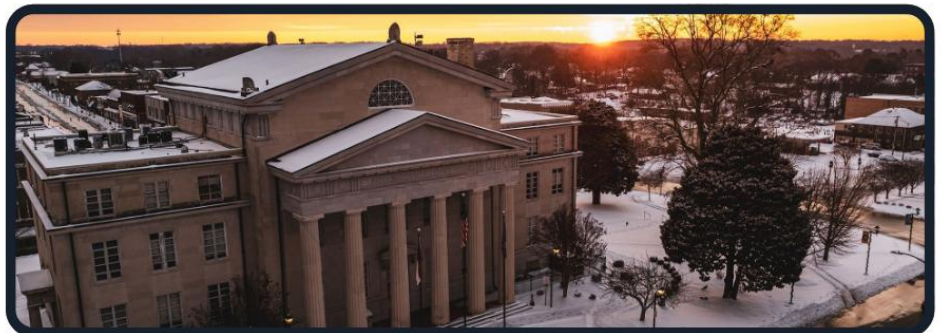


2025 LINCOLN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



United Way
of Lincoln County



HEALTH DEPARTMENT



Atrium Health

Letter from the Directors	4
Acknowledgements	5
Community Health Needs Assessment (CHNA) Steering Committee and Stakeholders – Partnership for Health.....	5
Central Carolina Community Collaborative (CCCC).....	7
Executive Summary	8
Vision Statement.....	8
Purpose of the Community Health Needs Assessment	8
Leadership.....	8
Partnerships/Collaborations	9
Regional/Contracted Services	9
Methodology Overview and Theoretical Framework.....	9
Collaborative Process.....	10
Overview of Key Findings	11
Priority Health Needs.....	11
Recommendations and Next Steps/Future Implications	12
Introduction	14
Community Health Needs Assessment Overview.....	14
Community Profile	15
County History.....	15
Demographic Characteristics	16
Community Demographics	17
Assessment Methodology	23
Data Collection Methods	23
Community Surveys	23
Focus Groups & Community Forum.....	23
Key Informant Interviews.....	23
Metopio.....	24
Limitations of the Assessment	24
Assessment Findings	25
Overview of Assessment Findings.....	25
Health Outcomes Overview	25

Mortality	26
Life Expectancy.....	27
Top Health Concerns.....	28
Community Health Drivers.....	29
Identified Significant Needs	29
Prioritization of Health Needs	30
Priority Setting Process	30
Prioritized Need 1.....	33
Prioritized Need 2.....	35
Prioritized Need 3.....	37
Prioritized Need 4	38
Health Needs Not Selected	39
Employment and Income.....	39
Housing Costs and Safety.....	39
Nutrition, Physical Activity and Obesity.....	39
Next Steps and Future Implications	40
Approval of Community Health Needs Assessment	41
Vehicle for Community Feedback	42
Appendices.....	43
Appendix 1: Central Carolina Community Collaborative Survey	43
Appendix 2: Community Resources Available.....	43
Appendix 3: References	43

LETTER FROM THE DIRECTORS

Dear Community Members, Partners, and Stakeholders,

On behalf of the Lincoln County Health Department and United Way of Lincoln County, we are pleased to present the 2025 Community Health Needs Assessment (CHNA) report. This comprehensive assessment reflects our commitment to understanding and enhancing the health and well-being of all who live, work, and engage in activities throughout Lincoln County.

The CHNA is a vital tool that helps us identify the most pressing health challenges facing our community. Through data analysis, community surveys, focus groups, and collaboration with local organizations, we have gained valuable insights into the social, economic, and environmental factors that influence health outcomes in Lincoln County.

Key findings from this year's assessment highlight the community's ongoing needs and areas for focused improvement. Based on the data and community feedback, the priority areas identified are experiences (ACEs) were recognized as a secondary priority due to the lasting impact on overall health and well-being.

This report is not just a reflection of where we are, but it is a call to action. It provides a roadmap for strategic planning, resource allocation, and collaborative initiatives that will guide our efforts over the next three years. We are committed to working alongside our community partners, healthcare providers, and residents to implement evidence-based strategies that improve quality of life for all.

We want to extend our deepest gratitude to everyone who contributed to this assessment. Your voices, experiences, and expertise are the foundation of this work. Together, we can build a healthier, more resilient Lincoln County.

Sincerely,

Lena Jones, MPA
Health Director
Lincoln County Health Department



Alisha Friday
Executive Director
United Way of Lincoln County



United Way
of Lincoln County

Michelle Reed DNP, RN, NEA-BC
Chief Nursing Officer
Atrium Health Lincoln



ACKNOWLEDGEMENTS

Community Health Needs Assessment (CHNA) Steering Committee and Stakeholders – Partnership for Health

The Community Health Needs Assessment (CHNA) Steering Committee, known locally as Partnership for Health, was established to guide the development and implementation of the 2025 Community Health Needs Assessment for Lincoln County. Comprising a diverse group of stakeholders, the committee included representatives from local hospitals, public health agencies, nonprofit organizations, schools, faith-based groups, community advocacy organizations, and county and city leadership. Partnership for Health serves as a collaborative coalition dedicated to improving the health and well-being of Lincoln County residents through data-driven strategies, community partnerships, and shared resources. This multidisciplinary team brought a wealth of knowledge, lived experience, and professional expertise to the process. The committee played a critical role in shaping the assessment framework, identifying priority health issues, ensuring inclusive community engagement, and reviewing findings to ensure they accurately reflected the needs and voices of all residents. Their collaborative leadership and commitment to improving community health were instrumental in producing a comprehensive and actionable CHNA.

Name	Organization	Position
Alisha Friday	United Way of Lincoln County	Executive Director
April Graham	Lincoln County Schools	District Mental Health Coordinator
Brian Greene	City of Lincoln Police Department	Police Chief
Brittany Spangler	N.C. Cooperative Extension	Extension Agent, Family and Consumer Sciences
Carly Thorpe	Lincoln County Coalition Against Domestic Violence	Director of DV Operations
Carolyn Riggs	Lincoln County Health Department	Communicable Disease Nurse
Christina Ashby	Lincoln County Emergency Management	Administrative Assistant
Dan Neihoff	Lincoln County Health Department	WIC Nutritionist
Hannah Collazo	Lincoln County Health Department	Nursing Director
Holly Hitt	Lincoln County Health Department	Administrative Assistant
Janet Bealer	Lincoln Charter School	Social Work Intern
Jay Flynn	Denver Fire Department	Fire Chief

Name	Organization	Position
John Dancoff	Lincoln Economic Development Association	Existing Business Manager
John Davis	Lincoln County Parks & Recreation	Director of Parks & Recreation
Johnetta Danielle Robinson	Gaston Community Action	Family Advocate
Julie McIntyre	Lincolnton Fire Department	Administrative Assistant
Katie McConnell	Lincoln County Child Advocacy Center	Outreach Coordinator
Keith Poston	Hesed House of Hope	Executive Director
Kristen Beaver	Lincoln County Health Department	Peer Support Specialist
Kristin Caldwell	Lincoln County Emergency Management	Administrative Assistant
Lena Jones	Lincoln County Health Department	Health Director
Mattie Wyant Reynolds	Lincoln County Health Department	Public Health Educator
McKensie Reep Frye	Lincoln County Health Department	Substance Use Prevention Coordinator
Melanie Kinley	Lincoln County Health Department	School Nurse Supervisor
Morgan Ellis	Lincoln County YMCA	Membership Director
Nathan Eurey	Lincolnton Parks & Recreation	Public Services Director & Parks & Rec
Oscar Calderon	Lincoln County Sheriff's Department	Sergeant
Paula Williams	Lincoln County Emergency Management Services	Quality Improvement Manager
Phillip Overholtzer	Lincoln County Public Library	Outreach Coordinator
Rachel Baker	Lincoln County Health Department	Public Health Administrator
Ryan Heavner	Lincolnton Fire Department	Fire Chief
Sergeant Devane Rushing	City of Lincolnton Police Department	Community Service Sergeant
Stacy Adcock	Lincoln County Health Department	Environmental Health Manager
Taylor-Rae Lockridge	Lincoln County Health Department	Communicable Disease Nurse
Wanda Clary	Atrium Health	Faith Community Health Ministry Coordinator/Nursing Professional Development Specialist

Central Carolina Community Collaborative (CCCC)

The Central Carolina Community Collaborative (CCCC) was launched in 2024 and funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in central North Carolina and ensuring all community members can achieve their highest level of health. Diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations are brought together to identify needs, share resources, and implement meaningful solutions.

