

Greene County COMMUNITY HEALTH ASSESSMENT 2015



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Executive Summary

Every four years, Greene County Health Department is required to conduct a Community Health Assessment. The Community Health Assessment, referred to as the CHA, is the foundation for improving and promoting the health of county residents. It is a fundamental tool of public health practice that aims to describe the health of the community by presenting information on health status, community health needs, resources, and other studies of current local health problems. The CHA seeks to identify target populations that may be at increased risk of poor health outcomes and to gain a better understanding of their needs; assess the larger community environment; and understand how multiple factors relate to the health of individuals.

As a requirement for completing the CHA, the NC State Center for Health Statistics Data Dissemination Unit established groups of peer counties that had certain similarities. These included:

- Population size
- Individuals living below poverty
- Population under 18 years of age
- Population 65 years and older
- Population density (people per square mile)

The peer counties used in this report were designated as such by the North Carolina State Center for Health Statistics as comparable to Greene County and include:

- ❖ Avery County
- ❖ Caswell County
- ❖ Chowan County
- ❖ Yancey County

Throughout this document, Greene County data will be compared with those counties as well as the state of North Carolina. Most of the health statistics in this report were obtained from the North Carolina State Center for Health Statistics, US Census, County Health Rankings & Roadmaps, and locally gathered information.

Greene County: At A Glance

Population & Demographics

According to the 2010 US Census, Greene County has a population of 21,362; an increase of 12.6 percent since 2000. In 2015, Greene County had an estimated population of 21,134; a decrease of 1.1% since 2010. Of that number, the population can be broken down into the following percentages: 59.1% are White, 36.6% are Black or African American, 2.3% are American Indian and Alaska Native, 0.5% Asian and 14.8% are Hispanic or Latino (of any race). Females account for 45% of the population while males account for 55%. The overall median age of Greene County residents is 37.7 years. Persons under 5 years of age account for 5.4% of the population, persons under 18 years of age account for 21.1% of the population, and persons 65 years and over account for 15%. According to the US Census Bureau, the population density of Greene County in 2010 was 80.3 persons per square mile compared to 196.1 persons per square mile for North Carolina.

Leading Causes of Death

Of the 927 deaths that occurred in Greene County during the five-year period 2010 – 2014, 53 percent were caused by cancer, heart disease, and cerebrovascular disease.

The five leading causes of death in Greene County from 2010 – 2014 and the number of deaths they caused were:

1. Cancer – 222 deaths
2. Heart Disease – 212 deaths
3. Cerebrovascular Disease – 57 deaths
4. Chronic Lower Respiratory Diseases – 52 deaths
5. Alzheimer's Disease – 35 deaths

Greene County Health Priorities: 2016 – 2019

The priority areas that will be addressed for 2016 – 2019 are Physical Activity & Nutrition, and Chronic Disease.

Next Steps

- Results from the 2015 Community Health Assessment will be disseminated to the community
- Action plans outlining evidence-based strategies to address the county's health priorities will be developed and submitted to the state in September 2016
- An annual State of the County Health (SOTCH) Report will be compiled and released to provide timely updates on health indicators related to our community and the work surrounding our health priorities

Chapter 1: Background & Introduction

Community Health Assessment Process

The Community Health Assessment process is a four-year cycle in which local health departments across North Carolina are charged with the responsibility of conducting a Community Health Assessment (CHA) in their respective counties. The CHA is required of public health departments in the consolidated agreement between the North Carolina Division of Public Health and the local public health agency. Furthermore, a CHA is required for local public health department accreditation through the NC Local Health Department Accreditation Board (G.S. § 130A-34.1).

Community Health Assessments are the foundation for improving and promoting the health of the community. The role of the assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address those issues. The completed CHA serves as the basis for prioritizing the community's health needs and culminates in planning to meet those needs.

The Community Health Assessment is an excellent resource for health professionals, businesses, organizations, and the community for the purpose of evaluating health resources, identification of health problems, developing strategies to address health concerns or problems, grant writing, and various reports.

The CHA process includes the following phases outlined by the NC Division of Public Health:

1. Establish a CHA team
2. Collect primary data
3. Collect secondary data
4. Analyze and interpret county data
5. Determine health priorities
6. Create the CHA document
7. Disseminate the CHA document
8. Develop community health action plans

Community Health Assessment Team

In larger counties, where community partners are more plentiful and not as frequently exhausted by service on multiple committees, it may be more feasible to establish both an advisory group and work group for the Community Health Assessment (CHA) process. However, this is not reality for most small, rural counties such as Greene County. Therefore, one CHA

team was formed that was responsible for overseeing the process, and developing and implementing strategies to conduct the CHA.

Health Data Collection Process

The Community Health Assessment (CHA) requires primary data collection (community input) and secondary data collection (existing health statistics) to identify health-related trends and other factors that affect the health and well-being of Greene County residents. The CHA team collected primary and secondary data, and then analyzed the data. The CHA team decided to conduct listening sessions for this CHA instead of conducting community health opinion surveys. Ten listening sessions were conducted throughout the county. Once all of the data was gathered and analyzed, the CHA team reviewed the information to determine Greene County's health priorities. The priority selection process is detailed later in this report.

Chapter 2: County Description

History

Greene County, being a part of land grant by King Charles II of England in 1663, was first settled around 1710 by immigrants from Maryland, Virginia, and parts of North Carolina. Upon arrival of these new settlers, great numbers of settlers were killed, driven off, or tortured by the Tuscarora Indians. However, on March 20-23, 1713, a fighting force of South Carolinians and Yemassee Indians, under Colonel Murice Moore, defeated the Tuscarora, under the leadership of Chief Hancock. With the demise of the Indian threat, county settlers advanced in their various economic pursuits. This was the final major battle of the Tuscarora War at Fort Neoheroka near current day Snow Hill.

In 1758, the area now recognized as Greene and Lenoir Counties was separated from Johnston and named Dobbs County for the Royal Governor, Arthur Dobbs. This section was bisected to form Glasgow County, for James Glasgow - North Carolina Secretary of State from 1777 to 1798. In 1799, after Glasgow's involvement in military land grant frauds had forced him to resign and leave the state, Glasgow County was renamed Greene County - in honor of Nathaniel Greene, one of General George Washington's right-hand men.

Geography

Greene County is located in beautiful eastern North Carolina in the middle of the coastal plain. It is bordered to the south by Lenoir County, to the northeast by Pitt County, to the west by Wayne County and to the northwest by Wilson County.

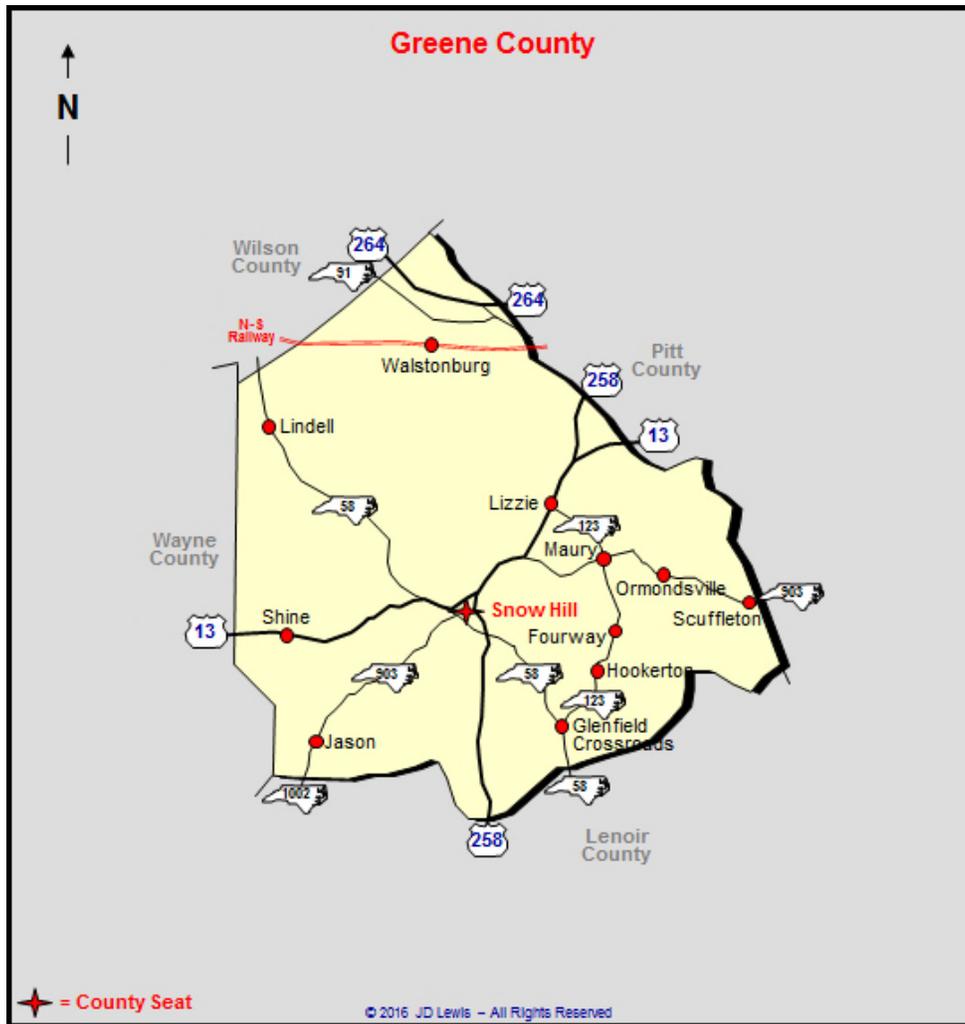


Greene County, North Carolina

Greene County encompasses a land area of approximately 266 square miles and a water area of 0.5 square miles. Snow Hill is the county seat, and the largest town and major commercial center in the county. The town draws its name from the historic white sandy banks of nearby Contentnea Creek. Other towns in Greene County include Hookerton and Walstonburg. Maury is also a Census-designated place in Greene County. The county is divided into nine townships: Bull Head, Carrs, Hookerton, Jason, Olds, Ormondsville, Shine, Snow Hill and Walstonburg (Speights Bridge).



The major highways that run through Greene County are US 13, US 258 and US 264. Other highways include NC 903, NC 58, NC 102, NC 91, NC 123 and NC 121. No Interstate highways traverse the county, but I-95 is located in Wilson County and I-795 is located in Wayne County. The closest airport to Greene County is Pitt-Greenville Airport with service to Charlotte Douglas International Airport, although most residents use Raleigh-Durham International Airport for domestic and international travel.



Demographics

According to the 2010 US Census, Greene County has a population of 21,362; an increase of 12.6 percent since 2000. In 2015, Greene County had an estimated population of 21,134. Of that number, the population can be broken down into the following percentages: 59.1% are White, 36.6% are Black or African American, 2.3% are American Indian and Alaska Native, 0.5% Asian and 14.8% are Hispanic or Latino (of any race). Females account for 45% of the population while males account for 55%. The overall median age of Greene County residents is 37.7 years. Persons under 5 years of age account for 5.4% of the population, persons under 18 years of age account for 21.1% of the population, and persons 65 years and over account for 15%. According to the US Census Bureau, the population density of Greene County in 2010 was 80.3 persons per square mile compared to 196.1 persons per square mile for North Carolina.

