

2015

# Cleveland County Community Assessment



**March 2016**

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in collaboration with Alliance for Health in Cleveland County, Inc..

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## EXECUTIVE SUMMARY

The Cleveland County Public Health Center and its collaborating partners, CHS-Cleveland and CHS-Kings Mountain, as well as the Alliance for Health in Cleveland County, Inc. conducted a community health assessment for Cleveland County in 2015-16. The assessment was completed in accordance with guidelines issued by the Division of Public Health, North Carolina Department of Health and Human Services. Resource documents used for this assessment included the Community Assessment Guide Book and Healthy North Carolina 2020: A Better State of Health.

A Core Committee composed of stakeholders from community agencies, elected officials and community volunteers provided oversight for this assessment. The Core Committee developed a comprehensive survey instrument based on the 2011 survey and included questions on a variety of community issues, personal health issues, and participant demographics. Methodology for this assessment included primary data collection with a community survey distributed electronically and in hard copy format throughout the county as well as secondary data collected from local, regional, state and federal sources. 1004 individuals began the survey with 839 surveys actually completed and entered in the data base for analysis. This represents a return rate of 83%.

Core Committee members analyzed the data from the community survey as well as data gathered from the secondary sources. Data from the 2015 and 2016 County Health Rankings reports issued by the University of Wisconsin Population Health Institute was particularly valuable as it provided a comprehensive overview of health outcomes such as length of life and quality of life as well as health factors including health behaviors, clinical care, social and economic factors, and physical environment issues.

After careful analysis, Core Committee members selected the following priorities for action in 2016-18:

- Substance Abuse Prevention
- Mental Health
- Physical Activity and Nutrition
- Chronic Disease
- Sexually Transmitted Disease and Unintended Pregnancy

## CHAPTER 1: BACKGROUND AND INTRODUCTION

Cleveland County has traditionally planned for health and human service needs based upon data collected within the county and compared to regional and state data. The first comprehensive Needs Assessment was conducted by United Way of Cleveland County in 1985 using a survey mailed to county residents. Results from this survey were used by United Way leaders to develop a community planning process resulting in the development of new programs and services as well as expansion of existing programs to meet emerging needs. The process was successful and led to additional community-wide assessments conducted in 1989, 1993, 1999, 2002, 2007 and 2011 with collaborative community partners. These assessments have extended leadership reliance on data to make decisions on the allocation of resources for program support as well as development of responses to emerging issues.

The 2015 Community Assessment has been undertaken in response to requirements imposed upon the Cleveland County Public Health Center and its partners, the Alliance for Health in Cleveland County and the Carolinas HealthCare System, to conduct a community assessment on a regular basis to receive or maintain accreditation by state or federal agencies. A good community assessment allows leaders to answer four basic questions about their community: (1) "What are the strengths of our community?" (2) "What concerns do county residents have?" (3) "What are the emerging issues in our community?" and (4) "What other resources are needed to address these concerns?"

The 2015 assessment is the second conducted with a response to new regulations imposed upon healthcare facilities by the Affordable Care Act passed by Congress and signed into law by the President in March 2010 and the second to be conducted by the Cleveland County Health Department as a part of the agency re-accreditation process for 2012-13. The 2015 assessment was conducted following guidelines published by the Division of Public Health, North Carolina Department of Health and Human Services. Participants in the assessment process chose to use the survey developed for the 2011 assessment as the foundation for the 2015 survey as the 2011 survey was built upon a survey template provided in the Community Health Assessment Guide Book. Questions were included to measure emergency preparedness among residents as well as questions drawn from the Behavior Risk Factor Surveillance System in order to make specific comparisons to data presented in the annual report of County Health Rankings. Participants also chose to include questions to measure community perceptions about solid waste and animal control issues as well as issues affecting the environmental health of the county. Readers are cautioned to remember that survey responses are self-reported and reflect the perceptions of the respond-

ents. Those perceptions may be affected by the respondent's personal situation regarding education, employment, health, politics or faith issues. Survey data should be reviewed beside secondary data from local, state or federal sources in order to present a balanced picture of the issue or topic under consideration.

Oversight for the 2015 Community Assessment was provided by a Core Committee composed of individuals from across Cleveland County with expertise in survey development and data collection. These individuals represent major community stakeholders in Cleveland County. Additional participants came from the Cleveland County Board of Health and members of the Board of Directors of the Alliance for Health in Cleveland County.

Membership included:

Nancy Abasiekong, Cleveland County Office, NC Cooperative Extension Service  
Tammy Bass, Catalyst Coordinator for Cleveland County and Community Volunteer  
Margie Christopher, Executive Director, Children's Homes of Cleveland County  
Allison Clark, Cleveland County Department of Social Services  
Kim Clemmons, Health Coordinator, Cleveland County Head Start Program  
Debra Coates, Cleveland County Health Start Program  
Jessica Crawford, Coordinator for Safe Kids Coalition of Cleveland County  
Bob Davis, Executive Director, Transportation Administration of Cleveland County  
Henry Earle, Clerk to the Board of County Commissioners for Cleveland County  
Ronny Funderburke, Assistant Superintendent, Cleveland County Schools  
Johanna Gillespie, Executive Director, Child Care Connections of Cleveland County  
Katie Harris, Greater Cleveland County Baptist Association  
Anzie Horn, Director, Care Solutions  
Rebecca Johnson, Cleveland County Department of Social Services  
Deborah Jolly, Human Resources Director, City of Shelby.  
Chief Jeff Ledford, City of Shelby Police  
Alisa Leonard, Director of Nursing, Cleveland County Public Health Center  
Sam Lockridge, Health Services Coordinator responsible for Solid Waste and Animal Control Programs, Cleveland County Public Health Center  
Joe Lord, Director of Cleveland County Emergency Management Services  
Bill McCarter, Planning Director, Cleveland County  
Ron McCollum, Community Volunteer  
Nathan McNeilly, Director of Environmental Health Services, Cleveland County Public Health Center  
Rhett Melton, CEO, Partners Behavioral Health Management  
Katie Munger, Site Coordinator, Partners Behavioral Health Management  
DeShay Oliver, Coordinator of Health Services, Coordinator for Drug Free Communities and

Strategic Prevention Framework Grants, Cleveland County Public Health Center  
Linda Page, Coordinator, Faith and Community Nurse Program, CHS-Cleveland  
Paulette Putnam, Executive Director, Neal Senior Center/Council on Aging  
Rev. William Thompson, St. Peter Missionary Baptist Church and  
United Way of Cleveland County  
Donnie Thurman, Cleveland County Board of Education  
Julie Weathers, Foothills Farmers' Market and Community Volunteer  
Jackie Woody, Graduation Coach, Communities in Schools of Cleveland County  
Dorothea Wyant, Health Director, Cleveland County Public Health Center  
Sherry Yocum, Preparedness Coordinator, Cleveland County Public Health Center  
Support for the assessment process was provided by members of the Board of Health  
for Cleveland County serving in calendar years 2014, 2015 and 2016:

Michael Alexander, O.D.  
Gina Ayscue, R.N.  
Johnny Hutchins, County Commissioner  
Charles S. Hayek, M.D., Shelby Children's Clinic  
Kendalyn Lutz-Craver, D.D.S.  
Sherry Padgett, Public Citizen Member  
Jay Patel, M.D., Shelby Family Medicine  
James S. Pitts, P.Rh.  
Robert L. Miller\*, Public Citizen Member/Minority Health Council  
Steve Rackley, P.E.  
Dianne Sanders, R.N.  
Tom Spurling, Public Citizen Member  
Randall Sweeting, Public Citizen Member  
Theresa Taylor, D.V. M.

Additional oversight was provided by members of the Board of Directors for the Alliance for Health in Cleveland County, Inc., the county's certified Healthy Carolinians Partnership. Several of these individuals were active in Core Committee functions during the assessment process. These individuals served during calendar years 2014-15 and 2015-16:

Carolyn Barry, Community Volunteer, Shelby Rotary Club  
Alex Bell, CHS-Cleveland  
Jo Boggs\*, Cleveland County Board of Education  
Debbie Clapper\*, Network Director, Carolina Community Health Partnership  
Karen Creech\*, Partners Behavioral Health Management  
Karen Ellis\*, Director, Cleveland County Department of Social Services  
Edward Fritz, Duke Energy Corporation

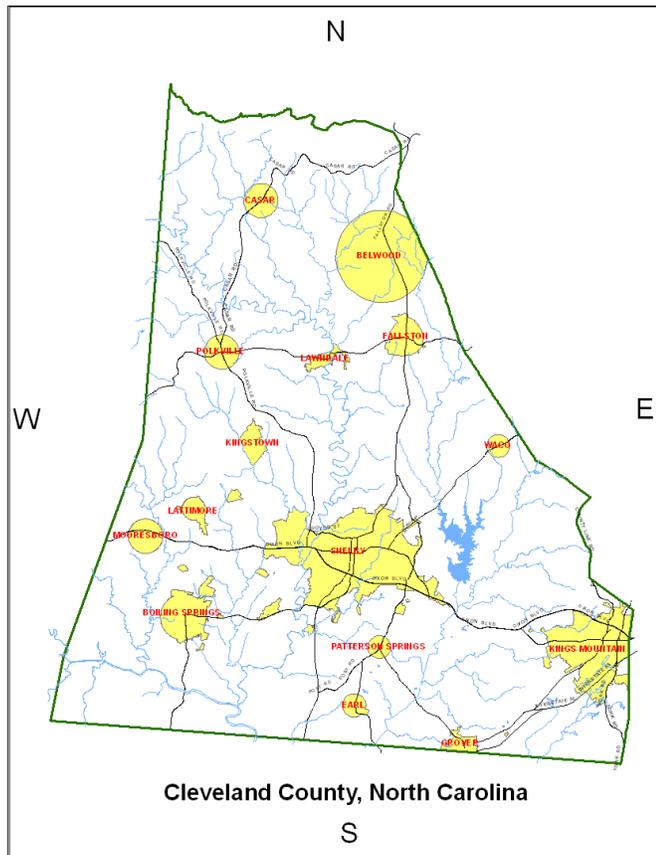
Daniel Geraghty, Duke Energy Training Facility, Kings Mountain  
Jan Harris\*, City of Kings Mountain  
Dr. Linda Hopper\*, Associate Superintendent, Cleveland County Schools  
William Hooker, CEO, United Way of Cleveland County  
Alan Norman, Sheriff of Cleveland County  
Stephanie Oliver, Kendrion, Inc.  
Jeff Ross, CHS-Cleveland  
Walter Scharer, Planning Director, City of Shelby  
Captain Joel Shores, Cleveland County Sheriff's Office, Juvenile Crime  
Prevention Council, Safe Kids Coalition  
Vickie Tessener, Cleveland County Chamber/Kendrion, Inc.  
Rev. Wade Wallace, Green Bethel Baptist Church, Minority Health Council

The asterisk \* indicates service on the Core Committee responsible for conducting the community assessment. Dorothea Wyant, Health Director for Cleveland County, serves as permanent member of the Board of Directors of the Alliance for Health and also served on the Core Committee for the assessment. Dotty Leatherwood serves as Chair of the Board of Directors for the Alliance for Health and also is a representative of CHS-Cleveland to the Board. Ms. Leatherwood also served on the Core Committee for the assessment.

Staff support for the 2015 assessment was provided by the Health Education/Health Promotion/CODAP Services unit of the Cleveland County Public Health Center: Katie Bryant, Dana Hamrick, Joyce King, Tyler McDaniel, Holly Wall and Susan Willis. Additional support specific to their grant areas was provided by Jamie Todd (Drug Free Communities Grant), Kanisha Whitworth and Aja Pass (Strategic Prevention Framework-Partnerships for Success Grant) and Tania Dixon (Adolescent Pregnancy Prevention Grant). These staff members reviewed questions, researched data and assisted in facilitating Core Committee meetings. Jordan Drake, a student intern from the School of Public Health, UNC-Chapel Hill, provided logistical support in data analysis of the results from the community survey.

## CHAPTER 2: COUNTY DESCRIPTION

Cleveland County, North Carolina lies on the southwestern border of the state approximately 42 miles west of Charlotte, 75 miles east of Asheville and within easy driving distance of the Spartanburg-Greenville, South Carolina corridor. The county covers 465 square miles and lies within easy access of four interstate highways: I-85 and I-77 running north and south as well as I-40 and I-26 running east and west. Shelby, the largest city with a population of 20,325 serves as the county seat and is also where most of the services for the county are concentrated. Kings Mountain is the second largest municipality with thirteen smaller municipalities a part of the county: the towns of Belwood, Boiling Springs, Casar, Earl, Fallston, Grover, Kingstown, Lawndale, Lattimore, Mooresboro, Patterson Springs, Polkville and Waco.



Cleveland County was formed in 1841 from the existing counties of Rutherford and Lincoln. Because of the role the area played in the Revolutionary War at the Battle of Kings Mountain, the county was named for a Revolutionary War hero, Colonel

Benjamin Cleveland. The Battle of Kings Mountain is celebrated with the drama "Liberty Mountain" written by Bob Inman and produced with a local cast each summer. The battleground area is a national park with the site lying between the City of Kings Mountain and South Carolina. The City of Shelby was named for Colonel Isaac Shelby and the major streets in the city carry the names of other Revolutionary War heroes – Lafayette, Marion, Warren, DeKalb, Sumter, Morgan and Graham. The former Cleveland County Court House is located in the central square of downtown Shelby and has been renovated as the Earl Scruggs Center: Music & Stories from the American South. The Scruggs Center serves as the center of the uptown business district and is complimented by a renovated art deco movie theater now home to the Don Gibson Theater. This 400 seat venue serves as an intimate concert hall for year round productions. Cleveland County is also home to the American Legion World Series annually in August featuring baseball teams from across the United States. This week-long event is staffed by numerous community volunteers and occurs in the renovated Keeter Baseball Stadium on the campus of Shelby High School. The county has also completed the construction of the LeGrand Center on the campus of Cleveland Community College to house a state-of-the-art convention/meeting venue as well as the Early College High School program. A new Public Health Center and Behavioral Health facility was completed in March 2016 creating a health and human services campus for easy access to public health, mental health/developmental disabilities/substance abuse services and the various programs of social services.

Cleveland County is located in the rolling Piedmont of southwestern North Carolina. Residents have easy access to two state parks – South Mountain and Crowder's Mountain – for hiking and climbing. Moss Lake is located between Shelby and Kings Mountain and has been a center of residential development since construction. The lake serves as the primary water source for Kings Mountain but also offers access for recreational boating and fishing. The City of Shelby draws its water supply from the First Broad River which has been the scene of recent development for a greenway. The town of Boiling Springs boasts the Broad River Greenway, also located on the First Broad River. Commercial and service facilities are concentrated in Shelby, Kings Mountain and Boiling Springs. Two hospitals in the county operate under the Carolinas HealthCare System – CHS-Cleveland in Shelby and CHS-Kings Mountain in Kings Mountain. There are two in-patient hospice facilities, one in Shelby and the other in Kings Mountain. The Life Enrichment Center provides adult day care services in both Shelby and Kings Mountain. The Dover Foundation Family YMCA boasts three facilities across the county – in Kings Mountain, in Shelby (Dover YMCA) and in Boiling Springs (Ruby Hunt YMCA). There is not a county-wide recreation department; however, both Shelby

and Kings Mountain have park systems that offer a variety of activities. Several of the smaller municipalities have established park areas for softball and baseball. Currently the City of Shelby is updating the master plan for recreational facilities.

Cleveland County's population reported in the 2010 census was 98,078 with 37,679 households represented, a change of only 1.9% when compared to the 2000 population count of 96,287. However, in the 2010-14 American Community Survey data, the county's population is 97,464 with 37,407 households. According to the North Carolina Department of Commerce, the county's population was projected to grow to 100,417 by 2015. The county's total population in 2015, based on information on the Charlotte Regional Partnership web site, is 99,073 representing 39,159 households. The county's median age in 2010 was 40.3 years and by 2015 is 41.7 years. Analysis of population data reveals that there have slight declines in the population age group of 0-14 years and 15-24 years and a slight increase in the 65 years + age group to 16.2% of the population. 55% of the 25-64 years age group is made up of individuals who are 45-64 years of age or the "baby boomers" who are moving toward retirement with the potential to substantially increase the demand for services in the coming years. Also significant to note is the fact that the population in the 15-24 age group has not significantly increased, an indication that more young people may be leaving the county after graduation from school/college to pursue opportunities elsewhere. Detailed information is found in Appendix I (Table 1, page 50).

The county's population continues to be 48% male and 52% female for all age groups as noted in the 2010-14 American Community Survey. The data changes with individuals 65 or older with the breakdown of 42.5% male and 57.5% female. There are 11,559 households in the county with one or more people 65 years of age or older.

Racially 98.6% of county residents identify as being on one race while 1.4% identify as belonging to two or more races. 76.1% identify as white or Caucasian, 20.8% as black or African-American, 1.7% as other and 1.4% as two or more races. The category "other includes American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander and some other race as identified by the individual. The comparison data is charted in Appendix I (Table 2, page 50). Individuals currently identifying themselves as Hispanic Latino of any race represent 3% of the total population or 2,924 individuals, rising from 2% in 2000 and 2.8% or 2,746 individuals in 2010 according to the United States Census Bureau.

A variance should be noted in the demographics of the county and the demographics of survey respondents. First, 54% of the 1,004 individuals who began the survey lived in the zip codes representing the City of Shelby. The city's population makes up only 20.5% of the county's total using the 2015 population estimate from the

Charlotte Regional Partnership as a base. 81.7% of the survey respondents fell into the 25-64 age category compared to the same age group making up only 51.5% of the population. 13.16% of survey respondents were 65 years of age or older compared to 16.2% of the total population of the county. 68.66% of individuals responding to the survey lived in households made up of one-two individuals while the 2010-14 American Community Survey indicated the average household size in the county to be 2.56 individuals and the average family size 3.16 individuals.

79.35% of survey respondents were female compared to 52% of the general population; 20.62% respondents identified as male compared to 48% of the general population. Finally, survey respondents reported themselves racially as 82.91% white/Caucasian and 14.35% Black/African-American, a significant variance from the demographics of the general population. Only 1.12% of survey respondents indicated that they were Hispanic/Latino in ethnicity.

These variances clearly indicate that additional work remains to be done in reaching the 18-24 years age group as well as individuals 65 years of age or older. While the 18-24 age group is more difficult to reach, these individuals represent the future workforce of the county and will have a significant impact on the county's ability to move forward economically. The aging population represents a demographic group who potentially will choose to work longer (by choice or from necessity), thus impacting the ability of younger people to find and retain living wage jobs and the ability of economic development officials to recruit new industries to the county. This demographic group also represents a population who will require additional health and human services specifically targeted to the needs of the aging population.

Further work is required to enhance outreach to the Black/African-American community as well as the Hispanic/Latino community in Cleveland County. To date, the primary mechanism to penetrate the Black/African-American community has been through the work of the Minority Health Council, established in 2004 to identify health priorities that disproportionately affect the Black/African-American population and to implement targeted programming to reduce identified disparities. To date, the Council has been successful in addressing heart disease and stroke, diabetes, teen pregnancy and sexually transmitted diseases. The Council will undergo a strategic planning process in 2016-17 to re-energize its members and identify specific strategies to engage a broader component of this population. Additional outreach has occurred through the Faith and Community Health Ministry sponsored by CHS-Cleveland by working with health promotion teams in the various faith communities across the county. The Hispanic/Latino population in Cleveland County is composed of individuals from various backgrounds: Mexican, Central American, South American, Puerto Rican and Cuban.



A more robust strategy is required to engage these specific population segments in conversations about health issues and to implement a more collaborative community process to reach these individuals. This outreach will be included in strategic planning targets for Cleveland County Public Health Center and the Alliance for Health in Cleveland County.

## CHAPTER 3 : HEALTH DATA COLLECTION PROCESS

Core Committee members began meeting monthly in September, 2014 to review the process and results of the 2011 assessment process. The 2011 assessment was conducted following guidelines published by the Office of Healthy Carolinians/Health Education, Division of Public Health, North Carolina Department of Health and Human Services. Participants in the assessment process deliberated at length in choosing the survey template provided in the Community Health Assessment guide book and compared the survey to those previously conducted in order to develop trends in survey responses. Additional questions were included to measure emergency preparedness among residents as well as questions drawn from the Behavior Risk Factor Surveillance System in order to make specific comparison to data presented in the annual report of County Health Rankings. For the 2015 assessment, members used the 2011 survey as a foundation for survey but added questions concerning solid waste programs, animal control programs, and specific environmental health issues. Committee members were reminded that survey responses are self-reported and reflected the perceptions of the respondents. Those perceptions may be affected by the respondent's personal situation regarding education, employment, health, politics or faith issues. Survey data should be reviewed beside secondary data from local, state or federal sources in order to present a balanced picture of the issue or topic under consideration.

Core committee members agreed to use both electronic and paper versions of the survey in order to penetrate multiple segments of the population in Cleveland County. Members agreed to use SurveyMonkey as the primary delivery channel for the electronic survey. SurveyMonkey was selected because of the reasonable cost, ease in formatting and ability to segment survey responses for selected populations and targeted questions. A timely response time to obtain the results was also a primary factor in this choice. In addition, committee members agreed to offer incentives to individuals who completed the survey. Gas cards in the amounts of \$250, \$200 and \$150 were selected as the incentives for this process and obtained from a local petroleum distributor. The incentives were available to individuals regardless of the format chosen for submission of a survey.

The electronic survey was posted on the web site for the Cleveland County Health Department, the Wiki site for employees of Cleveland County and the public web site for Cleveland County. Members of the Core Committee also facilitated distribution of the survey electronically to email distribution lists under their supervision. The electronic

survey was distributed to county commissioners, county department heads, members of the Board of Health, department heads and council members for the City of Shelby, members of the boards for the Alliance for Health, Cleveland County Partnership for Children, Child Care Connections, Cleveland County Chamber, Broad River Greenway, Historic Shelby Foundation, Historic Preservation Commission and the Kings Mountain Gateway Trail. Additional electronic copies were distributed to members of the Substance Abuse Prevention Coalition, the Eat Smart Move More Coalition of Cleveland County, the Minority Health Council, Safe Kids Coalition of Cleveland County, Management Team and ACCES (Accessing Cleveland County Elder Services).

Hard copies of the survey were distributed throughout the county at the following sites: Mauney Memorial Library, the Patrick Senior Center, Kings Mountain Hospital and the Kings Mountain YMCA in the city of Kings Mountain, the Ruby Hunt YMCA in Boiling Springs, the Spangler Memorial Library in Lawndale and multiple sites in the Shelby area consisting of the , Dover Foundation YMCA, Cleveland Memorial Library, CLECO Primary Care Clinic and the Neal Senior Center. Various sites offered interpreter services to Hispanic-Latino individuals who wished to complete the survey. Additional paper copies were delivered to the Head Start office for distribution to parents of children enrolled in that program as well as to members of the Cleveland County Chapter of the NAACP in order to reach into the African-American community. Paper copies of the survey included an instructional letter to potential respondents; copies of the paper surveys were returned directly to the Health Department or collected by staff members weekly at the designated distribution sites. Upon collection of the paper surveys, the answers were entered into the SurveyMonkey data base for inclusion in overall survey results. Staff members of the Health Education/Health Promotion/CODAP Services unit were responsible for the data entry. 1004 individuals began the survey with 839 surveys actually completed and entered in the data base for analysis. This represents a return rate of 83%.

A summary of survey results was presented to members of the Core Committee in March 2015 for review prior to engaging in setting priorities for addressing issues in the county. At that time secondary data regarding county demographics and other socioeconomic and educational information drawn from the 2015 County Health Rankings was presented for review prior to setting priorities. Committee members agreed to frame the priority-setting process using the 13 focus areas established for Healthy North Carolina 2020.

The following criteria were used to choose priority issues for Cleveland County:

Consider the magnitude of the problem – How widespread is it in the county? How many people are affected?

Consider the severity of the problem – how does it impact the health of the com-

munity?

Are there significant racial or geographic disparities associated with this problem?  
Has there been previous work done in this problem area? Consider the successes/  
barriers encountered locally.

Is there institutional commitment to address the problem?

Are there community organizations that could address the problem?

Are there multi-level and/or evidence-based interventions available to address the  
problem?

Members of the Core Committee each selected their top five priorities from among the 13 focus areas of NC Healthy People 2020 keeping in mind the previous work done in the county and the feasibility of successfully implementing at least one evidence-based strategy under each topic. The votes were tabulated and weighted (first priority given 5 points, fifth priority given 1 point, points added) with the following results in rank order with their scores:

Substance Abuse – 106

Mental Health - 81

Physical Activity and Nutrition – 71

Chronic Disease – 62

Sexually Transmitted Disease and Unintended Pregnancy - 40

Injury and Violence prevention – 30

Tobacco Use – 22

Social Determinants of Health – 11

Oral Health – 10

Infectious Disease and food-Borne Illness – 1

Maternal and Infant Health – No votes

Environmental Health – no votes

Cross-Cutting – no votes

Members agreed to submit community health action plans using evidence-based strategies for substance abuse prevention and sexually transmitted disease and unintended pregnancy to continue work on priorities selected previously. A third action plan will continue work on physical activity and nutrition which will also impact chronic disease in the county. A collaborative effort to address the issue of mental health through reduction of the suicide rate will be led by staff from Carolinas HealthCare System-Cleveland and Partners Behavioral Health-Managed Care Organization to implement two programs (Question-Persuade-Refer suicide prevention and Mental Health First Aid) throughout the county.

## CHAPTER 4: HEALTH DATA RESULTS

### Overview:

Data results presented in this chapter reflect a comparison of primary and secondary data from the 2011 and 2015 Community Health Assessments. A comparison of demographic information is found in Appendix 1 (Table 3, page 51) illustrating the following characteristics: location by zip code, age group clusters, gender, marital status, descriptions of race/ethnicity, employment status, access to a health care provider in Cleveland County, recipients of some form of public assistance in the past twelve months, primary transportation mode, educational attainment, length of time living in Cleveland County, total household income and access to the Internet at work or home. Almost 55% of respondents lived in the zip codes representing the City of Shelby while 18.6% lived in the Kings Mountain zip code. 66% of respondents were clustered in the 35-64 years of age bracket and 79.4% were female. Most were married and were employed while 19.5% had received some form of public assistance in the twelve months prior to the survey. These factors, along with information gleaned from the County Health Rankings published annually by the University of Wisconsin Population Health Institute since 2010, were considered in identifying health priorities from the 2015 survey. A comparison table of the rankings issued for Cleveland County in selected years is found in Appendix 1 (Table 4, pages 52-53).

Respondents to the 2015 survey were asked to describe their personal health status with the following responses: 15.38% as excellent, 39.66% as very good, 38.39% as good and 5.83% as poor or very poor. Among respondents in 2011 10.3% identified their health status as excellent, 37.6% as very good, 47% as good and 4.6% identifying as poor or very poor. The County Health Rankings released annually by the University of Wisconsin Population Health Institute show a gradual decrease in the indicator "poor or fair health" from 27% in 2010, the first year of the rankings, to a steady 19% in 2014, 2015 and 2016 for this category.

Specific questions regarding poor physical health days, poor mental health days, and the number of days when poor mental or physical health kept respondents from completing their usual activities were included in both the 2011 and 2015 surveys to identify this information specifically for Cleveland County. In 2011 60% of respondents indicated that their physical health was good in the past 30 days compared to 48.7% in 2015. 55.9% of 2011 respondents indicated that their mental health was good in the past 30 days compared to 57% in 2015. Finally, 13.2% of 2011 respondents indicated that their physical or mental did not keep them from completing their usual activities compared to 66.2% in 2015. Complete responses for these questions are found in Appendix 1 (Table 5, page 54). The County Health Rankings 2016 data indicate that residents of

Cleveland County reported an average of 4.1 poor physical health days and 3.9 poor mental health days. Additional indicators from the 2016 rankings identified 12% of county residents as having frequent physical distress (defined as the percentage of adults reporting more than 14 days of poor physical health per month) which is comparable to the statewide indicator of 12%. 12% of county residents also indicated frequent mental distress (defined as the percentage of adults reporting more than 14 days of poor mental health per month) compared to 11% statewide in North Carolina. Finally, 33% of county residents reported insufficient sleep (defined as the percentage of adults who report fewer than 7 hours of sleep on average) compared to 33% statewide; this factor is an indicator of additional stress among residents.

Further defining personal health status are the health conditions identified by health professionals for residents of the county. In the 2011 CHA survey the top responses included high blood pressure, high cholesterol, overweight/obesity, depression/anxiety, and arthritis. The responses were comparable in the 2015 CHA survey with the Type II diabetes included in the response. Additional responses which define general health issues in the county include the levels of physical activity among residents, nutrition issues such as making positive food choices, use of tobacco products, the use of alcohol, the use/misuse of prescription medications, flu vaccines, food-borne illnesses, drinking water sources and wastewater treatment pertinent to public health services offered through the Cleveland County Public Health Center. Specific data supporting these health issues are found in Appendix 1 (Table 6, page 55).

Cleveland County health resources include two hospitals affiliated with the Carolinas HealthCare System as well as a network of assisted living facilities, family care homes, rehabilitation programs and skilled nursing facilities. For-profit and not-for profit home health agencies are located in the county as are two facilities for adult day care. Care Solutions offers care management assistance for older adults and individuals eligible for CAP-DA services. The county is served by the Carolina Community Health Partnership, one of the Community Care of North Carolina networks. Additional information on health resources may be found in Appendix III (pages 84-87).

Barriers to health care include both real and perceived factors. Cleveland County covers 465 square miles of territory but has only a limited public transportation system provided by the Transportation Administration of Cleveland County (TACC). TACC offers Medicaid-approved transportation which must be scheduled with the appropriate agency in order to qualify for services. To schedule rides, individuals must call at least 48 hours in advance which may present a problem for the user of the services. TACC also runs a scheduled route in the county operating between 7:15 a.m. and 3:08 p.m. Monday through Friday with limited opportunities for route deviation which also carry an additional fee for the rider. All services are provided in vans which are wheelchair

accessible and equipped with an audio and video surveillance recording system. Taxi service is expensive and does not reach all parts of the county and many individuals who do not own personal vehicles find themselves dependent upon friends and relatives for transportation to healthcare appointments. This factor impacts compliance with scheduled appointments and access to services as do work schedules which do not allow time off for healthcare appointments.

Respondents in both the 2011 and 2015 CHA surveys indicated few problems in accessing health care needed for themselves or a family member: 83.8% in 2011 and 86.2% in 2015. Respondents in both years indicated difficulty in reaching both general practitioners and specialists for care. The reasons given for difficulty in getting appointments for care include no health insurance, inability to get an appointment, insurance not covering what was needed and deductibles/co-pays were excessive. The 2015 CHA survey also asked respondents if there had been a time in the previous twelve months when they did not take prescribed medications due to the cost and 13.24% replied yes. Limited assistance with prescription medications is available through the Greater Cleveland County Baptist Association and the Salvation Army as well as agencies such as Kings Mountain Crisis Ministry and the Mental Health Association of the South Mountains. Limited assistance in obtaining prescription medications through pharmaceutical programs is available through the Pharmacy at the Cleveland County Public Health Center for individuals meeting restrictive eligibility guidelines.

#### Mortality:

Five year cumulative data provides insight into changes in the health status of Cleveland County residents. Data for the 2009-2013 time frame indicates that for all ages, the leading cause of death in the county is diseases of the heart, followed by cancer, chronic lower respiratory diseases, cerebrovascular disease, Alzheimer's disease and other unintentional injuries. Examining data specific to age groups, for residents 0-19 years of age, the leading cause of death lies in conditions originating in the perinatal period, other unintentional injuries, birth defects, motor vehicle injuries and SIDS. Moving in the 20-39 years of age population, data indicates that motor vehicle injuries and other unintentional injuries tied for the leading cause of death, followed by cancer (all sites), suicide, diseases of the heart and homicide. Among residents in the 40-64 years of age population the leading cause of death is cancer (all sites), diseases of the heart, other unintentional injuries, and chronic liver disease. Cancer remains the leading cause of death among residents 65-84 years of age followed by diseases of the heart, chronic lower respiratory diseases and cerebrovascular disease. Finally, for residents 85 years of age and older, diseases of the heart is the leading cause of death followed by Alzheimer's disease, cancer and cerebrovascular disease.

Data for the 2010-2014 period reveals a match in the leading causes of death for all ages as shown for 2009-2013 with diseases of the heart and cancer leading again. Again for the age group 0-19 years of age perinatal conditions and other unintentional injuries lead as causes of death. However, during 2010-2014 other unintentional injuries is the leading cause of death for ages 20-39 with motor vehicle injuries coming in second and suicide falling to 5<sup>th</sup> place behind cancer and diseases of the heart. The increase in other unintentional injuries may be impacted by the increase in deaths from unintentional poisoning (overdoses). Data for the remaining age groups in 2010-2014 again matches data for the earlier time frame. Details of this data are found in Appendix I (Table 7, pages 56-58).

In reviewing this data, it is clear that other unintentional injuries has grown as a cause of death possibly due to accidents during early childhood and an increase in overdoses among the 20-39 and 40-64 year age groups as evidenced by increases in the rates per 100,000 population. The levels of physical activity and nutrition choices have impacted the rates of heart disease identified as 247.8 deaths/100,000 in 2009-2013 to a slight increase to 253.6 deaths/100,000 population in 2010-2014. The rates for cancer deaths rose from 237.3 deaths/100,000 population in 2009-2013 to 243.8 deaths/100,000 in 2010-2014 as did the rates for chronic lower respiratory from 65.7 deaths/100,000 in 2009-2013 to 66.1 deaths/100,000 in 2010-2014. The rates for death from cerebrovascular disease also rose from 61/100,000 in 2009-13 to 65.9/100,000 in 2010-2014. The aging population in the county may also account for the increases in these rates. Additional information for specific causes of death based on age-adjusted death rates comparing Cleveland County to North Carolina may be found in Appendix II: Figure 1 for cardiovascular disease, Figure 2 for heart disease, Figure 3 for stroke, Figure 4 for diabetes, Figure 5 for colorectal cancer, Figure 6 for trachea, bronchus & lung cancer, Figure 7 for unintentional motor vehicle injury, Figure 8 for unintentional injury, Figure 9 for homicide and Figure 10 for suicide (pages 68-71). Additional mortality data for specific cancers is found in Appendix II (Figures 13-17, pages 72-73).

Racial and ethnic disparities continue to exist among county residents. For the period 2010-2014, the death rate for all causes among white males is 1,134.3/100,000 compared to African-American males of 1,411.2/100,000. Comparable data for American Indian, other races and Hispanic males is based on fewer than 20 cases and therefore considered unstable. The death rate for all causes for white females in 2010-2014 is 834.5/100,000 compared to African-American females of 865.2/100,000. Significant disparities exist in data reflecting diseases of the heart, cerebrovascular disease, cancer, diabetes and nephritis, nephritic syndrome and nephrosis. Detailed information is found in Appendix I (Table 8, page 58). Anecdotal data indicates that the death rates

are higher among the African-American population often due to the delay in seeking diagnosis and treatment of chronic health conditions. This delay may be impacted by a reluctance to seek treatment (“the I don’t want to know” syndrome), the cost of diagnosis and treatment, the lack of access to care that may be real or perceived (the lack of specialty medical practices in the county or the lack of transportation or the inability to leave work for diagnosis and treatment), and the issue of insurance, especially for the uninsured or for those individuals who delay treatment because of high deductibles or co-payments in their insurance plans. The disparity between male and female death rates may be due to the reluctance of males to admit to health problems resulting in a reluctance to seek treatment. Females are more likely to be responsible for health care decisions for their families and consequently recognize and respond to health issues in a more timely manner.

Infant mortality is a concern in Cleveland County. Multiple factors influence this rate including onset of and compliance with prenatal care, pre-term deliveries, low birth-weight babies, age and health of the mother, insurance coverage for the mother and mothers who smoke during pregnancy. Infant mortality rates are normally presented with data compiled over a five-year span in order to accurately reflect trends for a specific county. For Cleveland County, there were 49 infant deaths from 2010-2014 resulting in an infant mortality rate of 9.0 per 1,000 live births. 23 of these deaths were white non-Hispanic infants at a rate of 6.3/1,000 and 25 were African-American non-Hispanic infants at a rate of 17.7/1000. There was only one Hispanic infant death during that period so a rate cannot accurately be calculated. Reviewing the 2014 North Carolina Infant Mortality Report showing final infant death rates per 1,000 live births for 2014 only, there were 3 white non-Hispanic infant deaths and 4 African-American non-Hispanic infant deaths for a total of 7 infant deaths. During that same year there were 1,055 births in the county with 741 white births, 251 African-American births, 49 Hispanic births and 14 births listed as other. The infant mortality rate for African-Americans for 2014 only was 15.9/1,000 compared to 4.0/1,000 for white births, a significant disparity. The overall infant mortality rate for 2014 only was 6.6/1000 live births. Additional information is presented in Appendix II (Figure 11, page 71).

Consequently, the Cleveland County Public Health Center applied for funding for a Maternal and Child Health Planning Grant to address infant mortality focusing on improving birth outcomes, reducing infant mortality and improving the health status of children ages 0 -5. A strategic action plan was developed with implementation to begin in July 2016 with a variety of strategies from training health care professionals as Certified Tobacco Treatment Specialists to continuing to expand access to long-acting reversible contraceptives to exploring the implementation of a “Centering program” for prenatal patients to encourage compliance with prenatal visits. CCPHS ad-

ministrators also chose to target funding for infant mortality reduction to support the Nurse-Family Partnership program housed at the Public Health Center which serves a maximum of 100 first-time, high-risk mothers and to support enhanced access to long-acting reversible contraceptives to patients in the Family Planning Clinic.

Finally, child mortality data shows 77 deaths among residents ages 0 – 17 from a population of 111,040 between 2010 and 2014 with a death rate of 69.3/100,000 population. This data is based on county of residence and was published in the 2015 County Health Data Book from the State Center for Health Statistics. Primary causes of death in this age group include motor vehicle injuries, other unintentional injuries and cancer-all sites. Additional information is presented in Appendix II (Figure 12, page 71).

#### Morbidity/Diseases:

An array of health issues confronts residents of Cleveland County based on the leading causes of death identified in the previous section. For all age groups, the leading cause of death is **diseases of the heart**. In the 2011 CHA, 37.3% of respondents reported having high blood pressure compared to 32.94% in the 2015 survey. 36.4% of 2011 survey respondents reported having high cholesterol while 32.07% reported this issue in 2015. Finally 5.4% of survey respondents reported having heart disease or angina in 2011 compared to 5.62% in 2015. Data comparing North Carolina to Cleveland County relating to cardiovascular disease, heart disease and stroke death rates may be found in Appendix II (Figures 1, 2, and 3, page 68). During 2010-2014 stroke was the fourth leading cause of death in Cleveland County in all age groups compared to being the third leading cause in 2009-2013. Diseases of the heart are identified as a health disparity between Caucasian and African-American males and females with African-American males showing a death rate of 325.5/100,000 compared to white, non-Hispanic males of 251.6/100,000. The Minority Health Council has worked closely with representatives of the American Heart Association through programming such as Search Your Heart and Power to End Stroke to address these disparities. Factors which may impact the prevalence of heart disease and stroke in the county include diet, lack of physical activity, stress and a lack of knowledge about signs and symptoms of heart disease and stroke.

**Cancer** – all sites – is the second leading cause of death in the county from 2010-2014 as it was in the 2009-2013 reporting period. 8.5% of respondents in the 2011 CHA reported have some form of cancer compared to 8.86% in the 2015 survey. Data produced by the North Carolina Central Cancer Registry provides incidence rates for 2008-2012 as well as 2009-2013 for colorectal cancer, cancer of the lungs and bronchus, female breast cancer and prostate cancer for Cleveland County showing increases in colorectal cancer and cancer of the lungs and bronchus. Detailed data is found in Appen-

dix I (Table 9, page 59). Graphs depicting age-adjusted female breast cancer incidence rates and age-adjusted prostate cancer rates for three five-year periods may be found in Appendix II (Figures 18 and 19, pages 73-74). More current information about incidence rates for all forms of cancer is found in Appendix II (Figures 20-24, pages 74-75 ). Projected rates for new cancer cases and deaths for 2015 are found in Appendix I (Table 10, page 59).