The CCCC includes:



Regional CHNA Approach: The 2025 Community Health Needs Assessment (CHNA) for Lincoln County was developed through a collaborative, regionally coordinated process to ensure consistency, inclusivity, and local relevance. Planning began with joint meetings among public health departments, hospitals, and community organizations to establish shared goals, timelines, and tools. The secondary data was sourced from credible regional and national databases, while a culturally appropriate, accessible community health survey was developed and distributed across participating counties in both digital and paper formats. Lincoln County also conducted qualitative research through focus groups, key informant interviews, and listening sessions to capture local perspectives and highlight unique strengths and challenges. The assessment was further strengthened by shared data platforms, including the Atlas and Metopio platforms, which enhanced data visualization, transparency, and stakeholder engagement. Together, these efforts provided a robust foundation for identifying health priorities and guiding strategic planning.

EXECUTIVE SUMMARY

Vision Statement

Lincoln County's 2025 Community Health Needs Assessment (CHNA) was completed in collaboration with the Lincoln County Partnership for Health. Guided by a shared vision, the Partnership seeks to promote health and wellness for all residents through education, awareness, and prevention, grounded in strong community collaboration and collective action to address local health needs.

Purpose of the Community Health Needs Assessment

The purpose of the Community Health Needs Assessment (CHNA) is to systematically identify and analyze key health issues, disparities, and social drivers affecting the well-being of residents in Lincoln County. This assessment serves as a foundational tool for guiding public health planning, policy development, and community-based interventions over the next three years.

This assessment was conducted to gain a deeper understanding of the health challenges and needs faced by our community. The goal is to use this information to develop targeted programs and policies that address these needs effectively. This assessment is part of our ongoing commitment to improving the health and quality of life for all residents of Lincoln County.

Leadership

Lincoln County's 2025 Community Health Needs Assessment (CHNA) was led collaboratively by the Lincoln County Health Department and United Way of Lincoln County, following a traditional leadership structure. The assessment was drafted by the Community Health Division of the Lincoln County Health Department in partnership with United Way of Lincoln County.

Partnerships/Collaborations

Partnerships	Number of Partners
Public Health Agency	1
Hospital/Health Care System(s)	1
Healthcare Provider(s) – other than behavioral health	3
Dental Health Providers	1
EMS Providers	1
Pharmacy/Pharmacies	1
Community Organization(s) – advocacy, charitable, NGO	7
Business(es) – employers, not organizations	1
Educational Institution(s) – colleges, universities	0
Public School System	1
Media/Communication Outlet(s)	0
Public Members	4
Other	11

Regional/Contracted Services

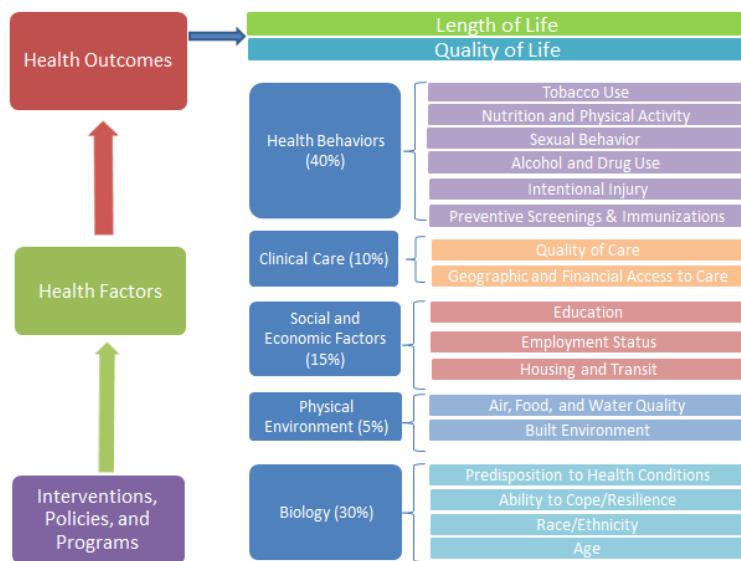
The Lincoln County Health Department leveraged regional collaboration and contracted support to enhance the 2025 CHNA process. The Central Carolina Community Collaborative (CCCC) provided guidance, resources, and technical assistance, ensuring consistent methodology and supporting community engagement. Additional contracted services through the CCCC included data management and visualization tools to streamline analysis and reporting, helping to strengthen the overall quality and usability of the assessment.

Methodology Overview and Theoretical Framework

To conduct the 2025 Community Health Needs Assessment (CHNA), Lincoln County employed a mixed-methods approach that integrated both quantitative and qualitative data sources to ensure a comprehensive understanding of the community’s health status and needs. Quantitative data was gathered from publicly available sources such as the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), state and local health departments, and hospital discharge data. This data

provided insights into key health indicators, including chronic disease prevalence, behavioral health trends, access to care, and social drivers of health. To complement this, qualitative data were collected through community surveys, focus groups, and key informant interviews with stakeholders representing public health, healthcare, education, business, and underserved populations. The assessment process was guided by a steering committee composed of local leaders and subject matter experts, ensuring that the methodology was inclusive, equitable, and aligned with national best practices. Data was analyzed using descriptive statistics and thematic coding, and findings were validated through community feedback sessions to ensure accuracy and relevance.

The Population Health Model was used to guide Lincoln County’s community health needs assessment process in hopes of promoting consistency and alignment with work at the state level. The Population Health Model, also known as the County Health Rankings Model, was used as the framework for Healthy North Carolina 2030: A Path Toward Health as well as Healthy People 2030 which helps guide work at the federal level (North Carolina Division of Public Health, 2022).



Collaborative Process

Lincoln County’s Partnership for Health team worked from October 2024-October 2025 to identify three health priorities for the County. Steps included:

- Establishing the CHNA team in October 2024;
- Reviewing a draft of the Community Health Opinion Survey in January 2025;
- Promoting survey participation between February–April 2025;
- Meeting to check-in regarding survey progress in May 2025;
- Community Health Forum in August 2025;
- Analyzing primary and secondary data in September 2025; and
- Selecting top health priorities in September 2025.

Overview of Key Findings

Behavioral health emerged as a critical concern in Lincoln County. Excessive drinking and binge drinking rates are higher than average, with 21.1% and 19.6% of adults reporting these behaviors, respectively. Behavioral Risk Factor Surveillance System (BRFSS), 2022. Retrieved from <https://www.cdc.gov/brfss> Substance use, particularly e-cigarette, smokeless tobacco use, and opioid use, is also prevalent, placing Lincoln County in the top quartile nationally for these issues. The built environment in Lincoln County presents several challenges. While 67.58% of residents have access to exercise opportunities, the walkability index is moderate at 5.49. A notable 36.00% of residents face low food access, and 11.50% of households experience severe housing problems. These factors contribute to barriers in accessing essential services and maintaining healthy lifestyles.

Socio-economic conditions in Lincoln County reveal a mixed picture. The median household income is above the state average at \$79,003 yet the poverty rate is 12.54%. The unemployment rate is relatively low at 3.55%, indicating a strong job market. However, housing affordability remains a significant issue, with only 26.68% of respondents believing there are affordable places to live.

Access to healthcare services is a major concern. A significant portion of residents, 33.91%, reported delaying medical care in the past year. Additionally, 25,475 residents have unmet mental health provider needs, and the county has only 5.19 mental health treatment facilities per 100,000 residents, indicating a critical gap in mental health services. Mental health support is a significant need, with residents emphasizing the necessity for long-term care resources.

In September 2025, Lincoln County, in collaboration with the Lincoln County CHNA steering committee, used the primary and secondary data to identify the top health concerns in the county and select key priorities to focus on over the next few years. Several areas were identified as significant health concerns and needs in the county, including mental health, lack of transportation, affordable housing, access to affordable childcare, and substance use. These issues were discussed in depth with the Community Health Needs Assessment Steering Committee and narrowed down using the Hanlan Method.

Priority Health Needs

Criteria such as the seriousness of the issue, availability of resources, feasibility of intervention, and alignment with agency capacity were used to determine the top health priorities. As a result, Lincoln County selected the following health issues to focus on in 2025-2028:

1. Transportation
2. Behavioral Health
3. Access to Affordable Childcare
4. Adverse Childhood Experiences (ACEs)

Recommendations and Next Steps/Future Implications

Based on the findings of the 2025 Community Health Needs Assessment, Lincoln County recommends a multi-faceted approach to address the most pressing health challenges identified.

To address **transportation barriers**, we recommend expanding flexible, affordable, and accessible options that connect residents to healthcare, employment, and childcare services. Enhancing public and non-emergency medical transportation can reduce missed appointments and improve access to essential resources, particularly for older adults, low-income and/or rural populations. Potential future implications without intervention may include continued disparities in healthcare access and employment stability. Implementation may include partnering with local transit providers, exploring on-demand ride programs, and leveraging state and federal funding to expand rural routes and subsidized rides.

