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INTRODUCTION
I. INTRODUCTION

At least every four years each health department conducts an assessment of the community’s health status to determine available resources and needs that impact the health of the population. This process called the Community Health Assessment reviews the health data, collects information from focus groups, obtains input from community members who participated in work groups or responded to the survey, and solicits opinions from other professional groups.

In the interim three years the Lenoir County Health Department issues an annual update or “State Of The County Health” known as the “SOTCH” report is completed. This report updates information regarding the priority health issues in our community.

North Carolina General Statute 130A-1.1 states that all citizens in the state should have equal access to Essential Public Health Services.

The Ten Essential Public Health Services

1. Identify and investigate health problems.
2. Inform and educate North Carolinians about health issues.
3. Organize community partnerships to solve health problems.
4. Develop policies and plans that support health programs.
5. Enforce laws and regulations that protect health and safety.
6. Connect North Carolinians to needed health services.
7. Ensure a competent health care workforce/
8. Measure the effectiveness of quality of health services.
9. Identify new solutions to health problems.
10. Monitor the Health of North Carolinians.

Other professional groups and providers in our community are meeting many of the listed services. If it is determined during the assessment process that one of the ten essential services is not being met, the Lenoir County Health Department will attempt to find a means to have the needed services provided by a local provider or to provide the service through the health department.

All health departments in the state will be going through an accreditation process to assure that essential services are being provided to North Carolinians. At this time 64 health departments have been accredited. Lenoir County Health Department was accredited in 2008 and is scheduled for reaccreditation in 2013.
Please review the 2011 Community Health Assessment of Lenoir County’s resources and health related needs and the annual SOTCH reports. Both of these reports are available online at www.co.lenoir.nc.us as well as at The Kinston-Lenoir County Public Library, Lenoir Memorial Hospital, and other agencies throughout the county.
OVERVIEW OF THE COMMUNITY HEALTH ASSESSMENT
II. COMMUNITY HEALTH ASSESSMENT OVERVIEW

A. PURPOSE

This document is a report of Lenoir County’s health status, resources, and needs conducted by Lenoir County Health Department in conjunction with other community agencies and representatives. Every four years the local health department is required to determine resources and needs that impact the county’s health. The ultimate goal is to improve the health of the community. During the other three years a report is completed known as the State of the County Health or SOTCH Report.

Community assessment is the foundation for improving and promoting the health of community members. The role of the community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts forged among community leaders, public health agencies, businesses, hospital, private practitioners, and academic centers (to name a few), the community can begin to answer key questions such as (a) “What are the strengths in our community?” (b) “What health concerns do community members have?” and (c) “What resources are available and what do we need in the community to address these concerns?”

North Carolina Community Health Assessment Process Guidebook

B. PARTNERS

Organizations and individuals represented in the forum, advisory, and/or working groups included the following:

- Lenoir County Alliance for a Healthier Community
- Lenoir Memorial Hospital
- Lenoir County Schools
- Lenoir Community College
- Lenoir County Department of Social Services
- Lenoir County Board of Health
- Kinston Housing Authority
- Kinston-Lenoir County Public Library
- Cooperative Extension Agency
- Business Community
- Political representatives (County Commissioner, City Council, Mayor, etc)
- Private medical providers
- Faith community
- Non profit organizations
- Lenoir County Health Department
- Kinston Community Health Center
- Lenoir County Council on Aging
C. PROCESS

The Lenoir County Health Department began its 2011 Community Health Assessment process in March 2011. With the assistance of staff from the Corporate and Community Health division at Lenoir Memorial Hospital, the questionnaire used in the 2007 CHA was revised and widely distributed. The questionnaire results were reviewed, compiled into a summary report, and distributed to community partners. Secondary data from local, state, and federal sources were reviewed and included in the CHA. The Alliance for a Healthier Lenoir County (the Alliance) and other groups reviewed a list of the identified health related issues and ranked them in importance from 1 to 4. The Alliance members discussed, reviewed the data and selected four issues to address during the next 3 years. The issues to be addressed are listed below:

1. Obesity (physical activity and nutrition)
2. Diabetes
3. High Blood Pressure
4. Responsible Parenting

Based on the priorities listed above, the health department’s Management Support Team will determine goals for the next three years and develop objectives for each one. Details of the Community Health Assessment process are described later in this document.
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LEADERS
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LENOIR COUNTY COMMISSIONERS

2011

George Graham, Jr.  Chairman
Reuben Davis .  Vice Chairman
Jackie Brown
J. Mac Daughety
Tommy Pharo
Eric Sutton
Linda Rouse Sutton

OTHER OFFICIALS

BJ Murphy  Mayor of Kinston
Woodard H. Gurley  Mayor of LaGrange
Anthony Mitchell  Mayor of Pink Hill
Mike Jarman  Lenoir County Manager
LENOIR COUNTY HEALTH DEPARTMENT
SUPPORT TEAM MEMBERS

Joey Huff  Health Director
Melanie Palmer  Director of Nursing
Sharon Formy-Duval  Office Work Unit Supervisor V
Pat McCoy  WIC Director
Barbara Sutton  Environmental Health Supervisor
Nancy Parks  Laboratory Manager
Barbara Murphy  Social Work Representative
Ann Rouse  Child Health Representative
Brenda Ham  Adult Health Program Manager
Teresa Williams  Adult Health Program Manager
Rhonda Ward  Health Educator II/Preparedness Coordinator
PROFILE OF LENOIR COUNTY
IV. PROFILE OF LENOIR COUNTY

A. HISTORICAL OVERVIEW

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

Lenoir County’s name honoured a Speaker of the State Senate, General William Lenoir. General Lenoir, a Revolutionary War hero was born in Brunswick County, Virginia in 1751. At eight years of age his family moved outside of Tarboro. In the years that followed General Lenoir was engaged in patriotic activities, which culminated in vigorous participation in the fight for America’s Independence.

Lenoir County’s major cash crop was tobacco until recently. Today the county is a blend of agricultural products and manufacturing.

Lenoir County officials organized the county public health department in 1917. Lenoir County was the eighth county to establish a local public health department to provide full-time public health services. Dr. J. S. Michner was Lenoir county’s first full-time health officer and probably the only public health department employee.

Kinston serves as the county seat and was founded in 1759 when NC General Assembly passed an act to establish three tobacco inspection warehouses in what was Dobbs County. It was at the site of one of these warehouses, located along the banks of the Neuse River that “Kingston”, later known as Kinston, was originally established. Below is a photo of the current Lenoir county Courthouse.

Kinston is rich in Civil War history with several battlefields in the area and is home to the Ram Neuse. The Ram Neuse a Confederate ironclad ship was constructed nearby and
sunk in the Neuse River in a battle with Union forces. A full-scale replica is on display in downtown Kinston.

The Kinston Indians, a class A affiliate of the Cleveland Indians, have been a part of Kinston since the stadium was constructed in the late 1940s. The team was sold in 2011. Efforts are underway to recruit another semi-pro team.

La Grange is a proud, independent and ambitious community, situated 12 miles northwest of Kinston and 13 miles southeast of Goldsboro, near the Wayne County Line.

It was founded at the site of the Moseley Hall Plantation built by Matthew Moseley, who moved to the area from Princess Anne County Virginia in 1717. La Grange was incorporated in 1869.

The community's namesake has been a matter of controversy for years. Most historians believe the town was named for General LaFayette's estate near Paris, France. Others argue the French word for "The Barn" was chosen because of the town's farm origin.

LaGrange is known as “The Garden Spot” and holds an annual festival in September.

Although this thriving community still retains its original farm-town flavor, it has manufacturing operations, a vibrant business district and has become a choice residential area for people who commute to work in other areas such as the GTP in Kinston or Seymour Johnson AFB in Goldsboro. One of the historical homes in LaGrange is pictured below.
Pink Hill was originally founded in the mid-nineteenth century near the home of Anthony Davis. Davis lived on a hill about two miles from the present location of the town. In the spring the area was covered with an abundance of pink wildflowers, thus the town’s name. Today the wildflowers are no longer there but the community continues to grow. “Pink Hill is a town for all seasons. It’s a place that offers a great deal to sports lovers. There is hunting in the fall and basketball in the winter. In the warm months, one can enjoy fishing, golf, and tennis.”
B. GEOGRAPHY

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

The average annual temperature is 53 F with the relative humidity averaging 73.7%. The average annual high temperature is 72 F with an average low of 48 F. Rainfall averages 80 inches annually. The area receives an average of five inches of snow yearly. Being near the coast of North Carolina our county is susceptible to tropical storms and hurricanes. [http://accessnc.commerce.state.nc.us/EDIS/page1.html](http://accessnc.commerce.state.nc.us/EDIS/page1.html)
C. DEMOGRAPHICS

The 2010 total county population was 59,495 compared to 58,919 in 2007 a decline of almost 1%. The 2007 estimated total county population was 58,919 compared to 59,648 in 2000, an increase of 1.23%. The county’s population density is 147.4 individuals/square mile compared to 165.0 for the state. US 2010 Census data indicate there are 28,397 males (47.7%) and 31,098 females (52.3%). County racial/ethnic composition is 53.4% white and 40.5% black with 7.5% other minorities including Latino origin. This compares to the state’s racial/ethnic profile of 68.5% white, 21.5% black and 12% other minorities. In the 2007 CHA, the county’s population gender profile estimated 27,474 males (47.4%) and 30,487 females (52.6%). The 2007 CHA racial/ethnic make-up was 54.9% white and 40.9% black with 3.4% other minorities. In 2010 the
Hispanic/Latino population in Lenoir County was 3,917. The Hispanic/Latino population is the fastest growing segment of the county’s population. In 2000 there were 1,891 Hispanic/Latino residents compared to 2,491 in 2007.

As noted from the graphs above the African American population in Lenoir County is almost double that for the state. African Americans have higher death rates from heart disease, cancer, HIV, diabetes, homicide, and stroke, compared to whites. Lenoir County’s statistics document higher than state averages in most of these areas.

The median age for Lenoir County’s population was 34.7 years in 1990, 38.1 years in 2000, and 40.1 years in 2007. The projected median age for 2012 is 41.2 years. https://edis.commerce.state.nc.us

As the age of the population increases the incidence of many diseases related to increasing age will become even greater, increasing mortality and morbidity rates.

The next two charts show the population by age, race, and sex for Lenoir county and North Carolina.

http://www.schs.state.nc.us/SCHS/data/databook/
## APRIL 1, 2010 POPULATION ESTIMATES
BY AGE, RACE, AND SEX
PROJECTED FROM THE APRIL 1, 2010 CENSUS

LENOIR COUNTY, NORTH CAROLINA

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**APRIL 1, 2010 POPULATION ESTIMATES**  
**BY AGE, RACE, AND SEX**  
**PROJECTED FROM THE APRIL 1, 2010 CENSUS**

**NORTH CAROLINA**

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D. ECONOMICS

The per capita income for county residents based on 2009 data was $18,877 compared to $24,547 for the state. Lenoir County’s median household income in 2009 was $34,213 compared to $43,754 statewide. The percentage of county residents who are below the federal poverty level based on 2009 data is 20.1% compared to 16.2% for state residents. The percentage of Lenoir County’s residents who are Medicaid eligible in 2008 was 28% compared to 19.4% for the state. During the 2007 – 2008 school year 69% of the students were enrolled in Free/Reduced Price School Meals.

