

State of the County Health Report

2013

**CLEVELAND COUNTY
HEALTH DEPARTMENT**

*Our mission is to enhance and protect the health of Cleveland
County citizens through education and prevention.*



From your Health Director –

2013 proved again to be a challenging year for the Cleveland County Health Department. Resources continued to shrink while demand for services continued to increase, forcing a balancing act about the best use of personnel and resources to continue the delivery of quality services to residents of Cleveland County. Several events made this year especially memorable:

January brought the implementation of the Cleveland County Fair Working Group, a multi-disciplinary team charged with reviewing the prevention measures in place during the 2012 Cleveland County Fair when an outbreak of Shiga Toxin producing E. coli (STEC) occurred. This Working Group focused on three areas of concern and issued their final report in June, 2013.

February was the time frame for a site visit for our re-accreditation process with officials from the North Carolina Local Health Department Accreditation Board who spent three days reviewing documents and visiting our health department and related sites. This visit culminated our earning the status of an Accredited Health Department for 2013-2017.

In March, Carolinas HealthCare System purchased local facilities in Cleveland County as well as the land and buildings housing the Health Department, the Employee Wellness Center and the Ollie Harris Building. County commissioners pledged to build a new, state of the art health department on land owned by the county with a targeted completion date of two years. Planning for the new facility has involved all staff members of the Health Department with a charge to ensure that the new facility serve residents' needs for many years.

National Public Health Week was celebrated in April with banners, signage and news releases about the services found at the health department. A new marketing campaign was developed and launched based on the idea that "We do that . . ." to inform county residents about available services. The 8th annual Minority Health Conference addressed two health disparities identified in the minority communities of the county – stroke and teen pregnancy – with panel presentations and a keynote address by Dr. Monique Bethell on health equity in North Carolina. A successful Hazardous Household Waste Disposal Day was held simultaneously with an Operation Medicine Drop take back event.

A significant achievement occurred in May when the Shelby City Council and Parks and Recreation Advisory Board instituted a policy in favor of tobacco free park facilities, especially the playgrounds, athletic fields, Rotary train and carousel. Signage to support this policy was provided through the Region 4 Community Transformation Grant Project.

The Cleveland County Fair Working Group issued its' recommendations specific to the Cleveland County Fair operations for 2013 in June. Health Department staff began work on a consumer education campaign to be conducted at the 2013 event focusing on good handwashing practices. Also in June the Health Department and the Alliance for Health sponsored a community forum on the abuse and misuse of prescription medications in the county which resulted in the formation of a Task Force on Overdose Prevention to increase community awareness about this issue. The satellite Farmers' Market opened on site at the Health Department with the capacity to accept SNAP/EBT cards and debit cards as a convenience for consumers.

During July and August Health Department staff members continued to work on planning for the new facility and supporting the work of various task forces and coalitions addressing community health issues. Planning increased for the 8th annual Step One Challenge, the county-wide walking contest held over a six-week period in September and October. Six school-community gardens funded by an Eat Smart Move More Community Grant provided over 2500 pounds of produce to food pantries and agencies in the county over the summer months.

September saw Health Department staff members manning hand washing demonstration stations at the Cleveland County Fair and providing additional educational information at a display in the exhibit hall featuring a “Sink those Germs!” campaign. Additionally, Health Department staff members responded to an outbreak of salmonella at a church barbecue event, working with state officials to identify and source of the outbreak and respond to the needs of county residents.

In October the annual consumer satisfaction survey revealed that patients and family members were very satisfied with services received at the Cleveland County Health Department. For the first time, pharmacists with the Cleveland County Health Department conducted Brown Bag Medication Reviews for the public every Wednesday in October in order to educate the public about the importance of good communication with their doctors about the medicines prescribed for them. Two staff members in the Health Department were trained to provide counseling about insurance availability under the Affordable Care Act and began scheduling appointments for the public.

November brought the annual update to the CCHD strategic plan for 2012-15 with Board of Health members approving additional goals and objectives for the environmental health unit. The Substance Abuse Prevention Coalition, through funding from the North Carolina Coalition Initiative, launched a campaign to address underage drinking, working with law enforcement agencies across the county to conduct compliance checks and shoulder tap campaigns as well as providing targeting training for managers and staff at retail outlets.

In December staff members paused to celebrate the holidays with the annual Employee Breakfast sponsored by members of the Board of Health. A focus on encouraging flu vaccines continued in the community with collaboration from Walgreens to provide vaccine to participants in the soup kitchens and feeding programs in the county.