To combat **behavioral health** concerns, we recommend strengthening community-based services, expanding access through school-based and telehealth programs, and reducing stigma by promoting trauma-informed and culturally competent practices. Expanding the behavioral health workforce and increasing coordination between healthcare providers, schools, and community partners will be critical to improving access to care. Without intervention, Lincoln County may continue to see increased rates of mental health crises, substance use, and emergency service utilization. Implementation efforts may include the development of a behavioral health coordination council, increased telehealth capacity in rural areas, and community education efforts focused on prevention, early intervention, and resiliency.

To improve **access to affordable childcare**, we recommend increasing the supply of high-quality childcare options through community partnerships, facility development grants, and workforce incentives. Childcare shortages have been identified as a barrier to employment and economic growth, especially for working families with limited incomes. Without additional resources, families may continue to struggle to find affordable and reliable childcare, impacting workforce participation and child development outcomes. Implementation strategies may include collaborating with local employers and educational institutions to develop childcare workforce pipelines, expanding childcare subsidies, and pursuing funding to support new or expanded childcare facilities.

Priority 4 focuses on **adverse childhood experiences (ACEs)**. While this priority will be secondary to the top three identified priorities, the importance of ACEs is strongly recognized, and there is a clear desire to better understand their prevalence and impact within the community. Addressing ACEs will require strengthening prevention and early intervention efforts. Promoting trauma-informed care, supporting family stability, and increasing awareness of ACEs can reduce long-term health impacts and improve

outcomes for children and families. Without proactive measures, ACEs may contribute to higher rates of behavioral health issues, chronic disease, and generational trauma. Implementation strategies may include training educators and service providers in trauma-informed practices, integrating ACEs screening into health and social service programs, and expanding family support and education initiatives.

These recommendations aim to improve health outcomes and build a healthier future for all residents of Lincoln County.

INTRODUCTION

Community Health Needs Assessment Overview

The Community Health Needs Assessment (CHNA) is a comprehensive process undertaken by the local health department to identify and evaluate the health needs of the community it serves. This assessment is a foundational step in understanding the current health status, disparities, and determinants affecting residents, and it guides the development of strategies to improve population health outcomes.

The CHNA serves multiple purposes:

Informing Public Health

Planning: The CHNA provides data-driven insights that help prioritize health issues and allocate resources effectively.

Engaging the Community:

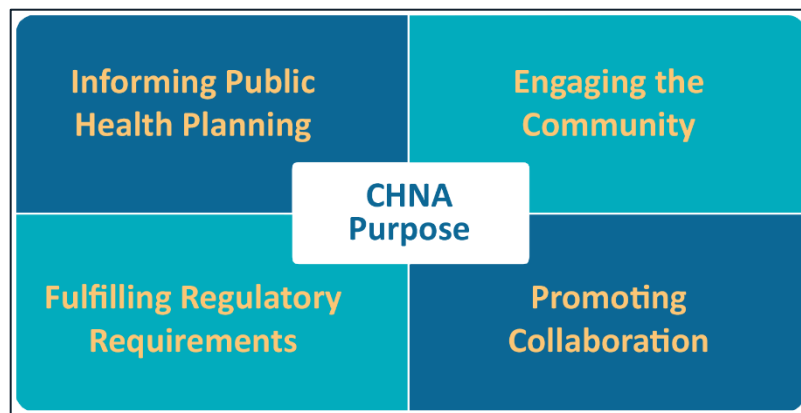
Through surveys, focus groups, and stakeholder interviews, the CHNA incorporates the voices and experiences of community members, ensuring that health initiatives are responsive and equitable.

Fulfilling Regulatory Requirements: The CHNA meets all applicable state and federal requirements, including Internal Revenue Service (IRS) mandates for non-profit hospitals and public health accreditation standards. The assessment is conducted on a three-year cycle and aligns the hospital and local health department (LHD) assessment cycles through a collaborative approach.

Promoting Collaboration: It fosters partnerships among healthcare providers, community organizations, local government, and residents to address complex health challenges collectively.

This report presents the findings of the CHNA conducted in 2025 for Lincoln County, North Carolina. It includes an analysis of demographic and socio-economic data, health outcomes, access to care, and social drivers of health. The assessment also highlights the community's top health priorities and outlines recommendations for action.

By identifying the most pressing health needs and the factors contributing to them, this CHNA aims to support a healthier, more equitable future for all residents of Lincoln County.



COMMUNITY PROFILE

County History

Lincoln County, North Carolina, was established in 1779 and named after Major General Benjamin Lincoln, a prominent figure in the Revolutionary War (Lincoln County, North Carolina, n.d.). Located in the Piedmont region of the state, the county is rich in history and has played a significant role in the development of North Carolina. Originally part of Tryon County, Lincoln County was formed when the western portion of Tryon was divided (Lincoln County, North Carolina, n.d.). Its location near the Catawba River made it a prime area for early settlement and economic development, with fertile land that attracted farmers and waterways that supported trade and transportation.

During the American Revolution, Lincoln County residents were active participants in the fight for independence, and the Battle of Ramsour's Mill on June 20, 1780, near present-day Lincolnton, was a significant engagement between Patriot and Loyalist forces that strengthened support for the revolutionary cause in the region (Battle of Ramsour's Mill, n.d.). During the nineteenth century, Lincoln County became a leader in industrial development with the construction of the South's first cotton mill in 1813 by Michael Schenck, launching a textile industry that influenced the local economy for decades. (Schenck-Warlick Mill, n.d.). The region also saw growth in ironworks and other manufacturing industries as it leveraged natural resources and a skilled workforce.

Like much of the South, Lincoln County was deeply affected by the Civil War and the period that followed. Many residents served in the Confederate Army and then faced a struggling local economy in the years after the war. Despite these challenges, the county began to rebuild, and agriculture and industry continued to play central roles. In the twentieth century, Lincoln County evolved from a predominantly rural area into a more diverse community, and although the textile industry remained a cornerstone of the local economy for many years, it declined in the later part of the century.

Today, the county is known for its blend of small-town charm, historic preservation, and growing modern amenities. Lincoln County has preserved much of its historical heritage through landmarks and events, including sites such as the Ramsour's Mill battlefield, the Pleasant Retreat Academy, and the Lincoln County Courthouse (Pleasant Retreat Academy, n.d.). Annual community events like the Apple Festival celebrate the county's agricultural roots and bring residents together. Lincoln County remains a place where history and progress coexist and offers a unique glimpse into North Carolina's rich heritage.

Demographic Characteristics

Lincoln County's population distribution reflects a community with a strong working age base. Approximately 60% of residents are between the ages of 18 and 64, which is slightly higher than the state and national averages and indicates a larger proportion of working adults. About 21% of the population is under age 18, a figure that is slightly lower than both state and national levels and suggests a smaller share of school-age children. Residents aged 65 and older make up nearly 19% of the population, which is comparable to statewide and national trends and reflects a balanced representation of older adults (U.S. Census Bureau, 2025). This demographic structure highlights the importance of supporting a predominantly working age population while also ensuring that adequate services remain available for younger and older residents.

The gender makeup of Lincoln County is consistent with broader trends, with females representing about 51% of the population and males accounting for approximately 49% (U.S. Census Bureau, 2025). This balanced gender ratio emphasizes the need for inclusive healthcare services and programs that address the unique needs of all community members.

Limited English proficiency is relatively uncommon in Lincoln County. Approximately 1.58% of households have limited English proficiency, compared to 2.27% in North Carolina and 4.22% nationwide (U.S. Census Bureau, 2025). While this reflects a smaller immigrant or non-native English-speaking population, it also highlights the need to ensure that language support services remain available for residents who may face barriers in accessing healthcare and community resources. Promoting health literacy and providing culturally competent care are essential for meeting the needs of all residents.

The disability rate in Lincoln County is higher than both the state and national averages for both males and the full population. Overall, the disability rate in Lincoln County is 15.14%, compared to 13.37% in North Carolina and 13.04% in the United States (U.S. Census Bureau, 2025). This indicates a significant disparity in disability prevalence at the local level.

The demographic trends in Lincoln County have significant implications for community health. The higher disability rates and the presence of a significant older adult population indicate a need for robust health care services and support systems.

By understanding these demographic trends and their implications, Lincoln County Health Department can better address the health needs of its community and work towards improving the overall health and well-being of its residents.