Lenoir County’s unemployment rate for January 2012 was 11.1% compared to 10.5% for NC. The projected 2012 unemployment rate for Lenoir County is 9.6%. This projection is probably too high based on more than 800 new jobs coming into our county in the next two or three years. Several businesses that have decided to open or expand facilities within our county including 2010- MasterBrand, DB Schenker, Precision Shavings, DuPont; 2011- West Pharm, Pioneer Hi-Bred International, Smithfield Foods, and Spirit Aerospace. According to the Economic Development Department Lenoir County had a decrease of approximately 200 jobs in 2010-2011. Lenoir County is designated Tier 1 for 2011-12 which means it is one of the 25 most distressed counties

High unemployment rates mean not only a lower per capita income but also loss of health insurance. Without adequate insurance many do not seek preventive care or routine health examinations for their children. The emergency department treats clients, who should have been seen in a physician’s office; the individual often cannot pay for this treatment. This also results in loss of continuity of care or lack of follow-up on the condition.

According to a Lenoir Memorial Hospital spokesperson Medicare and Medicaid receipts at least 70% of hospital’s revenue. During fiscal year October 1, 2010- September 30, 2011 Lenoir Memorial Hospital’s Community Benefit were as follows:

“Revenues written off to charity care”…$2,946,000
“Revenues written off to bad debt”…. $22,698,000
CB Programs and services…..$409,839
Health Professional Education…..$210,950
Cash and in-kind contributions to community groups…..$568,697
Physician recruitment expenses…..$100,614
Grants received for community outreach…..$161,800

Lenoir County is the home of the NC Global TransPark; a unique business center specifically designed to support the emerging manufacturing and distribution trends in national and world commerce. Companies in the GTP Region gain a significant competitive advantage from the GTP’s Foreign Trade Zone designation. The GTP is Zone No. 214. The GTP also has the longest commercial runway in North Carolina.
E.      EDUCATION

There are approximately 9,877 students enrolled in Lenoir County Public Schools. The public school system is composed of 15 schools including 8 elementary, 3 middle, 3 high schools, and 1 alternative school. In addition there are 2 charter schools and 2 private schools located within the county. One of our schools is considered an elementary/junior high school. Early College High School in conjunction with Lenoir Community College is still going strong. Each of the three public high schools has a ‘cybercampus’ in partnership with NC School of Math and Science that provides courses unavailable otherwise such as Advanced Placement and Honors classes. Internet-based courses from NC Virtual Public Schools are available on-line. In addition “Early College High School” in conjunction with Lenoir Community College started in the fall of 2007. This program allows the student to receive a high school diploma and an Associate Degree or 2 years of transferable college credits within a 5-year period. A majority of Lenoir County residents support the educational programs as evidenced by the approval of a 69.7 million-dollar school bond referendum in May 2006.

Effective in August 2006 Lenoir County Public Schools became smoke-free. The local health department and others collaborated to accomplish this goal.

The school nurse to student ratio goal is 1:750 by 2014. According to the NC Annual School Health Services Report for Public Schools only 38 of 115 districts met the 1:750 ratio during the 08 – 09 school year. Of the 6 counties that border Lenoir County 4 counties [Craven, Duplin, Greene, and Jones] met this goal. Pitt County’s nurse to student ratio is 1:1422 and Wayne’s is 1:1172. Lenoir County’s ratio is 1:1552 higher than any surrounding area counties. www.nchealthyschools.org

Lenoir County Public School System’s per pupil expenditure including child nutrition was $7,979.00 during the 2010 – 2011.
The dropout rate for Lenoir County increased to 5.73% during the 2008-2009 school year. During the ‘09-10 school year it declined to 3.87% compared to 3.75% for the state. The link between education and health status is well documented. Mortality and morbidity rates increase when the population has a lower educational level. Less education usually coincides with reduced income, fewer opportunities for preventive health care, and a decrease in quality of life. By reducing the dropout rate and increasing the educational levels within the community, the health status can be improved.

According to the NC High School Feedback report for 2009, 418 of the 08-09 Lenoir County graduates applied to at least one of the UNC colleges with 68.9% being accepted.

The chart below compares the SAT scores for Lenoir County and NC. As noted the county scores are lower in all sections when compared to the statewide scores.

www.ncpublicschools.org

There are four major colleges/universities located in the North Carolina Eastern Region. East Carolina University/East Carolina School of Medicine in Greenville, Mount Olive College in Mt. Olive, Barton College in Wilson, and NC Wesleyan College in Rocky Mount. In addition there are eleven community colleges within this region. Companies locating in Lenoir County can train their employees at LCC or at the Global TransPark’s Education and Training Center. www.lenoiredc.com/areaprofile.htm
Lenoir Community College’s main campus is in Kinston with other sites in Greene and Jones counties. Lenoir Community College was established more than 50 years ago and offers educational programs and opportunities to develop the intellectual, economic, social, and cultural aspects of the students and communities it serves. The total number of LCC students enrolled for 2011 were 24,968. The total number of Curriculum and Continuing Education students for the Spring 2011 semester was 9,757, Summer 2011 6,270, and Fall 2011 8,941.
More than 12,500 persons attend a degree, diploma or certificate program, adult high school, personal improvement, or continuing education courses annually at Lenoir Community College.

The chart below compares the educational level of the population 25 years of age or older in Lenoir County and North Carolina in 2006-2010. As noted the percentage of persons with a high school diploma and/or bachelor’s degree are lower for Lenoir County than the state’s average.

![Educational Levels Chart]

F. WORKFORCE

The population base of Lenoir County is approximately 60,000. Lenoir County is a blend of manufacturing and agriculture. The area’s employment base is more manufacturing intensive than the national average. Approximately 5,065 people are employed in Lenoir County industries. The first chart shows a list of some major non-manufacturing employers and their employment range. The chart below show the five major manufacturing employers. These numbers were last updated in January 2011. This information was provided by Lenoir County Economic Development office.
Major Non-Manufacturing Employers

<table>
<thead>
<tr>
<th>Employers</th>
<th>Description</th>
<th>Employment Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caswell Center</td>
<td>Mental retardation intermediate care</td>
<td>1,000+</td>
</tr>
<tr>
<td>Lenoir County Public Schools</td>
<td>Education k-12</td>
<td>1,000+</td>
</tr>
<tr>
<td>Lenoir Memorial Hospital</td>
<td>Education and health services</td>
<td>1,000+</td>
</tr>
<tr>
<td>Lenoir County</td>
<td>Government</td>
<td>500-750</td>
</tr>
<tr>
<td>City of Kinston</td>
<td>Government</td>
<td>350-500</td>
</tr>
<tr>
<td>Lenoir Community College</td>
<td>Higher education</td>
<td>350-500</td>
</tr>
<tr>
<td>Harmony Hall</td>
<td>Nursing and assisted living</td>
<td>250-500</td>
</tr>
<tr>
<td>Dobbs Youth Development Lenoir Youth Development</td>
<td>Rehabilitation school</td>
<td>100-200</td>
</tr>
<tr>
<td>US Postal Service</td>
<td>Mail and package service</td>
<td>100-250</td>
</tr>
<tr>
<td>Kinston Medical Specialist</td>
<td>Health care</td>
<td>100-250</td>
</tr>
</tbody>
</table>

www.lenoiredc.com/employers.htm

The next chart shows the average number of employees in the different job classifications and the average weekly wages for Lenoir County and North Carolina. Our community remains below the state average in wages. However, the cost of living is not as high in Lenoir County than the large metropolitan areas.

www.lenoiredc.com/employers.htm
LENOIR COUNTY | EASTERN REGION
---|---
Agriculture, Forestry, Fishing, & Hunting | $517.58 | $477.06
Mining | 0 | $887.25
Utilities | $1,239.43 | $1,151.37
Construction | $724.66 | $753.71
Manufacturing | $684.57 | $846.42
Wholesale Trade | $815.35 | $841.53
Retail Trade | $468.88 | $455.72
Transportation & Warehousing | $899.74 | $803.57
Information | $654.73 | $756.20
Finance & Insurance | $787.47 | $867.97
Real Estate & Rental & Leasing | $535.32 | $521.66
Professional & Technical Services | $1,340.45 | $943.70
Management of Companies & Enterprises | $921.87 | $1,142.12
Administrative & Waste Services | $466.36 | $521.12
Educational Services | $683.43 | $770.90
Health Care & Social Assistance | $656.48 | $744.53
Arts, Entertainment, & Recreation | $176.21 | $311.30
Accommodation & Food Services | $237.09 | $267.32
Other Services Ex. Public Administration | $447.84 | $440.16
Public Administration | $677.71 | $898.60
Unclassified | * | *

http://edis.commerce.state.nc.us

**G. ENVIRONMENTAL CONCERNS**

**LEAD**

In the late 1980s and early 1990s Lenoir County had identified more than 250 children with blood lead results greater than 15 micrograms per deciliter (mcg/dL). This has decreased significantly in recent years but remains a major health concern for children.

Sources of lead in our community are frequently in the child’s home environment. The most common sources are lead-based paint, soil, and house dust. Lead is also found in some traditional medicines, folk remedies, cosmetic jewelry, toys, and mini-blinds.

According to the North Carolina 2004 Lead Elimination Plan, lead poisoning is still a problem that impacts affected children for their entire lives. This plan outlines a strategy to eliminate childhood lead poisoning by 2010 through health and housing initiatives. When a child is found to have an elevated lead level the health department conducts a lead investigation of the environment, provides guidance regarding clean-up of lead sources, nutritional information, and the importance of hand washing to reduce additional exposure. The health department provides follow-up testing without charge to the family.
The percent of Lenoir County children, ages 1 and 2 years, screened between 2007 and 2009 varied between 64.9-59.3% compared to 44.9-49.5% for North Carolina. Forty-nine (49) Lenoir County children had lead results of 10 mcg/dL or greater from 2007 – 2009. This is 1.67% of those tested. See charts below for annual data.

