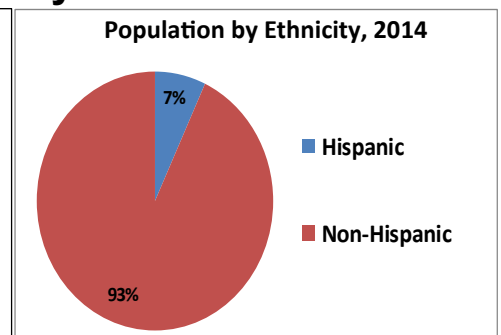
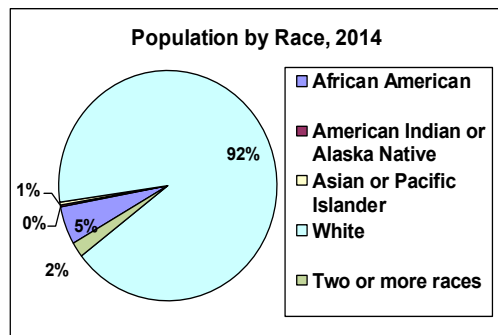
Lincoln County's population continues to increase. In 2014 the population was estimated to be 79,829, growing from 78,409 in 2010. This increase represents a growth rate of 1.8% from 2010 to 2014. Males and females each hold an even percentage of the total population at 49.5% and 50.5%, respectively.

-US Census Bureau American Fact Finder



Race and Ethnicity

Race and ethnicity are considered separate and distinct, with Hispanic origin asked as a separate question. Thus, in addition to their race or races, all residents are categorized by membership in one of two ethnicities, which are "Hispanic" and "Non Hispanic".



Education

When compared to the State of North Carolina and the United States, Lincoln County's educational accomplishments are mixed. From 2010-2014, 82.9% of people in Lincoln County aged 25 or older held a high school diploma or equivalent, compared to 85.4% for the state and 86.3% nationally. In that same timeframe, 19.9% of residents aged 25 or older held at bachelor's degree or higher, compared to 27.8% for the State and 29.3% nationwide.

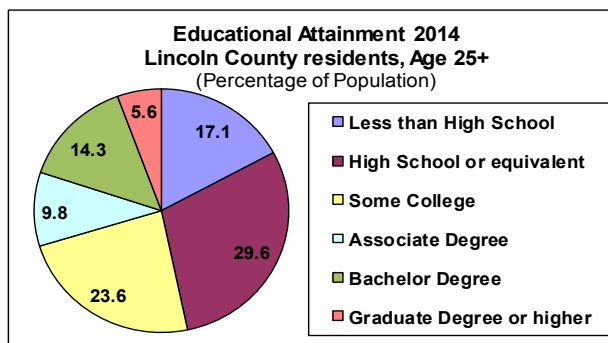
-US Census Bureau Quick Facts

For the 2014-2015 school year, Lincoln County Schools exceeded the State average for math, science, and reading tests, and graduation rates. When compared to the State, Lincoln County also had a higher percentage of students performing at or above grade level and meeting NC Standard for college and career readiness in math, science, and reading.

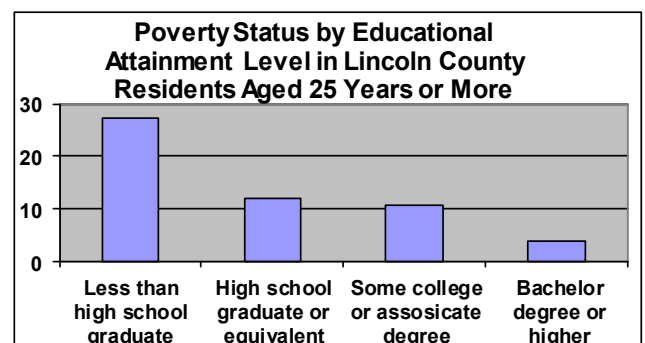
-NC Report Cards 2014-2015

After hitting a high of 4.27 in the 2008-2009 school year, the Lincoln County **dropout rate has decreased to 2.46** in the 2012-2013 school year. Dropout rates are important because educational attainment level has been shown to have a direct link to poverty status which affects health outcomes.