COMMUNITY DEMOGRAPHICS

AGE AND GENDER

Population: 97,611

Median Age: 43.9



Male
49%

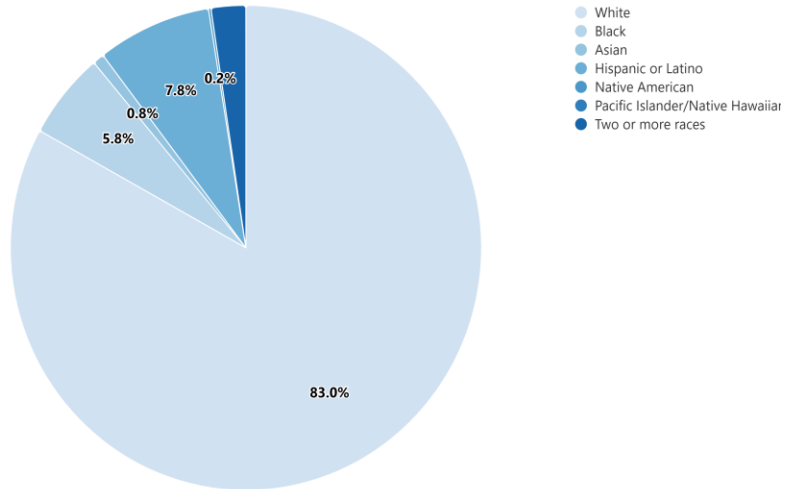


Female
51%

RACE/ETHNICITY

Population by Race/Ethnicity

Lincoln County, NC, 2019-2023



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001 (sex and age), B03002 (race/ethnicity); Decennial Census: Table P012)
Population: Average population over the time period.

PRIMARY LANGUAGE AT HOME



90% English
8% Spanish
1% Asian
1% Other

HOUSEHOLD/FAMILY



5.18% Single-parent house
22.07% Seniors living alone
20.27% Married-couple households with children
8.36% Children living with grandparents
40% Other living situations

POPULATION BY AGE GROUP

5.0%

15.7%

24.3%

35.9%

19.0%

Infants
0–4
years

Juveniles
5–17 years

Young Adults
18–39 years

Middle-Aged Adults
40–64 years

Seniors
65 and older
(Metopio,n.d.)

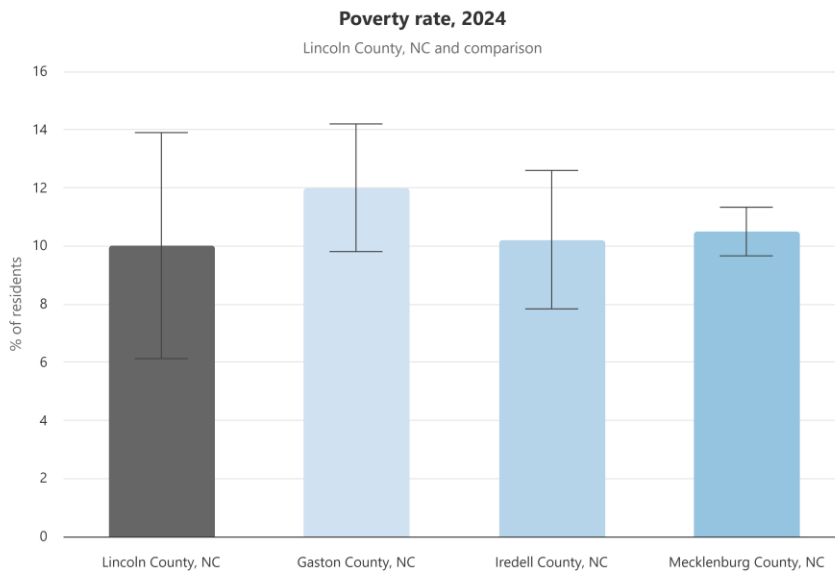
COMMUNITY DEMOGRAPHICS

POPULATION LIVING BELOW POVERTY LEVEL

10.5% of households are living below the federal poverty level. The highest rate of poverty in Lincoln County by race and ethnicity is the Non-Hispanic Black population at 34.17%. In comparison with Gaston, Iredell, and Mecklenburg Counties, Lincoln County demonstrates a lower poverty rate.

8.96% Children under 18 living in poverty

10.08% Seniors living in poverty



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

EMPLOYMENT

The unemployment rate among residents aged 16 years and older is presented, including comparisons to Gaston, Iredell, and Mecklenburg Counties, as well as North Carolina and the United States.

3.55%

Lincoln County

4.79%

Gaston County

4.38%

Iredell County

4.24%

Mecklenburg County

4.83%

North Carolina

5.20%

United States

EDUCATION

High school graduation rate



92.03%
Lincoln County
87.42%
Gaston County
91.59%
Iredell County
91.06%
Mecklenburg County
90.85%
North Carolina
89.92%
United States
(Metopio, n.d.)

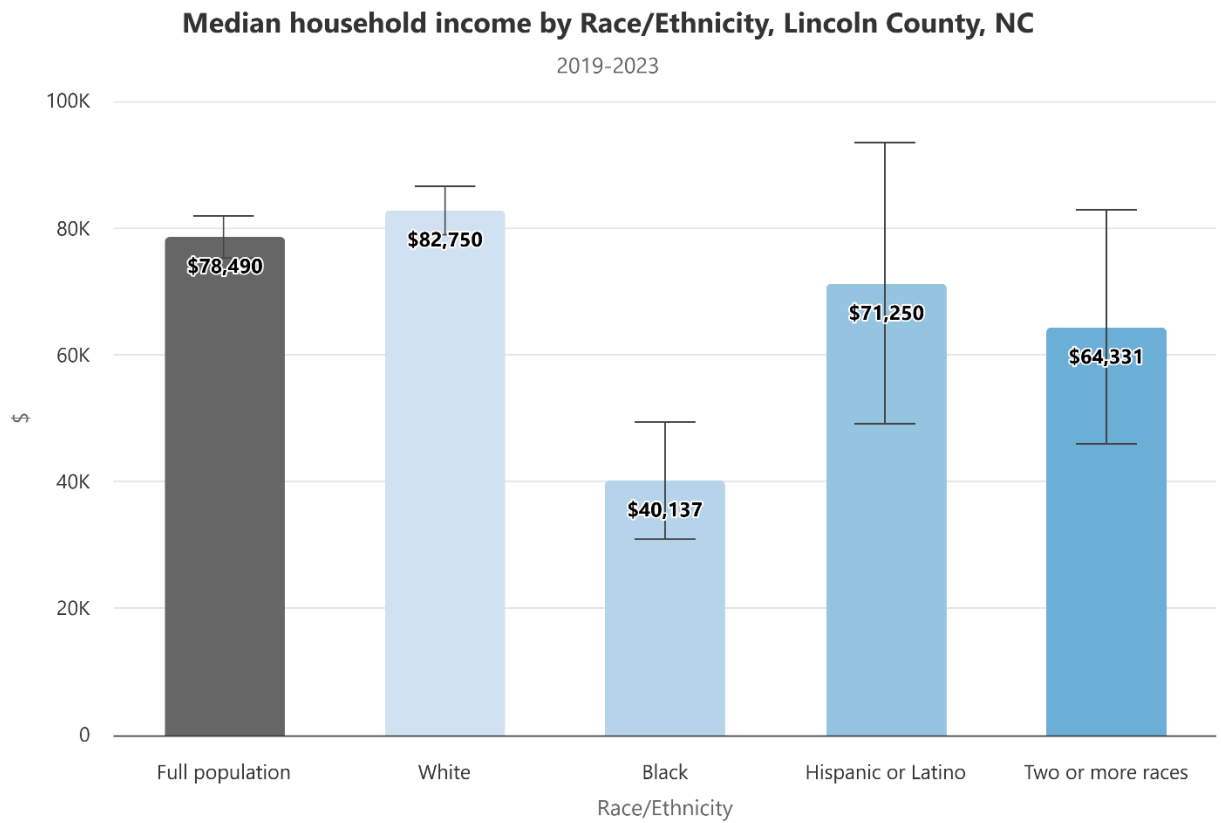
Higher degree graduation rate



47.30%
Lincoln County
40.43%
Gaston County
46.91%
Iredell County
58.55%
Mecklenburg County
47.38%
North Carolina
45.69%
United States

MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY

Lincoln County's median household income is \$78,490.



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

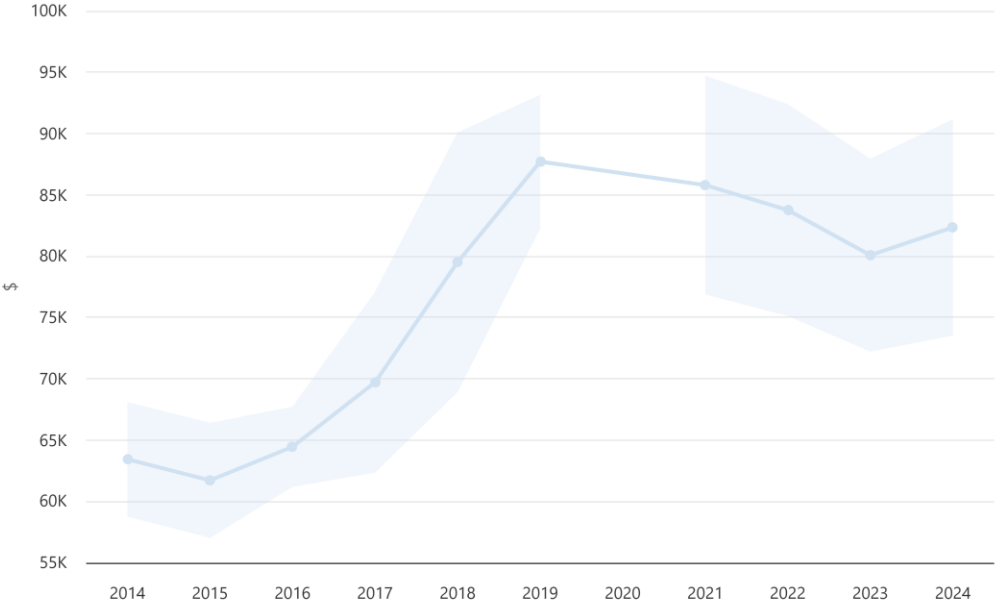
Median household income: Income in the past 12 months.