**Diabetes** is the 8<sup>th</sup> leading cause of death for all age groups in Cleveland County according to data provided for 2010-2014 from the NC State Center for Health Statistics. Information on diabetes death rates may be found in Appendix II (Figure 4, page 69). In 2011 9.6% of respondents to the CHA survey reported having diabetes compared to 9.61% in the 2015 survey. Data provided in the 2016 county health rankings indicated a prevalence of 11% of the population in Cleveland County aged 20 and above with diagnosed diabetes. The Cleveland County YMCA provides a Diabetes Prevention Program at various sites across the county including a number of worksites to make it easier for employees to participate in this program. According to information provided by the YMCA, North Carolina is ranked 13<sup>th</sup> highest nationally for adult diabetes prevalence. Residents in western North Carolina have a 12.6% higher risk of developing Type 2 diabetes than other regions in the state. In Cleveland County, 12.2% of the population has diabetes and another 36.7% qualify as having pre-diabetes defined as having blood glucose levels that are higher than normal but not high enough to be diagnosed as diabetes.

Leadership in addressing **communicable diseases** has been provided by the nursing staff at the Cleveland County Public Health Center. Data compiled and provided to the Board of Health for Cleveland County revealed one case of tuberculosis from 2012 – 2014 and that case was diagnosed in 2014. There were no deaths from influenza and the Cleveland County Public Health Center provided 100 pneumococcal vaccines and 3,436 influenza vaccines in 2014.

The county's ability to deal with communicable disease was tested in 2012 with an outbreak of E.coli at the Cleveland County Fair. Officials at the Cleveland County Public Health Center worked closely with staff from the NC Division of Public Health to determine the cause of the outbreak that killed one individual and sickened 105 others in October, 2012. 62% of the victims were younger than 18 years of age.

The outbreak ultimately was traced to the petting zoo at the Cleveland County Fair. However, the rainy weather also was a factor in spreading soil away from the petting zoo area which widened the bacteria's impact. Staff members from the Cleveland County Public Health Center joined staff from Gaston, Lincoln, Catawba and Rutherford counties in conducting 266 interviews with individuals who attended the fair fol-

lowing the outbreak. State health officials collected environmental samples from 47 sites at the fairground. Officials confirmed that two specific strains of *E. coli* in cases from the outbreak were matched to the samples. The assumption is that victims picked up the bacteria by touching the animals, then ingested the bacteria when they ate food at the fair.

Officials established a committee to study ways of preventing another such outbreak, modeled on the committee created after an outbreak at the State Fair in Raleigh. The Cleveland County Fair Working Group, under the chairmanship of Health Director Dorothea Wyant, began work in January 2013 in response to an outbreak of Shiga Toxin producing *E. coli* at the 2012 Cleveland County Fair. This outbreak resulted in a total of 106 cases, including 7 with HUS and one death. Epidemiologic analysis of the outbreak indicated that visiting the petting zoo was a significant risk factor in disease acquisition. Environmental analysis demonstrated soil contamination with the outbreak strain of *E. coli* and sites near and distant to animals intended for public contact. It is likely that acquisition of disease was associated with direct animal contact and contact with contaminated environments regardless of animal housing.

The Cleveland County Fair is a sanctioned agricultural fair and its animal contact exhibits were subject to inspections pursuant to Aedin's Law (NCGS 106-520.3A). In 2012 the animal contact exhibits were inspected and found to be in full compliance with the law. Control measures, including signage and hand-washing stations, were also in place in areas not required under Aedin's Law. Despite compliance this outbreak demonstrated that outbreaks may occur even when thorough control measures have been implemented. As a result of the outbreak and through investigation, the Cleveland County health Department initiated a comprehensive review of fair activities to further enhance health and safety at future editions of the Cleveland County Fair.

The Working Group made recommendations in three areas of fair operation: set up and separation of food vending and animal exhibits, hand washing, pedestrian traffic flow and signage, and traffic flow and run-off control. Health administrators, fair officials and representatives of state agencies worked together to implement the majority of these recommendations for the 2013 Cleveland County Fair. In addition, staff members from the Cleveland County Public Health Center instituted a "Sink Those Germs!" campaign with banners, brochures, and magnets to educate the community prior to and during the fair about the importance of good hand-washing techniques. Staff members manned two demonstration hand-washing stations using Glo-Germ materials to encourage fair-goers to use proper hand-washing techniques. Additionally, staff members manned an educational booth in the fair's main exhibit hall using a corn hole "Sink Those Germs!" game to attract attention to this issue.

The following year, in September, physicians in Cleveland County notified the Cleveland County Public Health Center about patients reporting with culture-confirmed infection with salmonella after attending the Sandy Plains Church Barbeque on September 7, 2013. A team of investigators at the local and state health departments began preliminary case interviews, case finding, survey design, laboratory testing and preparations for a case-control study. The barbecue is a large event that served an estimated 5,000 persons. It is a fund-raising event for the church and has been held for many years. In 2013 the event was open to the public who could purchase food either to consume on site or in a drive-through lane. A total of 104 cases met case definition for this outbreak. Ages of these cases ranged from 3 years to 85 years with a median age of 54.5 years. The majority of the cases were female (56/104). Most cases were residents of Rutherford County followed by Cleveland County. A total of 165 persons were enrolled in the case control study.

While it is clear that consuming food or beverages during the barbeque caused illness among 104 reported cases, the investigation did not identify one particular food or beverage exposure that would explain the outbreak. It is possible that cross contamination may be the reason that buns had an association with illness. Recommendations from this outbreak include:

1. Organizations that are exempt from environmental health inspections according to NCGS 130A-250 should partner with local environmental health specialists to receive recommendations and guidance regarding safe food handling practices for their specific events.
2. Children should not participate in food handling, especially without gloves. If children are involved in food handling they should be under adult supervision at all times to ensure safe food handling practices are being implemented.
3. Plan a safe food menu bearing in mind special handling and cooking requirements for meats, eggs, and raw fruits and vegetables.
4. Acquire food from approved sources and do not serve food prepared in home kitchens
5. Volunteers may not be familiar with safe food handling practices and should be made aware of the five fundamentals of safe food handling.

The most recent data concerning **injuries** in Cleveland County posted from the Office of the Chief Medical Examiner for North Carolina reflects a reporting period from 2003-2007 and reflects non-motor vehicle unintentional injuries. In Cleveland County there were 4 deaths due to drowning, 49 as a result of falls, 2 due to fires, 39 as a result of poisonings and 88 deaths in the "other" category. Additional data reveals the age-adjusted unintentional motor vehicle injury death rates and age-adjusted unintentional injury death rates excluding motor vehicles in Appendix II (Figures 7 and 8, page

70). According to data from the 2016 county health rankings there were 119 deaths from motor vehicle crashes in Cleveland County from 2007-2013 and 46 drug overdose deaths in the county from 2012-2014 for a rate of 16/100,000 residents during that period. Additional data on unintentional medication and drug overdose deaths, hospitalizations and emergency department visits is found in Appendix I (Tables 11-16, pages 59-61).

**Obesity** is an identified health issue in the county and affects mortality and morbidity numbers and rates for many chronic diseases. 38.5% of respondents in the 2011 CHA survey indicated that a health professional had spoken to them about overweight/obesity issues compared to 37.69% of respondents in the 2015 CHA survey. Data from the 2015 county health rankings identified adult obesity as a major health behavior in the county ranging from 32% in 2011, 2012 and 2013 then dropping to 30% in 2014 and 29% in 2015. According to the 2013 Behavior Risk Factor Surveillance Study analyzed by the State Center for Health Statistics in 2015, Cleveland County shows a range of 51.8%-64.3% prevalence for overweight and obesity. Physical activity levels and food choices are major factors in the prevalence of overweight and obesity in the county and thus are targets for prevention programming by healthcare providers. Data revealing county, state and national trends is found in Appendix II (Figure 25, page 76).

According to the 2011 CHA survey there were 33 **dentists** and 65 dental hygienists practicing in Cleveland County. Information about the number of dentists in the county is found in Appendix II (Figure 26, page 76). No specific questions were asked in that survey about oral health issues. In the 2015 CHA survey 76.89% of respondents reported that they saw a dentist regularly. 66.6% stated that they saw a dentist every six months for routine cleaning and exams while 10.19% stated that they went at least once a year for these services. 15.77% of survey respondents stated that they did not go to the dentist for a variety of reasons – don't like going to the dentist, had a bad experience with a dentist, didn't have transportation, or didn't know where to find one. 19.39% of respondents stated that they had no dental insurance and 47.88% stated that they could not afford to go to a dentist. Medicaid levels of reimbursement for adult dental services are frequently cited by dentists as the reason for limiting the number of adult Medicaid recipients in their practices. There are no free/reduced cost dental clinics in the county and county residents who have no insurance and no way to pay wait for large dental clinic projects like those in Mecklenburg County to receive services. Anecdotal evidence from staff members at the Greater Cleveland County Baptist Association report that arranging dental care for uninsured individuals is one of the top requests for this service agency.

The Dental Clinic at the Cleveland County Public Health Center sees only children ages 0-20 who have Medicaid, private insurance or pay on a sliding fee scale and prenatal

patients who have Medicaid. According to data from the North Carolina Department of Health and Human Services, Division of Medical Assistance provided in 2012, there were 1,422 children Medicaid eligible who received dental services in Cleveland County in 2007. The numbers rose in subsequent years: 1,760 in 2008, 2,043 in 2009, 2,103 in 2010 and 2,040 in 2011. A public health hygienist provides limited services to students enrolled in Cleveland County Schools offering sealant projects periodically throughout the school year. The dental hygienist employed at the Cleveland County Public Health Center also collaborates on these dental sealant projects.

**Sexually transmitted diseases** remain a health issue in Cleveland County and an identified health disparity between the white and African-American populations. Data from 2012, 2013 and 2014 related to Chlamydia and Gonorrhea is presented in Appendix I (Table 17, page 61). When reviewing this data, two major concerns are identified. First, the bulk of the cases for both of these STDs occurs in the 20-29 year age group, probably the most difficult age group to reach with prevention and education programming. Second, a higher percentage of the total cases in all three years occur in the African-American population with the exception of Chlamydia in 2014. While the percentages in the African-American population has been reduced from a high in 2010, there is still work to be done. Accordingly, the Minority Health Council has adopted this issue as a focal point in 2015-16 and has developed a rack card for distribution at various sites in the African-American community – churches, civic groups, hairdressers and barbershops, coin laundries, and neighborhood stores and playgrounds. To date over 1,500 cards have been distributed to promote STD prevention and education programs and information sources. A chart identifying trends in sexually transmitted diseases is found in Appendix II (Figure 27, page 76). There were 3 cases of Syphilis in 2012, 1 case in 2013 and 2 cases in 2014. HIV cases are reported by year of diagnosis: 12 cases in 2012, 10 cases in 2013 and 7 cases in 2014. According to information published in the 2016 County Health Rankings, in 2012 there were 188 cases of HIV in the county defined as the number of persons living with a diagnosis of human immunodeficiency virus infection leading to a prevalence rate of 230/100,000 population.

**Asthma** is one of the most prevalent respiratory diseases found in the county. Charts are found in Appendix II (Figures 28 and 29, page 77) which track inpatient hospitalization rates for Asthma per 100,000 residents for all ages and for ages 0-14. According to the State Center for Health Statistics using provisional hospital discharge data, there were 95 hospitalizations for Cleveland County residents for asthma in 2014 resulting in a rate of 97.9/100,000 population. 26 of these hospitalizations were for children ages 0-14 resulting in a rate of 146.9/100,000 population. Total charges for these hospitalizations were \$1,270,819 with an average charge per case of \$13,377. The Cleveland

County Asthma Coalition provides education for the community to reduce the burden of asthma. Coalition members have trained all school nurses in asthma education and provided nebulizers for each of the county schools to use on an emergency basis. The coalition also offers an asthma flag program to schools, churches, day care centers and human service agencies to notify the community about air quality. Green, yellow, orange and red flags are provided for display for parents, students and staff.

**Maternity care** in Cleveland County is provided primarily by the Prenatal Clinic at the Cleveland County Public Health Center and Shelby Women's Care which is owned by Carolinas HealthCare System. Between 2010 and 2014 there were 5,417 births in the county with 3,663 identified as white, 1,416 identified as African-American, 270 identified as Hispanic and 69 identified as other. The live birth rate for the county for 2010-2014 was 11.1/1,000. Of these births, 102 were very low birth weight ( $\leq 1500$  grams) and 524 were considered low birth weight ( $\leq 2500$  grams). Based on race and ethnicity, there were 54 white babies identified as very low birth weight and 285 as low birth weight. 43 African-American babies were identified as very low birth weight and 211 as low birth weight. 3 Hispanic babies were identified as very low birth weight and 19 as low birth weight and 2 "other" babies were very low birth weight and 9 as low birth weight. From 2011-2014 980 mothers or 22.8% of all mothers during this period smoked during their pregnancy. The abortion rate for 2011-2013 was 6.3 for legally induced abortions per 1,000 females ages 15-44. All of this data was provided by the State Center for Health Statistics reported in the North Carolina Health Statistics Pocket Guide (July 2015). Another critical factor in supporting healthy pregnancies in the county is the percentage of mothers who were on Medicaid: 60.6% in 2008, 64.5% in 2009, 67.3% in 2010, 73.1% in 2011 and 73.1% in 2012 for a combined average of 67.4% for 2008-2012. It is important to note that more mothers qualified for Medicaid due to the constrained economy in the county. The WIC program also supports mothers during their pregnancies with the following data showing 55.6% of all mothers received WIC benefits during 2008, 60.1% in 2009, 62.4% in 2010, 62.5% in 2011 and 64.0% in 2012 for a combined average of 60.8% for 2008-2012. Again, the number of mothers receiving WIC benefits reflects the economy in the county. This data is from the 2015 County Health Data Book for Cleveland County published by the NC State Center for Health Statistics.

Risk factors have been identified for mothers in Cleveland County in the 2016 County Health Data Book from the NC State Center for Health Statistics. There were 1,055 births in the county during 2014 with 741 white non-Hispanic, 251 African-American, 49 Hispanic and 14 "other, non-Hispanic births. 83 births were low birth weight babies ( $\leq 2500$  grams) and 18 were very low birth weight ( $\leq 1500$  grams). 40 babies were born to mothers under 18, 915 to mothers between 18 and 34 years of age and 100 ba-

bies to mothers 35 years of age or older. 528 babies were born to married mothers and 527 were born to unmarried mothers. 229 mothers smoked during pregnancy and 824 did not smoke. 726 mothers began their prenatal care during the first trimester, 269 during the second trimester, and 44 during the third trimester. 13 mothers during 2014 did not receive any prenatal care. Additional information on live births, very low birthweight, premature births and Cesarean deliveries may be found in Appendix II (Figures 30-33, pages 77-78).

among females ages 15-19 was identified as a health priority in the 2011 CHA due to Cleveland County having consistently higher rates than North Carolina as a whole. In 2007 the Cleveland County rate was 71.8/1000 females ages 15-19 with the rate for African-American females being 108.9. The rates dropped only slightly in 2008 with the rate for all teen births reported as 64.6/1000 and the African-American rate showing as 103.8/1000. With the passage of the Healthy Youth Act requiring comprehensive reproductive health and safety education for 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grade students in health classes, the health education unit collaborated with administrators from Cleveland County Schools to select and implement evidence-based curriculum addressing reproductive health. The curriculum chosen for 7<sup>th</sup> and 8<sup>th</sup> grade students was "Draw the Line, Respect the Line" and for 9<sup>th</sup> grade students was "Making Proud Choices." Health educators trained CCS health and physical education instructors in the use of the materials and provided the class on STDs and FDA-approved contraceptives required for 9<sup>th</sup> grade students. In 2015 the Cleveland County Public Health Center was awarded an Adolescent Pregnancy Prevention Grant by the Teen Pregnancy Prevention Initiative of the Division of Public Health. This grant funded a staff position to coordinate the delivery of the Smart Girls Life Skills program to 8<sup>th</sup> grade female students and the Wise Guys male responsibility program to 9<sup>th</sup> grade males. In 2015-16, the programs were piloted at two middle schools serving 98 girls and at two high schools serving 86 boys. Students were also served at the alternative school Turning Point Academy. In the 2016-17 school year the program will serve students at all four middle schools, all four high schools and the alternative school. It is important to note that participation in the programs is voluntary but administrators at Kings Mountain Middle School have chosen to implement Smart Girls for all 8<sup>th</sup> grade students through the regular health classes.

Members of the Minority Health Council chose to focus the 2010 Minority Health Conference on the issue of teen pregnancy as an issue to be addressed by the whole community regardless of race. Gradually the teen pregnancy rate for all births began to decrease – the rate for 2010 for all teen pregnancies was 56.2/1000 and for African-American teen births was 88.2/1000. Data reported for 2014 showed more decreases with the rate for all teen births shown as 43.8/1000 and for African-American births

63.8/1000. Trend data for teen pregnancies for three five year periods and trend data for repeat pregnancies are illustrated in Appendix II (Figures 34-35, page 79). Additional data comparing Cleveland County to North Carolina teen pregnancy numbers and rates is shown in Appendix 1 (Table 18, page 62).

#### Mental Health:

Mental health/developmental disability/substance abuse services in the county are provided primarily through providers contracted to Partners Behavior Health Managed Care Organization, an eight county program serving Cleveland, Lincoln, Gaston, Catawba, Burke, Iredell, Yadkin and Surry counties. Partners BHM is responsible for a population base of 906,479 individuals in this eight-county area with 140,767 individuals ages 3 and above who are eligible to receive Medicaid-funded services. Services in the county are centered in the Ollie Harris Behavioral Health Center co-located on the campus of the Cleveland County Public Health Center. This hub offers a location for a range of mental health and substance abuse services, including crisis assistance services. Advocacy for mental health issues is provided by the Mental Health Association of the South Mountains which provides prescription assistance, housing assistance and support group facilitation. Resources for MH/DD/SA services may be found in Appendix III (Resource Book for Cleveland County, pages 84-87).

28.7% of the respondents in the 2011 CHA survey reported suffering from depression/anxiety compared to 27.11% in the 2015 survey. When asked if stress, depression and problems with emotions affected the respondent's overall mental health, 55.9% of the 2011 respondents reported they were not affected compared to 57% in the 2015 survey. 26.9% reported that such problems affected them between 1 and 4 days during a 30-day period compared to 23.3% answering the same in the 2015 survey. Data from the county health rankings indicates that Cleveland County residents reported having 3.9 poor mental health days in the preceding 30 days, an improvement from the 5.0 poor mental health days reported in 2014 and 2015 rankings.

Because suicide was the fourth leading cause of injury death in North Carolina and was among the top five leading causes of death for North Carolinians aged 10 years or older, the 2015 CHA survey included a question on suicide asking respondents if they had thoughts of suicide in the past 30 days with only 1.65% responding yes, 1.52% reporting suicidal thoughts in the past 6 months and 7.94% reporting such thoughts in the past year. 88.9% of survey respondents indicated that they had never had thoughts of suicide. For the period 2008-2012 there were 88 deaths attributed to suicide in Cleveland County for a rate of 18.0/100,000 population. During 2010-2014 in the county, suicide was the 9<sup>th</sup> leading cause of death among residents ages 0-19, the 4<sup>th</sup> leading cause of death among residents 20-39 and the 8<sup>th</sup> leading cause of death

for residents ages 40-64. Mental health, specifically suicide, is a designated health priority to be addressed in the 2015-18 period through collaborations with Partners BHM and CHS-Cleveland to offer the suicide prevention program “Question, Persuade, Refer” (QPR) and Mental Health First Aid for both adults and children. Trend data for suicide rates may be found in Appendix II (Figure 10, page 71).

Substance abuse issues will be addressed under the Social Determinants of Health section on individual behaviors.

#### Health Care:

Cleveland County is fortunate to have good healthcare facilities located in the county. There are two hospitals, both owned by Carolinas HealthCare System: CHS-Cleveland, a 241-bed hospital with a level III Trauma Center located in Shelby and CHS-Kings Mountain, a 67-bed facility with a broad range of services from 24/7 emergency services and heart care to behavioral health and rehabilitation. This affiliation affords residents access to specialty medical care through the larger CHS system, especially at the hospitals and practices in Charlotte, NC. CHS also owns Cleveland Pines Nursing Center, Healthy@Home home health agency and Hospice/Palliative Care of Cleveland County. The Cleveland County Public Health Center is a full service local health department providing the ten essential services of public health as well as specialty clinics for diabetes, eye care, and child health. CCPHC also provides oversight for the county's solid waste program and animal control services. There are two adult day care facilities – Life Enrichment Center in Shelby and Life Enrichment Center in Kings Mountain – which provide programming for older adults as well as adults with physical and mental disabilities. Care Solutions, affiliated with CHS-Cleveland, provides care management services for older adults and individuals eligible for the CAP-DA program. There are three CLECO primary care network clinics in Shelby, Kings Mountain and upper Cleveland County (Fallston). The Carolina Community Care Partnership, part of the Community Care of North Carolina network, is housed at the Cleveland County Public Health Center and serves recipients of Medicaid in Cleveland and Rutherford counties.

Early trend data on the number of primary care physicians per 10,000 population is found in Appendix II (Figure 36, page 79). According to the Cecil B. Sheps Center for Health Services Research, 2012 North Carolina Health Professionals Data System, there were 1,416 persons per primary care physician in the county, 2,714 persons per dentist, 94 persons per registered nurse, and 48,851 persons per psychologist in the county. Data published in the 2015 county health rankings indicated that there were 1,989 persons per primary care physicians; the ratio for 2016 is 1,980 persons per primary care physicians. The ratio of persons to other primary care providers (defined as providers

other than physicians) in the 2016 county health rankings is 1,367 persons per provider. An issue to be addressed identified in both the 2011 CHA and 2015 CHA surveys is the need for additional specialty care. Inclusion of the county's hospitals into the Carolinas HealthCare System potentially will impact the resolution of this issues. Finally, information based on provisional hospital discharge data (excluding newborns and discharges from out of state hospitals) for 2014 indicates that Cleveland County residents were hospitalized for 11,021 cases with a total cost of charges at \$416,618,503. The average charge per case was \$37,802 according to data provided in the 2016 North Carolina County Health Data Book.

Participants in both the 2011 and 2015 CHA surveys were asked to identify their primary health insurance plan defined as the plan paying the medical bills first or most of the medical bills for preventive care and acute care. The 2011 survey responses revealed that 38.6% of respondents indicated coverage by Blue Cross/Blue Shield of North Carolina, 22.3% had private health insurance coverage from employers, 1.5% had coverage purchased directly from health insurance companies, 14.4% had coverage from the State Employees Health Plan, 8.0% covered by Medicare, 3.9% covered by Medicaid and 6.5% were uninsured. Data from the 2015 respondents indicates that 47.86% had private health insurance through employers, 21.17% from the State Employee Health Plan, 10.25% from Medicare, 6.19% from Medicaid and 4.73% purchased directly from a health insurance company. Data from the State Center for Health Statistics published in the North Carolina Health Statistics Pocket Guide 2015 indicated that 29.7% of the population of Cleveland County were enrolled in Medicaid at a per capita expenditure of \$1,723. The Cleveland County Department of Social Services in their annual report for FY 2014-15 certified or recertified 21,006 individuals for Medicaid compared to 22,443 individuals in 2013-14.

Data on the percentage of uninsured adults under age 65 in the county is reported in the annual county health rankings. The percentage rose from 13% in 2010 to 19% in 2012. Data released in the 2016 rankings, based on information from 2013, identifies 12,001 individuals or 21% of the adult population under 65 as uninsured and 1,202 children under 19 or 5% of that population group as uninsured. The 21% uninsured figure is echoed in information from the 2010-14 American Community Survey produced by the United States Census Bureau which shows 21.2% of the population 18 to 64 years of age as uninsured. Trend data illustrating the percentage of uninsured individuals in Cleveland County may be found in Appendix II (Figure 37, page 80).

Lack of insurance coverage remains a barrier to the provision of health care in the county. A second barrier is the high deductible limit found in many employer-provided plans or the rising co-payments for services. Accessing insurance coverage

through the Affordable Care Act for many individuals has been a complicated process even when assistance has been provided by agencies such as the Cleveland County Public Health Center in the county. Work remains to be done in educating the public about their options under the ACA and potentially may be impacted by pending political decisions in 2016.

#### Social Determinants of Health:

An array of educational opportunities is available to residents of Cleveland County. Because educational status affects an individual's ability to understand and manage their personal health care, it is one of the important determinants of health. Cleveland County Schools, the 23<sup>rd</sup> largest district in the state, serves over 15,036 students in the 2015-16 academic year. There are 16 elementary schools, four middle schools, and four high schools in the county. A school for students with special needs, an alternative schools for students dealing with behavioral issues and an Early College High School housed on the campus on Cleveland Community College are also available for students. There is one charter school in the county, Pinnacle Classical Academy, and several private schools that are primarily church-supported. School-based health centers are available at the four middle and four high schools and are funded collaboratively by the Cleveland County Public Health Center, Cleveland County Schools and CHS-Cleveland. Certified school nurses are provided by CCPHC at the elementary, specialty and alternative school sites. In 2015 46.8% of high school graduates in the county took the SAT with an average score of 1,393 based on the 2400 SAT scale. There were 132 dropouts for a rate of 2.69 in 2013-14 and 116 dropouts for a rate of 2.35 in 2014-15 according to data from the NC Department of Public Instruction annual report for 2014-15. During 2014-15 there were 3,089 short-term suspensions of ten days or less, 22 long-term suspensions and no expulsions again according to NCDPI data. It is important to note that many of the students enrolled in Cleveland County Schools are eligible for free or reduced lunch during the school day. During the academic year 2010-11 reported in the 2011 CHA, 9,153 students or 58.6% of the total student enrollment received free or reduced lunch. In 2012-13 with a total school enrollment of 15,329, 63.77% of students were eligible for this serve. In 2013-14, 66.46% were eligible for free or reduced lunch and in 2014-15, 66.97% of students were receiving this benefit. This data is from the North Carolina Department of Public Instruction in 2013, 2014, 2015 and 2016.

Two institutions of higher learning serve the county. Cleveland Community College was founded in 1965 and is part of the nationally recognized North Carolina Community College system. The institution serves over 10,000 students annually in curriculum and continuing education programs. The college partners with industry in the county to

provide focused training programs to certify employees with the technical skills required to fill positions. The college also certifies students with transfer-eligible credits to move into four-year institutions across the state. The college also provides training in law enforcement and fire training to professionals and volunteers charged with public safety responsibilities. Gardner-Webb University is an established Christian University located in Boiling Springs, NC. The university offers associate, bachelor, master and doctoral degrees in a variety of areas as well as certificate courses for non-degree seeking individuals. Finally, Ambassador Bible College delivers a specialized curriculum for persons seeking divinity training.

There are 69 licensed and regulated child care facilities in the county serving 2,051 preschool children and offering after-school care as well. Child Care Connections serves as the resource and referral agency for the county providing referrals to child care facilities, training opportunities for staff and quality enhancement supports for interested facilities. In 2011 the Cleveland County Department of Social Services certified 906 for subsidized child care. By 2013-14 the figure had dropped to 664 children at a cost of \$2,822,480 compared to 695 children in 2014-15 at a cost of \$3,014,908. Pre-school children are also served in Head Start and NC Pre-K classrooms throughout the county; these classes are located both in public school settings and private child care facilities. The Cleveland County Partnership for Children implemented an Early Head Start Program in fall, 2015 serving children birth to age 3; these classrooms are located in current child care facilities.

Educational attainment in the county shows improvement since the 2011 CHA survey based on data from the 2010-14 American Community Survey. For example, in the 2011 survey 7.3% of the adult population over 25 had less than a 9<sup>th</sup> grade education while in the 2015 survey data shows the same indicator represents 6.2% of the total population. The percentages of the population showing associate's degrees, bachelor's degrees and graduate or professional degrees have increased since the 2011 CHA. Detailed information about education attainment may be found in Appendix I, (Table 19, Page 63).

The composition of families in the county affects the personal health status of family members. There are 37,407 households in the county according to the 2012-14 American Community Survey with 66.8% of those households having children and 33.2% of nonfamily households. 29.2% of all householders live alone and 13.0% are 65 years of age or older. 2,442 grandparents are living with their own grandchildren under 18 years of age. Because of this factor, a Broad River Grandparents Raising Grandchildren Support Group was established by collaborating county agencies to support the grandparents in this process. The support groups meets monthly and offers educational pro-

gramming and facilitated support for participants.

The Cleveland County Department of Social Services works to maintain family units whenever possible and to make referrals to an array of family support services in the community. In 2010-11 the department investigated 1,381 reports of child maltreatment or neglect and substantiated 219 of those reports. In the same time period they investigated 151 reports of elder adult maltreatment or neglect and substantiated 59 of these reports. There were 224 children in the Department of Social Services custody at that time. In contrast, in 2013-14 DSS employees investigated and assessment 1,498 reports of child maltreatment or neglect involving 3,376 children and were ordered to take custody of 107 children by the court system. DSS served a monthly average of 208 children during the 2013-14 fiscal year. During 2014-15, DSS staff investigated or assessed 1,461 reports of child maltreatment or abuse involving 3,080 children and took custody of 86 children. During this year an average of 157 children were in foster care in the county. During 2013-14 136 reports of abuse, neglect and exploitation of disabled adults were investigated and 139 reports were investigated in 2014-15. A detailed chart of DSS financial assistance to families in Cleveland County is found in Appendix I, (Table 20, page 63).

In the 2011 CHA survey, 61.7% of respondents indicated that Cleveland County was generally considered a good place to raise children, 58.4% stated it was a good place to grow old and 71% agreed that it was a good place to live. Similar questions were not included in the 2015 CHA survey based on the decision of the Core Committee to eliminate "quality of life" questions. Data from the North Carolina Department of Public Safety suggests that this continues to be true based on the crime index rate figured per 100,000 population. The index rate for violent crime in 2010 was 248.8/100,000, dropping to 180.0/100,000 in 2011. The violent crime index rate in 2012 was 241.5/100,000 and was 212.8/100,000 in 2014. The index rate for property crime was 3,113.2/100,00 in 2010, 2,870.2/100,000 in 2011, 2,729.3 in 2012 and 1,935.1 in 2014. Property crimes continue to be an emphasis of all law enforcement agencies in the county because of the link between property crimes and substance abuse. Trend data for age-adjusted homicide rates per 100,000 residents for three five year periods are included in Appendix II (Figure 9, page 70). Trend data for violent crime is also found in Appendix II (Figure 38, page 80).

Housing choices also affect health status, especially for individuals who rent rather than own. There are 43,303 housing units in the county with 86.4% of them being owner occupied. 54.5% of the housing units in the county were built in 1970 or earlier. There are 5.4 median rooms in each housing unit. For owner-occupied housing units with a mortgage, the media payment is \$1,023 per month. 43.7% of the households with a mortgage payment representing less than 20% of monthly household income.

For individuals who rent, the median rental payment is \$544 per month; for these households, 48.1% have rental payments representing 35% or more of their monthly household income. Consequently crisis assistance for housing is critical in the county and most often provided by the Greater Cleveland County Baptist Association, the Salvation Army and the Kings Mountain Crisis Ministry.

Until the 1960s the county's economy was based on agriculture. Wheat, sweet potatoes and oats were all grown in the area but cotton was king. During the height of cotton production there were 25 textile plants located in the county. By 1960 there were also more than 400 dairy farmers. While agriculture continues to be an important part of the county's economy today, manufacturing and distribution play major roles. Electric motors, glass fiber, transmissions, truck cabs, aerospace and motor vehicle parts, production equipment and specialized textiles are manufactured at local operations.

Major employers in the county today (non-governmental and retail) include CHS-Cleveland, Hanes Brands, Inc., PPG Industries, Inc. and Baldor Electric Company. Cleveland County boasts an active Economic Development Partnership which works to promote the county through its location, a skilled labor force, excellent school-business partnerships, support services and a lower cost of doing business. In the last five years, there were announcements of new industry committed to Cleveland County that established 1,863 new jobs and capital investments of \$1,896,879,500. In the last ten years new industry established 3,948 new jobs and capital investments of \$5,498,952,500. The county has collaboratively developed multiple business parks throughout the county including the Foothills Commerce Center, the Washburn Switch Business Park and the Kings Mountain Business Park. Clearwater Paper Corporation, Greenheck Fan Corporation and KSM Castings are among the new industries in the county. This data was reported by the Cleveland County Economic Development Partnership on its web site in 2016.

Unemployment figures for the county mirror the economic changes faced by many localities in the 21<sup>st</sup> century. Unemployment averaged 5% in the 1990s, the county experienced increases in unemployment in the first decade of the century that mirrored the rest of the United States reporting an annual unemployment average of 9.3% in 2001, 10.1% in 2002, 8.7% in 2003, a time frame in which many of the textile companies in the county cut back or closed completely. Unemployment figures peaked again in 2009 with an average of 15.3%, 13.6% in 2010 and 11.6% in 2011 following the national downturn in the economy overall. With the coming of new industry and distribution centers to the county, the unemployment rate has declined to 10.5% in 2012, 9.4% in 2013, 6.7% in 2014 and 6.3% in 2015. Average unemployment rates for the first three months of 2016 showed a rate of 6.4% in January, 6.3% in February and 5.7% in March. All of this data was reported by the North Carolina Department of Commerce in the

Monthly Labor Force and Employment Report for Cleveland County. Additional data is provided in Appendix II (Figure 39, page 80).

Another measure highlighting the economic status of county residents is the median disposable income for households. In the 2010 census, the median household income was \$38,208. According to the 2010-2014 American Community Survey, the median household income for the county is now \$39,197, only a slight increase. This represents a decline in disposable income for households and affects the ability to function especially in improving personal health status. Per capita income has also changed as the economy changed in the county. In 2000 per capita income was \$17,395 in 2000 and \$20,156 in 2010 according to the 2010 Census information. Currently the North Carolina Department of Commerce projects that in 2014 per capita income in Cleveland County was \$19,916, a slight decline from the 2010 census figures. This mirrors national trends in declines in overall income and increases in the wage gap in the United States. Information in Appendix I (Table 21, page 63) identifies household incomes in Cleveland County.

Poverty, especially children in poverty, continues to be a major factor in Cleveland County. 2010 census data revealed that 19.4% of all residents of Cleveland County lived below federal poverty guidelines. This number rose to 28.6% in households with related children under 18 years of age. The poverty rate was higher for female-headed households with 41.6% of those household living at or below the poverty level. An even greater increase occurred with female-headed households with related children under 18 years of age. In contrast in 2012 the North Carolina Health Statistics Pocket guide published in 2015 shows 22.9% of all ages in Cleveland County live at or below the federal poverty level with the percentage increasing to 35.6% for children ages 0 – 17. According to the 2010-2014 American Community Survey, in female-headed households with no husband present, the poverty rate rises to 40.2%. With related children under 18 years of age, there is an increase to 50.% and with related children under 5 years of age only, the figure is 53.9% of these households. Trend data showing children in poverty in Cleveland County is found in Appendix II (Figure 40, page 81).

Individual behaviors are major factors in improving personal and family health in Cleveland County. Abuse of substances (tobacco, alcohol or other drugs) is a consideration in the county since this was the top priority issue for consideration emerging from the 2011 CHA. The community health action plan for substance abuse included programming delivered in school and church settings, grant-funded initiatives focusing on prescription medication misuse and abuse, underage drinking, two strong community coalitions collaborating with law enforcement agencies to encourage proper disposal of out-of-date or unused medications and "don't buy, don't supply" campaign

aimed at parents, and implementation of ongoing student surveys to assess the use of substances in that population.

Considering the use of tobacco products, in the 2011 CHA survey, 85.4% of respondents indicated that they did not use either cigarettes or smokeless tobacco products. Only 11.6% of respondents indicated that they smoked and 2.7% indicated the use of smokeless tobacco products. In the 2015 CHA survey 11.39% of respondents indicated that they smoked or used smokeless tobacco products with 6.92% of those reporting using cigarettes, 1.4% reported using electronic cigarettes and fewer than 1% each reporting use of specialty products such as flavored cigarettes or cigars. In both surveys respondents indicated that they were most likely to go to physicians for information about tobacco cessation. The survey information corresponds to data presented in the County Health Rankings reports which show a decrease in the % of all adults who smoked dropping from 25% in 2013 to 20% in the 2016 report. Over the past three years a concerted effort has been underway in Cleveland County to enhance tobacco-free policies in parks, government buildings and church campuses. Health educators from the Cleveland County Public Health Center have assisted schools, businesses and churches to expand from smoke-free to tobacco free policies (including all categories of tobacco products, especially electronic nicotine delivery systems) to improve overall health status. Health educators also offer the Fresh Start tobacco cessation classes and recently two CCPHC nurses have completed training to serve as Certified Tobacco Treatment Specialists offering more comprehensive assistance in tobacco cessation to county employees and CCPHC patients. However, in the 2015 PRIDE Student Drug Use Survey conducted in March 2015 in the 6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> grade classrooms in Cleveland County Schools, data shows that tobacco use among 9<sup>th</sup> grades is 10.1%, higher than the national average of 9.9% and that among 12<sup>th</sup> grade students the percentage using tobacco products is 22.7%, higher than the national average of 22.4%. Based on this data, administrators of the county's federal Drug Free Communities grant are re-focusing efforts in 2016-18 on tobacco use, especially the electronic nicotine delivery systems which many students are using.

Fewer than 1% of survey respondents in the 2011 and 2015 CHA surveys indicated any issues with alcohol addiction. While the 2011 CHA did not include any alcohol-specific questions, at the urging of the Substance Abuse Prevention Coalition, several questions were included in the 2015 survey. Respondents were asked within the past year, how often did they consume alcohol with 2.63% indicating every day, 8.11% indicating at least three times per week, 9.42% indicating weekly consumption, 7.56% indicating twice a month, 5.26% indicating once a month, 24.32% responding less than once a month and 42.74% of respondents stating that they did not consume alcohol at all. This

contrasts to data reported in the County Health Rankings indicating excessive drinking reported for 9% of the total population in 2010 rising to 11% in 2012 and even higher in the 2016 report showing 14% of the population as drinking excessively. The 2015 CHA survey asked respondents that, if they consumed alcohol, on average how many drinks did they consume at one sitting with 1.54% responding 5-6 drinks, 5.61% showing 3-4 drinks and 46.54% indicating 1-2 drinks. Finally respondents were asked if they had driven a vehicle after drinking and 94.72% responded never with only 3.08% indicating once. Data from the 2015 PRIDE Student Drug Use Survey indicated that 13.8% of 9<sup>th</sup> grade students and 27.4% of 12<sup>th</sup> grade students reported alcohol use in the 30 days prior to the survey implementation, a contrast to national data showing 17% of 9<sup>th</sup> graders and 39.2% of 12<sup>th</sup> graders using alcohol. However, underage drinking was selected as one of two required focus areas for the Drug Free Communities with an emphasis on educating parents and retailers in the community.

In the 2011 CHA survey fewer than 1% of respondents indicated any issues with drug addiction showing a response rate of 0.4%. The 2015 CHA survey respondents indicated an even lower response rate of 0.32%. When asked in the 2015 CHA survey the question "Within the past year, how often have you used a prescription drug to get high?" 99.01% of respondents replied never. However, in reviewing data from the 2015 PRIDE Student Drug Use Survey, 7.6% of 9<sup>th</sup> graders and 8.1% of 12<sup>th</sup> graders admit to using prescription drugs not prescribed for them in the past 30 days. These measures are both higher than the national average of 4.7% for 9<sup>th</sup> graders and 7.8% for 12<sup>th</sup> graders. 28.4% of students in the 9<sup>th</sup> grade report that prescription drugs are fairly or very easy to get while the percentage rose to 37.4% for 12<sup>th</sup> graders. Students also report that dealing (selling, trading, giving away) prescription drugs at school is a problem with 65% of 9<sup>th</sup> graders and 61.4% of 12<sup>th</sup> graders answering yes to this question. Students report that parents and/or family members most often are the source of drugs not prescribed for the student followed by friends or taking them from family or friends' homes without their knowledge. Because of rising death rates from prescription drug misuse and abuse, both the Drug Free Communities grant and the Strategic Prevention Framework-Partners for Success grant focus on prescription drug use among youth. Several media-based campaigns including billboards, print materials and movie trailers are being used to impact this issue in the county.