### Children ages 1 and 2 Years Tested for Lead Poisoning

<table>
<thead>
<tr>
<th>Year</th>
<th>Target Population</th>
<th>Number Tested</th>
<th>Percent Tested</th>
<th>LEAD 10 or &gt;</th>
<th>Percent 10 or &gt;</th>
<th>LEAD 10 or &gt;</th>
<th>Percent 10 or &gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1,625</td>
<td>1,055</td>
<td>64.9</td>
<td>22</td>
<td>2.1</td>
<td>44.9</td>
<td>706</td>
</tr>
<tr>
<td>2008</td>
<td>1,579</td>
<td>1,027</td>
<td>65.0</td>
<td>13</td>
<td>1.3</td>
<td>46.8</td>
<td>654</td>
</tr>
<tr>
<td>2009</td>
<td>1,530</td>
<td>908</td>
<td>59.3</td>
<td>14</td>
<td>1.5</td>
<td>49.5</td>
<td>583</td>
</tr>
</tbody>
</table>

www.deh.enr.state.nc.us/Children_Health/Lead/surveillance_data_tables.htm

As the chart below indicates 17 children who live in Lenoir County were confirmed to have blood lead levels between 10 and 19 mcg/dL and 5 were confirmed at 20 mcg/dL or greater. During 2007 – 2009 a total of 22 children have had elevated lead levels. This is not an unduplicated count because it frequently takes more than a year for the lead level to decrease below 10mcg/dL.

### Children ages 6 Months to 6 Years Tested for Lead Poisoning

<table>
<thead>
<tr>
<th>Year</th>
<th>Number Tested</th>
<th>Confirmed 10 -19</th>
<th>Confirmed 20 or &gt;</th>
<th>Confirmed 10 -19</th>
<th>Confirmed 20 or &gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1,673</td>
<td>6</td>
<td>1</td>
<td>232</td>
<td>38</td>
</tr>
<tr>
<td>2008</td>
<td>1,670</td>
<td>8</td>
<td>3</td>
<td>181</td>
<td>36</td>
</tr>
<tr>
<td>2009</td>
<td>1,444</td>
<td>3</td>
<td>1</td>
<td>143</td>
<td>38</td>
</tr>
</tbody>
</table>

www.deh.enr.state.nc.us/Children_Health/Lead/Surveillance_Data_tables.html

“Target Population” is based on the number of live births in preceding 2 years. “Number Tested” is an unduplicated count of children tested for lead poisoning within the calendar year. “Percent Tested” is the number of children tested divided by the target population. Children are counted as being tested for lead poisoning in successive years until they are confirmed to have a lead level ≥ 10 micrograms per deciliter. Confirmation is based on a child receiving two consecutive blood lead results ≥ 10 micrograms per deciliter within a six-month period. “Confirmed” lead levels are based on the confirmation date and are classified according to the highest level confirmed during the calendar year. The categories “Confirmed 10 –19” and “Confirmed ≥20” are mutually exclusive.
SMOKING

The final version of House Bill 2 went into effect on January 2, 2010 and provided protection from secondhand smoke in restaurants and bars across the state. House Bill 2 also authorizes some expansion of local control so that local governments can pass local ordinances restricting smoking in some other public places, including some worksites. The local school system is smoke free. However, secondhand smoke remains a problem when persons are exposed to tobacco smoke. According to the 2009 Youth Risk Behavior Survey 20.8% of high school students in Eastern NC reporting having smoked in the previous 30 days.

INSPECTIONS

Environmental specialists routinely inspect food establishments, lodging facilities, public swimming pools, daycare centers, etc. The charts below show the number of inspections in different categories.

ENVIRONMENTAL HEALTH 2011

<table>
<thead>
<tr>
<th>On-site Sewage Systems</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>New lot applications</td>
<td>157</td>
<td>157</td>
<td>151</td>
<td>130</td>
</tr>
<tr>
<td>Applications for services other Than new lots</td>
<td>213</td>
<td>226</td>
<td>291</td>
<td>364</td>
</tr>
<tr>
<td>Site Evaluations</td>
<td>205</td>
<td>203</td>
<td>187</td>
<td>187</td>
</tr>
<tr>
<td>Improvement Permits issued</td>
<td>129</td>
<td>120</td>
<td>108</td>
<td>88</td>
</tr>
<tr>
<td>New</td>
<td>124</td>
<td>116</td>
<td>107</td>
<td>86</td>
</tr>
<tr>
<td>Repair</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Constructions Authorization</td>
<td>168</td>
<td>171</td>
<td>147</td>
<td>140</td>
</tr>
<tr>
<td>New</td>
<td>128</td>
<td>120</td>
<td>105</td>
<td>92</td>
</tr>
<tr>
<td>Repair</td>
<td>40</td>
<td>51</td>
<td>42</td>
<td>48</td>
</tr>
<tr>
<td>Improvement Permit Denied</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Operations Permit Issued</td>
<td>156</td>
<td>164</td>
<td>123</td>
<td>155</td>
</tr>
<tr>
<td>New</td>
<td>120</td>
<td>128</td>
<td>80</td>
<td>109</td>
</tr>
<tr>
<td>Repair</td>
<td>36</td>
<td>36</td>
<td>43</td>
<td>46</td>
</tr>
<tr>
<td>Written Authorization for Connection in MHP</td>
<td>51</td>
<td>36</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>Existing System Inspection</td>
<td>55</td>
<td>45</td>
<td>63</td>
<td>65</td>
</tr>
<tr>
<td>Complaints Investigated</td>
<td>6</td>
<td>32</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Site Visits All Operations</td>
<td>1057</td>
<td>1040</td>
<td>1022</td>
<td>911</td>
</tr>
<tr>
<td>Permit Denial Rate</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
## Migrant Camp Inspections

<table>
<thead>
<tr>
<th>Year</th>
<th>17</th>
<th>46</th>
<th>45</th>
<th>33</th>
</tr>
</thead>
</table>

| Table V Inspections | 101 | 4 | 23 | 2 |

## Food and Lodging

### Permits Issued

| Year | 107 | 85 | 84 | 94 |

### Inspections

| Year | 634 | 776 | 886 | 795 |

### Visits (FH3 & FH4)

| Year | 349 | 262 | 255 | 301 |

### Critical Violation Visits

| Year | 73 | 55 | 60 | 49 |

### Complaints Investigated

| Year | 46 | 51 | 57 | 74 |

### Illegal Operations Closed

| Year | 7 | 8 | 2 | 9 |

### F & L Plans Reviewed

| Year | 22 | 23 | 20 | 13 |

### Lead Investigations

| Year | 4 | 4 | 2 | 0 |

### Methamphetamine Labs

| Year | 2 | 9 | 0 |

## Private Water Supplies

### Bacterial Samples Collected

| Year | 12 | 13 | 20 | 17 |

### Other Samples Collected

| Year | 9 | 10 | 15 | 12 |

### Well Sites Evaluated

| Year | 17 | 8 | 18 | 11 |

### Grouting Inspections

| Year | 19 | 9 | 16 | 9 |

### Well Consultative Visits

| Year | 22 | 21 | 19 | 27 |

### Well Head Inspections

| Year | 10 | 2 | 8 | 7 |

### Well Construction Permit Issued

| Year | 4 | 6 | 18 | 8 |

## Active Food and Lodging Establishments 2011

<table>
<thead>
<tr>
<th>Establishment</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurants</td>
<td>157</td>
<td>156</td>
<td>156</td>
<td>149</td>
<td>150</td>
</tr>
<tr>
<td>Food Stands</td>
<td>34</td>
<td>32</td>
<td>32</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Meat Markets</td>
<td>13</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>School Cafeterias</td>
<td>25</td>
<td>26</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Category</td>
<td>2008</td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>School Buildings</td>
<td>25</td>
<td>28</td>
<td>26</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>ChildCare Centers</td>
<td>43</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>43</td>
</tr>
<tr>
<td>Elderly Nutrition Sites</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Limited Food Service</td>
<td>14</td>
<td>14</td>
<td>15</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Mobile Food Unit</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Pushcarts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Swimming Pool/Spa/Wading</td>
<td>27</td>
<td>27</td>
<td>24</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Rest/Nursing Homes</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Adult Day Service</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lodging</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Bed &amp; Breakfast Home</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Local Confinement</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tattoo Artist</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Institutional Dietary</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Summer Feeding Sites</td>
<td>9</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Care</td>
<td>84</td>
<td>82</td>
<td>62</td>
<td>42</td>
<td>46</td>
</tr>
</tbody>
</table>

The inspections conducted by the environmental health specialist impact the public health everyday by preventing food borne outbreaks or other potential threats to the health from contamination or unsafe preparation of foods.

**H. CRIME**

Criminal activities impact the health of the community in many ways. Even if you are not a victim you may be afraid to be outside because of drive by shootings and the costs of crime is spread across the population such as increased police, fire, and health officials. The chart below shows the offences per 100,000 population. The three-year trend 2008-2010 displays a decrease in crime. Also the total number of crimes committed has decreased from 3,438 in 2008 to 2,193 in 2010.
<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Rape</td>
<td>14</td>
<td>18</td>
<td>24</td>
<td>15</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Robbery</td>
<td>76</td>
<td>52</td>
<td>82</td>
<td>87</td>
<td>69</td>
<td>60</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>324</td>
<td>298</td>
<td>365</td>
<td>349</td>
<td>356</td>
<td>274</td>
</tr>
<tr>
<td>Burglary</td>
<td>874</td>
<td>711</td>
<td>753</td>
<td>874</td>
<td>857</td>
<td>687</td>
</tr>
<tr>
<td>Larceny</td>
<td>2375</td>
<td>2115</td>
<td>1684</td>
<td>1,982</td>
<td>1,292</td>
<td>1,088</td>
</tr>
<tr>
<td>Motor Vehicle Theft</td>
<td>150</td>
<td>152</td>
<td>121</td>
<td>125</td>
<td>99</td>
<td>66</td>
</tr>
<tr>
<td>Total</td>
<td>3,822</td>
<td>3,354</td>
<td>3,031</td>
<td>3,438</td>
<td>2,688</td>
<td>2,193</td>
</tr>
</tbody>
</table>

http://crimereporting.ncdoj.gov/Reports.aspx

I. CHILD AND ADULT PROTECTIVE SERVICES

<table>
<thead>
<tr>
<th></th>
<th>2009 Reported</th>
<th>2009 Substantiated</th>
<th>2010 Reported</th>
<th>2010 Substantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>25</td>
<td>16</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Neglect</td>
<td>540</td>
<td>73</td>
<td>506</td>
<td>107</td>
</tr>
<tr>
<td>Abuse &amp; Neglect</td>
<td>62</td>
<td>7</td>
<td>48</td>
<td>11</td>
</tr>
<tr>
<td>Dependency</td>
<td>11</td>
<td>12</td>
<td>10</td>
<td>3</td>
</tr>
</tbody>
</table>

www.dhhs.state.nc.us/dss/stats/cr.htm

As noted from the chart above Lenoir County like others across the state has a problem with children being neglected or abused. The incidence has increased annually.