MEDIAN HOUSEHOLD INCOME TRENDS

The median household income trend offers important context for understanding health and social outcomes in Lincoln County. Income levels directly affect access to healthcare, housing stability, food security, and educational opportunities, making this measure a critical component of the Community Health Needs Assessment.

Median household income, Lincoln County, NC

Lincoln County, NC, 2014 - 2024



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

ASSESSMENT METHODOLOGY

Data Collection Methods

Community Surveys



To engage the Lincoln County community, a brief survey was distributed February through April 2025 to residents and promoted via social media, websites, community partners and local events. The survey aimed to identify obstacles to ideal health and opportunities for improvement, resulting in nearly 7,500 surveys taken throughout the Central Carolina Community Collaborative footprint and 636 surveys locally – a 75% increase from the last cycle. **Convenience sampling** was used, selecting participants based on ease of access and availability. Primary distribution partners included the Lincoln County School System, which reached more than 13,000 families, as well as local non-profits, municipalities, businesses, and hospital employees. The collected data was then analyzed and compiled to provide insight into the needs of our community.

Focus Groups & Community Forum



Following the completion of data collection, the United Way of Lincoln County, the Lincoln County Health Department, and Atrium Health hosted a **community forum** to further explore and validate the findings. Nearly 50 community leaders participated, representing healthcare, government, education, and nonprofit sectors.

During the forum, participants reviewed and discussed the collected data, identified key community priorities, and shared real-world experiences and stories from individuals and families they serve. This collaborative discussion deepened our understanding of community needs and helped identify actionable strategies and set priorities for our Community Health Needs Assessment.

In addition, small focus groups were assembled in Fall 2025 with populations that were not clearly represented in the survey data. This was done to hear all voices in the community and clearly understand the needs broadly across the community. With the help of community partners, more than 20 people participated in the focus groups, and they represented a wide range of demographics, but primarily our most vulnerable populations.

Key Informant Interviews



To learn more about the community needs, stakeholders and leaders who have broad knowledge of the health of the community **key informant surveys** were also implemented as part of this process. Participants included a school mental health representative, a non-profit leader, and a social service provider. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Metopio



Central Carolina Community Collaborative has a contract with Metopio to provide an internet-based data resource for their hospitals. This robust platform offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, health care utilization, demographic, and community-level drivers of health like economic, housing, employment, and environmental conditions. Data for each indicator is presented by race, ethnicity, and gender when the data is available (Metopio: <https://metopio.com/>). All data collected through Metopio was quantitative and included data comparisons between county, North Carolina and the United States.

Limitations of the Assessment

This report provides valuable insight into the health and well-being of the community; however, it does not capture the full picture. The data is limited by a small sample size, the use of convenience sampling, and reliance on self-reported information. Because participants were not randomly selected, the results are not generalizable to the entire population and may be influenced by selection bias. In addition, although surveys were anonymous and self-administered, responses may be affected by social desirability bias, meaning individuals may have answered questions in ways they felt were viewed more favorably.

Survey participation also did not fully reflect Lincoln County's population. Youth were not included, and females represented a majority of respondents. Certain populations were unable to participate, including individuals experiencing homelessness, people who are incarcerated, and individuals who do not speak English or Spanish. Additionally, geographic and socio-economic differences within the county may influence the interpretation of results. The eastern portion of Lincoln County has a significantly higher median household income, which may skew county-level data. Finally, while the assessment addresses many important health and social issues, it does not cover every disease, condition, or concern affecting the community. These limitations were acknowledged and carefully considered when reviewing and interpreting the data throughout the community health needs assessment process.

ASSESSMENT FINDINGS

Overview of Assessment Findings

Overall, Lincoln County’s health outcomes are comparable to the average county in North Carolina and exceed those of the average county across the nation (County Health Rankings & Roadmaps, Lincoln County, NC, 2024).

Before exploring the data around the identified health priorities in the following sections, it is important to understand that people’s circumstances, including the societal barriers they repeatedly face, shape a person’s health, and it is not always the individual choices a person makes. In fact, nearly 70% of a community’s health is determined by factors beyond health behaviors, such as where someone lives, works, plays, and learns (County Health Rankings & Roadmaps, 2024). These factors—often referred to as the social drivers of health—include socio-economic status, access to education, housing, food security, environmental conditions and policies that shape institutions and society.

As you look at the data in the next sections, it is important to remember that these issues are connected to many social and environmental factors that impact people’s health.

The following statistics and graphs reflect responses collected through our Community Health Needs Assessment survey. You can **scan the QR code** to view more details about survey responses and explore the **full set of results**. These survey responses, along with supplemental data sources, helped guide our decisions for the Community Health Needs Assessment and the development of our Community Health Improvement Plans.



Health Outcomes Overview

Health outcomes in Lincoln County, NC, reflect the overall well-being and quality of life of its residents. These outcomes encompass key indicators such as life expectancy, mortality rates, and the prevalence of chronic diseases. By taking note and watching data trends over time, the community can better understand how these outcomes change, identify emerging patterns, and recognize areas where targeted efforts may improve overall health and well-being.

Mortality



The three leading causes of death in Lincoln County are **heart disease, cancer, and chronic lower respiratory disease** (County Health Rankings & Roadmaps, Lincoln County, NC, 2024). Mortality data show that Lincoln County’s **overall mortality rate is significantly higher than both state and national averages**, reflecting the cumulative impact of chronic disease, access barriers, and social drivers of health.

- **Heart Disease Mortality:** Lincoln County has a **heart disease mortality rate well above state and national averages**, which is closely linked to behavioral health factors such as chronic stress, tobacco use, substance use, and limited access to preventive care. Transportation barriers further compound this issue by limiting residents’ ability to attend routine medical appointments, manage chronic conditions, and access heart-healthy resources.
- **Cancer Mortality:** Cancer mortality in Lincoln County also **exceeds state and national levels**, highlighting challenges related to early detection, timely treatment, and continuity of care. Lack of reliable transportation is a key barrier to cancer screenings, follow-up visits, and specialty care, particularly for rural residents and older adults.
- **Chronic Lower Respiratory Disease Mortality:** Elevated mortality from chronic lower respiratory disease reflects higher rates of smoking and environmental exposures, as well as limited access to consistent primary and specialty care. Behavioral health and substance use—including tobacco dependence—play a significant role in respiratory health outcomes.

These mortality patterns are further influenced by **adverse childhood experiences (ACEs)**, which are strongly associated with long-term risk of chronic disease, substance use, and premature death. Early-life trauma can increase lifelong stress responses and unhealthy coping behaviors, contributing to higher rates of heart disease, cancer, and respiratory conditions in adulthood.

Access to affordable and reliable childcare is an important social driver of health that can indirectly influence morbidity and mortality outcomes. When families face barriers to childcare, parents may experience financial strain, employment instability, and chronic stress, all of which are associated with increased risk for conditions such as cardiovascular disease, hypertension, and depression. Limited childcare access may also delay preventive care, as parents may postpone medical appointments, screenings, or chronic disease management due to lack of coverage. Additionally, early childhood environments play a critical role in cognitive, social, and emotional development, which influence educational attainment, income, and long-term health trajectories. Addressing barriers to affordable childcare may therefore support economic stability, improve access to healthcare, reduce stress-related illness, and contribute to improved long-term population health outcomes.

Addressing **behavioral health**, improving **transportation access**, supporting families through **affordable childcare**, and building awareness of **ACEs** are essential strategies for reducing preventable deaths and enhancing long-term population health in Lincoln County.

