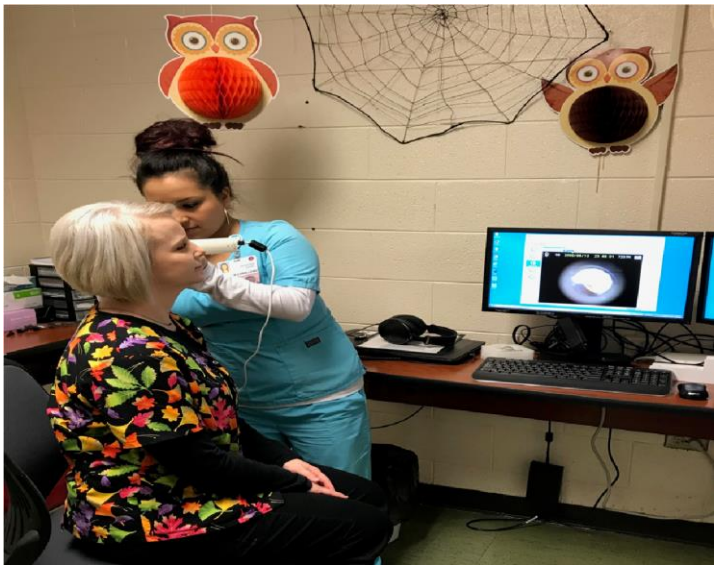
CLEVELAND COUNTY

2019 COMMUNITY HEALTH ASSESSMENT



2019 Cleveland County Community Health Assessment
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Executive Summary

Completion of the 2019 Community Health Assessment (CHA) for Cleveland County has proven to be a challenge for all participants in the process but has resulted in a timely and comprehensive document highlighting health issues in the county. While the process began in August 2019 work was suspended during November and December of that year when staff members and leadership focused on participation in the process of naming a new health director in response to the retirement of Dorothea Wyant. The second pause in the process occurred in mid-March with the onset of the COVID-19 pandemic when health education staff members began to work primarily from home. Face-to-face meetings were suspended and while technology offered options for communication, limitations in Internet access in the county occasionally complicated ongoing work on the assessment. When health education staff members returned in mid-May, priorities shifted and while work continued on the assessment, staff members also supported agency responses to the growing COVID-19 pandemic in the county.

Operating under the vision statement of the Cleveland County Public Health Center to "create a healthy and safe community in which to live" and addressing the agency's mission statement "to assure, enhance and protect the health of Cleveland County citizens through education and prevention," participants in the 2019 process completed a comprehensive community survey, led focus groups, reflected on secondary data collected from local, regional, state and federal resources and ultimately prioritized health concerns using the framework of the *Healthy North Carolina 2030: A Path Toward Health* document published in January 2020.

Leadership for the process was provided by staff from the Cleveland County Public Health Center composed of Anne Short, Director of Community Health Services, Deshay Oliver, Coordinator of Health Services and Dorothea Wyant, Health Director for the Cleveland County Public Health Center. These individuals were ably supported by staff members from the Health Education unit: Tania Dixon, Dana Hamrick, Zakoya Spikes and Grant Wilson. The Core Oversight Committee, whose members represented major community stakeholders and who offered expertise in data analysis and strategic planning was named and led the process. The Core Committee members also received advice from members from the Cleveland County Board of Health as well as members of the Board of Directors for the Alliance for Health in Cleveland County, Inc. Two community organizations – Atrium Health sites in Shelby and Kings Mountain and the Alliance for Health – played major leadership roles in supporting the 2019 process.

Community partners represented in the Core Committee, Board of Health and Alliance for Health included:

Partnership	Number of Partners
Public Health Agency	1
Hospital/Health Care System	1 system – 2 sites
Healthcare Providers	4
Behavioral Healthcare Providers	1
Dental Health Providers	1
Community Organizations	9

Colleges and Universities	2
Public School System	1
Local Government Entities	3
Law Enforcement	2
Faith Communities	2
Public Members	6

The 2019 CHA received financial support from the Alliance for Health in Cleveland County for food for committee meetings and focus group sessions, incentives for focus group participants, use of the SurveyMonkey system, support for print advertisements and hard copies of the survey and publication of limited copies of the final document. The Alliance receives financial support from Atrium Health as well as services provided by staff members from that organization both in Cleveland County and the main offices in Charlotte, North Carolina. The Cleveland County Public Health Center's contribution was a major assignment of staff time for the process ranging from expertise in media placement, data entry and analysis, graphic work and support for committees and focus groups participating in the process.

Cleveland County's 2019 CHA process followed the recommendations for a community assessment published by the North Carolina Department of Health and Human Services, Division of Public Health in 2015. Participants in the 2019 process focused on a socio-ecological model for survey development and data collection to result in a comprehensive illustration of community needs.

As noted earlier, the 2019 CHA process began in August 2019 with survey development and media outreach in the community. The survey was published in September 3, 2019 and left open for responses through October 15, 2019. Both electronic and paper versions of the survey were used in the county with links to the survey distributed across a variety of websites and published in print format in local media. Responses from print copies were entered into the SurveyMonkey data base by staff members from the Health Education unit. 765 responses were processed for the survey. Six focus groups were conducted with specific target audiences in the county including minorities and veterans' groups. Data from the focus groups was also compiled by Health Education staff members. Work on the CHA halted in November-December 2019 during the search process for a new health director but resumed in January 2020 when staff members were introduced to the *Healthy North Carolina 2030: A Path Toward Health* document identify 21 health indicators to be used in measuring North Carolina's progress toward a healthier population. This framework was adopted for use in determining priorities for Cleveland County as it offered the opportunity to identify and, in partnership with multiple organizations, address social determinants of health as well as specific health issues. Stakeholders were identified and sent ballots defining these indicators as well as current local data for each issue and were asked to identify their top five priorities overall. Sixty-five responses were compiled and weighted to produce the rankings with **individuals living at or below 200% of federal poverty level** and **adverse childhood experiences** ranking #1 and #2. The next identified priorities directly addressed health issues: **tobacco** as #3 and **teen birth rate** as #4. Both of these identified issues

represent areas of work that were selected for Community Health Action Plans after the 2011 and 2015 CHAs were completed and represent ongoing concerns in the community.

Key findings from the 2019 Community Health Assessment include:

- Chronic health conditions continue to drive the leading causes of death in the county with variables like age, gender, income levels and race/ethnicity as well as risky behaviors like smoking, fast food choices and lack of physical activity factor into the prevalence of heart disease and stroke, cancer and diabetes among county residents.
- Mental health issues are major concerns of county residents with many reporting actual diagnoses of anxiety and depression and more residents indicating concerns with personal stress management and anger management issues. Data also indicates frustration with the lack of affordable mental health services provided locally for county residents.
- Substance abuse is still a major health issue in the county with tobacco and vaping using electronic cigarettes as well as marijuana use among students a primary concern and an ongoing concern about opioid use among adult residents.
- Data identifies resources to promote healthy food choices and increased levels of physical activity available in the county and survey responses indicate a concern with learning more about nutrition, weight management and physical activity options. However, many county residents do not seem to make a connection with these issues and higher levels of hypertension, high cholesterol and other symptoms of chronic disease.
- Teen pregnancies have decreased over a ten-year period in the county but still remain a concern based on the number of teen births and the need for comprehensive reproductive health and safety education. Continuing work on teen pregnancies and births will increase the potential to positively impact the rate of infant mortality and reduce the prevalence of low birthweight and pre-term babies in the county.

The overall weighted rankings of the 21 selected indicators were presented to the Cleveland County Public Health Board for approval as priorities to focus on improvements to community health over the next ten years. On March 20, 2020 the rank order of indicators was affirmed by the Cleveland County Public Health Board as priorities for future action. Tobacco and the teen birth rate were approved as priorities for Community Health Improvement Plans, both short- and long-term, as Cleveland County moves forward in addressing community health.

Work is underway using the resources of the Substance Abuse Prevention Coalition to drive further discussion about tobacco use and using the expertise of the Teen Pregnancy Prevention Coalition to move forward in addressing the priority of the teen birth rate. Both of these community coalitions will partner with the Cleveland County Public Health Center staff, the Cleveland County Public Health Board, the Alliance for Health in Cleveland County and Atrium Health to develop and implement impact-focused Community Health Improvement Plans for Cleveland County.

COMMUNITY HEALTH ASSESSMENT PROCESS

The Community Health Assessment (CHA) is conducted every four years by the Cleveland County Health Department in collaboration with the Alliance for Health in Cleveland County, Inc. and representatives from other community agencies. The purpose of a CHA is to identify factors that affect the health and well-being of a community. These factors are determined through a comprehensive analysis of primary data collected in a community survey and through focus groups as well as secondary data from local, regional, state and national sources. The information is compiled in a report that may be used for planning by local and state organizations to protect and promote the health of Cleveland County residents.

Cleveland County has traditionally planned for health and human service needs based upon data collected within the county and then compared to regional and state information. 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 about a variety of issues?" (3) What are the emerging issues in our community?" and (4) "What other resources are needed to address these concerns?"

The first comprehensive Community Needs Assessment was conducted by United Way of Cleveland County in 1985 using a survey mailed to county residents. Additional "needs-driven" assessments were conducted in 1989, 1993, 1999 and 2002 specifically focusing on identifying unmet needs in the county. In the surveys conducted in 2002, 2007, 2011 and 2015 with collaborative community partners, a greater emphasis was made on identifying the county's strengths and resources as well as continuing to identify emerging needs and addressing gaps and barriers to services.

Oversight for the 2019 CHA was provided by a Core Committee composed of individuals from across Cleveland County with expertise in data analysis and strategic planning. These individuals represented major community stakeholders. Membership included:

Kim Clemmons, Cleveland County Head Start Program
Kizzy Clark Corry, Washington Outreach Ministry, Inc.
Ryan Etheridge, Cleveland County Schools
Chris Gash, Partnership for Community Prosperity
Katie Harris, Greater Cleveland County Baptist Association
Dotty Leatherwood, Chair, Alliance for Health in Cleveland County, Inc.
Ron McCollum, Foothills Farmers' Market
Deshay Oliver, Coordinator of Health Services, Cleveland County Public Health Center
Jeff Ross, Community Engagement, Atrium HealthCare Western Region
Masonya Ruff, Turning Point Academy, Cleveland County Schools
Katie Swanson, Director, Cleveland County Department of Social Services
Alan Toney, Planning & Development, City of Shelby
Paula Vess, Cleveland Community College
Holly Wall, Cleveland County Government

Rev. Wade Wallace, Green Bethel Baptist Church
Dorothea Wyant, Health Director, Cleveland County Public Health Center

Additional guidance was provided by the Board of Health for Cleveland County:

Elizabeth Kathleen Borders, M.D.
Cameron Street Hamrick, O.D.
Sara Karner, D.D.S.
Kale Meade, P.E.
Robert Miller, Chair, Minority Health Council
Deanna Moseley Lawrence, D.V.M.
James S. Pitts, P.Rh.
Dianne Sanders, RN.
Tom Spurling, Chair
Randall H. Sweeting, Alliance for Health Board of Directors
Ronnie Whetstine, County Commissioner

The 2019 Board of Directors for the Alliance for Health, the county's Healthy Carolinians Partnership, also participated in discussions about the survey process and the selection of the final health priorities for the county. Membership included:

Richard Baker, Executive Director, HealthCare Foundation of Cleveland County
Susan Borders, Vice-Chair, Minority Health Council
Jessica Bridges, Health Promotion Coordinator, Piedmont Pharmaceutical Care Network, LLC
Scott Champion, City of Shelby Police Department
Margie Christopher, Retired, Children's' Homes of Cleveland County
Tiffany Crank, Cancer Program Development Specialist, Levine Cancer Center
Judy Hawkins, Retired, Safe Kids Coalition of Cleveland County
Dr. Brian Hunnell, Cleveland County Schools
Dotty Leatherwood, Retired, Chair, AFH Board of Directors
John McIntyre, Cleveland County Sheriff's Office
Dr. Elizabeth Pack, Gardner-Webb University
Cynthia Proctor, Atrium HealthCare-Kings Mountain
Jeff Ross, Community Engagement, Atrium HealthCare Western Region
Andrew Schrag, Partners Behavioral Health MCO
Jane Shooter, Retired, Episcopal Church of the Redeemer
Katie Swanson, Director, Cleveland County Department of Social Services
Randy Sweeting, Retired, Cleveland County Board of Health
Dorothea Wyant, Health Director, Cleveland County Public Health Center

Direction for the 2019 CHA process was provided by Anne Short, Director of Community Health Services for the Cleveland County Public Health Center. Staff support was provided by individuals from the Health Education/Health Promotion/CODAP Services unit of the Cleveland County Health Department: Dana Hamrick, Tania Dixon, Grant Wilson and Zakoya Spikes.

The Core Committee began work in July 2019 to review previous survey documents and develop a work plan for the 2019 CHA. Committee members were reminded that responses from the community survey were self-reported and reflected the perceptions of the respondents. Those perceptions may be affected by the respondent's personal circumstances regarding education, employment, health politics or faith issues. Accordingly, survey data was reviewed along with secondary data from local, state or federal sources to present a balanced picture of the issue or topic under discussion.

The 2019 Community Assessment survey was built upon a template provided in the Community Health Assessment Guidebook published by the Division of Public Health, North Carolina Department of Health and Human Services and included questions from the 2015 CHA. Additional questions were included to measure emergency preparedness among residents as well as questions drawn from the Behavior Risk Factor Surveillance Survey in order to make specific comparisons to data presented in the annual report of the County Health Rankings published by the University of Wisconsin and the Robert Wood Johnson Foundation.

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. The 2019 CHA Survey was published in an electronic format using Survey Monkey to calculate responses and analyze results. SurveyMonkey had been used in previous assessments and was selected again because of the reasonable cost, ease in formatting and ability to segment survey responses for selected populations. A timely response to obtain the results as well as the development of graphics identifying responses were also factors in choosing this format. The survey was open for responses from September 3 through October 15, 2019. The electronic survey was published on multiple sites in the county: CCPHC web site and Facebook pages, the website for Cleveland County Government, the website for the City of Shelby, the website for Cleveland County Schools and the website for Atrium Health-Cleveland. The link to the survey, as well as flyers, small posters, and church bulletin inserts were distributed to elected officials, community agencies, faith associations, various coalitions including the Minority Health Council, students at Cleveland Community College and Gardner-Webb University and to the consumers of Cleveland County Water System. Hard copies of the survey were also distributed to the public libraries, three YMCA facilities in the county, the office of the county manager, the offices of CLECO Primary Care Clinic in Shelby, the Head Start office, Washington Outreach Ministry food pantry and the lobby of the Cleveland County Public Health Center. Responses from hard copies were entered by Health Education staff members. 765 responses to the survey were received.

To further publicize the survey, a series of ads was developed for publication in four local print outlets and a flyer was posted on Channel 19, Cleveland Community College's public access station. A Talk of the Town presentation on the purpose of community health assessments with Anne Short and Tiffany Crank was also broadcast in September. Incentives were offered to individuals who completed the survey. The Alliance for Health in Cleveland County provided a $300, a $200 and a $100 Wal-Mart gift card for incentives with winners drawn November 2019 so that the cards could be used for holiday shopping.

In addition to the information collected from survey responses, six focus groups were conducted in September through November to collect information from targeted segments of the population. Fifty-two individuals participated in the focus groups conducted by health educators and Core Committee Members. Focus groups included participants in the Grandparents Raising Grandchildren Support Group, the Minority Health Council, the Accelerate Cleveland Program offering job skill training for high-risk individuals, the Nurse-Family Partnership, one graduate level psychology class at Gardner-Webb University and a group composed of veterans. Participants in the Leadership Cleveland County program sponsored by the Cleveland Chamber also completed a specific survey on quality of life issues. Data from the focus groups was compiled by Health Education staff members and compared to data from the community survey.

Work on the CHA process was suspended temporarily in November and December as staff and community members were involved in the search process to identify a new health director for Cleveland County as Dorothea Wyant announced her retirement effective January 15, 2020. During this time frame, the Cleveland County Public Health Center transitioned from local control under a Board of Health to functioning directly under the county manager with a Public Health Board serving in an advisory capacity.

In January 2020, *Healthy North Carolina 2030: A Path Toward Health* was presented at the North Carolina Public Health Leadership Conference. This document includes a set of health indicators with 10-year targets to guide state efforts to improve the health and well-being of residents of the state. After reviewing these indicators, which closely align to some of the indicators used in the County Health Rankings, CCPHC staff members determined that this array of issues would be useful in identifying health priorities for work over the next three to five years in the county. There are 21 health indicators identified for which data can easily be collected to measure progress. Consequently, a ballot listing each indicator, the definition of each indicator, the desired result or impact for each indicator, the current status of the indicator in North Carolina, the most relevant Cleveland County data for each indicator and the North Carolina 2030 target was developed for distribution among community stakeholders. Each stakeholder was asked to select from all of the indicators their top five priorities, even if the indicator was not directly addressing a health issue. A copy of the ballot is included in the Appendices of this document. Ballots were distributed to a variety of individuals including members of the Public Health Board of Cleveland County, the Alliance for Health Board of Directors, the Board of the HealthCare Foundation of Cleveland County, the 2019 CHA Core Committee, the Minority Health Council, the Department of Social Services Advisory Board, the Management Team for the Cleveland County Public Health Center and the School Health Advisory Council. Sixty-five responses were received at the close of balloting on February 14, 2020.

The responses were tallied by the Health Education staff. Each response was weighted with a first priority given 5 points, second priority give 4 points, third priority given 3 points, fourth priority given 2 points and a fifth priority given one point. A chart was published listing the indicators in rank order with weighted results for each indicator. Rankings directly related to potential work for the Cleveland County Public Health Center are highlighted in yellow.

Weighted Rankings – 2030 Health Indicators for Cleveland County

Ranking	Indicator	Weighted Score
1	Individuals Living at or below 200% Federal Poverty level	155
2	Adverse Childhood Experiences	133
3	Tobacco Use	74
4	Teen Birth Rate	70
5	Severe Housing Problems	59
6	Third Grade Reading Proficiency	53
7	Limited Access to Healthy Food	45
8	Primary Care Clinicians	43
9	Early Prenatal Care	42
10	Uninsured	35
11	Unemployment	34
12	Drug Overdose Deaths	31
13	Infant Mortality	30
14	Access to Exercise Opportunities	29
15	Suicide Rate	28
16	Sugar-Sweetened Beverage Consumption	22
17	HIV Diagnosis	20
18	Incarceration Rate	15
19	Short-Term Suspensions	12
20	Life Expectancy	10
21	Excessive Drinking	5

Source: Report to Public Health Board of Cleveland County, March 10, 2020

The top priorities from this process were (1) individuals living at or below 200% of federal poverty level and (2) adverse childhood experiences. Both of these indicators as well as others on this list relate directly to the social determinants of health defined by the World Health Organization as "the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems." The Centers for Disease Control and Prevention published a simpler definition as "conditions in the places where people live, learn, work and play which affect a wide range of health risks and outcomes." Many of the programs and services offered by CCPHC affect the potential outcomes for these issues.