Greene County Population Compared to State, 2015		
	Greene County	North Carolina
Population (<i>estimated</i>) – 2015	21,134	10,042,802
Population – 2010	21,362	9,535,483
Population, percent change (2010 to 2015)	- 1.1%	5.3%
Percent of Females	45.3%	51.3%
Percent of Males	54.7%	48.7%
Persons under 5 years of age	5.4%	6.0%
Persons under 18 years old	21.1%	22.8%
Persons 65 years and older	15.0%	15.1%
Percent of Whites	59.1%	71.2%
Percent of African Americans	36.6%	22.1%
Percent of Hispanics	14.8%	9.1%
Percent of Asians	0.5%	2.8%
Percent of American Indian/Alaska Native	2.3%	1.6%

Source: US Census Bureau, Quick Facts

Greene County Demographics Compared to Peer Counties, 2015					
	Greene	Avery	Caswell	Chowan	Yancey
Population – 2015	21,134	17,689	22,941	14,394	17,587
Population – 2010	21,362	17,797	23,719	14,793	17,818
Population, percent change (2010 to 2015)	- 1.1%	- 0.6%	- 3.3%	- 2.7%	- 1.3%
Percent of Females	45.3%	45.5%	49.3%	52.3%	50.7%
Percent of Males	54.7%	54.5%	50.7%	47.7%	49.3%
Persons under 5 years of age	5.4%	3.7%	4.8%	5.2%	4.7%
Persons under 18 years old	21.1%	15.5%	19.1%	20.6%	18.9%
Persons 65 years and older	15.0%	20.9%	20.3%	23.1%	23.9%
Percent of Whites	59.1%	93.6%	64.3%	62.5%	96.4%
Percent of African Americans	36.6%	4.4%	33.1%	34.2%	1.3%
Percent of Hispanics	14.8%	4.8%	3.5%	3.5%	4.9%
Percent of Asians	0.5%	0.5%	0.3%	1.4%	0.3%
Percent of American Indian/ Alaska Native	2.3%	0.5%	0.6%	0.5%	0.8%

Source: US Census Bureau, Quick Facts

Chapter 3: Health Data Results

The Greene County Community Health Assessment (CHA) process includes collecting existing health statistics in addition to conducting listening sessions with the overall goal of capturing the health status, needs, and resources of Greene County. This chapter highlights key findings from the assessment, including indicators identified as a community concern, target gaps with Healthy NC 2020 objectives, comparison gaps with the state and/or peer counties, emerging trends, and disparities.

Most of the health statistics in this report were obtained from the North Carolina State Center for Health Statistics, US Census, County Health Rankings & Roadmaps, and locally gathered information. As a requirement for completing the CHA, the NC State Center for Health Statistics Data Dissemination Unit established groups of peer counties that had certain similarities. These included:

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- ❖ Chowan County
- ❖ Yancey County

Throughout this document, Greene County data will be compared with those peer counties as well as the state of North Carolina.

County Health Rankings

The Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute, produces annual health rankings for the counties in all 50 states. In this project, each state's counties are ranked within the state according to health outcomes and the health factors that determine a county's health. The following table presents the 2015 county rankings for Greene County, as well as the peer counties. In 2015, Greene County was ranked 49th in the state for health outcomes and 73rd in the state for health factors. (1 = best; 100 = worst)

County Rank (out of 100)								
	Health Outcomes			Health Factors				
	Length of Life	Quality of Life	Overall Outcomes Rank	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	Overall Factors Rank
Greene	19	82	49	81	93	60	7	73
Avery	25	29	25	18	99	25	86	37
Caswell	80	83	85	95	52	73	100	91
Chowan	36	86	61	92	27	79	59	83
Yancey	74	59	69	10	47	62	41	31

Source: County Health Rankings and Roadmaps, 2015

Social Determinants of Health

Social determinants of health are the circumstances in which people are born, grow up, live, work, and age; as well as the systems put into place to deal with illness.

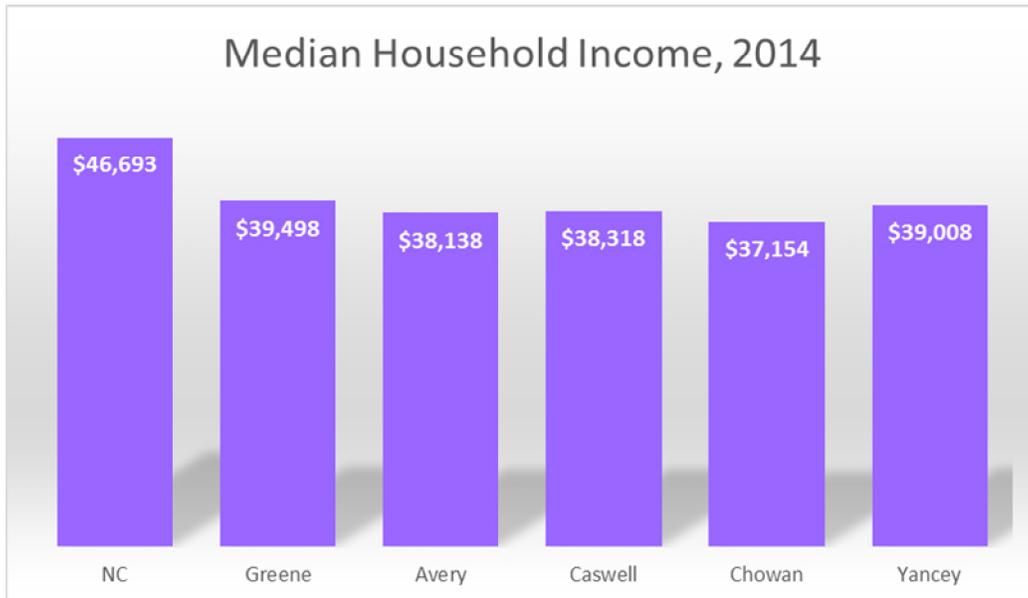
Social determinants of health are important because health is influenced not only by behavior and access to care, but also social and economic characteristics. Poverty, education level, and housing are three important social determinants of health strongly tied to individual health. Residents with higher incomes, more years of education, and that live in a healthy and safe environment have better health outcomes and generally have longer life expectancies.

The Five Key Areas of Social Determinants of Health

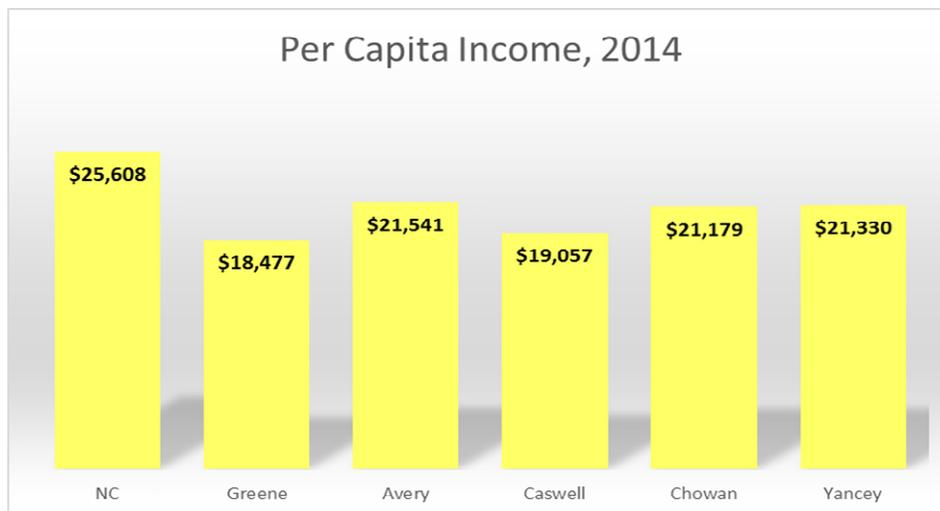


Income

According to the US Census Bureau, the median household income for Greene County residents was \$39,498 in 2014. The following table shows that Greene County's median household income is lower than the state, yet higher than the median household income compared to the peer counties.

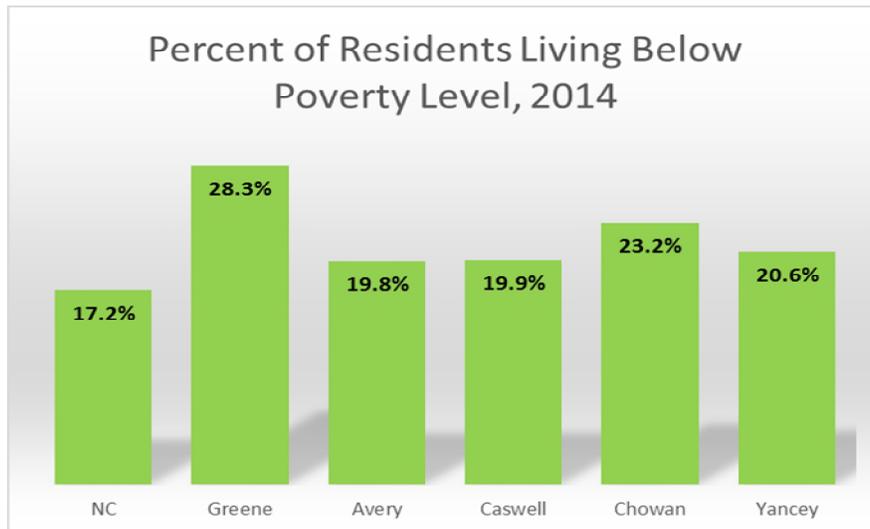


According to the US Census Bureau, Greene County's per capita income in 2014 was \$18,477 compared to the state's per capita income of \$25,608. The following table shows that Greene County's per capita income is lower than the state, as well as the peer counties.



Poverty

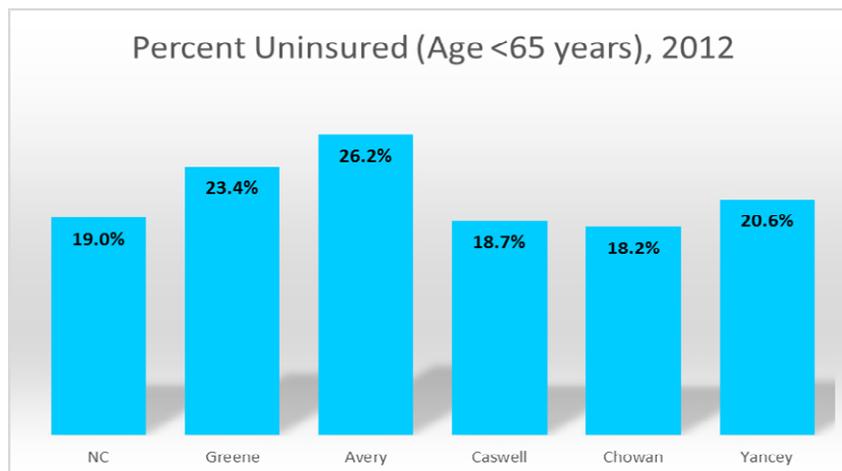
According to the US Census Bureau, the percentage of residents (all ages) living below poverty level in Greene County was 28.3 percent in 2014; compared to the state rate of 17.2 percent. The following table shows that Greene County's poverty rate is higher than the state, as well as the peer counties.



The poverty rate among all children (0-17 years) in Greene County was 35.9%, compared to 25.8% statewide.

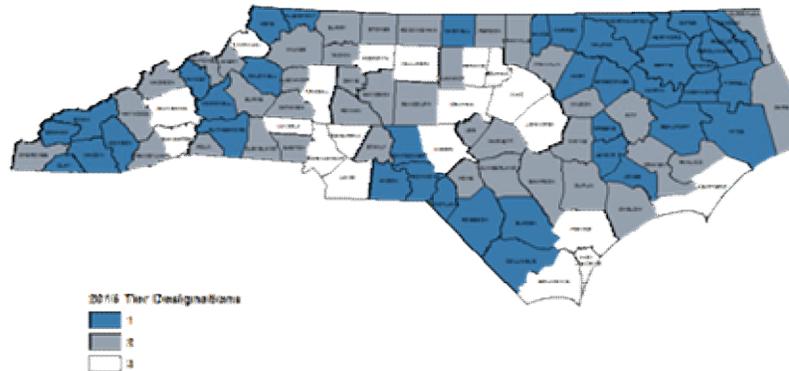
Uninsured

According to the US Census Bureau, 23.4% of Greene County's residents (less than 65 years of age) did not have health insurance in 2012, compared to 19% statewide. The following table shows how Greene County compared to the peer counties.