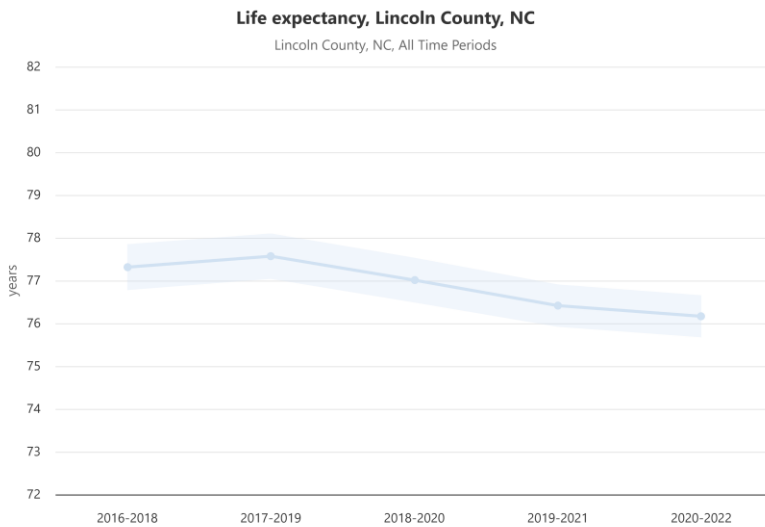
Life Expectancy



The average life expectancy in **Lincoln County** is **76.17 years**, which is **slightly lower than the North Carolina average of 77.1 years** and **lower than the national average of approximately 77.6 years**. (North Carolina Department of Health and Human Services, n.d.)

Life expectancy also varies by **race and ethnicity within the county**. For example, data shows that **Non-Hispanic Black residents in Lincoln County have a lower life expectancy compared to the overall county average**, highlighting disparities that are consistent with broader patterns of inequitable health outcomes linked to social drivers such as access to care, economic conditions, and environmental factors.

Life expectancy trends from 2016 to 2022 shows a decrease, likely reflecting the impacts of the COVID-19 pandemic and ongoing challenges related to chronic disease, substance use, and access to care.



Created on Metopio | metopio.io | Data sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (2010-2015), Center for Urban Population Health. (Derived from death counts by age and Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Top Health Concerns

Behavioral Health

Behavioral health emerged as a critical concern in Lincoln County. Excessive drinking and binge drinking rates are higher than average, with 21.1% and 19.6% of adults reporting these behaviors, respectively. Substance use, particularly e-cigarette and smokeless tobacco use, is also prevalent, placing Lincoln County in the top quartile nationally for these issues. Opioid use and opioid-related overdoses remain an ongoing public health concern, contributing to increased morbidity and mortality and placing strain on families, healthcare systems, and community resources. Mental health support is a significant need, with residents emphasizing the necessity for accessible, long-term treatment and recovery services. The intersection of substance use and unmet behavioral health needs highlights the importance of expanding prevention efforts, treatment capacity, and recovery support within the community. (Metopio, n.d.)

Built Environment

The built environment in Lincoln County presents several challenges. While 67.58% of residents have access to exercise opportunities, the walkability index is moderate at 5.49. A notable 36.00% of residents face low food access, and 11.50% of households experience severe housing problems. (Metopio, n.d.) These factors contribute to barriers in accessing essential services and maintaining healthy lifestyles.

Socio-economic Conditions

Socio-economic conditions in Lincoln County reveal a mixed picture. The median household income is \$79,003, above the state average, yet the poverty rate is 12.54%. The unemployment rate is relatively low at 3.55%, indicating a strong job market. However, housing affordability remains a significant issue, with only 26.68% of respondents believing there are affordable places to live. (Metopio, n.d.)

Access to Care

Access to healthcare services is a major concern. A significant portion of residents, 33.91%, reported delaying medical care in the past year. Additionally, 25,475 residents have unmet mental health provider needs, and the county has only 5.19 mental health treatment facilities per 100,000 residents, indicating a critical gap in mental health services. (Metopio, n.d.)

Access to Food

Lincoln County's food environment is fairly typical compared to the rest of the country, with a Food Environment Index of 7.6, which falls at the national median. However, just over one-third of residents (36.0%) face low access to food, placing the county in the second quartile nationally. (Metopio, n.d.)

Community Health Drivers

- Behavioral Health and Substance Use
- Access to Healthcare Services
- Economic Stability
- Social Drivers of Health
- Early Childhood and Family Support
- Chronic Disease and Health Behaviors

Identified Significant Needs

Even with the progress and support in the community, challenges remain. While local programs and services have helped improve health, there are still gaps in care and unmet needs. This section examines the biggest health concerns found in this assessment and areas where more support is needed to help the community stay healthy.

The health needs identified in this CHNA cover a variety of factors, including health outcomes, social drivers, and health behaviors, which are all closely connected.

Health outcomes are the measurable results of a community's overall health, such as rates of chronic diseases, infant deaths, or life expectancy. These outcomes are greatly influenced by the **social drivers of health** like income, education, employment, and access to healthcare. These factors can either help or hinder a person's ability to stay healthy. **Health behaviors**, like physical activity, diet, smoking, and substance use, also affect health outcomes. These behaviors are often shaped by the social environment, such as community norms, available resources, and socio-economic status.

There are many health needs within a community, which can make it difficult to know where to focus efforts. This is why community input is so important during the CHNA process. It helps guide our organization and the broader community in prioritizing the most important issues to address. For a health need to be considered significant, it should reflect a pressing concern for the community, align with public health priorities, and be supported by data. Additionally, using secondary data helps identify the root causes of health disparities within the significant need, which allows us to develop targeted solutions to improve health outcomes.

PRIORITIZATION OF HEALTH NEEDS

Priority Setting Process

In 2025, a steering committee from Lincoln County prioritized significant needs based on the following criteria:

- Size/seriousness of the problem
- Effectiveness of available interventions
- Available resources to address the issue
- County/healthcare system adequately situated to address the health issue
- Meets a defined community need as identified through data
- Potential for issue to impact other health and social issues
- Ability to effectively address or impact health issue through collaboration

Using these criteria, Lincoln County prioritized the significant needs to address in the 2025-2027 implementation plan:

Transportation

Access to reliable and affordable transportation emerged as a significant barrier for residents across Lincoln County and was selected as the **number one community priority** based on both the level of need and the community's ability to influence change. Community members identified transportation challenges as limiting access to health care, employment, education, and essential services. For residents without reliable vehicles—particularly seniors, people with disabilities, and low-income households—limited transportation options contribute to missed medical appointments, delayed care, and reduced access to daily necessities.

Transportation was closely linked to other social drivers of health identified in the CHNA, especially health care access and economic stability. Survey findings indicated that public transportation is not widely perceived as easy to use, highlighting gaps in accessibility, particularly in rural areas of the county.

Transportation was prioritized not only because of its widespread impact, but also because it represents an area where **meaningful progress can be made through collaboration**. Partnerships with municipalities and community stakeholders provide an opportunity to improve transportation access, strengthen workforce participation, and advance health outcomes across Lincoln County.

Behavioral Health

Behavioral health—especially mental health access and substance use—was the most frequently cited health concern throughout the CHNA process. Data show that Lincoln County carries elevated rates of excessive drinking (21.1%) and binge drinking (19.6%), with survey respondents reporting high levels of stress, anxiety, and unmet needs for long-term mental health care. Substance use issues across age groups—including youth behavioral challenges, e-cigarette use, and household exposure to substance use—also ranked in the top national quartiles. Opioid misuse and opioid-related overdoses also contribute to the county’s substance use burden and represent a significant source of preventable morbidity and mortality.

Provider shortages, long waitlists, and the lack of local mental health treatment facilities (only 5.19 facilities per 100,000 residents—lowest quartile nationally) were major contributors to unmet need. Residents noted that mental health crises often escalate to emergency responses or law enforcement involvement due to insufficient community-level resources. Stakeholders emphasized that the community is “missing mental-health providers,” with many families unable to access consistent or long-term care.

Additionally, behavioral health challenges impact nearly every other health and socio-economic indicator, including employment stability, chronic disease management, housing security, and family well-being. Community members specifically expressed concern for youth mental health, trauma exposure, and rising Adverse Childhood Experiences (ACEs).

Given its wide-reaching impacts and deep alignment with community voice, behavioral health emerged as a top priority requiring coordinated, sustained investment.

Affordable Childcare

Access to reliable, affordable, and high-quality childcare surfaced as a major barrier for families across Lincoln County. Community members repeatedly identified the shortage of available childcare slots and the rising cost of care as direct contributors to unemployment, financial strain, and instability. Families reported that the lack of childcare prevents parents from maintaining full-time employment, reduces their ability to pursue educational or training opportunities, and often forces households to rely on informal or inconsistent care arrangements.

Childcare was also closely linked to other social drivers of health identified in the CHNA—particularly economic stability and housing. Without affordable childcare, families struggle to sustain income necessary to cover essential needs, increasing their vulnerability to poverty and crisis. Stakeholders emphasized that limited childcare capacity contributes to a “cycle of

instability” where parents cannot work, earnings drop, and reliance on community services increases.