Recognizing the need for additional parenting classes, several agencies have started or expanded their efforts to assure parents are knowledgeable on proper parenting and coping strategies. These organizations are Young Women’s Outreach, Eastern Pregnancy Information Clinic, Lenoir-Greene Partnership for Children, and Lenoir County Cooperative Extension.
COMMUNITY HEALTH RESOURCES
V. COMMUNITY HEALTH RESOURCES

A. HOSPITALS

Lenoir Memorial Hospital, a not for profit hospital, is licensed for 261 beds and located in Kinston; it also serves patients from the surrounding area, especially Greene and Jones counties. “Lenoir Memorial’s mission is to provide area residents with cost-effective healthcare services which result in excellent clinical outcomes, improved health status and outstanding customer service”. In addition to general medical, surgical, and obstetrical and gynecological care, Lenoir Memorial offers specialized services including cardiology, pulmonology, oncology, radiology and urology. Thoracic and vascular surgery have been recently added to services provided. With a medical staff of over 100 physicians, Lenoir Memorial offers a range of specialty services and technology you would only expect to find at hospitals in larger cities.

Concerned with the health status of the community it serves, Lenoir Memorial offers many free educational health programs, seminars, and screenings each year, and constantly seeks out new ways to positively impact the health status of the residents of Lenoir, Greene, Jones and surrounding counties.

vidant, formerly Pitt Memorial Hospital located in Greenville, approximately 20 miles from Kinston, is a level 1-trauma center that serves this region.
B. FEDERAL HEALTH CENTER

Kinston Community Health Center, a federally qualified health center, was established more than ten years ago. Kinston Community Health Center offers medical and dental services to persons on a sliding fee scale. The leadership implemented a reorganization plan and several medical healthcare providers left the agency. Currently there are eight physicians and one nurse practitioner and one midwife who provide medical care to the population. The Dental section of the Kinston Community Health Center continues to flourish and provides much needed dental care to the region. There are two full time dental and two dental hygienists. There is one psychologist.

C. HEALTH DEPARTMENT

Lenoir County Health Department serves the community in a multiple of ways. From environmental, clinical services, animal control, vital statistics, education, etc. See the agency’s leaflet regarding our services in Appendix H.

D. HEALTH PROFESSIONALS

The chart below compares the number of health professionals per 10,000 population in Lenoir County and North Carolina.

<table>
<thead>
<tr>
<th>Health Professionals per 10,000 Population in 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Physicians</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Dentists</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Pharmacists</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Physician Assistants</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Registered Nurses</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
</tr>
<tr>
<td>Lenoir County</td>
</tr>
<tr>
<td>North Carolina</td>
</tr>
</tbody>
</table>

Lenoir County has more Pharmacists, RNs, and LPNs per 10,000 population than the statewide average. However, there are fewer physicians, primary care physicians, nurse practitioners, and physician assistants per 10,000 population than statewide rates. There are approximately 10 Registered Dieticians in the community, data is unavailable for the state.
E. PROVIDERS

A listing of local physicians is in Appendix E.

A list of local dentists is in Appendix F.

Lenoir Memorial Hospital provides detailed information on physicians who are on staff. This may be accessed at www.lenoirmemorial.org then click on Physician Directory.

F. LENOIR COUNTY ALLIANCE FOR A HEALTHIER COMMUNITY

The Alliance is co-chaired by the local health director, Joey Huff and the Community Outreach Director from Lenoir Memorial Hospital, Constance Hengel, RN. The Alliance is an offshoot of the prior Healthy Carolinians Committee and has been in existence for eleven years. The Alliance is a diverse volunteer organization comprised of local service agencies, mostly not for profit. Agency representatives report ongoing activities at the monthly Alliance meetings. Service organizations that are not Alliance members are invited to give informational presentations at each monthly meeting.

Organizations and individuals represented on the Alliance include the following:

- Dixon Social Interactive Services
- East Carolina Council/AAA
- Eastpointe Human Services
- Kinston Community Health Center
- Lenoir Community College
- Lenoir Memorial Hospital
- Lenoir County Health Department
- Lenoir County Public Schools
- Lenoir County Council of Aging
- Lenoir County Department of Social Services
- Lenoir County Partnership for Children
- North Carolina Cooperative Extension
- 3HC
- Young Women Outreach Center
- Continum Hospice of Lenoir
- Success Dynamics
- Legal Aid of Kinston
- Area Agency on Aging-Region P
- Lenoir/Greene United Way
- ICOR (Inter Church Outreach)
- New Beginnings Outreach
- United Hospice of Eastern Carolina
- Consumer Credit Counseling
- Social Security Administration
Guardian Ad Litem
NC Division of Blind Services
The Harvest Connection Disaster Relief
LCC/JobLink Career Center
Daybreak
Eastern Pregnancy Information Clinic
WAGES Weatherization Program
Tar Heel Home Health
Community Care Plan
Western Southern
Salvation Army
American Cancer Society
AseraCare
COMMUNITY

HEALTH

STATUS
VI. COMMUNITY HEALTH STATUS

A. MAJOR CAUSES OF DEATH

The leading causes of death in Lenoir County are very similar to those statewide. The top two leading causes of death for Lenoir County are switched for the state. Diabetes Mellitus rounds out the top five for Lenoir County while other unintentional injuries is fifth for the state. However, the death rate for these five diseases is higher in our community than that for the state. See the two charts below for details on the Ten Leading Causes of Death. The pneumonia and influenza death rates for Lenoir County and North Carolina are almost the same, but this is the county’s 10th leading cause of death compared to 9th for the state.

### LENOIR COUNTY

<table>
<thead>
<tr>
<th>2006 - 2010 TEN LEADING CAUSES OF DEATH</th>
<th>DEATH RATE/ 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>311.9</td>
</tr>
<tr>
<td>Cancer - All Sites</td>
<td>274.9</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>67.1</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>53.1</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>47.5</td>
</tr>
<tr>
<td>Nephritis, Nephrotic Syndrome, &amp; Nephrosis</td>
<td>35.6</td>
</tr>
<tr>
<td>Other Unintentional Injuries</td>
<td>34.9</td>
</tr>
<tr>
<td>Atherosclerosis</td>
<td>33.9</td>
</tr>
<tr>
<td>Motor Vehicle Injuries</td>
<td>21.0</td>
</tr>
<tr>
<td>Pneumonia &amp; Influenza</td>
<td>20.6</td>
</tr>
</tbody>
</table>

http://www.schs.state.nc.us/SCHS/data/databook/

### 2006 – 2010 NORTH CAROLINA

<table>
<thead>
<tr>
<th>TEN LEADING CAUSES OF DEATH</th>
<th>DEATH RATE PER 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer - All Sites</td>
<td>190.0</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>187.3</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>47.8</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>46.8</td>
</tr>
<tr>
<td>Other Unintentional Injuries</td>
<td>28.7</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>27.7</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>23.2</td>
</tr>
<tr>
<td>Nephritis, Nephrotic Syndrome &amp; Nephrosis</td>
<td>19.1</td>
</tr>
<tr>
<td>Pneumonia &amp; Influenza</td>
<td>18.5</td>
</tr>
<tr>
<td>Motor Vehicle Injuries</td>
<td>16.8</td>
</tr>
</tbody>
</table>

http://www.schs.state.nc.us/SCHS/data/databook/

A comparison of the surrounding counties of Duplin, Greene, and Pitt reveals that the five leading causes of death were the same as for Lenoir County during this time period. However, Lenoir County’s rate per 100,000 for each of the five leading causes of death is higher in all diseases. Craven and Wayne counties five leading causes are much like the state’s five leading causes.
Many deaths are preventable in the state and our county and involve risky behaviors or lifestyles. The major causes related to preventable deaths are tobacco use, unhealthy diet, lack of physical exercise, alcohol misuse, firearms, sexual behavior, and illicit drug use.

From 2006 through 2010, 3,440 individuals died in Lenoir County, which is a five year rate of 1201.7. The pie chart above indicates the number of deaths from each of the ten leading causes from 2006 – 2010. Many of these diseases are related to poor personal health choices, such as diet, exercise, smoking, etc.

B. INFANT MORTALITY AND LOW BIRTH WEIGHT

Lenoir County’s infant mortality rate for the five-year period 2005-2009 is 10.0 compared to the state of 8.3 for the same period. In 2002-2006 the rate for the state was 11.4 compared to 8.4 for Lenoir County. Low birthweight/prematurity are the primary
causes of infant deaths. As indicated in the charts below the infant mortality rate for minorities is significantly higher than that of the white race.

** Rates based on less than 10 deaths are unreliable and should be interpreted with caution.

Our community continues to have a higher percentage of resident live births that were low and very low birth weight compared to the state. See graphs below.
Lenoir County’s rate of low birth weights is higher than the state average but less than Greene County’s rate. Lenoir and Pitt counties have the same rate of 10.9 for low birth weights. Our rate for very low birth weights is lower than both Pitt and Greene counties. Lenoir, Duplin, and Wayne counties all the same rate of 2 for the very low birth weights. During 2006 – 2010 there were 410 infants born in Lenoir County weighing less than 2500 Gms and 77 weighing less than 1500 Gms. Low birth weight and the associated prematurity problems impact the number of infants who die in our community.
Smoking during pregnancy has an impact on the developing fetus and has been connected to low birth weight and premature delivery. Smoking during pregnancy has been shown to cause sudden infant death syndrome (SIDS) and respiratory conditions in the baby. The percent of women who smoke during pregnancy has declined for our county as well as the state, but remains high.

C. DIABETES

Diabetes is the 5th leading cause of death in our community with a rate of 28.6 deaths annually. From 2006-2010 the diabetes death rate was 23.2 per 100,00 in North Carolina and 47.5 in Lenoir County. See graph for other trend data. Diabetes affects more than 584,000 persons in our state. According to 2010 NC Behavioral Risk Factor Surveillance System data, 59% reported being tested for blood sugar or diabetes. This is a great concern because Type 2 diabetes is mostly preventable.

Lenoir Memorial Hospital has received a Duke Endowment grant for a Community Diabetes Wellness Program. The purpose of the program is to provide a smaller, innovative, and sustainable clinical diabetes program. The main objectives of this program are as follows:

- Educate diabetics and pre-diabetics about their disease
- Support diabetes self-management
- Improve health care provider knowledge of the ADA standards of care
- And provide actual supervised exercise intervention to program participants in a supportive setting.

The health department provides consultation and educational sessions throughout the community as requested.

D. CANCER

The cancer rate for all cancers in the state was 190.0 per 100,00 from 2006-2010 with Lenoir County’s rate at 274.9. The surrounding county rates for all cancers were lower than Lenoir County. The community has two oncologists as well as a center that provides radiation treatment for cancer patients. The available resources allow the population to obtain treatment within the community.
The four graphs above show the age-adjusted death rates for prostate, breast, colon, rectum, anus, and trachea, bronchus, & lung cancers per 100,000 population. All four charts were based on 100,000 population. As noted Lenoir County remains higher than the statewide average for each of these cancer sites. Prostate and breast cancer death rates have declined from the 1998 – 2001 timeframe. Colon, rectum, and anus cancer deaths have declined from the 1994- 2003 timeframe.