All year long, staff members of the Health Department carried on with the planning for implementation of electronic medical records, development and implementation of Quality Improvement projects in the various clinical settings, planning for the new facility and provision of quality services to residents of Cleveland County. I am proud to work with our employees as they meet the daily challenges found in the public health environment and I look forward to continuing our efforts in 2014.

Dorothea Wyant

Priority Health Issues for Cleveland County

In the 2011 Community Assessment three priority issues were identified and adopted to serve as focal points for work over a three year period. Both the issues and the Community Health Action Plans to address each one were adopted by the Board of Health for Cleveland County and the Board of Directors of the Alliance for Health in Cleveland County, Inc., the county's certified Healthy Carolinians partnership. The issues to be addressed included substance abuse, sexually transmitted diseases and physical activity and nutrition.

Substance Abuse

Objectives for consideration under substance abuse include:

- By 2015 reduce the percentage of youth grades 9 – 12 who have used alcohol and illicit drugs by 10%.
- By 2015 increase the number of community residents familiar with abuse of alcohol, prescription medications and over-the-counter medications by 15%.

| Activity | Outcome |
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| <p>SOBIR (Student Options Begin with Intervention and Recovery) program offers students enrolled in Cleveland County Schools who violate school substance abuse policy an option to reduce a mandatory ten-day suspension to five days if they and their parents/guardians participate in a four-session educational program led by health educators</p> | <p>30 students served: 5 Elementary School 6 Middle School 19 High School 2 referrals for treatment Evaluation completed via Survey Monkey and telephone contacts 90% reported no additional involvement in use of substances</p> |
| <p>Project Northland Powerline is an evidence based program providing an alcohol prevention curriculum to reduce, delay, prevent experimentation with alcohol, especially as students move from middle to high school; the 2012 PRIDE Survey indicated a decrease in reported annual alcohol use among 9th graders from 45.1% in 2009 to 41.9% in 2012, lower than the national average of 44%; the program offers five classroom meetings with all 8th graders enrolled in Cleveland County Schools</p> | <p>42 classes taught in 8th grade 818 students engaged in class Lessons modified to include up to date information on marijuana and synthetics based on results of 2012 PRIDE Student Drug Use Survey 2014 – benchmark for development and implementation of student evaluation of class</p> |
| <p>Operation Medicine Drop removes unused and out of date medications from residences in Cleveland County, reduces the potential for misuse of these medications especially by young people, reduces the availability of medications for sale; Cleveland County Health Department partners with 11 organizations to provide a collaborative response for medication take-back events</p> | <p>Five county-wide events staffed by Cleveland County Sheriff personnel and volunteers from collaborating organizations; 119,154 dosage units collected; 16,600 dosage units collected in the permanent drop box at Shelby Police Department lobby; Marketed through brochures, flyer, ads, partner emails, Roots and Wings program, Cleveland County Schools Fun Run, postings on electronic media</p> |

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| <p>Development and implementation of a Task Force on Overdose Prevention to address the abuse and misuse of prescription medications in Cleveland County</p> | <p>Formal partnership developed with Office of Rural Health, Carolina Community Health Partnership (CCNC network serving Cleveland and Rutherford counties)</p> <p>Emergency Department policy adopted on prescription of opioids to patients;</p> <p>June 2013 Community Forum updated stakeholders</p> <p>Task Force on Overdose Prevention established to focus on community engagement</p> <p>CCNC network to manage provider education component</p> <p>Task Force will focus on community engagement – developed logo, studying medication disposal system for home-bound Hospice patients, working to provide permanent take-back boxes in locations around the county, co-sponsored Brown Bag reviews of medications in October</p> |
| <p>Substance Abuse Prevention Coalition meets monthly with ongoing support from the Cleveland County Health Department, the Alliance for Health in Cleveland County, Partners Behavioral Health Management and the North Carolina Coalition Initiative. Staffed by DeShay Oliver with additional assistance from Henry Earle, members of the coalition focus their work on youth substance abuse initiatives such as the Think Again video contest and the NCCI-identified objectives concerning the ability of under-age youth to obtain alcohol in Cleveland County. The SAPC has agreed to provide support and oversight for the Task Force on Overdose Prevention from July 2013 through June 2014 in order to fully implement a comprehensive, multi-level community engagement process around prescription medication.</p> | <p>Three student teams were awarded cash prizes for their work in the Think Again video contest sponsored by the SAPC in 2013, one from an area high school and two from middle schools. The winning video is being developed into a public service announcement for use on the local cable channel.</p> <p>A new logo to support the NCCI-funded campaign to reduce underage drinking was developed along with a strategic plan focusing on enforcement and education. Local law enforcement agencies signed a memorandum of agreement to support this effort, especially focusing on an annual county-wide compliance check of retail alcohol outlets.</p> <p>The Community Anti-Drug Coalitions of America will recognize the Cleveland County Substance Abuse Prevention Coalition at a Graduation Celebration during CADCA's 24th National Leadership Forum in February 2014 for successful completion of the National Coalition Academy and completion of five required products (community assessment, logic model, strategic/action plan, evaluation plan and sustainability plan).</p> |

