

2012

STATE OF THE COUNTY  
HEALTH REPORT

Prepared by the Lenoir County Health Department  
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MORTALITY STATISTICS FOR LENOIR COUNTY

**2010 Ten leading causes of deaths by % of total deaths**

1. Diseases of heart
2. Cancer
3. Cerebrovascular diseases
4. All other unintentional injuries
5. Chronic lower respiratory diseases
6. Diabetes mellitus
7. Essential (primary) hypertension and hypertensive renal disease
8. Nephritis, nephrotic syndrome and nephrosis
9. Atherosclerosis
10. Alzheimer's disease  
Motor vehicle injuries

1. Diseases of the heart accounted for 25.1% of deaths in the county. There were 177 deaths attributed to this category.
2. Cancer accounted for 23.4% of county deaths. There were 165 deaths attributed to this category.
3. Cerebrovascular diseases accounted for 4.0% of county deaths. There were 28 deaths associated with this disease.
4. All other unintentional injuries and chronic lower respiratory diseases both accounted for 3.6% of county deaths. Both were associated with 25 deaths.
5. Diabetes mellitus accounted for 3.4% of deaths in the county. There were 24 deaths associated with this disease.
6. Essential (primary) hypertension and hypertensive renal disease accounted for 2.7% of deaths in the county. There were 19 deaths associated with this disease.

Nephritis, nephrotic syndrome and nephrosis also accounted for 2.7% deaths in the county. There were 19 deaths associated with this disease.

7. Atherosclerosis accounted for 2.1% of deaths in the county. There were 15 deaths associated with this disease.
8. Alzheimer's disease and motor vehicle injuries both accounted for 2.0% of deaths in the county. Both were associated with 14 deaths.

**The information above has changed from the 2010 SOTCH. Only the most important changes will be noted. Our top ten leading causes of death have changed its order. According to the 2010 Leading Causes of Death, Cerebrovascular disease has moved from #4 to #3. Diabetes mellitus has remained at #6. Chronic lower respiratory diseases moved to #4 where it is tied with all other unintentional injuries. Atherosclerosis moved from #5 to #9. Essential (primary) hypertension and hypertensive renal disease was not on the top ten leading causes of death in 2010. Influenza and pneumonia did not make the top ten for 2010. This data comes from the State Center for Health Statistics. This data was accessed on October 22, 2012.**

## MORBIDITY STATISTICS

**January through November 30, 2012**

**This data was obtained from patients in the Lenoir County Health Department and other health care providers.**

### **Chlamydia**

- In Lenoir County there were 294 diagnosed cases of chlamydia.

### **Gonorrhea**

- Lenoir County had 88 diagnosed cases of gonorrhea.

### **Syphilis**

- There were 9 diagnosed cases of syphilis.

**The information below was obtained from N.C. DHHS Communicable Disease Branch (N.C. 2011 HIV/STD Surveillance Report)**

### **HIV/AIDS**

- Lenoir County had 7 newly reported cases of HIV disease in 2011.
- Lenoir County had 2 newly reported cases of AIDS disease in 2011.

EMERGING ISSUES

Tuberculosis

In the past three years tuberculosis cases has been on the rise in Lenoir County. Here is a breakdown of the past three years:

Year	# of cases	Age Range	Demographics	# of contacts
2010	6 (2 clients took daily medication for 6 months due to co-morbidity)	47-79	3 Black males 1 Black female 2 White males	81 contacts to Lenoir County cases 63 contacts from other counties or from suspect cases 16 positive PPD's from all contacts
2011	2	68-76	2 Black females	31 contacts to Lenoir County cases 2 Positive contacts 3 children took medication for 2 months due to high risk less than 5 year old
2012	7	18 months-74	1 Black male 1 Black female 1 white male 3 White Hispanic male 1 Hispanic female	73 Lenoir County contacts 18 positive (June) 774 tested at school in cooperation with Pitt County Health Department (September) 774 retested at school in cooperation with Pitt County Health Department 5 positive

In August 2012 Lenoir County Health Department's TB/CD Nurse received the Spirit Award at the NC Public Health TB/CD Conference.

PRIORITIES FOR LENOIR COUNTY FROM 2011 COMMUNITY HEALTH ASSESSMENT

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

COUNTY TRENDS IN KEY HEALTH INDICATORS IN LENOIR COUNTY

**This information was obtained from Eat Smart Move More North Carolina website. This information comes from North Carolina Nutrition and Physical Activity Surveillance System (NC-NPASS) 2011 and 2010.**

#### Obesity

In 2011 the prevalence of obesity in children for ages 2-4 years for Lenoir County is 15.6% while North Carolina is 15.7%.

In 2010 the prevalence of obesity in children for ages 2-4 years for Lenoir County is 12.7% while North Carolina is 15.6%.