The top priorities directly related to health issues were (1) tobacco use, (2) teen birth rate and (3) limited access to healthy food. These priorities reflect community strategies adopted by Atrium Health: tobacco prevention and cessation, adult obesity (for pregnant women), access to care and access to healthy food options.

Addressing tobacco as the first priority, secondary data indicates that 18% of adults over 18 continue to smoke and information from the 2019 PRIDE Student Drug Use Survey indicated that 11.6% of 9th grade students and 17.4% of 12th grade students used tobacco products in the 30 days prior to survey completion. From the same survey, 5% of 6th grade students, 30.3% of 9th grade

students and 35.3% of 12 grade students indicated using e-cigarettes or vape products in that 30-day period. Tobacco is a major contributor to chronic disease, especially heart disease, cancer and asthma. There is well-defined data bout the benefits of smoking cessation affecting overall health status as well as cost savings in health care.

Addressing the teen birth rate as a second priority, Cleveland County Public Health Center staff members have been focusing on this issue since 2008 when the pregnancy rate was 84 pregnancies per 1000 girls ages 15-19. Currently the teen pregnancy rate in the county is 34.5 per 1000 girls ages 15-19 and the birth rate for the same age group is 30.4 per 1000 girls. The state goal for this indicator is 10 births per 1000 girls ages 15-19 by 2030. For Cleveland County, the shift from focusing on the pregnancy rate to the birth rate provides opportunities to continue working on reducing teen pregnancies using the resources of the Teen Pregnancy Prevention Initiative grant while expanding efforts to reduce overall births to the teen population. In addition, this also allows increased attention to related indicators such as increasing the provision of early prenatal care, reducing infant mortality especially where significant racial disparities occur and reducing the percentages of low birth weight and premature births in the county.

Addressing the third priority, limited access to healthy food, data from the County Health Rankings as well as research provided by Atrium Health indicate that such access is a continuing issue in the county. The County Health Rankings use the Food Environment Index to measure access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for healthy food purchases in the most communities and the inability to access healthy food because of cost barriers. The Index ranges from a scale of 0 (worst) to 10 (best) and equally weighs two indicators of the food environment: an estimate of the percentage of the population that is low income (less than or equal to 200 percent of the federal poverty level threshold for family size) and does not live close to a grocery store (in rural areas living less than 10 miles from a grocery store and nonrural areas less than one mile from a grocery store). While the Index ranking has improved in Cleveland County from 6.7 in 2014 to 6.9 in 2019, access to grocery stores continues to be focused in the Shelby, Kings Mountain and Boiling Springs areas. The more rural parts of the county are served by corner stores and retailers such as Dollar General or Family Dollar stores which do not consistently provide healthy food choices. This limited access contributes to the county's reported increase in adult obesity ranging from a reported 30% in 2014 and rising to 38% in 2020. Adult obesity is defined as the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30kg/m2.

By a unanimous vote of the Cleveland County Public Health Board on March 10, 2020, the rank order of health indicators was affirmed to set priorities for future actions in Cleveland County. On further discussion, tobacco was identified as the priority for a short-term Community Health Improvement Plan and teen birth rate was adopted for a long-term Community Health Improvement Plan to be submitted to the Division of Public Health for approval.

COMPARISON: SURVEY AND FOCUS GROUP DEMOGRAPHICS TO COUNTY AND STATE DEMOGRAPHICS

Measure	2015 Survey Responses N=926	2019 Survey Responses N=765	2019 Focus Groups N=52	2019 Cleveland County - Census	2019 North Carolina Census
POPULATION	98,078			97,038	10,052,564
AGE:					
Persons Under 5 years		0	0	5.5%	6.0%
5 – 17 years		0	0	19.3%	19.5%
18-24 years	5.12%	6.18%	13.5%	6.7%	7.0%
25-34 years	15.76%	16.71%	13.5%	11.0%	13.1%
35-44 years	19.88%	20.13%	5.8%	11.6%	13.0%
45-54 years	24.50%	21.05%	11.5%	14.5%	13.7%
55-64 years	21.59%	20.39%	17.3%	13.8%	12.7%
65-74 years	9.34%	11.32%	34.6%	10.5%	9.0%
75+ years	3.82%	4.21%	3.8%	7.0%	6.1%
GENDER:					
Male	20.62%	22.5%	25.0%	48.2%	48.7%
Female	79.38%	77.37%	75.0%	51.8%	51.3%
Other		0.13%	0	0	0
RACE/ETHNICITY:					
White/Caucasian	82.91%	82.69%	50.0%	75.2%	69.0%
African-American/Black	14.35%	15.18%	38.5%	20.8%	21.5%
American Indian/Alaska Native	0.61%	0	0.02%	0.3%	1.4%
Asian	0.50%	0.13%	0	2.2%	5.4%
Native Hawaiian/Pacific Islander	0.00%	0	0	0	0.1%
Multi-racial	1.62%	1.47%	7.7%	4.1%	7.6%
Hispanic/Latino	1.12%	1.5%	-	3.3%	9.1%
MARITAL STATUS:					
Never Married/Single	13.12%	16.8%	Not Asked	29.1%	31.3%
Married	69.12%	62.04%	in Focus	48.1%	49.0%
Separated	2.12%	1.98%	Groups	3.7%	2.8%
Divorced	10.09%	10.05%		11.3%	10.7%
Widowed	4.34%	7.01%		7.8%	6.2%
Other	1.21%	2.12%			
EDUCATIONAL STATUS:					
Less than 9th grade	0.41%	0.95%	Not asked	5.4%	4.9%
9th-12th grade, no diploma	2.37%	3.39%	in Focus	10.7%	8.2%
High School Graduate/GED	13.11%	12.21%	Groups	35.1%	26.1%
Associate Degree/Vocational	17.44%	16.15%		11.0%	9.3%
Some college/no degree	18.16%	15.88%		21.3%	21.7%
Bachelor Degree	24.87%	26.87%		9.7%	19.2%
Graduate or Professional Degree	22.91%	23.88%		6.8%	10.6%
POVERTY: 2013-17 ACS					
Median Household Income				$40,002	$50,320
Per Capita Income				$21,664	$28,123
Persons in Poverty				19.9%	16.1%

INCOME LEVELS:					
Less than $10,000	2.95%	4.34%	Not asked	10.9%	7.3%
$10,000 – $14,999	3.48%	1.63%	in Focus	7.3%	5.8%
$15,000 - $24,999	8.01%	8.82%	Groups	14.6%	11.1%
$25,000 - $34,999	8.11%	7.46%		11.7%	11.0%
$35,000 - $49,999	12.54%	13.57%		16.5%	14.5%
$50,000 - $74, 999	21.92%	19.27%		18.0%	18.1%
$75,000 - $99,999	13.49%	16.55%		9.3%	11.8%
$100,000 or more	18.43%	18.72%		11.7%	20.4%
Prefer Not to Answer	11.06%	9.63%			

Source for County and State Statistics: 2013-17 American Community Survey 5-year Estimates

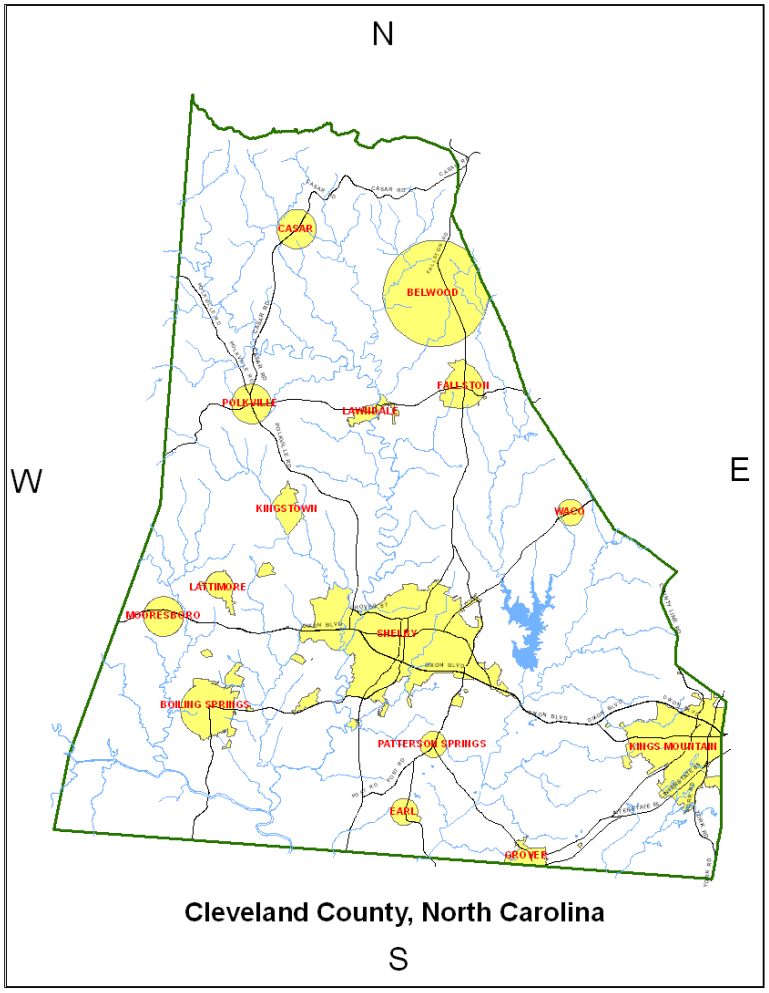
Survey respondents were asked to list their zip codes. 714 of 765 or 93% of respondents in the 2019 CHA indicated a zip code for Cleveland County.

Town/City – Zip Code	Number
28017 – Boiling Springs	3
28020 - Casar	9
28021 – Cherryville – Lake Moss	30
28038 - Earl	1
28040 - Ellenboro	5
28042 - Fallston	5
28073 - Grover	30
28086 – Kings Mountain	119
28089 - Lattimore	1
28090 - Lawndale	50
28114 - Mooresboro	16
28136 - Polkville	None
28150-52 - Shelby	445
28169 - Waco	None

An analysis of the demographics revealed several discrepancies between survey participants and the information in the U.S. Census data. More females than males actually participated in the data, perhaps because women more often make decisions about the health status of their family members and seek health information from a variety of sources. Four age groups of participants were over-represented in survey responses compared to the age breakdowns offered by census data: ages 25-34, 35-44, 45-54 and 55-64 years of age. More survey participants reported having Bachelor or Graduate degrees than reported in census figures. More survey participants reported higher income levels than census figures show. No questions regarding educational status or income level were asked during the focus groups in order to encourage active participation in the group. Finally, survey participants were primarily white/Caucasian even though significant efforts were made to distribute the survey widely throughout the county.

OVERVIEW OF CLEVELAND COUNTY

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. The county is considered a rural county and is designated as a Tier 1 economically disadvantaged county despite its proximity to more prosperous metropolitan areas.



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 held 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 and is developing the First Broad River Trail with the Twin Trestles Trailhead located off of Grover Street in the city. Plans are to ultimately connect this trail with the Broad River Greenway. The city of Shelby is also implementing a Rail to Trail project winding through the western edge of the city between West Grover Street and Dixon Boulevard. Following the former right-of-way of Norfolk Southern Railroad, the unpaved pathway offers the potential to link Shelby and the southwestern part of the county, ending near the South Carolina state line. This trail is projected to be part of the Carolina Thread Trail network which spans 15 counties in North and South Carolina. The town of Boiling Springs boasts the Broad River Greenway, also located on the First Broad River. Residents of Kings Mountain have developed the Gateway Trail, also part of the Carolina Thread Trail network, and planned to connect the City of Kings Mountain to Crowders Mountain State Park, Kings Mountain State Park and King Mountain National Military Park. Currently hikers and bikers have access to eight miles of trail comprised of crushed stone, boardwalk and sidewalk. This trail is also ADA compliant and boasts an interpretive nature trail for children to explore. 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. As part of the work of the Eat Smart Move More Coalition of Cleveland County, a comprehensive website www.LiveHealthyClevelandCounty.com provides access to a listing of all trails, parks and playground within Cleveland County as well as a listing of activities promoting increased levels

of physical activity and access to healthy food options. This information is also detailed in a print brochure distributed throughout the county and is updated annually.

Occupation and Unemployment

Until the 1960s Cleveland 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 fibers, transmissions, truck cabs, aerospace and motor vehicle parts, production equipment and specialized textiles are manufactured at local operations. More than 40% of Cleveland County's workforce is involved in the manufacturing sector today, representing workers who have technical specialties, interests and experience levels. The county has collaboratively developed multiple business parks including the Foothills Commerce Center, the Washburn Switch Business Park and the Kings Mountain Business Park. Industries locating in these business parks offer high-paying job opportunities but residents must have transportation in order to reach these business sites which cluster around Shelby and Kings Mountain. Residents of outlying areas, such as the northern part of the county, have difficulty in finding and keeping jobs at these job sites. The top employers in the county according to the North Carolina Department of Community, Labor and Economic Analysis Division are the Cleveland County Board of Education, Atrium Health System, Wal-Mart Associates, County of Cleveland, Gardner-Webb University, PPG Industries, Inc., Baldor Electric Company, Cleveland Community College, and Ingles Markets, Inc.

Unemployment figures for the county mirror the economic changes that began in the early 21st century. While unemployment averaged 5% in the 1990s, the county experienced increases in unemployment in the first decade of the 21st century that mirrored the rest of the United States. The average unemployment rate in 2001 was 9.3%, 10.1% in 2002 and 8.7% in 2003 representing a time frame in which many of the county's textile companies reduced their work force or closed completely. Unemployment peaked again with 2009 with an average of 15.3%, 13.6% in 2010 and 11.6% in 2011 following the national economic downturn. However, with the recruitment of new industries and distribution centers, unemployment declined to an average of 6.3% in 2015. Since 2012 there have been 2,836 new jobs announced in the county with a total investment of $2,153,259,050. In April 2019 the unemployment rate in the county is 4.7% and employers are working closely with Cleveland County Schools and Cleveland Community College to offer training academies to equip future employees with the skills needed for success in today's economy. During 2019, a new program called *Accelerate Cleveland* was instituted provide motivated, underemployed individuals with a pathway to a career in the manufacturing industry. *Accelerate Cleveland* was designed to help solve two problems: (1) Cleveland County's urgent need for skilled workers to fill jobs with major manufacturers and (2) support the 9,000 residents who are employed full-time but making less than a living wage to become fully employable. The program is a seven-week workforce readiness public-private partnership between Cleveland County and major manufacturers in the county. Upon completion of the program, participants are not guaranteed a job but are given an opportunity to interview with each of the industry partners.

Currently the unemployment rate as of May, 2020 is 12.7% having been severely impacted by the COVID-19 pandemic. In spite of these advantages, many of the jobs in the county are still offered at a minimum wage level, especially in industries such as home healthcare, child care and hospitality services. Many of these jobs do not offer any health benefits or penalize workers who must leave work to address their individual or family healthcare needs. Both of these factors affect the overall health and well-being of the work force in the county.

Income Level and Poverty

Residents of Cleveland County subsist on lower income levels as compared to residents of North Carolina as a whole. Household incomes in the county range from less than $10,000 (10.9%) to $200,000 or more (1.5%) while in North Carolina the same income ranges are 7.3% for less than $10,000 to 4.3% for $200,000 or more. Median household income in Cleveland County is $40,002 compared to $50,320 for North Carolina. Per capita income reflects the same disparity as the county's per capital income is $21,664 compared to North Carolina's per capita income of $28,123. This data is sourced from the 2013-17 American Community Survey. Limited income forces families within the county to prioritize how they spend their money. Many families must choose from food purchases to paying rent to securing affordable health care.

The overall poverty rate for Cleveland County is 19.9% according to the 2013-17 American Community Survey compared to 16.1% for the state of North Carolina. Poverty affects children and the elderly disproportionately within Cleveland County. While the poverty rate for all county residents is 19.9% of the population, the rate rises to 27.5% for children under 18 and moves to 45.9% in families with female householders, no husband present and related children under 18 years of age. In comparison, for North Carolina as a whole, the poverty rate for children 18 years and younger is 22.9% while it rises to 31.7% in families with female householders, no husband present, and related children under 18 years of age. The poverty rate in the county for individuals 65 years and older is 12.5% compared to North Carolina's rate of 9.4% according to the 2013-17 American Community Survey. While the poverty rate for residents 65 years and over is lower than for children under 18, elderly residents of Cleveland County often find it more difficult to access affordable health care due to transportation barriers and income restraints.

Geography and Transportation

Cleveland County lies on the southwestern border of North Carolina and covers 465 square miles with a population density of 211.3 people per square mile (US Census Quick Facts 2018. The county is considered a rural county and is designated as a Tier 1 economically disadvantaged county despite its proximity to more prosperous metropolitan areas. According to the 2019 County Health Rankings, 85% of county residents drive alone to work with only 10% carpooling in a vehicle. 30% of county residents report having a long drive to work, on the average 24 minutes or more. Participants in the 2019 survey indicated that 93.38% have access to a personal vehicle, 2.97% relay on family or friends for transportation, and 1.35% relay on the Transportation Administration of Cleveland County for regular transportation.

The county does not have a publicly funded transportation system in the county. There are no bus lines linking Shelby and Kings Mountain with the smaller municipalities across the county and

there is only limited taxi service available in the City of Shelby. The Transportation Administration of Cleveland County, Inc. (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 service should their personal circumstances be altered. TACC also runs a scheduled route in the City of Shelby operating between 7:15 a.m. and 3:15 p.m. Monday through Friday with a fixed charge for ridership. There are limited opportunities for route deviation which also carry an additional fee for the rider. TACC will provide services on a limited basis for residents who have provider appointments in surrounding counties, especially to services in Charlotte but reservations must be made in advance for all out-of-county trips and costs are calculated on a cost per mile basis. All services are provided in vans which are wheelchair accessible and equipped with an audio and video surveillance recording system.

One of the most recent opportunities for additional transportation services was established in 2017 with the advent of a REACH bus running from a low-income high-risk neighborhood around Graham Elementary School to fixed stops including the Shelby CLECO Clinic, pharmacies, DSS, CCHD and local grocery stores. This bus was established through collaboration from Cleveland County Commissioners, the HealthCare Foundation of Cleveland County and the Transportation Administration of Cleveland County to serve approximately 2500 residents of this west Shelby neighborhood. This bus route is part of the Partnering for Community Prosperity Project established to improve the social determinants of health in this neighborhood. The REACH bus runs on a Monday-Wednesday-Friday schedule every thirty minutes with the last trip of the day beginning at 3:00 p.m. This special bus route is free and has been well received by residents of the project area. The bus is averaging 9 to 12 riders on the days for this particular service.

Because most of the healthcare services are located in either Shelby or Kings Mountain, considerable travel is required for those who live on the outer fringes of the county. Many low-income families have only one car that is shared between se3veral family members or a car that is unreliable. Even those with access to cares may not have the funds available to pay for fuel or needed repairs in order to use the vehicle. Families often must make the choice to drive to work or drive a sick family member to the doctor. Work then becomes the priority and healthcare for the family member is delayed until the need is more acute and often more expensive.