Sexually Transmitted Disease and Unintended Pregnancy

Objectives for consideration under sexually transmitted diseases and unintended pregnancy include:

- By 2015 decrease the teen pregnancy rate in Cleveland County to a rate equal to or lower than the rate for North Carolina as a whole.
- By 2015 reduce the percentage of positive results for Chlamydia by 5% for individuals ages 15-24.

| Activity | Outcomes |
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| <p>Targeted minority outreach in collaboration with the Western North Carolina AIDS Project to implement the SISTAS program in Cleveland County; projected outcomes include greater proportion of condom use among participants; less unprotected intercourse; decrease in HIV-AIDS and STD infection rates</p> | <p>Personnel changes at WNCAP delayed program development and implementation; however, WNCAP education/prevention outreach specialist now housed at CCHD targeting minority communities in Cleveland County;</p> <p>Minority Health Council established a work group on STDs and teen pregnancy in collaboration with the Ebenezer Baptist Association and other minority congregations; two meetings held to date; will continue work in 2013-14;</p> <p>Minority Health Conference in April 2013 featured panel discussion on STDs and teen pregnancy with all conference participants attending;</p> |
| <p>Draw the Line, Respect the Line Curriculum is provided in all 7th and 8th grade classes annually affecting approximately 2400 students based on annual enrollment; this curriculum provides consistent and accurate information on reproductive health and safety in age-appropriate manner; meets requirements of NC Healthy Youth Act</p> | <p>Curriculum and training provided to Cleveland County Schools health and physical education teachers for 7th and 8th grade classes for students with parental consent; curriculum approved and included in the NC Curriculum Essential Standards for Health 2012-13; Middle school faculty provide classroom instruction in this evidence-based curriculum;</p> <p>Training refresher course offered annually to CCS staff upon request;</p> <p>Curriculum offered for past three academic years</p> |
| <p>Making Proud Choices curriculum is provided in all 9th grade health and physical education classes annually affecting approximately 1200 students based on annual enrollment; provides consistent and accurate information on reproductive health and safety in age-appropriate manner; meets requirements of NC Healthy Youth Act</p> | <p>Curriculum provided to 9th graders enrolled in Cleveland County Schools with parental consent; evidence-based ten day curriculum; CCHD health educator teaches the 10th day class on STDs and FDA-approved contraceptives; 52 classes taught in 2012-13 academic year; evaluation surveys distributed to participating faculty;</p> <p>Plans to add student evaluation to be distributed at close of 10th day class in 2013-14 academic year; Additionally, puberty classes taught to 5th graders with parental consent in elementary schools; 34 classes taught in 2012-13 academic year;</p> |

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| <p>Nurse Family Partnership serves 100 first-time, low-income mothers at any given point in time; Nurse Family Home Visitors carry a case load of 25 maximum; program enrolls participants during pregnancy and follows the child up to two years of age; provides comprehensive health, education, economic support to first time low income mothers; serves as a deterrent to repeat pregnancies; goal is to have healthy babies and build economic self-sufficiency for mothers</p> | <p>Served 111 clients June 2012 – June30, 2013; Short one Nurse Home Visitor June 2012 – December 2012; 86 referrals during 12-13 time frame from 10 referral sources; Enrolled 44 of 86 referrals; 46% white, 44% African-American, 3% American Indian or Alaska native, 7% multiracial; 7% Hispanic, 93% non-Hispanic; 31 babies born; 25 Graduates from program; Ages of participants: 2% less than 15, 21% 15-17, 27% 18-19, 39% 20-24, 7% 25-29, 4% 30+;</p> |
| <p>Research and select a faith-based curriculum for use primarily in minority churches. The expected policy change is that minority churches will see the delivery of this information as appropriate and needed within their communities and will adopt the curriculum for use with youth and parents. The original Good Sex curriculum was selected at the request of the Minority Health Council members who identified a specific need for a scripturally oriented curriculum to leverage pastors into seeing this topic as appropriate for their congregations. The teen pregnancy rate for minority girls ages 15-19 in Cleveland County is high and warrants specific interventions. The most efficient channel of communication in the county is through faith communities, even though some of the youth who are experimenting sexually are not involved in churches. Churches still represent the most efficient way of reaching minority youth but churches have to adopt a policy of providing the curriculum and supporting their youth for this to work.</p> | <p>2012-13 – no church involvement with curriculum; Minority Health Council work group focusing on STDS and teen pregnancy currently addressing this issue and involving faith communities Additional resources for use by faith communities identified for review: Faith Matters: How African-American Faith Communities Can Help Prevent Teen Pregnancy Tips to Help Faith Leaders and Their Communities Address Teen Pregnancy Keeping the Faith: The Role of Religion and Faith Communities in Preventing Teen Pregnancy All resources from The National Campaign to Prevent Teen and Unplanned Pregnancy</p> |