In 2009 the prevalence of obesity in children for ages 2-4 years for Lenoir County is 9.1% while North Carolina which is 15.4%.

In 2008 the prevalence of obesity in children for ages 2-4 years for Lenoir County is the same as North Carolina which is 15.4%.

In 2009 the prevalence of obesity in children ages 5-11 years for Lenoir County is 14.8% while North Carolina's 25.8%.

In 2008 the prevalence of obesity in children ages 5-11 years for Lenoir County was 11.3% while the state's is 25.7%.

**This information was obtained from the State Center for Health Statistics website.**

#### Diabetes

From 2006-2010 the age-adjusted death rate for diabetes in Lenoir County is 38.3 per 100,000 population while North Carolina is 22.5.

From 2005-2009 the age-adjusted death rate for diabetes in Lenoir County is 40.7 per 100,000 population while North Carolina's is 24.0

#### Heart Disease

In 2006-2010 the age-adjusted death rate for heart disease in Lenoir County is 253.7 per 100,000 population while North Carolina's is 184.9.

In 2004-2008 the age-adjusted death rate for heart disease in Lenoir County is 267.3 per 100,000 population while North Carolina's is 202.2.

#### Teenage Pregnancy

In 2011 the resident pregnancy rate (ages 15-19) for Lenoir County is 56.7 per 1,000 female population while North Carolina's is 43.8.

In 2010 the resident pregnancy rate (ages 15-19) for Lenoir County is 59.0 per 1,000 female population while North Carolina's is 49.7.

From 2005-2009 teenage pregnancy rate per 1,000 population (ages 15-19) is 62.0 for North Carolina. For 2005-2009 the resident teenage pregnancies (ages 15-19) for Lenoir County are 52.2 per 1,000 female population.

Priority Selection Results as identified during 2011 Community Health Assessment Process

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

Progress made in priority areas

Objective (Obesity) is taken from 2012-2014 Strategic Plan

- **Decrease the percentage of adults who report “overweight” or “obese” in Body Mass Index Grouping by 5 percent by 2014.**
- Lighten Up Lenoir, a community weight loss campaign, is currently in the final session for Year One. 2013 kickoff is scheduled for January 21<sup>st</sup>.
- Lenoir County Youth Obesity Task Force has been organized and is meeting on a regular basis. Two elementary schools in Lenoir County have been chosen for adoption of a healthy lifestyle program.
- The health educator completed a Fruit and Vegetable Inventory with the farm and produce stands in the Lenoir County. This inventory included times of operation, contact information.

Objective (Diabetes) is taken from 2012-2014 Strategic Plan

- **Decrease the prevalence of diabetes in adults by 5 percent by 2014.**
- In the Nutrition and Weight Loss program in underserved African American churches two churches has been identified for diabetes risk factors. Current participants’ initial weights have been recorded with weekly weight checks occurring for a period of 10 weeks.
- Lenoir Memorial Hospital is currently having conversations are made with pharmaceutical companies to increase provider education to improve community use of American Diabetes Association education standards of care.

- The Pink Hill Education and Wellness Center has held a 4 hour (2) part diabetes education class in the diabetes outreach education using a diverse setting.

Objective (Hypertension) is taken from 2012-2014 Strategic Plan

**Decrease the percentage of adults who report they have ever been told by a doctor, nurse, or other health professional that they have high blood pressure by 5 percent by 2014.**

- Lenoir Memorial Hospital has attended one webinar pertaining to the Million Hearts Campaign. The program is being considered in a community grant opportunity with meetings being held now to evaluate whether it would be a good fit in the project.
- The first chronic kidney disease screening at Lenoir Memorial Hospital was held on October 9, 2012 by UNC Kidney Outreach. Information has been disseminated by fliers and brochures in African American churches to find additional churches for screenings in 2013.
- The Eastern Carolina Community Area Agency on Aging (ECCAAA) has launched a Community Resource Connection initiative in Lenoir County. Representatives from LCCOA, DSS, Hospice, and other local organizations are represented on this. The Lenoir County CRC is working on updating data currently in the ECCAAA resource database.
- As of September 18, 2012 550 participants have entered into the High Blood Pressure Study. Of these participants 250 have overlapped from the Lifestyle Study (another part of this project). All participants have been provided with a home blood pressure monitor. There have also been phone counseling calls to participants. There are physician practices where this study has been concentrated. Some of these practices are not located in Lenoir County.

Objective (Responsible Parenting) is taken from 2012-2014 Strategic Plan

**Increase the number of students who graduate from high school by 5 percent by 2014.**

- In October 2012 a permanent drug drop box was placed at the Kinston Department of Public Safety for residents to place unwanted prescription medication. The box was placed in memory of a 16 year old that overdosed on prescription medication.
- The Little by Little Mentoring Program has expanded its program into an additional school. Community leaders serve as the mentors for the students.