Local healthcare providers have provided free screening tests such as prostate examinations, lab work, and mammography to detect prostate and breast cancer early as well as community education. The Breast and Cervical Cancer Control Program provides low income women who meet the criteria a breast examination, pap smear, mammogram, and other tests as indicated. The nurse in charge of this program provides education to community groups.

### E. SEXUALLY TRANSMITTED DISEASES

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>9.3</td>
<td>10.1</td>
<td>10.4</td>
</tr>
<tr>
<td>Lenoir County</td>
<td>12.3</td>
<td>24.6</td>
<td>17.6</td>
</tr>
<tr>
<td>HIV Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>20.0</td>
<td>19.3</td>
<td>18.5</td>
</tr>
<tr>
<td>Lenoir County</td>
<td>33.5</td>
<td>21.1</td>
<td>12.3</td>
</tr>
</tbody>
</table>

The chart above shows that Lenoir County’s AIDS case rate in 2007-2009 was higher than North Carolina’s rate all three years. Lenoir County ranks 5th of all counties in North Carolina pertaining to AIDS cases. This rank is based on a three-year average rate. The
HIV rate for Lenoir County for 2007-2008 is higher than North Carolina’s rate. In 2009 Lenoir County’s rate was lower than North Carolina. Lenoir County ranks 19th of all counties in North Carolina pertaining to HIV disease cases. This rank is based on a three year average rate.

As noted from the above chart Lenoir County has the second highest rate of gonorrhea in the area with a 308.5 total rate and a minority rate of 642.5 per 100,000. Pitt County’s rates are 348.0 total and 838.0 for minorities.

Lenoir County ranks 12th along with Cumberland and Greene Counties at 3.8 cases of primary and secondary syphilis per 100,000. There were 11 total cases with 10 in the minority population between 2005 and 2009 in our county. Two nearby counties had a higher syphilis rate than Lenoir. Jones County had a rate of 3.9 and Wilson’s rate was 4.1 for the same time frame. See the graph below for the surrounding counties primary and secondary syphilis rates.
Community endeavors to reach high risk populations are an ongoing process. This includes education to individuals or groups, health fairs, providing free condoms, and examinations for sexually transmitted diseases. On August 16, 2009 Lenoir County Health Department staff along with community volunteers and state employees conducted testing for HIV and syphilis in targeted high-risk areas of our community. During the “Get Real, Get Tested” campaign a total of 234 individuals were tested with a few positive results. Almost all of the persons who tested positive had a prior history of HIV, but chose to be re-tested and did not disclose the HIV history.

F. TUBERCULOSIS

North Carolina continues to be ranked among states with the highest TB case rates. In 2010 North Carolina had 296 cases, which was a 15% increase from 250 in 2009; the case rate increased from 2.7 to 3.1 per 100,000. NC is ranked 19th in overall US cases. Lenoir County continues to have a higher tuberculosis rate 10.3 compared to the state’s 3.1 for 2010. Lenoir County ranks fourth in the state regarding its rate of Tuberculosis disease. Lenoir County had 4 cases of TB in 2008, 2 in ’09, 6 in ’10, and 2 in 2011.
Although the number of Lenoir County TB cases is small because each nurse at the local health department has responsibilities in more than one program a new case has a definite impact on the limited resources. The health department provided local physician offices with information from the state TB Manual regarding testing, reading, and interpreting the tuberculin skin test, latent TB infection, and diagnosis and treatment of TB disease. After the physicians received this updated information, several calls were received from the medical community concerning TB questions. The website for the state TB manual was included in a cover letter as well as the nurse’s name and telephone number to contact the agency. http://www.epi.state.nc.us/epi/tb

G. OBESITY

Community members who attended the forum, working groups, as well as input from the surveys mentioned obesity as a concern. When several groups in the community were asked to rank health issues, obesity was the major health concern. The prevalence of obesity in children ages 2-4 years increased from 11% to 15.4% in 2008. Percent obesity for children ages 5-11 during the same time period declined from 16.6% to 11.3% remaining below the state average. The graphs below illustrate this information.
One of the purposes of the Women Infants and Children Program (WIC) is to reduce early childhood morbidity and mortality and maximize the growth and development of children through improved nutritional status by promoting healthy weights. Data is collected on children 2 - 4 years of age that evaluates the objective to increase the percent of children who have a Body Mass Index (BMI) below the 85th percentile for age and gender. Current data collection indicates that from 2008 – 2010, 12.1% of children 2 – 4 years of age in Lenoir County were overweight (BMI at or above the 85th percentile but less than the 95th percentile). This was less than the 16.1% state average. Current data also indicates that from 2008 – 2010, 11.5% of children 2 – 4 years of age in Lenoir County were obese (BMI at or greater than the 95th percentile). This was less than the 15.0% state average.
According to data from the 2009 Youth Risk Behavior Survey (YRBS), 16.6% of all high school students have a BMI that indicates obese. The 2009 Behavior Risk Survey of Adults (BRFSS) data indicates that 34.0% of Eastern North Carolinians were overweight and 35.6% were obese.

Several agencies and groups within the community are addressing the overweight issue. The School Health Advisory Committee (SHAC) for the Lenoir County Public School System has been working to improve the dietary choices and increase physical activity in the schools. The Kinston-Lenoir Recreation Department offers many recreation activities including playgrounds, golf, tennis, swimming, basketball, baseball, softball, and even line dancing. Lenoir Memorial Hospital provides a community-walking track, wellness center with aerobic equipment, and sponsored weight loss programs to improve the lifestyle of the population. Designated walking paths in downtown Kinston and other private or public fitness facilities encourage increased activity. There has been an influx of fitness/wellness facilities during the last two years. Perhaps with the variety of physical activities available our county residents will remain below the statewide average for being overweight and or obese.

H. TEEN PREGNANCY

Lenoir County’s rate of teen pregnancies remains higher than the average statewide. This rate has declined as noted in the graph below from 127.7 per 1,000 females, ages 15-19 to 91.2 in 2004-2008.

<table>
<thead>
<tr>
<th>Year Range</th>
<th>NC</th>
<th>Lenoir County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-1998</td>
<td>86.7</td>
<td>127.7</td>
</tr>
<tr>
<td>1999-2003</td>
<td>69.3</td>
<td>98.3</td>
</tr>
<tr>
<td>2004-2008</td>
<td>61.7</td>
<td>91.2</td>
</tr>
</tbody>
</table>

Resident Teen Pregnancies (Ages 15-19) Per 1,000 Female Population
<table>
<thead>
<tr>
<th>LENOIR CO.</th>
<th>Induced Abortions</th>
<th>Live Births</th>
<th>Fetal Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 10-14</td>
<td>Total White Minority Unk</td>
<td>Total White Minority Unk</td>
<td>Total White Minority Unk</td>
</tr>
<tr>
<td>Total</td>
<td>1 0 1 0</td>
<td>4 3 1 0</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Ages 15-19</td>
<td>21 5 12 4</td>
<td>123 47 76 0</td>
<td>0 0 0 0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NORTH CAROLINA</th>
<th>Induced Abortions</th>
<th>Live Births</th>
<th>Fetal Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 10-14</td>
<td>Total White Minority Unk</td>
<td>Total White Minority Unk</td>
<td>Total White Minority Unk</td>
</tr>
<tr>
<td>Total</td>
<td>134 36 89 9</td>
<td>184 102 82 0</td>
<td>0 6 3 3 0</td>
</tr>
<tr>
<td>Ages 15-19</td>
<td>3,963 1,611 1,979 373</td>
<td>14,085 8,296 5,789 0</td>
<td>0 94 34 60 0</td>
</tr>
</tbody>
</table>

Lenoir County’s rate is lower in all categories compared to North Carolina. The data shows there were 76 births age 15-19 in Lenoir County. This is over half of the total number of births for this age range. This number is high in minorities.

Eastern Pregnancy Information Clinic and Young Women’s Outreach are two groups that are working with young women to reduce the incidence of teen pregnancy. In addition educational presentations are made as requested by the health department on this issue. In the past the school system used an abstinence curriculum. Now the school system still uses an abstinence curriculum and it includes all methods of contraception. It includes the benefits and risk of contraception, failure rate, and not all contraception prevents sexually transmitted diseases.
RECREATION
VI. RECREATION

There are many outdoor activities available in our community. There are eleven parks sponsored by Kinston-Lenoir Parks and Recreation Department. These parks offer golf, tennis, basketball, baseball, softball, swimming, aerobics, line dancing, as well as crafts.

Festival on the Neuse, LaGrange Garden Festival, and Sand in the Streets encourages the people to get outside and participate or just watch the activities. Everything from a 5-K run to dancing is available.

Sand in the Streets

The Neuseway Planetarium, Nature Center and Health & Science Museum are located along the Neuse River. Most of the activities are free. The Nature Park has walking/hiking trails, a climbing wall, and outside picnic areas.

There is a Woodmen of the World Center that is under construction is slated to open sometime later this summer. There is a Visitor’s Center that displays pre-Revolutionary, Revolutionary War, and Civil War artifacts. A farmer’s market displays some of Lenoir County’s local farmers’ produce to sell to the public. There is also a Doggy Park where the public can bring their pets to get some exercise. In LaGrange there is Water Park that is open during the summer months. Also in LaGrange there is a walking track that is free and open to the public. Lenoir Memorial Hospital has a lit outdoor walking track that is free and open to the public to use. Pink Hill just opened a Pink Hill Wellness and Education Center that offers a variety of group exercise classes including yoga, cardio, and dance. Exercise equipment available include treadmills, ellipticals, and recumbent
bicycles for use at the facility. The Mock Gym operated by The Kinston Recreation and Park is open to the public and offers indoor walking track, basketball court, weight room, and exercise equipment room.

![Fountain at Neuseway Park](image)

Kinston was home to a Class A minor league team affiliated with the Cleveland Indians, known as the Kinston Indians. Kinston is the smallest city to host a minor league team.

![Fireworks after the game](image)
Other activities include the Kinston Winter Bluegrass Festival, drag racing, disc golf at Barnet Park, the Wilbur A. Tyndall Museum [pictured below] of agricultural artifacts, and other history related events.