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| <p>Teen Pregnancy Prevention Coalition</p> | <p>Teen Pregnancy Prevention Coalition currently involved in a strategic planning process to identify goals and objectives; process is modeled on the activity used for strategic planning by the Substance Abuse Prevention Coalition and is led by Deshay Oliver; TPPC is led by Mitchell Johnson as chair and Katie Jones as staff assigned to the coalition; an additional project underway is a review of the 2005 Youth Resource Guide for updating and publication in both hard copy and electronic format coalition members currently working to implement Smart Girls and Wise Guys curriculum in targeted after-school settings in collaboration with Communities in Schools of Cleveland County Coalition members developed a brochure highlighting child support requirements in North Carolina for distribution in the community</p> |
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Both teen pregnancy and sexually transmitted diseases continue to emerge as health disparities in Cleveland County. For the sexually transmitted diseases of Chlamydia and Gonorrhea, age disparities exist as well with a majority of cases in the 10-14 and 15-24 year old age groups. Both the Teen Pregnancy Prevention Coalition and the Minority Health Council continue to monitor this data and to consider the implementation of evidence-based programming to address these issues. Data obtained from the Communicable Disease Branch of the NC Division of Public Health as well as data from the NC State Center for Health Statistics verify these issues as critical for Cleveland County.

CLEVELAND COUNTY TEEN PREGNANCY RATES - AGES 15 – 19

| CATEGORY | 2008 | | 2010 | | 2012 | |
|--------------------------------|--------|---------------|--------|---------------|--------|---------------|
| | Number | Rate/ 1000 | Number | Rate/ 1000 | Number | Rate/ 1000 |
| NC Total Pregnancies | 19,398 | 58.6 | 15,957 | 49.7 | 12,535 | 39.6 |
| White | 10,699 | 47.8 | 6,525 | 34.4 | 5,223 | 28.3 |
| African-American | 7,630 | 86.8 | 6,292 | 70.2 | 4,742 | 55.0 |
| Hispanic | 3,006 | 147.5 | 2,456 | 82.7 | 2,045 | 62.0 |
| Other Non-Hispanic Pregnancies | | | | | 471 | 36.4 |
| Repeat Pregnancies | 5,512 | 28.4 | 4,305 | 27.0 | 3,065 | 24.5 |
| | | | | | | |
| Cleveland County Total | 244 | 64.6 | 201 | 56.2 | 158 | 46.5 |
| White | 141 | 51.0 | 109 | 43.9 | 100 | 42.1 |
| African-American | 98 | 103.8 | 82 | 88.2 | 54 | 62.5 |
| Hispanic | 8 | * | 7 | * | 3 | * |
| Other Non-Hispanic Pregnancies | | | | | 1 | * |
| Repeat Pregnancies | 77 | 31.6 | 57 | 28.4 | 38 | 24.1% |
| | | | | | | |

*Rates based on fewer than 20 cases are unreliable and are not included in the data.
Data from the North Carolina State Center for Health Statistics