-LCS 2013 Annual Report



- US Census Bureau American Fact Finder



- US Census Bureau American Fact Finder

Lincoln Charter Schools

The Lincoln Charter School is a tuition free public school serving Lincoln and surrounding counties where enrollment is decided by a lottery. The school currently has 2 campuses across the county serving 1,776 elementary, middle and high school students in 2014-15. The school has a student to teacher ratio of 16.3 to 1.

Education and Health

Education effects lifestyle choices, knowledge and understanding of health issues, and the health related decisions that people make.

-Alliance for Excellent Education

Priority 1: Chronic Disease Prevention

Leading Causes of Death

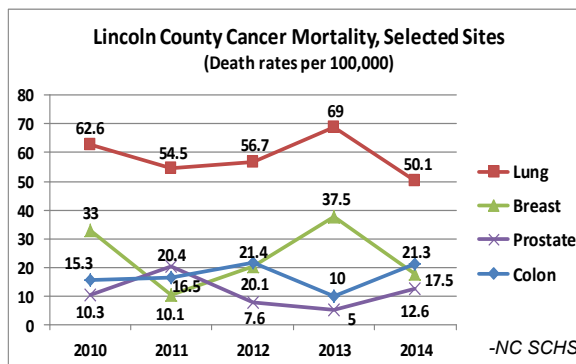
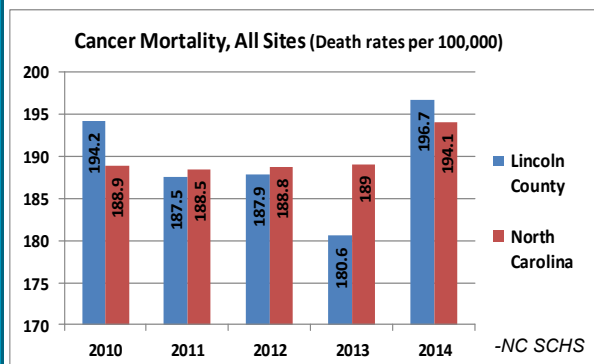
-NC SCHS

2014 Leading Causes of Death for Lincoln County and North Carolina for all Age Groups.					
Lincoln County			North Carolina		
Rank	Cause of Death:	% Affected	Rank	Cause of Death:	% Affected
1	Diseases of the Heart	22.4	1	Cancer-All Sites	22.7
2	Cancer-All Sites	22	2	Diseases of the Heart	20.6
3	Chronic Lower Respiratory Diseases	7.6	3	Chronic Lower Respiratory Diseases	5.9
4	Cerebrovascular Disease	4.6	4	Cerebrovascular Disease	5.5
5	Other Unintentional Injuries	3.6	5	Alzheimer's Disease	3.8
6	Diabetes Mellitus	2.8	6	Other Unintentional Injuries	3.7
7	Alzheimer's Disease	2.5	7	Diabetes Mellitus	3.2
8	Pneumonia and Influenza	2.2	8	Pneumonia and Influenza	2.2
9	Nephritis, Nephrotic Syndrome, and Nephrosis	2.1	9	Nephritis, Nephrotic Syndrome, and Nephrosis	2.1
10	Motor Vehicle Injuries	1.8	10	Motor Vehicle Injuries	1.6
	All other causes combined	28.4		All other causes combined	28.7

Heart Disease mortality in Lincoln County (LC) was higher than North Carolina's (NC) in 2014 affecting 22.4% and 20.6% of residents, respectively. However, Lincoln County Region (LCR) was **less likely to report they had ever been told they had cardiovascular disease** when compared to NC at 4.1% and 5%, respectively. LCR and NC were equally as likely to answer "yes" when asked if they **had ever been told they have had a stroke by a health professional**.

Cancer mortality, for all sites, presented a sharp spike in LC and NC in 2014 with a rate of 196.7 and 194.1, respectively. Beginning in 2009, LC has consistently remained below NC's rate for all-sites cancer mortality with the exception of 2010 and now, 2014. **Cancer mortality seems to be on the rise**, increasing its burden on society, affecting us physically, mentally and financially. **Cancer tops the list of leading causes of death at #1 for NC and #2 for LC**. Nationwide, **cancer mortality is higher among men than women** at 207.9 per 100,000 and 145.4 per 100,000, respectively and **cancer mortality is highest among African American men** at 261.5 per 100,000. Sadly, an estimated 39.6% of individuals will be diagnosed with cancer at some point in their lifetimes. And in 2014, an estimated 15,780 youth, aged 0-19, were diagnosed with cancer and a total of 1,960 individuals, in this same age group, died of the disease.