Educational Attainment

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 23rd largest district in the state, serves over 14,139 students in the 2018-19 academic year. There are 16 elementary schools, two intermediate schools, four middle schools, and four high schools in the county. A school for students with special needs, an alternative school 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 Atrium Health-Cleveland. Certified school nurses are provided by CCPHC at the elementary, specialty and alternative school sites.

In 2017 the Cleveland County Public Health Center partnered with Atrium Levine Children's School-Based Virtual Care program and the Shelby Children's Clinic to establish the first Virtual Care Clinic at Graham Elementary School, a year-round school serving a high-risk, low-income population in the City of Shelby. Staffed by the school nurse assigned to Graham and a CNA/Telepresenter from Shelby Children's Clinic, the first year brought positive results for students, families and staff members at the site. 21.3% of all virtual care encounters had no prior medical home. Through the Virtual Care Clinic, a medical home was offered and established for these students. During the 2017-28 academic year, 6.1% of school nurse visits resulted in early school dismissal compared to 9.1% the previous year. There was a 55.6% reduction in the use of the Emergency Department by students for primary care in the eight months following the implementation of the Virtual Clinic. In 2018-19 the Virtual Clinic expanded to three additional sites: Township Three Elementary, James Love Elementary and Shelby Intermediate School. Only 20% of students seen by the school nurses at these sites were sent home early compared to 39% in the previous academic year. This project won the 2018 NC GlaxoSmithKline Foundation award for an innovative child health program. During 2019-20 the program was expanded to six more schools where 678 students were seen for 954 virtual visits with only 14% resulting in a student having to leave school early.

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 the 2015 CHA, 66.97% of students were receiving free or reduced lunch. According to data provided by Child Nutrition Services in Cleveland County Schools 58.3% of students enrolled in grades K-12 or 8,442 students participated in the free and reduced lunch programs in 2018. 57.57% of K-12 students participated in the program during the 2018-19 academic year.

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.

While multiple educational opportunities are available for residents of Cleveland County, data from the 2013-17 American Community Survey reveals that 5.4% of the population 25 years of

age and older have less than a 9th grade education and 10.7% have only a 9th to 12th grade education with no diploma. Contrast that data with comparable figures for the state of North Carolina: 4.9% have less than a 9th grade education and 8.2% have only 9th to 12th grade with no diploma. 84.0% of Cleveland County's population are high school graduates or higher with 16.5% holding a bachelor's degree or higher. For the state 86.9% of the population are high school graduates or higher while 29.9% hold a bachelor's degree or higher. The graduation rate for Cleveland County Schools in 2018 was 88%.

Low educational achievement in the county creates barriers to healthcare utilization. Individuals with low educational achievement often suffer from low health literacy defined as the "degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate decisions about one's health" according to the United States Department of Health and Human Services. Low health literacy impairs an individual's ability to navigate an increasingly complex system of healthcare providers and financial issues related to healthcare. Low health literacy also impacts an individual's ability to manage chronic disease in understanding symptoms and diagnoses, in making decisions about treatment options, in adhering to recommended treatment plans and in seeking care before conditions become so acute that hospitalization is required. It is critical for individuals to have primary care providers who can clearly explain to patients the details of their personal health conditions and who can build trust with patients to enhance the potential for better health outcomes. Pressure on providers often minimizes the opportunity to become familiar with the special needs of each patient and reduces the time available for patient education. If patients have low health literacy the probability that they will understand educational materials and treatment instructions is reduced, often resulting in non-compliance with physician instructions, poor management of chronic conditions and poor health outcomes.

Primary Healthcare Providers

Primary care is delivered for the majority of county residents in Shelby and Kings Mountain. This concentration of healthcare providers means that residents must travel to these locations to access services. For specialty services residents must travel to Gastonia, Charlotte or even Asheville to access care. Transportation then becomes a major barrier to accessing services as many low-income residents of the county do not have access to personal transportation.

CLECO Primary Health Clinics are located in Shelby, Kings Mountain and Fallston and are funded by the NC Office of Rural Health. CLECO patients include those funded by Medicaid and Medicare as well as some private insurance and self-pay patients. Indigent care is provided on a limited basis and funded by contributions from hospital grants and limited county and nonprofit sources such as United Way contributions. Transportation is a barrier for many low-income residents of the proposed NAP even to reach the CLECO Shelby site as many of these individuals do not have personal transportation. Taxis in the City of Shelby provide limited but costly transportation options, often charging a minimum of $10.00 each way for a trip to the doctor.

Residents of the county must travel to hospitals located in Shelby and/or Kings Mountain for emergency and tertiary care. Both hospitals are owned by Atrium Health Services as part of the

larger hospital/provider network centered in Charlotte, North Carolina. Atrium Health-Cleveland has 241 licensed beds and Atrium Health-Kings Mountain has 67 licensed beds. Patients are referred to Atrium-owned facilities for specialty services such as the Sanger Clinic for heart disease, the Levine Cancer Center for diagnosis, treatment and management of cancer and rehabilitation services. Sanger Clinic and Levine Cancer both have sites located near the hospital facility in Shelby but patients with more advanced needs are referred to the larger facilities in Charlotte. For residents with low educational attainment and limited financial resources, these referrals require navigation of a complex healthcare system and are often overwhelming to patients. This factor is compounded by transportation barriers and access to affordable support systems when patients must be served in the Charlotte metro area. Atrium Health-Cleveland offers an outpatient ambulatory surgery center and Atrium Health-Kings Mountain provides a behavioral health unit on site. Both hospitals provide emergency department services with Atrium health-Cleveland designated as a Level III-Trauma Center. Atrium Health also owns Cleveland Pines Nursing Center, Healthy@Home home health agency and Hospice and Palliative Care. Hospice provides both in-home and site-based care at locations in Shelby and Kings Mountain. There are two Urgent Care Centers operated by Atrium Health located in Shelby and Kings Mountain. An additional Urgent Care Center is operated in Shelby as well, owned by a for-profit corporation.

The Cleveland County Health Department is a full-service local health department providing the ten essential services of public health as well as specialty clinics for prenatal care, diabetes, eye care and child health. CCHD boasts a pharmacy, provides a dental clinic for children 0-21 and pregnant women and houses the Employee Wellness Clinic for employees of Cleveland County government as well as their spouses and dependents. CCHD does not at this time provide primary care or dental care for adults. CCHD also houses the Women, Infant and Children nutrition program for the county.

A number of privately-owned for-profit home health providers serve residents of Cleveland County. There are a number of assisted living sites in the county which guarantee their residents access to healthcare providers and provide transportation to appointments. There are two adult day care facilities in the county – 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, a care management program affiliated with Atrium Health, provides care management services for older adults and individuals eligible for the CAP-DA program in the county. Atrium Health also sponsors a thriving faith and community nurse program serving local church wellness committees.

The majority of the private providers in Cleveland County are clustered around Shelby and Kings Mountain. Atrium Health owns or manages many of the private practices in the county such as the Shelby Children's Clinic for pediatric care and Shelby Women's Care for ob/gyn services. Data obtained from the NC Medical Board indicates that there are 180 active physicians in Cleveland County Licensed to practice medicine in North Carolina. Of that number, 61 physicians are considered to be primary care physicians including family medicine, pediatrics and obstetrics/gynecology physicians. 18 of the physician practices in the county currently accept payment from Medicaid and Medicare, including the Cleveland County Health Department.

According to the 2019 County Health Rankings, the ratio of residents to primary care physicians was 2,020 residents to one primary care physician. This ratio is of special concern for primary care providers. In 2011 and 2012, the ratio was 1,165 residents to one provider showing a serious decline in the number of providers for the population of the county. The ratio of dentists was 2,560 residents to one dentist and the ratio of mental health providers was 800 residents to one mental health provider.

Insurance Coverage

The third-party payor mix for insurance in Cleveland County indicates that 60.1% of the population has private health insurance most often through employer plans and 40.4% of county residents are covered by some form of public coverage. According to the Cleveland County Department of Social Services Annual Report for 2017-18 there were 28,488 individuals certified or recertified for Medicaid services compared to 27,549 in 2016-17 and 26,267 in 2015-16. Data provided by the county's Department of Social Services for 2018-19 identified 30,05 individuals certified or recertified for Medicaid services in the county. This compares to North Carolina's mix of 66.4% of NC residents having private health insurance and 33.7% with public coverage. Data from the American Community Survey 2013-17 indicates that 13.0% of county residents have no health insurance coverage while 12% of state residents have no health insurance coverage. However, the 2019 County Health Rankings indicate that 15% of adults and 4% of children in Cleveland County have no insurance coverage.

Special Needs Populations

Cleveland County includes several populations with specific healthcare needs. Within the county are approximately 40+ migrant and seasonal agricultural workers, approximately 42+ individuals experiencing homelessness, 5,784 school-age children and 3,637 veterans. Because Cleveland County is primarily rural and site of numerous agricultural enterprises, the number of migrant/seasonal workers may vary during each growing season. Cleveland County annually participates in a count for homeless individuals and the Cleveland County School system estimates that 1,200+ homeless children each school year qualify for services under the McKinney Act.

Health Disparities

As a result of the service area's limited access to accessible and affordable healthcare, significant health disparities exist in the proposed service area population. The Robert Wood Johnson Foundation reports in its evaluation of county health rankings that where we live matters to our health. In 2019 Cleveland County ranked 80th of 100 counties in the health rankings for North Carolina. In the measure for length of life, Cleveland County's data showed that there were 10,100 years of life lost to premature death compared to 7,600 for the state of North Carolina. Additional measures ranked Cleveland County 81st in health behaviors, 47th in clinical care, 57th in social and economic factors and 56th in physical environment. According to the Annual Report on America's Health Rankings produced by the United Healthcare Foundation, in 2018 North Carolina ranked 33rd among the 50 states for overall health status. Challenges for North Carolina enumerated in the report included addressing a high incidence of chlamydia, a high percentage of uninsured

population and a high prevalence of low birthweight – all challenges comparable to those faced by residents of Cleveland County.

Health disparities exist in Cleveland County due to geography, age, income and race/ethnicity. For example, the 28150 zip code in the City of Shelby includes two high-risk, low-income neighborhoods previously targeted for federal Department of Justice grants under previous administrations. The east Shelby neighborhood designated for a "Weed and Seed" grant encompasses an area adjacent to the main hospital in town and includes a blighted area known as "the knot". This neighborhood features several closed and abandoned textile plants as well as blocks of substandard housing. Several faith communities anchor this area and offer food pantries and youth programming to its residents. The second targeted neighborhood is in the west Shelby area, the focus of a federal "Project Safe Neighborhood" grant designed to reduce criminal activity. This area overlaps the Graham Elementary School attendance zone which is now the focus of the Partnering for Community Prosperity project, a collaboration of Cleveland County Schools, Partners Behavioral Health MCO, Atrium Health-Cleveland and Cleveland County government. Because Graham Elementary is a year-round school, this neighborhood was selected to focus on resolving some of the employment, educational and health issues that affected its citizens. Two of the major efforts to address health disparities in the area include the special REACH transit bus to transport residents to needed services including health appointments and the virtual health service for students at Graham which links them to the major pediatric practice in the county.

Two other zip codes are affected by geography in addressing health disparities. The Town of Kingstown lies within the 28152 zip code and is populated by predominantly African-American residents whose median age is 49 years and where 19.1% of the residents are 65 years of age or older. Median income in this area is $28,750 which impacts the ability of residents to secure adequate healthcare services. The Town of Grover lies within the 29073 zip code. This small town sits right on the border with South Carolina with the median age being 34.8 years of age and 13% of the population age 65 or older. 9.1% of the population lives at or below the poverty level.

For these zip codes in the county, transportation is a barrier to healthcare and contributes to health disparities because of a lack of a county-wide public transit system. Age and income as well as educational levels also contribute to barriers to healthcare and impact health disparities in the county.

Race and ethnicity also play a major role in health disparities in the county. For the period 2013-17, the death rate for all causes among Caucasians was 991.1/100,000 compared to African-Americans' rate of 1,109.1/100,000. When combined into a total death rate for the county of all populations which was 1,000.1/100,000, the rate for African-Americans was still higher. The death rate for Caucasians for diseases of the heart was 200.2/100,000 compared to the rate for African-Americans 0of 239.3/100,000. Death rates for diabetes mellitus were 31.4/100,000 for Caucasians compared to 67.1/100,000 for African-Americans. Finally, the infant mortality rate for African-American babies in 2017 was 22.2/1000 live births compared to 6.9/100 live births for Caucasian babies.

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, the lack of transportation, 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 disparities 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 healthcare decisions for their families and consequently recognize and respond to health issues in a more timely manner.

A final disparity in the county is in the area of oral health. While the Cleveland County Health Department offers a dental clinic, the clinic only serves children ages 0-21 and pregnant women. There is a pressing need for additional dental services for adults in the county. Many of the private dental practices will not accept Medicaid from new patients and will only serve a limited number of individuals who have been included in their practices for years. Helping agencies in the county struggle to find dentists who will accept indigent patients for the most routine care. For individuals who do not have health insurance or a payment source, their only option is to travel to Charlotte, NC or Spartanburg, SC for one of the free clinics offered annually by the Dental Associations in those areas. This requires transportation and long waits in line for a variety of dental services.

Current Unmet Healthcare Needs

Residents within the county experience barriers to accessing healthcare services. The two hospitals within Cleveland County are located in Shelby and Kings Mountain and are part of the Atrium Health Services centered in Mecklenburg County. Most available healthcare providers are clustered in Shelby and Kings Mountain with the exception of the CLECO Clinic in Fallston. There are no free clinics located within the county and when free services are announced (for example, a free three-day dental clinic held annually in Charlotte, North Carolina), residents must travel out-of-county to access these services and must compete for access with residents of other surrounding counties. Residents of the county often are economically disadvantaged with lower levels of income and education. Individuals residing within the county may also be in poor health and postpone accessing healthcare until a crisis situation occurs which generally results in higher-cost, more acute healthcare services being required. County Health Rankings compiled by the Robert Wood Johnson Foundation have since 2010 found Cleveland County be in the lowest quartile (75-100) of all of the counties of North Carolina. On the measure of premature death – days of life lost to preventable causes – Cleveland County increased from 9,700 in 2018 to 10,100 in 2019. Residents report poor or fair health status (18%), at least 4 poor physical health days in the past 30 days and 4.4 poor mental health days in the past 30 days according to the 2019 rankings.

Specific needs include access to programs and services addressing weight management and obesity which are underlying causes of many chronic health conditions. Because many residents do not have primary care providers or medical homes, they do not build lasting relationships with providers who may treat weight issues before more serious health problems such as hypertension and diabetes develop. Pediatric primary care providers are critical in building a knowledge base

with younger patients to help them understand the need to balance diet and exercise and to reduce the potential of diabetes and cardiovascular disease in the future.

Another critical health need is additional services for smoking cessation. Because smoking has such an impact on cardiovascular disease, chronic lower respiratory disease, lung cancer, complications in pregnancy and infant mortality, more comprehensive services for smoking cessation are needed for all age groups. Educational programs must be integrated with cessation aids such as patches and lozenges and patients should be monitored and supported in their cessation efforts. One or two episodic interventions does not offer enough support for an individual who has smoked for years and who needs educational and medical support for quitting.

Dental care for adults is a crucial need in the county. Few dental practices are accepting new Medicaid patients and often practices limit the number of indigent patients that they will treat. Indigent, uninsured, and underinsured individuals often postpone dental care, treating it as a luxury to be obtained after meeting other basic needs, until the dental issue is affecting the overall physical health of the patient. These patients do not present needing simply a routine exam and dental cleaning. They often present with extensive dental decay, lost teeth, abscesses and periodontal disease requiring expensive treatment over a prolonged period of time. Expanded access to regular dental providers is essential for individuals to reach a positive health status.

Cleveland County includes many elderly individuals who face a variety of distinct healthcare needs. Many of these individuals are veterans or former employees in textile plants where they have been exposed to a variety of substances such as asbestos. Some of the veterans suffer from mental health or substance abuse issues due to their military experiences. Even with the availability of Medicare, many in this population group find it difficult to access primary care and even more difficult when navigating the need for specialty care such as radiation and chemotherapy for cancer treatment. Older adults in the county often live along and find it difficult to drive themselves or access transportation services especially when required to travel to larger metropolitan areas to seek treatment. Finally, many older adults in the county are living on fixed incomes and often find themselves making decisions about how to prioritize their limited resources – food, shelter or medical care and medicines. The county is in need of more affordable, accessible healthcare services than can meet the unique needs of the elderly population.

CLEVELAND COUNTY AND NORTH CAROLINA MORTALITY DATA

Premature death is defined as the years of potential life lost before age 75 per 100,000 population. Measuring premature mortality, rather than overall mortality, reflects an intent to focus attention on deaths that could have been prevented. Measuring years of potential life lost allows communities to target resources to high-risk areas and further investigate the causes of premature death. The measure as identified in the 2019 County Health Rankings indicate 10,100 years of potential life lost (YPLL) in Cleveland County compared to 7,600 YPLL for the state of North Carolina.

Cleveland County Years of Potential Life Lost

YPLL	2011	2012	2013	2014	2015	2016	2017	2018	2019
	9,838	9,573	9,594	9,594	9,767	9,900	10,200	9,700	10,100

The leading causes of death in Cleveland County over five, five-year periods have remained constant: diseases of the heart, cancer, chronic lower respiratory diseases, cerebrovascular disease or stroke and Alzheimer's disease. Four of the five could be significantly reduced through lifestyle choices such as increasing physical activity, smoking cessation and healthier food choices.