The 2015 CHA survey included two specific questions about illicit drug use in the county. 97.91% of respondents indicated that they have never used marijuana with the next highest reporting of 0.55% indicating use of twice a month. 99.56% of respondents indicated never using any other illicit drug (heroin, cocaine, synthetics) with the next highest response being 0.22% of every day. Law enforcement agencies in the county are reporting higher incidence of heroin use beginning to be more common in the

county. As they have been more successful in reducing the availability of prescription medications for misuse and abuse, they have seen an increase in heroin use, primarily radiating from Mecklenburg County. This heroin begins in Mexico and works its way up the interstate highway system to a main distribution point, progressing into Cleveland County. Law enforcement agents report that heroin purchased on the street is now cheaper and just as addictive as prescription opioids. Marijuana is the most common illicit drug used by students especially in the 9<sup>th</sup> and 12<sup>th</sup> grades in the county. 11.5% of 9<sup>th</sup> graders and 22.3% of 12<sup>th</sup> graders admitted to marijuana use in the 30 days prior to implementation of the 2015 PRIDE Student Drug Use Survey compared to national figures for 9<sup>th</sup> graders of 16.3% and 22.7% for 12<sup>th</sup> graders. 30.8% of 9<sup>th</sup> graders and 55.9% of 12<sup>th</sup> graders report that marijuana is fairly or very easy to get in the county. Most alarming is that only 40.4% of 12 grade students perceive that marijuana is a moderate or great risk to their health compared to 79.1% who perceive that tobacco is a moderate or great risk. The extensive PRIDE Student Drug Use Survey comprehensive report of 200+ pages is available for review at the Cleveland County Public Health Center upon request. This voluminous document charts the changes in substance abuse among students from 2009 through 2015 and contains additional information reported by school faculty and staff members. The survey is due to be repeated in March 2017 as required by the Drug Free Communities grant.

Physical activity and nutrition was identified as the third highest priority in the 2011 CHA survey. Questions were included in the 2015 CHA survey to measure responses to this issue. A comparison chart of the data is found in Appendix I (Table 6, page 55). One factor to consider in addressing this issue is the prevalence of fast food restaurants in the county. In 2013 54% of all restaurants were categorized as fast food establishments, many of them offering an extensive "dollar menu". This factor impacts the percentage of adults who are overweight or obese. This percentage has hovered between 29% to 32% from 2010 to 2016 in the most recent rankings report. Trend data on adult obesity may be found in Appendix II (Figure 25, page 76). Since 2011, no new grocery stores have been built in the county and one major store, Harris-Teeter, closed its doors due to a buy-out agreement. Data from the County Health Rankings report in 2016 indicate that 5,453 individuals or 6% of the population have limited access to healthy foods defined as the percentage of the population who are low-income and do not live close to a grocery store. This is especially evident in the northern part of Cleveland County where many residents depend on a variety of "dollar stores" for shopping. In the same year, 18,310 individuals or 19% of the population lacked adequate access to food based on 2013 data. There are three Farmers' Market sites in the county all of whom accept EBT for purchases; one of the most used is the on-site satellite market at the Cleveland County Public Health Center. Unfortunately, none of these sites are eli-

gible for WIC purchases even though application has been made to the state several years for this benefit. There are a variety of roadside produce stands scattered throughout the county and one thriving Community Supported Agriculture (CSA) program offered through the Foothills Farmers' Market.

Levels of physical activity in the county have remained constant according to the 2016 County Health Rankings report which shows physical inactivity affecting 30% of the population from 2012 through 2016. Data comparing responses to questions in the 2011 and 2015 CHA surveys may be found in Appendix I (Table 6, page 55). Physical activity is also impacted by the amount of "screen time" for adults and children and described in the table listed above. Trend data for physical activity levels may be found in Appendix II, (Figure 41, page 81).

Pregnancy rates and teen pregnancy rates were discussed earlier in the Morbidity section on maternal health. However, it is critical to note the fertility rates per 1,000 population for females in the county. This data is illustrated in Appendix I (Table 22, page 64). Abortion rates for 2009-2013 for females 15-17, 15-19 and 15-44 are illustrated in Appendix I (Table 23, page 64).

The physical environment plays an important role in the health of county residents. Air quality in Cleveland County is generally considered to be good as illustrated in Appendix II (Figure 42, page 82). However, the 2015 CHA survey included questions on the physical environment that are interesting to note. 84.8% of survey respondents indicated that they would use a county-wide parks and recreation program. Currently, there is no county-wide program with the City of Shelby and the City of Kings Mountain running the largest programs and charging non-city residents for their use of programs and facilities. The small municipalities in the county are allocated funding from county funds to be used for recreation as they see fit – some choose to bank the funds for larger projects and others use the funds to maintain existing facilities like baseball fields. 74.11% of survey respondents noted that they have access to parks or greenway/ball field/playground within a five-mile radius of their home. 81.57% of residents thought that sidewalks and greenways should be required in new residential developments.

Additional questions were included specifically to measure reaction to the Solid Waste and Animal Control programs in the county. This data is included in Appendix I (Table 24, page 65). In response to the survey question about developing and implementing a county-wide curbside recycling program, Solid Waste program officials used this data to develop and implement such a program in partnership with Republic Services (the major waste hauler for county residents), the City of Shelby and the City of Kings Mountain. Reduced tipping fees for these recyclables serve as an incentive for these entities to encourage recycling among their consumers. In the data concerning pets



with current rabies vaccinations, 94.01% of survey respondents in 2015 indicated that their pets had up-to-date vaccinations. The Animal Control Program sponsors four free rabies vaccination clinics across the county annually and averages between 800 and 1200 animals vaccinated at each clinic. Officials from Animal Control used data from the survey to propose a licensing fee for spayed/neutered animals versus animals that had not been altered as a mechanism to reduce overpopulation in the county. The privilege fee passed in 2015 but county commissioners have recently tabled the proposal for further study based on criticism from county residents.

As part of the 2011 CHA questions were included on emergency preparedness in the county. These questions focused on reaction to and preparedness for a large-scale disaster or emergency in the county. For Cleveland County that most likely means a weather emergency such as a tornado or ice storm. Specific responses to these questions are found in Appendix 1 (Table 25, page 66). While residents seem to be aware of the need for smoke and carbon monoxide detectors in their homes, they are less prepared for emergencies with emergency kits, supplies of water and supplies of non-perishable food. They seem to be better supplied in having required prescriptions or medical supplies on hand. The most striking change in this information is that more respondents in 2015 indicated that they would receive information on an emergency situation from the Internet rather than television or radio.

## CHAPTER 5 – PREVENTION AND HEALTH PROMOTION

Prevention and health promotion services in Cleveland County are the focus of the health education unit at the Cleveland County Public Health Center. A staff of ten health educators/health education specialists provide or support the following services and community coalitions:

- Minority Health Council of Cleveland County to identify and address health disparities in the county especially those relating to teen pregnancy and sexually transmitted diseases
- Eat Smart Move More Coalition to serve as a forum to address physical activity and nutrition issues and initiatives within the county – sponsors of the School-
- Community Gardens at 15 school sites, identified walking trails in Shelby, Kings Mountain and Fallston, and Step One Fun Run for children under 8 years of age
- Teen Pregnancy Prevention Coalition to serve as the Community Advisory Council for the Adolescent Pregnancy Prevention grant, sponsor of Let's Talk month in October and as a forum to identify and resolve issues around unintended pregnancy and sexually transmitted diseases
- Substance Abuse Prevention Coalition to provide oversight to the Drug Free Communities grant activities focusing on underage drinking and abuse and misuse of prescription medication and to implement the PRIDE Student Drug Use Survey every two years in the county
- Overdose Prevention Task Force to provide oversight to the Strategic Prevention Framework-Partnership for Success focusing on prescription medication misuse and abuse by youth ages 12 – 25 and to work with law enforcement officials in
- Operation Medicine Drop take back events and in placement of medication take back boxes in the county
- Puberty education for all 5<sup>th</sup> grade students in the county
- Smart Girls Life Skills training program for 8<sup>th</sup> grade females in the county on a voluntary basis to promote pregnancy prevention
- Wise Guys Male Responsibility Curriculum for 9<sup>th</sup> grade males in the county on a voluntary basis to promote pregnancy prevention
- Reproductive Health and Safety regarding STDs and FDA-approved contraceptives to 9<sup>th</sup> grade students in the county through health classes
- Healthy Child Care Facility Recognition Program to recognize child care facilities for promoting healthy good choices, increased levels of physical activity and tobacco-free campuses
- Health Smart Alcohol, Tobacco and Other Drugs curriculum to all 8<sup>th</sup> grade students in the county through health classes
- SOBIR (Student Options Begin with Intervention and Recovery) program to provide

education and early intervention to students who violate Cleveland County Schools substance abuse policies as well as court referrals for underage drinking and possession of alcohol; uses the SASSI (Substance Abuse Subtle Screening Inventory) for assessment and the Teen Intervene curriculum

- All Stars substance abuse prevention education for 7<sup>th</sup> grade students in the county through health classes
  - Roots and Wings to provide parent and youth life skill training to court-adjudicated youth and funded by the Juvenile Crime Prevention Council of Cleveland County
  - Safe Sitter in collaboration with the Safe Kids Coalition of Cleveland County to educate youth ages 11-14 about the skills required to safely care for infants, toddlers, preschool and school-age children
  - Foothills Farmers' Market on-site at the Cleveland County Public Health Center weekly from June – September
- Step One Challenge, a six week county wide walking contest open to teams of walkers across the county

Health educators also offer programming on issues such as chronic diseases and health conditions, life stages and populations, healthy living, worksite wellness and injury/violence/safety upon request from community groups. Health educators also work with businesses, schools and churches to develop policies supporting healthy food choices, increased levels of physical activity and tobacco-free lifestyles.

Staff members from the Cleveland County also provide flu vaccine clinics at designated sites across the county, staff health fairs and special events such as the Cleveland County Fair, and work with Animal Control officers to staff four free rabies clinics held annually in the county.

The Levine Cancer Center located at CHS-Cleveland provides skin and prostate cancer screenings annually to the public with appointments required for the screenings. They also provide mammograms and breast cancer education and support breast cancer patients in need of financial assistance while battling cancer through the Because We Care fund. While no questions about cancer screening were asked in 2011, in the 2015 CHA respondents were asked if they participated in regular cancer screening. 70.16% replied yes and 29.84% replied no.

The Cleveland County Family YCMA provides the Diabetes Prevention Program at various locations throughout the county. In an effort to reduce the incidence of diabetes in the county, this community-based lifestyle improvement program is for adults with prediabetes with the program goals of reducing 7% of initial body weight and gradually increasing physical activity levels to at least 150 minutes per week. Diabetes screening is offered through the Faith and Community Nurse ministry sponsored by CHS-Cleveland. Trained facilitators in the county also lead Diabetes Self-Management

groups as well as Chronic Disease Self-Management groups based on the Stanford University curriculum.

The American Heart Association works with agencies and groups in the county, first sponsoring the Search Your Heart and Power to End Stroke initiatives focusing on the African-American community and now offering Simple Cooking with Heart to middle school students in collaboration with Communities in Schools of Cleveland County. Blood pressure screening is offered episodically by a variety of agencies at multiple sites, most often at church health fairs and on-site at CHS-Cleveland. Both Senior Centers in the county offer health fairs to their older adult participants at least twice a year where screenings for hypertension and cholesterol are provided.

Case management and education/prevention services focusing on HIV-AIDS are provided in the county through a contract with the Western North Carolina AIDS Project housed in Asheville, North Carolina. A case manager is stationed at the Cleveland County Public Health Center and manages care for HIV-AIDS patients as well as providing community education offerings throughout the county.

Oral health screenings are provided by the NC Public Health Hygienist assigned to North Carolina in collaboration with local dentists. The hygienist at the CCPHC Dental Clinic also participates in these screenings and offers educational services to patients in the clinic and their family members.

Finally, the Alliance for Health in Cleveland County serves as the Healthy Carolinians Partnership serving the communities in the county. Governed by a 20-member Board of Directors, the Alliance serves as a community forum to identify and address health prevention issues in the county and facilitates collaborative prevention programming among its partner agencies.

## CHAPTER 6: COMMUNITY CONCERNS AND PRIORITIES

In both the 2011 and 2015 surveys, participants were asked several questions about their specific concerns in Cleveland County. First, when asked to identify the three issues most affecting the quality of life in Cleveland County, 2011 participants listed low/income poverty as the most important followed by substance abuse, dropping out of school, lack of/inadequate health insurance, property crime, mental health issues and neglect/abuse of children. Participants in the 2015 survey also indicated the most important issue affecting quality of life was low income/poverty followed by substance abuse but then chose neglect/abuse of children, mental health issues, lack of/inadequate health insurance, property crime and dropping out of school as their other choices.

Participants in both surveys were asked to identify services needing the most improvement in their neighborhoods or communities. In 2011 the service most needed was availability of employment at 60.6% followed by higher paying employment, activities for teens and affordable health services. Respondents to the 2015 survey selected higher paying employment with 43.71% of the choices as the service most needing improvement followed by availability of employment, affordable health services, mental health services and activities for teens. Even though county officials have worked hard to bring new and better-paying jobs to the county, residents feel that more must be done in order for the county to prosper.

Finally, survey participants were asked to indicate health behaviors about which more information was needed in the community. In 2011, respondents indicated that weight management, physical activity/fitness and nutrition/eating well topped the list followed by substance abuse prevention, pregnancy prevention and child care/parenting. Similar choices were indicated in the 2015 survey with nutrition/eating well ranked as first followed by weight management, physical activity and fitness, parenting skills, substance abuse prevention and mental health disorders. These choices follow the health priorities selected for action in 2011 and two of the three priorities selected for action in 2015.

One additional factor revealed in both surveys that affects an individual's perception of their personal health status and health needs in their communities is the primary source of health related information for county residents. In 2011 30.7% of respondents indicated that they receive most of their information from a doctor or nurse followed by the Internet (no specific sites identified) as a source of information for 28.6% of respondents. 2015 survey respondents mirrored these choices with 36.69% indicating doctors/nurses as the primary source of information followed by the Internet at 28.25%.

The priority issues selected in the 2011 Community Health Assessment were substance abuse, sexually transmitted diseases and unintended pregnancy and physical activity and nutrition. The Cleveland County Public Health Center served as the lead agency for these three priorities and developed Community Health Action Plans to guide the activities in these areas. CHS-Cleveland took the lead in addressing chronic disease and Partners Behavioral Health Management led efforts in the area of mental health issues. The Safe Kids Coalition and law enforcement agencies in the county focused on injury and violence. Selected objectives under the top three priorities included:

Substance Abuse:

- Reduce the percentage of high school students who had alcohol on one or more of the past thirty days
- Reduce the percentage of traffic crashes that are alcohol-related
- Reduce the percentage of individuals age 12 and older reporting any illicit drug use in the past thirty days.

Accomplishments in this area include the award of the federal Drug Free Communities grant to focus on underage drinking and prescription medication misuse and abuse as well as the Strategic Prevention Framework-Partners for Success grant focusing on prescription medication misuse and abuse among youth ages 12-25. Successful media campaigns to support the work of these grants are ongoing in the county using print and electronic media, billboards and movie trailers to spread the word to parents and retailers. Successful medication take back events and the placement of 17 medication take back boxes across the county have supported this work. Annually 7<sup>th</sup> grade students receive instruction in the All Stars program while 8<sup>th</sup> grade students complete the Health Smart Alcohol, Tobacco and Other Drugs curriculum. Successful implementation of the PRIDE Student Drug Use Survey in grades 6, 9 and 12 now occurs every two years in the county and provides quantitative data to support the work of the Substance Abuse Prevention Coalition and the Overdose Prevention Task Force.

Sexually Transmitted Disease and Unintended Pregnancy:

- Decrease the percentage of pregnancies that are unintended.
- Reduce the percentage of positive results among individuals ages 15-24 tested for Chlamydia.
- Reduce the rate of new HIV infection diagnoses per 100,000 population.

Accomplishments in this area focus on the ongoing puberty and reproductive health and safety curriculum offered to students in Cleveland County Schools. The award of a Teen Pregnancy Prevention grant provided resources for implementation of the Smart Girls curriculum in the 8<sup>th</sup> grade and the Wise Guys curriculum in the 9<sup>th</sup> grade to students on a voluntary basis. These school-based programs were supported by a

Community Advisory Council composed of members from the Teen Pregnancy Prevention Coalition. The coalition sponsors Let's Talk month in October and offers episodic programming on pregnancy prevention and STDs upon request by community groups. The Minority Health Council proactively created and distributed a rack card on the effects of STDs in the African-American population in Cleveland County and has provided this information to churches, hairdressers, barber shops, laundromats, and community organizations across the county. The Nurse-Family Partnership program housed at the Cleveland County Public Health Center continues to provide education to high-risk, low-income first time mothers to address the issues of STDs and repeat pregnancies in the county.

#### Physical Activity and Nutrition:

- Increase the percentage of high school students who are neither overweight nor obese.
- Increase the percentage of adults getting the recommended amount of physical activity.
- Increase the percentage of adults who consume five or more servings of fruits and vegetables per day.

Accomplishments include the development of identified walking trails in Shelby, Kings Mountain and Fallston to encourage people to walk as an easy, free form of exercise with 1, 2 and 3 mile trails marked in each locality, support for the Step One Challenge annually, implementation of the School-Community garden project at 15 school sites, and support for the Healthy Child Care Recognition Program.

In selecting the health priorities for the 2015-18 time frame, members of the Core Committee considered if community organizations existed that could address the identified issues either alone or as a collaborative effort. Relying on two questions, committee members asked "What is the issue?" Is it real or perceived and supported by data? The second question was "Is there a natural champion for this issue – someone working on the issue or a part of the issue who can take the lead or continue the work? With these questions in mind as well as the issues highlighted in the section on data collection, the Core Committee selected the following issues for attention in the coming years: **substance abuse prevention, mental health, physical activity and nutrition, chronic disease and sexually transmitted disease and unintended pregnancy.** Community Health Action Plans with the Cleveland County Public Health Center taking the lead role will be developed for substance abuse, physical activity and nutrition and sexually transmitted disease and unintended pregnancy. These plans will continue the work that began with the 2011 Community Health Assessment. Partners Behavioral Health Management and CHS-Cleveland are identified as the natural champions to respond to the **mental health issues**, specifically focusing on the reduction of the sui-



side rate in the county. They will also address the reduction of mental-health related visits to the emergency departments of the two local hospitals. Finally, CHS-Cleveland in collaboration with the Cleveland County Public Health Center and community agencies will focus on **chronic disease** issues – cancer, cardiovascular disease and diabetes.

Staff members from the Cleveland County Public Health Center will wrap additional objectives from the Healthy North Carolina 2020 information into their work in the coming year:

- Reduce the unintentional poisoning mortality rate (per 100,000 population)
- Decrease the percentage of adults who are current smokers
- Decrease the percentage of high school students reporting current use of any tobacco product
- Reduce the infant mortality racial disparity between whites and African-Americans.
- Reduce the infant mortality rate per 1,000 live births.
- Reduce the percentage of women who smoke during pregnancy.

# APPENDIX I

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**Table 1: Population Demographics by Age Group**

Age Group	% Population	% Population	% Population	% Population
0-14 years	21%	20%	19%	18.6%
15-24 years	13%	12%	14%	13.7%
25-64 years	53%	54%	52%	51.5%
65 years +	13%	13%	15%	16.2%

Source: United States Census, 2000 and 2010; American Community Survey 2010-2014

**Table 2: Population Demographics by Race**

Race	% Population	% Population	% Population	% Population
White/Caucasian	77%	78%	75.6%	76.1%
Black/African-	21%	21%	20.7%	20.8%
Two or More	0%	1%	1.5%	1.4%
Other	2%	3%	2.2%	1.7%

Source: United States Census, 2000 and 2010; American Community Survey 2010-2014

**Table 3: Demographic Comparison of Survey Respondents**

Demographic Category	2011 CHA	2015 CHA
Resident in 28150 or 28152 Shelby zip codes	59.4%	54.3%
Resident in 28086 Kings Mountain zip code	16.1%	18.6%
Age group cluster: 35-44 years of age	22.1%	19.9%
45-54 years of age	24.7%	24.5%
	24.5%	21.6%
Gender: female	73.7%	79.4%
	26.4%	20.6%
Marital status - married	71.8%	69.1%
Race/ethnicity: White/Caucasian	82.5%	82.9%
Black/African-American	14.6%	14.4%
	Less than 1%	1.1%
Employment Status: Full-time	71.2%	66.9%
	3%	3.5%
Healthcare provider in Cleveland County	85.3%	83.5%
Recipient of public assistance past 12 months	16.8%	19.5%
Primary form of transportation – personal vehicle	97.8%	96.4%
Educational attainment: Some college/no degree	15.9%	18.2%
Bachelor’s degree	27%	24.9%
	24.8%	22.9%
Lived in Cleveland County more than 10 years	81.1%	82.2%
Total household income: \$35,000 - \$49,999	18%	12.5%
\$50,000 - \$74,999	23.4%	21.9%
	18.3%	13.5%
Internet Access: Work	76.2%	69.9%
	86.2%	88.1%

Source: 2011 and 2015 Community Health Assessment Surveys for Cleveland County, North Carolina

**Table 4: County Health Rankings for Cleveland County, 2010 – 2016**

Measure	2010	2012	2014	2016
<b>HEALTH OUTCOMES</b>	<b>79</b>	<b>80</b>	<b>84</b>	<b>80</b>
<b>LENGTH OF LIFE</b>			<b>84</b>	<b>87</b>
Premature Death	9,872	9,573	9,594	9,900
<b>MORBIDITY/QUALITY OF LIFE</b>	<b>84</b>	<b>77</b>	<b>74</b>	<b>72</b>
Poor or fair health	27%	21%	19%	19%
Poor physical health days	4.7	4.6	4.3	4.1
Poor mental health days	4.4	4.4	5.0	3.9
Low birthweight	9%	9.6%	9.6%	10%
<b>HEALTH FACTORS</b>	<b>65</b>	<b>73</b>	<b>66</b>	<b>66</b>
<b>HEALTH BEHAVIORS</b>	<b>51</b>	<b>65</b>	<b>54</b>	<b>59</b>
Adult smoking	25%	24%	24%	20%
Adult obesity	30%	32%	30%	32%
Food environment index			6.7	6.5
Physical inactivity		30%	31%	30%
Access to exercise opportunities			46%	63%
Excessive drinking	9%	11%	10%	14%
Motor vehicle death rate	20/100,000	21/100,000		
Alcohol-impaired driving deaths			26%	24%
Sexually transmitted infections	325/100,000	402/100,000	518/100,000	383.7/100,000
Teen births	63/1000	60/1000	55/1000	50/1000
<b>CLINICAL CARE</b>	<b>18</b>	<b>36</b>	<b>40</b>	<b>29</b>
Uninsured adults	13%	19%	18%	16%
Primary care physicians	89/100,000	1,165:1	1,950:1	1,980:1
Dentists			2,765:1	2,700:1
Mental health providers			1,345:1	780:1
Preventable hospital stays	86/1000 Medicare	63/1000 Medicare	60/1000 Medicare	52/1000 Medicare
Diabetic screening	85% Medicare	89% Medicare	90% Medicare	90% Medicare
Mammography screening		66% Medicare	64% Medicare	65% Medicare

Source: University of Wisconsin Population Health Institute, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

<b>SOCIAL &amp; ECONOMIC FACTORS</b>	<b>85</b>	<b>84</b>	<b>78</b>	<b>66</b>
High school graduation	71%	76%	73%	83%
College graduates	16%			
Some college		51%	54%	55%
Unemployment	9%	13.6%	10.4%	7.1%
<b>Measure</b>	<b>2010</b>	<b>2012</b>	<b>2014</b>	<b>2016</b>
Children in poverty	29%	32%	36%	31%
Income inequality	43			5.0
Inadequate social support	19% adults	20% adults	20% adults	
Single parent households	11%			
Children in single-parent households		44%	41%	40%
Social Associations				19.2
Violent crime	No data	No data	215/100,000	221/100,000
Injury deaths			90/100,000	80/100,000
<b>PHYSICAL ENVIRONMENT</b>	<b>27</b>	<b>42</b>	<b>89</b>	<b>95</b>
Unhealthy air due to ozone	5 days per year	2 days per year		
Air pollution – particulate matter days	1 per year	0 per year		
Air pollution – particulate matter average daily measure			12.8 micrograms	12.8 micrograms
Access to healthy foods	7 of 14 zip codes			
Limited access to healthy foods		0% of population		
Fast food restaurants		53% of all restaurants		
Liquor stores	0.2/100,000			
Access to recreational facilities		7/100,000		
Drinking water problems			0%	
Severe housing problems			17%	17%
Driving alone to work			86%	86%
Long commute – driving alone			30%	28%

Source: University of Wisconsin Population Health Institute, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

**Table 5: Comparison of Physical Health, Mental Health Days**

Question		2011 CHA	2015 CHA
Thinking about your physical health, for how many days during the past 30 days was your physical health not good?	No days	60%	48.7%
	1 – 4 days	25.9%	30.8%
	5 - 9 days	4.6%	9.4%
	10 – 15 days	2.1%	2.3%
	More than 15 days	4.9%	5.8%
Thinking about your mental health, for how many days during the past 30 days was your mental health not	No days	55.9%	57%
	1 – 4 days	26.9%	23.3%
	5 - 9 days	6.6%	5.2%
	10 – 15 days	3.5%	4%
	More than 15 days	5.1%	3.9%
During the past 30 days, for about how many days did poor physical or mental health keep you from doing	1 – 2 days	35.5%	17.7%
	3 – 4 days	29.8%	3.5%
	5 -6 days	11.3%	2.2%
	Every day	5.4%	2.9%
	Never	13.2%	66.4%

Source: 2011 and 2015 Community Health Assessment Surveys for Cleveland County, North Carolina

**Table 6: Indicators Affecting Personal Health Status**

Indicators		2011 CHA	2015 CHA
Exercise/engage in physical activity – 30 minutes daily	1 -2 days	35.5%	31.4%
	3 – 4 days	29.8%	28.4%
	5 – 6 days	11.3%	7.4%
	Every Day	5.4%	6.3%
	Never	13.2%	21.46%
Top three sites for physical activity	Home	68.8%	61.6%
	Gym/YMCA	19.6%	29.9%
	Park/Trails	31.7%	14.7%
Reasons affecting regular physical activity	Enough time	43%	35.5%
	Too tired	29.9%	26%
	Don't like it	20%	16.3%
Average screen time daily - adults	1 -4 hours	41.7%	40.5%
	5 – 9 hours	34.8%	32%
Average screen time daily - children	1 – 4 hours	35.3%	33.2%
	5 – 9 hours	5.8%	4.4%
Cooked & eaten a meal at home	Every day	18.6%	22.2%
Five or more servings of fruits & vegetables	Daily	11%	11.5%
Meal away from home in a week	4 – 8 times	24.1%	20.6%
Flu vaccine	Past 12 months	56.4%	58.3%
Confirmed food-borne illness	Past 12 months	3.6%	3.9%
Drinking Water Source	Municipal	69%	76%
	Well	12.2%	10.7%
Sewer System	Municipal	45.8%	36.77%
	Private septic	48.7%	57.8%

Source: 2011 and 2015 Community Health Assessment Surveys for Cleveland County, North Carolina

**Table 7: Leading Causes of Death in Cleveland County By Age Group  
2009-2013 and 2010-2014**

2009-2013	Age Group	Cause of Death	Rate per 100,000	2010-2014	Age Group	Cause of Death	Rate per 100,000
	00 –19 years	Conditions originating in the perinatal period	25.9		00 –19 years	Conditions originating in the perinatal period	23.1
		Other unintentional injuries	7.1			Other unintentional injuries	7.2
		Birth defects	6.3			Birth defects	5.6
		Motor vehicle	5.5			Cancer – all sites	3.2
		SIDS	3.9			Diseases of the heart	2.4
		Cancer – all sites	2.4			Motor vehicle injuries	2.4
		Pneumonia & Influenza	1.6			SIDS	2.4
		Nephritis, etc.	1.6			Pneumonia & flu	1.6
		Suicide	1.6			Nephritis, etc.	1.6
		Homicide	1.6			Suicide	1.6
						Homicide	1.6
		Total – 92 deaths	72.3			Total –84deaths	67.0

Source: State Center for Health Statistics, Division of Public Health, NC Department of Health and Human Services  
2015 and 2016 County Health Data Book

2009-2013	Age Group	Cause of Death	Rate per 100,000	2010-2014	Age Group	Cause of Death	Rate per 100,000
	20 –39 years	Motor vehicle injuries	29.5		20 –39 years	Other unintentional injuries	30.4
		Other unintentional injuries	29.5			Motor vehicle	23.2
		Cancer – all sites	21.5			Cancer – all sites	20.6
		Suicide	19.7			Diseases of the heart	17.9
		Diseases of the heart	17.9			Suicide	17.0
		Homicide	14.3			Homicide	9.8
		Diabetes	4.5			HIV disease	2.7
		HIV disease	3.6			Anemias	2.7
		Birth defects	2.7			Diabetes	2.7
		Anemias	1.8			Nephritis	2.7
		Cerebrovascular disease	1.8			Birth Defects	2.7
		Nephritis, etc.	1.8				
		Total – 198 deaths	177.1			Total –181deaths	161.9

Source: State Center for Health Statistics, Division of Public Health, NC Department of Health and Human Services  
2015 and 2016 County Health Data Book

2009-2013	Age Group	Cause of Death	Rate per 100,000	2010-2014	Age Group	Cause of Death	Rate per 100,000
	40-64 years	Cancer – all sites	207.3		40-64 years	Cancer – all sites	213.3
		Diseases of the heart	177.9			Diseases of the heart	182.5
		Other Unintentional injuries	42.2			Other unintentional injuries	44.2
		Chronic liver disease & cirrhosis	35.2			Chronic lower respiratory diseases	39.5
		Chronic lower respiratory diseases	32.9			Diabetes	36.0
		Cerebrovascular disease	28.9			Cerebrovascular disease	36.0
		Diabetes	26.6			Chronic liver disease & cirrhosis	34.3
		Suicide	22.5			Suicide	26.7
		Septicemia	20.8			Septicemia	22.7
		Nephritis, etc.	18.5			Motor vehicle injuries	22.1
		Total – 1,333 deaths	769.9			Total – 1,395 deaths	810.7

Source: State Center for Health Statistics, Division of Public Health, NC Department of Health and Human Services  
2015 and 2016 County Health Data Book

2009-2013	Age Group	Cause of Death	Rate per 100,000	2010-2014	Age Group	Cause of Death	Rate per 100,000
	65-84 years	Cancer – all sites	942.5		65-84 years	Cancer – all sites	937.0
		Diseases of the heart	766.1			Diseases of the heart	772.5
		Chronic lower respiratory diseases	288.2			Chronic lower respiratory diseases	274.7
		Cerebrovascular disease	217.6			Cerebrovascular disease	233.2
		Septicemia	139.7			Septicemia	138.8
		Alzheimer’s disease	117.6			Alzheimer’s disease	135.9
		Nephritis, etc.	114.7			Diabetes	113.0
		Diabetes	107.3			Pneumonia & influenza	103.0
		Pneumonia & influenza	100.0			Nephritis, etc.	103.0
		Other unintentional injuries	82.3			Other unintentional injuries	75.8
		Total –2,460 deaths	3617.1			Total – 2,552 deaths	3650.9

Source: State Center for Health Statistics, Division of Public Health, NC Department of Health and Human Services  
2015 and 2016 County Health Data Book

2009-2013	Age Group	Cause of Death	Rate per 100,000	2010-2014	Age Group	Cause of Death	Rate per 100,000
	85 + years	Diseases of the heart	4433.0		85 + years	Diseases of the heart	4323.7
		Alzheimer's disease	1650.0			Alzheimer's disease	1722.3
		Cancer – all sites	1625.4			Cancer – all sites	1674.1
		Cerebrovascular disease	1206.7			Cerebrovascular disease	1144.2
		Chronic lower respiratory diseases	825.0			Chronic lower respiratory diseases	722.6
		Pneumonia & influenza	726.5			Pneumonia & flu	710.6
		Septicemia	640.3			Other unintentional injuries	602.2
		Other unintentional injuries	541.8			Septicemia	517.9
		Nephritis, etc.	369.4			Nephritis, etc.	397.4
		Diabetes	357.1			Diabetes	337.2
		Total – 1,417 deaths	17448.6			Total – 1,408 deaths	16957.7

Source: State Center for Health Statistics, Division of Public Health, NC Department of Health and Human Services  
2015 and 2016 County Health Data Book

**Table 8: Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates/100,000 Residents  
Cleveland County, North Carolina**

Cause of Death	White,				African-American,				Overall	
	Male		Female		Male		Female			
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
All Causes	2,29	1,13	2,29	834.	504	1,41	495	865.	5,620	978.3
Diseases of the Heart	518	251.	498	175.	107	325.	104	181.	1,236	213.2
Cerebrovascular Disease	105	52.9	153	53.0	30	70.3	32	56.4	321	55.1
Cancer	577	267.	407	148.	103	287.	93	160.	1,188	196.8
Diabetes Mellitus	54	25.3	49	19.0	34	98.8	34	56.5	172	28.7
Nephritis, Nephrotic Syndrome, and Nephrosis	41	20.6	46	15.8	23	70.9	27	47.8	139	24.2

Source: State Center for Health Statistics, Division of Public Health, NC Department of Health and Human Services  
2016 County Health Data Book

**Table 9: Cancer Incidence Rates for Selected Sites per 100,000 Population  
North Carolina and Cleveland County**

Location	Colon/		Lung/		Female		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
2008-2012	20,343	39.8	37,215	71.9	43,74	157.0	34,06	139.4	252,6	488.9
2008-2012	276	46.2	462	76.0	462	142.	469	162.7	2,94	490.
2008-2012	20,240	38.5	37,831	70.9	45,14	157.9	33,11	130.6	256,9	483.4
2009-2013	283	47.3	448	72.0	501	152.	454	151.6	3,03	500.

Source: North Carolina Central Cancer Registry, 2015

**Table 10: Projected New Cancer Cases and Deaths for Selected Sites by County – 2015  
per 100,000 Population**

Location	Projected Total	Lung/Bronchus	Female Breast	Prostate	Colon/Rectum
North Carolina	57,624	8,669	9,772	7,998	4,633
Cleveland Coun-	619	95	104	87	50
Location	Projected Total	Lung/Bronchus	Female Breast	Prostate	Colon/Rectum
North Carolina	20,302	6,171	1,391	987	1,642
Cleveland Coun-	220	68	15	10	18

Source: North Carolina Central Cancer Registry, 1/15

**Table 11: Unintentional Medication & Drug Overdose Deaths All Ages 2000-2014**

	2000	2002	2004	2006	2008	2010	2012	2014
Cleveland County	5	6	8	11	17	18	13	12
North Carolina	177	382	487	642	678	622	751	795

Source: NC Vital Records, SCHS

Data Analysis: Injury Epidemiology & Surveillance Unit, NC Injury and Violence Prevention Branch

**Table 12: Unintentional Medication & Drug Overdose Death Rates per 100,000 All Ages  
2000-2014**

	2000	2002	2004	2006	2008	2010	2012	2014
Cleveland County	*	*	*	14.3	13.1	16.3	18.5	15.5
North Carolina	3.7	5.6	7.0	8.8	8.9	7.9	9.3	9.7

Source: NC Vital Records, SCHS

Data Analysis: Injury Epidemiology & Surveillance Unit, NC Injury and Violence Prevention Branch

**Table 13: Unintentional Medication & Drug Overdose Hospitalizations All Ages 2004-2013**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Cleveland County	46	68	80	45	41	54	71	59	66	61
North Carolina	1989	2128	2437	2553	823	2843	2961	3039	2957	3124

Source: NC Vital Records, SCHS

Data Analysis: Injury Epidemiology & Surveillance Unit, NC Injury and Violence Prevention Branch

**Table 14: Unintentional Medication & Drug Overdose Hospitalizations Rate per 100,000  
All Ages 2004-2013**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Cleveland	111.2	97.4	126.7	107.8	110.6	156.	130.4	171.0	147.5	119.
North	30.7	32.3	36.4	37.6	41.0	40.7	41.7	41.8	39.7	41.1

Source: NC Vital Records, SCHS

Data Analysis: Injury Epidemiology & Surveillance Unit, NC Injury and Violence Prevention Branch

**Table 15: Unintentional Medication and Drug Overdose Emergency Department Visits  
All Ages 2008-2013**

	2008	2009	2010	2011	2012	2013
Cleveland	128	158	169	176	166	106
North	6173	6417	6559	6545	6297	5861

Source: NC Vital Records, SCHS

Data Analysis: Injury Epidemiology & Surveillance Unit, NC Injury and Violence Prevention Branch

**Table 16: Unintentional Medication & Drug Overdose Emergency Department Visits  
Rate per 100,000 All Ages 2008-2013**

	2008	2009	2010	2011	2012	2013
Cleveland	129.2	159.2	172.3	180.5	170.3	109.2
North	81.3	83.2	83.6	82.2	78.3	72

Source: NC Vital Records, SCHS

Data Analysis: Injury Epidemiology & Surveillance Unit, NC Injury and Violence Prevention Branch

**Table 17: Cleveland County Chlamydia and Gonorrhea Cases by Age and Race, 2012-2014**

DIAGNOSIS	2012		2012		2013		2013 AFRICAN-		2014		2014	
CHLAMYDIA	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
10-19	187	38%	114	42%	140	37%	77	38%	143	32%	68	32%
20-29	269	54%	138	50%	205	55%	115	57%	257	57%	126	59%
30-39	33	7%	16	6%	25	7%	9	4%	38	9%	16	7%
40-49	8	1%	5	2%	4	1%	3	1%	9	2%	4	2%
50-59	1	0	1		0		0		0		0	
<b>TOTAL</b>	498	100	274	100	374	100	204	100	447	100	214	100
			<b>55% of total</b>				<b>55% of total</b>					
GONORRHEA	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
10-19	44	27%	34	31%	39	30%	22	28%	25	20%	18	25%
20-29	97	60%	67	60%	73	57%	50	64%	82	66%	49	69%
30-39	12	7%	5	5%	10	8%	4	5%	13	10%	4	6%
40-49	7	4%	4	4%	6	4%	2	3%	3	2%	0	
50-59	3	2%	1	-	1	1%	0	-	2	2%	0	
<b>TOTAL</b>	163	100	111	100	129	100	78	100		100	71	100
			<b>68.1% of total</b>				<b>60% of total</b>				<b>57% of total</b>	

Source: Communicable Disease Report to Board of Health  
Cleveland County Public Health Center, 2012, 2013, 2014

**Table 18: Teen Pregnancies Ages 15-19 Cleveland County and North Carolina 2012-2014**

CATEGORY	2012		2013		2014	
	#	Rate/1000	#	Rate / 1000	#	Rate/1000
NC Total Pregnancies	12,535	39.6	11,178	35.2	10,328	32.3
White	5,223	28.3	4,549	24.7	4,283	23.1
African-American	4,742	55.0	4,172	49.2	3,703	44.0
Hispanic	2,045	62.0	2,005	57.9	1,912	52.8
Other Non-Hispanic Pregnancies	471	36.4	411	31.0	430	
Repeat Pregnancies	3,065	24.5	2,713	24.3	2,310	22.4
<b>Cleveland County Total</b>						
Cleveland County Total	158	46.5	127	38.6	142	43.8
White	100	42.1	72	31.5	86	37.9
African-American	54	62.5	49	59.1	51	63.8
Hispanic	3	*	6	*	5	*
Other Non-Hispanic Pregnancies	1	*	0	0	0	0
Repeat Pregnancies	38	24.1	32	26.7	27	19.0

\*Rates based on fewer than 20 cases are unreliable and are not included in the data.  
 2010 county ranking was **35** of 100 counties; 2011 was **29** of 100; 2012 was **38** of 100;  
 2013 was **41** of 100; 2014 was **24** of 100 counties – this represents an increase in the  
 rate from 2013 to 2014 of 13.5%

North Carolina rate shows a decrease of 8.5% in the same time period

Source: Adolescent Pregnancy Prevention Coalition of North Carolina 2012,2013,2014

**Table 19: Educational Attainment in Cleveland County, North Carolina**  
**Population 25 years of age or older**

Educational Attainment	% in 2011 CHA	% in 2015 CHA
Less than 9 <sup>th</sup> grade	7.3%	6.2%
<sup>th</sup> -12 <sup>th</sup> grade – no diploma	13.7%	11.5%
High school diploma or	34.0%	34.1%
Some College	21.0%	21.1%
Associate’s Degree	8.1%	10.6%
Bachelor’s Degree	10.7%	10.3%
Graduate or Professional	5.2%	6.1%

Source: 2011 and 2015 Community Health Assessment Surveys for Cleveland County, North Carolina  
 2010-2014 American Community Survey, US Census

**Table 20: Financial Assistance Rendered in Cleveland County**

Category of As-	FY 2010-11	FY2011-12	2013-14	2014-15
# of Individuals	21,415	21,746	22,,443	21,006
# of Individuals	23,452	23,471	18,391	24,599
# of individuals	2,462	1,460		