-NIH Cancer



Lung cancer rates have been mixed over the last 5 years. In LC, rates were at their highest in 2013 at 69 when compared to previous years, and were higher than NC's 2013 rate of 56. NC has remained fairly consistent in this category whereas LC has shown some instability in recent years.

Prostate cancer rates for LC have **fallen steadily since 2006** when they dropped from 22.4 to 10.3 in 2010. With the exception of a rate spike in 2011, prostate cancer rates still continue to decrease in recent years excluding the incidence of a slight increase in 2014. Even with this slight increase, LC's prostate cancer mortality rates remained below NC's from 2010-2014.

Breast Cancer rates have been mixed over the last 5 years. After a drop in 2011, rates continue to rise reaching its highest peak in 2013 at 37.5. Breast cancer rates dropped again in 2014 to 17.5.

Colon Cancer mortality **remains fairly constant**, with the exception of 2013 when rates fell to 10.

Diabetes prevalence was lower in LCR when compared to NC, as reported in the 2014 BRFSS report, at 10.1% for LCR compared to 10.8% for NC. LC's **diabetes mortality was slightly lower** when compared to NC at 2.8% and 3.2%, respectively.

Respiratory Disease mortality in LC is higher when compared to NC for 2014. Chronic Lower Respiratory Diseases accounted for 7.6% of deaths in LC and 5.9% in NC. As reported in the 2014 BRFSS survey, LCR residents were **similarly likely to answer that they had ever been told they had asthma** when compared to NC, at 11.3% and 11.5%. When asked if they **still had asthma the percentage of individuals affected decreased across the board** at 7.4% for LCR and 7.8% for NC. LCR respondents answered "yes" 6.6% of the time when asked had they **ever been told by a health professional that they have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis**, compared to 7.8% in NC.

-NC SCHS BRFSS

TRENDS



Heart Disease and Stroke mortality



All-sites cancer rates spiked above NC in 2014 and are the highest they have been in LC for all reported years



Lung and Breast Cancer Mortality are decreasing



Diabetes prevalence has slightly decreased across the county and state

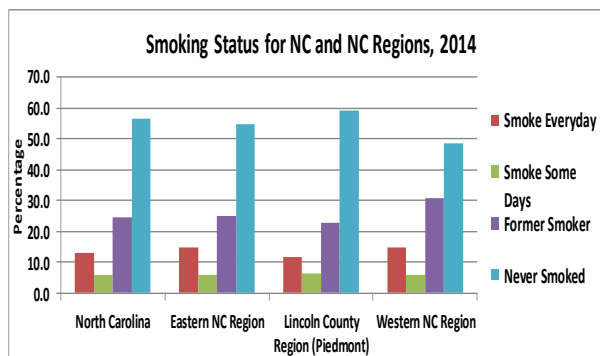
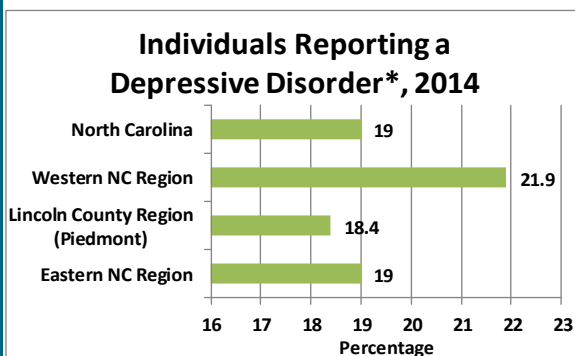
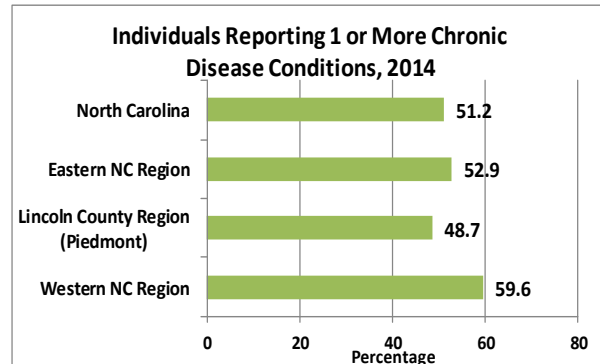
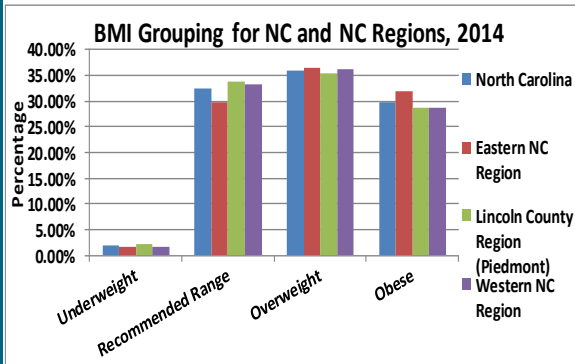
Priority 1: Chronic Disease Prevention