County Tier Designation

Since 2007, the NC Department of Commerce, on an annual basis, ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. The designations, which are mandated by state law, determine a variety of state funding opportunities to assist in economic development. County Tiers are calculated using four factors: average unemployment rate, median household income, percentage growth in population, and adjusted property tax base per capita.



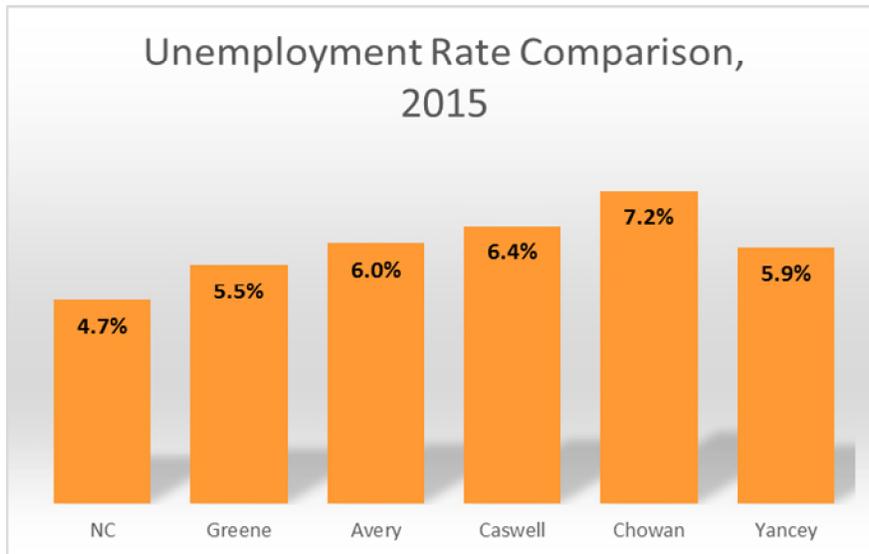
Greene County has had a Tier 1 designation since 2007, except for a Tier 2 designation in 2013.

Labor Force

According to the NC Department of Commerce, Labor & Economic Analysis Division, Greene County's top ten largest employers in order are:

1. NC Department of Public Safety
2. Greene County Public Schools
3. County of Greene
4. Principle Long Term Care Inc.
5. Greene County Health Care Inc.
6. Ambleside Inc.
7. Ham Produce Co. Inc.
8. NWL Capacitors Snow Hill Division
9. Bojangles Famous Chicken & Biscuits
10. Lenoir Community College

In 2015, of the 9,492 residents considered part of the work force in Greene County, 8,967 were employed and 525 were unemployed. This data placed the county's average annual unemployment rate for 2015 at 5.5 percent; compared to the state rate of 4.7. (*Source: NCWorks Online*)



Education

Greene County Schools' Vision

Greene County Schools will be a model 21st Century school system focused on student achievement in order for all students to graduate prepared for college, the workforce, and life as global citizens.

Greene County Schools' Mission

Greene County Schools is a school district in which teachers and students unite to create an atmosphere of mutual respect focused on teaching and learning in a safe, caring environment. Students are challenged by a rigorous curriculum delivered by teachers who facilitate learning at the mastery level. Teachers, students, and parents collaborate to ensure the achievement of our goals.

Greene County Schools' Strategic Plan Goals

- Prepare students for college, the workforce, and life as global citizens.
- Facilitate mastery learning through the delivery of a rigorous curriculum.
- Create a culture of mutual respect and accountability focused on teaching and learning in a safe, caring environment.

Greene County Schools

- Snow Hill Primary School: Kindergarten and 1st grade
- West Greene Elementary School: 2nd and 3rd grades
- Greene County Intermediate School: 4th and 5th grades

- Greene County Middle School: 6th through 8th grades
- Greene Central High School: 9th through 12th grades
- Greene Early College High School: a five-year program in which students can earn a high school diploma and an associate’s degree

Lenoir Community College – Greene County Center

Greene County is home to a satellite campus of Lenoir Community College. This facility allows residents the opportunity to complete basic education requirements as well as help to promote lifelong learning for adults. The Center is also an approved HSE Diploma Testing site.

Greene County Schools to participate in free breakfast, lunch program (2016 – 2017)

The Greene County Board of Education voted in May 2016 to provide free breakfast and lunch to all students in the school system. The child nutrition director for Greene County Schools, made a presentation to the school board about the county’s eligibility for the Community Eligibility Program (CEP), which would enable the county to give all students free breakfast and lunch. The board voted to enter into the program for the 2016-2017 school year, with a provision that if it remains affordable, the county will re-enter for a longer term next year. The county pays more than \$10,000 each year covering the cost of unpaid lunches. Under the CEP, it would only cost the county \$7,000 to feed every student at no charge to families.

Dropout Rates

A dropout is defined by State Board policy (HSP-Q-001) as any student who leaves school for any reason before graduation or completion of a program of studies without transferring to another elementary or secondary school.

The chart below provides trend data for the school years 2010-2011 through 2014-2015 on dropout counts and rates in Greene County and North Carolina.

	2010-2011		2011-2012		2012-2013		2013-2014		2014-2015	
	#	Rate								
Greene County Schools	25	2.56	21	2.16	18	1.81	15	1.46	14	1.31
North Carolina	15342	3.43	13488	3.01	11049	2.45	10404	2.28	11190	2.39

Source: NC Department of Public Instruction

Crime and Violence

The NC Department of Public Safety, State Bureau of Investigation (SBI) recently released its annual crime statistics report for year 2014. Index Crime includes the total number of violent crimes (murder, rape, robbery, and aggravated assault) and property crimes (burglary, larceny, and motor vehicle theft). The following table represents the Crime Rates per 100,000 for North Carolina, Greene County and select peer counties for 2013 and 2014.

	2013 Index Crime Rate ¹	2014 Index Crime Rate ¹	2013 Violent Crime Rate	2014 Violent Crime Rate	2013 Property Crime Rate	2014 Property Crime Rate
NC	3,518.7	3,287.2	340.4	333.0	3,178.3	2,954.1
Greene ²	2,500.6	-	177.3	-	2,323.3	-
Avery	1,459.1	1,469.6	153.3	130.0	1,305.9	1,339.6
Caswell	2,122.5	2,172.5	195.3	184.5	1,927.2	1,987.9
Chowan	2,750.1	2,268.0	330.3	310.5	2,419.8	1,957.5
Yancey	1,008.0	865.1	89.6	28.1	918.4	837.0

¹ The Crime Index includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts. While arson is considered an Index Crime, the number of arsons is not included in the Crime Index tables.

² Indicates missing data for full 12-month period for over 50 percent of the county population for 2014.

Transportation

Greene County Transportation is available for eligible Medicaid individuals needing transportation to authorized Medicaid Providers, as well as Work First Clients, and rides to the Senior Center to the Congregate Meal Site. Between July 1, 2013 and June 30, 2016, Greene County Transportation provided 54,174 rides, covering 505,380 passenger miles and 18,345 passenger hours. Purposes of transportation include dialysis, education, employment, medical, mental health, nutrition, vocational rehabilitation, health and human service, and others. The most common services that we provided were Medical (20,396 rides; 239,102 miles; and 8,522 hours) and Nutrition (10,675 rides; 64,825 miles; and 2,452 hours).

Environmental Factors

Human interactions with the environment affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as “all the physical, chemical, and biological factors external to a person, and all the related behaviors.” The *County Health Rankings* ranks North Carolina counties according to their summary measures of health outcomes and health factors, including the physical environment. For physical environment, which included indicators for air pollution, drinking

water violations, severe housing problems, and commuting, Greene County ranked 11 out of the 100 NC counties.

Air Quality

According to the Centers for Disease Control and Prevention's Outdoor Air Quality data in 2011, the most recent year of data available, the average daily measure of air pollution fine particulate matter in micrograms per cubic meter (PM2.5) in Greene County was 11.8 compared to 12.3 statewide. Air pollution particulate matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers.

Radon

Radon is the odorless, colorless radioactive gas caused by the decay of naturally-occurring radium in the earth. Radon is released from the ground into outdoor air, but it can accumulate and reach harmful levels when trapped in homes and other buildings. Radon is the second-leading cause of lung cancer in the United States, according to the Environmental Protection Agency (EPA). The EPA estimates that radon is responsible for approximately 22,000 lung cancer deaths per year in the United States. In 2016, the NC Radon Program partnered with local health departments in NC to provide free radon test kits.

Environmental Health Services

Private Well Program - sampling of private well water is provided as requested. Samples are collected by Environmental Health staff and sent to the NC Public Health Lab for analysis. Recommendations regarding chlorination procedures, problems in well construction, sources of contamination, etc. are made as needed.

On-site Waste Water System Program - conduct site evaluations to determine suitability for on-site wastewater systems, and if sites are found suitable, a permit is issued. The system design is included on the permit, and specifications must be followed by installation contractors. Once the system is installed, a final inspection is done by Environmental Health staff to verify proper installation. Also, investigates complaints regarding malfunctioning septic systems and/or improper sewage disposal. If a problem is confirmed, recommendations are made for corrective action.

Food, Lodging & Institutional Program - conducts regular, unannounced inspections of all food (i.e. restaurants, food stands, mobile food units, school cafeterias, residential care homes, etc.), lodging (i.e. hotels, bed and breakfast establishments, etc.), and institutional establishments (i.e. school cafeterias, nursing homes, etc.) in Greene County.

Other Services:

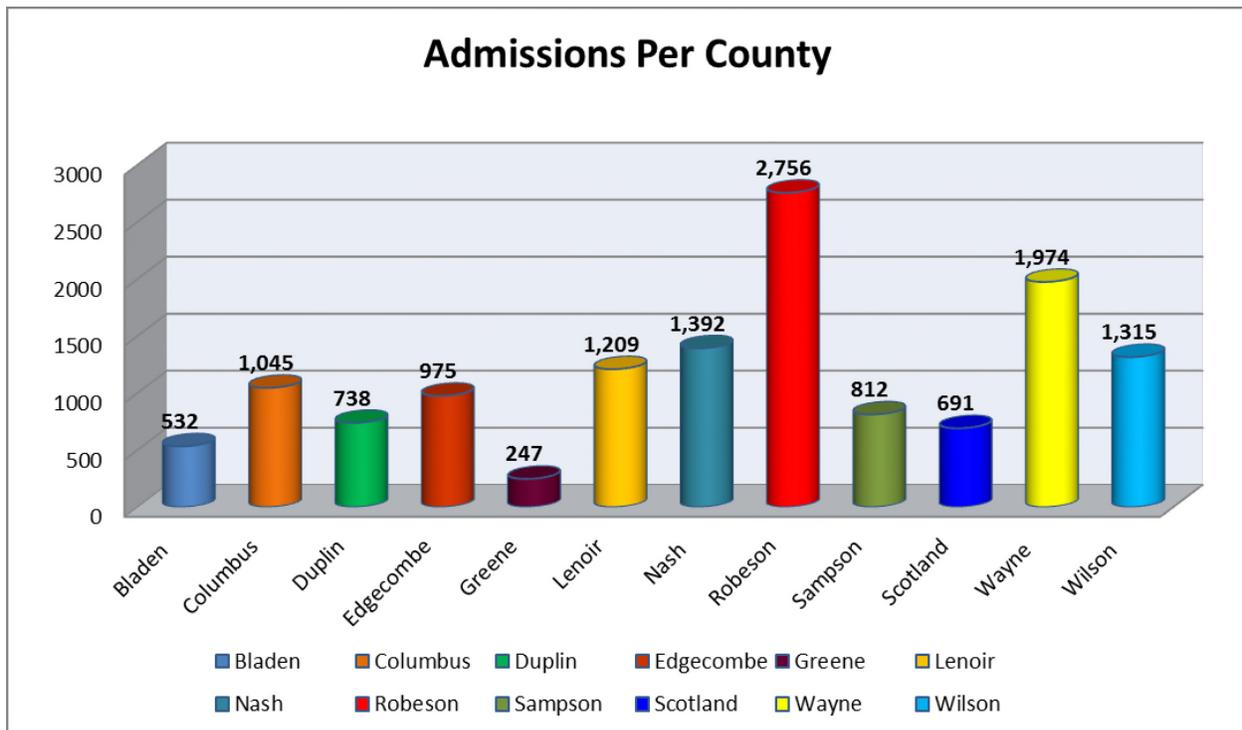
- Inspection of public swimming pools
- Inspection of tattoo parlors
- Childhood Lead Investigations and Remediation
- Consultation regarding private cemeteries
- Education/information regarding issues such as: proper food handling, food temperatures and food preparation; mosquito control; pool safety; proper hand washing techniques; proper sewage treatment and disposal

Local Management Entities-Managed Care Organizations (LME-MCOs)

Local Management Entities-Managed Care Organizations (LME-MCOs) manage, coordinate, facilitate and monitor the provision of mental health, developmental disabilities and substance use services in the geographic area that they serve. LME-MCOs strive to meet the needs of people who prefer to receive long-term behavioral health care services and supports in their home or community, rather than in an institutional setting. The program was initiated as a way to control and more accurately budget for the rising costs of Medicaid-funded mental health, and intellectual and developmental disability services.

