

# State of the County Health Report 2012



Issued by  
Cleveland County Health Department

*The mission of the Cleveland County Health Department is to assure, enhance, and protect the health of Cleveland county citizens through education and prevention.*

From the Director's Chair—

2012 has provided changes and challenges for the Cleveland County Health Department! Our local public health workforce pulled together in the face of shrinking resources to provide quality services to our patients and the communities of Cleveland County in order to fulfill our mission as an organization. The highlights of the past year include:

- Completion, publication and distribution of the 2011 Community Assessment to identify priority health issues and health disparities in Cleveland County;
- Completion of three Community Health Action Plans addressing the identified health priorities: substance abuse, unintended pregnancy and sexually transmitted diseases, and physical activity and nutrition;
- Preparation for re-accreditation, with a site visit scheduled for February 2013, by the North Carolina Local Health Department Accreditation Board;
- Development and adoption of a new 2012-15 Strategic Plan for the Cleveland County Health Department;
- Award of a North Carolina Coalition Initiative Grant to support long-range planning for our Substance Abuse Prevention Coalition;
- Launch of the Chronic Pain Initiative in collaboration with the Community Care of North Carolina local network and the Alliance for Health;
- Support for the ongoing work of the Teen Pregnancy Prevention Coalition to address the issues of teen pregnancies and sexually-transmitted diseases;
- Participation in the Region 4 Community Transformation Project to address tobacco-free environments, healthy food choices and active living;
- Collaboration in the Cleveland County Community Transformation Catalyst project funded by the Kate B. Reynolds Health Care Trust to enhance the regional CT project in the county; and
- Coordination with state officials to address the E. Coli outbreak at the Cleveland County Fair in October, 2012.

Our staff strives for excellence in all services provided to residents of Cleveland County and pledges to continue this effort in 2013.

*Dorothea Wyant, Health Director*

## **2011 Community Assessment**

The Cleveland County Health Department, in collaboration with the Alliance for Health in Cleveland County, the Cleveland County HealthCare System and the United Way of Cleveland County, published and distributed the comprehensive 2011 Community Assessment. The document was released to the public in February, 2012, after approval by the Cleveland County Board of Health and the Board of Directors of the Alliance for Health. This is the seventh in a series of comprehensive assessments published in Cleveland County since 1985 that have guided community leaders in addressing emerging issues and allocating resources for program support in the county.

Oversight for the assessment was provided by a Core Committee of thirty individuals selected from across the county with expertise in survey development and data collection/analysis. These individuals were provided further support from members of the Board of Health and Board of Directors of the Alliance for Health. Staff support for the process was provided by employees of the Health Education/Health Promotion/CODAP Services unit of the Cleveland County Health Department with additional administrative support provided by Nancy Gamble.

Using the survey found in the Community Health Assessment Guidebook as a starting point, members of the Core Committee worked to individualize the survey for Cleveland County residents. Questions from the Behavior Risk Factor Surveillance System surveys were included to measure specific responses from county residents compared to the regional responses normally reported in the BRFSS. Committee members agreed to use both electronic and paper versions of the survey to penetrate multiple segments of the population. Survey Monkey was selected as the electronic format because of the reasonable cost, ease in formatting and the ability to segment survey responses for selected populations and targeted questions. Electronic surveys were posted on the CCHD web site, the Cleveland County government web site and the web site for the Cleveland County HealthCare System. Additional copies were distributed using email distribution lists provided by members of the Core Committee. Paper copies of the survey were distributed through the county library system, the senior centers, the YMCA facilities in the county, the Department of Social Services and healthcare provider sites throughout the county. When paper copies were returned, health education staff members entered the results into the electronic data base. 1015 individuals began the survey process with 845 surveys completed and entered for analysis, representing a return rate of 83.3%.

To guarantee that individuals at higher risk for health issues who were less likely to respond to a survey, seven listening sessions were conducted with specifically selected populations to gain a broader perspective on issues facing the county. Results for each listening session were recorded for inclusion in the final assessment report.

Members of the Core Committee reviewed results from the survey and listening sessions as well as secondary data compiled by health educators to guide their ranking of priority health issues facing residents of Cleveland County. Committee members used the 13 focus areas established for the Healthy North Carolina 2020 model to frame the priority setting process as well as the socio-ecological model encompassing individual, social support, community

and institutional factors affecting population health. Particular consideration was given to addressing prior work done in identified focus areas, the potential for current or new community partners and the availability of evidence-based interventions to address the objectives under each focus area.