Obesity

BMI stands for Body Mass Index and is a relationship between weight and height that is associated with body fat and health risk. Obesity (having a BMI of ≥ 30) is a leading risk factor for many chronic diseases including diabetes, heart disease, and cancer. In 2014, 33.7% of LCR respondents self-reported they were in the healthy weight range. **The LCR had more individuals reporting they were in the healthy weight range in 2014 than the rest of NC.**

According to the 2014 BRFSS, 64.2% of respondents in LCR were overweight or obese (OO) compared to 65.6% of respondents in NC. **LCR has remained fairly constant in recent years at 64.5% and 65% for years 2013 and 2012, respectively, whereas NC showed a jump between years 2013 and 2014 from 61.6% to 65.6%, respectively.**

Educational Attainment level creates a health disparity regarding OO individuals in NC and LCR. For the population holding less than a high school diploma, LCR reports that 70.4% them are OO, compared to 65.4% for high school graduates, 65.8% for the population attending college but not completing it, and 58.7% for college graduates. Additionally, veterans and individuals with disabilities are more likely than their counterparts to be OO. -NC SCHS BRFSS



* including depression, major depression, dysthymia, or minor depression.

-NC SCHS BRFSS

Behaviors

As per the 2014 BRFSS survey, LCR residents were **more 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** than other regions in NC (% of responses were as follows: 78.2% for LCR, 76.8% for NC, 74.1% for Eastern NC, and 76.6% for Western NC). This is good news because research shows that proper physical activity decreases your risk for many chronic health conditions including depressive disorders*, heart disease, type 2 diabetes, high blood pressure, high cholesterol and stroke.

Individuals reporting as "Current Smokers" has decreased from 2011 to 2014 in LCR. LCR rates for individuals reporting as "Current Smokers" was less than NC every year from 2011 to 2014. This is good news because half of all long-term smokers have a shortened life expectancy from smoking related diseases including heart disease, lung cancer and respiratory disease. Also, secondhand smoke doubles the risk of children developing pneumonia, bronchitis and asthma.

Preventative care is one of the most important ways to manage your 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 aged 40+ have not had this potentially life saving exam within the last 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 vital opportunity in LCR. Across NC, data reveals a need for increased awareness regarding preventative prostate exams (PSA) for men aged 40+. Only 43.9% of men in LCR (aged 40+) reported that they have had a PSA test in the past 2 years, compared to 44.3% in NC. Furthermore, only 37.6% of individuals in LCR report taking a multivitamin daily, compared to 39% in NC. -NC SCHS BRFSS

TRENDS



Overweight and Obesity numbers are too high but staying fairly consistent



LCR reports fewer chronic diseases and depressive disorders than the rest of NC



Lincoln County Region responders were more likely to say they have never smoked and less likely to say they are a current smoker