Source: Cleveland County Department of Social Services, Annual Reports, 2010-2011 – 2014-2015

**Table 21: Household Income in Cleveland County**  
**Based on 2014 Inflation-Adjusted Dollars – 37,407 Households**

Income Brackets	# Households	% of Households
Less than \$10,000	3,951	10.6%
\$10,000 to \$14,999	3,339	8.9%
\$15,000 to \$24,999	5,603	15.0%
\$25,000 to \$34,999	4,488	12.0%
\$35,000 to \$49,999	5,344	14.3%
\$50,000 to \$74,999	6,899	18.4%
\$75,999 to \$99,999	3,957	10.6%
\$100,000 to \$149,999	2,572	6.9%
\$150,000 to \$199,999	678	1.8%
\$200,000 or more	576	1.5%

Source: 2010-2014 American Community Survey, US Census Bureau

**Table 22: 2009-2013 Resident Fertility Rates per 1,000 Population  
Cleveland County**

	Females Ages 15-17	Females Ages 15-19	Females Ages 15-44
Total Births	209	794	5,562
Fertility Rate	20.8	46.0	60.1
White Non-Hispanic	112	456	3,732
Fertility Rate	16.3	38.1	55.8
African-American	83	295	1,476
Fertility Rate	30.9	66.1	68.4
Other Non-Hispanic	3	7	65
Fertility Rate	*	*	57.4
Hispanic Births	11	36	289
Fertility Rate	*	56.9	95.9

\*Rates based on fewer than 20 cases are unstable and not report

Source: NC-DHHS State Center for Health Statistics

**Table 23: 2009-2013 Resident Abortion Rates per 1,000 Population  
Cleveland County**

	Females Ages 15-17	Females Ages 15-19	Females Ages 15-44
Total Abortions	42	120	693
Rate	4.2	6.9	7.5
White Non-Hispanic Abortions	16	58	322
Rate	*	4.8	4.8
African-American Non- Hispanic Abortions	24	53	330
Rate	8.9	11.9	15.3
Other Non-Hispanic Abortions	0	1	6
Rate	*	*	*
Hispanic Abortions	0	4	24
Rate	*	*	8.0

\*Rates based on fewer than 20 cases are unstable and not report

Source: NC-DHHS State Center for Health Statistics

**Table 24: CHA Survey Data – Solid Waste and Animal Control**

	2011 CHA		2015 CHA	
	Yes	%	Yes	%
Does your household recycle any items?	Yes	86.3%	Yes	67.26%
	No	34.1%	No	32.38%
Do you use the county recycling centers?	Yes	88.6%	Yes	N/A
	No	10.4%	No	N/A
Would you like to see a curbside recycling center county-wide?	Yes	N/A	Yes	72.74%
	No	N/A	No	13.45%
Do you have a pet older than 4 months old?	Yes	N/A	Yes	69.40%
	No	N/A	No	30.60%
Do your pets have current rabies vaccinations?	Yes	82.8%	Yes	94.01%
	No	3.1%	No	5.99%
Are your pets spayed or neutered?	Yes	78.8%	Yes	55.83%
	No	20.1%	No	24.76%
If so, did you participate in the low-cost Spay and Neuter Program offered by Cleveland County Animal Control?	Yes	N/A	Yes	12.98%
	No	N/A	No	87.02%
Would you support a privilege license fee for each pet that has not been spayed or neutered?	Yes	N/A	Yes	55.58%
	No	N/A	No	41.42%

Source: 2011 and 2015 Community Health Assessment Surveys for Cleveland County, North Carolina

**Table 25: CHA Survey Data – Emergency Preparedness**

	2011 CHA		2015 CHA	
	Yes	No	Yes	No
Does your household have working smoke and carbon monoxide detectors?	Yes	44.7%	Yes	48.35%
	No	1.4%	No	6.13%
Does your family have a basic emergency supply kit? These kits may include non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blankets, pet supplies, etc.	Yes	40.8%	Yes	41.86%
	No	57.3%	No	55.07%
Does your household have a 3-day supply (one gallon of water per person per day) of water for everyone in the household?	Yes	22.9%	Yes	25.47%
	No	76.8%	No	71.11%
Does your household have a 3-day supply of non-perishable good (does not require refrigeration or cooking) for everyone in the household?	Yes	58.7%	Yes	56.84%
	No	38.0%	No	38.80%
Does your household have a 3-day supply of prescription medication and any special medical supplies such as glucose test strips and oxygen for each person who requires these supplies?	Yes	83.0%	Yes	65.60%
	No	15.3%	No	16.19%
What would be your main way of getting information from authorities in a large-scale disaster or emergency in the county?	Televi-	64.1%	Televi-	42.91%
	Radio	12.8%	Radio	5.79%
	Internet	13.2%	Internet	17.14%
If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?	Yes	82.2%	Yes	82.0%
	No	2.9%	No	4.0%

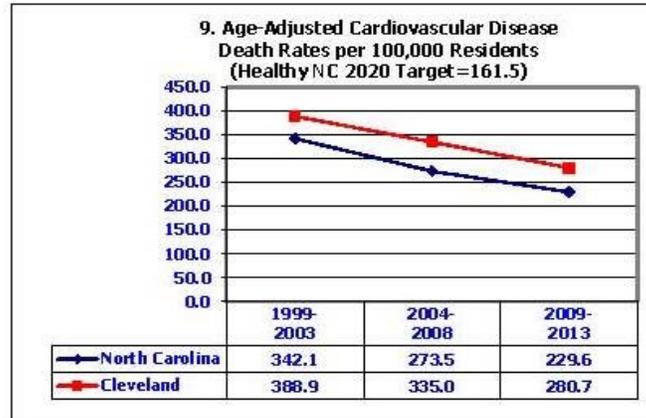
Source: 2011 and 2015 Community Health Assessment Surveys for Cleveland County, North Carolina

# APPENDIX II

## Figures

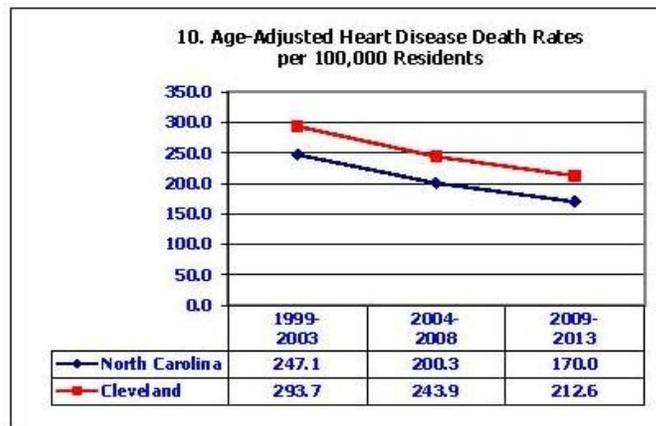
1. Cardiovascular Disease Death Rates
2. Heart Disease Death Rates
3. Stroke Death Rates
4. Diabetes Death Rates
5. Colorectal Cancer Death Rates
6. Trachea, Bronchus & Lung Cancer Death Rates
7. Unintentional Motor Vehicle Injury Death Rates
8. Unintentional Injury Death Rates excluding motor vehicle deaths
9. Homicide Rates
10. Suicide Rates
11. Infant Deaths
12. Child Deaths
13. North Carolina – All Cancer Mortality Rates
14. North Carolina – Colon Cancer Mortality Rates
15. North Carolina Lung Cancer Mortality Rates
16. North Carolina - Breast Cancer Mortality Rates
17. North Carolina – Prostate Cancer Mortality Rates
18. Female Breast Cancer Incidence Rates
19. Prostate Cancer Incidence Rates
20. North Carolina – All Cancer Incidence Rates
21. North Carolina – Colon Cancer Incidence Rates
22. North Carolina – Lung Cancer Incidence Rates
23. North Carolina – Female Breast Cancer Incidence Rates
24. North Carolina – Prostate Cancer Incidence Rates
25. Adult Obesity in Cleveland County
26. Number of Dentists per 100,000 Residents
27. Sexually Transmitted Infections
28. Inpatient Hospitalization Rates for Asthma All Ages
29. Inpatient Hospitalization Rates for Asthma Ages 0-14
30. Percentage of Resident Live Births Classified as Low Birthweight
31. Percentage of Resident Live Births Classified as Very Low Birthweight
32. Percentage of Resident Live Births That Were Premature
33. Percentage of Resident Live Births Delivered by Cesarean Section
34. Teen Pregnancies Ages 15-19
35. Percentage of Resident Teen Pregnancies Ages 15-19 that were Repeat
36. Number of Primary Care Physicians per 10,000 Population
37. Uninsured in Cleveland County
38. Violent Crime in Cleveland County
39. Unemployment Trends in Cleveland County
40. Children in Poverty Trends in Cleveland County
41. Physical Inactivity Trends in Cleveland County
42. Air Pollution Trends in Cleveland County

Figure 1: Age-Adjusted Cardiovascular Disease Death Rates/100,000 Residents  
North Carolina and Cleveland County



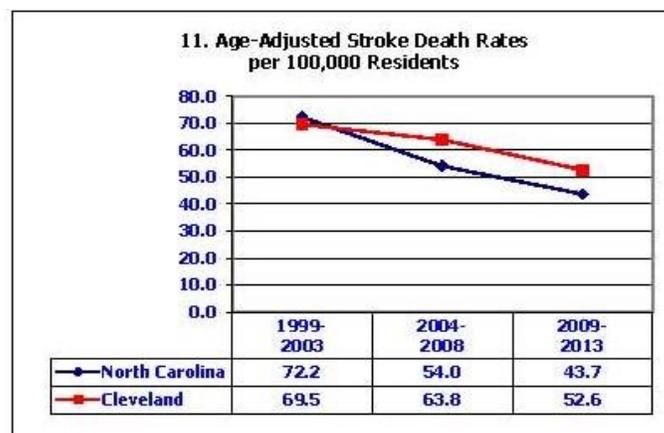
Source: North Carolina County Trends Reports, Published March 2015

Figure 2: Age-Adjusted Heart Disease Death Rates/100,000 Residents  
North Carolina and Cleveland County



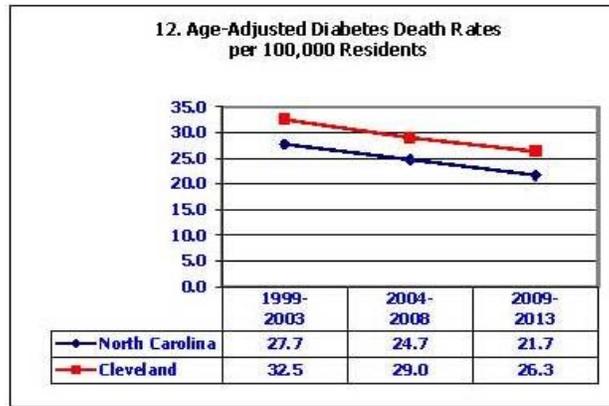
Source: North Carolina County Trends Reports, Published March 2015

Figure 3: Age-Adjusted Stroke Death Rates/100,000 Residents  
North Carolina and Cleveland County



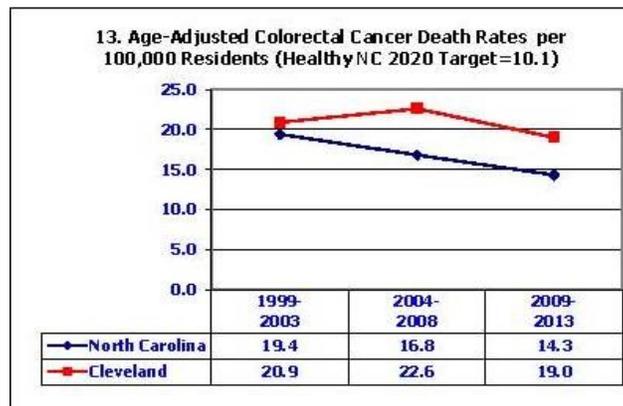
Source: North Carolina County Trends Reports, Published March 2015

Figure 4: Age-Adjusted Diabetes Death Rates/100,000 Residents  
North Carolina and Cleveland County



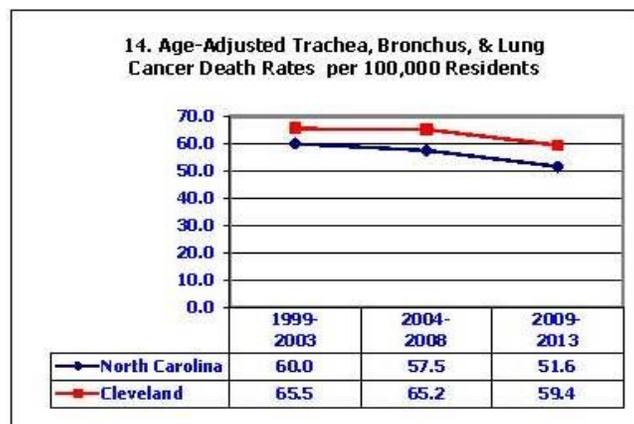
Source: North Carolina County Trends Reports, Published March 2015

Figure 5: Age-Adjusted Colorectal Cancer Death Rates/100,000 Residents  
North Carolina and Cleveland County



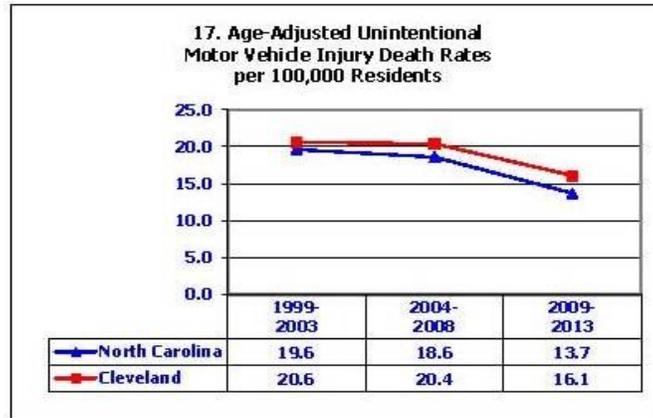
Source: North Carolina County Trends Reports, Published March 2015

Figure 6: Age-Adjusted Trachea, Bronchus & Lung Cancer Death Rates/100,000 Residents  
North Carolina and Cleveland County



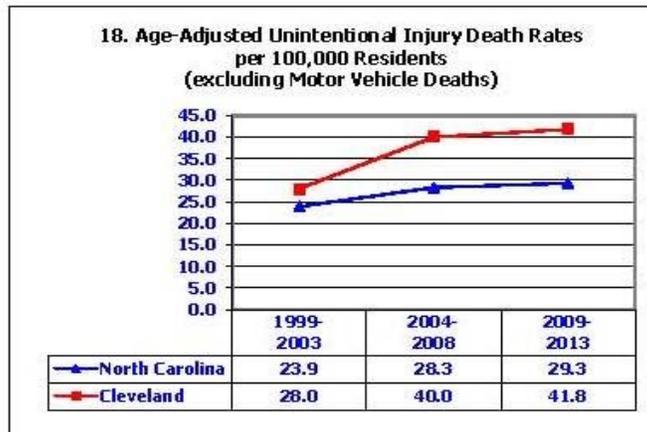
Source: North Carolina County Trends Reports, Published March 2015

Figure 7: Age-Adjusted Unintentional Motor Vehicle Injury Death Rates/100,000 Residents  
North Carolina and Cleveland County



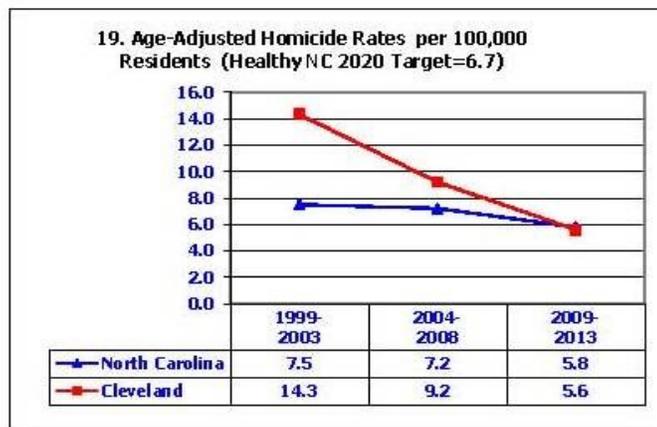
Source: North Carolina County Trends Reports, Published March 2015

Figure 8: Age-Adjusted Unintentional Injury Death Rates/100,000 Residents  
North Carolina and Cleveland County



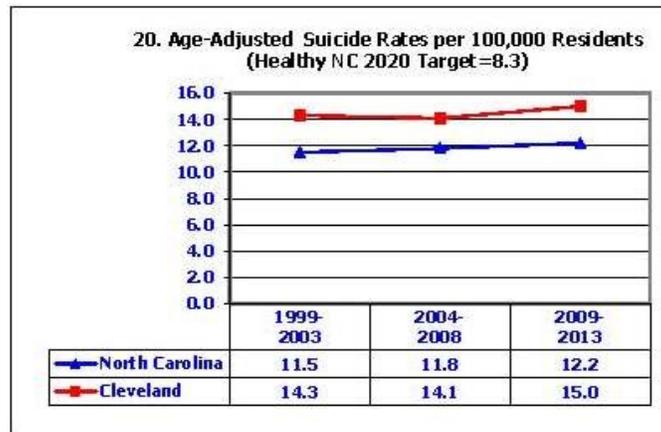
Source: North Carolina County Trends Reports, Published March 2015

Figure 9: Age-Adjusted Homicide Rates/100,000 Residents  
North Carolina and Cleveland County



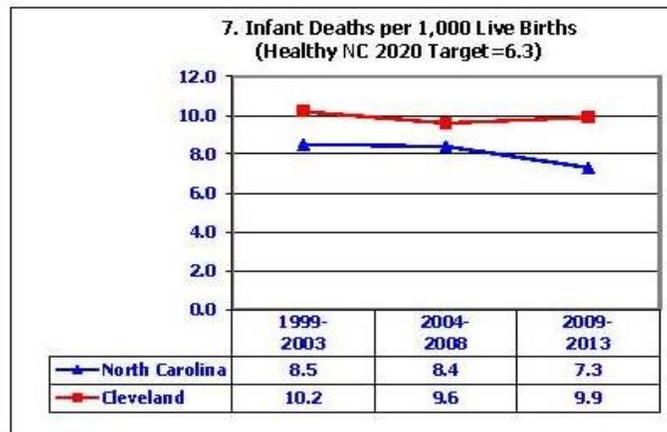
Source: North Carolina County Trends Reports, Published March 2015

Figure 10: Age-Adjusted Suicide Rates/100,000 Residents  
North Carolina and Cleveland County



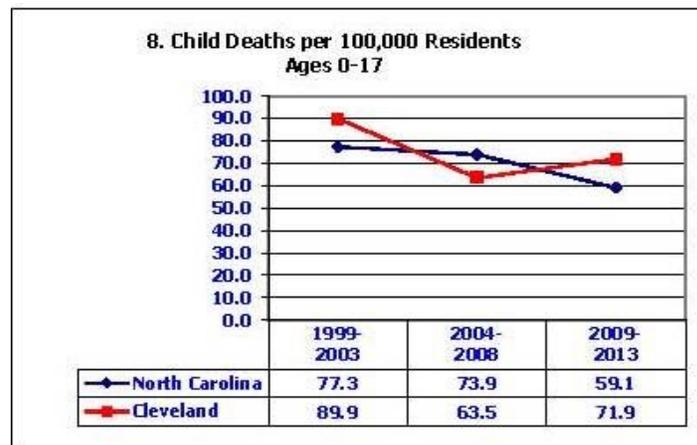
Source: North Carolina County Trends Reports, Published March 2015

Figure 11: Infant Deaths per 1,000 Live Births  
North Carolina and Cleveland County



Source: North Carolina County Trends Reports, Published March 2015

Figure 12: Child Deaths per 100,000 Residents Ages 0 – 17  
North Carolina and Cleveland County



Source: North Carolina County Trends Reports, Published March 2015

Figure 13: North Carolina - All Cancer Mortality Rates 2010-2014

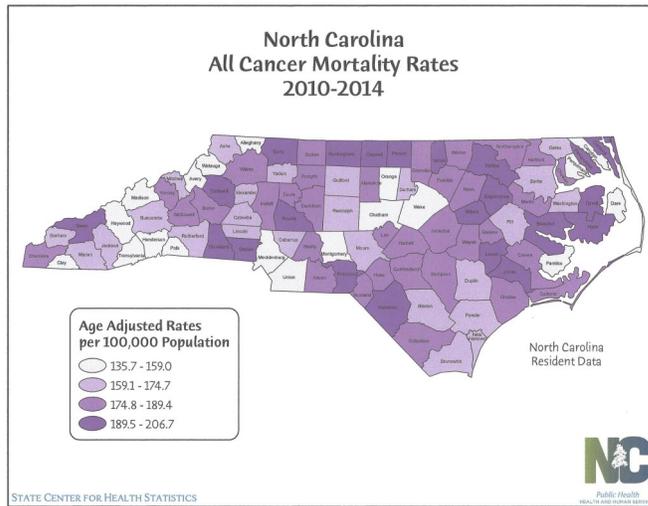


Figure 14: North Carolina – Colon Cancer Mortality Rates 2010-2014

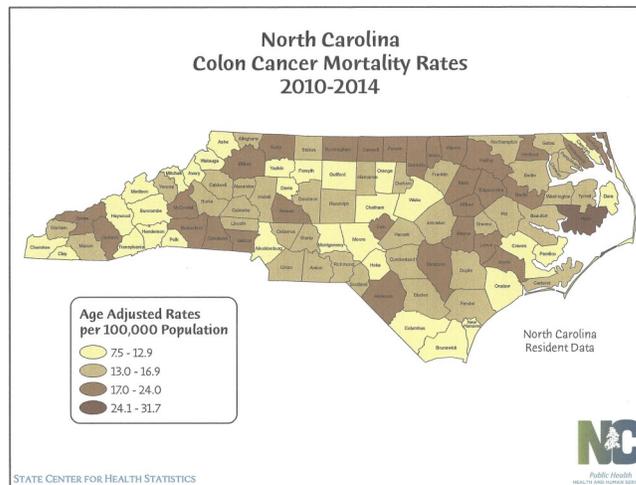


Figure 15: North Carolina – Lung Cancer Mortality Rates 2010-2014

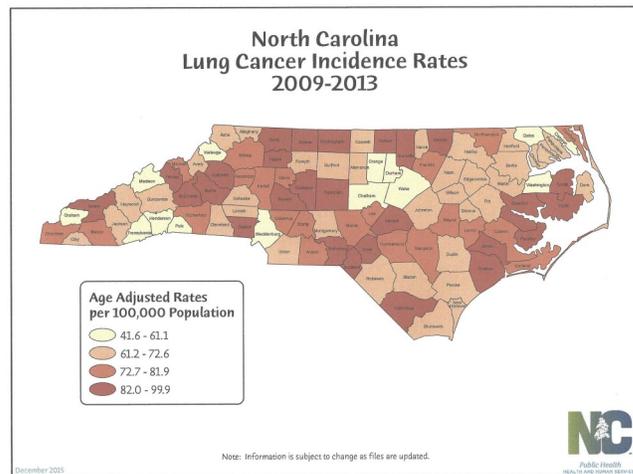


Figure 16: North Carolina – Breast Cancer Mortality Rates 2010-2014

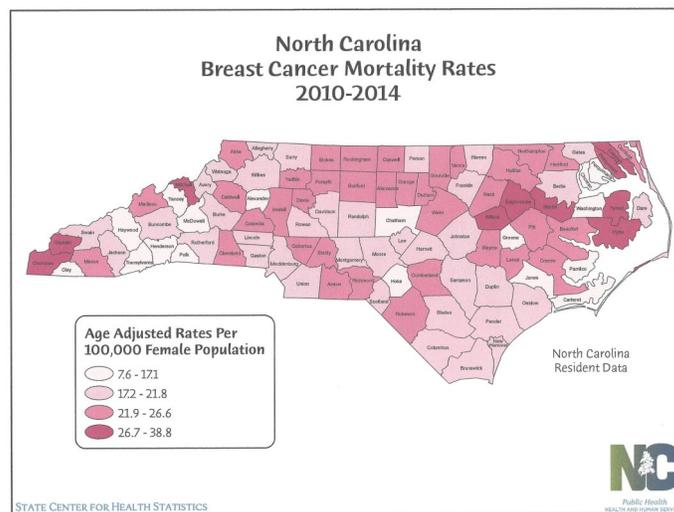


Figure 17: North Carolina – Prostate Cancer Mortality Rates 2010-2014

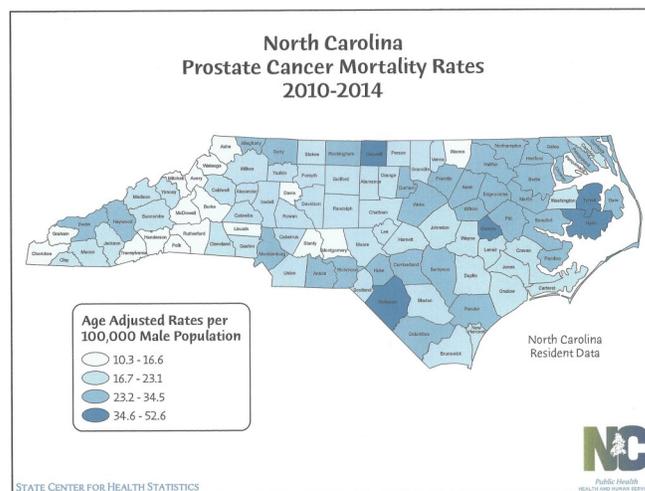
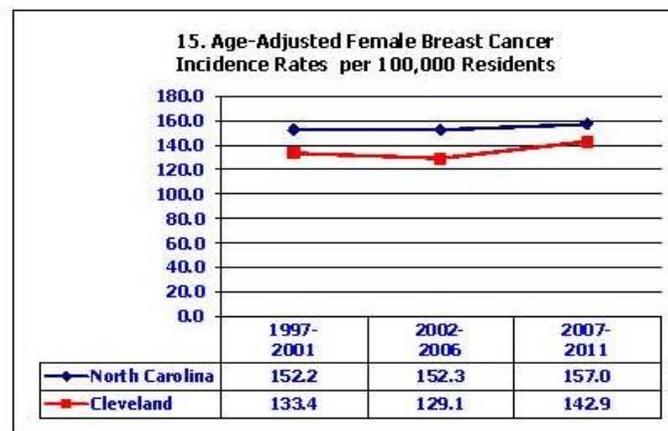
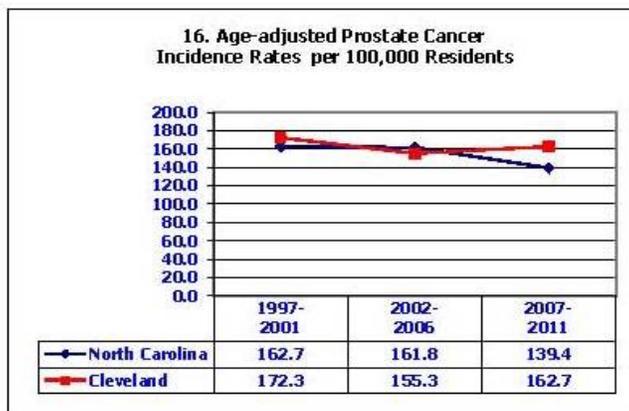


Figure 18: Age-Adjusted Female Breast Cancer Incidence Rates per 100,000 Residents North Carolina and Cleveland County



Source: North Carolina County Trends Reports, Published March 2015

Figure 19: Age-Adjusted Prostate Cancer Incidence Rates per 100,000 Residents  
North Carolina and Cleveland County



Source: North Carolina County Trends Reports, Published March 2015

Figure 20: North Carolina – All Cancer Incidence Rates 2009-2013

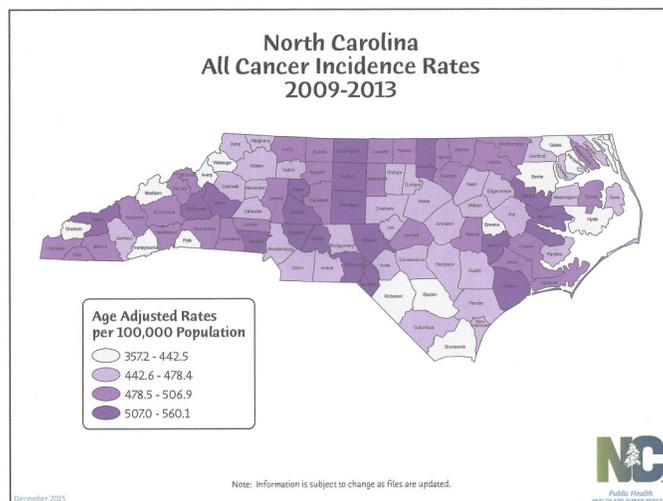


Figure 21: North Carolina – Colon Cancer Incidence Rates 2009-2013

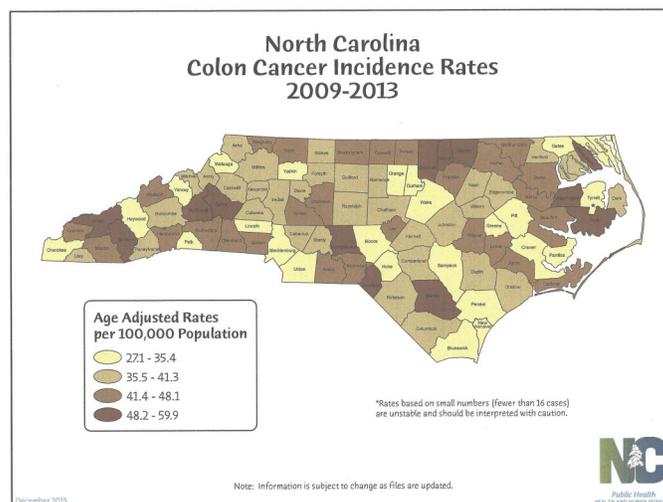


Figure 22: North Carolina – Lung Cancer Incidence Rates 2009-2013

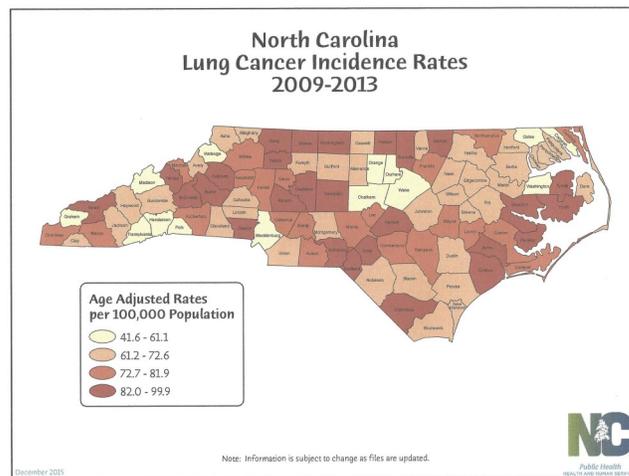


Figure 23: North Carolina – Female Breast Cancer Incidence Rates 2009-2013

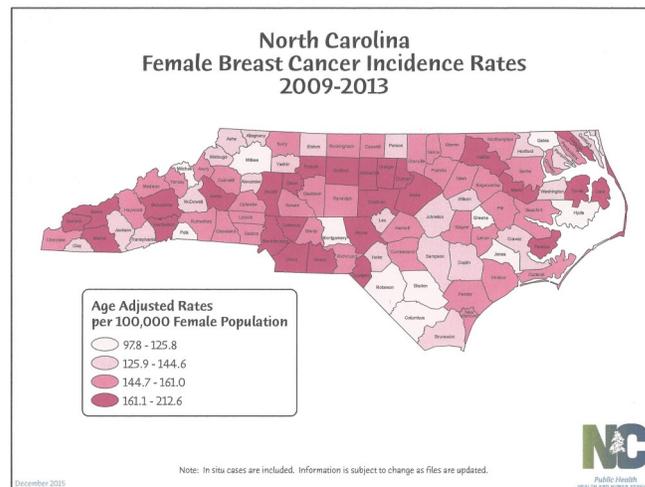


Figure: 24: North Carolina – Prostate Cancer Incidence Rates 2009-2013

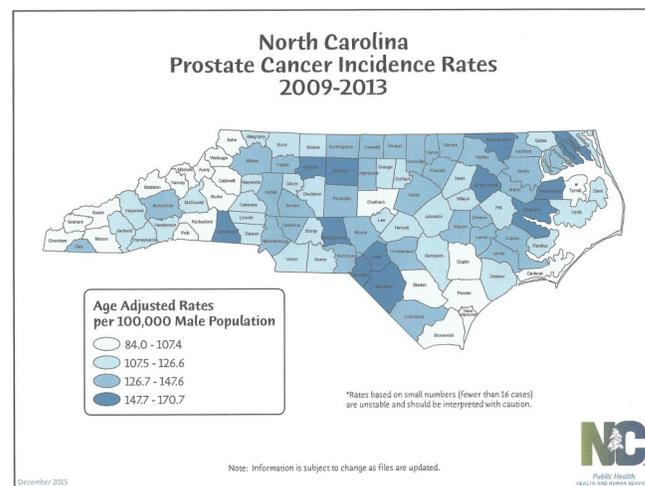
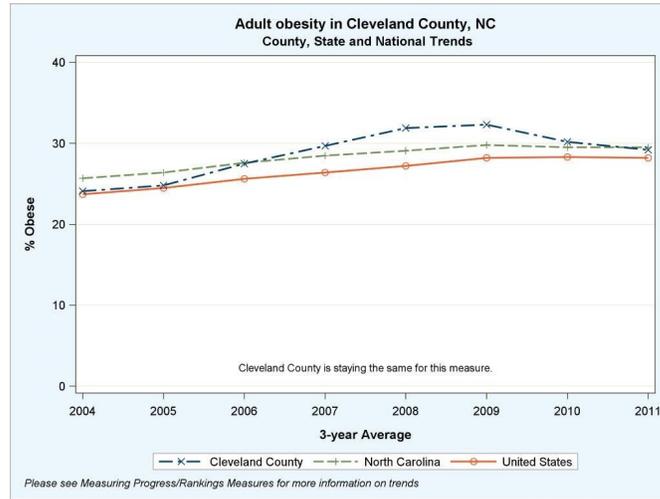
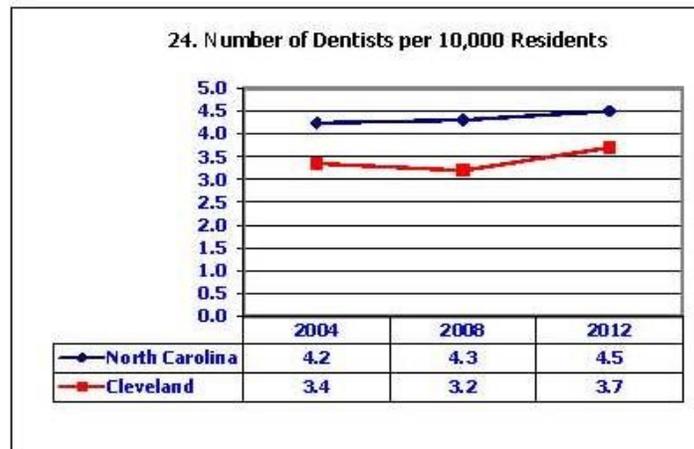


Figure 25: Adult Obesity in Cleveland County, NC



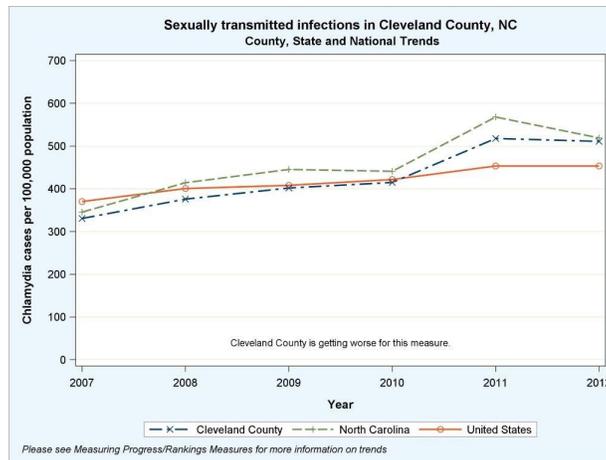
Source: 2016 County Health Rankings

Figure 26: Number of Dentists per 10,000 Residents



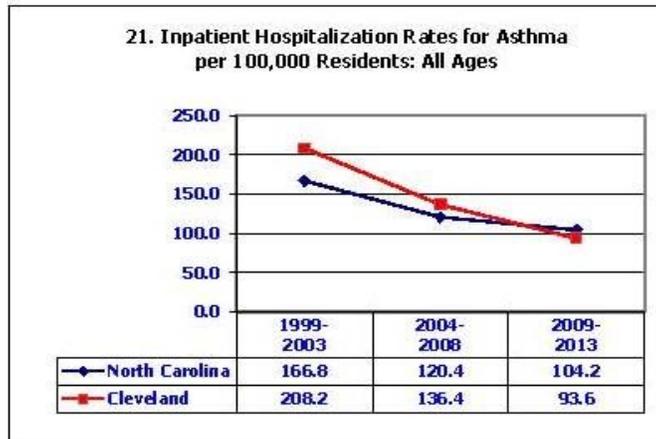
Source: North Carolina County Trends Reports, Published March 2015

Figure 27: Sexually Transmitted Infections in Cleveland County, NC  
County, State and National Trends



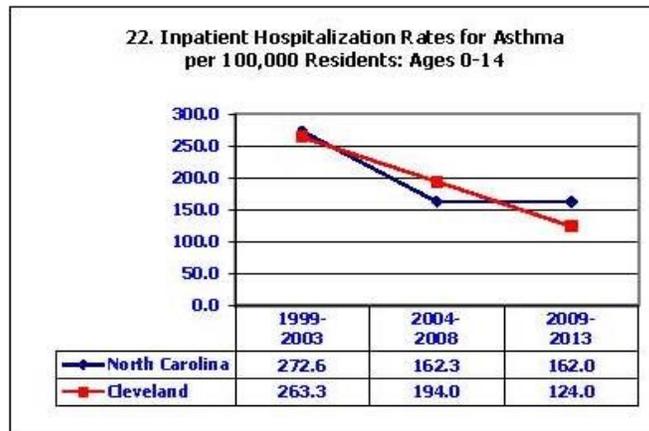
Source: 2016 County Health Rankings

Figure 28: Inpatient Hospitalization Rates for Asthma per 100,000 Residents All Ages North Carolina and Cleveland County



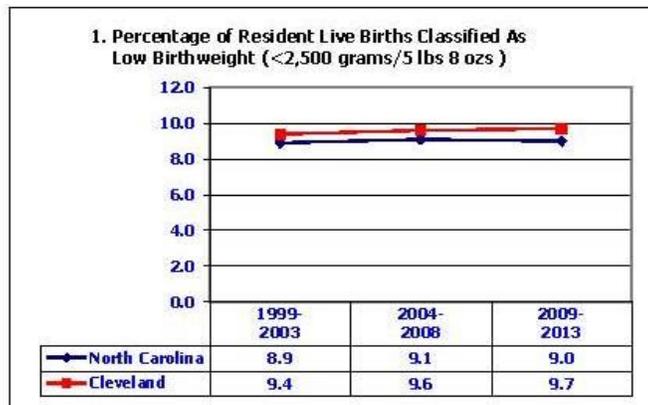
Source: North Carolina County Trends Reports, Published March 2015

Figure 29: Inpatient Hospitalization Rates for Asthma per 100,000 Residents Ages 0 – 14 North Carolina and Cleveland County



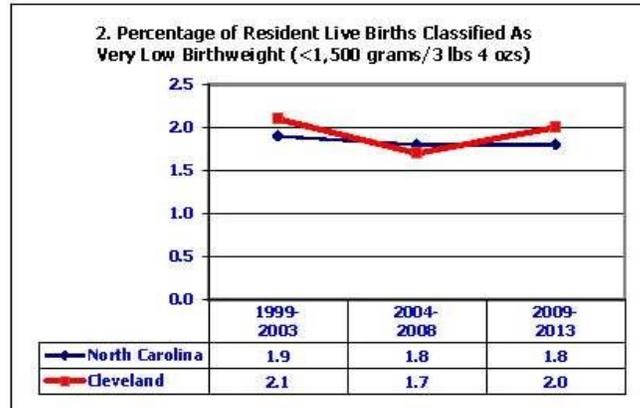
Source: North Carolina County Trends Reports, Published March 2015