Greene County is served by Eastpointe. The mission of Eastpointe is to work together with individuals, families, providers and communities to achieve valued outcomes in our behavioral healthcare system. Eastpointe manages behavioral healthcare for the citizens of Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Wayne, Wilson, Sampson, and Scotland counties.

During FY 2013-2014, there was a total of 13,686 admissions to services within Eastpointe's catchment area.



Source: Eastpointe Annual Report

State health officials announced in May 2016 that the state- and Medicaid-funded Local Management Entities-Managed Care Organizations (LME-MCOs) providing mental health, intellectual/developmental disability and substance use/addiction services to North Carolina citizens will be consolidating into four service regions across the state. Further consolidation will improve quality of services, accessibility, accountability and long-term sustainability.

The newly consolidated service areas are:

- North Central Region: CenterPoint Human Services and Cardinal Innovations Healthcare Solutions will be merging
- South Central Region: Sandhills Center and Alliance Behavioral Healthcare will be merging
- Eastern Region: Eastpointe and Trillium Health Resources will be merging
- Western Region: Partners Behavioral Health Management and Smoky Mountain LME/MCO will be merging

In addition to their role in the future of Medicaid reform, LME-MCOs will play an important role in implementing recommendations that come from the Governor's Task Force on Mental Health and Substance Use as its members seek innovative ways to streamline systems already in place to address mental health and substance use needs across the state.

Covering larger regions will allow for more consistent services to be offered to all areas of the state. It will also foster better coordination of care for people who may temporarily move into different service areas, such as children in foster care. It is also expected to decrease the administrative burden on providers who offer services in more than one LME-MCO region.

Maternal & Infant Health

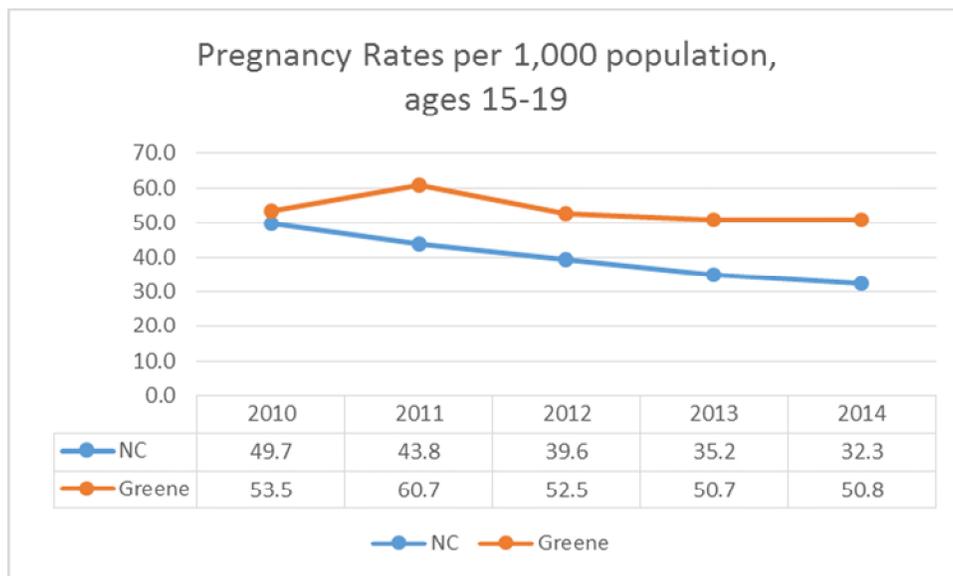
The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.

Pregnancies and Births

From 2010 – 2014, there were 1,123 live births in Greene County, with an overall live birth rate of 10.5 births per 1,000 population. The live birth rate in North Carolina during this same time period was 12.4. Of the 1,123 live births in Greene County from 2010 – 2014, 837 were non-Hispanic and 286 were Hispanic.

Among all women in Greene County of child-bearing age (ages 15 – 44), the pregnancy rate decreased from 82.3 in 2010 to 74.3 in 2014.

In 2014, Greene County's teenage pregnancy rate was 50.8 pregnancies per 1,000 females ages 15-19; compared to the state rate of 32.3. In 2011, Greene County's teenage pregnancy rate was 60.7 pregnancies per 1,000 females ages 15-19; compared to the state rate of 43.8.

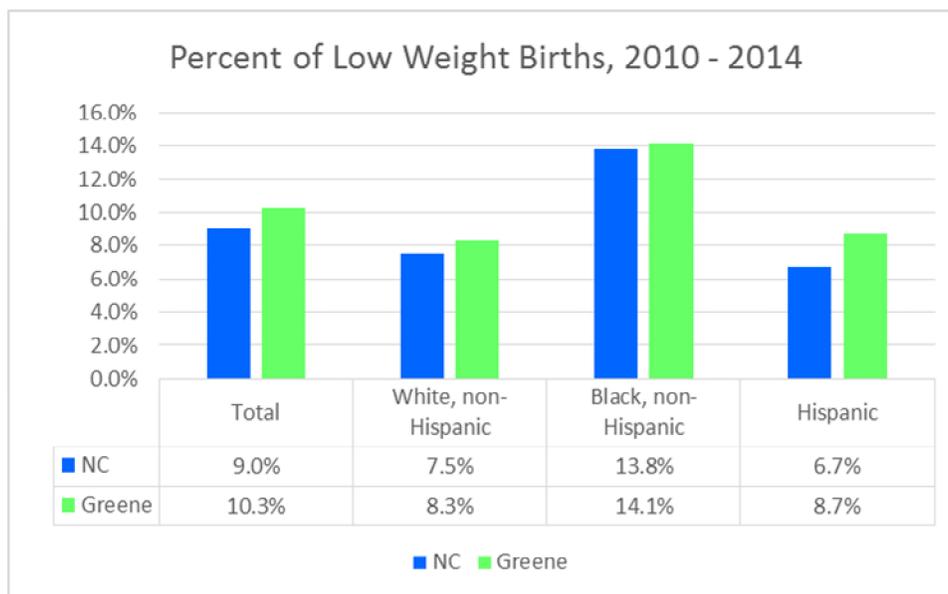


Source: NC State Center for Health Statistics

From 2011 – 2014, 12.9 percent of mothers in Greene County smoked during pregnancy; compared to 16.2 percent in Avery County, 16.6 percent in both Caswell and Chowan counties, 18.3 percent in Yancey County, and 10.4 statewide. The *Healthy NC 2020* target is to reduce the percentage of mothers smoking during pregnancy to 6.8%.

Low Birthweight and Infant Mortality

From 2010 – 2014, 10.3 percent of the babies born in Greene County had low birth weights ($\leq 2,500$ grams or 5.5 pounds). Eight (8.3) percent of White, non-Hispanic babies were born with low birth weights compared to 14.1 percent of Black, non-Hispanic babies and 8.7 percent of Hispanic babies.



Source: NC State Center for Health Statistics

Infant Mortality

Over the five-year period of 2010 – 2014, the infant mortality rate in Greene County was 6.2* infant deaths per 1,000 live births; compared to the state rate of 7.1. The following table shows how Greene County compared to the peer counties.

	NC	Greene	Avery	Caswell	Chowan	Yancey
Number of Deaths	4,295	7	9	9	6	6
Rate	7.1	6.2*	12.4*	8.6*	7.9*	7.0*

*Technical note – rates based on small numbers (fewer than 10 deaths) are unstable.

Source: NC State Center for Health Statistics

Greene County's infant mortality rate has decreased quite drastically since the five-year period, 2006 – 2010. During that timeframe, the infant mortality rate in Greene County was 12.1 infant deaths per 1,000 live births.

Life Expectancy & Leading Causes of Death

According to the NC State Center for Health Statistics, the life expectancy at birth for a Greene County resident using the 2012-2014 reference period was 78.2 years. Life expectancy for Avery County residents was 79.5 years, Caswell County residents was 76.5 years, Chowan County residents 78.7 years, Yancey County residents was 77.8 years and 78.3 years statewide. The life expectancy for males in Greene County was 75.7 years, which is 5 years lower than the life expectancy for female residents during that same time period (80.5 years).

The *Healthy NC 2020* target is to increase the average life expectancy to 79.5 years.

Leading Causes of Death

Of the 927 deaths that occurred in Greene County during the five-year period 2010 – 2014, 53 percent were caused by cancer, heart disease, and cerebrovascular disease.