LCR reported more physical activity overall, than the rest of NC

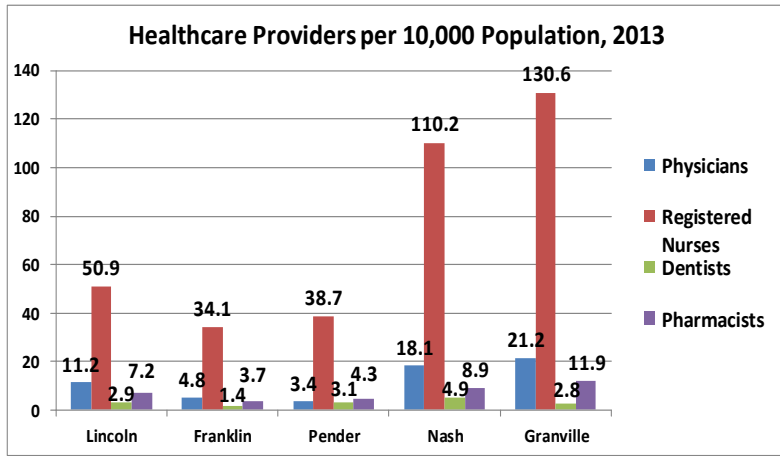


56.1% of LCR males aged 40+ reported that they have NOT had a PSA test in the past 2 years

Priority 2: Access to Healthcare

Access to Healthcare Providers

Compared to our peer counties, LC has more physicians, registered nurses and pharmacists than Franklin and Pender Counties but less than Nash and Granville Counties. For dentists, LC reports a higher rate than Franklin and Granville Counties but less than Nash and Pender Counties. Rural residents often experience barriers to healthcare that limit their ability to acquire the care they need. For this reason, sufficient healthcare access must be readily available to allow for proper prevention and diagnosis for all residents.



-Access NC (December 2015 Report)

TRENDS



Lincoln County falls in the middle when compared to our peer counties for number of healthcare providers per 10,000 population.

Insurance

According to the 2014 BRFSS, Lincoln County Region (LCR) residents (under age 65) were more likely to report they had health insurance than they did in 2013 at 76.9% for 2013 and 79.5% for 2014. The other NC regions have also shown improvement in this area, revealing that the Affordable Care Act (ACA) is helping to improve health insurance coverage rates across NC. Additionally, when asked, "Was there a time in the past 12 months when you did not take your medication as prescribed because of costs," more LCR residents were less likely to answer "Yes" when compared to NC, Eastern NC region and Western NC region at 9.9%, 10.4%, 11.4%, and 10.8%, respectively. Also, when asked, "Was there a time during the last 12 months when you needed to see a doctor but could not because of the cost," more LCR residents were likely to answer "Yes" when compared to NC at 16.9% and 16.2%, respectively. NC as a whole improved by at least 2% in this area between 2013 and 2014, further revealing the positive impact of the ACA.



Health Insurance coverage rates are increasing across the state.

Income

From a high of \$26,785 in 2005, LC's per capita income fell 15.8% to \$22,558 in 2009 but has been steadily increasing in recent years to \$25,693 in 2014. In 2014 LC was slightly ahead of NC, which had a per capita income of \$25,608. When comparing LC to our bordering counties, LC's per capita income matched Gaston County and was 10% more than Catawba County in 2014. When reporting traditional income (i.e. earned income with no outside assistance), LC reports a total of 23,141 traditionally earning households of the 30,114 total households in 2014. The average income for traditional income households was \$67,693, compared to all households at \$65,563. Income is an important indicator of health because a higher rate of income is positively correlated to the purchase of necessary medical services (paying for doctors or prescription drugs).

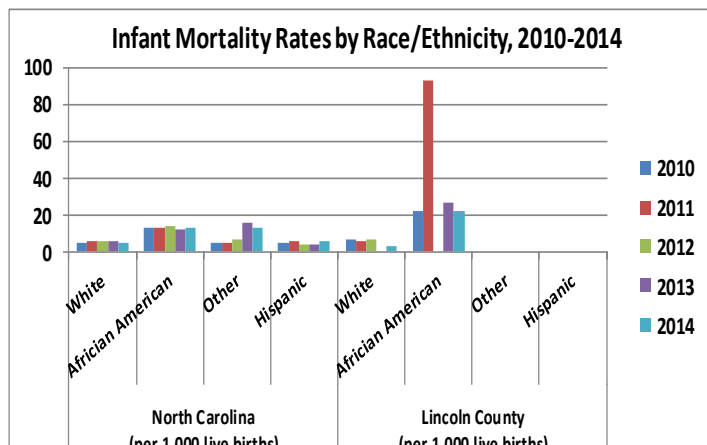
-US Census Bureau American Fact Finder



Higher per capita income than NC and Catawba County.