Focus areas were prioritized for attention in the following order:

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

This ranking was approved by the Board of Health for Cleveland County as well as the Board of Directors of the Alliance for Health, the county's certified Healthy Carolinians Partnership. Community Health Action Plans were developed for the top three priorities and adopted by both boards.

Objectives for consideration under substance abuse include:

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

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

1. 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.
2. By 2015 reduce the percentage of positive results for Chlamydia by 5% for individuals ages 15-24.

Objectives for consideration under physical activity and nutrition include:

1. By 2015 reduce the percentage of children and adolescents considered overweight or obese by 10% using a comprehensive community initiative.
2. 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.

### **Accomplishments in Substance Abuse**

The Cleveland County Health Department accomplished several milestones in substance abuse prevention in 2012. Community collaborations among several partners account for these successes and will support the substance abuse objectives in the 2012 Community Health Action Plan.

First, a collaboration was established to provide drug take-back events using the Operation Medicine Drop brand across the county. CCHD, the Alliance for Health, the Substance Abuse Prevention Coalition, ACCES (Accessing Cleveland County Elder Services), Safe Kids Coalition, Carolina Community Care Partnership and law enforcement from the Sheriff's Office, Shelby Police and Kings Mountain Police worked together to plan and carry out five events resulting in approximately 175,000 prescription and over-the-counter pills safely disposed of in the county.

Second, the 2012 Student Drug Use Survey was conducted among 6th, 9th and 12th grade students in Cleveland County Schools involving over 2,500 students. For the first time, faculty and staff were also surveyed about substance abuse and substance abuse policy enforcement in the schools. This survey has been conducted every three years in Cleveland County since 1996, providing a wealth of data for program development and evaluation. The survey results revealed that while tobacco and alcohol use either in the past 30 days or in the past year remained constant in all three grades, the use of marijuana increased significantly in both the 9th and 12th grades for past 30 day use and for past year use. In addition, the misuse/abuse of prescription and over-the-counter medications among 9th graders in Cleveland County was higher than the national rates. This data led health educators to revise the 8th grade substance abuse prevention class to focus more on marijuana and prescription medications. Data from the faculty/staff survey also revealed that while school employees were fairly knowledgeable about the impact of tobacco and alcohol, they were less consistent in their knowledge about marijuana. Consequently, health educators will be working with school officials to design and implement an updated training on these topics for school staff.

Third, CCHD in collaboration with the Substance Abuse Prevention Coalition was awarded a \$30,000 grant from the North Carolina Coalition Initiative to strengthen the coalition's capacity to impact substance abuse. The first year of this two-year process is a planning year, with coalition members attending four week-long training sessions provided by Community Anti-Drug Coalitions of America. Members are currently developing a logic model to address easy access to alcohol and favorable youth attitudes toward alcohol as problems to be resolved. The coalition will develop strategies to impact these problems and in the second year of the grant, implement and evaluate the strategies in Cleveland County. Eight counties across the state were awarded this funding.

Fourth, the Alliance for Health and the Carolina Community Care Partnership, the Community Care of North Carolina network serving Cleveland and Rutherford counties, partnered to launch a Chronic Pain Initiative supported by Project Lazarus to address the abuse and misuse of prescription medication in Cleveland County. The Carolina Community Care Partnership will work with healthcare providers to educate them about the issue and potential solutions to this crisis. The Alliance for Health will collaborate with the Substance Abuse Prevention Coalition to develop and implement a community education campaign about the abuse and misuse of prescription medications. Planning for both components occurred in 2012 with implementation to begin in 2013.

Fifth, CCHD received renewal funding from Partners Behavioral Health Management to support its CODAP Services located in the Health Education Unit. Staff from CODAP deliver educational programming to students in school and community settings on alcohol, tobacco and other drugs. In collaboration with community volunteers working on the Region 4 Community Transformation Grant, CODAP will assist in developing and implementing tobacco-free policies for park facilities in Cleveland County in 2013.