Figure 30: Percentage of Resident Live Births Classified as Low Birthweight (<2500 grams/5 lbs 8 ozs) North Carolina and Cleveland County



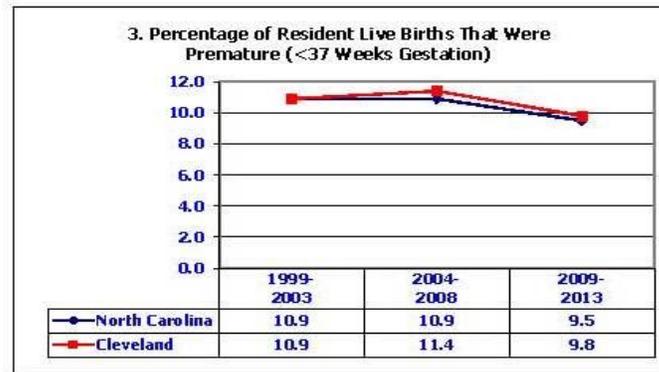
Source: North Carolina County Trends Reports, Published March 2015

Figure 31: Percentage of Resident Live Births Classified as Very Low Birthweight (<=1500 grams/3 lbs 4 ozs) North Carolina and Cleveland County



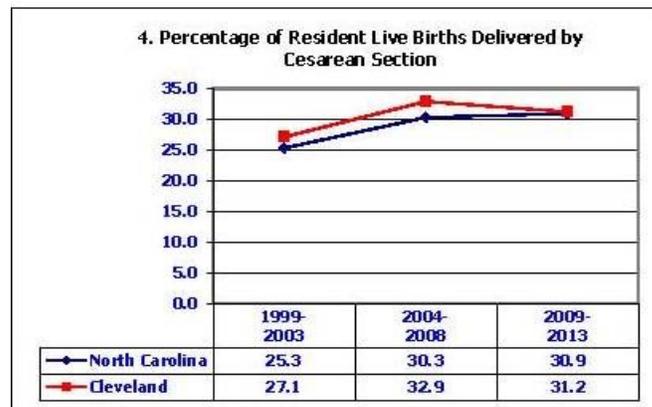
Source: North Carolina County Trends Reports, Published March 2015

Figure 32: Percentage of Resident Live Births That were Premature (<37 Weeks Gestation) North Carolina and Cleveland County



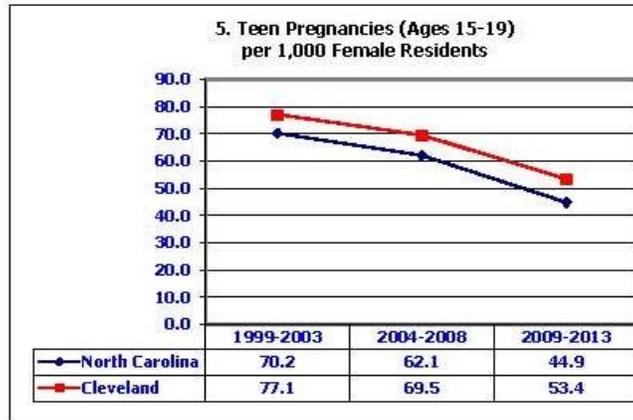
Source: North Carolina County Trends Reports, Published March 2015

Figure 33: Percentage of Resident Live Births Delivered by Cesarean Section North Carolina and Cleveland County



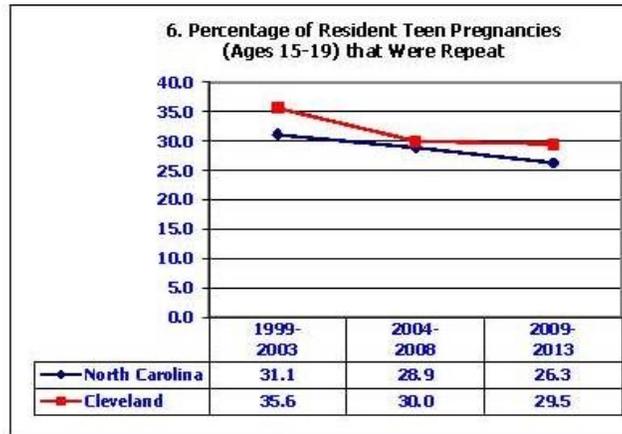
Source: North Carolina County Trends Reports, Published March 2015

Figure 34: Teen Pregnancies (Ages 15-19) per 1,000 Female Residents  
North Carolina and Cleveland County



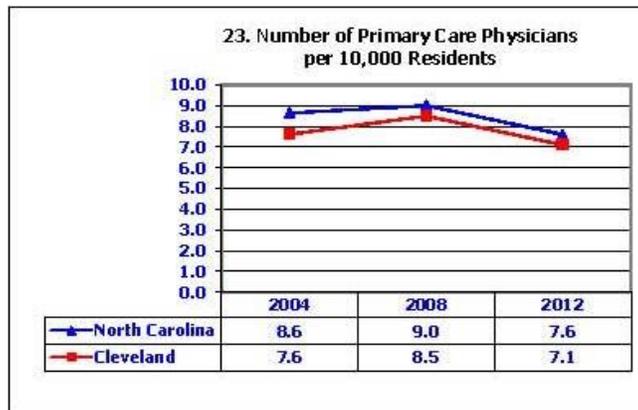
Source: North Carolina County Trends Reports, Published March 2015

Figure 35: Percentage of Resident Teen Pregnancies (Ages 15-19) that were Repeat  
North Carolina and Cleveland County



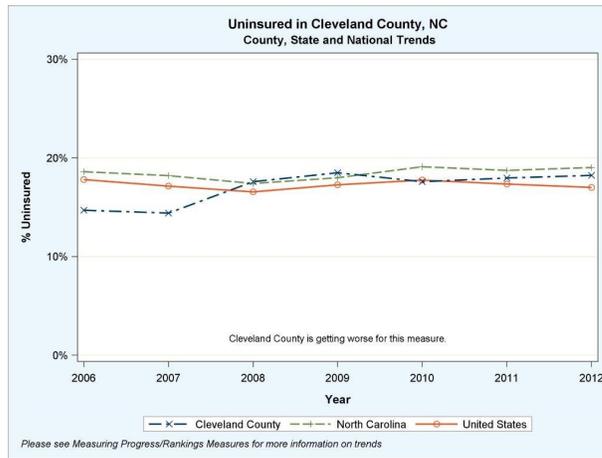
Source: North Carolina County Trends Reports, Published March 2015

Figure 36: Number of Primary Care Physicians per 10,000 Population  
North Carolina and Cleveland County



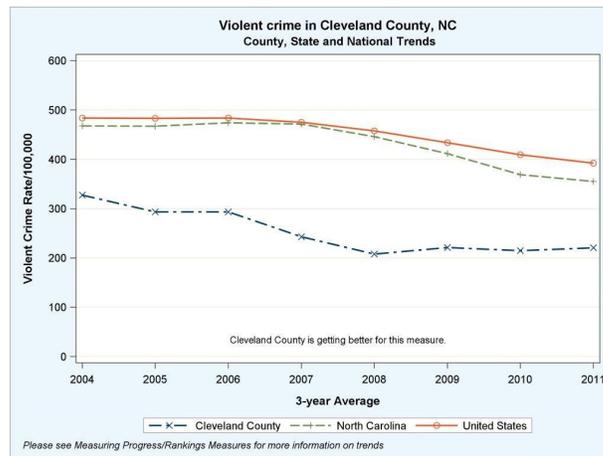
Source: North Carolina County Trends Reports, Published March 2015

Figure 37: Uninsured in Cleveland County County, State and National Trends



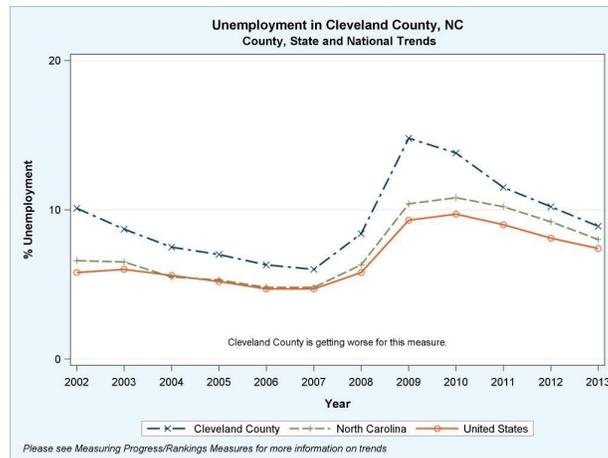
Source: 2016 County Health Rankings

Figure 38: Violent Crime in Cleveland County, NC County, State and National Trends



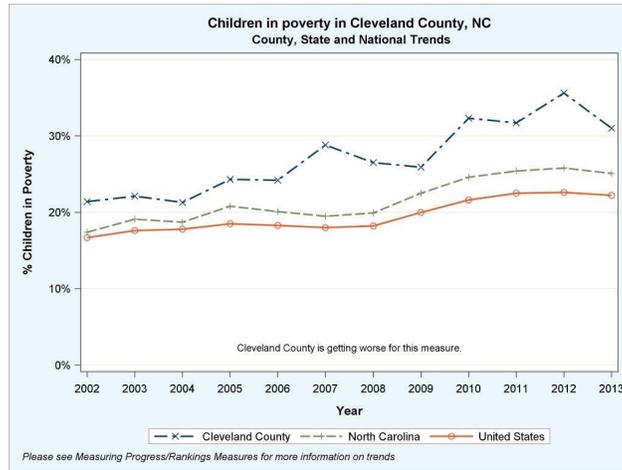
Source: 2016 County Health Rankings

Figure 39: Rankings—Unemployment Trends



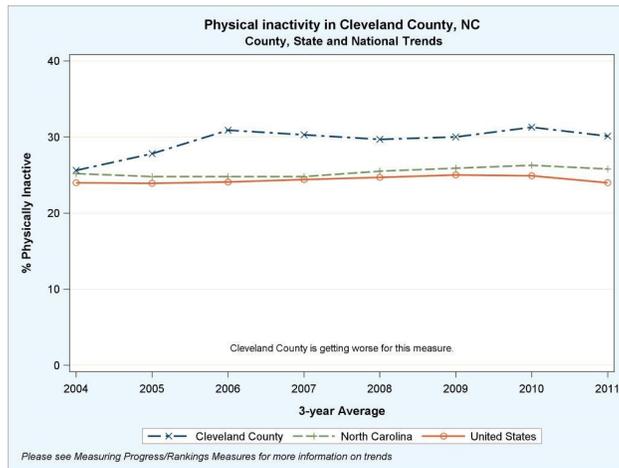
Source: 2016 County Health Rankings

Figure 40: Children in Poverty—Trends



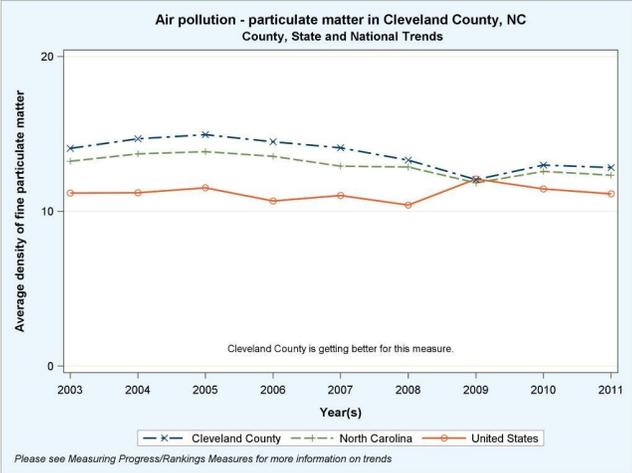
Source: 2016 County Health Rankings

Figure 41: Physical Activity—Trends



Source: 2016 County Health Rankings

Figure 42: Air Pollution—Trends



Source: 2016 County Health Rankings

# **APPENDIX III**

## **Resource Guide**

## RESOURCE BOOK FOR CLEVELAND COUNTY

Access to health resources is vital to maintaining the health of our community. The following describes these resources in Cleveland County.

**Public Health:** Cleveland County Public Health Center offers disease prevention, disease treatment, health promotion and environmental services. Its clinics provide family planning, diabetes care and disease management, maternal health, child health, and general clinics to include immunizations, communicable disease and diagnoses and treatments for sexually transmitted disease. It also provides nutrition services, including WIC and health education programs for the community and schools. A Dental Clinic provides care for persons up to age 21 and for prenatal patients.

### **Hospitals:**

**Carolinas Healthcare System- Cleveland** is a 241-bed hospital serving the greater Cleveland County, NC region. CHS-Cleveland provides a 24-hour emergency Department with level III trauma care which is an accredited chest pain center. It has access to a regional stroke network and is a cancer center partner with Levine Cancer Institute.

**Carolinas HealthCare System - Kings Mountain** is a 102 bed hospital serving the greater Cleveland County, NC region. CHS- Kings Mountain provides a 24-hour emergency department and is an accredited chest pain center. CHS- Kings Mountain provides inpatient behavioral health, pain management, surgical suites, and rehabilitation services.

**CLECO (rural health):** CLECO Primary Care Network is a local community network of not-for-profit health centers. Providing care for adults and children, the centers provide outpatient medical services, and, when needed, will arrange for hospital admissions.

**Healthy Carolinians Coalition (Alliance for Health):** The Alliance for Health in Cleveland County, Inc. is the county's certified Healthy Carolinians Partnership. Healthy Carolinians is a county-wide process to establish public/private partnerships that bring together public health workers, health care providers, human service agencies, civic organizations, churches, schools, businesses, and community members to address the health and safety problems of their community.

**Nursing and adult care homes:** There are 8 adult care homes, 14 family care homes and 4 nursing homes in Cleveland County per DHHS.

**Mental health facilities:** Partners Behavioral Health Management manages public mental health, substance abuse and developmental disability services in Cleveland County. There are 24 providers of these services in Cleveland County (per

DHHS) and citizens have access to services from surrounding counties.

**Community Health centers:** CLECO offers medical care at four locations in Cleveland County. CLECO provides services on a sliding fee scale.

**Emergency medical services:** Cleveland County has two hospital emergency departments. Less acute care is available at three urgent care centers in the county.

**Home health and hospice care:** These services are provided through 7 home health agencies and Hospice of Cleveland County with two locations (Wendover in Shelby and Testa House in Kings Mountain).

**School health services:** A wide variety of services are provided by 14 school health nurses who serve 21 different elementary and middle school sites as well as Turning Point Academy, the system's alternative school. There are school-based health centers in each of the four high schools staffed by nurse practitioners.

**Medical and health transportation** There are two main providers of medical and health transportation. Cleveland County Emergency Medical Services (CCEMS) is a county department which provides ambulance and paramedic services to the entire county. TACC- Transportation Administration of Cleveland County, Inc. provides medical transportation for the elderly and disabled of Cleveland County as well as general public transportation for all citizens of Cleveland County.

**Nursing and medical school services:** Cleveland Community College and Gardner -Webb University offer a two year nursing ADN program. Gardner -Webb University College of Health Sciences offers advanced nursing degrees and physician assistant studies.

**Dental care providers** There are 35 dentists in private practice in Cleveland County and one public health dentist located at the Cleveland County Public Health Center serving pediatric dental services to people under the age of 21 and to prenatal patients.

**Recreational facilities and fitness centers:** The county is served by three branches of the Cleveland County Family YMCA well as private fitness facilities. The City of Shelby provides recreational facilities including parks, baseball, swimming pool, playgrounds, basketball courts, gymnastics, tennis courts and a golf course. The City of Kings Mountain also operates recreational programming through a contract with the Cleveland County Family YMCA.

**Pharmacy Services:** There are 38 pharmacies located in Cleveland County.

**Ancillary services:** Carolinas Healthcare System-Cleveland has a full-scale radiology and Laboratory practices and the county also has several private providers for these services.

**Foundations:** Several local foundations exist for the support of health and human

services and education in the county. The Cleveland County Community Foundation is managed through the Foundation of the Carolinas headquartered in Charlotte, NC. The HealthCare Foundation of Cleveland County is administered at CHS-Cleveland.

Several local family foundations (Dover – the largest, Paul & Margaret Porter and the Lutz Foundation among others) fund requests for support. Foundations also support the work of the Cleveland County Schools as well as Cleveland Community College. A more extensive listing of foundations is available through the on-line Foundation Center Director housed in the Alliance for Health office at the Cleveland County Public Health Center.

**Medical facilities:** There are approximately 174 physicians, 70 primary care physicians in Cleveland County. The physician per 10,000 population ratio is 17.8 according to the UNC Sheps Center for Health Services Research.

**Medical and health equipment suppliers:** There are \_\_\_ medical equipment suppliers in Cleveland County.

**Renal dialysis centers** There are 4 dialysis clinics in Cleveland County

**Healthcare of jail inmates:** Cleveland County contracts with a private company to provide health services for the Cleveland County jail and detention center.

**Linkage and referral patterns with medical & health facilities outside of county:**

Carolinas Healthcare System-Cleveland and Carolinas HealthCare System-Kings Mountain refer to Carolinas Healthcare System-Charlotte, 45 miles east and approximately 1 hour driving distance. CHS- Cleveland airlifts patients to Charlotte for intensive treatments. Cleveland County residents also have access to other specialists in Asheville and Winston Salem within a 90 mile radius.

**Health promotion & prevention programs:** The Cleveland County Public Health Center's Health Promotion and prevention programs focus on providing quality education and prevention services to Cleveland County residences. Through the Alliance for Health, agencies such as Carolinas Health Care System – Cleveland County, NC Cooperative Extension, Cleveland County Alliance for Health, Cleveland County Schools, Cleveland County Sheriff's Department , Senior Centers, Child Care Connections, Cleveland County Partnership for Children, Communities in Schools, Partners Behavioral Health, and YMCA support the Minority Health Council, the Eat Smart, Move More Coalition, the Substance Abuse Prevention Coalition, the Overdose Prevention Task Force, and the Teen Pregnancy Prevention Coalition.

**Chiropractic Services:** There are 18 chiropractic services in Cleveland County.

**Maternal and childcare:** These services are provided primarily by Shelby Women's Care and the Cleveland County Public Health Center. The Public Health Center provides a child health clinic offering well and sick visit care. There are currently 14

pediatric physicians and 8 obstetrics/ gynecology physicians practicing in Cleveland County.

**Health Related Supportive Services:** Various support groups exist in the county covering a variety of topics. A depression/bipolar support group meets at the Cleveland County Library on Howie Drive. Several Alcoholics Anonymous groups and Al-Anon Family Groups meeting on various days at different times. There is a support group for caregivers which meets at the Life Enrichment Center, a multiple sclerosis support group which meets at the Dover YMCA, a support group for survivors of polio, Parkinson's support group and Overeaters Anonymous. Specific dates, times and meeting places may be obtained by calling United Way of Cleveland County. This information is also published at least weekly in the local newspaper, The Star.

**Child care providers:** Child Care Connections is a child care resource and referral service. It is a non-profit community-based organization funded in part by Smart Start through the Cleveland County Partnership for Children and the North Carolina Division of Child Development & Early Education. Child Care Connections aids families in their search for a quality child care environment that meets their individual needs; assist child care providers in maintaining or increasing the quality of the care given; and serve the community as a resource for distributing data and information regarding early childhood issues. There are 55 licensed and regulated child care providers including day care centers and child care homes. Four of these private facilities have NC Pre-K classrooms.

**Head Start Programs:** There are 12 head start classrooms and 12 early head start classrooms in Cleveland County. There are 14 NC Pre-K classrooms in the school system.

**Law Enforcement Agencies:** Cleveland County Sheriff's Office serves the entire county while municipalities provide their own police departments including Shelby, Kingstown, Kings Mountain and Boiling Springs.

**Media:** The Shelby Star is a daily publication has significant circulation in Cleveland County. The Shelby Shopper is a free weekly publication. The county is served by Charlotte TV stations. Cleveland Community College hosts C19TV on a local cable channel.

**Places of Worship:** Cleveland County has a strong faith based community with over 300 places to worship of all faiths. The Faith and Health Ministry of Greater Cleveland County works to integrate health and wellness into faith based environments.



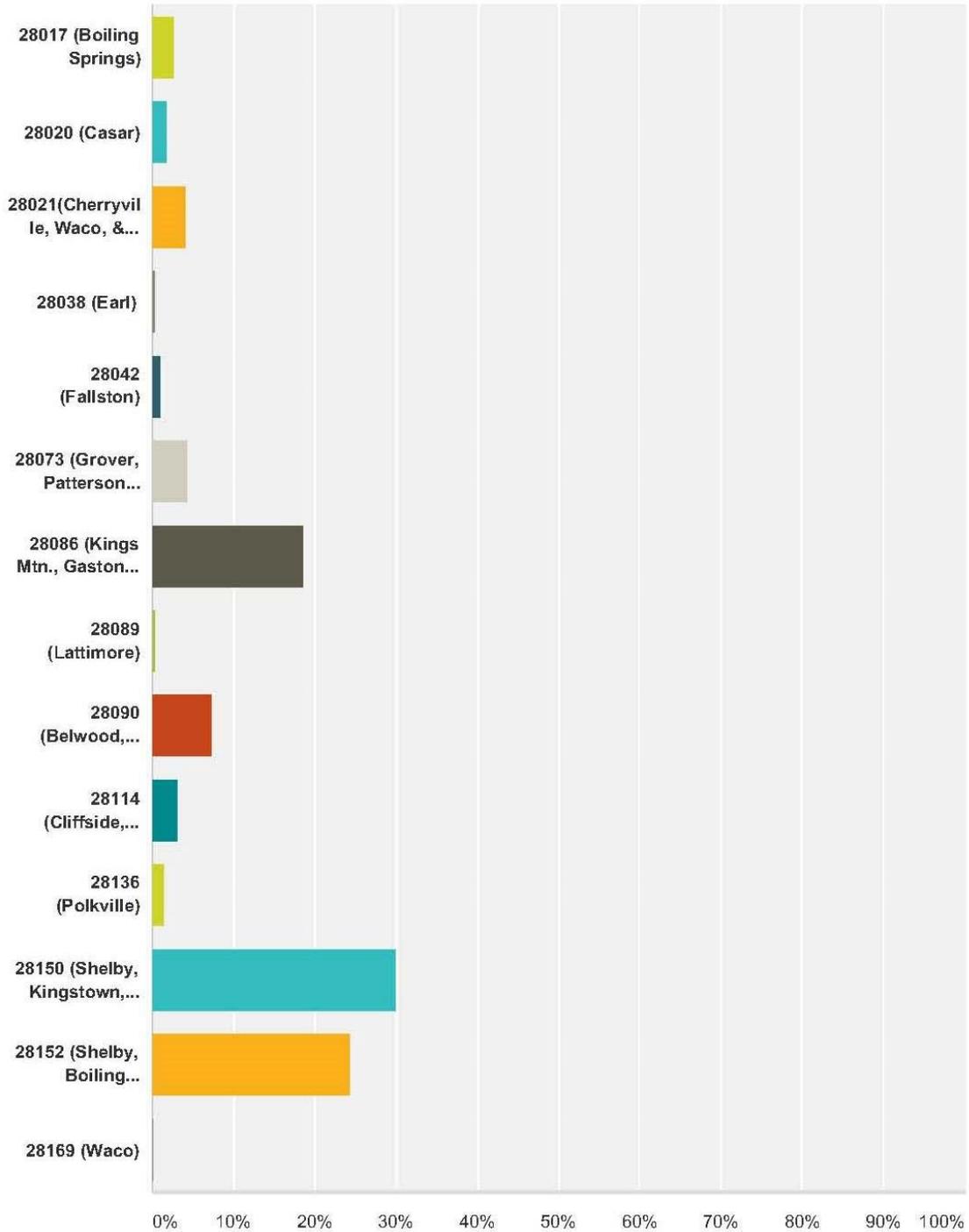
# APPENDIX IV

## 2015 Community Survey With Results

Questions with *IF THEN* responses will follow the appropriate survey question, however will be numbered out of order.

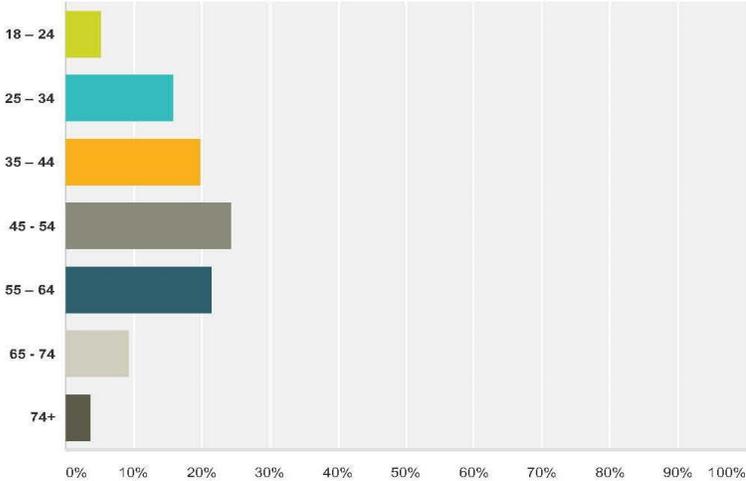
# Q1 What is the zip code for your household? Choose only ONE.

Answered: 1,004 Skipped: 0



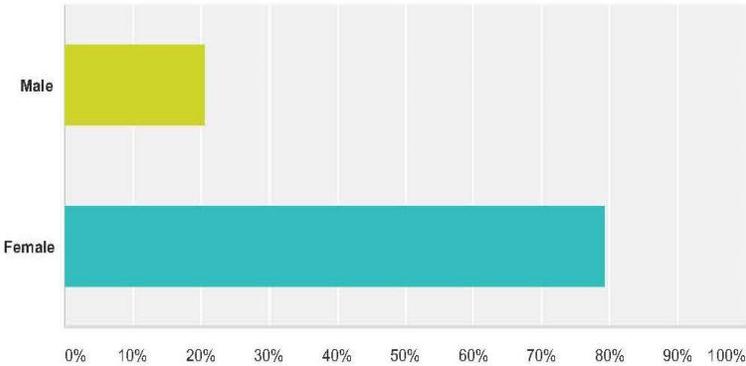
**Q2 How old are you? Please mark the appropriate category.**

Answered: 996 Skipped: 8



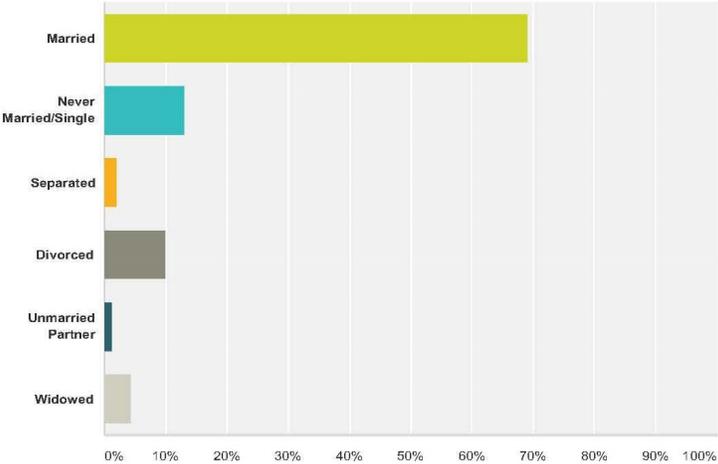
**Q3 What is your gender?**

Answered: 994 Skipped: 10



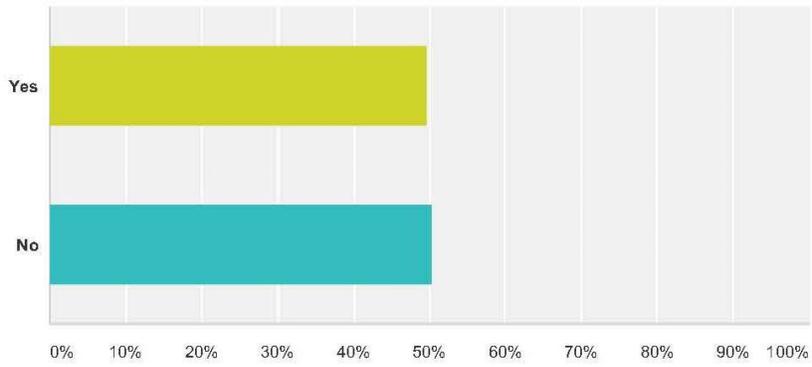
**Q4 What is your marital status?**

Answered: 991 Skipped: 13



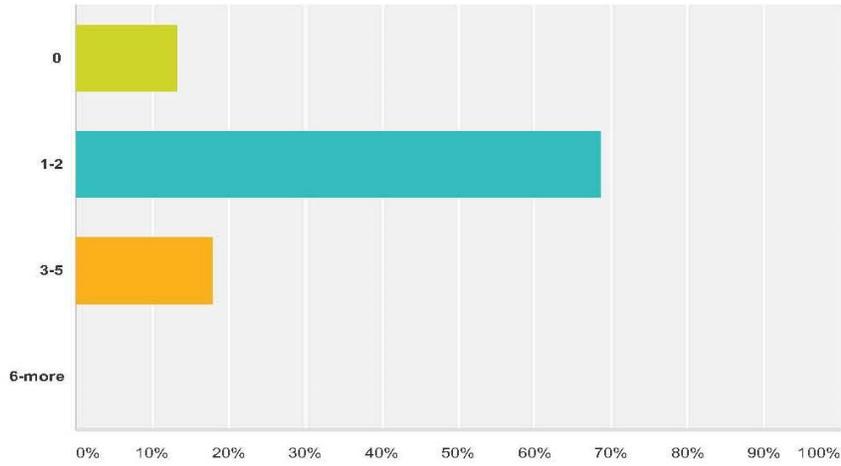
### Q5 Are you head of household?

Answered: 990 Skipped: 14



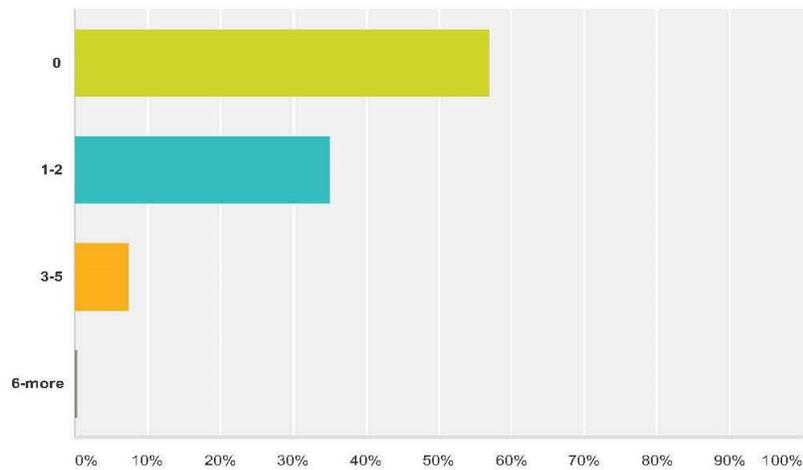
### Q6 Number of adults 18 years and older living in house

Answered: 989 Skipped: 15



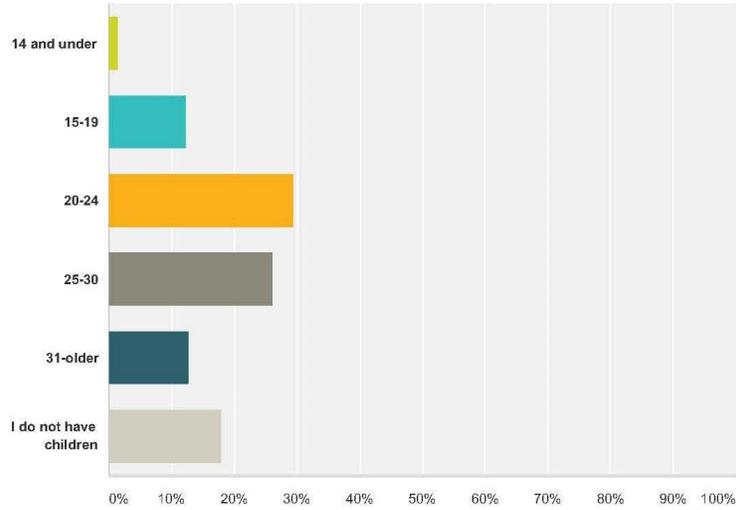
### Q7 Number of children 17 years and younger living in house

Answered: 989 Skipped: 15



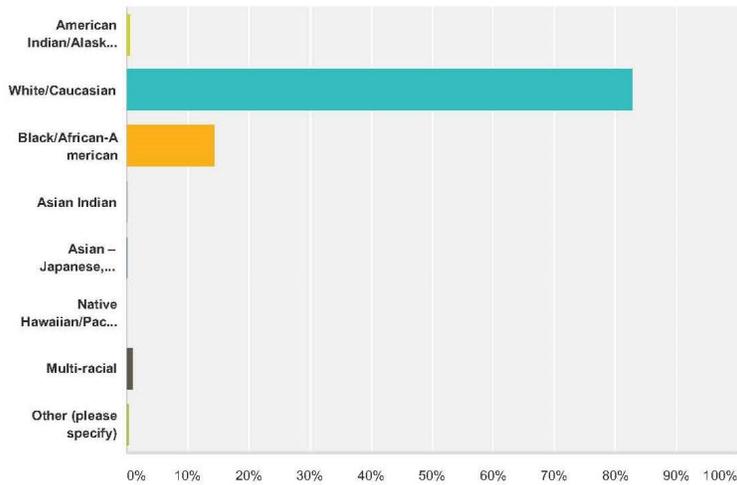
### Q8 If you have children, what was your age when your first child was born?

Answered: 989 Skipped: 15



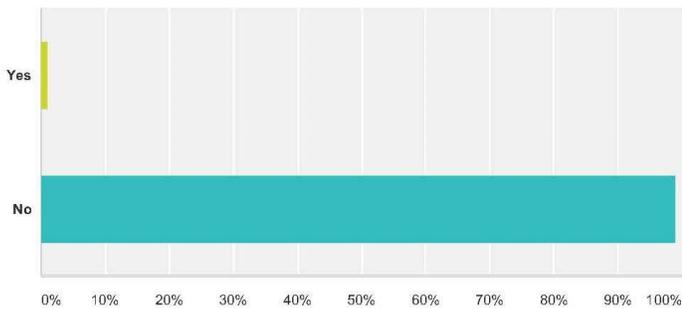
### Q9 What do you consider your race?

Answered: 989 Skipped: 15



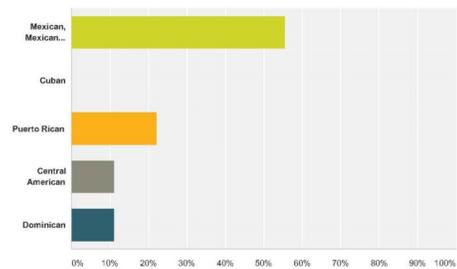
### Q10 Are you of Hispanic, Latino or Spanish origin?