Leading Causes of Death – Unadjusted Death Rates per 100,000 Population – 2013-2017

Cleveland County					North Carolina			
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	1,236	254.7		**1**	Cancer – all sites	96,225	191.4
2	Cancer – all sites	1,224	252.3		**2**	Diseases of the heart	90,942	180.9
3	Chronic lower respiratory diseases	399	82.2		**3**	Chronic lower respiratory diseases	26,092	51.9
4	Cerebrovascular disease	323	66.6		**4**	Cerebrovascular disease	24,232	48.2
5	Alzheimer's disease	267	55.0		**5**	Alzheimer's disease	18,360	36.5
6	Other unintentional injuries	239	49.3		**6**	Other unintentional injuries	18,046	35.9
7	Diabetes mellitus	230	47.4		**7**	Diabetes mellitus	13,549	27.0
8	Septicemia	172	35.5		**8**	Pneumonia and influenza	9,887	19.7
9	Pneumonia and influenza	143	29.5		**9**	Nephritis, nephrotic syndrome, & nephrosis	9,435	18.8
10	Nephritis, nephrotic syndrome & nephrosis	127	26.2		**10**	Septicemia	7,477	14.9
	Total All Deaths	**5,969**	**1230.2**			**Total all Deaths**	**441,359**	**878.1**

Source: State Center for Health Statistics, North Carolina County Health Data Book 2019

Leading Causes of Death – Unadjusted Death Rates per 100,000 Population – 2014-2018

Cleveland County					North Carolina			
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	1,264	260.2		**1**	Cancer – all sites	97,303	191.6
2	Cancer – all sites	1,224	252.0		**2**	Diseases of the heart	92,384	181.9
3	Chronic lower respiratory diseases	411	84.6		**3**	Chronic lower respiratory diseases	26,470	52.1
4	Cerebrovascular disease	322	66.3		**4**	Cerebrovascular disease	24,832	48.9
5	Alzheimer's disease	2709	55.6		**5**	Alzheimer's disease	19,988	39.4
6	Other unintentional injuries	246	50.6		**6**	Other unintentional injuries	19,576	38.6
7	Diabetes mellitus	240	49.4		**7**	Diabetes mellitus	14,170	27.9
8	Pneumonia and influenza	163	33.6		**8**	Pneumonia and influenza	10,024	19.7
9	Septicemia	141	29.0		**9**	Nephritis, nephrotic syndrome, & nephrosis	9,591	18.9
10	Nephritis, nephrotic syndrome, & nephrosis	132	27.2		**10**	Motor vehicle injuries	7,553	14.9
	Total All Deaths	**6,126**	**1261.0**			**Total all Deaths**	**452,047**	**890.2**

Source: State Center for Health Statistics, North Carolina County Health Data Book 2020

Cleveland County	**2010-14**	**2011-2015**	**2012-2016**	**2013-2017**	**2014-2018**
Total Death Rate	1153.2	1186.9	1224.1	1230.2	1261.0

Source, State Center for Health Statistics, North Carolina County Health Data Books

A partial explanation for this increase may be found in the increasing percentage of adults 65 years of age and older in the county: 15% in 2010 and 18.2% in 2018 according to the US Census Bureau. Poverty in the county (19.9% of all individuals living at or below the federal poverty level—US Census Bureau) is also a factor in the increasing death rate as is the number of uninsured adults (14.9% in 2018—NC Institute of Medicine) who reside in Cleveland County. There are two points to note concerning changes in the leading causes of death in the county. First, in 2011-2015, the leading cause of death in the county was cancer—all sites. Since that time the Levine Cancer Institute at Atrium Health-Cleveland has offered extensive screening opportunities for breast cancer, lung cancer, prostate cancer and skin cancer. These screenings have led to earlier diagnosis of cancer and potentially added years of life to residents. Second,

opioid and other drug overdoses have led to increases in the unintentional injuries death rate.

Other explanations for this rise in the death rate may include consistent reporting in the use of tobacco products ranging from 25% of the population over 20 in 2010 to 21% in 2019, the increase of adults who report BMIs over 30 which identify them as being obese (30% in 2010 and 31% in 2019), adults who report physical inactivity (consistently reported as 30%) and excessive drinking (9% in 2010 and 16% in 2019). All of this data is found in the County Health Rankings. These three health behaviors together impact chronic diseases such as diabetes, cardiovascular disease, stroke and cancer and are preventable, if not at least manageable on the part of physicians and patients and relate directly back to the measure Years of Potential Life Lost.

The chart below using data from the State Center for Health Statistics, illustrates that chronic diseases or diseases resulting from lifestyle choices are the major causes of death for adults 40 years of age and older. For those individuals 20-39 years of age, the causes of death are primarily situational.

Leading Causes of Death by Age 2014-18 in Cleveland County

Age Group	Rank	Cause of Death	# of Deaths	Rate per 100,000
0-19 years	1	Conditions originating in the perinatal period	24	19.9
	2	Congenital anomalies (birth defects)	12	10.0
		Motor vehicle injuries	12	10.0
	4	Other unintentional injuries	8	6.6
		Total Deaths – all causes	**79**	**65.6**
20-39 years	1	Motor vehicle injuries	35	31.0
	2	Other unintentional injuries	34	30.1
	3	Suicide	23	20.4
	4	Diseases of the heart	18	16.0
		Total Deaths – all causes	**206**	**182.6**
40-64 years	1	Cancer – all sites	345	208.1
	2	Diseases of the heart	293	176.8
	3	Chronic lower respiratory diseases	88	53.1
	4	Diabetes mellitus	79	47.7
		Total Deaths – all causes	**1,416**	**854.2**
65-84 years	1	Cancer – all sites	695	889.3
	2	Diseases of the heart	588	752.4
	3	Chronic lower respiratory diseases	234	299.4
	4	Cerebrovascular disease	158	202.2
		Total Deaths – all causes	**2,849**	**3645.5**
85 + years	1	Diseases of the heart	361	4190.4
	2	Cancer – all sites	166	1926.9
	3	Alzheimer's disease	160	1857.2
	4	Cerebrovascular disease	104	1207.2
		Total Deaths – all causes	**1,576**	**18,293.7**

Source: State Center for Health Statistics, North Carolina County Health Data Book 2020

HEALTH ISSUES

The 2019 Community Health Assessment participants were asked to respond if they had been told by a doctor, nurse, or other health professional that they had specific health conditions.

Report	Condition	Yes	No	Don't Know
1	Overweight/Obesity	44.67%	83.86%	1.44%
2	High Blood Pressure	37.18%	61.96%	0.86%
3	Depression/Anxiety	34.73%	63.69%	1.59%
4	High Cholesterol	34.29%	64.27%	1.44%
5	Asthma	14.70%	83.86%	1.44%
6	Diabetes	12.97%	85.73%	1.30%
7	Cancer – any site	9.37%	89.48%	1.15%
8	Osteoporosis/bone density issue	8.21%	89.91%	1.87%
9	Heart Disease/Angina	6.34%	95.21%	1.15%
10	Emphysema/Bronchitis/COPD	5.48%	92.80%	1.73%
11	Alcohol Abuse	1.30%	97.26%	1.44%
12	Drug Abuse	0.58%	98.13%	1.30%

There were several disconnections between the reporting of these health conditions in participants' responses to more specific questions in the survey. For example, 58.8% of participants reported consuming alcohol regularly ranging from daily to at least once a month yet alcohol abuse was reported as the #11 condition. 27.89% of participants indicated that they, or someone they knew, had personally been impacted by opioid use and 19.29% indicated the same level of impact by meth use. Drug abuse, however, was reported as 12th in this list of health issues. Participants also responded that emphysema/bronchitis/COPD was the 10th most reported health condition while 11.89% of participant responses indicated using tobacco or smoking in the past twelve months. Of those individuals using tobacco, 16.25% reported that they did not want to quit smoking and 49.11% reported being exposed to secondhand smoke most often at home or in the workplace. Overweight/obesity was the most reported health condition yet participants indicated that 34.5% only exercises 1-2 days per week and 17.11% reported no exercise at all on a weekly basis. Only 11.73% of participants reported eating five or more servings of fresh/frozen fruits or vegetables daily with 26.39% reporting consuming the recommended servings on one to two days a week and 5.87% reporting no consumption of fruits and vegetables. Finally, 34.73% of participants reported suffering from anxiety or depression but in the more specific survey questions, only 20% reported feeling so sad or worried in the past thirty days that it impaired their ability to go about their normal business.

One strong connection between this reporting of health conditions and a subsequent survey question occurred concerning preventive screenings. 75.04% of participants reported having preventive screenings such as mammograms or colonoscopies and screenings for skin cancer or bone density in the past three years. Cancer at any site and osteoporosis were reported as the 7th and 8th most identified health condition by participants – a link between more prevalent screening experience and diagnosis of a chronic condition.

Three of the four leading causes of death in Cleveland County reported in the 2014-2018 data, diseases of the heart, cancer at all sites and cerebrovascular disease ranked lower in the participant reporting of health conditions with cancer reported at 9.37% and heart disease/angina reported at 6.34%. Actions or conditions contributing to these causes of death were reported at a higher rate – overweight/obesity at 44.67%, high blood pressure at 37.18%, and high cholesterol at 34.29%.

Little changed between the reporting health conditions in the 2015 Community Health Assessment and the 2019 document.

2015 Community Health Assessment				**2019 Community Health Assessment**		
Condition	Yes	No		Condition	Yes	No
Overweight/Obesity	37.69%	61.77%		Overweight/Obesity	44.67%	83.86%
High Blood Pressure	32.94%	66.41%		High Blood Pressure	37.18%	61.96%
High Cholesterol	32.07%	67.49%		Depression/Anxiety	34.73%	63.69%
Depression/Anxiety	27.11%	72.68%		High Cholesterol	34.29%	64.27%
Arthritis	20.63%	78.83%		Asthma	14.70%	83.86%
Asthma	12.10%	87.69%		Diabetes	12.97%	85.73%
Diabetes	9.61%	89.96%		Cancer – any site	9.37%	89.48%
Cancer – any site	8.86%	90.28%		Osteoporosis/bone density	8.21%	89.91%
Osteoporosis/bone density	6.16%	92.87%		Heart Disease/Angina	6.34%	95.21%
Heart Disease/Angina	5.62%	93.95%		Emphysema/Bronchitis/COPD	5.48%	92.80%
Hearing Impairment	5.40%	94.17%		Alcohol Abuse	1.30%	97.26%
Emphysema/Bronchitis	4.75%	94.92%		Drug Abuse	0.58%	98.13%

Additional health conditions reported in the 2015 CHA included Type 1 Diabetes at 2.16%, Kidney Disease at 1.84%, Vision Impairment at 3.67%, and Sexually Transmitted Disease at 2.05%. Both alcohol abuse and drug abuse were reported at a rate of 0.32% with only three participants of 926 reporting these conditions.

Heart Disease and Stroke

Diseases of the heart and cerebrovascular disease (stroke) have ranked as first and fourth leading causes of death in Cleveland County in the past two five-year measures compiled by the North Carolina State Center for Health Statistics. For data reported 2014-2018, Cleveland County's **unadjusted** rate for diseases of the heart of 260.2/100,000 population exceeded the North Carolina statewide rate of 181.9/100,000 population. During the same time period, Cleveland County's **unadjusted** death rate for cerebrovascular disease of 66.3/100,000 population exceeded North Carolina's statewide rate of 48.9/100,000 population. Based on gender only, both Cleveland County and North Carolina show a significantly higher death rate for males for diseases of the heart including acute myocardial infarctions and other ischemic heart diseases. Both Cleveland County and North Carolina show a slightly higher death rate for males for cerebrovascular diseases. The yellow areas on the following charts indicate rates for Cleveland County higher than overall North Carolina rates.

Comparison –Sex-Specific Age Adjusted Death Rates per 100,000

	Cleveland County 2013-2017				North Carolina 2013-2017			
	Male		Female		Male		Female	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Death	Rate
Diseases of the Heart	654	252.9	582	163.0	48,744	204.8	42,198	125.1
Cerebrovascular Disease	133	54.2	190	53.4	10,134	44.2	14,098	41.7
	Cleveland County 2014-18				**North Carolina 2014-18**			
Diseases of the Heart	666	253.5	598	167.0	49,651	202.2	42,733	123.9
Cerebrovascular Disease	130	52.5	192	53.4	10,476	44.2	14,356	41.5

Source: State Center for Health Statistics, North Carolina County Health Data Book 2019 and 2020

Significant differences also exist in considering race/ethnicity in reviewing data for diseases of the heart and cerebrovascular disease. African-American males and females had higher rates of death from diseases of the heart for both Cleveland County and North Carolina during both time periods reporting. African-American males in Cleveland County during 2013-17 had a lower death rate from cerebrovascular disease than for North Carolina and were approximately the same during 2014-2018.

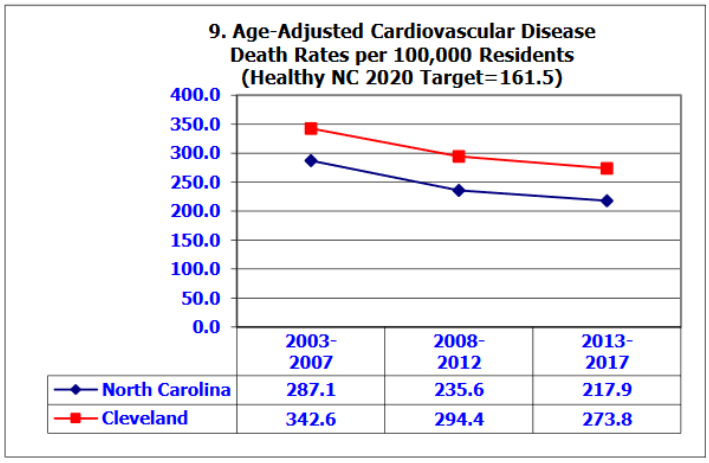
Comparison – Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates per 100,000

	White non-Hispanic		African-American, non-Hispanic		Overall
	Male, Rate	Female, Rate	Male, Rate	Female, Rate	Rate
Cleveland County 2013-2017					
Diseases of the Heart	243.3	161.1	341.4	181.6	204.4
Cerebrovascular Disease	51.7	51.7	57.6	63.9	53.9
North Carolina 2013-17					
Diseases of the Heart	202.2	122.2	241.8	145.9	159.8
Cerebrovascular Disease	40.7	40.3	64.0	49.3	43.2
Cleveland County 2014-18					
Diseases of the Heart	248.7	166.2	311.6	184.2	206.7
Cerebrovascular Disease	49.1	51.5	63.4	63.9	53.1
North Carolina 2014-2018					
Diseases of the Heart	199.6	121.1	238.2	143.8	158.0
Cerebrovascular Disease	40.6	40.2	63.8	48.6	43.0

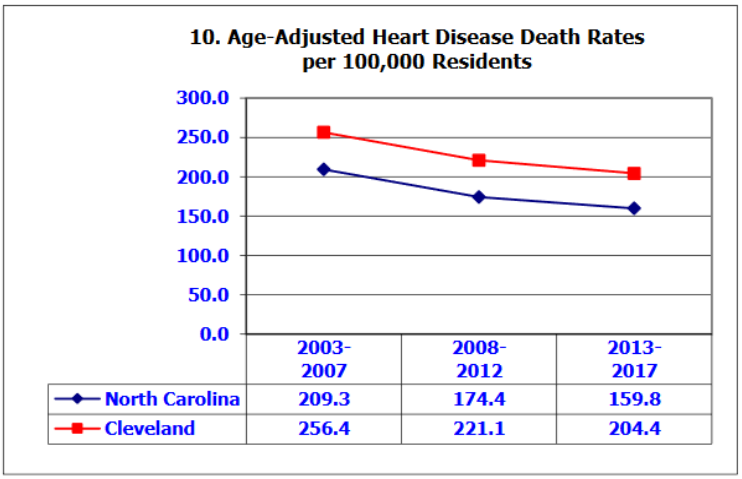
State Center for Health Statistics, North Carolina County Health Data Book 2019 and 2020

Some of the risk factors for heart disease and stroke than can be controlled and/or managed include smoking, overweight, obesity, unhealthy diet and physical inactivity, all of which are prevalent among the residents of Cleveland County.

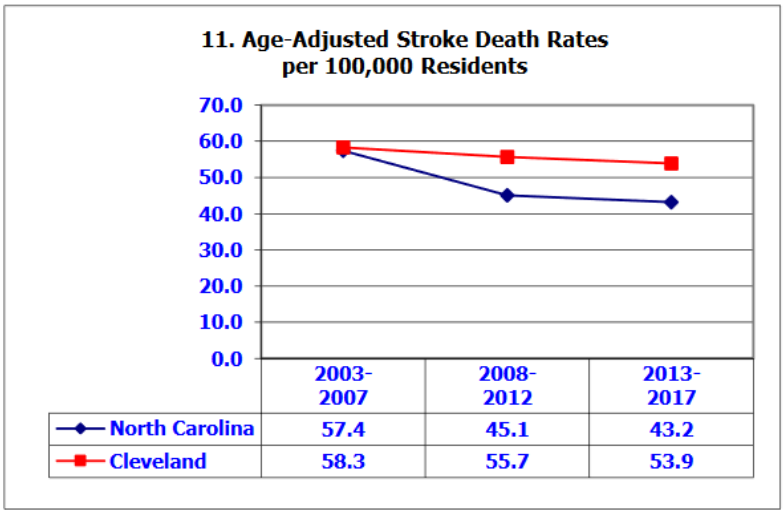
Data reported in the *North Carolina County Trends Reports in February 2019* developed by the North Carolina State Center for Health Statistics illustrate the gaps between North Carolina and Cleveland County regarding the prevalence of heart disease and stroke.



	2003-2007	2008-2012	2013-2017
North Carolina	287.1	235.6	217.9
Cleveland	342.6	294.4	273.8



	2003-2007	2008-2012	2013-2017
North Carolina	209.3	174.4	159.8
Cleveland	256.4	221.1	204.4

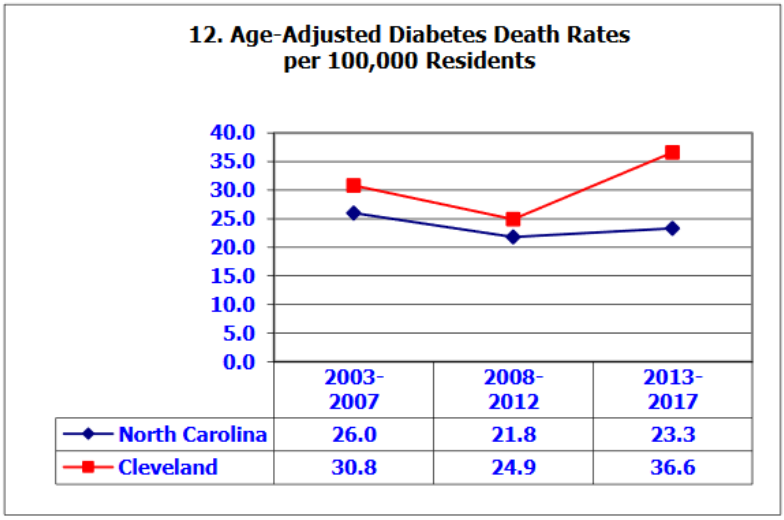


	2003-2007	2008-2012	2013-2017
North Carolina	57.4	45.1	43.2
Cleveland	58.3	55.7	53.9

Diabetes and Pre-Diabetes

According to data from the Centers for Disease Control and Prevention, 13.2% of county residents over age 20 were diagnosed with diabetes in 2016. The range limits established for this figure include a lower limit of 8.6% and an upper limit of 19.4%. A further breakdown of this data for the county based on gender revealed that 14.2% of males and 12.3% of females over age 20 were diagnosed with diabetes. In comparison, CDC data indicated that 10.1% of North Carolinians were diagnosed with diabetes. Additional data from this source for the state showed that 9.8%of males and 10.3% of females carried this diagnosis. Individuals diagnosed by age group included 2.8% in the 18-44 age group, 15.6% in the 45-64-year age group, 24.1% in the 65-74-year age group and 21.4% over the age of 75.

Diabetes is listed as the seventh leading cause of death on Cleveland County for both reporting periods 2013-2017 and 2014-2018. It is also the seventh leading cause of death in North Carolina during the same time periods. In addition, it is the fourth leading cause of death in the 40-64 year-old age group in the county. Data reported in the *North Carolina County Trends Reports in February 2019* developed by the North Carolina State Center for Health Statistics illustrated the gap between Cleveland County and North Carolina age-adjusted rates.