This issue was highlighted consistently in community feedback, with many residents stating that childcare, housing, and transportation are “huge needs” and foundational to a healthy and thriving community. Addressing childcare is therefore a necessary step toward improving family well-being, workforce participation, and long-term community economic health.

**Prioritized
Need 1**

**Transportation
Access to reliable and affordable transportation**

Access to reliable transportation is essential because it connects residents to health care, employment, education, childcare, food, and other basic needs. Transportation supports economic stability, reduces missed medical care, and allows individuals and families to remain independent and engaged in their community.


Significant Need Reasoning

Ranked as #1 priority need by the CHNA priority-setting process based on both the level of community need and the ability to influence change through partnerships.

Consistently identified by **key stakeholders and community members** as a major barrier to accessing services, particularly health care and employment.

25% of local residents

indicated that lack of transportation limited access to health care, jobs, or essential services.



“If you don’t have a car, it’s hard to get anywhere—doctor appointments, work, even the grocery store. Transportation affects everything.”

- Insight from a key stakeholder

Lincoln County’s largely rural geography and limited public transportation options create challenges for residents who do not have reliable vehicles. While most households in the county drive to work, **the average commute time in Lincoln County (nearly 30 minutes)** is longer than both the state and national averages, indicating residents often travel farther for jobs, services, and health care.

Key Findings

- Transportation was one of the most frequently mentioned needs in community surveys and stakeholder discussions, often cited alongside childcare and housing as a barrier to daily functioning.
- Limited transportation options contribute to missed medical appointments, reduced workforce participation, and increased financial strain for those without reliable vehicles.
- Rural communities and residents living farther from major job centers face greater transportation hardships due to distance, limited fixed-route transit, and the need to travel outside the county for specialized services.

Contributing Factors

Transportation challenges in Lincoln County are driven by several factors, including the county's rural layout, long travel distances, limited public transit infrastructure, and reliance on reservation-based services rather than flexible, frequent routes. Many residents rely on personal vehicles for travel, and when vehicle access is limited, alternatives are scarce. Rising costs related to fuel, vehicle maintenance, and insurance further stress household budgets. Gaps in transit service coordination between destinations such as clinics, workplaces, and childcare facilities limit practical mobility for many. Strengthening partnerships with municipalities and community stakeholders offers opportunities to expand access, improve coordination, and better address transportation barriers in ways that support health, economic stability, and overall community well-being.

**Prioritized
Need 2**

**Behavioral Health
Substance Use, Mental Health**

Behavioral health is a critical driver of overall health and quality of life, directly affecting physical health, economic stability, family well-being, and community safety. Untreated mental health conditions and substance use disorders are associated with higher rates of chronic disease, disability, unemployment, and premature death (CDC, 2023). Individuals experiencing behavioral health challenges are also at increased risk for substance misuse, suicide, involvement with the justice system, and difficulty maintaining stable housing and employment (SAMHSA, 2022).

Significant Need Reasoning

A substantial share of survey respondents **disagreed that adequate mental health services are available in the community**, citing long wait times, limited providers, and cost as key barriers.

Secondary data indicates that Lincoln County is designated as a **mental health professional shortage area**, meaning the number of providers is insufficient to meet community need.

Lincoln County’s overdose death rate surpasses both state and national averages, signaling a pronounced need for expanded behavioral health resources and prevention efforts.



*“People are waiting months to get help, and by the time they do, they are already in crisis.”
— Insight from a key stakeholder*

Drug Overdose Death Rate (2023)

County	State	National
40.3 deaths per 100,000 residents	39.8 deaths per 100,000 residents	32.9 deaths per 100,000 residents

Key Findings

- Behavioral health challenges affect residents across all ages but disproportionately impact **low-income individuals, uninsured residents, and those living in rural parts of the county**.
- Access to mental health providers and substance use treatment is limited locally, resulting in delays for care and increased reliance on emergency services.
- Behavioral health needs intersect with other priority areas in the CHNA, such as transportation barriers and economic stress, compounding overall community health challenges.

Contributing Factors

Several factors contribute to the behavioral health crisis in Lincoln County, including **provider shortages, affordability barriers, social stigma, and limited crisis response resources**. Economic stressors, housing instability, and gaps in early intervention services further exacerbate both mental health concerns and substance use disorders. Additionally, high levels of Adverse Childhood Experiences (ACEs)—which include childhood trauma such as abuse, neglect, and household dysfunction—are recognized as significant underlying risk factors for long-term behavioral health

challenges. Extensive research demonstrates that ACEs are strongly associated with increased risk of substance use disorders, depression, anxiety, and other chronic behavioral health conditions across the lifespan. Without expanded access to affordable, coordinated behavioral health care — including prevention, treatment, trauma-informed services, and recovery support — many residents remain at risk of worsening outcomes and avoidable harms.

**Prioritized
Need 3**

**Affordable Childcare
Access to quality and affordable childcare**

Access to affordable childcare is essential because it allows parents to work and stay financially stable while ensuring children have safe, supportive places to learn and grow. It strengthens families, supports local businesses, and helps the entire community thrive.

Significant Need Reasoning

Identified as a high-priority issue by survey respondents, with families frequently reporting childcare as a major barrier to employment, education, and financial stability.



“Many families in Lincoln County struggle to find affordable, high-quality childcare, and parents often face long waitlists or limited options that fit their work schedule.”

- Insight from a key stakeholder

Lincoln County has 5,581 children under six, with 65% living in households where parents work. Yet there are only 308 licensed infant-toddler care slots for 2,580 children, leaving most families without adequate options. High monthly costs—up to \$823 for infants—and limited access to state-subsidized programs (only 5% participation) make childcare both scarce and unaffordable. These gaps create barriers for families and impact early childhood development.

Only 13%

of children under age 6 who qualify for childcare subsidies are receiving them—leaving **87%** of eligible children without assistance.

Key Findings

- **Local childcare supply is insufficient**, with far fewer licensed slots available than the number of young children who need care.
- **High childcare costs in Lincoln County place a strain on families**, limiting parents’ ability to work or stay employed.
- **Childcare was one of the most frequently mentioned needs** in community surveys and focus groups, cited alongside housing and transportation as a major barrier for local families.

Contributing Factors

Childcare challenges in Lincoln County are driven by several contributing factors. The county has limited licensed childcare capacity, particularly for infants and toddlers, resulting in long waitlists and gaps in availability. Providers also struggle to hire and retain staff due to low wages in the childcare field, which further reduces the number of operational classrooms. For many families, the high cost of care is unaffordable even with full-time employment, creating barriers to maintaining stable work. Additionally, Lincoln County’s rural geography and transportation limitations make it difficult for parent to access the childcare options that do exist. As the county continues to grow, demand for childcare is rising faster than supply, intensifying the strain on families seeking reliable, affordable care.

Prioritized Need 4

Adverse Childhood Experiences

Addressing Adverse Childhood Experiences (ACEs) is critical because early-life trauma can have long-lasting effects on physical health, mental health, and social outcomes. ACEs—including abuse, neglect, and household challenges such as parental substance use or domestic violence—are linked to increased risk of chronic disease, behavioral health conditions, academic challenges, and future involvement with the justice system (CDC, 2023). Raising awareness and implementing supportive interventions can improve resilience, reduce long-term health risks, and strengthen families and communities.

Significant Need Reasoning

Community members and stakeholders emphasized the importance of increasing **awareness, prevention, and supportive services** related to childhood trauma.



“Many of our kids face challenges at home that aren’t visible at school, and we don’t always have the resources to

support them until it’s too late.”

— Insight from a key stakeholder

Ranked as a secondary priority need based on CHNA findings and stakeholder feedback.

Nearly 30% of adult respondents reported experiencing at least one ACE, and 10% reported experiencing four or more ACEs.

These experiences are associated with higher rates of mental health challenges, substance use, and difficulty maintaining employment or stable housing later in life. Stakeholders noted that **families often lack access to trauma-informed care and early intervention services**, and there is a need to increase education, and community support for childhood trauma.

Key Findings

- ACEs are a foundational social driver of health that affects long-term well-being across generations.
- Children exposed to trauma without early intervention are at increased risk for behavioral health challenges, academic difficulties, and involvement in negative health or social outcomes later in life.
- Community feedback highlights a need for increased **trauma-informed services, parent education, and awareness campaigns** to prevent and mitigate the impact of ACEs.

Contributing Factors

ACEs in Lincoln County are influenced by multiple factors, including household stressors (such as parental substance use, mental health challenges, and domestic violence), economic instability, and limited access to supportive services. While the community has resources such as counseling, youth programs, and social services, gaps exist in prevention, early intervention, and trauma-informed education for families, schools, and community organizations. Raising awareness, increasing access to

trauma-informed care, and building resilience through community supports are essential steps to reduce the prevalence and impact of ACEs in Lincoln County.