CLEVELAND COUNTY STDs/HIV CASES BY RACE/ETHNICITY

| DIAGNOSIS | 2008 | | 2010 | | 2012 | |
|----------------------|--------------|---------------|--------------|---------------|--------------|-------------|
| CHLAMYDIA: | Cases | % | Cases | % | Cases | % |
| White non-Hispanic | 111 | 31.2% | 107 | 26% | 165 | 33% |
| Black non-Hispanic | 184 | 51.7% | 223 | 58% | 274 | 55% |
| Other/Unknown | 59 | 16.6% | 68 | 16% | 47 | 10% |
| Hispanic | <5 | - - | 9 | 2% | 12 | 2% |
| TOTAL | 356 | 100.0% | 407 | 100.0% | 498 | 100% |
| GONORRHEA: | | | | | | |
| | Cases | % | Cases | % | Cases | % |
| White non-Hispanic | 30 | 17.2% | 17 | 11% | 30 | 18% |
| Black non-Hispanic | 126 | 72.4% | 126 | 81% | 111 | 68% |
| Other/Unknown | 18 | 10.3 | 12 | 8% | 20 | 12% |
| Hispanic | 0 | 0.0% | <5 | - - | 2 | 2% |
| TOTAL | 174 | 100.0% | 156 | 100.0% | 163 | 100% |
| HIV DISEASE*: | | | | | | |
| | Cases | % | Cases | % | Cases | % |
| White non-Hispanic | 4 | 33.3% | <5 | - - | 5 | 42% |
| Black non-Hispanic | 8 | 66.7% | 8 | 67% | 7 | 58% |
| Other/Unknown | 0 | 0.0% | 0 | 0% | 0 | 0.0% |
| Hispanic | 0 | 0.0% | <5 | - - | 0 | 0.0% |
| TOTAL | 12 | 100.0% | 12 | 100.0% | 12 | 100% |
| SYPHILIS: | | | | | | |
| | Cases | % | Cases | % | Cases | % |
| White non-Hispanic | 0 | 0.0% | 0 | 0% | 2 | 66.7% |
| Black non-Hispanic | 4 | 100.0% | 3 | 100.0% | 1 | 33.3% |
| TOTAL | 4 | 100.0% | 3 | 100.0% | 3 | 100% |

By year of diagnosis, not year of report – surveillance has increased outreach to capture old cases

- Source: Communicable Disease Branch, NC Division of Public Health

CLEVELAND COUNTY STDs/HIV CASES BY AGE

| DIAGNOSIS | 2010 | | 2010 | | 2012 | | 2012 | |
|--------------|-------------|-------------|-----------------------|-------------|-------------|-------------|-----------------------|-------------|
| | TOTAL CASES | | AFRICAN-AMERICAN | | TOTAL CASES | | AFRICAN-AMERICAN | |
| CHLAMYDIA | Cases | % | Cases | % | Cases | % | Cases | % |
| 10-14 | 5 | 1% | <5 | - | | | | |
| 15-19 | 175 | 43% | 115 | 52% | 187 | 38% | 114 | 42% |
| 20-24 | 153 | 38% | 82 | 37% | | | | |
| 25-29 | 42 | 10% | 17 | 8% | 269 | 54% | 138 | 50% |
| 30-34 | 20 | 5% | 7 | 3% | | | | |
| 35-39 | 7 | 2% | <5 | - | 33 | 7% | 16 | 6% |
| 40-44 | <5 | - | 0 | 0% | | | | |
| 45-49 | <5 | - | 0 | 0% | 8 | 1% | 5 | 2% |
| 50-54 | <5 | - | 0 | 0% | 1 | - | 1 | - |
| 55-59 | <5 | - | 0 | 0% | | | | |
| 60-64 | 0 | 0% | 0 | 0% | | | | |
| 65+ | 0 | 0% | 0 | 0% | | | | |
| Unknown | 0 | 0% | - | - | | | | |
| TOTAL | 407 | 100% | 223 | 100% | 498 | 100% | 274 | 100% |
| | | | 54.8% of total | | | | 55% of total | |
| | | | | | | | | |
| GONORRHEA | Cases | % | Cases | % | Cases | % | Cases | % |
| 10-14 | <5 | - | <5 | - | | | | |
| 15-19 | 57 | 37% | 45 | 36% | 44 | 27% | 34 | 31% |
| 20-24 | 49 | 31% | 44 | 35% | | | | |
| 25-29 | 16 | 10% | 13 | 10% | 97 | 60% | 67 | 60% |
| 30-34 | 17 | 11% | 14 | 11% | | | | |
| 35-39 | <5 | - | <5 | - | 12 | 7% | 5 | 5% |
| 40-44 | 7 | 4% | <5 | - | | | | |
| 45-49 | 0 | 0% | 0 | 0% | 7 | 4% | 4 | 4% |
| 50-54 | <5 | - | <5 | - | 3 | 2% | 1 | - |
| 55-59 | 0 | 0% | 0 | 0% | | | | |
| 60-64 | <5 | - | 1 | 1% | | | | |
| 65+ | 0 | 0% | 0 | 0% | | | | |
| Unknown | 0 | 0% | - | - | | | | |
| TOTAL | 156 | 100% | 126 | 100% | 163 | 100% | 111 | 100% |
| | | | 80.8% of total | | | | 68.1% of total | |

Source: Communicable Disease Branch, NC Division of Public Health

Physical Activity and Nutrition

Objectives for consideration under physical activity and nutrition include:

- By 2015 reduce the percentage of children and adolescents considered overweight or obese by 10% using a comprehensive community initiative.
- By 2015 increase the percentage of adults in Cleveland County who are physically active and consume five or more servings of fruits and vegetables daily based on self-reporting.