	2003-2007	2008-2012	2013-2017
North Carolina	26.0	21.8	23.3
Cleveland	30.8	24.9	36.6

Significant health disparities exist in the death rates associated with diabetes based on gender and race/ethnicity. In 2013-2017 sex-specific age-adjusted death rates due to diabetes were 44.0 per 100,000 for males and 30.6 per 100,000 for females in Cleveland County. In 2014-2018 the rate for males increased to 49.4 per 100,000 while the rate for females remained fairly constant at 30.1 per 100,000. In comparison, the rate for males in North Carolina during 2013-2017 was 28.5 per 100,000 while the rate for females was 19.1 per 100,000. During the reporting period 2014-2018 the rate for males in the state slightly increased to 29.6 per 100,000 while the rate for females remained constant at 19.0 per 100,000. This data was found in the 2019 and 2020 North Carolina County Health Data Book.

The chart below highlights the differences in death rates for diabetes per 100,000 population based on race/ethnicity for residents of Cleveland County as well as North Carolina. Rates for Cleveland County based on gender and race/ethnicity are significantly higher than those for North Carolina and rose between the two reporting periods with one exception. The rate for African-American females actually decreased from 2013-2017 to 2014-2018.

Comparison – Race/Ethnicity and Sex-Specific Age Adjusted Death Rate for Diabetes per 100,000

	White, non-Hispanic		**African-American, non-Hispanic**		**Overall**
	Male, Rate	Female, Rate	Male, Rate	Female, Rate	Rate
2013-2017 Cleveland County	37.0	26.6	97.6	51.4	26.6
2013-2017 North Carolina	24.4	14.8	52.5	37.6	23.3
2014-2018 Cleveland County	42.8	27.8	100.2	43.8	38.3
2014-2018 North Carolina	25.6	14.7	53.3	37.5	23.7

Source: State Center for Health Statistics, North Carolina Health Data Book 2019 and 2020

A major effort has been made to address pre-diabetes in the county. The Cleveland County Family YMCA sponsors on-going sessions at worksites, churches and YMCA facilities of the American Diabetes Association-approved Diabetes Prevention Program. This program is offered to residents at a nominal cost and led by trained peer facilitators who educate participants on symptoms and management of diabetes. The program is offered at a nominal cost to residents and includes a membership to a YMCA facility for the duration of the program. However, for low-income residents who lack reliable transportation, it is often difficult to enroll/attend/complete a sixteen-week program even with a sliding fee scale for fees.

Risk factors for diabetes that can be controlled or managed include overweight/obesity/ physical inactivity, high blood pressure, high blood cholesterol and smoking, all present in the behaviors of many Cleveland County residents. Management and education programs for persons with diabetes are offered at Atrium Health-Cleveland and at the Cleveland County Public Health Center. Certified staff members from the Cleveland County Cooperative Extension Center also offer the Diabetes Self-Management Program based on a model from Stanford University with sponsorship from the Isothermal Area Council on Aging. This program is most often held at the Neal Senior Center in Shelby and the Patrick Senior Center in Kings Mountain.

Cancer

Cancer – all sites – is considered the second leading cause of death in Cleveland County over two five-year reporting periods according to the North Carolina State Center for Health Statistics based on unadjusted death rates per 100,000 population. In 2013-2017 cancer for all sites in Cleveland County showed a rate of 252.3/100,000 population compared to a rate of 191.4/100,000 population for North Carolina as a whole where it was the leading cause of the death in the state. In the reporting period 2014-2018 cancer – all sites – again was the second leading cause of death in Cleveland County with a rate of 252.0/100,000 population compared to the state rate of 191.6/100,000 population. Cancer again in 2014-18 was the leading cause of

death in North Carolina. The chart below illustrates that Cleveland County's rates were consistently higher than those for North Carolina as a whole. Rates for males were higher for colorectal, pancreatic and lung cancers as well as prostate cancer for both the county and the state. The figures in yellow highlight Cleveland County's rates as higher.

Comparison – Sex-Specific Age-Adjusted Death Rates per 100,000

	Cleveland County 2013-2017				**North Carolina 2013-2017**			
	Male		Female		Male		Female	
	Deaths	Rate	Deaths	Rate	Death	Rate	Death	Rate
Cancer – all sites	665	245.6	559	156.4	51,125	201.3	45,100	137.5
Colorectal	69	25.9	51	14.8	4,148	16.4	3,794	11.5
Pancreas	47	17.7	29	7.6	3,375	13.0	3.132	9.4
Lung	186	66.1	164	45.4	15,612	59.7	11,837	35.6
Breast	0	N/A	82	23.0	0	N/A	6,728	20.9
Prostate	51	21.4	0	N/A	4,477	19.7	0	N/A
	Cleveland County 2014-18				**North Carolina 2014-18**			
Cancer – all sites	656	236.5	568	156.2	51,619	197.0	45,684	135.7
Colorectal	60	21.6	46	12.9	4,221	16.1	3,876	11.5
Pancreas	44	15.4	35	9.2	3,374	12.9	3,210	9.4
Lung	182	63.1	146	40.0	15,286	56.5	11,846	34.6
Breast	0	N/A	77	21.2	0	N/A	6,880	20.9
Prostate	49	20.2	0	N/A	4,654	19.7	0	N/A

Source: State Center for Health Statistics, North Carolina County Health Data Book, 2019 and 2020

Significant differences also exist in considering race/ethnicity in reviewing data for cancer. White, non-Hispanic males had higher rates of death from cancer than African-American males. White, non-Hispanic females had a lower overall death rate from cancer – all sites – but reported rates for colorectal, pancreatic and breast cancer while African-American females reported a rate only for lung cancer, having fewer than 20 cases in the other specific categories (noted as N/A).

Comparison – Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates per 100,000

2013-2017	**Cleveland County**				**North Carolina**				**Overall**
	White, Non-Hispanic		African-American, non-Hispanic		White non-Hispanic		African-American, non-Hispanic		
	Male Rate	Female Rate	Male Rate	Female Rate	Male Rate	Female Rate	Male Rate	Female Rate	Rate
Cancer – all sites	250.4	156.6	244.3	171.4	198.2	136.8	243.6	152.4	164.0
Colorectal	25.7	13.7	N/A	N/A	15.5	10.9	23.4	15.2	13.7
Pancreas	16.7	7.6	N/A	N/A	12.6	8.9	16.2	12.1	11.0
Lung	70.9	48.2	46.9	38.1	60.1	38.3	67.3	29.4	45.9
Breast	N/A	23.2	N/A	N/A	N/A	19.6	N/A	27.8	20.9
Prostate	19.6	N/A	N/A	N/A	16.8	N/A	38.2	N/A	19.7

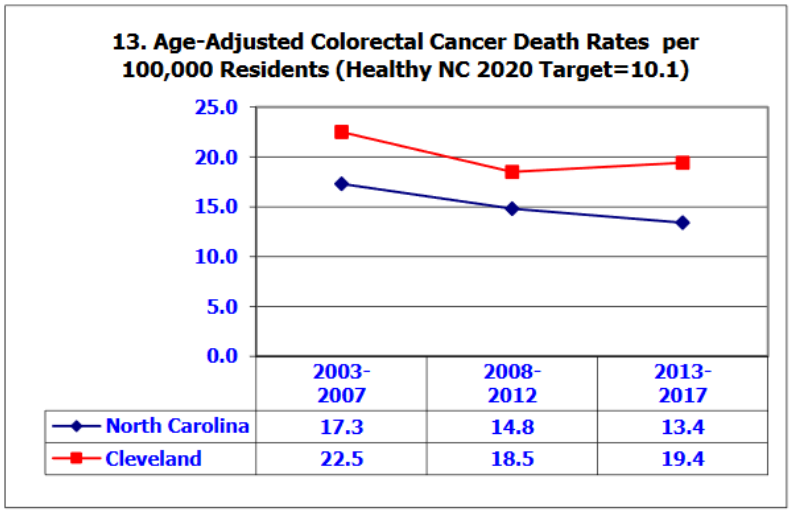
Comparison – Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates per 100,000

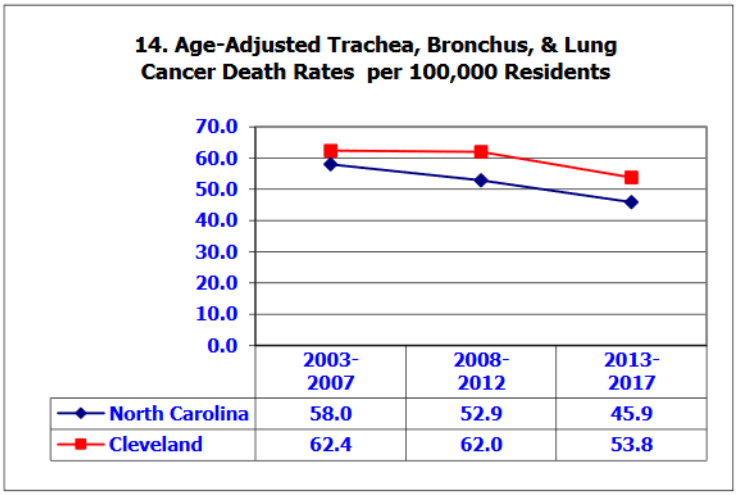
2014-2018	Cleveland County				North Carolina				Overall
	White, Non-Hispanic		African-American, non-Hispanic		White non-Hispanic		African-American, non-Hispanic		
	Male Rate	Female Rate	Male Rate	Female Rate	Male Rate	Female Rate	Male Rate	Female Rate	Rate
Cancer	240.7	158.2	237.6	161.0	194.2	135.1	237.8	149.7	161.3
Colorectal	22.2	11.3	N/A	N/A	15.4	10.9	22.1	14.9	13.6
Pancreas	14.4	10.0	N/A	N/A	12.5	9.0	16.1	11.7	11.0
Lung	67.3	41.9	50.5	36.5	57.0	37.2	63.2	28.5	44.1
Breast	N/A	21.4	N/A	N/A	N/A	19.7	N/A	27.0	20.9
Prostate	17.5	N/A	N/A	N/A	16.7	N/A	39.1	N/A	19.7

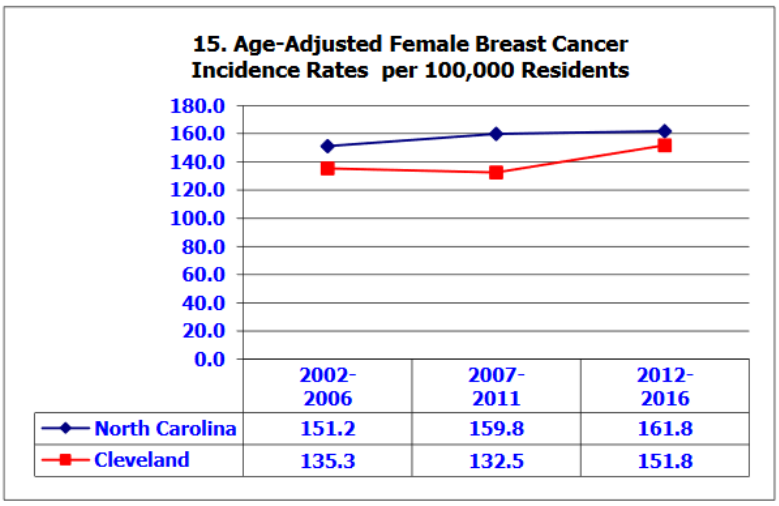
Source: State Center for Health Statistics, North Carolina Health Data Book, 2019 and 2020

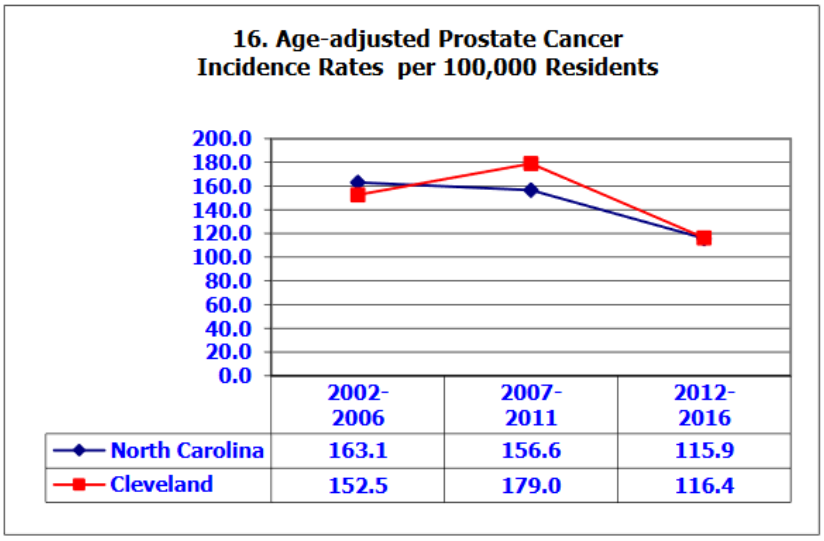
Multiple factors impact the higher death rates from cancer in Cleveland County. According to the 2019 County Health Rankings, the percentage of adults who report smoking has dropped from 24% in 2015 to 21% in 2019 yet individuals in the county report increased use of electronic cigarette devices. There is no county-wide policy to address tobacco use. Government buildings in Earl and Shelby are smoke-free, government vehicles in Grover and Shelby are smoke free and government-owned parks and recreation areas are smoke free in Kings Mountain. Vaping has become a problem area, especially with students. The 2019 PRIDE Student Drug Use survey revealed that 5% of 6th grade students, 30.3% of 9th grade students and 35.3% of 12th grade students reported vaping or e-cigarette use in the 30 days prior to completing the survey.

Data reported in the *North Carolina County Trends Reports in February 2019* developed by the North Carolina State Center for Health Statistics illustrate the gaps between North Carolina and Cleveland County death rates and prevalence of cancer.









Gaps exist in the incidence of prostate cancer and the death rates for colorectal cancer. The Levine Cancer Center located at Atrium Health-Cleveland offers a variety of screening events for these

four forms of cancer throughout the year and partners with the Minority Health Council of Cleveland County to raise awareness about these forms of cancer. A lung-cancer screening bus visits the county at least three times annually to try to reduce the incidence of lung cancer.

Projected Cancer Cases and Deaths for Cleveland County, 2019

	Lung/Bronchus	Female Breast	Prostate	Colorectal	Overall
Projected new cases	98	113	78	49	645
Projected Deaths	65	15	11	18	223

Source: North Carolina Central Cancer Registry

Clearly additional work remains, especially in the area of smoking cessation and reduction of vaping practices as well as improving diet and exercise options and increasing accessing to primary care, in order for cancer's impact on the health of Cleveland County residents to be diminished.

Maternal Health

Prenatal 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 Atrium Health. Between 2015 and 2018, there were 4,370 births in the county: 2,996 were white, non-Hispanic, 1,095 were African-American, non-Hispanic, 62 were identified as other, non-Hispanic and 217 were Hispanic. Several risk factors have been identified for Cleveland County regarding births.

Cleveland County Risk Factors for Resident Births – 2015 – 2018
Percent of Total Births

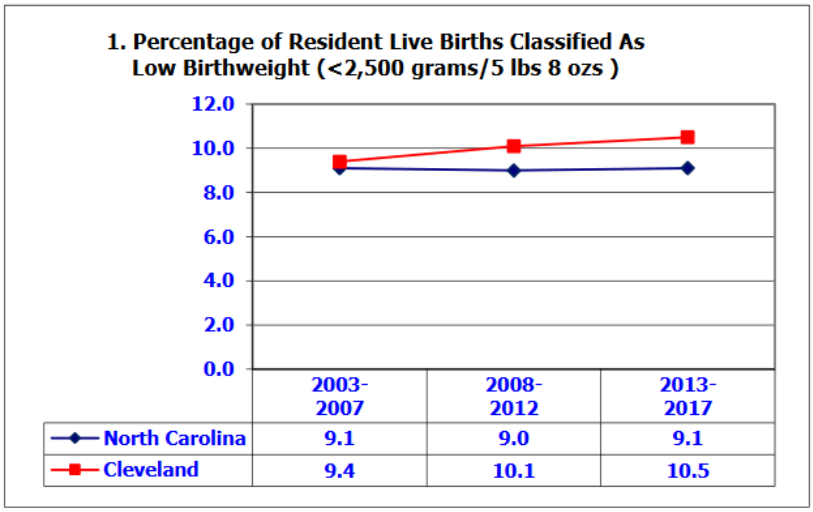
Risk Factor/Characteristic	2015	2016	2017	2018
1,500 grams or less	3.0%	2.1%	1.9%	1.5%
1,501-2,500 grams	8.8%	8.4%	9.6%	9.1%
Less than 37 weeks (preterm)	12.9%	11.3%	11.2%	10.8%
Mother under 18 years old	2.7%	2.1%	2.7%	2.7%
Mother over 35 years old	8.6%	7.9%	8.7%	9.2%
Mother unmarried	50.8%	53.0%	51.0%	52.1%
Care began first trimester	57.6%	55.9%	63.4%	64.1%
Care began second trimester	34.6%	37.5%	27.3%	26.8%
Care began third trimester	4.4%	3.9%	5.4%	5.7%
No prenatal care	1.8%	1.6%	2.4%	2.2%
Mother smoked	21.3%	18.8%	17.4%	16.3%
Gestational diabetes	8.6%	8.0%	8.2%	9.1%
Mother overweight (25.0 – 29.9)	24.2%	24.2%	25.0%	23.8%
Mother obese ((30.0+)	32.9%	32.4%	33.9%	35.4%

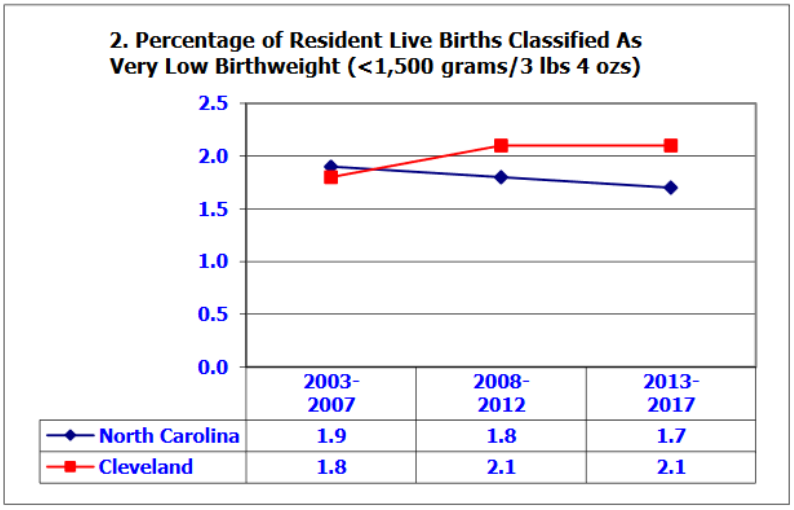
Source: State Center for Health Statistics, North Carolina County Health Data Book, 2017-2020