Caswell No. 1 Fire Station Museum

PHOTOS: In this document are from the files of Adrian King of Pride of Kinston, Kinston-Lenoir Chamber of Commerce, Lenoir Community College, and Pink Hill Library or were obtained from the web.
COMMUNITY HEALTH ASSESSMENT
VIII. COMMUNITY HEALTH ASSESSMENT

A. PROCESS
The Lenoir County Health Department began its 2011 Community Health Assessment process in March 2011. With the assistance of staff from the Corporate and Community Health division at Lenoir Memorial Hospital, the questionnaire/survey tool used in the 2007 CHA, which was previously vetted, was updated/revised. This planning committee discussed the timeline of the CHA process and the method of distributing the questionnaire. Lenoir Memorial Hospital print shop staff printed 25,000 English and 5,000 Spanish copies for distribution. The hospital paid for copies of the 2011 CHA questionnaire to be delivered as inserts in the September 11, 2011 publication of the local daily newspaper, Kinston Free Press (10,196 copies of the questionnaire were distributed). Thousands of copies were distributed widely throughout the county and in each municipality at strategic locations and during events sponsored by local agencies. Surveys were available from late August 2011 through November 2011. Survey respondents returned completed surveys to the health department via US mail, postage pre-paid. The health department received 729 completed surveys, an increase of more than 50% from the 2007 CHA. Data from the hard-copy surveys were entered into Survey Monkey and analyzed using the Survey Monkey calculator/analysis tool.

The list of “Community Issues of Concern” identified by the community members who filled out a survey. The percentages in this section are what the community responded were the major problems in each section. These responses are located in Appendix A.

These responses are listed in Appendix B.

Members of the Alliance were asked to prioritize the extensive list of issues based on the percent of survey respondents who indicated the item in question was a ‘Major Problem’. Each group member was given a sticker (red, yellow, green, and blue). They were asked to rank in this order: (1) red is the most important, (2) yellow the second most important, (3) green the third most important and (4) blue is the least important. The responses were grouped into the same category as there were on the survey. A tool was developed that placed the issues into specific categories for each member of the advisory group to rank. See Appendix C for the tool.

B. RESULTS OF PROBLEMS/ISSUES RANKING

Using the same ranking tool, another working group further refined the ranking of community issues identified during the forum. The rankings by the two groups resulted in the following priorities in each category.

**Living in Our Community:** Job Opportunities & Responsible parenting

**Unhealthy Behaviors:** Illegal drug abuse/substance, poor eating habits/lack of good
nutrition, Drinking and Driving, & Lack of physical activity or exercise

**Violence:** Youth violence/gangs, Illegal drugs, Youth access to and use of guns

**Diseases and Disabilities:** Obesity, High Blood Pressure, Diabetes

C. **COMMUNITY HEALTH ASSESSMENT QUESTIONNAIRE**

See Appendix D for a copy of the “Community Health Assessment Questionnaire.”

D. **QUESTIONNAIRE RESULTS AND ANALYSIS**

**Respondent Demographics:**

- **Survey Respondents by Race**
  - White: 25%
  - African American: 73%
  - Hispanic, Asian, Native American: 2%

- **Survey Respondents by Age Group**
  - 16-24: 83%
  - 25-44: 15%
  - 45 +: 2%

- **Survey Respondents by Gender**
  - Male: 21%
  - Female: 79%

- **Survey Respondents by Educational Status**
  - Less than high school: 23%
  - High school graduate/GED: 32%
  - Some college: 12%
  - College Graduate: 6%
  - Post Graduate: 27%

The demographics of the survey respondents do not reflect the community’s demographics. However, the process included various means to obtain input from the community such as having surveys available throughout the community as well as in the newspaper. Surveys were located in agencies that serve as safety nets such as the Department of Social Services and the Lenoir County Health Department. The surveys were also placed in the three county libraries, county town halls, mall, local providers’ offices, Lenoir Memorial Hospital, Lenoir County Council on Aging, churches, events in
the community, newspaper and county agencies. The survey was printed in English and Spanish.

Analysis of Responses:

In the **Living in our community** category, “Job opportunities” was reported as a major problem by 488 individuals or 69% of the respondents another 166 (24%) reported job opportunities as somewhat of a problem. “Responsible parenting” was reported as a major problem by 422 or 60% of respondents. Another 182 (26%) reported responsible parenting as somewhat of a problem. These two issues were the only ones identified as a major problem by at least half of the respondents. See graph below for details of responses.

In the **Healthcare issues** category, ‘Healthcare services’ received a ‘not a problem’ designation by only 253 respondents {41%} and 179 people {29%} ranked it as ‘somewhat of a problem’. ‘Mental health services’ was reported by 180 or {29%} as not a problem; 118 {19%} ranked mental health issues as a major problem; and 135 {22%} as somewhat of a problem. One would have expected a higher percent of respondents to rank Healthcare Services as well as Mental Health Services as a ‘major problem’. In hindsight, either the question was unclear or the respondents actually did not perceive healthcare services to be a problem since 93% of them report having a doctor they visit when sick.

In the **Unhealthy behavior** category, ‘Illegal drug use/substance abuse’ received ‘major problem’ ranking by 555 {77%} of respondents and 123{17%} ranked illegal drug use/substance abuse as somewhat of a problem. Poor Eating Habits/Lack of good Nutrition was reported as a major problem by 407 {58%} and 229 {32%} ranked it somewhat of a problem. Cigarette Smoking among Adults was ranked by 54% of respondents as a major problem. Cigarette Smoking among People under 18 was ranked by 53% of respondents as a major problem. Alcohol Abuse and Lack of Physical Activity
or exercise were each ranked by 52% of respondents as a major problem. Drinking and Driving were ranked by 51% of respondents as a major problem. Driving or Riding in Car without Seatbelts was ranked by 23% of respondents as a major problem while 48% as somewhat of a problem.

In the **Violence** category: A major problem was reported for Illegal Drugs by 587 {83%} of respondents. Youth violence/gangs was reported by 557 or 77% of respondents as a major problem in the community. Property crime/robbery, Youth Access to Guns, and Homicide/Murder were also considered a major problem by more than half of the respondents. The overwhelming rankings of ‘Youth violence/gangs’ and ‘Illegal drug use’ as ‘major problems’ by the respondents reflect the presence of gang activity in the community, particularly in the town of Kinston, ‘Wife/husband abuse’ received ‘somewhat of a problem’ rank by 47% of respondents. Child Abuse, Abuse or Neglect of Older People, Weapons in Schools, and Sexual assault/rape received somewhat of a problem rank by just fewer than 50% of respondents for each category. Only 96 or 13.7% of respondents reported Suicide as a major problem.

- **Diseases and disabilities**: Obesity received major problem rank by 557 respondents {80%}; followed by Diabetes 487 of respondents {69%} and High Blood Pressure 493 respondents {69.4%} being reported as a major problem. Heart Disease was ranked as a major problem by 471 of respondents {66%}. Cancer, Stroke, Mental Health Problems, and Sexually Transmitted Diseases received major problem rank by at least 40-50% of respondents. HIV/AIDS was ranked as a major problem to only 29% of respondents.
The chart above shows the responses for major problems according to the surveys.

**Priority Selection Results:**

Members of the Alliance from the following agencies: Lenoir County Department of Social Services, Lenoir County Cooperative Extension, Lenoir County Schools, Dixon Social Interactive Services, Lenoir Memorial Hospital, and Lenoir County Health Department reviewed a list of the identified health related issues and ranked them in importance from 1 to 4 using color dots. Red represented 1 being the most important. Yellow represented 2 being the next most important. Green represented 3 being the third most important. 4 represented blue, which was the least important. Below are the results from the dot ranking exercise. The issues are listed in the order of getting the most votes (dots) regardless of the color.

1. Illegal drug abuse/substance & Youth violence/gangs
2. Obesity
3. Job opportunities
4. Poor eating habits/lack of good nutrition
5. Responsible parenting
6. Youth access to and use of guns
7. Illegal drugs
8. High Blood Pressure
9. Diabetes
10. Cigarette smoking among people under 18
11. Drinking and driving
12. Lack of physical activity or exercise
E. Priority Selection, Analysis, and Plan:

Obesity received the highest priority votes based on the red dots. Youth violence/gangs received the most votes based on the yellow dots. Job opportunities received the most votes based on the green dots. Poor eating habits/lack of good nutrition received most votes based on the blue dots. These findings were reported back to the Alliance. After reviewing the data, survey results, and the top issues identified by community partners, the team decided to focus on the following areas:

- Obesity (physical activity and nutrition)
- Diabetes
- High Blood Pressure
- Responsible Parenting

The Management Support Team will determine four goals for the next three-year Strategic Plan based on the priority list above and develop objectives for each one.

F. Distribution of Report

The Lenoir County 2011 Community Health Assessment report will be available online at www.lenoir.co.nc.us or printed copies at the Kinston-Lenoir Public Library, Lenoir Memorial Hospital, Lenoir County Health Department, Lenoir County Manager, Lenoir County Public Schools, Kinston Community Health Center, Lenoir County Department of Economic Development, LaGrange Town Hall, Kinston Town Hall, and Pink Hill Town Hall and other agencies as necessary.
APPENDICIES
### APPENDIX A

**COMMUNITY ISSUES RANKED ‘MAJOR CONCERNS’**

**Living in Our Community**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and job training for adults</td>
<td>23.2%</td>
</tr>
<tr>
<td>Job opportunities</td>
<td>69.1%</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>26.8%</td>
</tr>
<tr>
<td>Recreation opportunities</td>
<td>16.7%</td>
</tr>
<tr>
<td>Responsible parenting</td>
<td>60.1%</td>
</tr>
<tr>
<td>Safety</td>
<td>33.0%</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>24.3%</td>
</tr>
<tr>
<td>Medication prescription assistance</td>
<td>20.6%</td>
</tr>
<tr>
<td>Utilities Assistance</td>
<td>26.8%</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>13.8%</td>
</tr>
<tr>
<td>Environmental</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

**Unhealthy Behaviors**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>51.9%</td>
</tr>
<tr>
<td>Illegal drug use/substance abuse</td>
<td>77.1%</td>
</tr>
<tr>
<td>Cigarette smoking among adults</td>
<td>53.7%</td>
</tr>
<tr>
<td>Cigarette smoking among people under 18</td>
<td>52.9%</td>
</tr>
<tr>
<td>Drinking and Driving</td>
<td>51.1%</td>
</tr>
<tr>
<td>Driving or riding in a car without seatbelts</td>
<td>22.5%</td>
</tr>
<tr>
<td>Lack of physical activity or exercise</td>
<td>51.5%</td>
</tr>
<tr>
<td>Poor eating habits/lack of good nutrition</td>
<td>57.5%</td>
</tr>
</tbody>
</table>

**Violence**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife/husband abuse</td>
<td>16.4%</td>
</tr>
<tr>
<td>Child abuse</td>
<td>26.1%</td>
</tr>
<tr>
<td>Abuse or neglect of older people</td>
<td>27.4%</td>
</tr>
<tr>
<td>Youth violence/gangs</td>
<td>77.4%</td>
</tr>
<tr>
<td>Youth access to and use of guns</td>
<td>64.1%</td>
</tr>
<tr>
<td>Weapons in schools</td>
<td>21.8%</td>
</tr>
<tr>
<td>Sexual assault/rape</td>
<td>24.9%</td>
</tr>
<tr>
<td>Homicide/murder</td>
<td>64.8%</td>
</tr>
<tr>
<td>Suicide</td>
<td>13.7%</td>
</tr>
<tr>
<td>Property crime/robbery</td>
<td>68.1%</td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td>82.6%</td>
</tr>
</tbody>
</table>