| Activity | Outcome |
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| <p>Step One Challenge is the annual county-wide walking contest to encourage individuals to increase their level of physical activity. 2013 marked the 8th year of this contest and the second year for a 5K/Fun Run to kick off this event. Based on reporting from previous participants, the anticipated outcome is increased levels of physical activity. Contest is modeled on 10,000 steps per day goal; using teams encourages individuals who may refuse to walk as an individual to participate</p> | <p>1035 individual participating on 180 teams 227,331,296 total steps walked – converts to 113,666 miles for participants 5K/Fun Run attracted 129 participants using 26 volunteers and 10 community sponsors; evaluation of race conducted using Survey Monkey 2014 race set for September 6 which will serve as the kick-off for the walking contest Additionally, First Baptist Church in Shelby sponsored a walking program through their health promotion team with 96 participants walking 13,210,720 steps. Judy Hawkins was the overall high step winner. CCHD furnished pedometers for this activity.</p> |
| <p>The Foothills Farmers Market operates three market sites in Cleveland County, main site April through October and satellite sites June – August; CCHD site has market potential to reach 3,000 individuals working/living in the targeted area. These markets provide access to locally grown produce, meats and dairy products to consumers; develop and sustain the local agricultural community; provide opportunities for nutrition education at market sites</p> | <p>Downtown Foothills Farmers Market operated April-December; CCHD Satellite Market operated June-August on Tuesdays; 3rd site developed in the City of Kings Mountain as a pilot – operated August - October FFM Board hired new market manager, conducted more promotional activities and food demonstrations; All market sites accepting SNAP/EBT and debit cards to increase access to fresh fruits and vegetables; Additional market support provided by Region 4 Community Transformation Grant project – billboards, banners, recipe cards, etc.</p> |
| <p>Walking routes identified and established to encourage physical activity in Shelby, Kings Mountain and Fallston. Routes are one, two and three miles in length in areas with sidewalks and lighting to ensure safety – all routes are marked with green ESMM signage</p> | <p>2013 – walking route identified, accepted by town council and signage posted in Fallston; brochure published highlighting routes; New town manager for Boiling Springs – process of identifying and accepting walking routes will begin again; 2013 plans for updating and replacing signage for three Shelby routes;</p> |

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| <p>Network of School Community Gardens to model methods of growing fresh vegetables and to provide produce to schools for backpack programs and to food pantries and helping agencies in the county. Pilot sites were selected and developed for this intervention; the number of individuals affected by the garden output depends upon the school site enrollment and individuals involved from the local faith communities. Intervention is funded through a state ESMM Community Grant ; anticipated outcomes include availability of fresh produce for use in schools and faith communities; potentially produce could be sent home with designated students and/or used in church events or feeding programs; schools will have access to supplementary nutrition lessons based upon the garden projects; potential for increased consumption of fresh produce among students and community residents</p> | <p>6 School-Community Gardens installed with signs and benches added at each site: Township Three Elementary, Jefferson Elementary, Fallston Elementary, West Elementary (KM), Graham Elementary, and Washington Elementary; Church partners identified for each school: Christopher Road Baptist Church, Eastside Baptist Church, Fallston United Methodist Church, First Baptist Church-KM youth group, Aldersgate United Methodist Church and Washington Missionary Baptist Church; Master Gardeners served as consultants to each site; Sites linked to FFM FoodShare Program to distribute excess produce; Got Veggies! Curriculum printed and distributed to participating schools; Planted for summer crops; Additional gardens developed at Union Elementary School, Kings Mountain High School and Turning Point Academy in fall, 2013 Funding set aside for fall 2013 and spring 2014 planting</p> |
| <p>Region 4 Community Transformation Grant project will focus on five-year investments to reduce chronic disease, improve health status, reduce health disparities and control health care spending; goals, objectives, strategies and action steps are under development in the region. Outcomes established by the CDC for Community Transformation Projects include a reduction in death and disability due to tobacco use by 5%, a reduction in the rate of obesity through nutrition and physical activity interventions by 5% and a reduction in death and disability due to heart disease and stroke by 5%.</p> | <p>Tobacco-free policy adopted for Shelby City Parks and Recreation for playground, train, carrousel and athletic fields; signage provided and installed; Promotion activities for Foothills Farmers market – developed of a community-supported agriculture program underway; Plans for 2014 include training on the development of shared use facility agreements and health literacy</p> |
| <p>Community Catalyst Transformation Project is funded by the Kate B. Reynolds Health Care Trust. This initiative will engage communities to create places where healthier choices are easier to make. Efforts may include developing comprehensive plans that address the health of the community, promoting community use of facilities for physical activity and increasing access to fresh produce through the community. The catalyst project works in concert with the Region 4 CTG initiative but focuses on healthy eating and physical activity only.</p> | <p>Community Catalyst Coordinator has undertaken corner store initiative to expand access to fresh fruits and vegetables at convenience stores in Cleveland County; Coordinator has facilitated development and implementation of SNAP/EBT and debit card access for FFM patrons at all sites; Coordinator has used AFH Board of Directors as consultants to build additional capacity in Cleveland County;</p> |