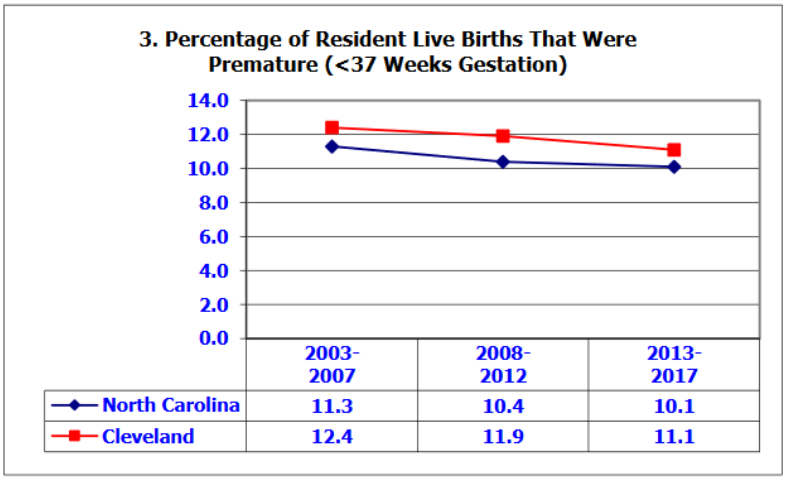
Just a snapshot of risk factors and characteristics of births for North Carolina as a whole from the State Center for Health Statistics reveals that in 2015, the state had fewer births at 1,500 grams or

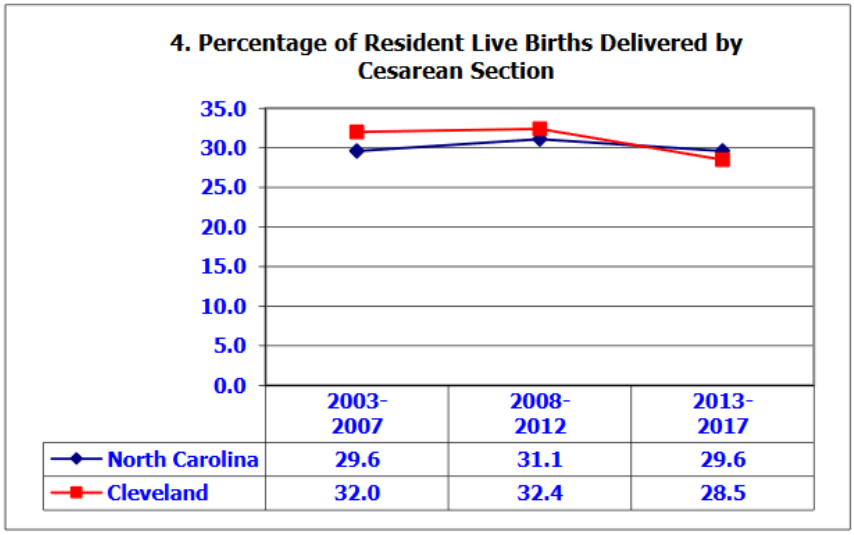
less (1.8%), fewer births at less than 37 weeks (10.2%), fewer mothers under age 18 (1.8%), fewer unmarried mothers (41.0%) more mothers beginning prenatal care during the first trimester (67.8%), fewer mothers who smoked (9.3%) and fewer mothers identified as obese (25.9%). By 2018, data for all state births revealed that total births in North Carolina had fewer births between 1,500-2,499 grams (7.6%), fewer mothers under 18 (1.4%), fewer unmarried mothers (40.9%), more mothers beginning prenatal care in the first trimester (68.0%), fewer mothers who smoked (8.4%) and fewer mothers identified as obese (29.0%).

Data reported in the *North Carolina County Trends Reports in February 2019* developed by the North Carolina State Center for Health Statistics illustrate the gaps between North Carolina and Cleveland County in several critical factors affecting prenatal care.









A crucial factor in supporting healthy pregnancies is the availability of Medicaid and WIC services to mothers during their pregnancy. The following chart compares the percentage of Cleveland County recipients of Medicaid and WIC services to recipients in North Carolina.

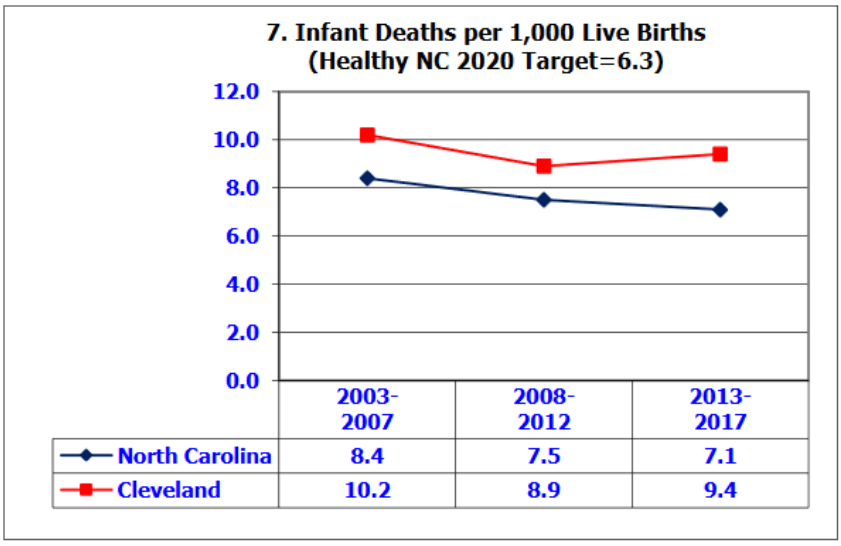
Comparison: Cleveland County to North Carolina
Percentage of Mothers Receiving Prenatal Medicaid and WIC Services

	2015		2016		2017		2018	
	County	NC	County	NC	County	NC	County	NC
Prenatal Medicaid	71.0%	48.1%	72.0%	47.7%	72.2%	48.4%	71.6%	48.1%
Emergency Medicaid	0.6%	6.8%	1.1%	7.0%	1.4%	6.6%	0.9%	6.1%
Non-Medicaid	28.4%	45.2%	26.8%	45.3%	26.4%	45.0%	27.5%	45.8%
Prenatal WIC	58.7%	45.4%	60.4%	43.4%	60.7%	42.3%	58.6%	39.9%
No Prenatal WIC	41.3%	54.6%	39.6%	56.6%	39.3%	57.7%	43.4%	60.1%

Source: State Center for Health Statistics, Vital Statistics, 2015-2018

Resident birth risk factors for Cleveland County affect the infant mortality rate for the county. Over the past four years, the infant mortality rate for Cleveland County has been higher than the North Carolina rate based on data from the State Center for Health Statistics, Vital Statistics Reports for 2015-2018. In 2015 the state infant mortality rate was 7.3 per 1000 live births compared to Cleveland County with **nine** infant deaths and a rate of 8.3 per 1000 live births. In 2016, the state infant mortality rate was 7.2 per 1000 live births compared to Cleveland County with **eleven** infant deaths and a rate of 10.4 per 1000 live births. In 2017 the state's infant mortality rate was 7.1 compared to Cleveland County with **eleven** infant deaths and a rate of 10.3 per 1000 live births. Finally, in 2018 the state's rate was 6.8 per 1000 live births compared to Cleveland County with **eleven** infant deaths and a rate of 9.5 per 1000 live births.

Data reported in the *North Carolina County Trends Reports in February 2019* developed by the North Carolina State Center for Health Statistics illustrate the gaps between North Carolina and Cleveland County regarding infant mortality.



Of greater concern is the disparity ratio between the infant mortality rates between white non-Hispanics and African-American non-Hispanics based on four-year time frames: 2015 on data from 2011-2015, 2016 on data from 2012-2016, 2017 on data from 2013-2017 and 2018 on data from 2014-2018.

Comparison Infant Mortality Racial Disparities

	2015		2016		2017		2018	
	CC	NC	CC	NC	CC	NC	CC	NC
Non-Hispanic White Rate	5.2	5.5	5.4	5.4	6.6	5.3	7.2	5.2
Non-Hispanic African-American Rate	21.1	13.0	18.0	13.0	18.1	12.7	14.9	12.7
Disparity Ratio	4.06	2.41	3.33	2.41	2.74	2.40	2.2	2.44

Source: State Center for Health Statistics, Vital Statistics, 2015-2018

In 2015 the infant mortality rate for African-American non-Hispanics was four times higher than that for non-Hispanic whites. For 2016 and 2017 the rate for African-American non-Hispanics continues to be at least three times higher but in 2018 was only twice as high as that for non-Hispanic whites. Clearly this identified disparity must be addressed in future planning for prenatal care programming. Health behaviors such as smoking, unhealthy diet and physical inactivity have also impacted the health status of babies and mothers at birth. Smoking especially during pregnancy increases the chance of serious problems such as fetal loss, preterm and low birth weight babies and cases of Sudden Infant Death Syndrome. Programs such as the Nurse-Family Partnership with its intensive services to first-time, low-income mothers focus on prenatal care as well as support to the mother until the baby's second birthday. Cleveland County's NFP Program has served 537 participants since the program began in march 2009 with 192 individuals graduating from the program. The Cleveland County Public Health Center also offers CMHRP or Case Management for High Risk Pregnancies providing supportive services to pregnant women up to two months after delivery.

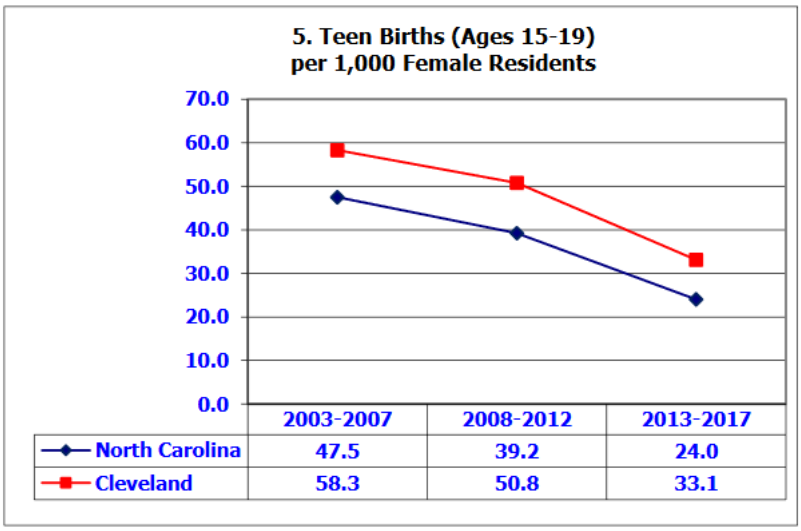
Teen Pregnancy

Teen pregnancies among females 15-19 years of age was first identified as a health issue in Cleveland County as early as 2007 when the pregnancy rate for ages 15-19 overall was 71.8 per 1000 females and the rate for African-American teens was 108.9 per 1000. The Cleveland County Health Department at that time convened a community task force to address this issue while working with a broad base of community stakeholders. The task force developed into the Teen Pregnancy Prevention Coalition which has been instrumental in supporting the implementation of comprehensive, medically-accurate, age-appropriate reproductive health and safety education programs in Cleveland County Schools. In 2015 the Cleveland County Public Health Center was awarded an Adolescent Pregnancy Prevention Program grant from the Teen Pregnancy Prevention Initiative of North Carolina to fully implement such a program. Using the *Wise Guys* curriculum for 9th grade male students and the *Smart Girls* curriculum for 8th grade female students, health educators met three target outcomes consistently in the first four years of the grant. The outcomes included (1) increase in knowledge that supports the prevention of pregnancy and/or STIs with a target of 50% and an outcome of 77%, (2) increase in attitudes and beliefs that support the delay of sexual activity for the prevention of pregnancy and/or STIs with a target of 35% and an outcome of 47% and (3) increase in attitudes and beliefs that support the use of condoms for the prevention of pregnancy and/or STIs with a target of 55% and an outcome of 59%. This grant was renewed beginning in the 2019-2020 fiscal year but using the *Making Proud Choices* (5th edition) curriculum and focusing only on 8th grade students at the request of Cleveland County Schools administration. Results from the current year's programming are on hold since schools closed in March, 2020, due to the COVID-19 pandemic.

An analysis of data from the State Center for Health Statistics shows in 2015 Cleveland County had 105 pregnancies among girls 15-19 for a rate of 32.5/1000 females ages 15-19 compared to a state rate of 30.2 in that same year. In 2016 Cleveland County had 117 pregnancies among girls ages 15-19 for a rate of 36.1 compared to a state rate of 28.1/1000 females. With 116 pregnancies in 2016, Cleveland County's rate increased to 36.1/1000 females while the state rate decreased

again to 26.7/1000 females. Data for 2018 shows 108 pregnancies in Cleveland County for a rate of 34.5/1000 females ages 15-19 compared to a state rate of 24.6/1000 females in the same age group.

Data reported in the *North Carolina County Trends Reports in February 2019* developed by the North Carolina State Center for Health Statistics illustrate the gaps between North Carolina and Cleveland County in teen birth rates.



A disparity continues to exist between the rates for non-Hispanic whites and non-Hispanic African-American teens in this age group. The disparity was high in 2020 when the rate for all teen pregnancies was 56.2/1000 but was 88.2/1000 for African-American teens. While this gap has narrowed, the disparity still exists today as shown in the chart below. This particular issue also remains a focus area for the work of the Minority Health Council of Cleveland County.

Comparison Teen Pregnancy Rates by Race/Ethnicity

Rate per 1000 females, 15-19 years of age	Total Rate		White, non-Hispanic Rate		African-American, non-Hispanic rate	
	CC	NC	CC	NC	CC	NC
2015	32.5	30.2	30.0	21.3	37.3	41.1
2016	36.1	28.1	34.7	19.4	40.3	48.8
2017	36.1	26.7	32.4	17.6	46.7	36.8
2018	34.5	24.6	38.7	16.1	48.1	33.7

Source: SHIFT NC and State Center for Health Statistics, 2016-2019

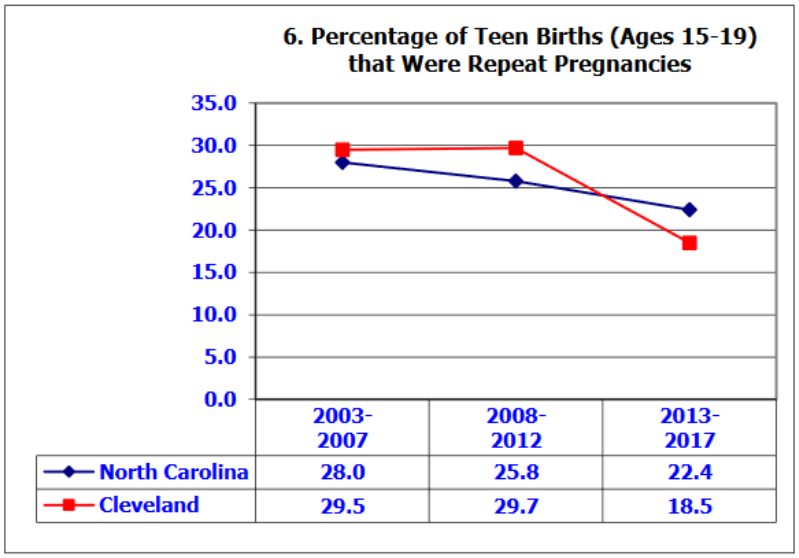
Data from SHIFT NC and the State Center for Health Statistics has shown that both the number and percentage of repeat pregnancies among teens ages 15-19 in Cleveland County declined in 2015, 2017 and 2018 with a slight uptick in 2017. The percentage of repeat pregnancies in the county was also lower than that of the state in those same years with an increase in 2017.

Comparison of Repeat Pregnancy Rates – Cleveland County and North Carolina

	Cleveland County # of repeat pregnancies	Cleveland County %	North Carolina %
2015	16/105	15.2	22.7
2016	24/117	20.5	22.1
2017	24/116	20.7	22.2
2018	20/108	18.5	21.8

Source: SHIFT NC and State Center for Health Statistics, 2016-2019

Data reported in the *North Carolina County Trends Reports in February 2019* developed by the North Carolina State Center for Health Statistics illustrate the gaps between North Carolina and Cleveland County in teen birth that were repeat pregnancies.



Sexually Transmitted Disease

Sexually transmitted diseases remain a serious public health issues in Cleveland County, in North Carolina and across the southeastern United States. While great emphasis has been placed to diagnosis, treatment and management of HIV and AIDS, less attention has been directed toward chlamydia, gonorrhea, and syphilis even though the Centers for Disease Control and Prevention have reported these as having the highest number of cases in the United States.

State rates for chlamydia in 2015 were 542.1/100,000, 572.8/100,000 in 2016, 613.3/100,000 in 2017 and 643.0/100,000 population in 2018. State rates for gonorrhea were 66.3/100,000 in 2015, 125.2/100,000 in 2016, 229.8/100,000 in 2017 and 267.9/100,000 population in 2018. Rates for syphilis in 2016 were 18.7/100,000, 18.7/100,000 in 2017, and 18.4/100,000 in 2018. State rates for newly diagnosed HIV were 15.9/100,000 in 2015, 16.3/100,000 in 2016, 15.1/100,000 in 2017 and 13.9/100,000 population in 2018. Data for chlamydia, gonorrhea and syphilis is from the North Carolina electronic Disease Surveillance System as of May, 2019. Data for HIV if from the enhanced HIV//AIDS Reporting System as of June 26, 2019.

Cleveland County has been no exception to the state and national trends for chlamydia, gonorrhea and syphilis, with significant increases among individuals ages 10-19 and 20-29 years of age and distinct disparities between total cases in the population and the percentage of cases that are African-American, non-Hispanic.

Comparison Data for Sexually Transmitted Diseases in Cleveland County

Chlamydia	Total Cases	Rate/100,000	% 10-19	% 20-29	Total African-American Cases	% African-American
2015	488	503.8	32.6%	59.8%	225	46.1%
2016	508	523.2	35.3%	55.9%	204	40.2%
2017	567	582.5	34.2%	55.4%	273	48.1%
2018	665	681.0	37.1%	51.1%	338	50.8%

Gonorrhea	Total Cases	Rate/100,000	% 10-19	% 20-29	Total African-American Cases	% African-American
2015	150	156.9	23.3%	60.6%	96	64.0%
2016	254	261.5	23.6%	61.8%	134	52.8%
2017	348	357.5	23.6%	54.6%	202	58.0%
2018	414	424.0	26.6%	45.9%	229	55.3%

Syphilis	Total Cases	Rate/100,000	% 10-19	% 20-29	Total African-American Cases	% African-American
2015	8	8.3	12.5%	25.0%	3	37.5%
2016	6	6.2	0	33.3%	5	83.3%
2017	8	8.2	25.0%	37.5%	7	87.5%
2018	8	8.2	0	50.0%	6	75.0%

HIV by year of diagnosis	Total Cases	Rate/100,000	% 10-19	% 20-29	Total African-American Cases	% African-American
2015	9	9.3	0	22.2%	4	44.4%
2016	9	9.3	11.1%	33.3%	5	55.5%
2017	12	12.3	8.3%	50.0%	10	83.3%
2018	8	8.2	0	25.0%	6	75.0%

Use caution when interpreting reported numbers less than 10 and corresponding rates based on these numbers.
Source: North Carolina Electronic Disease Surveillance System (NC EDSS) – data as of May 1, 2019

Questions have been asked about the high rates of sexually transmitted diseases in the county, especially regarding the incidence of chlamydia and gonorrhea. While comprehensive reproductive health and safety education is provided to all 8th grade students in the county through

the CCPHC Health Education unit, the most difficult-to-reach population lies within the 20-29 year-old-age group. Questions for this age group include (1) is there an increased number of individuals in this age group participating in high risk behaviors and (2) do they lack basic knowledge about sexually transmitted diseases? Overall, a third questions might be "are we more efficient in reporting incidents of STDS leading to higher rates being reported for the county?" While no answers yet exist, staff members at CCPHC have launched several projects to address higher STD rates in the county. First staff published and distributed posters defining the "Roadmap to STD Testing" in the county highlighting how to access testing at CCPHC and what exactly happens in the process (including projected time frames for each step). Second, staff members have developed and implemented a series of season STD posters and flyers featuring facts about STDs and accessing care in Cleveland County that are posted in public areas, exam rooms and restrooms throughout the facility. This series of posters is also available for posting in other facilities such as the Law Enforcement Center, school-based health centers and agencies in the county. Packets of free condoms are available at the front desk of the CCPHC facility and distributed to housing authority offices, physician practices (especially the CLECO clinic sites), barber and beauty shops and providers of substance abuse services. Finally, health education and STD clinic staff are available for presentations on STDs to any agencies or programs requesting this information.