The five leading causes of death in Greene County from 2010 – 2014 and the number of deaths they caused were:

6. Cancer – 222 deaths
7. Heart Disease – 212 deaths
8. Cerebrovascular Disease – 57 deaths
9. Chronic Lower Respiratory Diseases – 52 deaths
10. Alzheimer’s Disease – 35 deaths

Comparison of Peer Counties -- the five leading causes of death, 2010 – 2014					
Rank	Greene	Avery	Caswell	Chowan	Yancey
1	Cancer	Heart Disease	Cancer	Cancer	Cancer
2	Heart Disease	Cancer	Heart Disease	Heart Disease	Heart Disease
3	Cerebrovascular Disease	Chronic Lower Respiratory Diseases	Chronic Lower Respiratory Diseases	Cerebrovascular Disease	Chronic Lower Respiratory Diseases
4	Chronic Lower Respiratory Diseases	Pneumonia & Influenza*	Cerebrovascular Disease	Chronic Lower Respiratory Diseases	Alzheimer’s Disease
		Alzheimer’s Disease*			
5	Alzheimer’s Disease		Alzheimer’s Disease	Diabetes Mellitus	Cerebrovascular Disease

**tied for 4th*

2010 – 2014 Ten Leading Causes of Death in Greene County by age group: ranking, number of deaths and unadjusted death rates per 100,000 population

Greene County			# OF DEATHS	DEATH RATE
AGE GROUP:	RANK	CAUSE OF DEATH:		
TOTAL - ALL AGES	0	TOTAL DEATHS --- ALL CAUSES	927	868.4
	1	Cancer - All Sites	222	208.0
	2	Diseases of the heart	212	198.6
	3	Cerebrovascular disease	57	53.4
	4	Chronic lower respiratory diseases	52	48.7
	5	Alzheimer's disease	35	32.8
	6	Diabetes mellitus	30	28.1
	7	Other Unintentional injuries	27	25.3
	8	Nephritis, nephrotic syndrome, & nephrosis	24	22.5
	9	Motor vehicle injuries	21	19.7
00-19 YEARS	0	TOTAL DEATHS --- ALL CAUSES	12	45.9
	1	Conditions originating in the perinatal period	3	11.5
	2	SIDS	2	7.7
	3	Diseases of the heart	1	3.8
		Congenital anomalies (birth defects)	1	3.8
		Motor vehicle injuries	1	3.8
		Other Unintentional injuries	1	3.8

Greene County			# OF DEATHS	DEATH RATE	
20-39 YEARS	0	TOTAL DEATHS --- ALL CAUSES	36	122.9	
	1	Motor vehicle injuries	8	27.3	
	2	Homicide	6	20.5	
		Other Unintentional injuries	6	20.5	
	4	Diseases of the heart	5	17.1	
	5	Congenital anomalies (birth defects)	2	6.8	
		Suicide	2	6.8	
	7	Cancer - All Sites	1	3.4	
		Cerebrovascular disease	1	3.4	
		Chronic lower respiratory diseases	1	3.4	
		Chronic liver disease & cirrhosis	1	3.4	
	40-64 YEARS	0	TOTAL DEATHS --- ALL CAUSES	214	580.9
		1	Cancer - All Sites	71	192.7
2		Diseases of the heart	43	116.7	
3		Diabetes mellitus	11	29.9	
		Chronic lower respiratory diseases	11	29.9	
5		Motor vehicle injuries	9	24.4	
		Other Unintentional injuries	9	24.4	
7		Chronic liver disease & cirrhosis	5	13.6	
		Suicide	5	13.6	
9		Viral hepatitis	4	10.9	
		Nephritis, nephrotic syndrome, & nephrosis	4	10.9	
		Homicide	4	10.9	

Greene County			# OF DEATHS	DEATH RATE
65-84 YEARS	0	TOTAL DEATHS --- ALL CAUSES	427	3351.4
	1	Cancer - All Sites	122	957.5
	2	Diseases of the heart	89	698.5
	3	Chronic lower respiratory diseases	35	274.7
	4	Cerebrovascular disease	33	259.0
	5	Alzheimer's disease	17	133.4
	6	Diabetes mellitus	15	117.7
	7	Nephritis, nephrotic syndrome, & nephrosis	11	86.3
	8	Hypertension	8	62.8
	9	Other Unintentional injuries	7	54.9
	10	In-situ/benign neoplasms	5	39.2
	Pneumonia & influenza	5	39.2	
85+ YEARS	0	TOTAL DEATHS --- ALL CAUSES	238	13749.3
	1	Diseases of the heart	74	4275.0
	2	Cancer - All Sites	28	1617.6
	3	Cerebrovascular disease	21	1213.2
	4	Alzheimer's disease	17	982.1
	5	Nephritis, nephrotic syndrome, & nephrosis	9	519.9
	6	Hypertension	7	404.4
		Pneumonia & influenza	7	404.4
	8	Chronic lower respiratory diseases	5	288.9
	9	Diabetes mellitus	4	231.1
Other Unintentional injuries		4	231.1	

Source: NC State Center for Health Statistics

Listed below are the five leading causes of death for Males and Females, and Whites and African Americans in Greene County from 2010 – 2014 and the number of deaths they caused:

Leading causes of deaths for Males

1. Cancer – 123 deaths
2. Heart Disease – 111 deaths
3. Chronic Lower Respiratory Diseases – 25 deaths
4. Cerebrovascular Disease – 19 deaths
5. All Other Unintentional Injuries – 16 deaths

Leading causes of deaths for Females

1. Heart Disease – 101 deaths
2. Cancer – 99 deaths
3. Cerebrovascular Disease – 38 deaths
4. Chronic Lower Respiratory Diseases – 27 deaths
5. Alzheimer’s Disease – 26 deaths

Leading causes of deaths for Whites

1. Heart Disease – 148 deaths
2. Cancer – 142 deaths
3. Chronic Lower Respiratory Diseases – 41 deaths
4. Cerebrovascular Disease – 40 deaths
5. Alzheimer’s Disease – 26 deaths

Leading causes of deaths for African Americans

1. Cancer – 79 deaths
2. Heart Disease – 63 deaths
3. Cerebrovascular Disease – 17 deaths
4. Diabetes Mellitus – 15 deaths
5. Chronic Lower Respiratory Diseases – 11 deaths

2010 – 2014 Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates

Greene County																
Cause of Death:	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	603	824.6	312	860.4	0	N/A	2	N/A	10	N/A	450	962.7	477	704.4	927	811.0
Diseases of Heart	148	199.0	63	176.0	0	N/A	0	N/A	1	N/A	111	243.2	101	141.2	212	187.0
Acute Myocardial Infarction	33	45.0	8	N/A	0	N/A	0	N/A	0	N/A	31	61.8	10	N/A	41	36.3
Other Ischemic Heart Disease	54	71.3	20	56.8	0	N/A	0	N/A	1	N/A	40	87.0	35	48.4	75	64.8
Cerebrovascular Disease	40	54.2	17	N/A	0	N/A	0	N/A	0	N/A	19	N/A	38	55.7	57	51.8
Cancer	142	184.3	79	208.2	0	N/A	0	N/A	1	N/A	123	249.9	99	147.1	222	185.3
Colon, Rectum, and Anus	12	N/A	6	N/A	0	N/A	0	N/A	0	N/A	12	N/A	6	N/A	18	N/A
Pancreas	11	N/A	4	N/A	0	N/A	0	N/A	1	N/A	6	N/A	10	N/A	16	N/A
Trachea, Bronchus, and Lung	48	60.4	22	58.6	0	N/A	0	N/A	0	N/A	42	86.6	28	41.9	70	58.1
Breast	5	N/A	5	N/A	0	N/A	0	N/A	0	N/A	0	N/A	10	N/A	10	N/A
Prostate	10	N/A	10	N/A	0	N/A	0	N/A	0	N/A	20	45.6	0	N/A	20	45.6
Diabetes Mellitus	14	N/A	15	N/A	0	N/A	1	N/A	0	N/A	10	N/A	20	28.7	30	24.4
Pneumonia and Influenza	10	N/A	4	N/A	0	N/A	0	N/A	0	N/A	5	N/A	9	N/A	14	N/A
Chronic Lower Respiratory Diseases	41	54.0	11	N/A	0	N/A	0	N/A	0	N/A	25	52.7	27	41.6	52	45.6
Chronic Liver Disease and Cirrhosis	8	N/A	2	N/A	0	N/A	0	N/A	0	N/A	5	N/A	5	N/A	10	N/A
Septicemia	7	N/A	2	N/A	0	N/A	0	N/A	0	N/A	5	N/A	4	N/A	9	N/A
Nephritis, Nephrotic Syndrome, and Nephrosis	14	N/A	10	N/A	0	N/A	0	N/A	0	N/A	10	N/A	14	N/A	24	21.7
Unintentional Motor Vehicle Injuries	12	N/A	7	N/A	0	N/A	0	N/A	2	N/A	12	N/A	9	N/A	21	19.8
All Other Unintentional Injuries	18	N/A	6	N/A	0	N/A	1	N/A	2	N/A	16	N/A	11	N/A	27	24.6
Suicide	3	N/A	3	N/A	0	N/A	0	N/A	1	N/A	7	N/A	0	N/A	7	N/A
Homicide	1	N/A	7	N/A	0	N/A	0	N/A	2	N/A	10	N/A	0	N/A	10	N/A
Alzheimer's disease	26	35.2	9	N/A	0	N/A	0	N/A	0	N/A	9	N/A	26	36.2	35	32.5
Acquired Immune Deficiency Syndrome	1	N/A	3	N/A	0	N/A	0	N/A	0	N/A	2	N/A	2	N/A	4	N/A

Technical Note: Rates based on fewer than 20 cases (indicated by N/A) are unstable and have been suppressed.

Rates for Breast and Prostate Cancers have sex-specific denominators (female and male, respectively).

Standard = Year 2000 U.S. Population; *Rates per 100,000 Population; Source: NC State Center for Health Statistics

Morbidity

Morbidity refers to the state of being diseased or unhealthy within a population; whereas mortality is the term used for the number of people who died within a population.

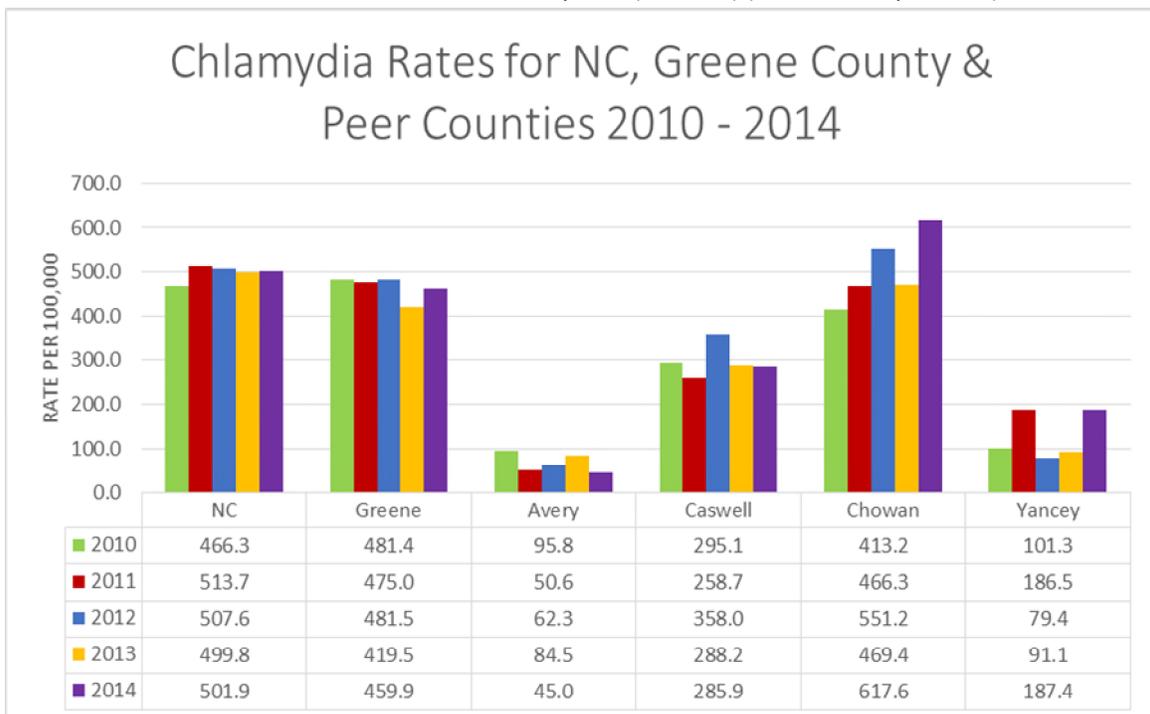
Chlamydia

In 2014, rates of Sexually Transmitted Infections (STIs) continue to be problem in Greene County, particularly for chlamydia, the most common reportable infectious disease in the county, with a rate of 459.9 reports per 100,000 population. The following tables show how Greene County compared to North Carolina and the peer counties.