Eat Smart Move More Coalition for Cleveland County grew from the NACDD-funded ACHIEVE initiative beginning in 2008.

Eat Smart Move More Coalition meets every two months to serve as a community forum on physical activity and nutrition initiatives; chaired by Bill McCarter and staffed by Joyce King, the coalition reviews potential activities and facilitates implementation of activities across the county. This coalition has developed policies for after-school programs on appropriate snacks and physical activity standards as well as policies for food and physical activity for meetings held by agencies and organizations.



Resolution of *E. coli* Outbreak in Cleveland County

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 final report is available at: <http://epi.publichealth.nc.gov/cd/ecoli/figures/ClevelandCoFair2012FinalReport.pdf>.

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. The Health Department, fair officials and representatives of state agencies worked together to implement the majority of these recommendations for the 2013 Cleveland County Fair. In addition, Health Department staff members 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 cornhole "Sink Those Germs!" game to attract attention to this issue.



Salmonella Outbreak

In September, physicians in Cleveland County notified the Cleveland County Health Department 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:

- 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.
- 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.
- Plan a safe food menu bearing in mind special handling and cooking requirements for meats, eggs, and raw fruits and vegetables.
- Acquire food from approved sources and do not serve food prepared in home kitchens
- Volunteers may not be familiar with safe food handling practices and should be made aware of the five fundamentals of safe food handling:
 - No bare hand contact with ready to eat items
 - Keep meats and produce separate
 - Raw meats should be kept separate from cooked meats
 - Meats should be kept separate from produce
 - Proper food temperature should be maintained
 - Hot foods should be maintained at 140 F or above
 - Cold foods should be maintained 40 F or below
 - Foods should not be left at temperatures between 40 F and 140 F more than 4 hours
 - Food handlers should not handle food while ill

Environmental Health Unit Reports 2012-2013

Staff from the Environmental Health Unit of the Cleveland County Health Department reported the following data collected on food and lodging inspections as well as wastewater and well inspections:

Food and Lodging

- 1272 Inspections
- 394 visit
- 6 permits revoked or suspended
- 87 complaints
- 2 lead investigations completed

On-Site Inspections:

- 1393 wastewater field activities
- 38 sewage complaints
- 3737 on-site wastewater consultations
- 4 well site evaluations
- 57 well site consultative visits



Leading Cause of Death in Cleveland County

| 2007 - 2011 | | | | 2008-2012 | | | |
|-------------|-------------------------------------------|-------------|------------------|-----------|-------------------------------------------|-------------|------------------|
| Rank | Cause of Death | # of Deaths | Rate per 100,000 | Rank | Cause of Death | # of Deaths | Rate per 100,000 |
| 1 | Diseases of the heart | 1,250 | 254.0 | 1 | Diseases of the heart | 1,243 | 253.9 |
| 2 | Cancer – all sites | 1,118 | 227.2 | 2 | Cancer – all sites | 1,120 | 228.8 |
| 3 | Chronic lower respiratory diseases | 308 | 62.6 | 3 | Chronic lower respiratory diseases | 317 | 64.8 |
| 4 | Cerebrovascular disease | 298 | 60.5 | 4 | Cerebrovascular diseases | 309 | 63.1 |
| 5 | Other unintentional injuries | 222 | 45.1 | 5 | Other unintentional injuries | 221 | 45.1 |
| 6 | Alzheimer’s disease | 203 | 41.2 | 6 | Alzheimer’s disease | 211 | 43.1 |
| 7 | Pneumonia & influenza | 145 | 29.5 | 7 | Septicemia | 169 | 34.5 |
| 8 | Septicemia | 143 | 29.1 | 8 | Pneumonia & influenza | 166 | 33.9 |
| 9 | Diabetes mellitus | 142 | 28.9 | 9 | Diabetes mellitus | 140 | 28.6 |
| 10 | Nephritis, nephritic syndrome & nephrosis | 127 | 25.8 | 10 | Nephritis, nephritic syndrome & nephrosis | 127 | 25.9 |
| | Total all Deaths | 5,366 | 1090.2 | | Total all Deaths | 5,495 | 1122.6 |

A review of the leading causes of death by ranking, number of deaths and unadjusted death rates per 100,000 provided by the North Carolina State Center for Health Statistics reveals a slight decreased in the rates for diseases of the heart. All other categories increase slightly or maintain the same ranking and rate. However, it should be pointed out that there are a higher number of deaths in the county in the 2008-2012 time frame that may account for some of the increases in both numbers and rates.