Physical Activity and Nutrition/Overweight and Obesity

Overweight and obesity are issues complicating the diagnosis, treatment and management of chronic diseases, especially cardiovascular disease and diabetes, in the county and negatively affect pregnant women.

According to the 2019 county health rankings, 31% of adults in Cleveland County are considered obese (BMI of 30+), a number that has remained fairly constant over the ten years that the rankings have been published. The Physical Activity and Nutrition Data Profile for Cleveland County published by the Community & Clinical Connections for Prevention and Health Branch of the NC Division of Public Health in 2018 indicated that 33% of adults (age 20 and older) reported a body mass index greater than or equal to 30 kg/m2. Issues of overweight and obesity are two major factors reported for births in Cleveland County:

Birth Risk Factor	2015	2016	2017	2018
Mother overweight (25.0 – 29.9)	24.2%	24.2%	25.0%	23.8%
Mother obese ((30.0+)	32.9%	32.4%	33.9%	35.4%

Source: State Center for Health Statistics, North Carolina County Health Data Book, 2017-2020

The trend of identifying overweight and obesity continues in reporting for children in 2018. 14% of 2-4 year old children in the county were defined as overweight (BMI 25.0-29.9) and 13% of 2-4 year old children were identified as obese (BMI 30+). This reporting also comes from the Physical Activity and Nutrition Data Profile for Cleveland County. Overweight and obesity are issues complicating the diagnosis, treatment and management of chronic diseases, especially cardiovascular disease and diabetes, in the county and negatively affect pregnant women.

The amount of support for healthy eating in the local food environment is measured by the percentage of people with limited access to healthy foods and the percentage of people with food insecurity with 0 as worst and 10 as best. The measure for Cleveland County is 6.9 compared to the county average for North Carolina at 7.5. According to the 2019 county health rankings 7% of Cleveland County residents have limited access to healthy foods and 15% of households suffer from food insecurity. The 2015 CHA identified 66.97% of students were participating in the free/reduced lunch program in Cleveland County Schools. Data provided by Child Nutrition Services in Cleveland County Schools indicates that 58.3% of students enrolled in grades K-12 or 8,442 students participated in the free and reduced lunch programs in 2018 with the percentage of participation 57.57% during the 2018-19 academic year. The Cleveland County Department of Social Services issued $29,409,598 worth of food assistance to an average of 21,193 families and children, elderly and disabled adults in fiscal year 2016-17 and $28,246,670 worth of food assistance to a monthly average of 18,281 families and children, elderly and disabled adults in the county in fiscal year 2017-18. Data reported in fiscal year 2018-19 identified a monthly average of 19, 372 families and children, elder and disabled adults receiving food assistance totaling $27,113,072.00. The Women, Infants, Children supplemental food program serves an average of 2,682 individuals each month. In fiscal year 2017-18, WIC vouchers were used to purchase $1,980,958.55 worth of food for participants in Cleveland County.

Physical activity plays a positive role in the prevention and control of chronic diseases and conditions which are among the leading causes of death in Cleveland County. 29% of adults over 20 in Cleveland County report physical inactivity as defined as having no leisure time activity. Participants in the 2019 community survey indicated that 34.5% only exercise 1-2 days per week and 17.11% reported no exercise at all on a weekly basis. While there are recreational facilities across the county, transportation and costs leave many adults and children with limited ability to become physically active, potentially impacting their overall physical health.

Mental Health

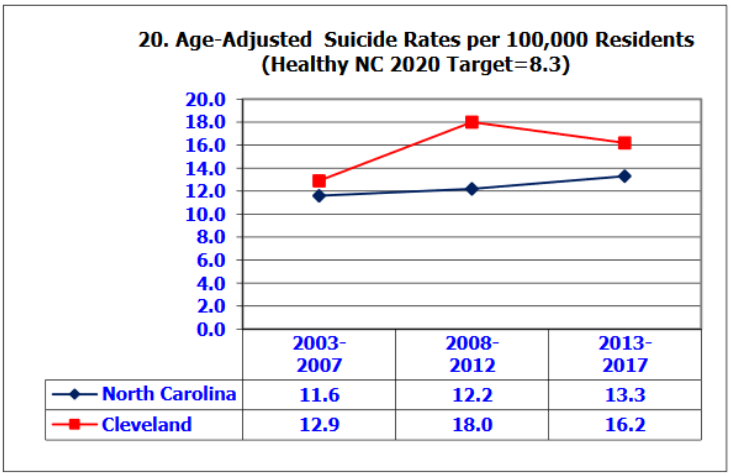
Cleveland County lies within an area served by Partners Behavioral Health Management, one of seven LME-MCOs created by the state of North Carolina to manage services for mental health, developmental disabilities and substance abuse. Partners serves an eight-county catchment area and in FY 2016-17 served 49,780 individuals. Of the total number of persons served, 5,874 or 11.8% were from Cleveland County. In the eight-county catchment area, 3,011 children and 34,862 individuals were served for mental health issues, 433 children and 1,435 adults were served for developmental disability issues and 18 children and 9,602 adults were served for substance abuse issues.

Services in Cleveland County are centered in the Ollie Harris Behavior Health Center Hub co-located on the campus of the Cleveland County Public Health Center. This hub has offered a range of mental health and substance abuse services to county residents through contracts with private providers though fiscal constraints have recently limited access to services. Partners also operates through contract a Crisis Recovery Center, a 16-bed locked facility-based crisis program including an evaluation center with law enforcement, peer support, nursing and clinical staff. The Crisis Recovery Center treats an average of 50 people per month and less than 5% are transferred to an

emergency room or referred to inpatient hospitalization. Advocacy for mental health issues is provided by the Mental Health Association of Cleveland County which offers prescription assistance, housing assistance and support group facilitation.

An increase in the measure of community survey participants reporting depression or anxiety occurred between the 2015 survey of 27.22% and the 2019 survey of 34.73%. With limited access to both public and private providers of mental health services, it was not a surprise that 9.52% of participants in the 2019 community survey identified mental health issues as a major factor affecting the quality of life in Cleveland County, 9.24% individual that mental health services was their first priority as a community service needing improvement. When asked on what health behavior do residents of Cleveland County need more information, 14.53% responded "mental health disorders" with related issues of anger management (2.56%), stress management (3.85%) and suicide prevention (1.0%) also identified. Participants also identified mental health issues at 11.06% and suicide prevention at 6.43% as issues about which youth need more information. When asked on the community survey "In the past 30 days have there been any days when feeling sad or worried kept you from going about your normal business", 20% of participants answered yes. Data from the 206 County Health Rankings indicated that county residents reported have 3.9 poor mental health days in the preceding 30 days while the 2019 County Health Rankings indicated that residents identified have 4.4 poor mental health days during the preceding 30 days as well.

More critical is the information reported by survey participants on thoughts of suicide: 1.74% in the last 30 days, 1.45% in the last six months and 11.0% in the last twelve months. Suicide is the 3rd leading cause of death reported among Cleveland County residents ages 20-39 years age group and the 9th leading cause of death among individuals 40-64 years of age in 2014-2018. Among North Carolina residents in the same time period, suicide was the 6th leading cause od death among the 0-19 years age group, the 3rd leading cause of death among the 20-39 years age group and the 8th leading cause of death among the 40-64 years age group. This data is based on unadjusted death rates per 100,000 population by the State Center for Health Statistics County Health Data Book for 2020. Data reported using race/ethnicity and sex-specific age-adjusted death rates per 100,000 population reveal that among white males in Cleveland County the rate for suicides is 27.1 compared to the rate for North Carolina at 26.9 during 2014-2018. Comparable reports for white females in Cleveland County show a suicide rate of 22.1 compared to that for North Carolina at 8.5 per 100,000 population. Numbers for the African-American, non-Hispanic and Hispanic communities in Cleveland County were fewer than 20 and therefore have no rates reported.



Source: State Center for Health Statistics, North Carolina County Trends Reports, February 2019

Substance Misuse and Abuse

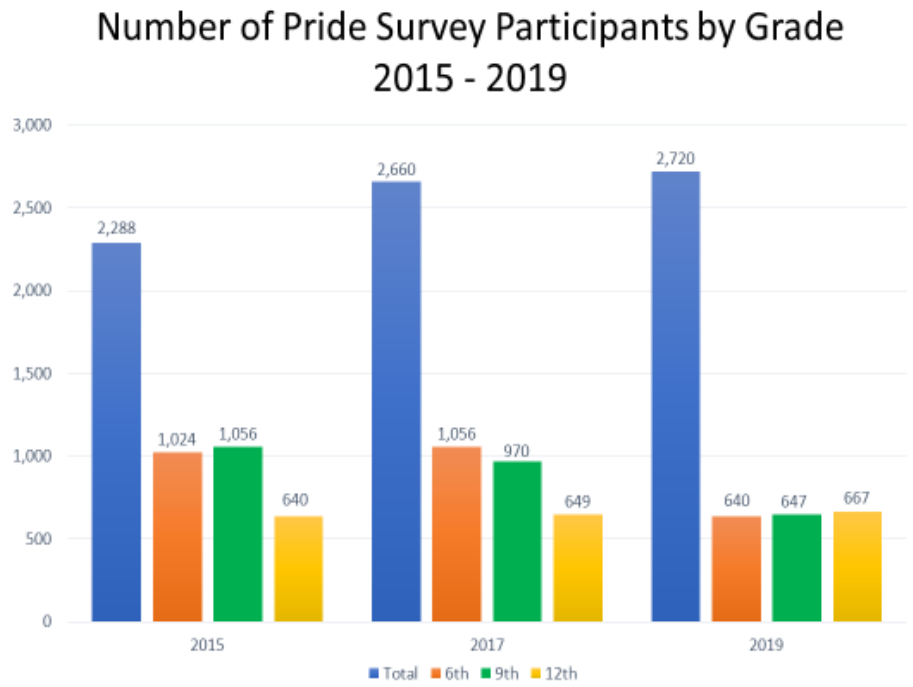
Substance misuse and abuse has been a priority issue identified in both the 2011 and 2015 Community Health Assessments. Because this issue has its roots in individual behavioral choices, programming in Cleveland County has been focused on changing community norms about the misuse and abuse of tobacco, e-cigarettes, alcohol, marijuana and prescription drugs. The 2015 Community Health Action Plan on Substance Abuse Prevention included programming delivered in school and church settings, grant-funded initiatives focusing on prescription medication abuse and underage drinking, the work of a strong community coalition collaborating with law enforcement agencies to encourage proper disposal of prescription medications and "don't buy, don't supply" campaigns, the development of a student-led coalition to change behaviors in youth peer groups, building support from elected officials to address the increases in opioid misuse and participation in regional, state and national coalitions addressing substance misuse and abuse.

The Substance Abuse Prevention Coalition (SAPC) has grown since inception in 2008 as a local, community-based coalition working to reduce youth substance abuse in Cleveland County. SAPC's mission is to bring Cleveland County together for the common goal of reducing youth substance abuse through providing education and improving community conditions. By analyzing the results of the PRIDE Student Drug Use Surveys and Community Health Assessment results, SAPC identifies youth substance abuse issues and develops evident-based strategies to address them. Currently SAPC members include active participation from 12 sectors of the community including schools, healthcare providers, youth-serving organizations, law enforcement, faith communities, parents and youth.

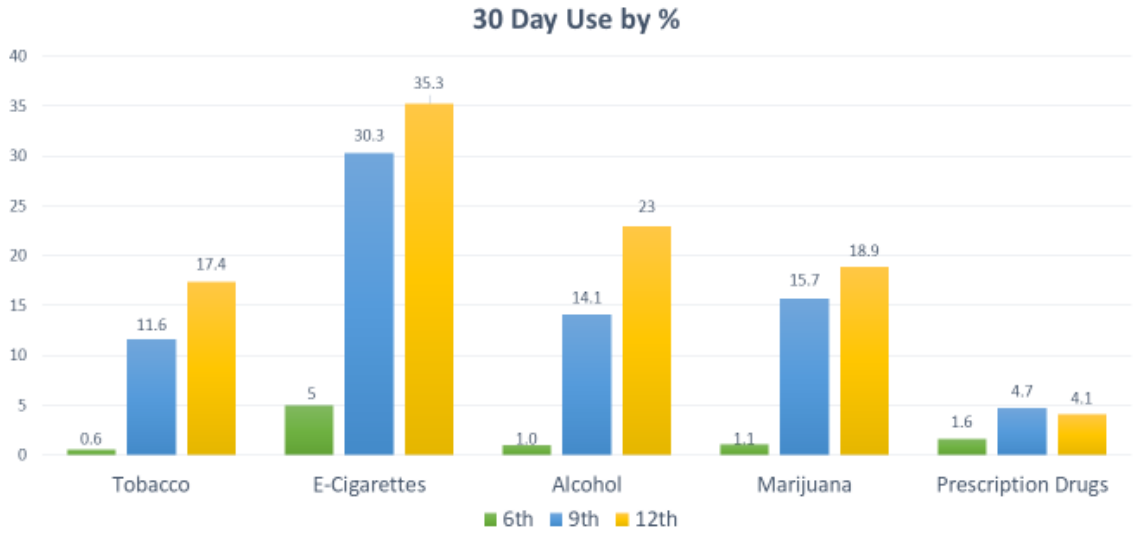
A major factor in addressing youth substance abuse has been the ability of the Cleveland County Public Health Center to win grant funding for specific initiatives. Both the state funded grants – Strategic Prevention Framework-Partnership for Success and the Substance Abuse Prevention and Treatment Block Grant – focus on substance use among youth, providing support for classroom-based substance abuse prevention education as well as youth-centered activities. The federally-funded Drug Free Communities (DFC) grant, first awarded in 2015, strengthens

collaboration among community entities and works to reduce youth substance abuse. The DFC program has focused on the reduction of underage drinking, vaping, marijuana and prescription drug use among youth in Cleveland County. Since 2015 the use of tobacco, alcohol, marijuana and prescription drugs, as reported by 12th grade students in Cleveland County, has decreased an average of 4.1% overall.

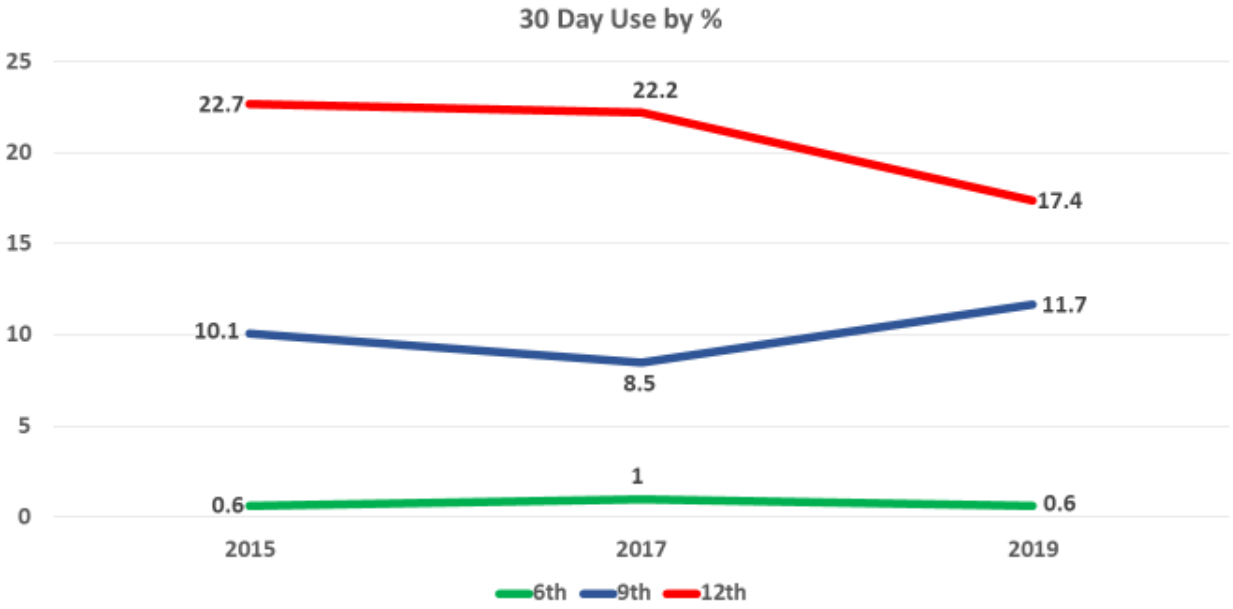
In collaboration with the Drug Free Communities grant, CCPHC and Cleveland County Schools conduct the PRIDE Student Drug Use Survey every two years to gather information about trends in substance abuse among youth. A comparison of data collected in the 2015, 2017 and 2019 surveys follows highlighting percentages of past 30-day use in the 2019 survey as well as trend data highlighting 30-day use for tobacco, e-cigarettes, alcohol, marijuana and prescription drugs. A final chart identifies a comparison for all substances over the three surveys identifying trends among 12th grade students only as an indicator of future risky behaviors as adults.