Sixth, CCHD received continuation funding from United Way of Cleveland County to support the SOBIR (Student Options Begin with Intervention and Recovery) program offered to youth in the county. The SOBIR program was originally developed to provide school administrators and students a way to reduce out-of-school suspensions for violations of the school's substance abuse policy. Currently the program receives referrals from school staff as well as from the community at large. SOBIR provides four intervention sessions, two involving the student and parents/guardians and two conducted solely with the student as well as the SASSI (Substance Abuse Subtle Screening Inventory) as a tool to measure the potential for chemical dependency. Referrals are made to treatment programs when appropriate. In FY 2011-12 the SOBIR program served 44 youth and their family members. Presenting problems included marijuana, alcohol, synthetic marijuana and prescription medications. United Way funding enables the SOBIR staff to work with families regardless of their ability to pay the full \$250 cost of the program.

Finally, the Substance Abuse Prevention Coalition is engaged with middle and high school students in a "Think Again!" public service announcement contest. Ten school-based and four community-based teams of 3 to 5 youth are developing public service announcements highlighting substance abuse messages from young people to young people. A community panel will judge the entries with awards made for the top high school, top middle school and top community-based team. The grand prize winning public service announcement will be featured in print and local cable media in spring 2013.

### Sexually Transmitted Diseases and Unintended Pregnancy Rates High

Sexually transmitted disease and teen pregnancy rates continued to be a health concern in Cleveland County during 2012. This issue was ranked the second highest priority for attention in the 2011 Community Assessment. Data from the North Carolina State Center for Health Statistics revealed the following about local teen pregnancy rates based on ages 15-19:

Category	2007		2009		2011	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
NC Total Pregnancies	19,165	63.0	18,142	56.0	13,909	43.8
White	11,070	52.3	9,941	45.4	5,719	30.8
African-American	7,548	87.1	7,156	80.2	5,399	61.6
Hispanic	3,166	167.4	2,865	118.4	2,241	71.1
Repeat	5,759	29.4	5,192	28.6	3,614	26.0
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Cleveland County Total	263	71.8	245	63.8	191	56.4
White	157	59.0	149	52.8	102	43.4
African-American	103	108.9	89	97.4	79	89.8
Hispanic	8	*	17	*	8	*
Repeat	80	30.4	96	39.2	49	25.7

\*Rankings based on fewer than 20 cases are unreliable and not included in the data.

In 2010, Cleveland County’s ranking on teen pregnancy was 35 of 100 counties with 1 being the worst case. In 2011, the county ranking was 29 of 100 counties even though the total number of pregnancies had decreased.

The Teen Pregnancy Prevention Coalition is working to address the issue of teen pregnancies and has engaged in a strategic planning process to identify critical populations and devise strategies to address the issue. Part of this process has involved the development of a new vision and mission statement for the coalition to include the issue of sexually-transmitted diseases as the two issues seem to be entwined. Another partner in this effort to reduce teen pregnancy is the Minority Health Council whose members are particularly concerned about the high rate of teen pregnancies among African-American girls.

Health educators and CCHD staff believe that one of the keys to addressing this problem is the collaboration between Cleveland County Schools and the Cleveland County Health Department in providing technical assistance with the required reproductive health and safety classes taught in the 7th, 8th and 9th grades as mandated by the Healthy Youth Act. Health educators assisted in the selection of the “Draw the Line, Respect the Line” curriculum taught in the 7th and 8th grades and the “Making Proud Choices” curriculum taught in the 9th grade classes. Health educators teach the 10th day of “Making Proud

Choices” which covers FDA-approved contraceptives and sexually-transmitted diseases. Health educators have also provided training for the health and physical education teachers charged with implementing this curriculum in the school system. During 2013, health educators are planning to implement the Teen Outreach Program to offer additional health and reproductive safety information to youth engaged in community-based programs to strengthen pregnancy prevention efforts in the community.

Sexually-transmitted diseases emerged as health disparity when analyzing data provided by the Communicable Disease Branch of the NC Division of Public Health over a four-year period from 2008 through 2011.