Answered: 986 Skipped: 18



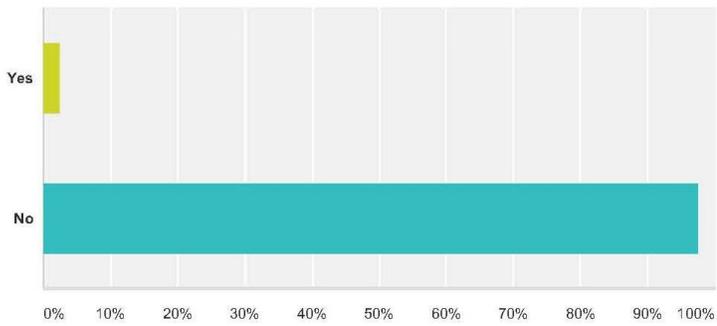
### Q96 If yes, are you:

Answered: 9 Skipped: 995



**Q11 Do you speak a language other than English at home?**

Answered: 982 Skipped: 22

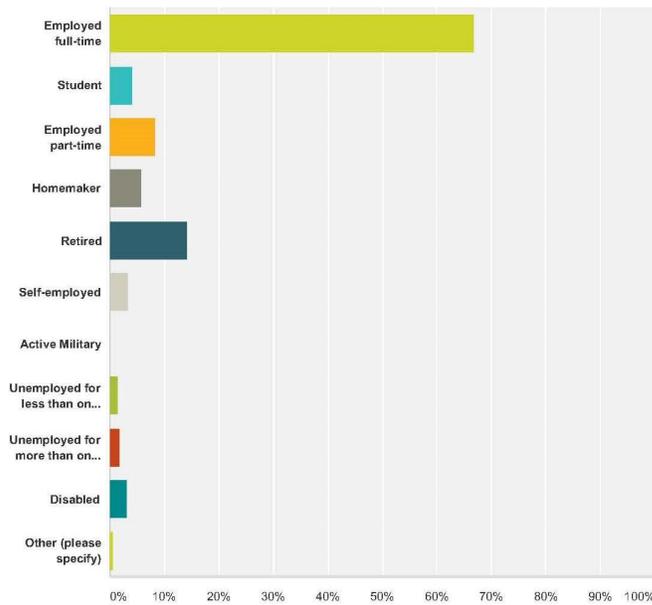


**Q85 If yes, what language do you speak at home?**

Answered: 23 Skipped: 981

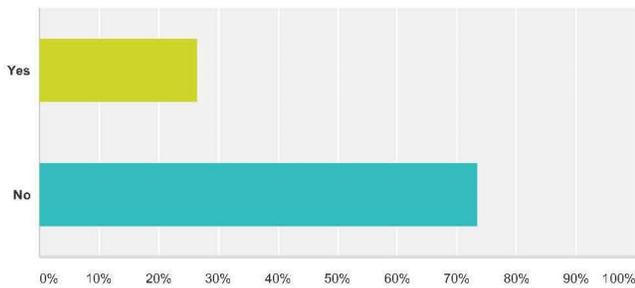
**Q12 What is your employment status? Check all that apply.**

Answered: 981 Skipped: 23



**Q13 Are you or anyone else in your household employed outside Cleveland County?**

Answered: 981 Skipped: 23

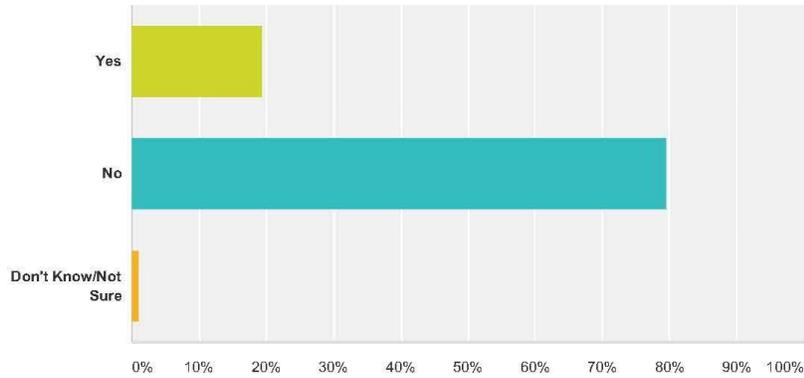


**Q86 If yes, what county is the individual employed in?**

Answered: 258 Skipped: 746

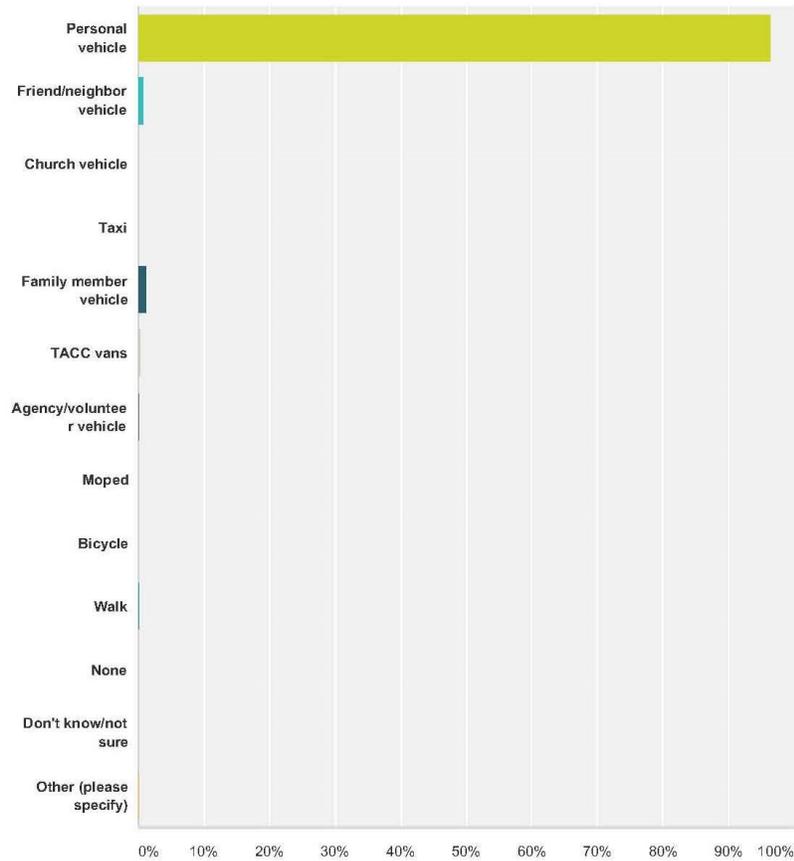
**Q14 In the past twelve months has anyone in your household received any form of public assistance such as SSI, food stamps, Work First, WIC, or Medicaid?**

Answered: 977 Skipped: 27



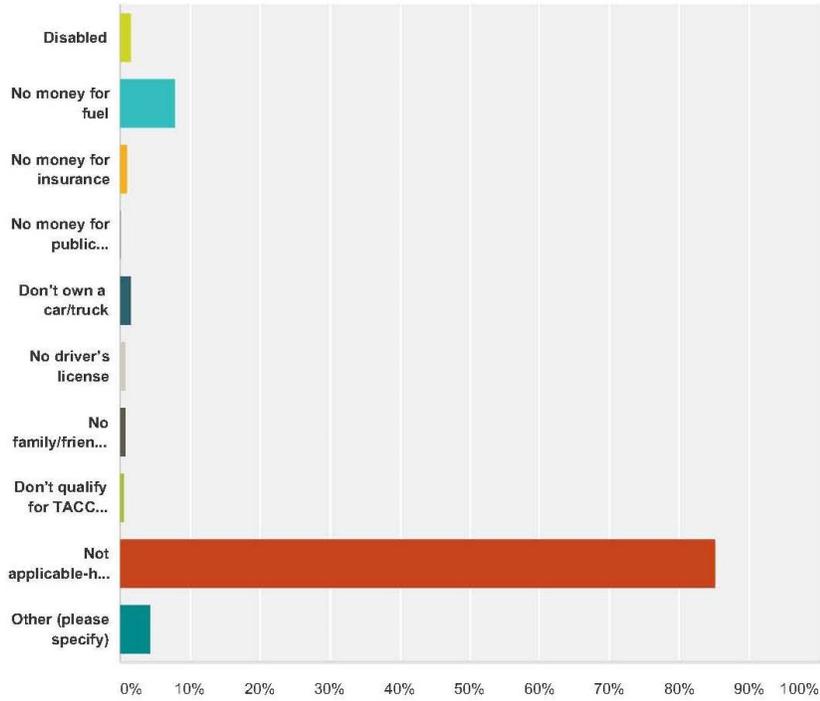
**Q15 What is your primary source of transportation in Cleveland County? Please choose only one.**

Answered: 976 Skipped: 28



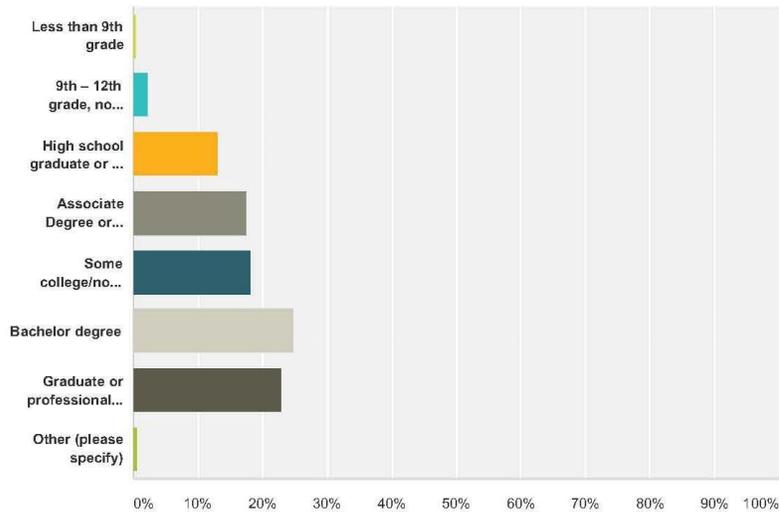
**Q16 What affects your ability to get to the places you need to go in the county? Please check all that apply.**

Answered: 970 Skipped: 34



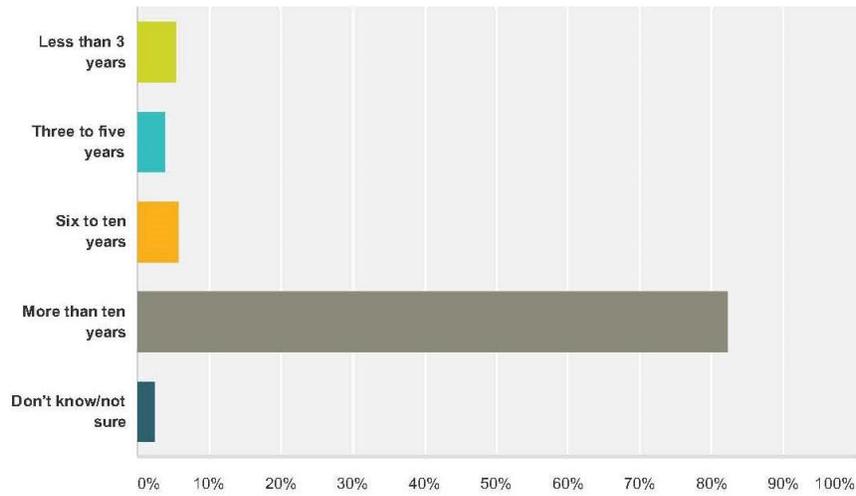
**Q17 What is the highest level of school, college or vocational training that you have completed. Please choose only one.**

Answered: 969 Skipped: 35



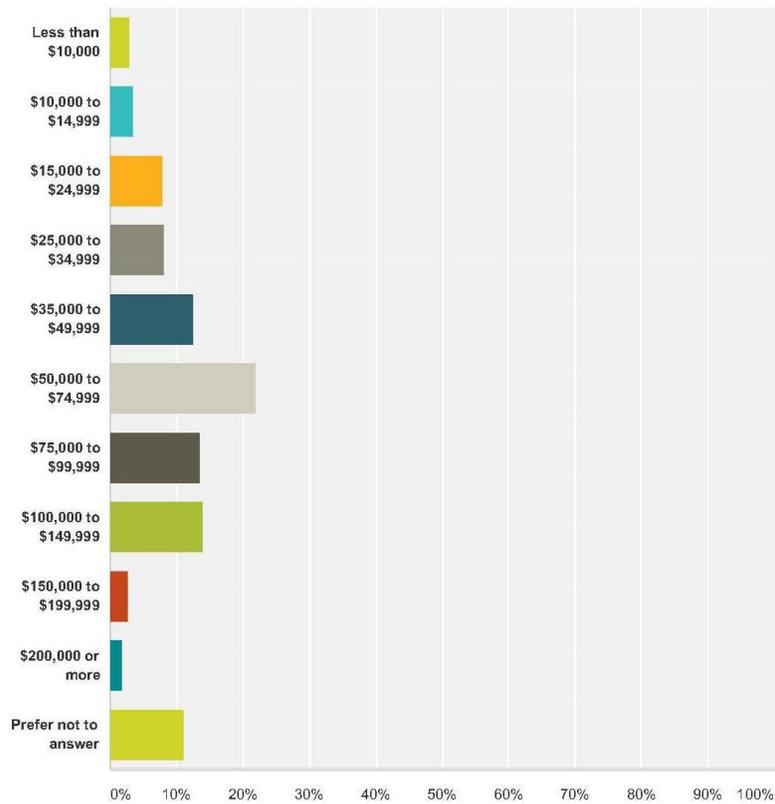
### Q18 How long have you lived in Cleveland County?

Answered: 960 Skipped: 44



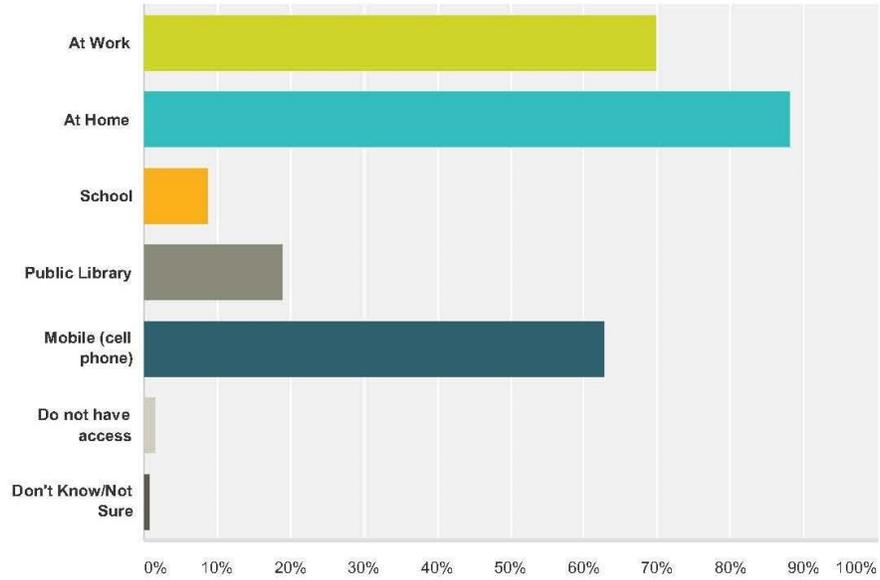
### Q19 What was your total household income last year before taxes? Include earnings from jobs, unemployment insurance, pensions, public assistance, child support, etc.

Answered: 949 Skipped: 55



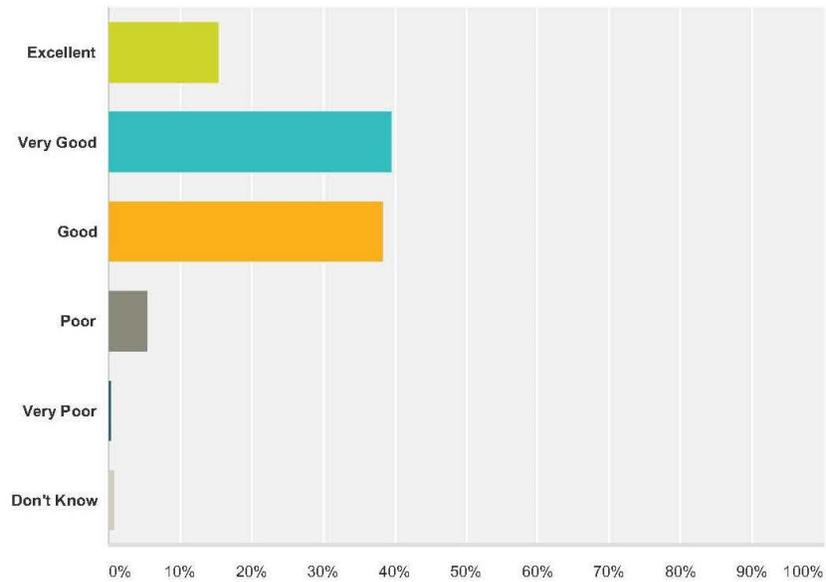
### Q20 Do you have access to the Internet? Please check all that apply.

Answered: 949 Skipped: 55



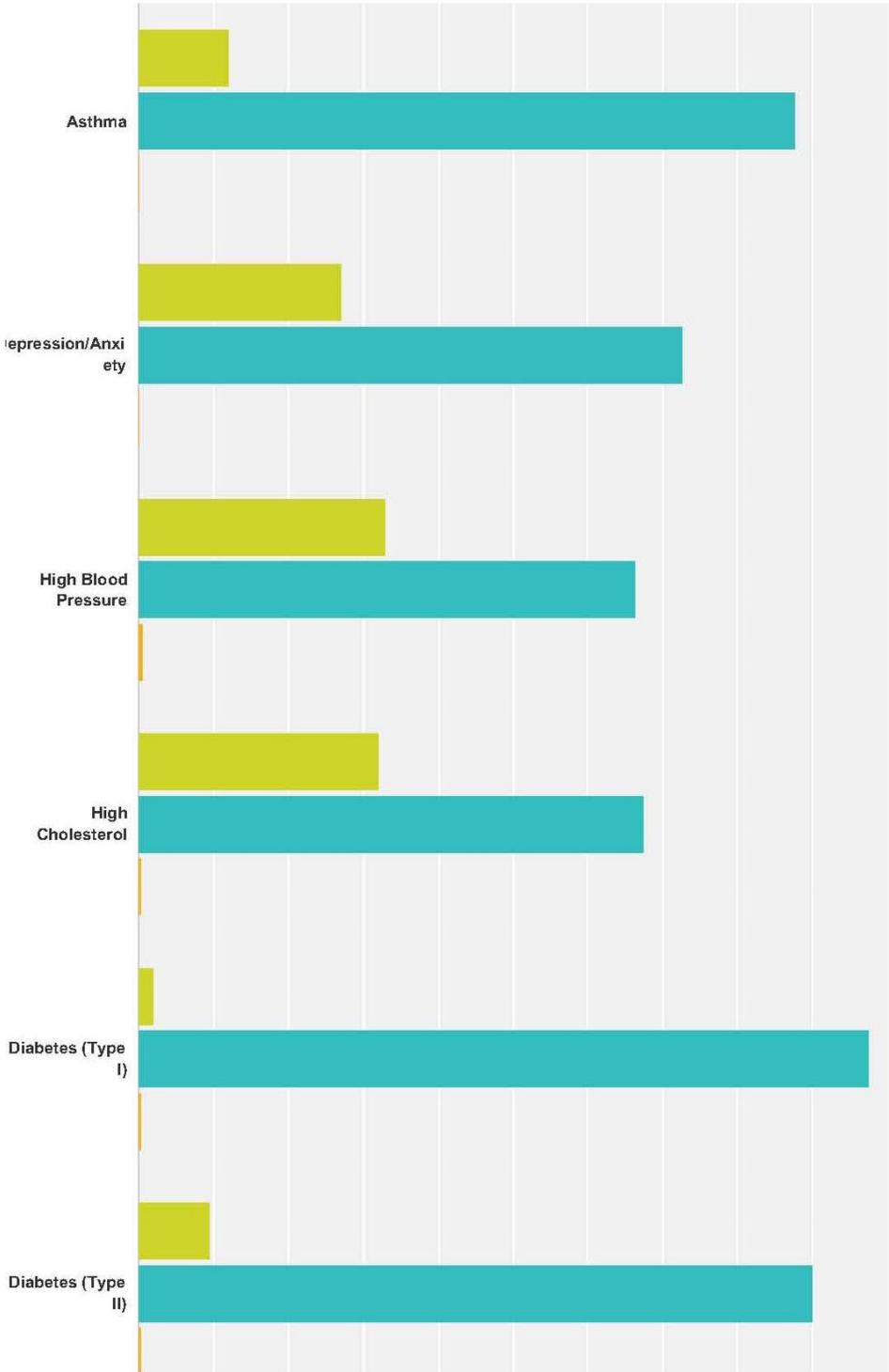
### Q21 Which of the following terms best describes your personal health status? Choose only one

Answered: 943 Skipped: 61

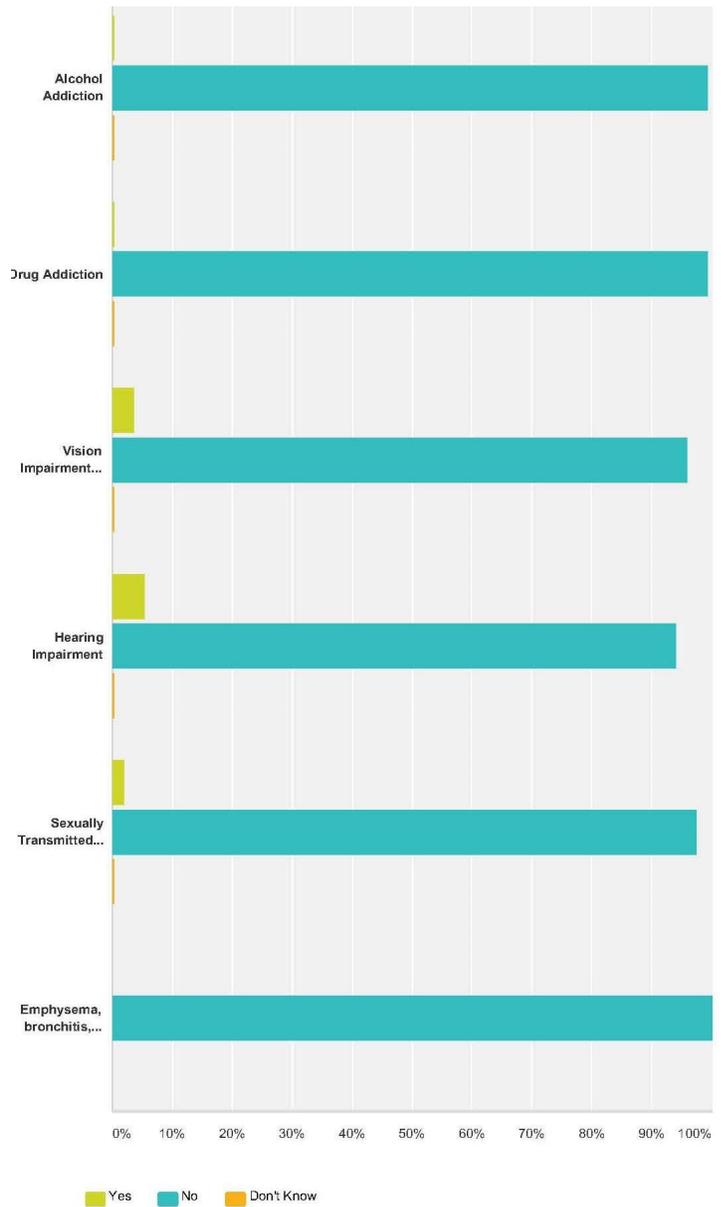
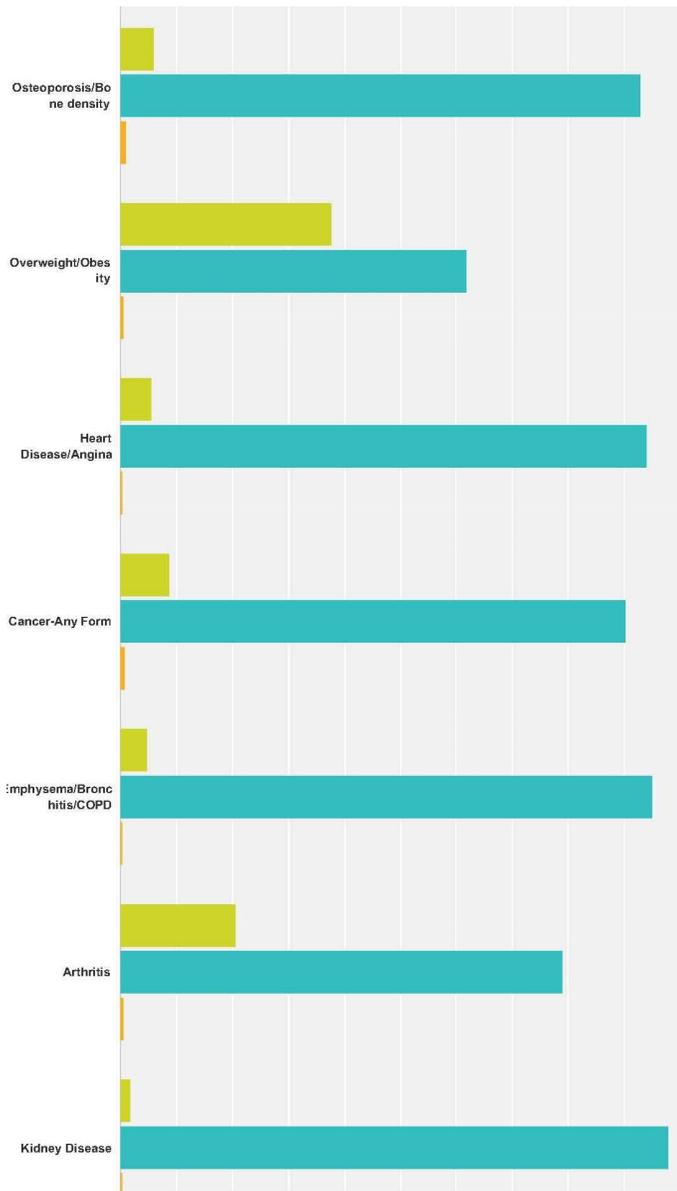


**Q22 Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions listed below?**

Answered: 926 Skipped: 78

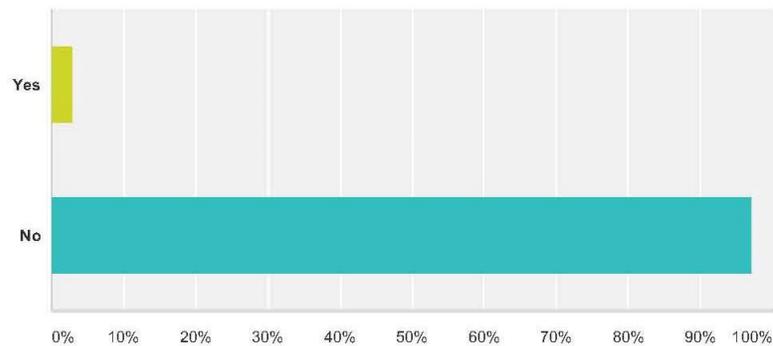


Results continued on next page



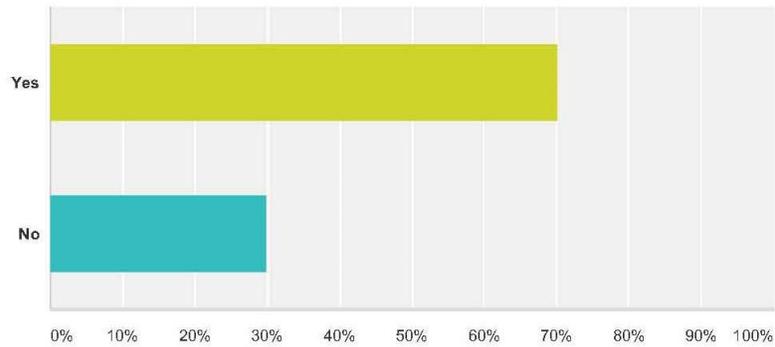
**Q23 Have you had unprotected sex with more than 1 partner within the last six months?**

Answered: 926 Skipped: 78



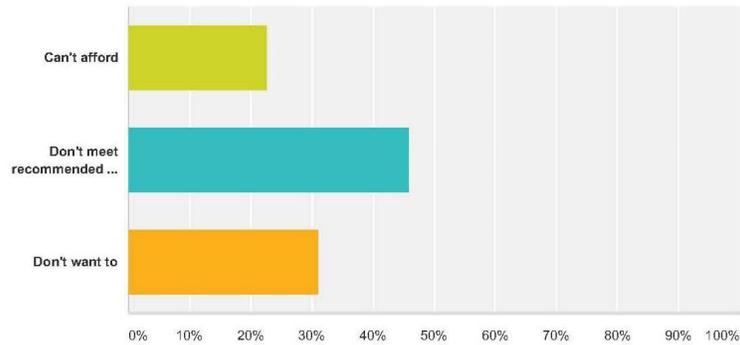
## Q24 Do you participate in regular cancer screenings? (mammogram, colonoscopy, skin cancer, bone density)

Answered: 925 Skipped: 79



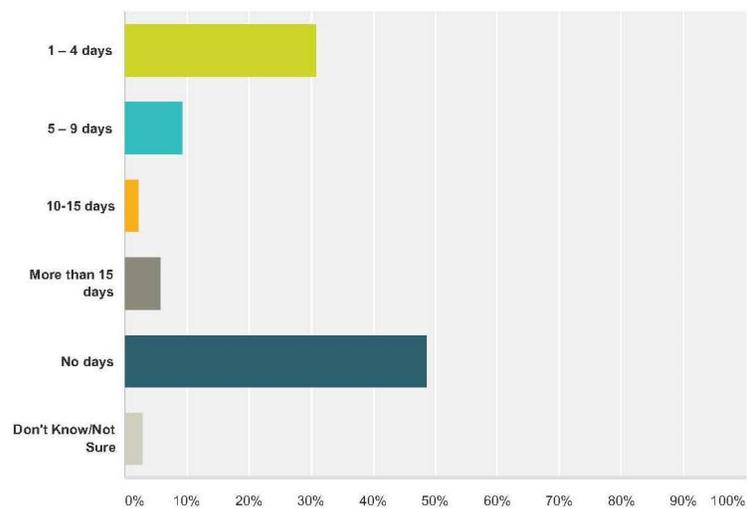
## Q87 If no, why?

Answered: 276 Skipped: 728



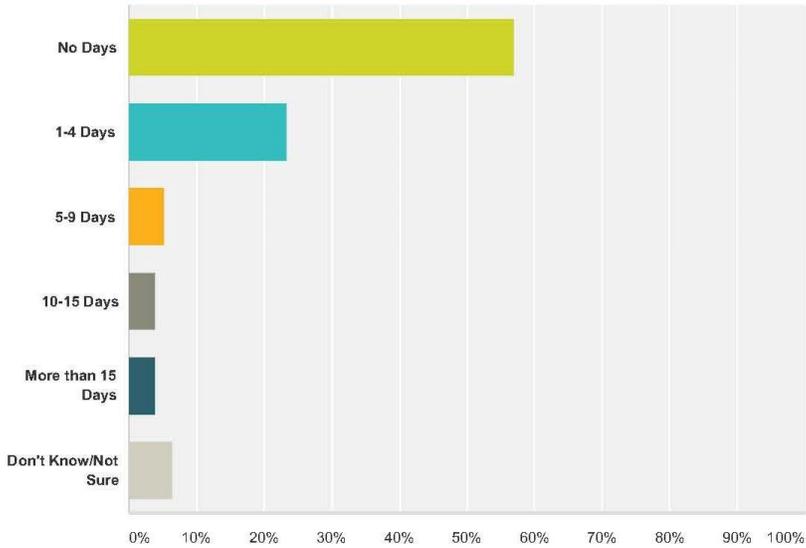
## Q25 How many days during the past 30 days was your physical health not good? (Which includes sickness and injury)

Answered: 924 Skipped: 80



**Q26 Thinking about your mental health (includes stress, depression and problems with emotions), for how many days during the past 30 days was your mental health not good?**

Answered: 922 Skipped: 82



**Q27 If you answered no, what was the reason you did not seek help?**

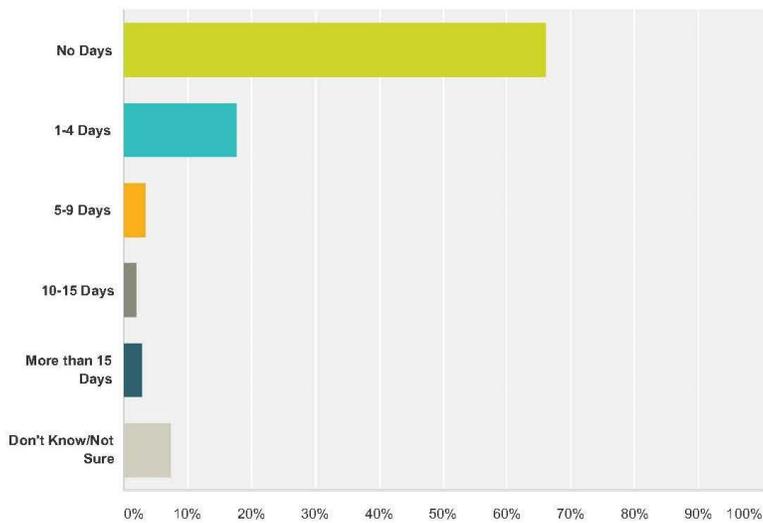
Answered: 0 Skipped: 1,084

1 No matching responses.

Answer Choices	Responses
Did not know where to go	0.00%
Not available	0.00%
Had to wait too long for services	0.00%
Could not afford it	0.00%
Lack of transportation	0.00%
Felt too embarrassed to go	0.00%
Self-medicated	0.00%
<b>Total</b>	<b>0</b>

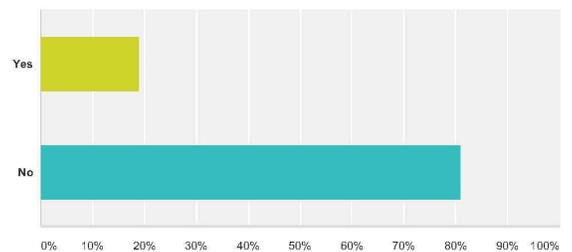
**Q28 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities such as driving, working around the house, going to work or participating in recreation?**

Answered: 920 Skipped: 84



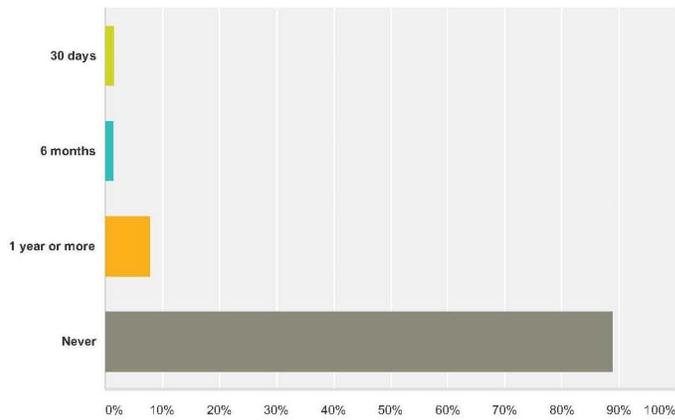
**Q88 If you answered more than 15 days, did you access mental health services?**

Answered: 37 Skipped: 987



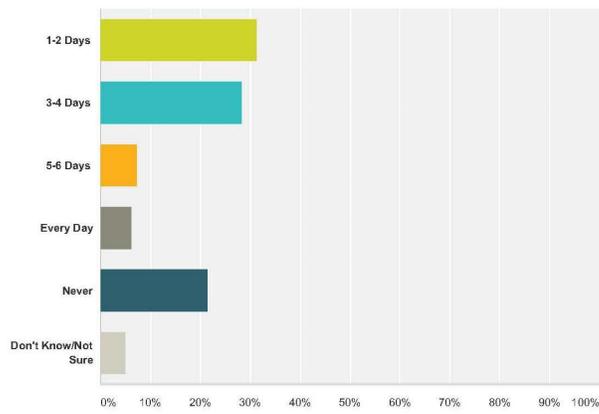
**Q29 Have you ever had thoughts of suicide in the last:**

Answered: 919 Skipped: 85



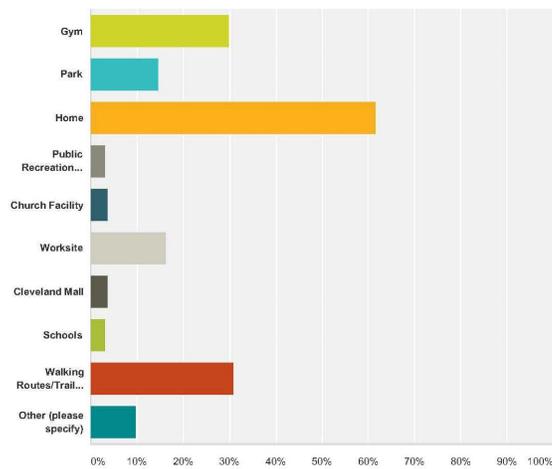
**Q30 During a normal week, how often do you exercise or engage in physical activity that lasts at least 30 minutes (outside the requirements of your regular job)?**

Answered: 918 Skipped: 86



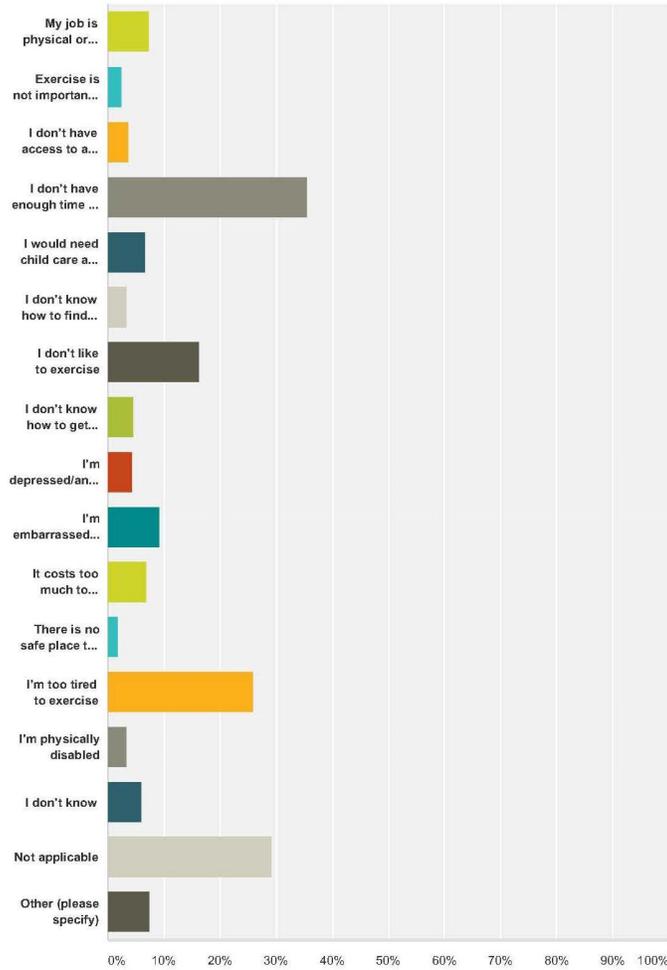
**Q31 Where do you go to engage in physical activity? Check all that apply.**

Answered: 918 Skipped: 86



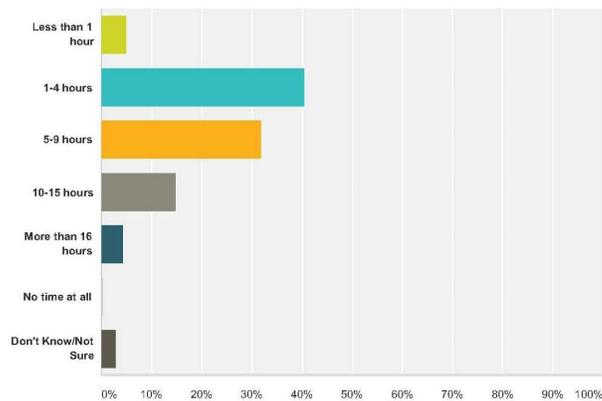
**Q32 What are the reasons that affect your ability to engage in physical activity on a regular basis? Check all that apply.**

Answered: 916 Skipped: 88



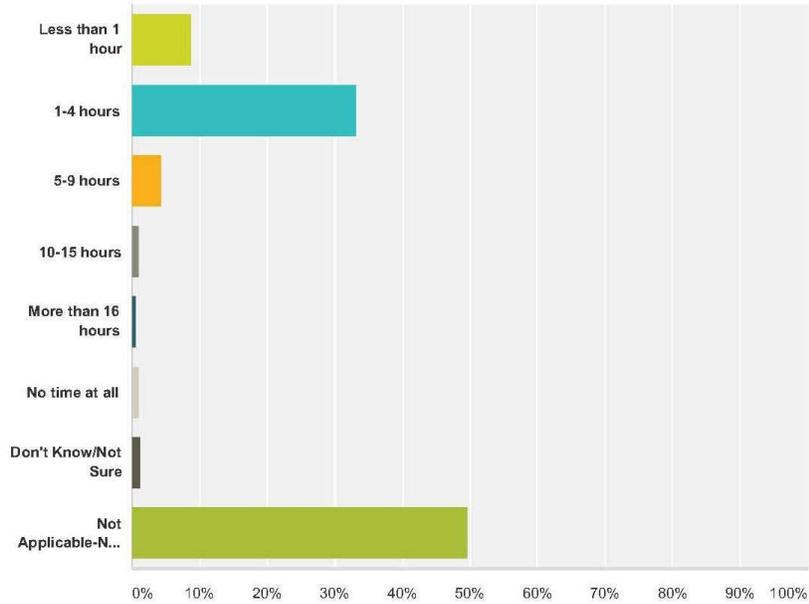
**Q33 On an average, how many hours do you spend in front of the television, computer, or electronic devices each day? Please include time at work and time at home.**

Answered: 914 Skipped: 90



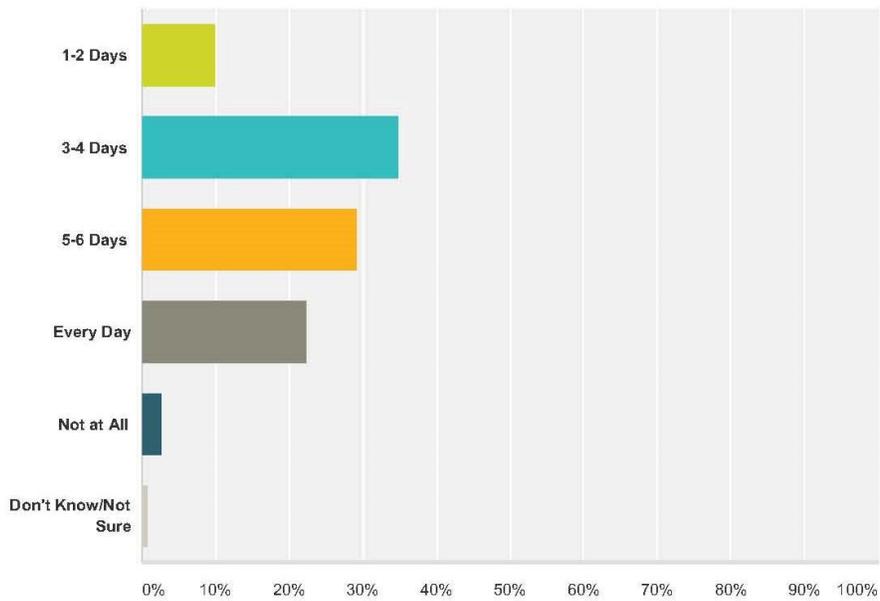
**Q34 On an average, how many hours do the children in your home spend in front of the television, computer or electronic devices each day? Do not count school hours.**

Answered: 913 Skipped: 91



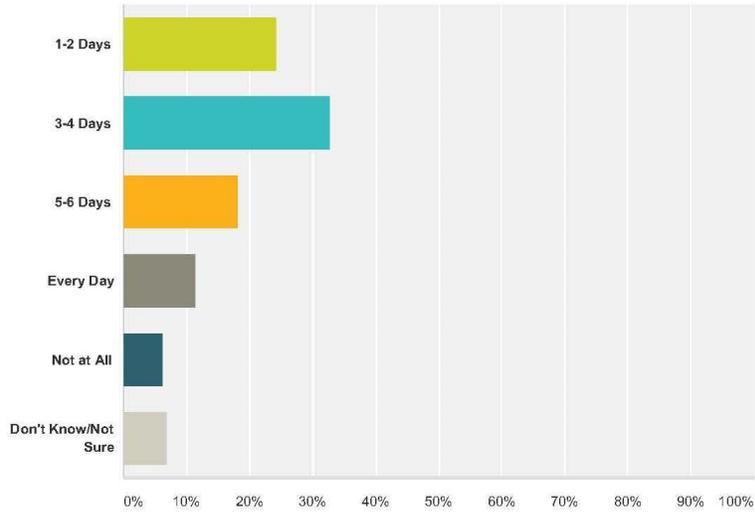
**Q35 How many days in the past week has your family cooked and eaten a meal at home?**

Answered: 913 Skipped: 91



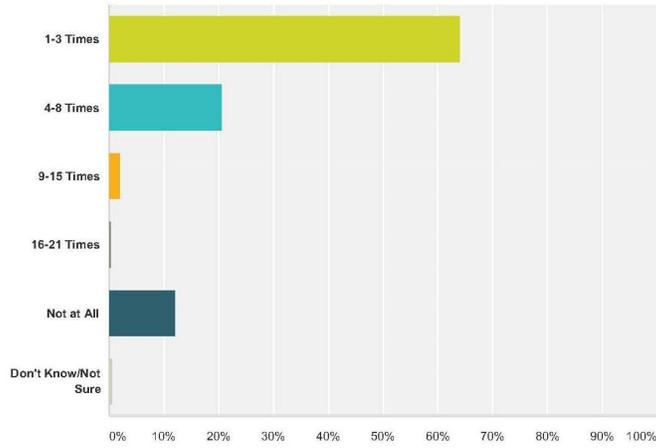
**Q36 How many days a week do you eat five or more servings of fruits or vegetables (cooked or raw, fresh, frozen or canned)?**