Chlamydia Cases for NC, Greene County & Peer Counties, 2010 – 2014										
	2010		2011		2012		2013		2014	
	Cases	Rate*								
NC	44,579	466.3	49,578	513.7	49,478	507.6	49,220	499.8	49,904	501.9
Greene	103	481.4	103	475.0	103	481.5	89	419.5	97	459.9
Avery	17	95.8	9	50.6	11	62.3	15	84.5	8	45.0
Caswell	70	295.1	61	258.7	83	358.0	67	288.2	66	285.9
Chowan	61	413.2	69	466.3	81	551.2	69	469.4	90	617.6
Yancey	18	101.3	33	186.5	14	79.4	16	91.1	33	187.4

*Rate per 100,000

Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 6, 2015)



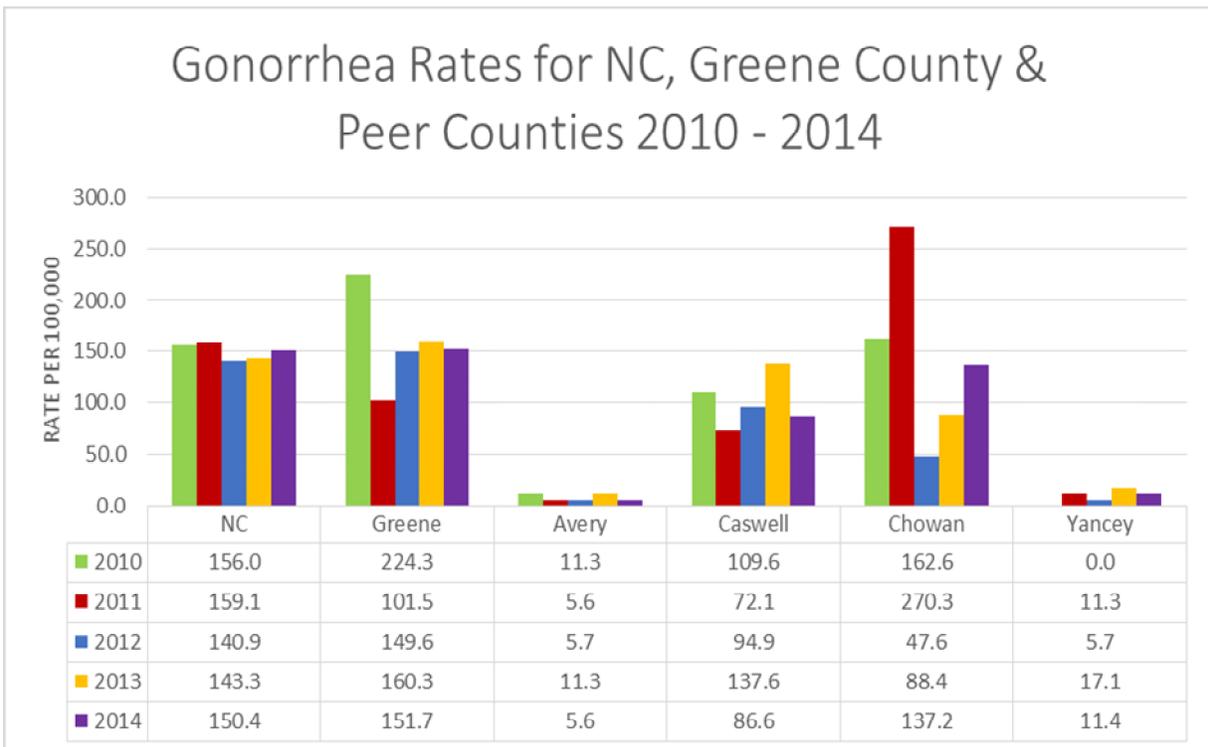
Gonorrhea

In 2014, the Greene County rate for gonorrhea was 151.7 reports per 100,000 population. The following tables show how Greene County compared to North Carolina and the peer counties.

Gonorrhea Cases for NC, Greene County & Peer Counties, 2010 – 2014										
	2010		2011		2012		2013		2014	
	Cases	Rate*								
NC	14,917	156.0	15,360	159.1	13,740	140.9	14,114	143.3	14,952	150.4
Greene	48	224.3	22	101.5	32	149.6	34	160.3	32	151.7
Avery	2	11.3	1	5.6	1	5.7	2	11.3	1	5.6
Caswell	26	109.6	17	72.1	22	94.9	32	137.6	20	86.6
Chowan	24	162.6	40	270.3	7	47.6	13	88.4	20	137.2
Yancey	0	0.0	2	11.3	1	5.7	3	17.1	2	11.4

*Rate per 100,000

Source: North Carolina Electronic Disease Surveillance System (NC EDSS) - data as of July 6, 2015



HIV & AIDS

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome, or AIDS. Unlike some other viruses, the human body cannot get rid of HIV. That means that once you have HIV, you have it for life.

No safe and effective cure currently exists, but scientists are working hard to find one, and remain hopeful. Meanwhile, with proper medical care, HIV can be controlled. Treatment for HIV is often called antiretroviral therapy or ART. It can dramatically prolong the lives of many people infected with HIV and lower their chance of infecting others. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years. Today, someone diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy.

HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. When this happens, HIV infection leads to AIDS.

As of December 2014, there are 59 people diagnosed and living with HIV infection in Greene County. *Source: enhanced HIV/AIDS Reporting System (eHARS) - data as of June 25, 2015*

From 2010 – 2014, there were 13 newly diagnosed HIV cases in Greene County. The following table shows how Greene County compared to North Carolina and the peer counties.

Newly Diagnosed HIV Infection^a Rates for NC, Greene County & Peer Counties, 2010 – 2014										
	2010		2011		2012		2013		2014	
	Cases	Rate*								
NC	1,455	15.2	1,474	15.3	1,269	13.0	1,330	13.5	1,351	13.6
Greene	2	9.3	1	4.6	2	9.3	3	14.1	5	23.6
Avery	0	0.0	0	0.0	1	5.7	0	0.0	0	0.0
Caswell	3	12.6	1	4.2	2	8.6	2	8.6	0	0.0
Chowan	1	6.8	0	0.0	1	6.8	2	13.6	1	6.8
Yancey	0	0.0	1	5.7	0	0.0	0	0.0	0	0.0

^aHIV infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS).

*Rate is expressed per 100,000 population

Source: enhanced HIV/AIDS Reporting System (eHARS) - data as of June 25, 2015

As of December 2014, there are 35 people diagnosed and living with AIDS in Greene County.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) - data as of June 25, 2015

From 2010 – 2014, there were 10 newly diagnosed AIDS cases in Greene County. The following table shows how Greene County compared to North Carolina and the peer counties.

Newly Diagnosed AIDS^a Cases & Rates for NC, Greene County & Peer Counties, 2010 – 2014										
	2010		2011		2012		2013		2014	
	Cases	Rate*								
NC	799	8.4	818	8.5	782	8.0	862	8.8	706	7.2
Greene	4	18.7	0	0.0	1	4.7	2	9.4	3	14.1
Avery	1	5.6	0	0.0	0	0.0	1	5.6	0	0.0
Caswell	1	4.2	1	4.2	0	0.0	1	4.3	0	0.0
Chowan	0	0.0	0	0.0	0	0.0	1	6.8	1	6.8
Yancey	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

^aAIDS (HIV infection Stage 3) is defined by a CD4+ T-lymphocyte cell count of less than 200 or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14, if cell count test was not available. Those who were classified as AIDS (Stage 3) or who have ever been diagnosed with AIDS (Stage 3) were classified as AIDS (Stage 3) during the year of diagnosis. For the newly diagnosed AIDS (Stage 3) cases, there is a possibility that the individual was diagnosed with HIV in a previous year (or another state). Therefore, adding new AIDS (Stage 3) diagnoses and new HIV diagnoses WILL NOT equal the total number of new HIV diagnoses in North Carolina.

*Rate is expressed per 100,000 population.

Source: enhanced HIV/AIDS Reporting System (eHARS) - data as of June 25, 2015

Tuberculosis

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

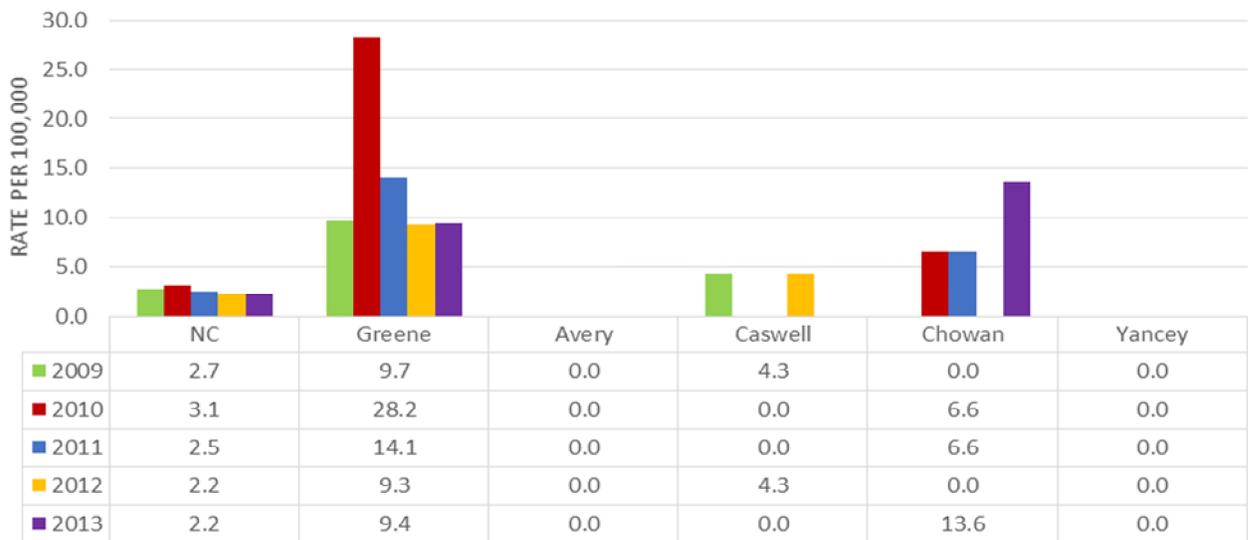
There are two kinds of tests that are used to detect TB bacteria in the body: the TB skin test and TB blood tests. A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. It does not tell whether the person has latent TB infection (LTBI) or has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

**Tuberculosis (TB) Cases and Case Rates for North Carolina,
Greene County & Peer Counties, 2009 – 2014**

	2009		2010		2011		2012		2013		2014	
	Cases	Rate										
NC	250	2.7	296	3.1	244	2.5	211	2.2	216	2.2	195	2.0
Greene	2	9.7	6	28.2	3	14.1	2	9.3	2	9.4	0	0.0
Avery	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Caswell	1	4.3	0	0.0	0	0.0	1	4.3	0	0.0	0	0.0
Chowan	0	0.0	1	6.6	1	6.6	0	0.0	2	13.6	0	0.0
Yancey	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Source: NC DHHS, Division of Public Health, Communicable Disease Branch, TB Program

Tuberculosis (TB) Rates for NC, Greene
County & Peer Counties 2009 - 2014



Inpatient Hospital Utilization and Charges by Principal Diagnosis, Greene County – 2014

(Excluding Newborns & Discharges from Out of State Hospitals)