<b>Diagnosis</b>	<b>2008 % of Cases</b>	<b>2009 % of Cases</b>	<b>2010 % of Cases</b>	<b>2011 % of Cases</b>
Chlamydia				
White non-Hispanic	31.2%	26.0%	26.0%	26.0%
Black non Hispanic	51.7%	58.0%	58.9%	54.0%
Gonorrhea				
White non-Hispanic	17.2%	15.0%	11.0%	10.0%
Black non Hispanic	72.4%	69.0%	81.0%	75.0%
HIV-AIDS				
White non-Hispanic	33.3%	40.0%	-	17.0%
Black non Hispanic	66.7%	60.0%	67.0%	83.0%

A more critical concern revealed by this data showed that the majority of cases for Chlamydia and Gonorrhea occurred in the 15-24 year old age group for the white and black non-Hispanic population. Consequently, the Minority Health Council has identified this health issue as a focus of their work for 2013 and will offer this as a focus of the Minority Health Conference scheduled for April. The Teen Pregnancy Prevention Coalition has also reviewed this data and consequently has chosen to expand the focus of their work to include individuals in the 19-24 year old age group. They will work with officials at Cleveland Community College and Gardner-Webb University to develop age and culturally appropriate strategies to educate young people about sexually-transmitted disease.

Continuing provision of the Nurse-Family Partnership program at CCHD is also critical to addressing the issue of teen pregnancy and sexually-transmitted diseases. The program, founded in March 2009, has served 258 families with 106 children born in the program. By October 2012, 34 mothers and babies had successfully graduated from this national-recognized, evidence-based program.

***Physical Activity and Nutrition Supported by  
Regional and Local Community Transformation Projects***

Physical activity and nutrition ranked as the third-highest health issue requiring attention by the Cleveland County Health Department. CCHD has partnered with the Alliance for Health and the Cleveland County Eat Smart Move More Coalition to identify and implement strategies to increase physical activity levels and improve food choices among residents of Cleveland County. Because this focus area serves as a root cause of heart disease and diabetes, chronic diseases which significantly affect county residents, work in this area requires both short and long-term strategies.

CCHD served as a sponsor of the county-wide walking contest, the Step One Challenge, held this year in September-October to encourage more participation among school staff in the county. 1,273 individuals representing 238 teams of 3 to 6 individuals walked in the contest this year. Participants logged 219,186,214 steps representing 109,593 miles. Additionally, this year featured the first annual Step One 5K and Fun Run to kick off the Challenge. 134 walkers and runners participated in this event.

CCHD continued to serve as a satellite site for the Foothills Farmers Market serving employees and patients of the Health Department and Cleveland Regional Medical Center from June through August 2012. Local vendors provided a variety of fruits and vegetables each Tuesday morning.

CCHD received an Eat Smart Move More Community Grant from the NC Physical Activity and Nutrition Branch totaling \$40,750 to establish school/church community gardens across the county and implement joint use agreements to open school and community facilities in order to increase physical activity. Julie Weathers serves as the coordinator for this grant and will work with elementary school officials to implement the project in spring, 2013. Joyce King, health promotion coordinator for CCHD, concluded the third year of data collection for an earlier ESMM grant to measure physical activity levels among 4th through 8th grader students at elementary and middle school sites in collaboration with the Communities in Schools program. Earlier data collected showed that the students spent an average of 28 minutes daily in moderate to vigorous physical activity; the Centers for Disease Control and Prevention recommends at least 60 minutes of physical activity daily.

Cleveland County is one of ten counties working on the Region 4 Community Transformation Grant project. North Carolina was awarded a community transformation grant by the Centers for Disease Control and Prevention and will work in three strategic directions: tobacco free living, active living and healthy food environment and high impact evidence-based clinical and other preventive services. Counties in Region 4 include Alexander, Catawba, Cabarrus, Cleveland, Iredell, Lincoln, Rowan,

Stanly and Union. Each county was asked to develop local strategies under the first two areas of tobacco free living and active living/healthy food environment. The third strategic direction will be implemented by the Area Health Education Agencies and the Community Care of North Carolina partnerships working in Region 4.

Cleveland County has chosen as its local strategies the following:

1. Enhance the Foothills Farmers' Market to expand availability of locally grown fruits and vegetables to residents of Cleveland County.
2. Develop and implement a policy to make parks and recreation facilities in the City of Shelby tobacco-free.
3. Develop and implement joint use agreements with Cleveland County Schools to allow residents access to outdoor facilities such as walking tracks to increase levels of physical activity.

Staff from the Region 4 project will provide technical assistance and support to health educators and members of the Cleveland County Eat Smart Move More Coalition to implement these strategies.