Health Needs Not Selected

Employment and Income

Employment and income are complex, systemic issues that require a coordinated, community-wide response. Addressing these challenges involves collaboration across public health, education, workforce development, and community organizations. Efforts in Lincoln County will focus on supporting initiatives that strengthen economic stability, workforce readiness, and access to resources, while connecting individuals and families to available community supports.

Housing Costs and Safety

Housing affordability and safety remain significant systemic issues that impact health and quality of life and require collective action across multiple sectors. While no single organization can address this issue alone, Lincoln County stakeholders will continue to support community-driven efforts that promote safe, stable, and affordable housing and connect residents to existing housing and social service resources as needs are identified.

Nutrition, Physical Activity and Obesity

Although not selected as a standalone priority, nutrition, physical activity, and obesity are closely connected to many of the county's identified health concerns and will continue to be addressed through ongoing programs and initiatives. Healthcare providers, public health, and community partners play an important role in supporting healthy behaviors, chronic disease prevention, and access to nutrition and physical activity opportunities.

Next Steps and Future Implications

The Community Health Needs Assessment findings point to several connected priorities that will require sustained, coordinated effort to improve health outcomes in Lincoln County. Expanding access to mental health and substance use services — including addiction treatment and overnight care — remains a pressing need to close gaps in care and support residents across the lifespan. Improvements to the built environment are also important, particularly expanding public transportation, increasing affordable housing, enhancing recreational spaces, and strengthening access to affordable, high-quality childcare. Reliable childcare not only supports working families and reduces financial strain but also plays a meaningful role in early childhood development and long-term health.

Socio-economic conditions and access to care continue to shape community well-being overall. Strengthening transportation systems, increasing the availability of healthcare providers, and ensuring services are affordable are essential steps in reducing disparities, especially for low-income residents, rural communities, and individuals with limited English proficiency. Higher disability rates and a growing older adult population further underscore the need for strong, accessible support systems. At the same time, addressing Adverse Childhood Experiences (ACEs) — including trauma such as abuse, neglect, and household instability — is critical to prevention efforts. Childhood trauma is closely linked to increased risk of mental health challenges, substance use, and chronic disease later in life. By reducing poverty-related barriers, expanding childcare access, strengthening trauma-informed services, and continuing collaboration among local government, healthcare providers, and community organizations, Lincoln County can create a more supportive environment that promotes long-term health and opportunity for all residents.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The 2025 Lincoln Community Health Needs Assessment (CHNA) has been reviewed and approved by the leadership of the Lincoln County Health Department on **02/26/2026** in accordance with state and federal guidelines. The findings and priorities outlined in this report reflect a collaborative effort among public health professionals, community stakeholders, and residents. The department affirms its commitment to using this assessment as a foundation for strategic planning, resource allocation, and community health improvement initiatives.

VEHICLE FOR COMMUNITY FEEDBACK

Community input is essential to the success and relevance of this Community Health Needs Assessment (CHNA). Residents, stakeholders, and organizations are encouraged to review the findings and share their feedback. Comments, suggestions, and questions can be submitted by clicking the link below or scanning the QR code. Feedback will be reviewed and considered in future planning efforts.



[Lincoln County Community Health Needs Assessment – Fill out form](#)

If you experience any issues with the link to our feedback form or have any questions, please email us at: mattie.reynolds@lincolncountync.gov or info@unitedwayoflincolncounty.org

This report can be viewed online at Lincoln County Health Department & United Way of Lincoln County website via the following links: <https://lincolncountync.gov/2566/Community-Health>

A paper copy of this report may also be requested by contacting the Lincoln County Health Department:
Mattie Reynolds | Public Health Educator | 704-479-5030

APPENDICES

Appendix 1: Central Carolina Community Collaborative Survey

To view the Lincoln County Community Health Needs Assessment report, which includes summaries of the community feedback, descriptions of the data collection methods and the members of the collaborative, along with the full survey reports, visit: <https://cccc.metop.io/community-health-reports-and-plans>

Appendix 2: Community Resources Available

To view the Lincoln County Resource Directory, the Community Health Needs Assessment (CHNA), and the State of the County Health (SOTCH) report, please visit: [Community Health | County of Lincoln, NC - Official Website](#)

The Resource Directory is not all-inclusive of all available community resources and is updated annually.

Appendix 3: References

Lincoln County Historical Association. (n.d.). *Brief history of Lincoln County*.
<https://lincolncountyhistory.com/brief-history-of-lincoln-county/>

Lincoln Economic Development Association. (n.d.). *Life*.
<https://www.lincolneda.org/life/>

North Carolina Department of Health and Human Services. (n.d.). North Carolina data portal.
<https://ncdataportal.org/>

North Carolina Division of Public Health. (2025). Community health assessment guidebook.

North Carolina Division of Public Health. (2022). 2022 North Carolina state health improvement plan. North Carolina Department of Health and Human Services.

U.S. Census Bureau. (2025). *American Community Survey (ACS)*. U.S. Department of Commerce.
<https://www.census.gov/programs-surveys/acs>

Metopio. Accessed via The Central Carolina Community Collaborative (CCCC). Website is unavailable to the public. The following data sources were accessed through the portal:

Agency for Toxic Substances and Disease Registry - Environmental Justice Index, 2024. Retrieved from <https://www.atsdr.cdc.gov/placehealth/php/eji>

American Community Survey (ACS), 2019-2023. Retrieved from <https://www.census.gov/programs-surveys/acs/> Area Health Resources Files (AHRF), 2023. Retrieved from <https://data.hrsa.gov/topics/health-workforce/ahrf>

Behavioral Risk Factor Surveillance System (BRFSS), 2022. Retrieved from <https://www.cdc.gov/brfss/>

County Databooks, North Carolina Department of Public Safety, 2023. Retrieved from <https://www.ncdps.gov/our-organization/juvenile-justice/community-programs/county-databooks>

County Health Rankings, 2022, 2024, 2017-2021, 2020-2022. Retrieved from <https://www.countyhealthrankings.org/>

Decennial Census, 2020. Retrieved from <https://www.census.gov/programs-surveys/decennial-census.html>

EIScreen: Environmental Justice Screening, 2023. Retrieved from <https://www.epa.gov/ejscreen> (Discontinued)

Food Access Research Atlas, 2019. Retrieved from <https://www.ers.usda.gov/data-products/food-access-research-atlas/>

Food and Nutrition Service, 2024. Retrieved from <https://www.fns.usda.gov/>

Food Environment Atlas, 2019. Retrieved from <https://www.ers.usda.gov/data-products/food-environment-atlas/>

Health Professional Shortage Areas (HPSA), 2024. Retrieved from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

Homeland Infrastructure Foundation-Level Data (HIFLD) Open Data, 2024. Retrieved from <https://hifld-geoplatform.hub.arcgis.com/>

LEHD Origin-Destination Employment Statistics (LODES), 2022. Retrieved from <https://lehd.ces.census.gov/data/>

Local Management Entity/Managed Care Organizations (LME/MCOs) Directory, North Carolina Department of Health and Human Services, 2022. Retrieved from <https://www.ncdhhs.gov/providers/lme-mco-directory>

Map the Meal Gap, Feeding America, 2023. Retrieved from <https://www.feedingamerica.org/research/map-the-meal-gap>

Mapping Medicare Disparities, 2023 Retrieved from <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities>

Maternal and Child Health Bureau (MCHB), 2016-2022. Retrieved from <https://www.mchb.hrsa.gov/>

Medicare Geographic Variation, 2023. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation>

National Center for Education Statistics (NCES), 2012-2017. Retrieved from <https://nces.ed.gov/>

National Provider Identifier Files (NPI), 2022, 2023, 2024, 2025. Retrieved from <https://npiregistry.cms.hhs.gov/>

National Vital Statistics System-Mortality (NVSS-M), 2019-2023. Retrieved from <https://www.cdc.gov/nchs/nvss/deaths.htm>

National Vital Statistics System-Nativity (NVSS-N), 2020-2022. Retrieved from <https://www.cdc.gov/nchs/nvss/births.htm>

NC Coalition to End Homelessness, 2025. Retrieved from <https://ncceh.org/data-research-publications>
County Health Rankings and Roadmaps. (n.d.-f). Lincoln, North Carolina.

Lincoln County Historical Association. (n.d.). *Brief history of Lincoln County*.
<https://lincolncountyhistory.com/brief-history-of-lincoln-county/>

North Carolina Department of Health and Human Services. (n.d.). North Carolina data portal.
<https://ncdataportal.org/>

Lincoln Economic Development Association. (n.d.). *Life*. <https://www.lincolnedea.org/life/>

North Carolina Division of Public Health. (2025). Community health assessment guidebook.

North Carolina Department of Health and Human Services.

North Carolina Division of Public Health. (2022). 2022 North Carolina state health improvement plan. North Carolina Department of Health and Human Services.