DIAGNOSTIC CATEGORY	TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
INFECTIOUS & PARASITIC DISEASES	148	7.0	7.8	54.8	\$5,505,002	\$4,762	\$37,449
-- Septicemia	120	5.7	8.5	48.1	\$4,866,345	\$4,794	\$40,894
MALIGNANT NEOPLASMS	57	2.7	6.7	18.2	\$3,500,914	\$9,141	\$61,420
-- Colon, Rectum, Anus	2	0.1	6.0	0.6	\$122,231	\$10,186	\$61,115
-- Trachea, Bronchus, Lung	9	0.4	4.3	1.8	\$406,312	\$10,418	\$45,146
-- Prostate	7	0.3	1.9	0.6	\$387,537	\$29,811	\$55,362
BENIGN, UNCERTAIN & OTHER NEOPLASMS	14	0.7	3.7	2.5	\$611,020	\$11,750	\$43,644
ENDOCRINE, METABOLIC & NUTRIT. DISEASES	68	3.2	5.1	16.6	\$1,931,775	\$5,519	\$28,408
-- Diabetes	40	1.9	5.5	10.4	\$1,187,859	\$5,424	\$29,696
BLOOD & HEMOPOETIC TISSUE DISEASES	23	1.1	3.7	4.0	\$626,047	\$7,365	\$27,219
NERVOUS SYSTEM & SENSE ORGAN DISEASES	45	2.1	7.6	16.1	\$1,220,646	\$3,590	\$27,742
CARDIOVASCULAR & CIRCULATORY DISEASES	356	16.9	4.9	82.3	\$14,827,664	\$8,541	\$41,768
-- Heart Disease	212	10.1	5.0	50.3	\$9,736,468	\$9,177	\$46,144
-- Cerebrovascular Disease	82	3.9	5.3	20.8	\$2,933,581	\$6,698	\$35,775
RESPIRATORY DISEASES	171	8.1	5.4	43.4	\$4,412,943	\$4,818	\$25,807
-- Pneumonia/Influenza	46	2.2	5.5	12.0	\$1,051,036	\$4,154	\$22,849
-- Chronic Obstructive Pulmonary Disease (excl. Asthma)	31	1.5	5.1	7.5	\$632,693	\$3,979	\$20,409
-- Asthma	36	1.7	3.8	6.5	\$643,873	\$4,666	\$17,885
DIGESTIVE SYSTEM DISEASES	195	9.2	5.4	49.5	\$6,209,378	\$5,948	\$31,843
-- Chronic Liver Disease/Cirrhosis	6	0.3	4.0	1.1	\$148,761	\$6,198	\$24,794
GENITOURINARY DISEASES	122	5.8	4.5	25.9	\$2,476,056	\$4,527	\$20,296
-- Nephritis, Nephrosis, Nephrotic Synd.	53	2.5	6.0	15.1	\$1,270,848	\$3,984	\$23,978
PREGNANCY & CHILDBIRTH	190	9.0	3.0	26.6	\$2,756,476	\$4,905	\$14,508
SKIN & SUBCUTANEOUS TISSUE DISEASES	31	1.5	5.1	7.4	\$631,395	\$4,022	\$20,368
MUSCULOSKELETAL SYSTEM DISEASES	112	5.3	4.6	24.3	\$6,442,113	\$12,558	\$57,519
-- Arthropathies and Related Disorders	55	2.6	3.0	7.9	\$2,236,534	\$13,392	\$40,664
CONGENITAL MALFORMATIONS	4	0.2	11.3	2.1	\$658,593	\$14,635	\$164,648
PERINATAL COMPLICATIONS	4	0.2	16.3	3.1	\$276,517	\$4,254	\$69,129
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	63	3.0	3.1	9.3	\$1,291,473	\$6,556	\$20,500
INJURIES & POISONING	162	7.7	4.9	37.5	\$6,372,715	\$8,046	\$39,338
OTHER DIAGNOSES (INCL. MENTAL DISORDERS)	138	6.5	11.9	77.9	\$5,247,423	\$3,194	\$38,025
ALL CONDITIONS	1,903	90.2	5.6	501.7	\$64,998,151	\$6,142	\$34,210

** NOTE: PROVISIONAL NORTH CAROLINA HOSPITAL DISCHARGE DATA. DATA INCLUDES ONLY NC RESIDENTS SERVED IN NC HOSPITALS.

NUMBERS AND RATES SHOWN HERE MAY BE SMALLER THAN THE ACTUAL HOSPITAL USE FOR COUNTIES THAT BORDER OTHER STATES.

Asthma

Asthma is a chronic disease involving the airways in the lungs. These airways, or bronchial tubes, allow air to come in and out of the lungs.

If you have asthma, your airways are always inflamed. They become even more swollen and the muscles around the airways can tighten when something triggers your symptoms. This makes it difficult for air to move in and out of the lungs, causing symptoms such as coughing, wheezing, shortness of breath and/or chest tightness.

The table below reports the 2014 hospital discharges with a primary diagnosis of asthma in Greene County and North Carolina.

2014 NORTH CAROLINA HOSPITAL DISCHARGES** WITH A PRIMARY DIAGNOSIS OF ASTHMA				
	Total Number	Total Rate	Number Ages 0-14	Rate Ages 0-14
Greene County	36	170.7	2	53.2
NC	9,035	90.9	2,754	144.6

**Note: Provisional NC Hospital Discharge Data. Data includes only NC residents served in NC Hospitals. Source: NC State Center for Health Statistics

Listening Session Results

Listening sessions with community members were conducted to gather feedback regarding the health needs of the community. Ten listening sessions were held at ten different locations throughout the county. Each listening session was one-hour long and asked the same nine questions. Results were transcribed and analyzed for themes.

1. What do you like most about living in Greene County?
 - Small town/rural
 - Close to work/family/schools
 - Family friendly
 - Low crime
 - Short drive to surrounding counties

2. What community organizations are active in Greene County?
 - Greene County Senior Center
 - United Way
 - 4-H
 - American Red Cross
 - Department of Social Services
 - Snow Hill Lion's Club
 - Snow Hill Rotary Club

3. What do people in this community do to stay healthy?
 - Walk
 - Exercise classes
 - Health education classes
 - Bike
 - Healthy food choices

4. What do you see as the major health problems/concerns in Greene County?
 - Obesity
 - Diabetes
 - Hypertension
 - Heart Disease
 - Tobacco use

5. What are some health services that people need that are not currently being offered?
 - Health Specialists
 - Low cost/free Dental
 - Urgent Care
 - Affordable/close gym

- Health services: mental health, substance abuse, and teen parents
6. What keeps people in Greene County from being healthy?
 - The number of fast food restaurants/unhealthy food choices
 - Lack of knowledge/education
 - Not taking advantage of current services
 - High price of healthy food options
 - Limited income
 7. What are some of the things you see as lacking in your community?
 - Affordable gyms
 - Transportation
 - Healthy food options/restaurants
 - Communication
 - Affordable/free health services including vision and dental
 8. What makes it hard for people to access health information and health care?
 - Limited transportation
 - Lack of knowledge/education
 - Lack of income/financial resources/health insurance
 - No Health Specialists/location of health providers
 - No access to computers
 9. List any solutions that you have to address these community problems.
 - Offer businesses incentives to lower the prices of healthy food
 - Access to jobs that will produce more income
 - More health education programs
 - Create reliable county-wide transportation for medical appointments
 - Vision and dental screenings at health department on sliding fee scale
 - Staff more Greene County Sheriff's Officers to patrol the roads
 - Culturally competent materials that are Latino and LEP friendly
 - Gym
 - Education to decrease language barriers/cultural competency
 - Food stamp recipients should only be able to buy healthy food and have mandatory classes on cooking, shopping, and budgeting
 - Hire a grant writer for grant funded sidewalks, playground equipment, swimming pool center
 - A health center or church that brings in monthly providers (residents or interns) and health specialists for services for mental health, substance abuse, free BP checks, and fitness trainers
 - Social media for all Greene County departments

- Increase Communication
 - Connecting with churches
 - Use of TV and radio
 - Commercials
 - Greene County Facebook page
 - School mailings
 - Billboards
 - Information sessions
 - Fliers/mailers

Participants were asked “What are the best ways to communicate upcoming Greene County health-related events related to you?”

Newspaper	21%
Email	13%
Internet	10%
Social Media	12%
TV	16%
Radio	8%
Church Bulletin	15%

Demographic Characteristics

Number of participants from all ten listening sessions = 112

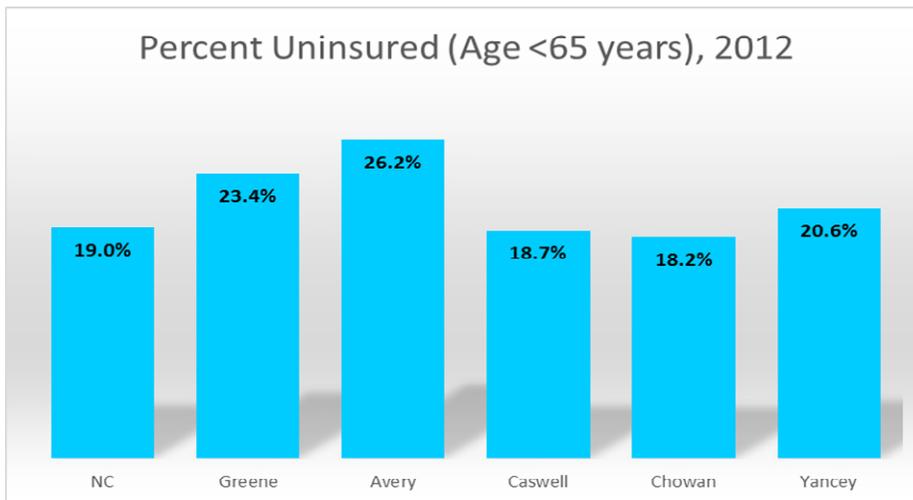
<p>Gender</p> <ul style="list-style-type: none"> • Male = 40% • Female = 60% 	<p>Education</p> <ul style="list-style-type: none"> • 9th to 12th grade, no diploma = 3% • High School Graduate/GED equivalent = 31% • Some college, no degree = 12% • Associate's degree = 14% • Bachelor's degree = 20% • Graduate or professional degree = 20%
<p>Age</p> <ul style="list-style-type: none"> • 20 to 29 years = 7% • 30 to 39 years = 13% • 40 to 49 years = 28% • 50 to 59 years = 14% • 60 to 69 years = 24% • 70 to 79 years = 12% • 80 and older = 2% 	<p>Income</p> <ul style="list-style-type: none"> • \$10,000 to \$14,999 = 7% • \$15,000 to \$24,999 = 17% • \$25,000 to \$34,999 = 15% • \$35,000 to \$49,999 = 31% • \$50,000 to \$74,999 = 24% • \$75,000 to \$99,999 = 0% • \$100,000 to \$149,999 = 3% • \$150,000 and up = 3%
<p>Race</p> <ul style="list-style-type: none"> • White = 58% • African American = 42% 	<p>Employment</p> <ul style="list-style-type: none"> • Employed full-time = 62% • Employed part-time = 6% • Retired = 26% • Disabled = 3% • Self-employed = 3% • Unemployed = 0%
<p>Hispanic/Latino</p> <ul style="list-style-type: none"> • Yes = 18% • No = 82% 	
<p>Marital Status</p> <ul style="list-style-type: none"> • Never married/single = 22% • Married = 52% • Divorced = 9% • Widowed = 14% • Separated = 3% 	

Health Care

Increasing access to comprehensive, quality health care services is important for improving the overall quality of care and helping reduce costs, but it is also important for the achievement of health equity and increasing the equality of a healthy life for everyone.

Uninsured

According to the US Census Bureau, 23.4% of Greene County's residents (less than 65 years of age) did not have health insurance in 2012, compared to 19% statewide. The following table shows how Greene County compared to the peer counties.



Health Professionals

Access to care requires not only financial coverage, but also access to providers and facilities. The sufficient availability of primary care physicians, and when needed, referrals to specialty care, is essential for preventive and primary care.

The following table represents data most recently available from the North Carolina Health Professions Data System (2012) for Greene County and peer counties.

	Primary Care Physicians	Physicians per 10,000 population	Primary Care Physicians per 10,000 population	Dentists	Registered Nurses	Nurse Practitioners
Greene	9	5.1	4.2	6	89	8
Avery	7	10.7	3.9	7	132	7
Caswell	9	4.3	3.8	3	52	8
Chowan	14	21.0	9.5	6	160	11
Yancey	11	7.3	6.2	4	70	10

Health Care Facilities and Services

Dialysis

DaVita Greene County Dialysis Center is a ten station licensed facility that provides in-center hemodialysis and self-care treatment services.