Cleveland County was selected by the Kate B. Reynolds Charitable Trust as a recipient of one of four Community Transformation Catalyst Initiative sites in North Carolina. Beaufort, Cleveland, Halifax and Rockingham counties were chosen as sites for this project. The Trust is partnering with the NC Division of Public Health and the North Carolina Public Health Foundation to enhance the Community Transformation Projects in these four counties by engaging these 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 throughout communities at convenience stores, farmers markets, farm stands and mobile markets.

Tammy Bass is serving as the Community Transformation Catalyst Coordinator for Cleveland County and is housed at the NC Cooperative Extension Office in the county. She is responsible for convening leaders and partners to catalyze transformational change in the county, engaging in asset mapping and planning to build on local knowledge and resources, organizing efforts to involve community members in embracing and supporting a healthier community and coordinating efforts that will have long-term impact for residents across the county. Focus areas will include collaboration on the development of the school/church community gardens, enhancement of the Foothills Farmers' Market, and development of a Community Supported Agriculture program for residents of the county.

## **Cleveland County Health Department Adopts New Strategic Plan**

In November, 2012, the Board of Health for Cleveland County adopted a new strategic plan to guide the work of the agency from 2012 through 2015. The plan was developed with input from the Management Team and based on data collected in the 2011 Community Assessment, the 2012 Customer Satisfaction Survey, and the 2012 Community Satisfaction Survey. Members of the Management Team also conducted an analysis of the strengths, weaknesses, opportunities and threats facing the agency in the future and used this information in developing the overall goals for the plan:

- Meet the objectives established in the Community Health Action Plans for substance abuse, unintended pregnancy and sexually-transmitted diseases, and physical activity and nutrition as responses to identified health priorities and methodology to address chronic health conditions in Cleveland County.
- By 2014, ensure that the Cleveland County Health Department has met all requirements for the development and implementation of Electronic Health Records and the use of the ICD-10 Diagnostic Manual.
- The Cleveland County Health Department will assure that a competent public health workforce continues to be in place to serve the residents of the county.
- Employees of the Cleveland County Health Department will participate in an array of training opportunities to expand their knowledge base and enhance their interactions with patients and the public at large.
- Promote responsible animal ownership by residents of Cleveland County.
- Raise awareness of the solid waste management program in Cleveland County, including disposal and recycling options.
- Maintain and enhance compliance with environmental health services mandated by the North Carolina Department of Health and Human Services.
- Clearly define the culture of service at the Cleveland County Health Department and secure support from staff, patients and the public at large.

The Management Team recommended a change in the vision statement for the agency. The original statement was “Creating a healthy place to live today and tomorrow.” The recommended revision was “Creating a healthy and safe community in which to live.” The Board of Health for Cleveland County unanimously approved the revision.

The Cleveland County Health Department staff is also preparing for re-accreditation as a health department by the North Carolina Local Health Department Accreditation Board. Work has been underway for nine months to prepare the documentation for this event and to ensure that all policies and procedures of the agency are current. Janith Huffman is serving as the Agency Accreditation Coordinator for this project.

### ***E. Coli Outbreak in Cleveland County***

Officials at the Cleveland County health Department worked closely with staff from the NC Division of Public Health to determine the cause of an E. Coli 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 Health Department joined staff from Gaston, Lincoln, Catawba and Rutherford counties in conducting 266 interviews with individuals who attended the fair following 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 have 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. Chaired by Health Director Dorothea Wyant, the committee met initially in December 2012 with a broad representation of state and local health officials and will issue recommendations in the late spring of 2013.

### **Environmental Health Unit Reports 2011-12 Data**

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:

- 1321 Inspections
- 484 visits
- 9 permits revoked or suspended
- 72 complaints
- 2 lead investigations completed

#### On-Site Inspections:

- 1368 wastewater field activities
- 64 sewage complaints
- 3,744 on-site wastewater consultations
- 12 well site evaluations
- 88 well site consultative visits