Infant Mortality

NC and LC infant mortality rates fluctuated between 2010 and 2014 for populations identifying as "White" or "African American". LC populations identifying as "Other" and "Hispanic" had no reported cases of infant mortality between 2010 and 2014. LC showed the greatest spike in infant mortality for African Americans in 2011 (93.0) but rates dropped to 0.0 in 2012 and leveled back out near the 2010 rate (22.2) in 2013 (26.3) and 2014 (21.7). LC's infant mortality rates for whites and African Americans remains higher than the state for most reported years.



-NC SCHS

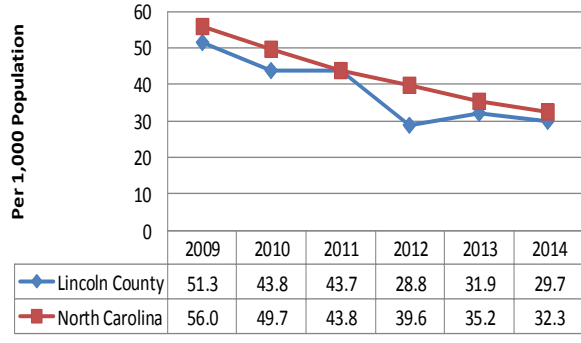


Infant Mortality

Priority 3: Healthy Behaviors

Unintended Pregnancy

Teen Pregnancy Rates (Ages 15-19)



Lincoln County (LC) experienced a decrease in teen pregnancies from 2013 to 2014. LC has fallen below North Carolina's (NC) teen pregnancy rates from 2009 to 2014; and, rates continue to drop. LC reported the **66th highest teen pregnancy rate** in NC for 2014, dropping 6 ranks from 2013, according to County Health Rankings and Roadmaps data. Teen Pregnancy rates were used in place of unintended pregnancy rates because this data is not available for all ages. LC Schools provides comprehensive health education to students. The school health education program meets all requirements by state and federal law, and all objectives in the state curriculum for Healthful Living.

-NC SCHS (APPCNC)

TRENDS

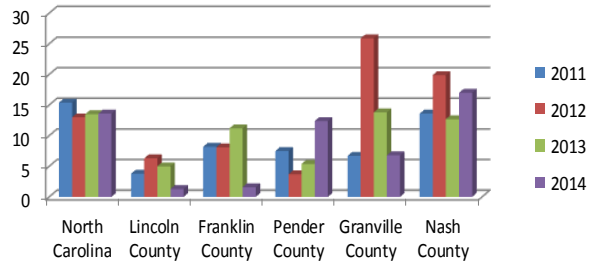


Teen Pregnancy is decreasing overall.

Other Sexual Health Issues

In 2014, LC's HIV infection rate (1.3) was **lower than all peer counties and NC!** This is an improvement from 2012 when LC's rate was 6.3. Between 2011 and 2014, LC's HIV infection rates remained lower than NC's. **When compared to our peer counties for years 2012-2014, LC ranks better than all counties on newly reported HIV infections** at 75th out of 100 counties for Lincoln, 55th for Franklin, 53rd for Pender, 18th for Granville and 11th for Nash. These ranks are based on a three year average rate for years 2012-2014.

HIV Infection Rates per 100,000 by Population by Year Diagnosed

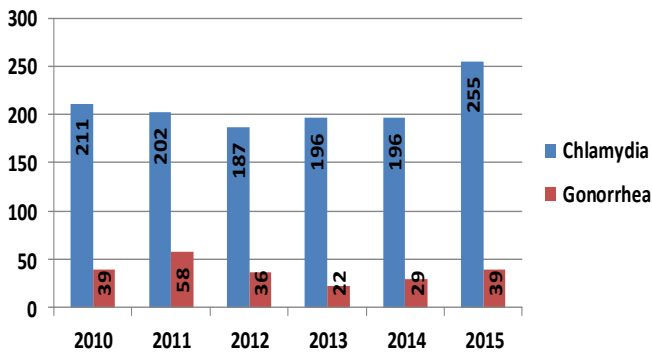


-2014 HIV/STD Surveillance Report, NC DHHS Communicable Disease (APPCNC)



HIV infection rates decreased from 2012-2014.