Additional data reveals that the race/ethnicity-specific and sex-specific age adjusted death rates for 2008-2012 for Cleveland County indicate a higher white, non-Hispanic rate for diseases of the heart (226.2 per 100,000) versus 206.0 per 100,000 for African-Americans, non-Hispanics. However, for cerebrovascular disease, the rate for African-Americans, non-Hispanics is 66.1 per 100,000 versus 53.8 for white, non-Hispanics. African-Americans, non-Hispanics show lower death rates for cancer of the trachea, bronchus and lung but a higher rate for colon, rectal and anal cancers. The death rate for diabetes mellitus for white, non-Hispanics is 18.9 per 100,000 versus 60.7 for African-Americans, non-Hispanics.

Emerging Issues and Demographics

According to the 2007-2011 American Community Survey developed by the United States Census Bureau, the following facts emerge about Cleveland County in 2013:

- County population estimate is 97,880
- 47.9% of county residents are male; 52.1% are female
- 27.1% are 19 years old or younger; 60.3% are 20 – 64 years old; 12.8% are 65 or older
- Median age for the county is 40.3 years old
- 69.7% of county residents are white
- 21.4% of county residents are African-American
- 2.8% of county residents identify themselves as Hispanic-Latino

There are 37,690 households in the county with 13.2% of those households headed by a female with no husband present. 27.6% of households in the county are defined as householder living alone; 9.1% of those households are headed by an individual 65 or over. There are 2,382 grandparents living with their own grandchildren in the county with 1,351 of them responsible for the grandchildren.

24,782 children ages 3 and over are enrolled in school in the county; 6,234 of those are in college or graduate school. 7.4% of the population 25 and older has less than a 9th grade education. 13.5% of adults 25 and over have a 9th to 12th grade education but no diploma. 34% of individuals 25 and over are high school graduates, 10.5% of the adults over 25 have a bachelor's degree and 5.4% have a graduate or professional degree.

9.8% of the households in the county have an income less than \$10,000 annually; 9.2% have an income ranging from \$10,000 to \$14,999 and 13.9% have an income ranging from \$15,000 to \$24,999. The median household income for the county is \$38,352 while per capita income is \$19,475. 19.4% of county residents live below the federal poverty level. In the 2011-2013 academic year, 61.85% of students enrolled in Cleveland County Schools were eligible for free or reduced lunch; the number rises to 62.47% for the current academic year.

Cleveland County has now been designated a Tier 2 county in North Carolina's ranking of economically distress counties based on incremental improvement in the unemployment rate and new jobs created by industrial development. The county's unemployment rate was 11.3% in January of 2013, hovered around 10% during the May-July time frame and settle at 8.3% in October 2013.

Emerging issues which affected community health in 2013 and will continue to affect health in 2014 include the sale of the county's healthcare facilities to Carolinas HealthCare System and the slow implementation of the Affordable Care Act. Controversy over a planned casino development project put forward by the Catawba Indian tribe has caused lively discussions among local and state leaders who differ on the potential positives of this development. Continued planning and construction of the new health department facility as well as the implementation of electronic medical records will also impact the ability of the Cleveland County Health Department staff to respond to emerging community issues but with a strong Board of Health, dedicated county commissioners, a network of local coalitions and energetic leadership, the Health Department will continue to be a positive force for a healthier community in Cleveland County in 2014.

Cleveland County Board of Health

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This “State of the County” Health Report is produced collaboratively by the Cleveland County Health Department and the Alliance for Health in Cleveland County, Inc. to relate current information on health issues in the county. The report is produced in the years that Cleveland County does not conduct a community assessment and serves as an update on health concerns.

This report is distributed in hard copy format to the following entities:

- Cleveland County Board of Health
- Cleveland County Board of Commissioners
- Alliance for Health Board of Directors
- Cleveland County Legislative Delegation to the North Carolina General Assembly
- Cleveland County Memorial Library—Shelby and Spangler/Lawndale branches
- Mauney Memorial Library—Kings Mountain
- Gardner-Webb University Library
- Cleveland Community College Library

This report is also posted on the web site of the Cleveland County Health Department at www.clevelandcounty.com/cchd