## Leading Causes of Death in Cleveland County

2005-2009				2009-2011			
Rank	Cause of Death	# of Deaths	Rate	Rank	Cause of Death	# of Deaths	Rate
1	Diseases of the heart	1,277	262.0	1	Diseases of the heart	1,250	254.0
2	Cancer—all sites	1,093	224.2	2	Cancer—all sites	1,118	227.2
3	Cerebrovascular disease	314	64.4	3	Chronic lower respiratory diseases	308	62.6
4	Chronic lower respiratory diseases	289	59.3	4	Cerebrovascular disease	298	60.5
5	Other unintentional injuries	204	41.8	5	Other unintentional injuries	222	45.1
6	Alzheimer's disease	199	40.8	6	Alzheimer's disease	203	41.2
7	Pneumonia & influenza	144	29.5	7	Pneumonia & influenza	145	29.5
8	Diabetes mellitus	143	29.3	8	Septicemia	143	29.1
9	Motor vehicle injuries	103	21.1	9	Diabetes mellitus	142	28.9
10	Septicemia	102	20.9	10	Nephritis, nephritic syndrome & nephrosis	127	25.8
	Total all deaths	5,185	1066.3		Total all deaths	5,366	1090.2

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 decrease in the rates for diseases of the heart and cerebrovascular disease but a slight increase for cancer in all sites.

Infant mortality rates for the county reflect the rate of infant deaths per 1,000 live births. The rate for 2008 was 6.5 per 1,000 live births, for 2009 10.8 per 1000 live births and for 2010 the rate was 8.0 per 1,000 live births. In 2011 the rate increased to 11.9; there were six white and seven African American deaths for children under one year of age in that year.

Additional data provided by the Women's and Children's Health Section of the Division of Public Health show that from 2007—2011 there were 77 deaths among infants and children in Cleveland County with ten occurring due to birth defects and 34 occurring due to perinatal conditions.

## Emerging Issues and Demographics

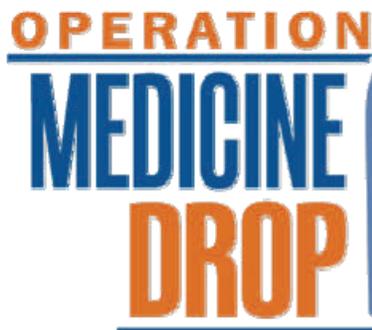
According to the U. S. Census demographic profile for Cleveland County, the following facts emerge:

- County population totals 98,078;
- 48.2% of county residents are male; 51.8% are female;
- 26.5% of county residents are 19 years of age or younger;
- 58.5% of county residents are between 20 to 64 years of age;
- 15% of county residents are 65 years of age or older;
- Median age for the county is 40.3 years;
- 75.6% of county residents are white
- 20.7% of county residents are African-American;
- 2.8% of county residents identify themselves as Hispanic-Latino.

There are 38,55 households in the county with 15% of those households headed by a female with no husband present. 25.8% of these households are headed by a householder living alone; 10.5% of the households are headed by individuals 65 years of age or older.

10.1% of households in the county have an income of less than \$10,000; 14.7% have an income ranging from \$10,000 to \$14,999 and 13.1% have an income from \$15,000 to \$24,999. The median household income for the county is \$38,208. Unemployment continues to be an issue in the county with the unemployment rate ranging from 11.6% in January 2012 to an improved rate of 9.8% in September 2012. 19.4% of all individuals in the county live at or below the poverty level; this number increases to 30.8% for related children under 18 and further increases to 41% for related children under 5 years of age. For fiscal year 2011-2012 the Department of Social Services issued \$36,186,199 worth of food assistance to a monthly average of 22,318 individuals in the county. DSS also certified a monthly average of 17,456 households for Medicaid representing 22,060 individuals.

Clearly throughout 2012 Cleveland County data proved the county's designation as a Tier 1 or economically distressed county. Incremental improvement in the unemployment rate and new jobs created by industrial development led to a change in designation in December 2012 to Tier 2 level which may impact favorable economic development prospects for the county. The number of individuals without health insurance and the coming impact of the Affordable Care Act are major concerns to staff members of the Cleveland County Health Department and the Board of Health as they continue to manage increased demand for services with shrinking resources. These factors continue to have a major impact on the health status of Cleveland County residents and will affect the agency's ability to remain a proactive force for public health in Cleveland County.



### Cleveland County Board of Health

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- Dorothea Wyant, Health Director

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 found at

[www.clevelandcounty.com/cchd](http://www.clevelandcounty.com/cchd)