Emergency Medical Services

Greene County has four volunteer EMS providers that serve the county. The County also provides two county owned ambulances for 24 hours, 7 days per week EMS coverage. Emergency Medical Services is available twenty-four hours daily, seven days weekly to Greene County citizens through the combination paid/volunteer EMS providers.

Federally Qualified Health Center

Greene County Health Care, Inc. is a Federally Qualified Health Center that provides community-based comprehensive primary care. There are 5 locations in Greene County that combine medical, dental, farmworker assistance, health education, behavioral health care, and case management services. Services routinely provided include preventive and acute medical care, comprehensive dental services, management of chronic conditions for prenatal, pediatric, adolescent, adult and geriatric patients, diagnostic laboratory and radiology services, and farmworker assistance. Marriage and Family Therapy students from East Carolina University provide medical family therapy integrated care services and traditional counseling services, which is augmented with extensive case management, health education, transportation, interpretation, and other enabling services. The facilities accept Medicaid, Medicare, private insurance, and use a sliding scale fee for those that qualify.

Health Department

The Greene County Health Department's mission is "to Protect, Preserve and Enhance the public health of Greene County through a commitment to the principles of public health practice in our community" through the provision of health services, prevention of outbreaks and disease, protection of citizens against environmental hazards, promotion of healthy behavior throughout the community, and appropriate response to disasters and emergencies.

Home Care, Home Health, and Hospice Services

Snow Hill Assisted Living Center, in addition to providing long-term care services, also offers home health services and is the only facility in the county to provide hospice service. AssistedCare of the Carolinas works with area physicians to provide home health and home care services for residents discharged from outpatient surgery or the hospital or have chronic conditions, terminal disease, or limited mobility and endurance.

Hospital

Greene County does not have a hospital. Greene County is surrounded by Pitt, Lenoir, Wayne and Wilson counties. All of these counties have a hospital.

Long Term Care Facilities

There are three licensed long-term care facilities in Greene County. Greendale Forest Nursing & Rehabilitation Center is a 132 bed facility that also offers short-term and long-term rehabilitation therapy services and respite care. SOZO Family Home Care, Inc. is a six bed residential care home. Snow Hill Assisted Living is a forty bed facility that also offers short term daily living assistance and therapy services.

School Health

Student Health Services for students enrolled in Greene County Schools is provided by Greene County Health Care, Inc., a Federally Qualified Health Center. The Student Health Services trailer is housed at Greene Central High School. Students in Greene County can receive services for primary care, chronic conditions, dental, family health, interpretation services, mental health, pregnancy, radiology, and social services.

Chapter 4: Prevention & Health Promotion

Health promotion programs in Greene County are an effective way in increasing health knowledge, enhancing practices of wellness, and improving quality of life of community members. By focusing on addressing the county's health priorities and concerns, it helps in reducing health disparities, risk of disease and disability, and total health related costs.

The most recent Community Health Assessment for Greene County was completed in 2012. Interventions were implemented to address our two health priorities: Physical Activity & Nutrition and Chronic Disease, as well as other health concerns voiced by the community. In comparison to the 2006 Community Health Assessment, community residents voiced their top five concerns on the community survey as: Alcohol Abuse/Drug Addiction, Diabetes, Obesity/Overweight, Cancer, and HIV/AIDS. Initiatives focused on implementing programs that addressed creating environmental changes, promoting healthy eating, encouraged physical activity, and preventing drug misuse and abuse.

Screenings & Health Promotion Programs

STD Surveillance and Prevention Project

The Greene County Health Department received a Community Benefits Grant from the Vidant Medical Foundation. The funds were used to implement the 2015 STD Surveillance and Prevention Project. This project focuses on screening for Chlamydia, and Gonorrhea in men and women. To increase the testing rate of the male population, a urine test will be used instead of swabbing, which was an uncomfortable method. In addition, the Greene County Health Department offers confidential HIV screening and counseling. To improve STI prevention, treatment, and case reporting, the Greene County Health Department collaborated with local medical providers, local educators, and migrant services.

Chronic Kidney Disease Screenings

Greene County is a target county for UNC Chapel Hill's Kidney Education Outreach Program. This program partnered with local churches to provide free community kidney screenings in their Mobile Outreach Unit. Participants received a Chronic Kidney Disease screening, referrals based on their screening results, and educational materials.

Air Quality Flag Program

Air quality flag program was initiated by Greene County Schools in partnership with the Greene County Health Department and Lenoir Memorial Hospital. The Air Quality Flag Program uses colored flags based on the United States Environmental Protection Agency's Air Quality Index to educate faculty, staff, students, and parents on the outdoor air quality conditions and protect them from air pollution exposure. Each school raises a colored flag each day that corresponds

to their local air quality forecast. The Air Quality Flag program uses green, yellow, orange, red, and purple flags that were provide by the Lenoir Memorial Hospital Foundation. The colored flags serve as a visual communicator of daily air quality indicators and health descriptors of the Air Quality Index.

Dining with Diabetes & Eat Smart Move More Weigh Less

These programs were funded by the Vidant Medical Center Foundation through the Community Benefit & Health Initiatives Grants Program. Both programs were implemented through a partnership with the Greene County Health Department and the NC Cooperative Extension - Greene County. Dining with Diabetes is four course program designed for participants who are at-risk for or have Type 2 Diabetes. Participants learn about healthy meal preparation, the role of diet and exercise for diabetes management, and tools for managing diabetes.

Eat Smart Move More Weigh Less is an evidenced based 15-week weight management program developed by North Carolina State University and the North Carolina Division of Public Health. This program teaches small changes and strategies for healthy eating and physical activity in order to achieve and maintain a healthy weight.

Elaney Wood Heritage Farmers Market

The Farmers Market is a weekly local foods and craft market that is operated by the NC Cooperative Extension, Greene County. The market, which is open from May to October of each year, offers locally grown produce and products from local farmers and producers. The farmers market also offers food demonstrations, taste-testing of recipes, community education, and monthly events to promote and support healthy nutrition habits.

Families First Greene County

Families First Greene County is collaborative community based program that focuses on improving the health outcomes of young children and at risk pregnant women. The community partnerships within this program work to improve birth outcomes, reduce child mortality, and improve the health status of children ages birth to 5 years. This program provides necessary tools to equip them in the knowledge of child passenger safety, parenting, health assessments, nutrition, and case management for at risk pregnant women.

Health Rocks!

Health Rocks! is an interactive curriculum for 6th graders at Greene County Middle School. It is developed by the National 4-H Council and led by NC Cooperative Extension, Greene County's 4-H Agent. Health Rocks! is designed to reduce and prevent teen tobacco, alcohol, and drug use by teaching skills in critical thinking, decision making, stress management, goal setting, and

communication. Recently the 4-H Agent has partnered with the Health Educator to deliver this program.

Greene County Community Kitchen

The Greene County Community Kitchen is a shared-use certified commercial kitchen that has passed inspection by the Greene County Health Department for the food business sanitation grade. The community kitchen offers specialty food processors, farmers and caterers an inexpensive place to license food processing activities such as salsas, jams and jellies, cakes, pies and etc., to sell under North Carolina Department of Agriculture guidelines.

Operation Medicine Drop

Operation Medicine Drop is a take-back initiative that focuses on proper safe disposal of unwanted medications. As a result, this program helps to prevent accidental poisonings and drug abuse while protecting our waters. Participants at these events receive educational materials. This initiative was implemented through partnerships between the Greene County Senior Center, Greene County Health Department, and the Greene County Sheriff's Office.

Permanent Medication Drop Box

Permanent Medication Drop Box was installed inside the Greene County Justice Center. This installation was made possible through partnerships between the Greene County Health Department, P.E.A.C.E Foundation, Greene County's Sheriff's Office, and Safe Kids Eastern Carolina. The permanent medication drop box allows community members to safely and anonymously dispose of expired or unused medication.

Project Lazarus

Project Lazarus is a collaborative community based Overdose Prevention and Opioid Safety program designed to address the increasing drug overdose death rates and prevent prescription drug abuse. To reduce and prevent prescription drug abuse and overdose, Project Lazarus has installed a permanent drug drop box at Realo Pharmacy where medications can be safely disposed, provided the Senior Center with individual lock boxes to secure medications in the home, provided Naloxone (an antidote for opioid and heroin overdose) to the Sheriff's Office, implemented a standing order for Naloxone at the Health Department, and provided educational materials for community members.

Tai Chi for Arthritis for Fall Prevention

Tai Chi for Arthritis for Fall Prevention is an evidenced based CDC recommended program that was developed by Dr. Paul Lam. Tai Chi is used for improving health and wellness and is proven effective for fall prevention. This meditative program uses gentle flowing movements to

increase flexibility, improve balance, strengthen muscles and coordination, and decrease pain in joints. The Health Educator and the Director of the Greene County Senior Center are both certified instructors who have teamed together to offer two weekly classes at the Senior Center.

Healthy Living for a Lifetime

Healthy Living for a Lifetime was a collaborative event made possible through partnerships between the Greene County Health Department, North Carolina Farm Bureau, and Greene County Health Care, Inc. The event provided educational materials, promotional items, and health screenings that included Blood Glucose, Total Cholesterol, HDL, LDL, Triglycerides, Blood Pressure, Body Mass Index, and Vascular Ultrasound. Ninety-nine participants received screenings at this event. Each organization received \$1,250 to continue with their health promotion efforts.

Weight-Wise

Weight-Wise is an evidenced based behavioral weight-management program designed to promote weight loss that was developed by researchers from the UNC Center for Health Promotion and Disease Prevention at UNC Chapel Hill. Weight-Wise, led by the Health Educator, equips participants with the tools to set achievable goals, build self-confidence, learn problem solving skills, while engaging in group social support. Participants meet once per week for 16 weeks at the Greene County Senior Center to learn about informative topics including increasing their fruit and vegetable intake, increasing physical activity, reducing stress, tracking progress using a food and fitness diary, and planning ahead. They were introduced to diverse forms of physical activity including chair yoga, as well as healthy local snacks.

Community Health & Wellness Resource List

The Greene County Community Health & Wellness Resource List is available at <http://www.co.greene.nc.us/health>

211

No matter where you live in NC, you can call 211 and a trained specialist can help you find available human services resources in your community: food, housing, counseling, health care, child care, senior services, and volunteer opportunities. 211 is free, confidential, available 24 hours a day/7 days a week, and available in any language. You can also visit the website <http://www.unitedwaync.org/nc211>

Chapter 5: Community Priorities

Once all of the data was collected from the listening sessions and existing health statistics, the next step in the community health assessment process was to invite partners and community members to hear the results of the assessment and offer feedback on the health priorities that will be addressed in the next four years.

Health Priorities:

- Tobacco Use
- Physical Activity and Nutrition
- Injury
- Sexually Transmitted Diseases/Unintended Pregnancy
- Maternal and Infant Health
- Substance Abuse
- Mental Health
- Infectious Disease/Foodborne Illness
- Oral Health
- Social Determinants of Health
- Environmental Health
- Chronic Disease

The CHA team voted to determine what health priorities will be the focus for 2016 – 2019.

During the group process, participants scored each issue on the following criteria:

- ❖ Magnitude of the problem – how many people in Greene County are affected by this problem?
- ❖ Seriousness of the problem – what are the consequences if we do not address the issue?
- ❖ Feasibility of successful interventions over the next several years.

The priority areas that will be addressed for 2016 – 2019 are Physical Activity & Nutrition, and Chronic Disease.

Next Steps

The next step in this process is to develop action plans for addressing the health priorities. The Greene County Health Department, in collaboration with various partners, will be developing measurable objectives, identifying strategies, and tracking progress to address these priorities over the next four years.