**Disease and Disabilities**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>53.8%</td>
</tr>
<tr>
<td>Condition</td>
<td>Percentage</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Diabetes</td>
<td>69.2%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>66.4%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>69.4%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>29.4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>48.0%</td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td>39.9%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>39.6%</td>
</tr>
<tr>
<td>Obesity</td>
<td>80.0%</td>
</tr>
</tbody>
</table>
APPENDIX B Positive Assets

- United Way
- Emergency Management Services
- Volunteer Fire/Rescue Depts.
- Lenoir Memorial Hospital
- Lenoir County Health Department
- Red Cross
- Arts Council
- Generous Community Donors
- Kinston Community Health Center
- Elder Abuse Task Force
- Council on Aging
- GAL
- SAFE
- Scouting
- Lenoir County One-on-One
- Lenoir County School System
- Churches & Faith Based organizations
- Pride of Kinston
- Lenoir County Court System
- Dept. of Agriculture
- Small Business Incubator
- Volunteer Base
- Cooperative extension
- Lenoir County Alliance for a Healthier Community
- Young Women’s Outreach Center
- Boys’ & Girls’ Club
- Parks and Recreation
- Public Library (Kinston, LaGrange, Pink Hill)
- CSS Neuse (Ram Neuse II)
- Pink Hill Wellness Center
- Pearson Park
- Lenoir County Transit
- Department of Public Safety (ask Andre’)
- Lenoir County Sheriff’s Department
- Lenoir Memorial Hospital Wellness Center
- The Gate
- EPIC
- Sand in the Streets
- Salvation Army
- Farmer’s Market
- SPCA
- Nature Center
♦ Lenoir Community College
♦ Lenoir Memorial Hospital walking track
♦ BBQ Festival
♦ Day in the Park
♦ Festival on the Neuse
♦ Youth Centers
♦ Chamber of Commerce
♦ The Dog Park
♦ Homeless Shelter
APPENDIX C

TOOL TO RANK ISSUES

Rank the importance of each segment accordingly:
1 (red)-Being most important and the last number left being the least important

Living in Our Community (1-4)

♦ Education and job training for adults ______
♦ Job opportunities ______ (1 most important 4 least important)
♦ Public transportation _____
♦ Recreation opportunities ______
♦ Responsible parenting ______
♦ Safety _____
♦ Affordable Housing ______
♦ Medication prescription assistance ______
♦ Utilities Assistance ______
♦ Food Assistance ______
♦ Environmental ______

Unhealthy Issues (1-4)

♦ Alcohol abuse ______
♦ Illegal drug use/substance abuse ______ (1 most important 4 least important)
♦ Cigarette smoking among adults ______
♦ Cigarette smoking among people under 18 ______
♦ Drinking and Driving ______
♦ Driving or riding in care without seatbelts ______
♦ Lack of physical activity or exercise ______
♦ Poor eating habits/lack of good nutrition ______

Violence (1-4)

♦ Wife/husband abuse ______
♦ Child abuse _____ (1 most important 4 least important)
♦ Abuse or neglect of older people ______
♦ Youth violence/gangs ______
♦ Youth access to and use of guns ______
♦ Weapons in schools ______
♦ Sexual assault/rape ______
♦ Homicide/murder ______
♦ Suicide _____
♦ Property crime/robbery ______
♦ Illegal Drugs ______
Diseases and Disabilities (1-4)

* Cancer _____
* Diabetes _____
* Heart Disease _____
* High Blood Pressure _____
* HIV/AIDS _____ (1 most important 4 least important)
* Stroke _____
* Mental Health Problems _____
* Sexually transmitted diseases _____
* Obesity _____
APPENDIX D

2011 Lenoir County Community Health Assessment Survey

The Lenoir County Health Department is required to conduct a periodic county wide health assessment. This involves reviewing health and disease data as well as incorporating community feedback into the analysis. The information will be used to address problems in our community.

An important part of the assessment is the feedback that you can provide using this questionnaire tool. Your survey responses are anonymous. All answers are grouped together with final information from the survey.

Please complete this questionnaire as directed, fold it, and secure it with a piece of tape. Mail it using the postage paid portion before October 31, 2011. Thank you for your participation.

Your information (Please write in)
What is your age? _____ What is your race? _____ Are you? Male____ Female____
Do you have a regular doctor that you go to when you are sick? Yes____ No____
What is the highest level of education or grade you completed? ___________________
What township do you live in? ________________________

Living in Our Community
In your opinion, does our community have a problem with any of these issues? (Circle your answer)

<table>
<thead>
<tr>
<th>Issue</th>
<th>No Problem</th>
<th>Somewhat of A Problem</th>
<th>Major Problem</th>
<th>I Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and job training for adults</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Job opportunities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Public Transportation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Recreation opportunities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Responsible parenting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Safety</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Medication prescription assistance</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Utilities Assistance</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Food Assistance</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Environmental</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Other____________________________</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Healthcare Issues (If you answer as a problem-please share why in Major Problems section, question # 2.)
Healthcare services | 0 | 1 | 2 | n/a
Mental Health services | 0 | 1 | 2 | n/a
### Unhealthy Behaviors

**In your opinion,** are these unhealthy behaviors a problem in our community? (Circle your answer)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>No Problem</th>
<th>Somewhat of A Problem</th>
<th>Major Problem</th>
<th>I Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Illegal drug use/substance abuse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Cigarette smoking among adults</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Cigarette smoking among people under18</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Drinking and Driving</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Driving or riding in car without seatbelts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Lack of physical activity or exercise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Poor eating habits/lack of good nutrition</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Violence

**In your opinion,** are these types of violence or issues that can lead to a violence problem in our community? (Circle your answer)

<table>
<thead>
<tr>
<th>Violence Type</th>
<th>No Problem</th>
<th>Somewhat of A Problem</th>
<th>Major Problem</th>
<th>I Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife/husband abuse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Child abuse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Abuse or neglect of older people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Youth violence/gangs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Youth access to and use of guns</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Weapons in schools</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Sexual assault/rape</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Homicide/murder</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Suicide</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Property crime/robbery</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Illegal Drugs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Diseases and Disabilities

**In your opinion,** does our community have a problem with any of these diseases or disabilities? (Circle your answer)

<table>
<thead>
<tr>
<th>Disease Type</th>
<th>No Problem</th>
<th>Somewhat of A Problem</th>
<th>Major Problem</th>
<th>I Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Stroke</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Mental Health problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Obesity</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>n/a</td>
</tr>
</tbody>
</table>
**Emergency Preparedness**

In your opinion,

1. In the event of a large-scale disaster or emergency, how would you get important information from authorities?

   ___ Television  ___ Radio
   ___ Newspaper  ___ Social networking site
   ___ Neighbors  ___ Internet

2. Are there members of your family with special needs, (homebound, bedridden, handicapped, etc) who will need additional assistance in the event of an emergency, large-scale disaster, or evacuation?  ___ Yes  ___ No

3. If an evacuation order were issued by or local officials, would you evacuate?

   ___ Yes  ___ No

   If you answered ‘Yes’, where would you go? ________________________________

   If you answered ‘No’, why not? ________________________________

**Other Problems**

In your opinion,

1. What other problems do **you** think affect our community that we did not ask about?

**Positive Assets**

Please describe what positive community practices are unique to the quality of life in Lenoir County?
APPENDIX E.

Physician Needs Assessment
During 2011, Lenoir Memorial Hospital performed physician needs assessment. Benchmark ratios for physicians by specialty per 100,000 population were applied to the projected 2015 service area population to determine the total expected physician need in the service area by specialty. Through physician data analysis, areas of community need for physicians include: Family Practice, Internal Medicine, Pediatrics, Dermatology, Endocrinology, Infectious Disease, Neurology, Physical Medicine, Rehab, Psychiatry, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, and Anesthesiology. Lenoir Memorial includes physician recruitment for hospital-based and community-based physicians in the strategic planning process in order to support the mission to ensure exceptional healthcare for the people it serves.

Lenoir County Physician Directory

Primary care physicians (family practice)

- Agsten, Joseph E. M.D. Family Practice 252-527-4146
- Aviles, Juan. M.D. Family Practice 252-527-4146
- Blake, Khashana M.D. Family Practice 252-522-9800
- Crisp, Laddie M., Jr. M.D. Family Practice 252-527-4146
- Escobi, Fernando M.D. Family Practice 252-527-4146
- Haynes, Carl M.D. Family Practice 252-566-4021
- Okonkwo, Ambrose S. M.D. Family Practice 252-522-3663

Primary care physicians (internal medicine)

- Cummings, Kris M.D. Internal Medicine 252-559-2200
- Heck, Gary H. D.O. Internal Medicine 252-523-0026
- Iqbal, Mohammad, M.D. Internal Medicine 252-559-2200
- Jilcott III, Rupert W. M.D., P.A. Internal Medicine 252-522-1404
- John, John K. M.D. Internal Medicine 252-523-0026
- Johnson, Kenneth Lee M.D. Internal Medicine 252-559-2200
- Pierce, Hubert G. M.D. Internal Medicine 252-559-2200
- Randolph, Teigha M.D. Internal Medicine 252-559-2200
- Verastegui, Juan M.D. Internal Medicine 252-522-9800
- West, George H. M.D. Internal Medicine 252-522-3661

Primary care physicians (pediatrics)

- Keiter, William E. M.D. Pediatrics 252-522-0335
- Millan, Poala M.D. Pediatrics 252-522-0335
- Perry, Joan T. M.D. Pediatrics 252-522-0335
- Reece, Orvil Y. M.D. Pediatrics 252-522-0335
- Riddle, Donald M. M.D. Pediatrics 252-522-0335
- Rubio, Ruth M.D. Pediatrics 252-522-0335
- Sico-Davis, Chrisandra R. M.D. Pediatrics 252-522-0335
Specialties
Anesthesiology

- Anand, Rakesh T. M.D. Anesthesiology 252-522-7800
- Preecha, B. N. M.D. Anesthesiology 252-522-7800

Cardiology

- King, Michael B. M.D. Cardiology 252-559-2200
- Kirollos, Alan N. M.D. Cardiology 252-523-6000
- Martin, Stephanie M.D. Cardiology 252-523-6000
- Mitra, Shyamal K. M.D. Cardiology 252-559-2200

Dentistry/Oral & Maxillofacial surgery


Dermatology

- Henshaw, Dan M. M.D. Dermatology 252-523-3289

Emergency Medicine

- Cotten, Aaron B. M.D. Emergency Medicine 252-522-7129
- Sherard, Reginald K. M.D. Emergency Medicine 252-522-7100
- Threlkeld, Billie M.D. Emergency Medicine 252-522-7954