Newly Reported Case Counts by Year, Selected STDs



Case counts for Gonorrhea have **increased** from 2013 to 2015. **Chlamydia case counts, in 2015, were the highest reported (255 cases) in the past 5 years.**

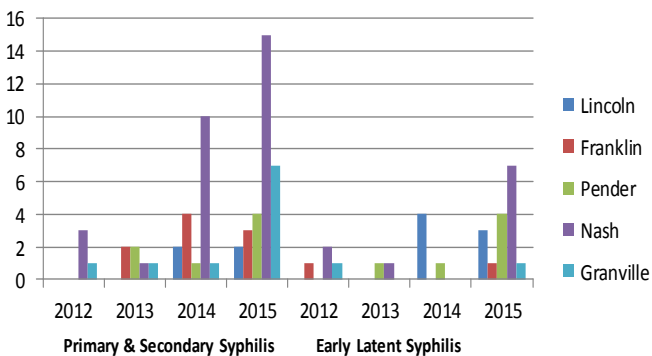
Emerging Issues: In 2014 and 2015, there was a rise of **newly confirmed Chlamydia cases for residents in LC when compared to 2012 numbers. Gonorrhea cases are trending up from 2013 to 2015.** The total numbers of Chlamydia and Gonorrhea are important indicators of adolescent sexual health because they are most common among this age group.

-NC SCHS



Chlamydia, Gonorrhea and Syphilis infections.

Newly Reported Syphilis Case Counts, by Year



Emerging Issues: LC syphilis numbers for primary (P), secondary (S) and early latent (E.L.) have increased from zero cases in 2012 and 2013 to 2 cases of P and S in 2014 and 2015, and 4 cases of E.L. in 2014 and 3 cases of E.L. in 2015. This is concerning because syphilis was previously eradicated in Lincoln County.

-2014 HIV/STD Surveillance Report, NC DHHS Communicable Disease (APPCNC)

Progress within Last Year & New Initiatives

Chronic Disease Prevention:

- **New Initiative:** The health department hired a new provider in 2015 and as a result, LCHD's Chronic Disease Management Clinic is seeing an increase in volume.
- Wellness screenings, walking programs, partnerships with The Rock Fitness gym, and tobacco cessation programs have been offered to county employees.
- Nutrition, physical activity and tobacco cessation programs are provided in schools and to the community through a variety of events.
- LCHD is in it's 6th year in partnering with Komen Foundation to provide mammography screenings and educational information to uninsured and underinsured women at low or no cost targeting African American and Hispanic women.
- Healthy Communities grant coordinator and the Child Care Health Consultant for Lincoln County provided child care centers with indoor exercise equipment and on-going technical assistance as part of the NapSACC initiative in 2015. (Nutrition and Physical Activity Self Assessment for Child Care)
- The health department and WIC program are still working on the Edible landscaping initiative for the Lincoln County Health Department.

Access to Healthcare:

- **New Initiative:** In 2015, Lincoln County (LC) Health Department began a partnership with Safe Kids Worldwide and NC to establish a new Safe Kids Lincoln County (SKLC) Coalition. SKLC members include LC Health Department, LC Sheriff, LC EMS, LC DSS, LC Schools, local Fire, City of Lincolnton Police, Coalition Against Child Abuse, Head Start, Carolinas Healthcare System, Partnership for Children of Lincoln and Gaston Counties, YMCA, and Nationwide. To date SKLC has participated in 5 community events covering safety topics in bike safety, child passenger safety, and medication safety.
- **New Initiative:** In partnership with the Helping Hands Clinic, Lincoln County Health Department (LCHD) clients have been provided with access to Health Insurance Marketplace counselors to assist with the Insurance application process for the uninsured and underinsured population.
- Updated American Heart Association Instructor training has been completed by all LCHD trained instructors for 2016. We continue to partner with the Eyes of Ian Project and Carolinas Healthcare System to provide CPR/AED and basic first-aid training to all Lincoln County Schools. Additionally, CPR/AED training is provided to all child care center employees and the general public.
- LCHD continues to partner with Komen and Charlotte Radiology to provide underinsured/uninsured women with mammograms at low or no cost to them. Mammograms and Breast Cancer information was provided at:
 - * *James W. Warren Citizens Center*—April 2015 (Reach: 150 African American women received information)
 - * *Department of Social Services*—February 2016 (Reach: 23 Lincoln County Government employees received mammograms)
 - * *St. Dorothy's Catholic Church*—February 2016 (Reach: 28 Hispanic women received information)
 - * *St. Dorothy's Catholic Church*—April 2016 (Estimated reach: 34 Hispanic women to receive mammograms)
- OB Care Management and Care Coordination for Children programs work to promote healthy pregnancy outcomes and prevent infant mortality. Prevention includes counseling and pregnancy care management.
- Chronic Disease Management Clinic provides access to care for individuals identified to have health conditions and no current medical provider.
- Laboratory and clinic staff offered a walk-in "Know Your Numbers" Clinic where community members could have BP, weight, BMI, cholesterol and glucose testing for free of charge.
- Flu vaccine clinics were held in various areas of the county to encourage all residents to get vaccinated.

Healthy Behaviors:

- **New Initiative:** Family Planning clinic now offers Nexplanon as a choice of birth control based on insurance.
- **New Initiative:** All Family Planning clients aged ≤ 25 are screened for STDs.
- **New Initiative:** Family Planning Clinic provides HIV screenings free to all initial and annual visits.
- **New Initiative:** In partnership with the City of Lincolnton Police Department, we received a grant to install a new medication disposal unit inside the lobby of the police department in 2016.
- Communicable Disease clinic hours were expanded from 3 days to 5 days in the last quarter of 2014 to reach more clients and a second provider was hired to offer more opportunities for exams.
- Family Planning Clinic: Average Monthly Reach 2015—108 Unduplicated Patients, this number is close to the number of patients reported in 2014.
- Communicable Disease Clinic: Average Monthly Reach 2015—73 Unduplicated Patients, this is almost double the patients seen in 2014.
- All Communicable Disease clients are screened for HIV, Gonorrhea, Chlamydia, and Syphilis.
- Beginning May 2015, Family Planning and Communicable Disease clients are given 10-12 condoms to meet new guidelines to prevent unintended pregnancies and STDs.

In 2016, the Partnership for Health and the Board of Health will be completing the first 5 phases of the Community Health Assessment process in preparation to complete the 2016 Lincoln County Community Health Assessment.

References

American Diabetes Association—www.diabetes.org/diabetes-statistics/cost-of-diabetes-in-us.jsp

BRFSS—Behavioral Risk Factor Surveillance System, <http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

County Health Rankings and Roadmaps- <http://www.countyhealthrankings.org/app/north-carolina/2015/rankings/lincoln/county/outcomes/overall/snapshot>

Lincoln County Health Department -<http://www.lincolncounty.org/health>

Lincoln County Schools 2013 Annual Report—<http://www.lincoln.k12.nc.us/>

Lincoln Economic Development Association—<http://www.lincolneda.org>

NC Department of Health and Human Services—County Reports and Communicable Disease Branch-<http://epi.publichealth.nc.gov/cd/>

NC Electronic Disease Surveillance System—<https://ncedss.ncpublichealth.com>

NC Public Health HIV/STD Prevention and Care Branch - <http://www.epi.state.nc.us/epi/hiv/stats.html>

NC Report Cards for Lincoln County Schools & Lincoln Charter Schools—www.ncreportcards.com

NC SCHS—North Carolina State Center for Health Statistics, <http://www.schs.state.nc.us/SCHS/>

NC Tobacco Prevention and Control Branch—www.tobaccopreventionandcontrol.ncdhhs.gov/data/Documents/CountyProfiles/LINCOLN.pdf

North Carolina Employment Security Commission-<https://desncc.com/deshome>

The National Campaign to Prevent Teen Pregnancy—<http://www.thenationalcampaign.org/costs/pdf/states/northcarolina/onepager.pdf>

US Census—<http://quickfacts.census.gov/qfd/states/37/37109.html>