- Early discussions are being held with partners to point towards a 2013/14 series start for the Parenting & Healthy Discipline Educational Forum.

The Lenoir County Health Department and other county agencies are making great strides in the objectives that are talked about in this SOTCH. There may even be new innovative ways to reach these objectives.

## NEW INITIATIVES

Lenoir County Health Department's Environmental Health staff in 2011-2012 issued 27 food permits and had 23 closures. In 2010 Lenoir County had two companies that opened. One was Sanderson Farms, a poultry processing plant. Currently it has 1,562 employees. In 2010, 300 persons were hired and have a total of about 400 at that time. When Sanderson Farms become fully operational they will employ 1650 persons. Spirit, aerospace manufacturer, currently has 300 employees. In 2010, 200 people were employed at that time. In a 3-5 year period they should have 1066 employees.

The Heart-Healthy Lenoir Project is a community-based research project designed to develop and test better ways to tackle heart disease from prevention to treatment. The National Heart, Lung, and Blood Institute have funded this project. The project is a partnership of the University of North Carolina at Chapel Hill, East Carolina University, and Lenoir County. This grant is in collaboration with the Health Department, Lenoir Memorial Hospital, and the Alliance. This grant will be completed over five years.

## COMMUNITY INITIATIVES

LCHD staff has been very vested and put in extra time and committed to the health and safety of its community.

Some of Lenoir County Department's staff built a float for the county Christmas Parades. The float was in LaGrange and Pink Hill Parades. The theme of the float was "Save Frosty...Melt Away TB. The float highlighted TB since there was an increase in TB cases for 2012. In the LaGrange Parade, Lenoir County Health Department was tied for non-commercial float competition. In the Pink Hill Parade, Lenoir County Health Department won first place.

Lenoir County will be making strives to increase the health of its residents through a variety of programs and partnerships. Lenoir County has been actively developing partnerships with business, school system, Cooperative Extension, Parks and Recreation and Lenoir Memorial Hospital.

## **Collaborations:**

- Partnership for Children for Lenoir, Greene, and Jones Counties now houses Safe Kids Eastern North Carolina. The Health Educator will start attending these meetings in January.
- Lenoir County Health Department is one of the partners of the Alliance, which is a coalition of community organizations with the intent of making the lives of Lenoir County citizens better. The Alliance is formerly a certified Health Carolinians Task Force. The Health Director and Health Educator serve on this coalition which meets every month. The Health Director serves as the co-chair.
- Lenoir County Health Department's WICs' Breastfeeding Peer Counselors and Breastfeeding Coordinator serve on the Lenoir Memorial Hospital/Lenoir County Health Department Breastfeeding Coalition. This coalition meets every month.
- One of Lenoir County Health Department's Child Health Nurse is the Lead Council Representative which meets quarterly in a district meeting.
- One of Lenoir County Health Department's Child Health Nurse is on the Partnership for Children for Lenoir, Greene, and Jones Counties and Assuring Better Child Health and Development Program. This committee meets monthly.
- Lenoir County Health Department is represented on the Child Fatality Review Team by the Health Educator who serves as the Review Coordinator and Child Health Nurse who serves as Chairperson.
- Lenoir County Health Department is represented on the School Health Advisory Council by the Health Director, Health Educator and the Director of Nursing. This group meets twice a year.
- Lenoir County Health Department's Health Educator still attends the Asthma Coalition meetings. They are now being held twice a year in February and November. The health educator serves as the chair for this coalition.
- Lenoir County Health Department's Health Educator serves as the Preparedness Coordinator for Lenoir County. The Child Health Nurse assists her as needed. The Preparedness Coordinator attends preparedness planning meetings with other surrounding county Preparedness Coordinators. The Preparedness Coordinator develops agency's preparedness plans.
- Lenoir County Health Department's Nutritionist serves on the Parents as Teachers Advisory Board, which meets once or twice a year.



- Lenoir County Health Department's Nutrition Program Director is part of the Greene Lamp Health/Disability/Mental Health Advisory Board that meets once or twice a year.
- Lenoir County Health Department's Health Director attends the Juvenile Crime Prevention Committee (JCPC) which meets monthly. This is a county organization that awards juvenile crime prevention grants.
- Lenoir County Health Department's Health Director serves on the Epidemiology Committee of the North Carolina Association of Local Health Directors. These meetings are held monthly.
- Lenoir County Health Department's Health Director is on the Lenoir County Transit Board that meets quarterly.
- Lenoir County Health Department's Secretary Supervisor is part of the Lenoir Community College Advisory Committee for Co-op Program meets once a year.
- Lenoir County Health Department's Secretary Supervisor plays an integral part of the Work First Program. Lenoir County Health Department works along with DSS to provide a working environment for DSS Work First Program clients.
- Lenoir County Health Department's Account Clerk serves as a bloodhound for the Red Cross. She is to recruit blood donors when there are blood drives.