Answered: 913 Skipped: 91



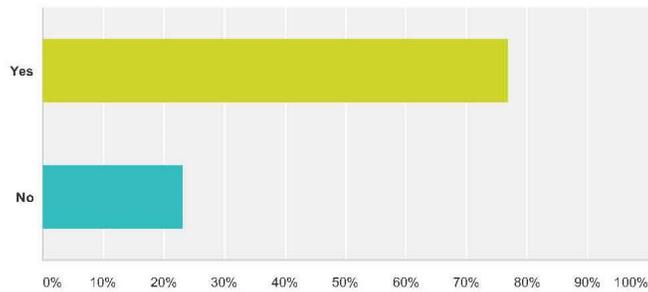
**Q37 How many times in the past week have you eaten a meal away from home at a restaurant or convenient store?**

Answered: 913 Skipped: 91



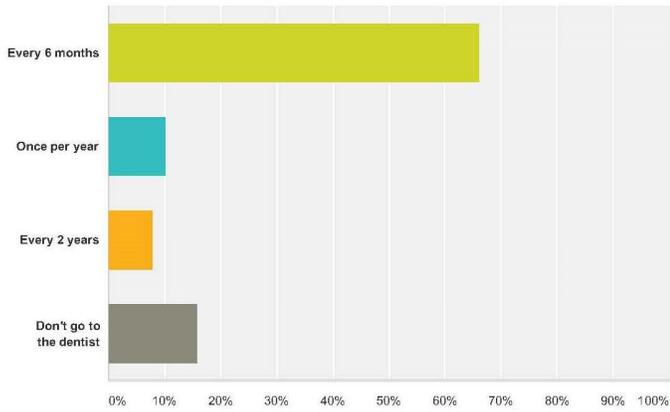
**Q38 Do you see a dentist regularly?**

Answered: 913 Skipped: 91



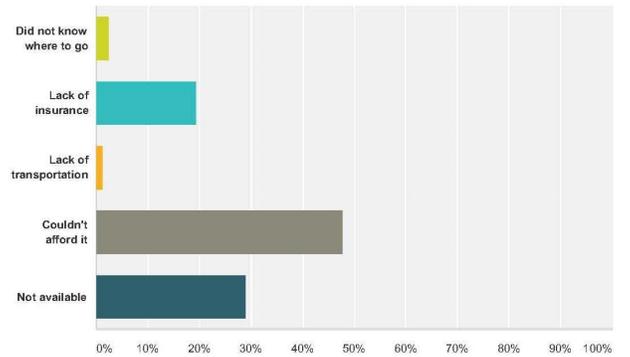
**Q39 How often do you go to the dentist for routine cleaning and exams?**

Answered: 913 Skipped: 91



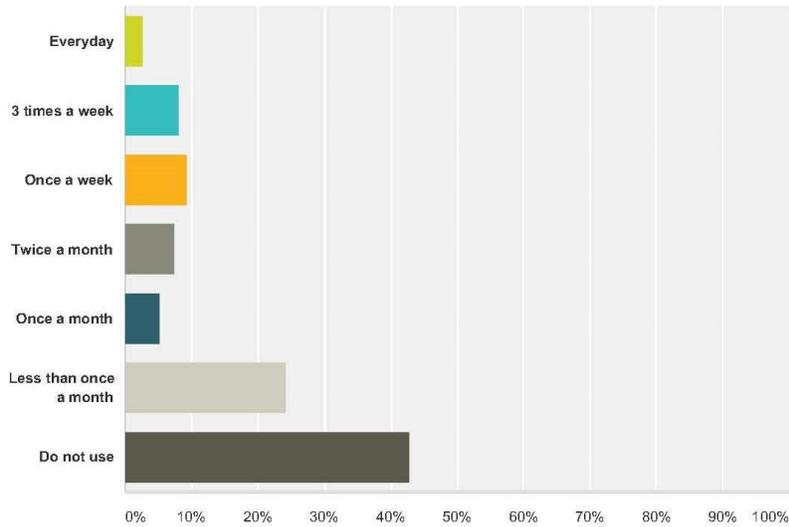
**Q89 If you go to the dentist less than every 6 months, why?**

Answered: 165 Skipped: 839



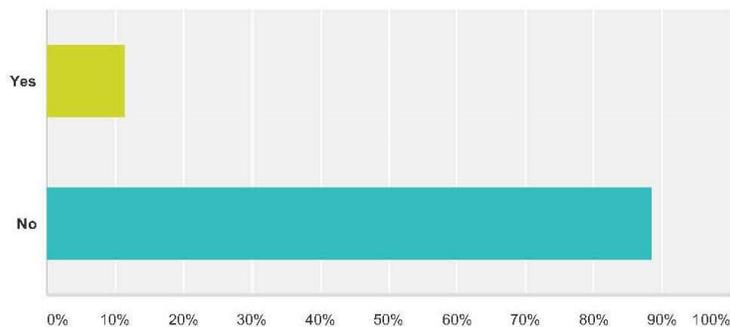
**Q40 Within the past year, how often have you consumed alcohol?**

Answered: 913 Skipped: 91



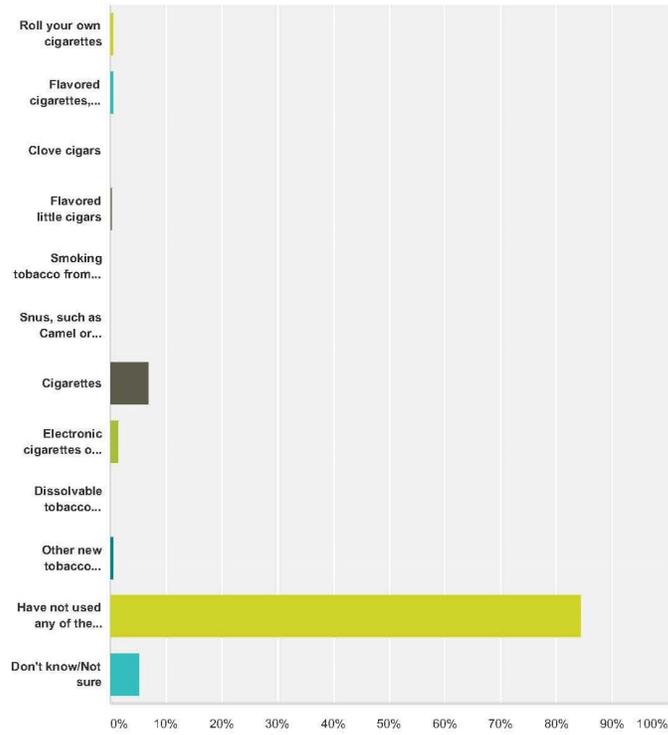
**Q41 Do you currently smoke or use smokeless tobacco products such as snus or dip?**

Answered: 913 Skipped: 91



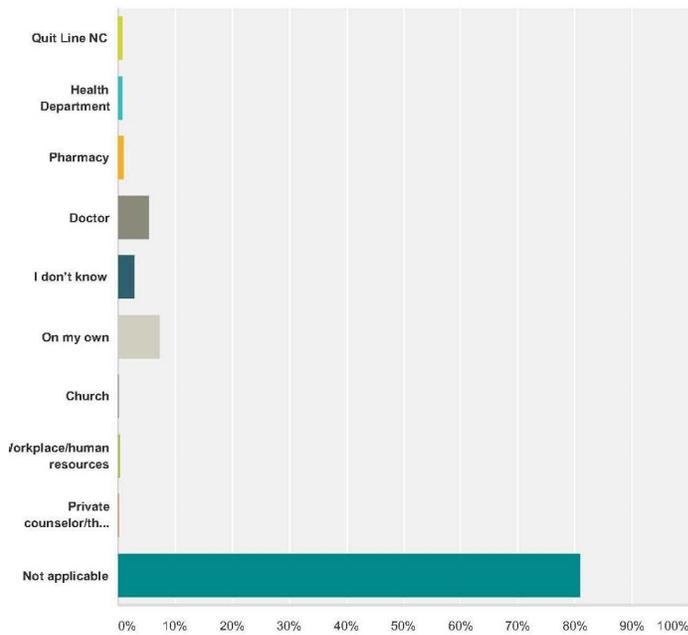
**Q42 In the past 30 days, which of the following products have you used at least once a day?**

Answered: 910 Skipped: 94

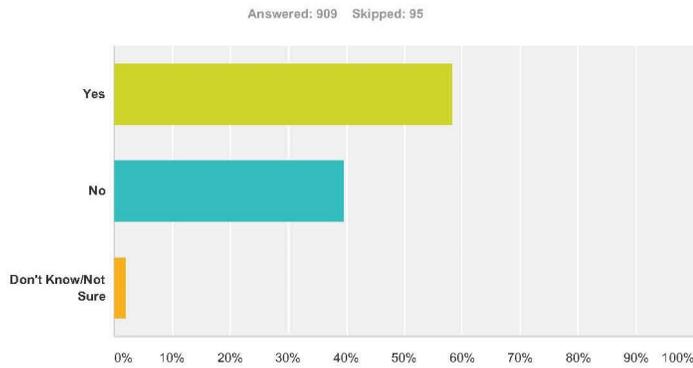


**Q43 If you wanted to quit using tobacco products, where would you most likely go for help? Choose only one option.**

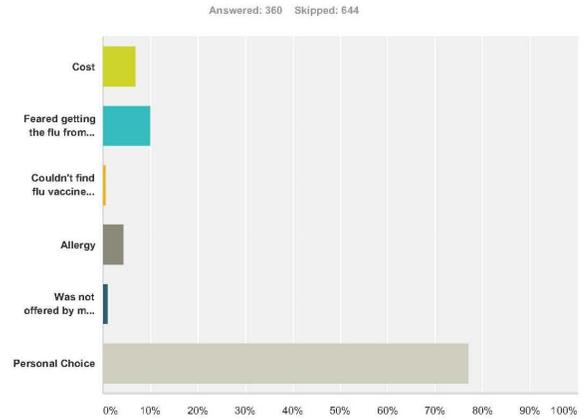
Answered: 909 Skipped: 95



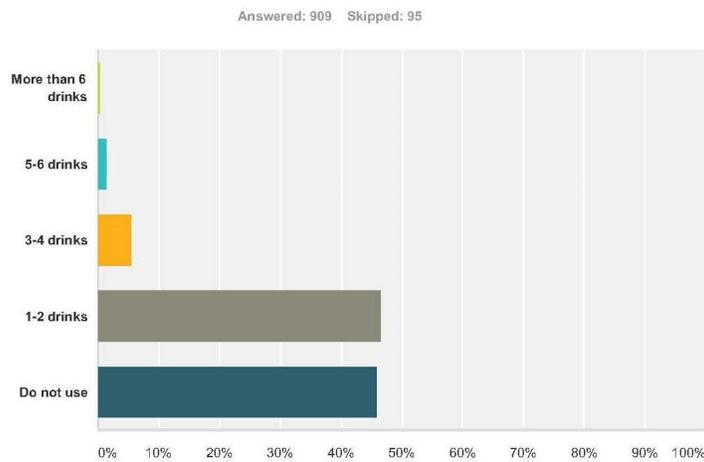
**Q44 During the past 12 months, have you had a seasonal flu vaccine, either by an injection in the arm or spray into your nose?**



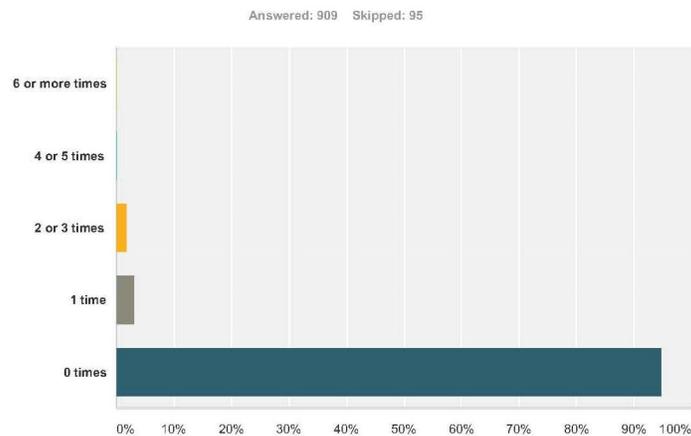
**Q90 If you did not get a seasonal flu vaccine, what is the reason?**



**Q45 If you drink alcohol, on average how many drinks do you have at one time?**

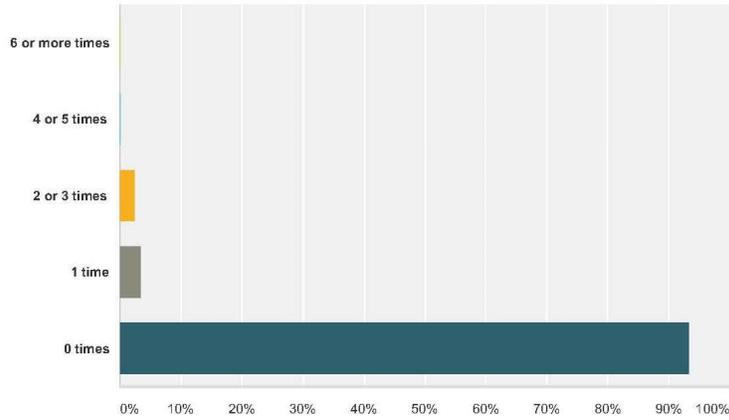


**Q46 During the past 30 days, how many times did you drive a vehicle when you had been drinking alcohol?**



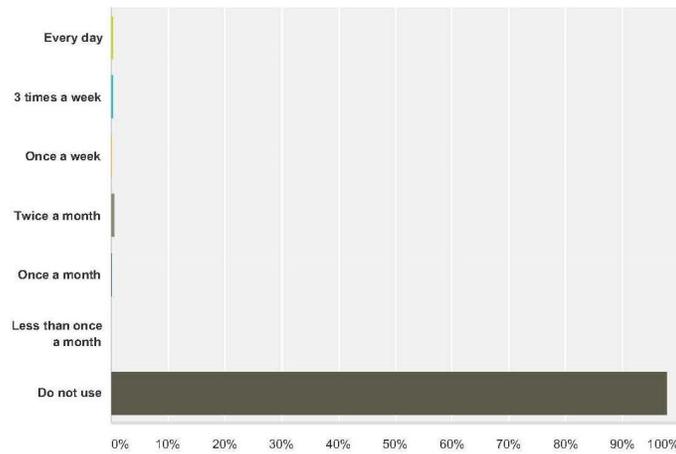
**Q47 During the past 30 days, how many times did you ride in a vehicle driven by someone else who had been drinking alcohol?**

Answered: 909 Skipped: 95



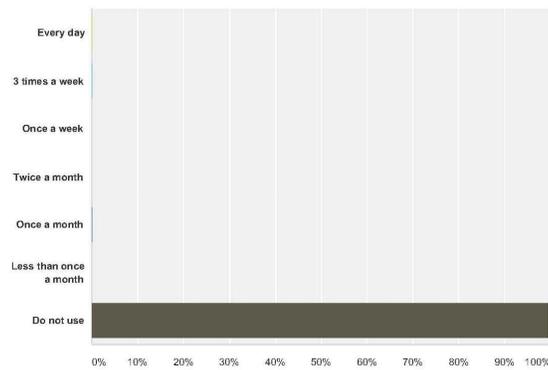
**Q48 Within the past year, how often have you used marijuana?**

Answered: 909 Skipped: 95



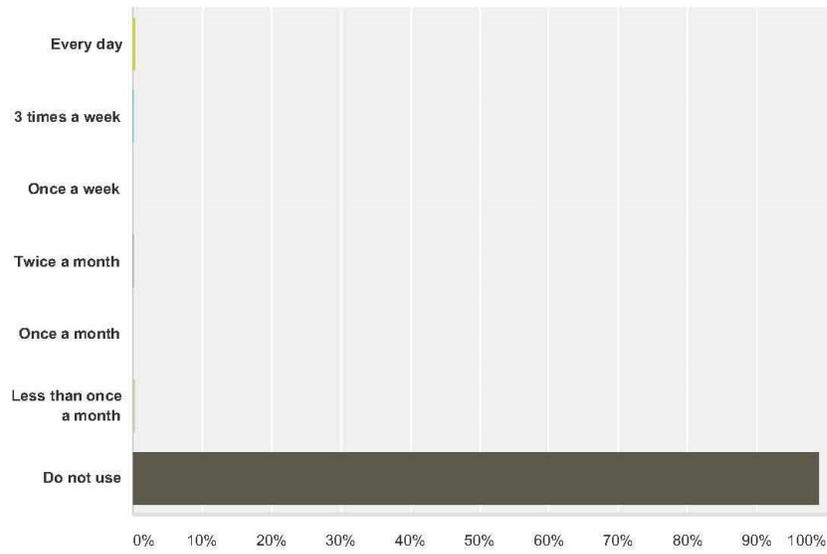
**Q49 Within the past year, how often have you used an illegal/illicit drug? (heroin, cocaine, synthetics)**

Answered: 908 Skipped: 96



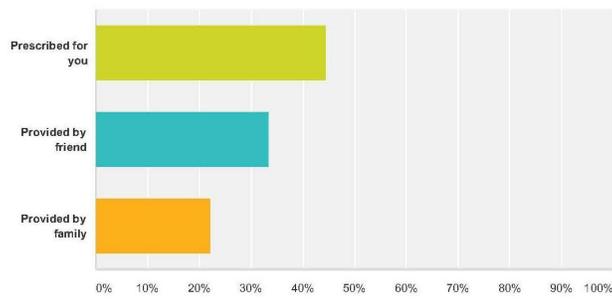
### Q50 Within the past year, how often have you used a prescription drug to get high?

Answered: 908 Skipped: 96



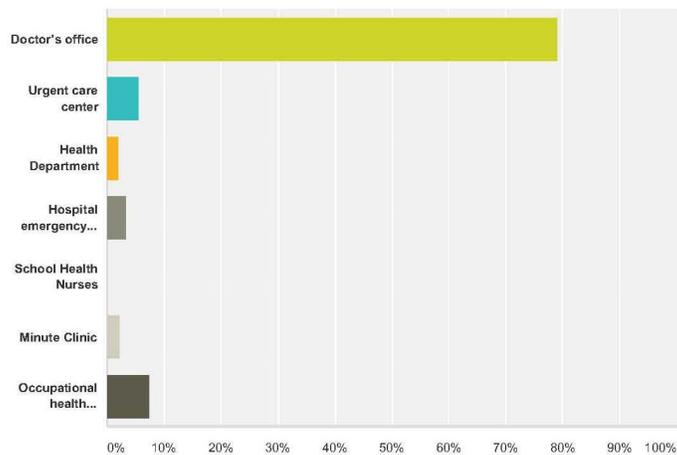
### Q91 If yes,

Answered: 9 Skipped: 995



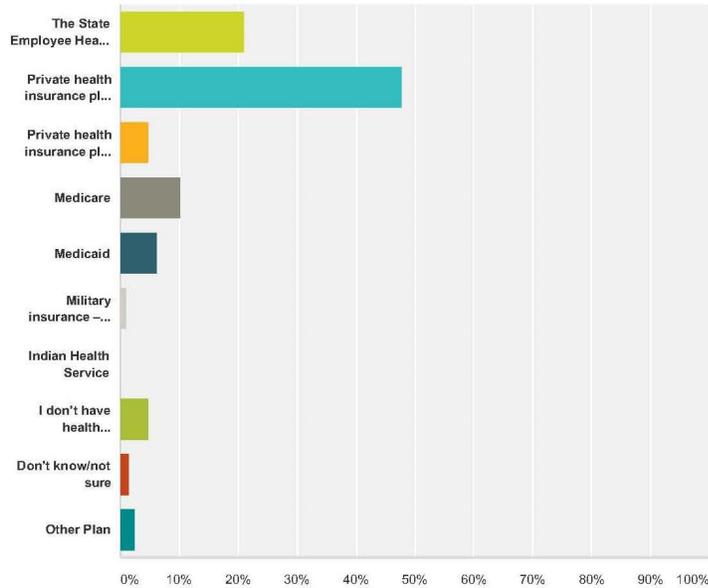
### Q51 Where do you go most often when you are sick? Choose only one site.

Answered: 895 Skipped: 109



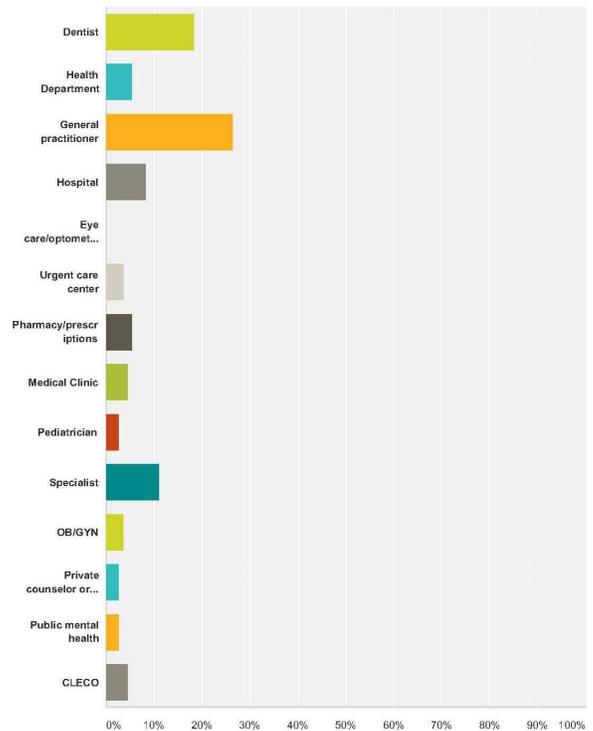
**Q52 What is your primary health insurance plan? This is the plan which pays the medical bills first or most of your medical bills for preventive care and acute care. Please choose only one.**

Answered: 888 Skipped: 116



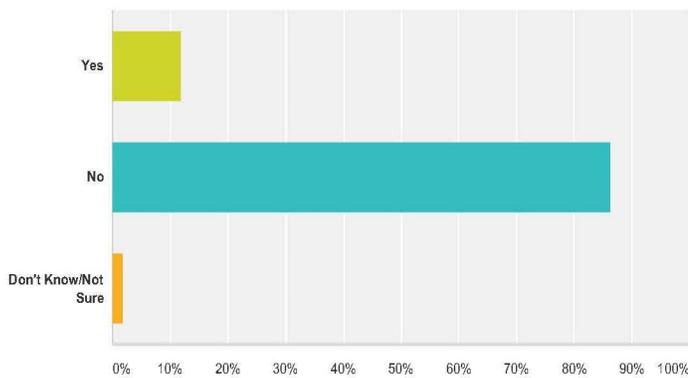
**Q92 If yes, what type of provider or facility did you or your family member have trouble getting health care from? Choose as many of these as you need to in order to describe your situation accurately.**

Answered: 109 Skipped: 895



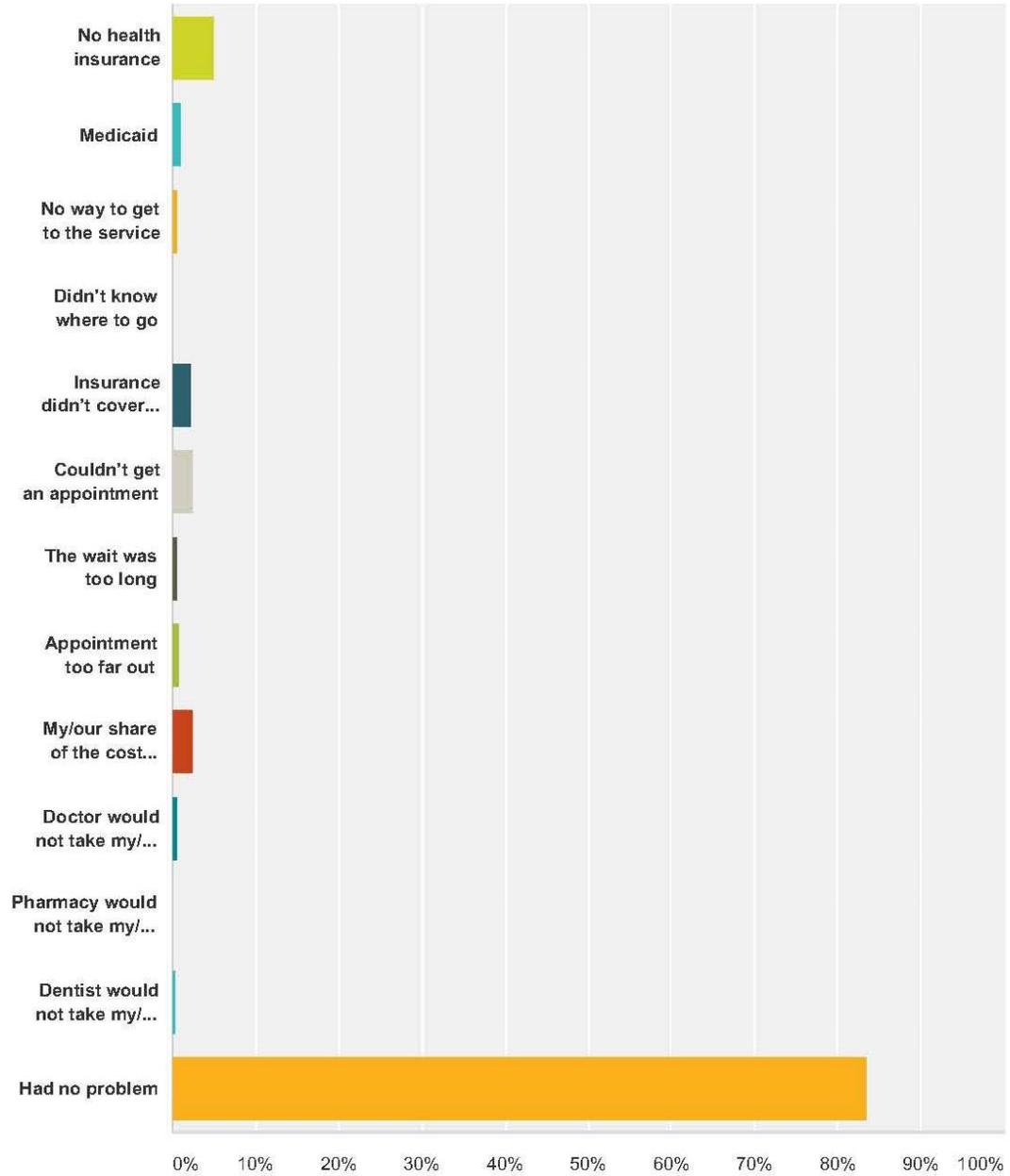
**Q53 In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member?**

Answered: 886 Skipped: 118



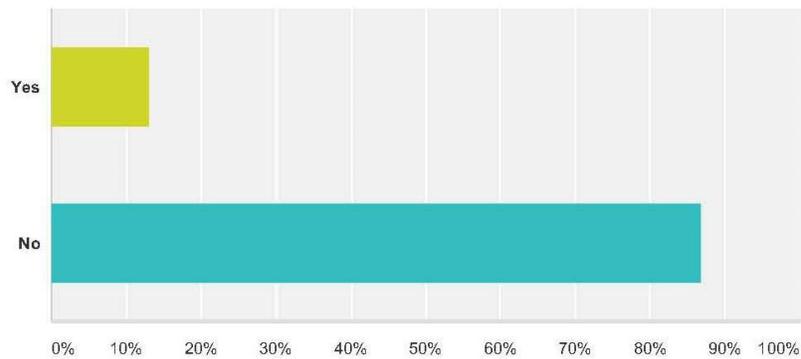
## Q54 Why couldn't you get the care you needed?

Answered: 884 Skipped: 120



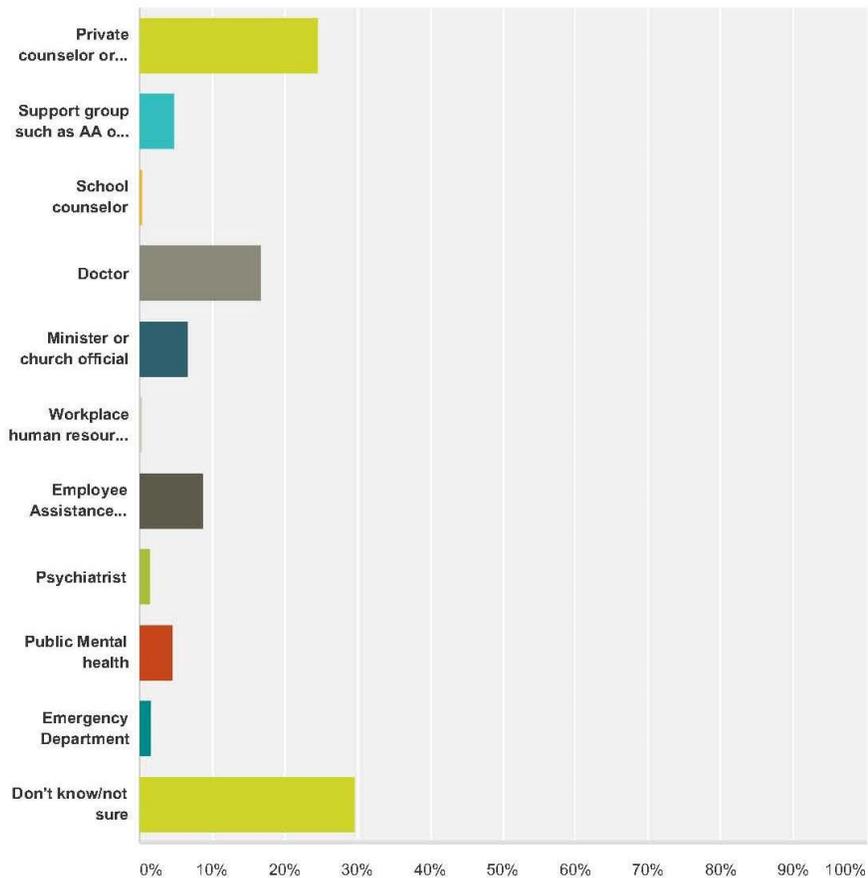
**Q55 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.**

Answered: 884 Skipped: 120



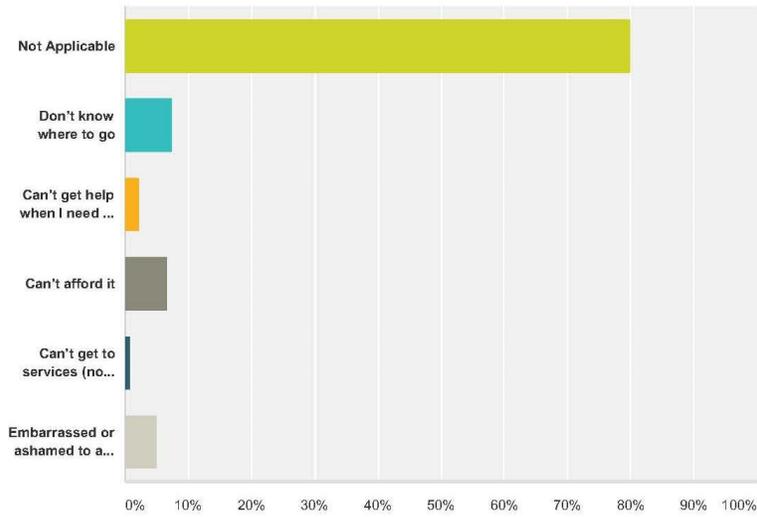
**Q56 If you, a friend or family member needed mental health services for a drug/alcohol abuse problem, where would you go? Please choose only your first preference.**

Answered: 882 Skipped: 122



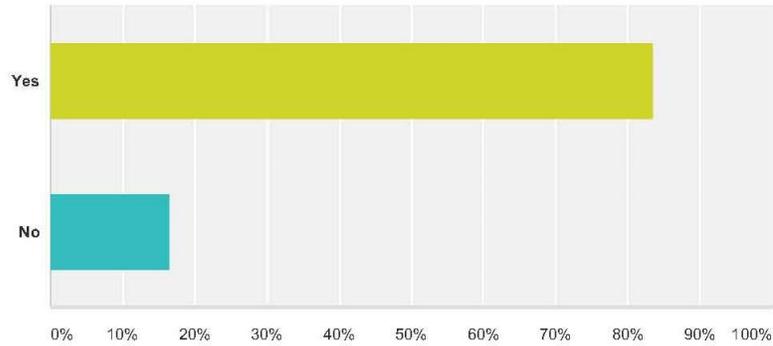
**Q57 If you, your friend or family member has not been able to get mental health or substance abuse help, why?**

Answered: 879 Skipped: 125



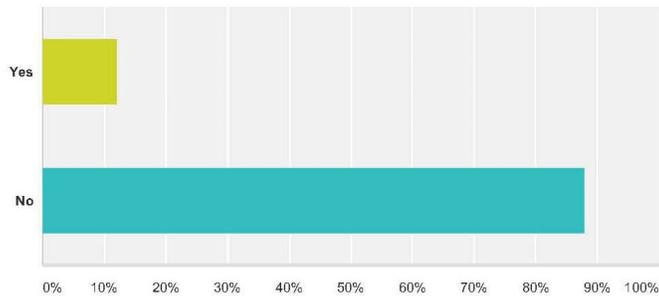
**Q58 Is your primary health care provider located in Cleveland County?**

Answered: 878 Skipped: 126



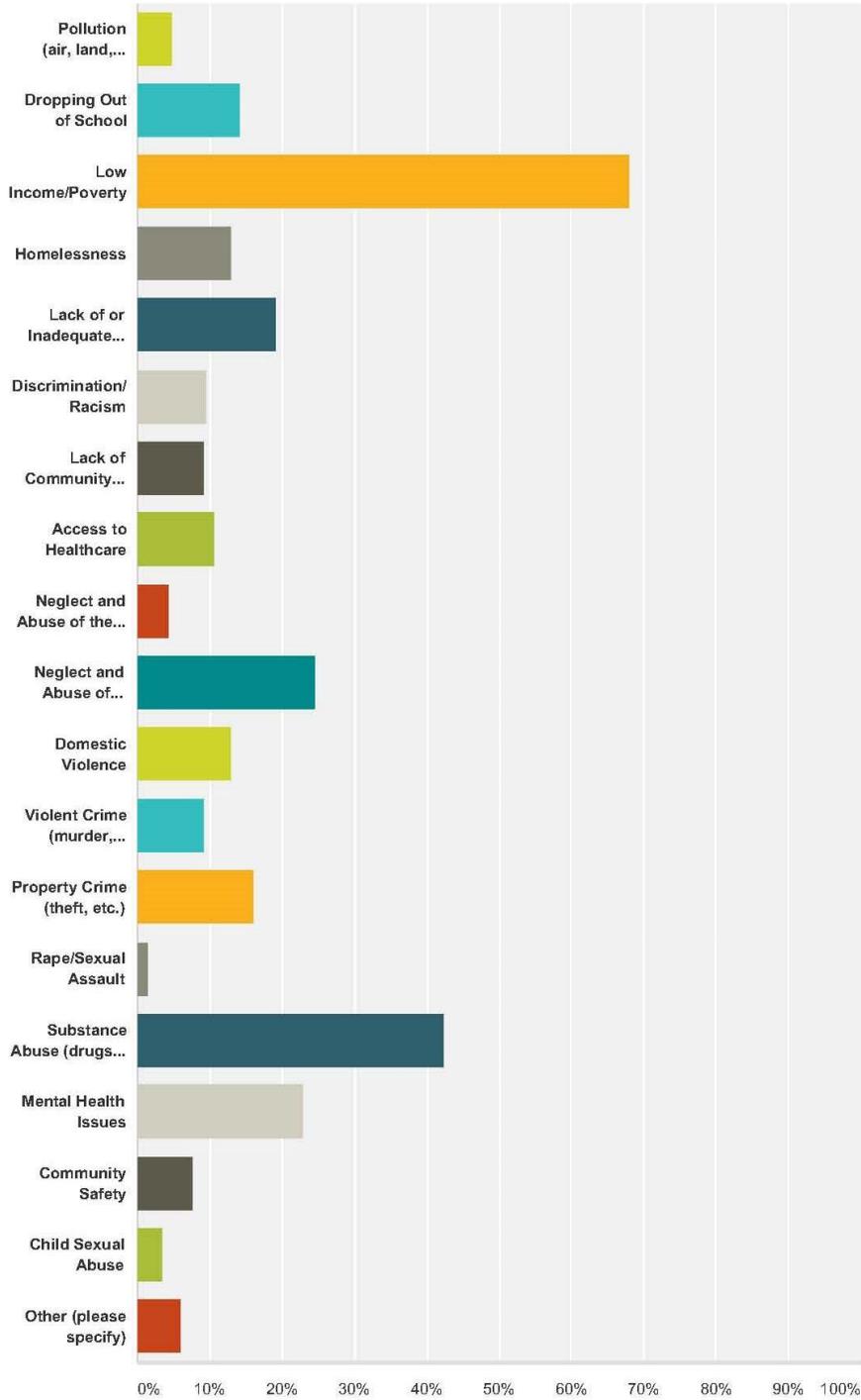
**Q59 Have you or anyone in your household been approved for disability benefits through Social Security or employer sponsored disability coverage?**

Answered: 874 Skipped: 130



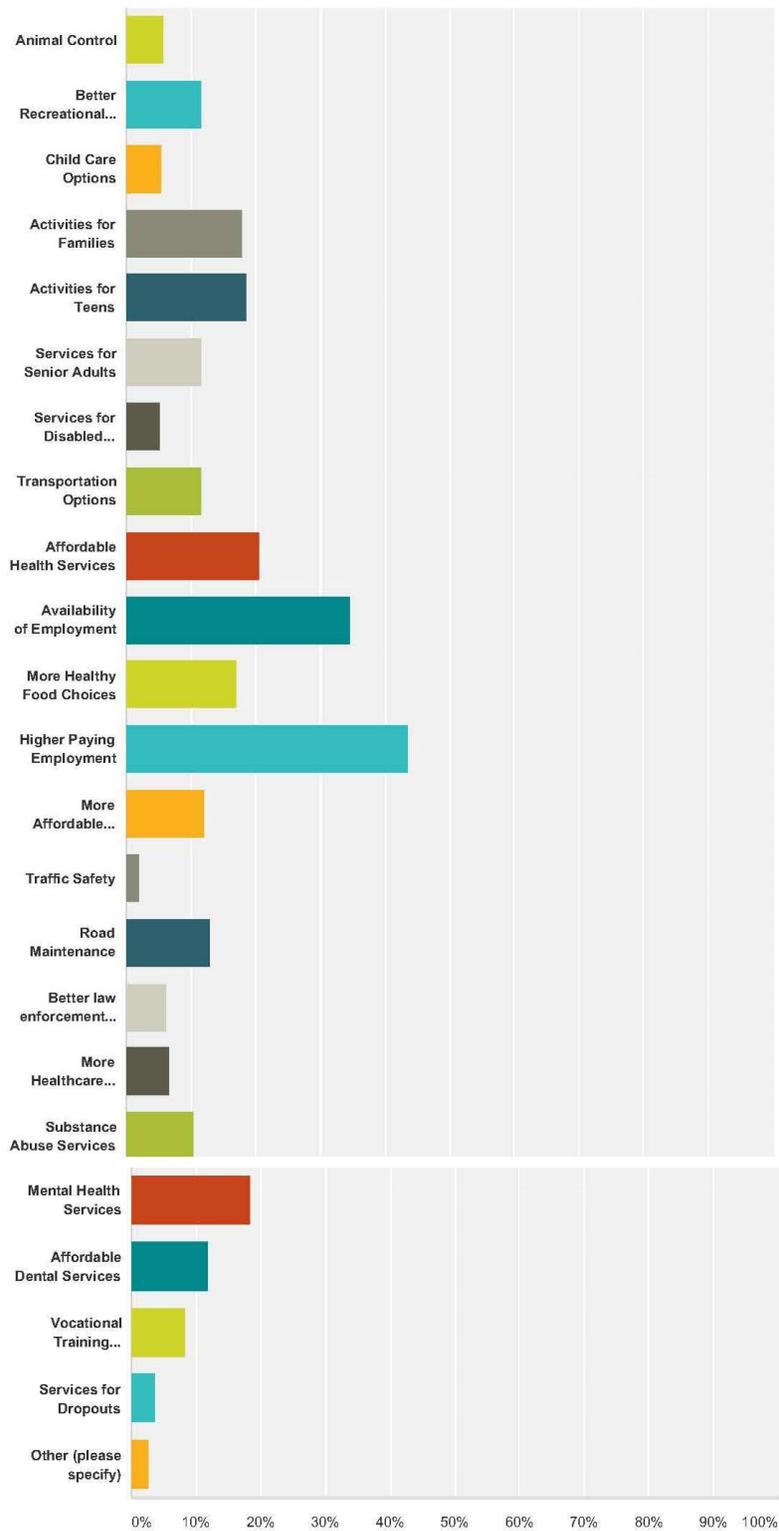
**Q60 In your opinion, which three issues listed below most affect the quality of life in Cleveland County? You may only choose THREE issues.**