Gastroenterology

- Ibegbu, Eric I. M.D. Gastroenterology 252-527-3636
- Kroeger, Richard James M.D. Gastroenterology 252-522-0285
- Marilley, Mark M.D. Gastroenterology 252-559-2200
- Saracino, Joseph A. M.D. Gastroenterology 252-527-6565

Gynecology

- Baker, Joan M. M.D. Gynecology 252-520-0020
- Barker, Marshall D.O. Gynecology 252-527-7208
- Mintz Jr., Rudolph I. M.D. Gynecology 252-527-5500

Hematology/Oncology

- Qadir, Misbah U M.D. Hematology/Oncology 252-559-2200
- Watson, Peter R. M.D. Hematology/Oncology 252-559-2200

Nephrology
- Atassi, Nawaf G. M.D.  Nephrology 252-523-8513
- Chui, Vernon M.D.  Nephrology 252-523-8513
- John, Rekha E. M.D.  Nephrology 252-523-8513
- Sapasetty, Ram M.D.  Nephrology 252-523-8513

Neurology

- Reynolds, Leslie D. M.D.  Neurology 252-559-8838

Obstetrics/Gynecology

- Brooks, Charles Michael M.D.  Obstetrics/Gynecology 252-522-4333
- Gilmore, Samuel J. M.D.  Obstetrics/Gynecology 252-522-4333
- King, De Shonta M.D.  Obstetrics/Gynecology 252-522-9800
- Mallette, Julius Q. M.D.  Obstetrics/Gynecology 252-522-9485

Ophthalmology

- Wright, Walter M.D.  Ophthalmology 252-522-1611

Orthopaedics

- Classen Jr., Charles H. M.D.  Orthopaedics 252-523-6506
- Cooper, Jr. Edwin M.D.  Orthopaedics 252-522-5881
- Kuhn, Michael M.D.  Orthopaedics 252-522-4446
- Stegbauer, Scott A. M.D.  Orthopaedics 252-522-4446

Otolaryngology

- Beasley, Charles B. M.D.  Otolaryngology 252-523-0687
- Goheen, Barbara M.D.  Otolaryngology 252-523-0687
- Hosea, Robert H. M.D.  Otolaryngology 252-523-0687
- Lait, Marci M.D.  Otolaryngology 252-523-0687

Pathology

- Baird, D. Bruce M.D.  Pathology 252-522-7144
- Haddad, Michel M.D.  Pathology 252-522-7141
- Steffee, Craig H. M.D.  Pathology 252-522-7141

Podiatric Surgery

- Delaney, Jr., Dale D.P.M.  Podiatric Surgery 252-523-7070

Psychology/psychiatry

- Gridley, Gregory C. Ph.D.  Psychology/Psychiatry 252-522-3976
Pulmonology

- **Gallaher, Robert T. M.D., F.C.C.P.**  Pulmonology  252-527-9800

Radiology/Nuclear Medicine

- **Adkins, Mark A. M.D.**  Radiology/Nuclear Medicine  252-527-7077
- **Finizio, Tobin M.D.**  Radiology/Nuclear Medicine  252-527-7077
- **Herlong, John M.D.**  Radiology/Nuclear Medicine  252-527-7077
- **Kozel, William M.D.**  Radiology/Nuclear Medicine  252-527-7077

Radiology/oncology

- **Ballenger, Cynthia M.D.**  Radiology/Oncology  252-522-7600
- **Hnatov, Andrej M.D.**  Radiology/Oncology  252-329-0025

Rheumatology

- **Katwa, Geeta M.D.**  Rheumatology  252-559-2200

Surgery-General/thoracic/vascular

- **Deepe, Robert M. M.D.**  Surgery-General/Thoracic/Vascular  252-939-9300
- **Jarman, Wayne T. M.D., P.A.**  Surgery-General/Thoracic/Vascular  252-527-9332
- **Whitlark, Joseph D. M.D., F.A.C.S.**  Surgery-General/Thoracic/Vascular  252-939-9300

Urology

- **Cox, Ralph Lee M.D.**  Urology  252-527-3043
- **Hughes, Richard M.D.**  Urology  252-527-3043
## Lenoir County Dentist Directory

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>New Pts</th>
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<tbody>
<tr>
<td>Arnette, Michael D DDS</td>
<td>2507 N Queen St. Kinston, NC 252-527-9010</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Brown, Williams H Dr</td>
<td>304 Darby Ave. Kinston, NC 252-523-6060</td>
<td>Accepts few cases</td>
<td>Referrals only</td>
<td>Y</td>
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<tr>
<td>Carlyle, Ricky Dr DDS</td>
<td>206 Airport Rd Kinston, NC 252-522-1777</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Denton, Kent S DDS PA</td>
<td>515 S Caswell St. La Grange, NC 252-566-9616</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Edwards, Robin DDS PA</td>
<td>4990 Hwy 70 West Kinston, NC 252-523-0544</td>
<td>N</td>
<td>N</td>
<td>Y (Pay as you go)</td>
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<tr>
<td>Harrell, A Jack Dr</td>
<td>315 Airport Rd Kinston, NC 252-522-2575</td>
<td>N</td>
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<tr>
<td>Harvey &amp; Associates</td>
<td>801 Plaza Rd Kinston, NC 252-527-5333</td>
<td>N (only past pts can use medicaid)</td>
<td>N</td>
<td>Y, but not with medicaid</td>
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<tr>
<td>Kinston Community Health Center</td>
<td>324 N Queen St. Kinston, NC 252-522-9800</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
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<tr>
<td>Practice Name</td>
<td>Address</td>
<td>Medicaid</td>
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<tr>
<td>Kinston Dental Associates</td>
<td>1104 W Vernon Ave. Kinston, NC 252-523-4151</td>
<td>N</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Kinston Dental Care Center DDS</td>
<td>512 Plaza Blvd Kinston, NC 252-527-1111</td>
<td></td>
<td>N</td>
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</tr>
<tr>
<td>Lancaster T Harold Dr DDS P LLC</td>
<td>OFC Vernon Park Mall Kinston, NC 252-522-1333</td>
<td></td>
<td>N</td>
<td>Y</td>
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<tr>
<td>Luper, Beach, Mistak, &amp; Williams (Endodontics)</td>
<td>816-A Vernon Park Mall Kinston, NC 252-527-3371</td>
<td>N</td>
<td></td>
<td>Y, upon referral</td>
</tr>
<tr>
<td>Mathews, Scott B Dr DDS</td>
<td>306 Darby Ave. Kinston, NC 252-522-4035</td>
<td>N</td>
<td></td>
<td>Y</td>
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<tr>
<td>Mitchell, Courtney III DDS PA</td>
<td>2500 N Herritage St. Kinston, NC 252-468-0505</td>
<td>N</td>
<td></td>
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<tr>
<td>Perry, Warren S JR DDS PA</td>
<td>400 Glenwood Ave. Kinston, NC 252-523-4927</td>
<td>N</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Seafort, Keith M Dr</td>
<td>OFC 107 E Vernon Ave. Kinston, NC 252-523-9545</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Pink Hill Family Dentistry</td>
<td>E Broadway St. Pink Hill, NC 252-568-3711</td>
<td>N, (only past pts can use Medicaid)</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>
APPENDIX G

LENOIR COUNTY VETERINARIAN DIRECTORY

Animal Hospital of Lenoir County
6724 Washington Street
LaGrange, NC  28551
(252) 566-3090

Countryview Animal Hospital
3150 Hwy 258 North
Kinston, NC 28504
(252) 522-2110

Institute Mobile Veterinary Services
4717 Wheat Swamp Road
LaGrange, NC  28551
(252) 566-5041

Livestock Veterinary Services
1308 Hwy 258 North
Kinston, NC  28504
(252) 527-4960

Northside Animal Hospital
2015 N Queen Street
Kinston, NC  28501
(252) 523-9003
EC Vets (252) 265-9920

Riverbank Animal Hospital
1217 S Queen St
Kinston, NC  28501
(252) 523-2122

Faithful Friends Veterinary Hospital
5477 Hwy 11 North
Griffon, NC 28530
(252) 524-3384
APPENDIX H

LENOIR COUNTY HEALTH DEPARTMENT SERVICES

MISSION STATEMENT

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

SERVICES/PROGRAMS DESCRIPTION

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

1. Pap and breast exams.
2. BCCCP (Breast and Cervical Cancer Control Program) provide exams and schedule mammograms if financially eligible.
3. Blood pressure screening 3:00-4:00 P.M. (FREE).
4. Diabetes screening.

ANIMAL CONTROL

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

CHILD HEALTH – serves children from birth to 13 years of age.

1. Routine child health screens and well child exam through age 12 and High Risk children to age 10.
2. Assist with Immunizations and ensure children in day care setting meet immunization requirements.
3. Screen and refer for lead poisoning, speech, hearing, vision and developmental disorders.
4. Provide intervention in the event of a communicable disease in the school setting.
5. Provide follow-up for children with elevated blood lead levels.
6. Serves as resource to the community and school system for health care and health care problems.

ENVIRONMENTAL HEALTH

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

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

1. Complete physical exam, screening and referral for cancer and STD’s with follow-up.
2. Birth control supplies.

HEALTH EDUCATION

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

IMMUNIZATIONS

1. Offer adult and child immunizations including diphtheria, pertussis, tetanus, polio, HIB, Hepatitis A&B, Chicken Pox, MMR (measles, mumps, rubella), Prevnar, Menactra, Pneumonia & Influenza vaccines.
2. Provide FREE required immunizations to uninsured and Medicaid eligible children.
3. Member of the NC Immunization Registry (NCIR).
4. Track all 2 year olds associated with Lenoir County Health Department to ensure compliance of immunization schedule.
5. Provide onsite immunizations/vaccinations to businesses/agencies, for their convenience, upon request.
6. Provide training on the NCIR to local medical providers.
7. Serve as an immunization resource for the community.

LABORATORY

1. Provide lab services to clinic clients and accept referrals from private physicians.
2. Additional services include pregnancy test, cholesterol and blood glucose screens.

MATERNAL HEALTH

1. Serve females in Lenoir County (general and high risk (HR), and high-risk clients in Jones and Duplin Counties.
2. Prenatal and Postpartum care.

PUBLIC HEALTH PREPAREDNESS & RESPONSE

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

SEXUALLY TRANSMITTED DISEASES (STD)

1. Detection and treatment of STD’s.
2. Contact follow-up.
3. HIV pre and post test counseling.

SOCIAL WORK

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

TUBERCULOSIS

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

VITAL RECORDS

Ensures that records or certificates of all births and deaths that occur in the county are reported to the appropriate sources.

WIC (WOMEN, INFANTS, AND CHILDREN)

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