Answered: 863 Skipped: 141



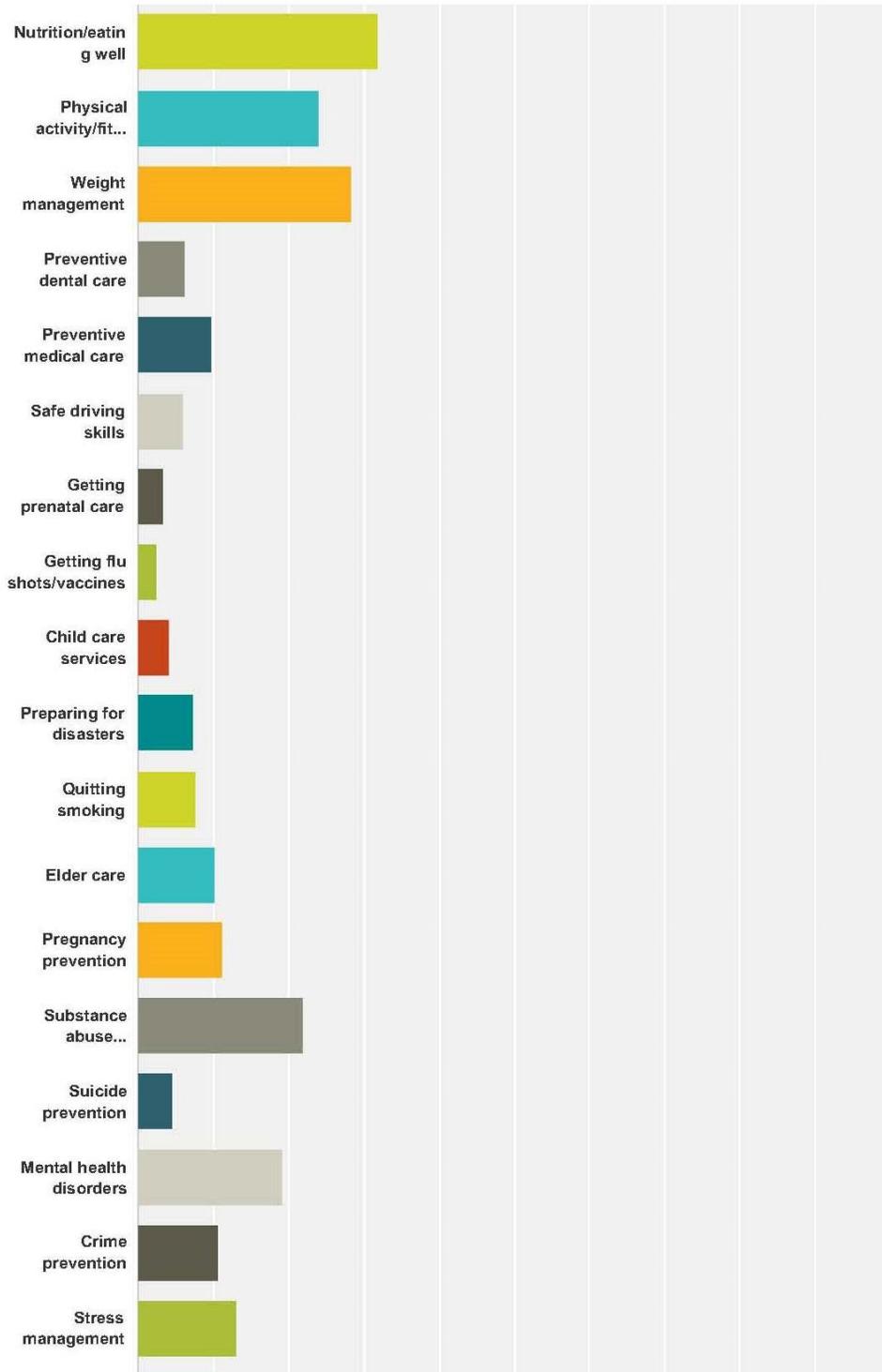
**Q61 In your opinion, which three of the following services need the most improvement in your neighborhood or community? You may only choose THREE items.**

Answered: 858 Skipped: 146

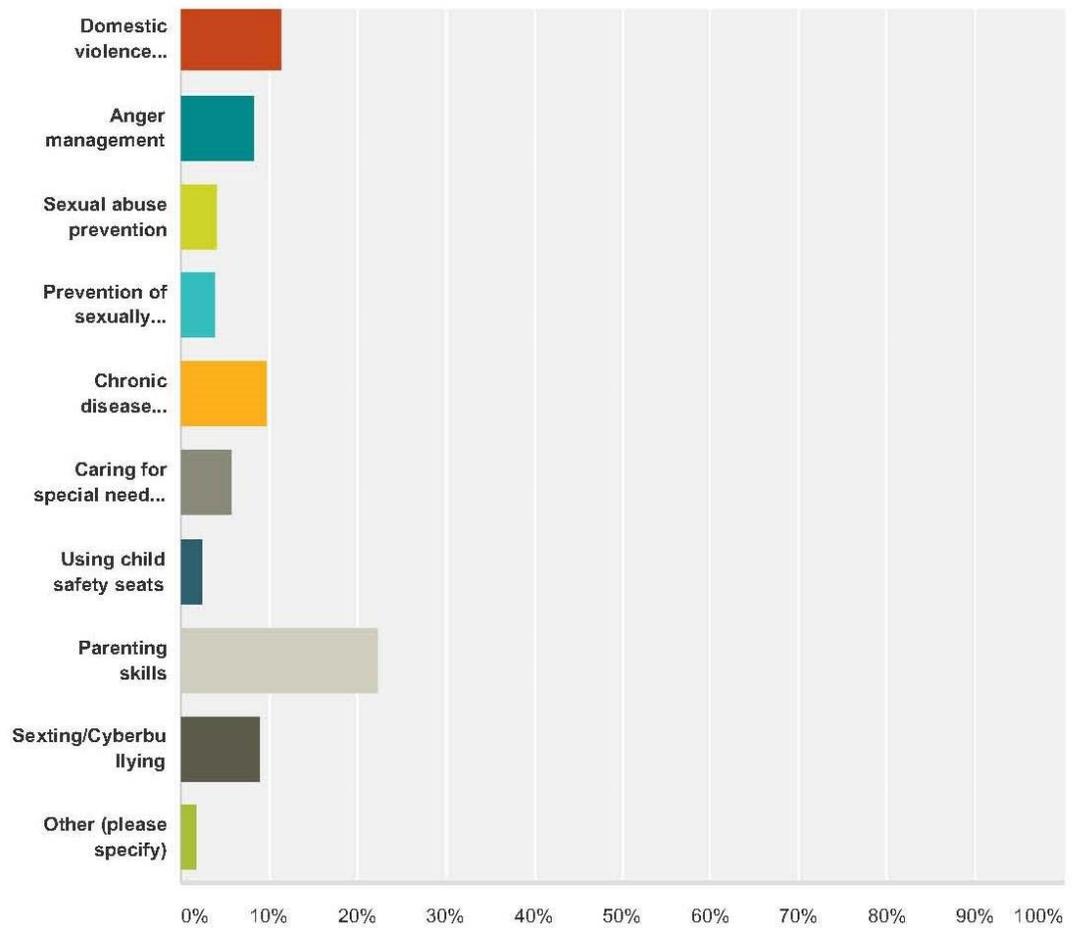


**Q62 In your opinion, which three health behaviors do people in your community need more information about? You may only choose THREE behaviors**

Answered: 855 Skipped: 149

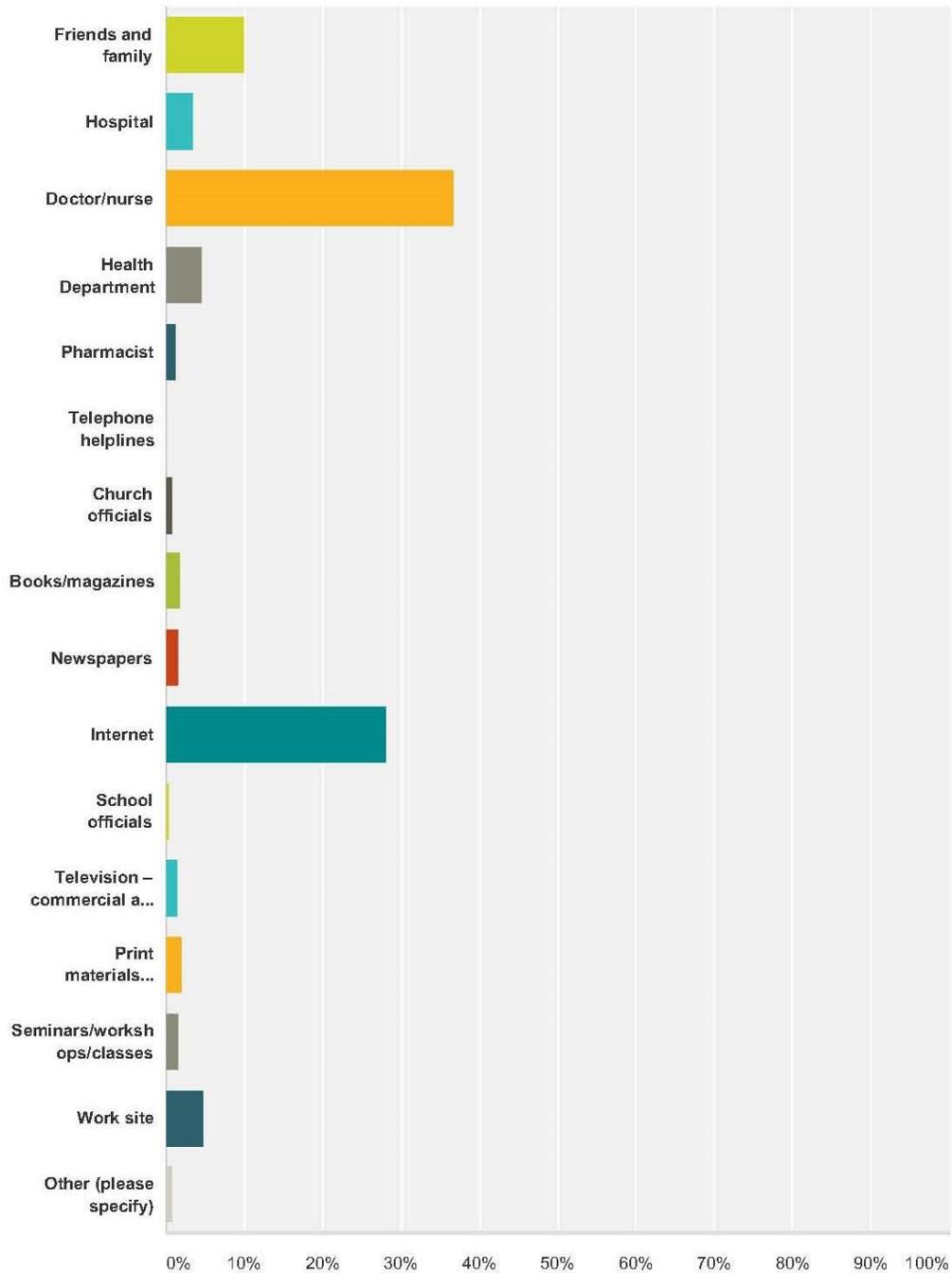


Results continued on next page



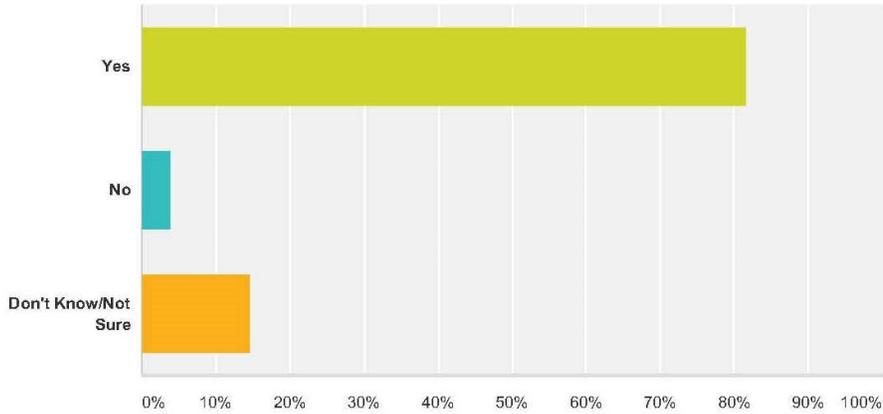
### Q63 Where do you get most of your health-related information? Please choose only ONE source.

Answered: 853 Skipped: 151



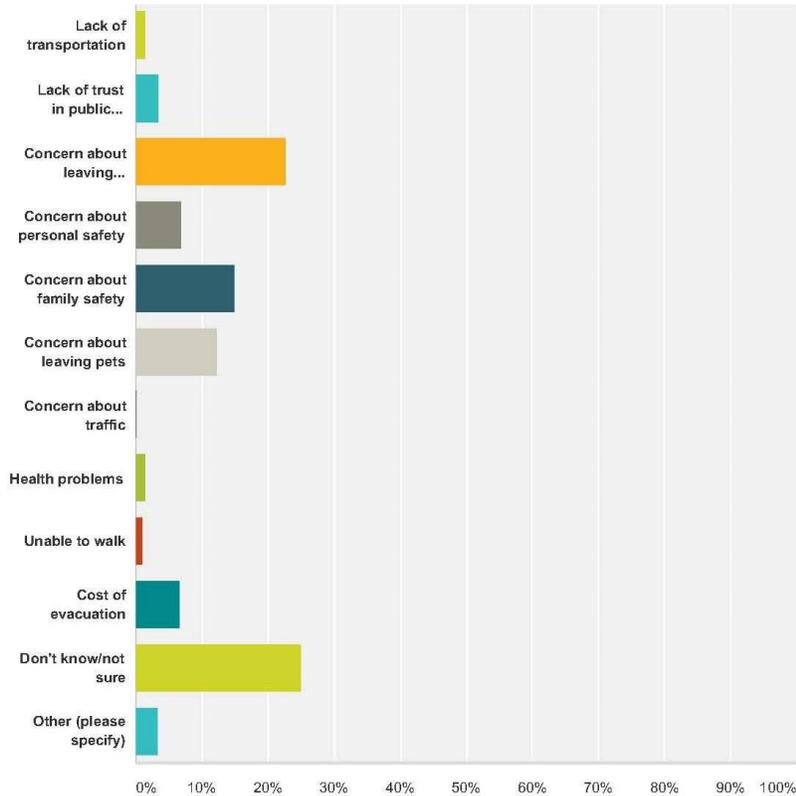
**Q64 If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?**

Answered: 850 Skipped: 154



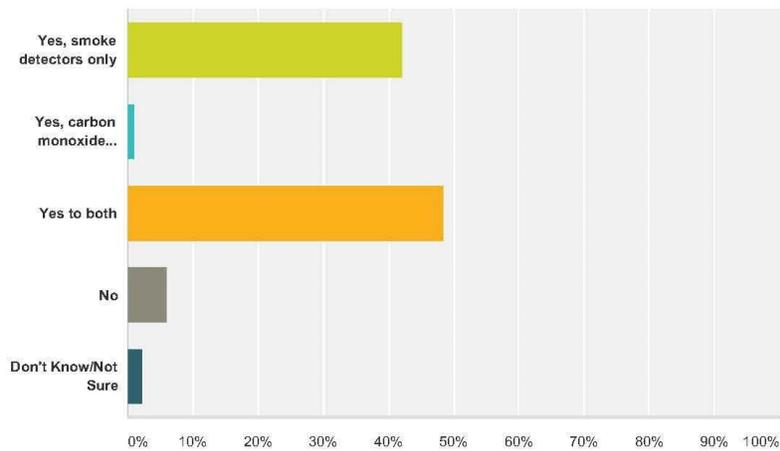
**Q65 What would be the main reason you might choose to not evacuate from your home if asked to do so by public authorities? Please choose only one.**

Answered: 848 Skipped: 156



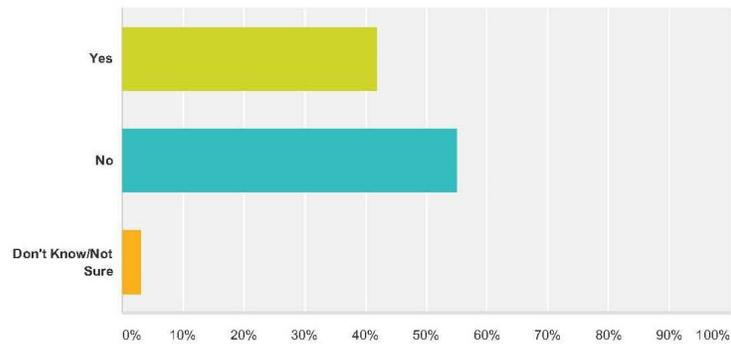
### Q66 Does your household have working smoke and carbon monoxide detectors?

Answered: 848 Skipped: 156



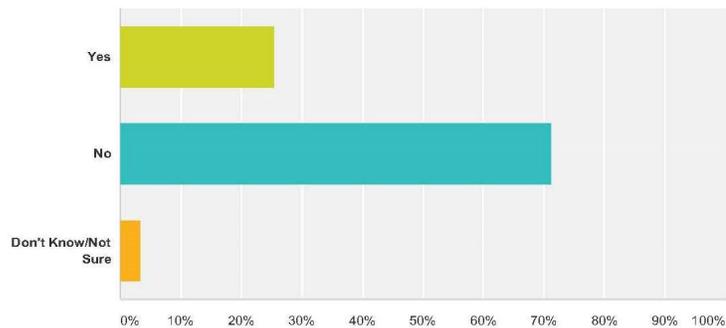
### Q67 Does your family have a basic emergency supply kit? These kits may include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blankets, pet supplies, etc.

Answered: 848 Skipped: 156



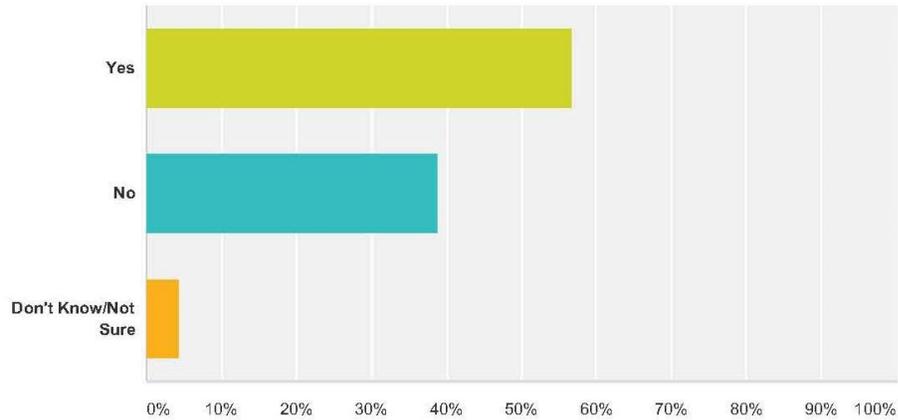
### Q68 Does your household have a 3-day supply (one gallon of water per person per day) of water for everyone in the household?

Answered: 848 Skipped: 156



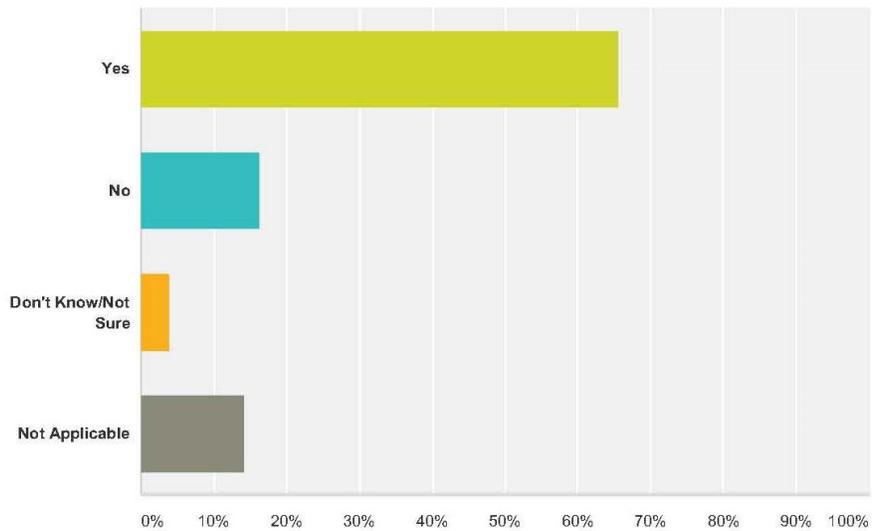
**Q69 Does your household have a 3-day supply of nonperishable food (does not require refrigeration or cooking) for everyone in the household?**

Answered: 848 Skipped: 156



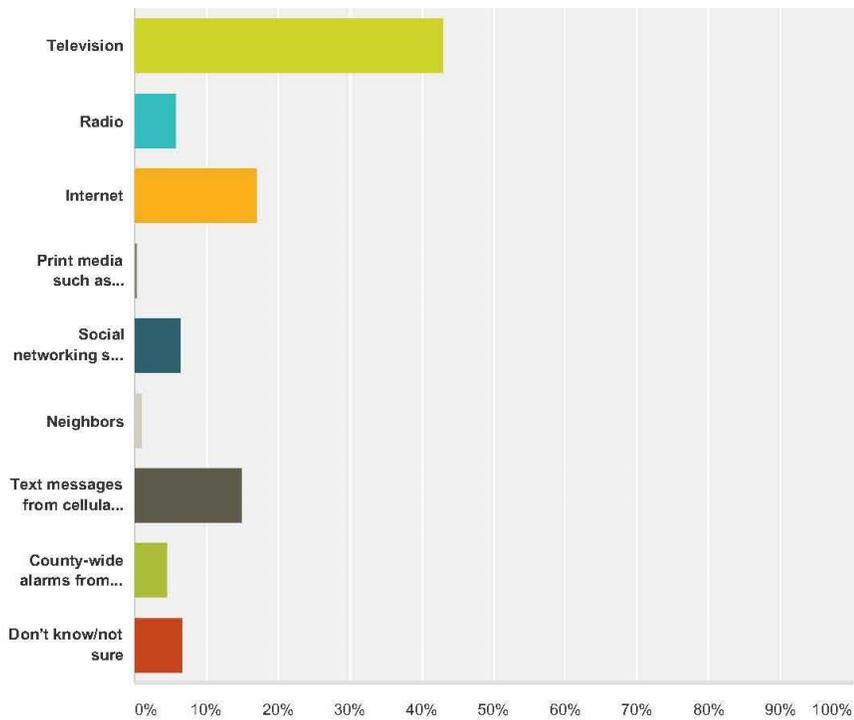
**Q70 Does your household have a 3-day supply of prescription medication and any special medical supplies (such as glucose test strips, oxygen and hearing aides, etc.) for each person who requires these supplies?**

Answered: 846 Skipped: 158



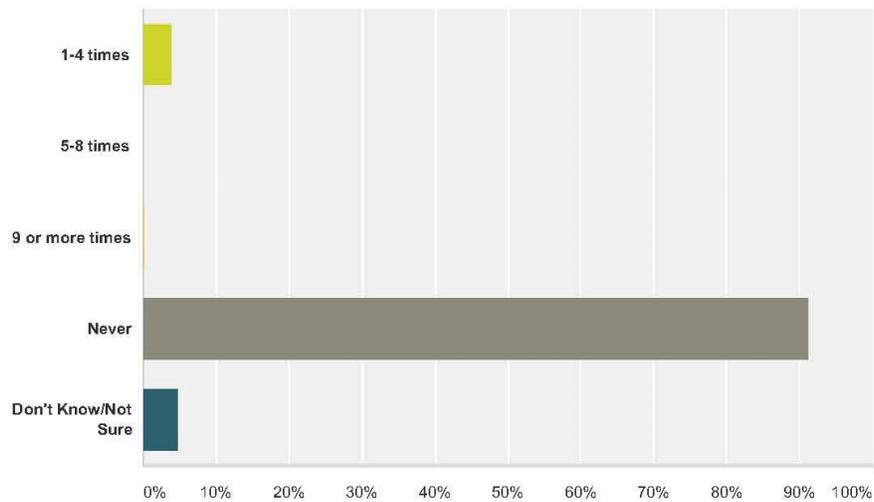
**Q71 What would be your main way of getting information from authorities in a large-scale disaster or emergency in the county? Please check only one.**

Answered: 846 Skipped: 158



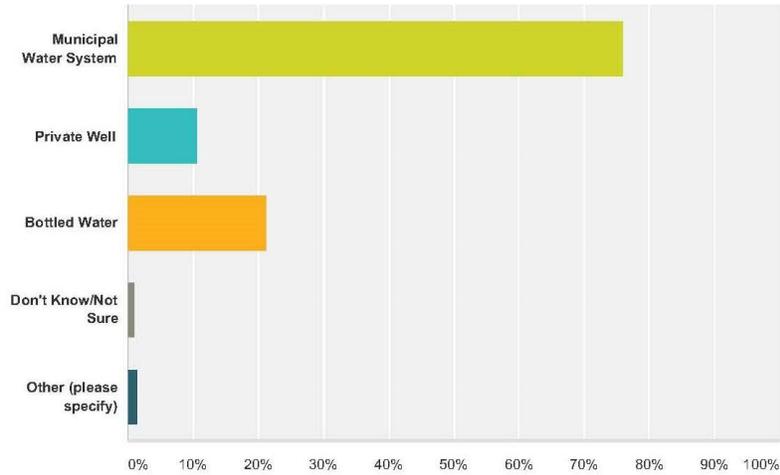
**Q72 How many times in the past twelve months have you or a family member had a food-borne illness confirmed by a medical professional?**

Answered: 843 Skipped: 161



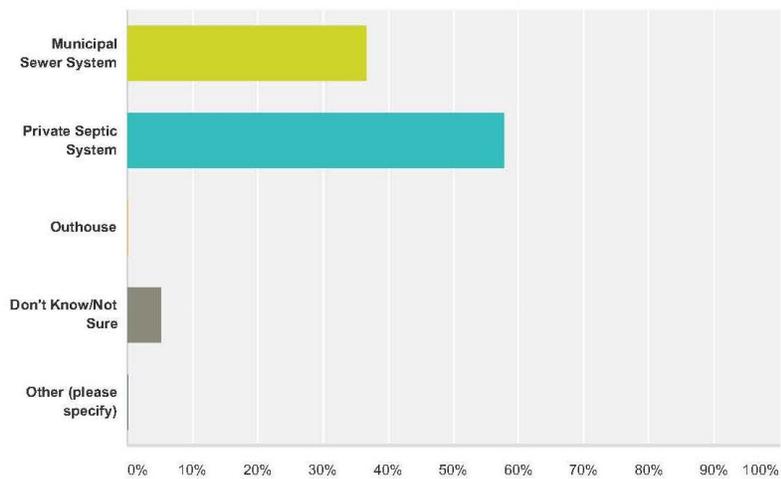
### Q73 What is the primary source of drinking water for your home? Check all that apply.

Answered: 843 Skipped: 161



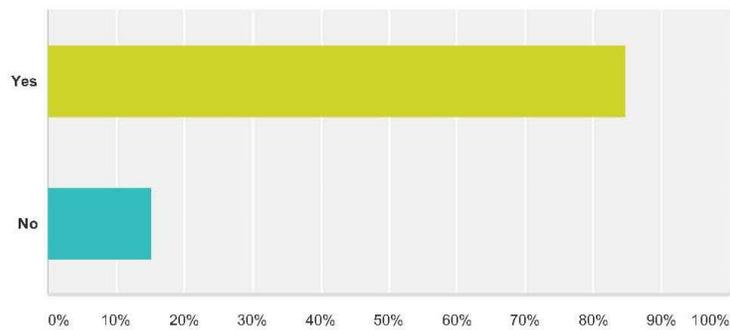
### Q74 How is your sewage system managed?

Answered: 843 Skipped: 161



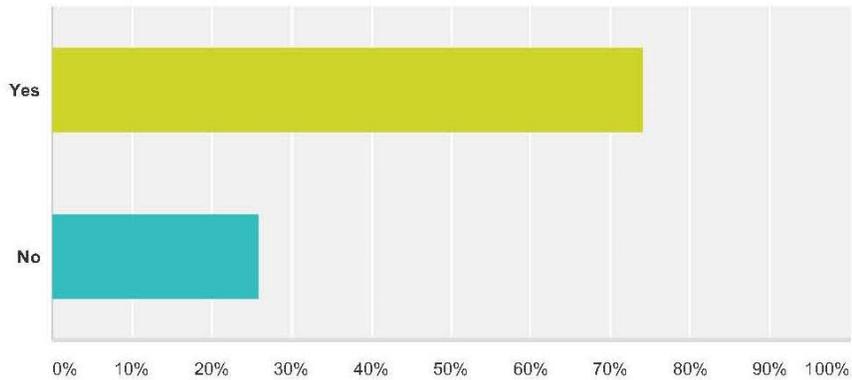
### Q75 Would you use a countywide parks and recreation program?

Answered: 842 Skipped: 162



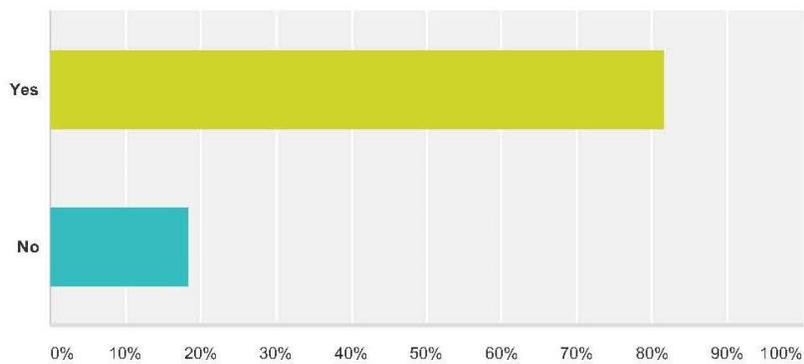
### Q76 Do you have access to parks or a greenway/ball field/playground within a 5 mile radius of your house?

Answered: 842 Skipped: 162



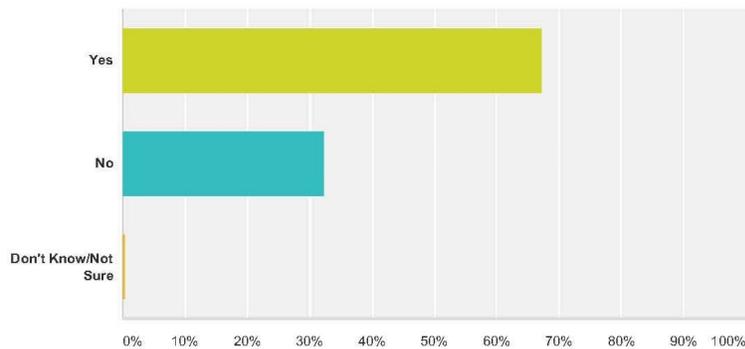
### Q77 Should sidewalks and greenways be required in new residential developments?

Answered: 841 Skipped: 163



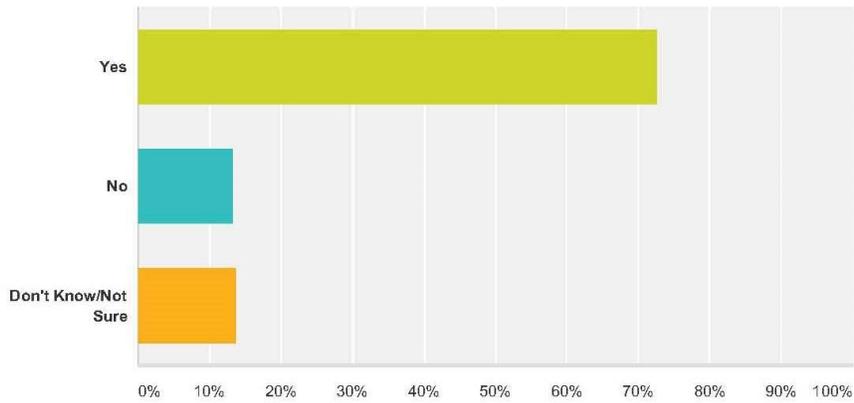
### Q78 Does your household recycle any items (paper, plastics, glass, metals, electronics, etc.)?

Answered: 840 Skipped: 164



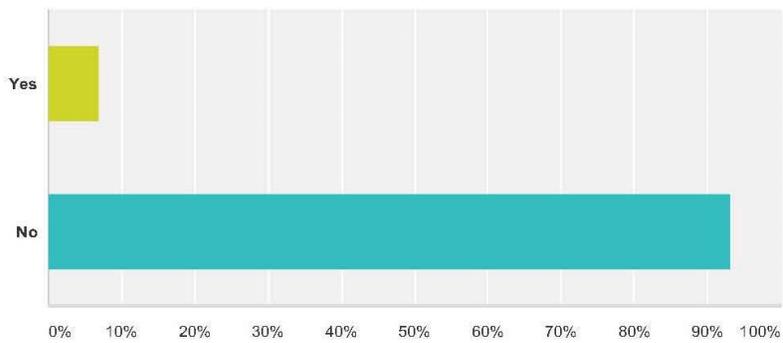
### Q79 Would you like to see a curbside recycling center county wide?

Answered: 840 Skipped: 164



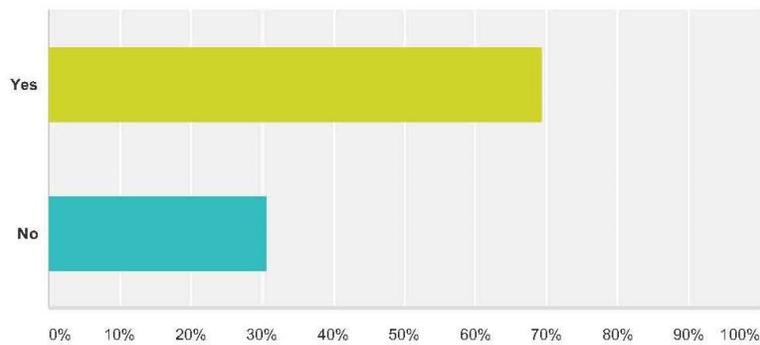
### Q80 Do you visit the website, [www.chunkit.com](http://www.chunkit.com), to see events or places to recycle or dispose of household waste?

Answered: 840 Skipped: 164



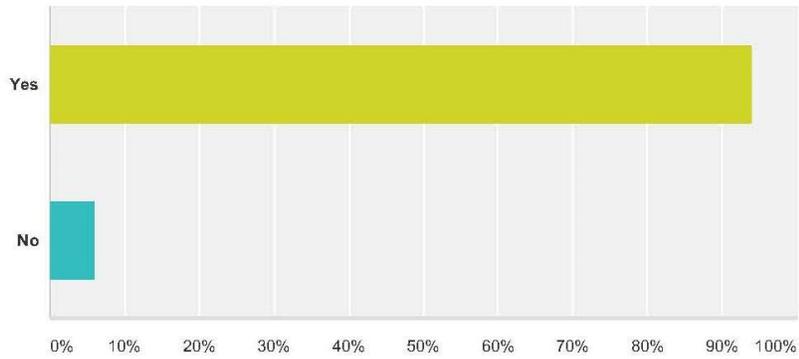
### Q81 Do you have a pet (dog, cat, ferret) older than 4 months?

Answered: 840 Skipped: 164



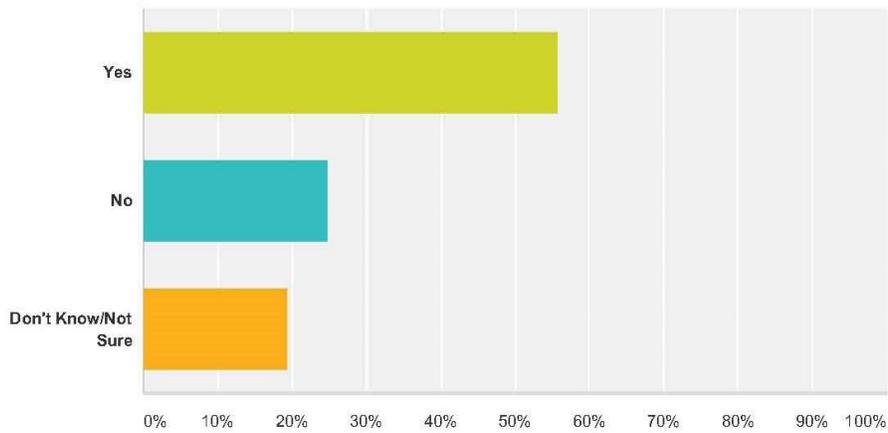
### Q94 If yes, is it up to date on rabies vaccinations?

Answered: 584 Skipped: 420



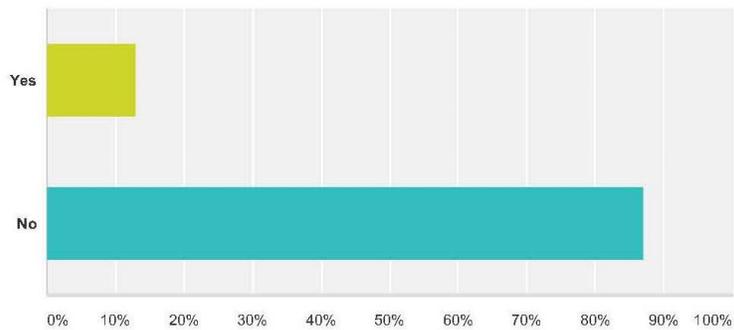
### Q82 Are your pets spayed or neutered?

Answered: 840 Skipped: 164



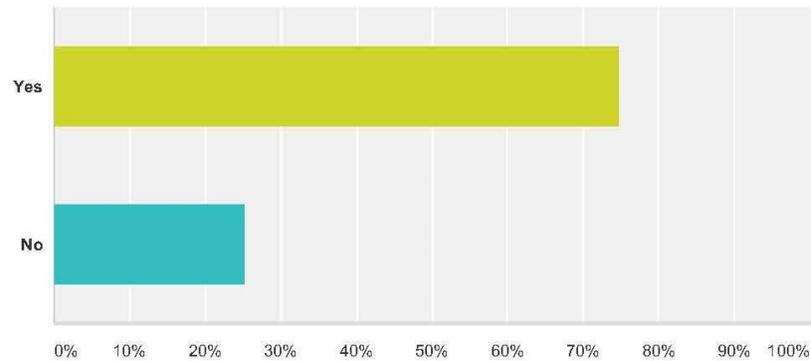
### Q95 If yes, did you participate in the Low-cost Spay and Neuter program offered by Cleveland County Animal Control?

Answered: 470 Skipped: 534



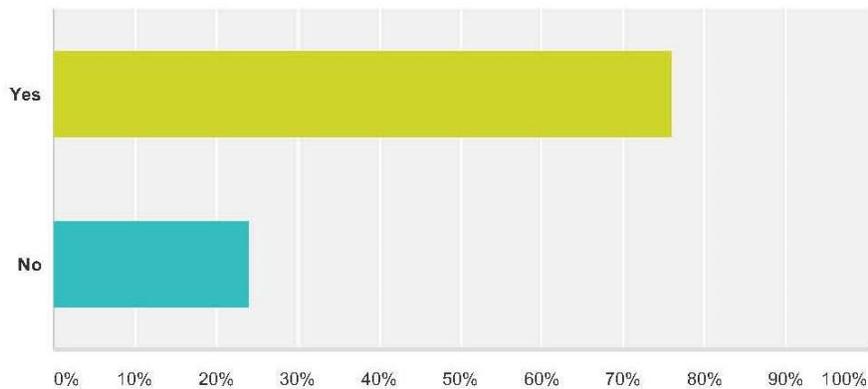
**Q83 Would you support a countywide Leash Law or containment to private property?**

Answered: 840 Skipped: 164



**Q97 Would you like to be registered for a chance to win one of three fuel cards or 5 individual spay/neuters?**

Answered: 839 Skipped: 165



**Q98 Please provide your first and last name as it appears on a valid form of identification (driver's license, passport, etc.) as well as an email address and phone number. If you are selected as a winner we will use these means to contact you.**

Answered: 740 Skipped: 264