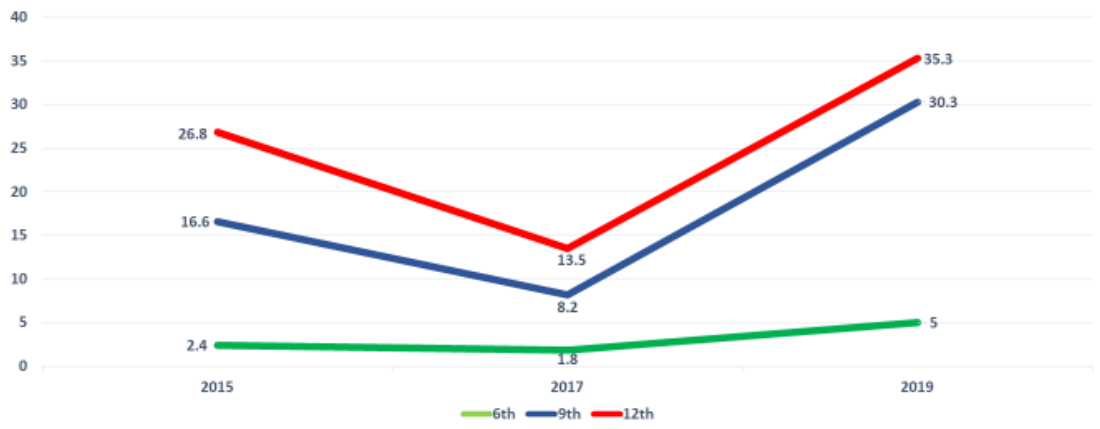
2019 - 30 Day Use: Tobacco, E-Cigarettes, Alcohol, Marijuana and Prescription Drugs



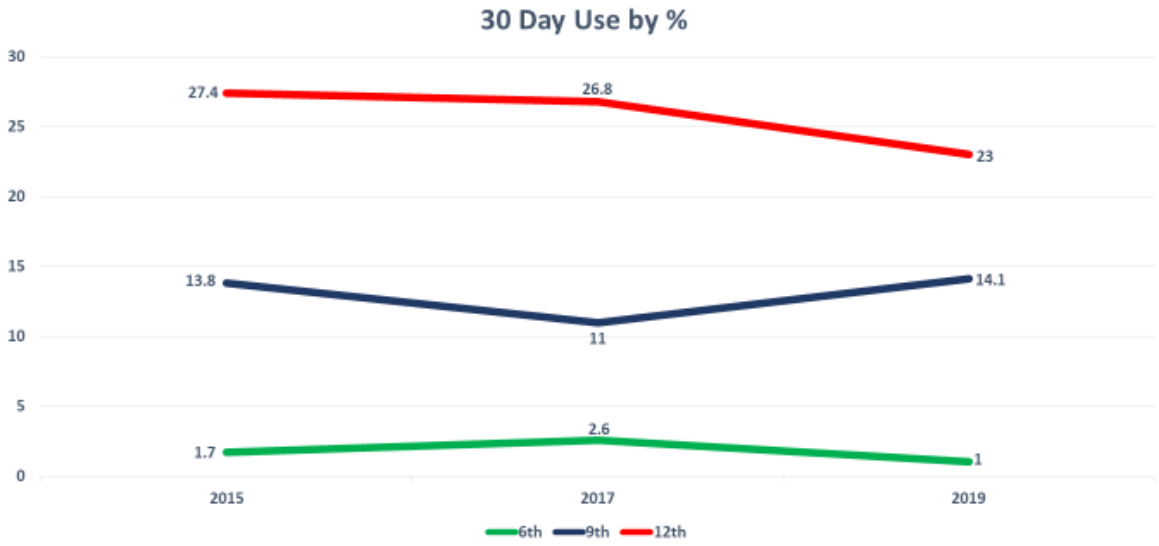
30 Day Tobacco Use Trends: 2015 - Current



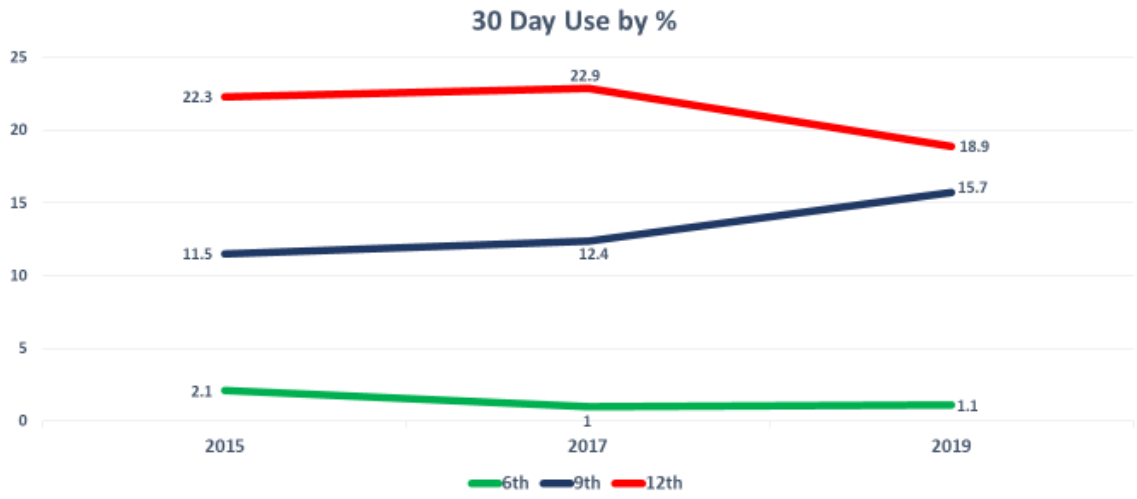
30 Day E-Cigarette Use Trends: 2015-2019



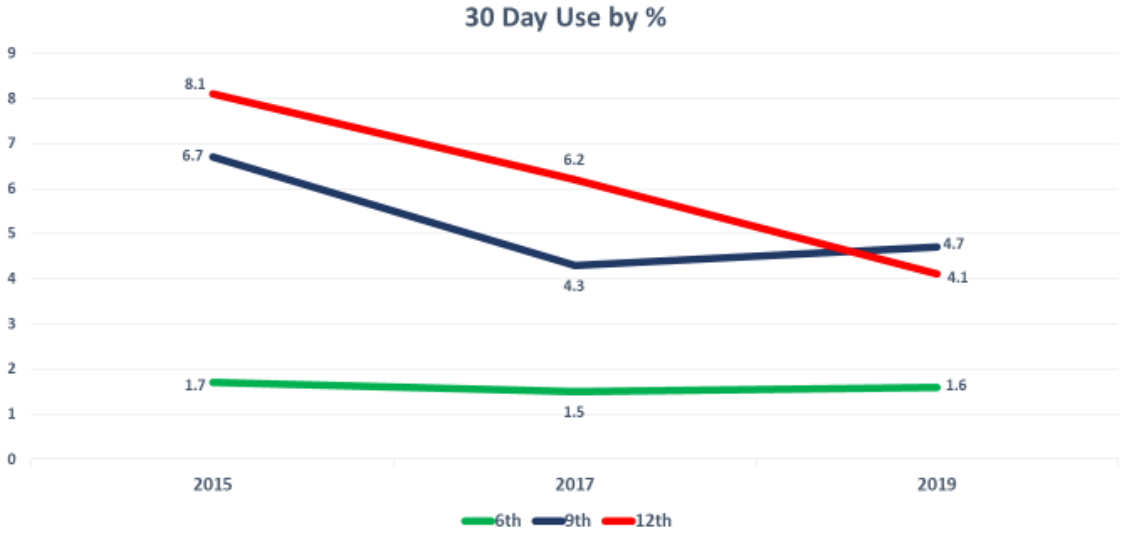
30 Day Alcohol Use Trends: 2015 - 2019

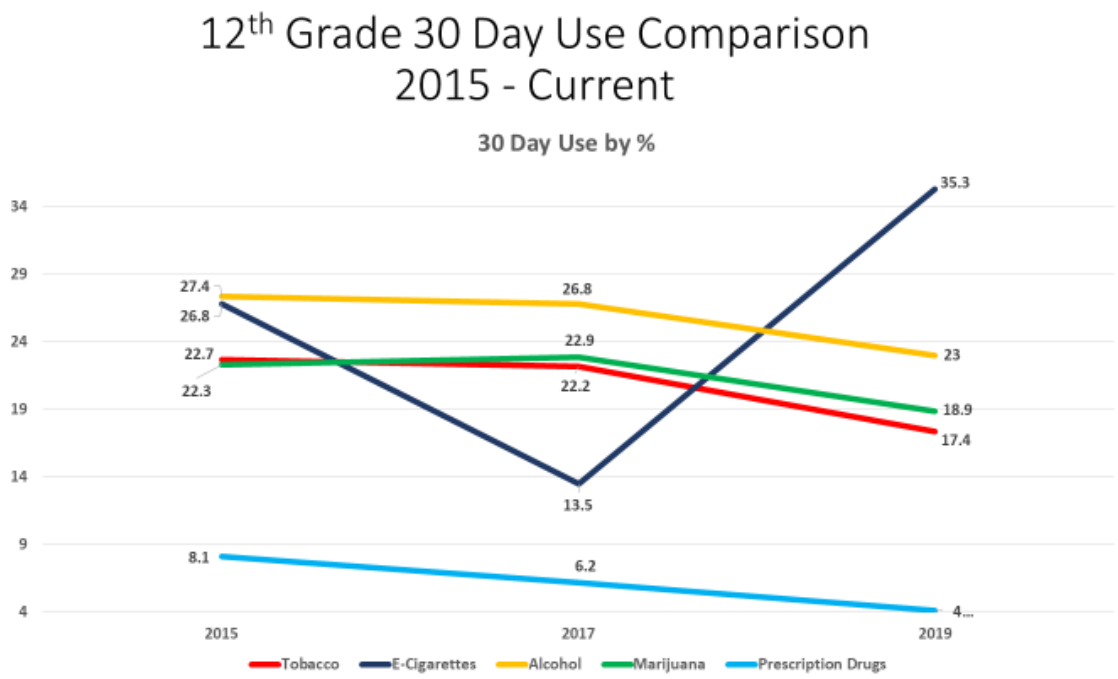


30 Day Marijuana Use Trends: 2015 to 2019



30 Day Prescription Drug Use Trends: 2015 - 2019





All data in the charts was compiled, analyzed and graphed by the DFC coordinator for Cleveland County, Jamie Todd.

Cleveland County is a gateway between major metropolitan areas and proximity to interstates and highways supports major drug trafficking throughout this area. Areas with high poverty rates like Cleveland County are affected by methamphetamine, heroin, prescription opioid and cocaine use. The use of these substance also generally correlates with annual crime rates, especially for property crimes.

In 2018 Cleveland County experienced a 31% increase in unintentional overdose deaths. This included nine opioid poisoning deaths, a 25% increase from the previous year. Heroin and cocaine accounted for four overdose deaths each in 2018 when no deaths had been attributed to these substances in 2017. Methamphetamine overdose deaths also increased from one in 2017 to four in 2018 while synthetic opioid overdose deaths increased from four in 2017 to six in 2018. Emergency department visits related to heroin overdoses increased 13% in 2018. Substance abuse puts an enormous strain on law enforcement resources in the county. Estimates as high as 80% for criminal activity and calls for service are reported by law enforcement agencies to be related to substance abuse. Overdoses are a common occurrence during patrols and dealing with substance abuse issues often takes an officer off the road for hours and leaves shifts shorthanded.

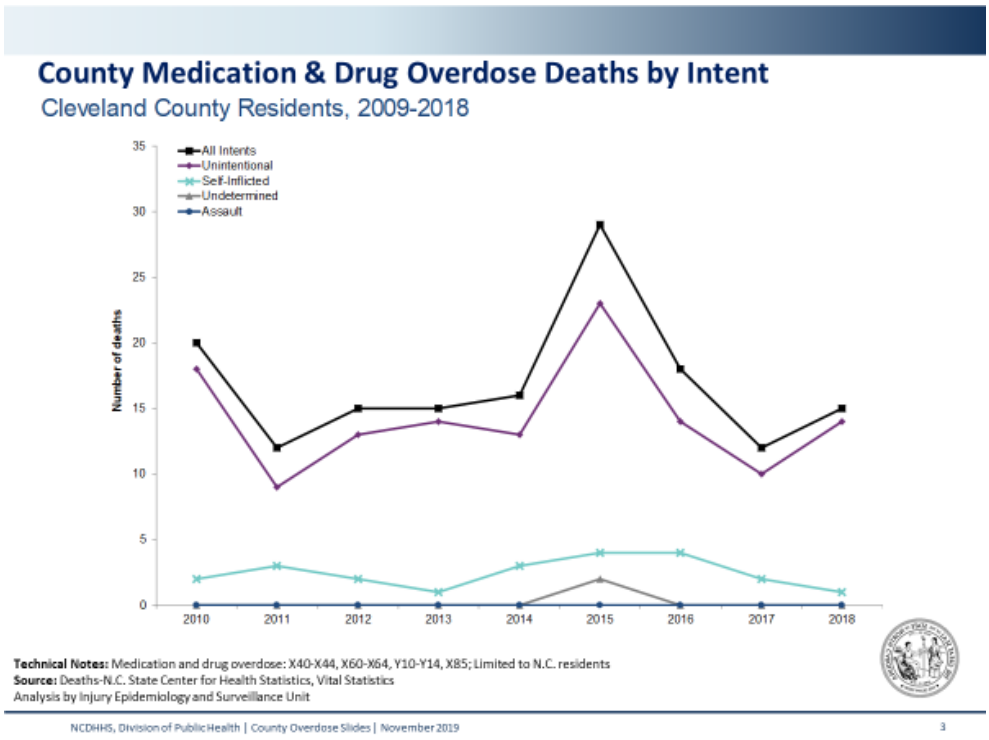
In addition to drug overdose deaths, alcohol-related deaths in Cleveland County are above the state average according to the North Carolina Injury and Violence Prevention Branch. In 2017 there were 40 alcohol-related deaths in Cleveland County, down from 51 deaths in 2016 but still above the state average of 39 deaths per year. In 2017 28% of all fatal motor vehicle crashes in North Carolina involved alcohol according to the North Carolina Department of Transportation. In

Cleveland County, there were 12,531 car crashes from 2013 to 2017. 75 of these crashes results in a fatality and of these crashes, 27% involved alcohol. Alcohol-related Emergency Department rates are slightly below the state average in Cleveland County with a county rate of 317/100,000 compared to the state rate of 322 visits per 100,000 population. 41.2% of participants in the 2019 community survey reported no consumption of alcohol with 22.6% reporting daily or weekly consumption.

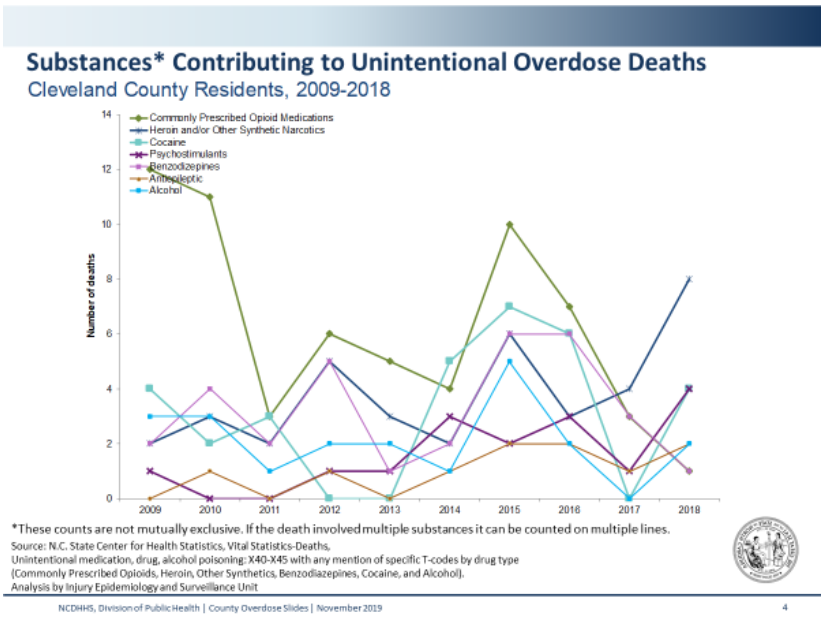
Substance abuse work has focused on the misuse and abuse of prescription medications over the past four years. The Board of Commissioners for Cleveland County has made opioid abuse a focus of their goals for community wellness in their strategic planning for the county. The Substance Abuse Prevention Coalition has partnered with staff members at the Cleveland County Public Health Center and law enforcement agencies in the county to install nineteen medication take-back boxes at various sites throughout the county as well as sponsoring three medication take-back events annually. In 2018 the Cleveland County Sheriff's Office reported collecting 2,552.96 pounds of medications using the boxes and special events with an estimated street value of $16,390,000. Participants in the 2019 community survey were asked four specific questions regarding the use of prescription medications and illicit drugs. Only 3.70% reported using marijuana in the past year and only 1.18% reported using a prescription drug in a way other than it was prescribed for use. When asked if they or someone they knew had been personally impacted by opioid use (painkillers, heroin, fentanyl), 27.89% responded yes compared to the responses from focus group participants at 36.5% for the same question. 19.29% of community survey participants reported having been impacted by meth use.

The following set of charts, using data from the Vital Registry System of the State Center for Health Statistics and published in November 2019, were created to provide trends and public health surveillance on the overdose epidemic illustrating intent, types of substances related to unintentional overdose deaths, economic costs and harm reduction efforts.

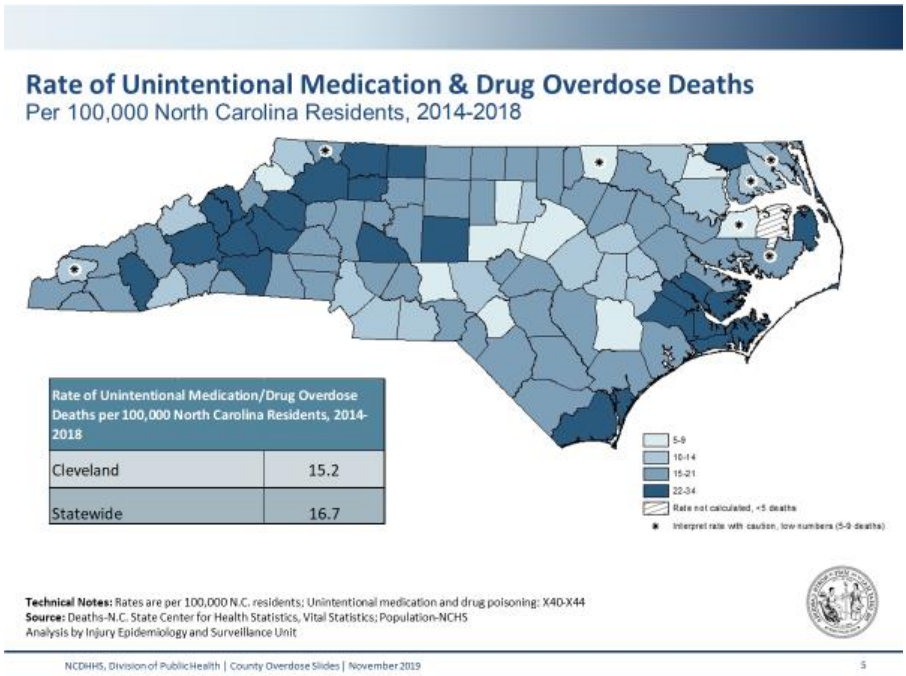
This chart illustrates trends over the past ten years for medication and drug overdose deaths by intent (unintentional, self-inflicted, assault and undetermined intent). Deaths due to medication and drug overdoses have increased since 1999 with 90% being unintentional.



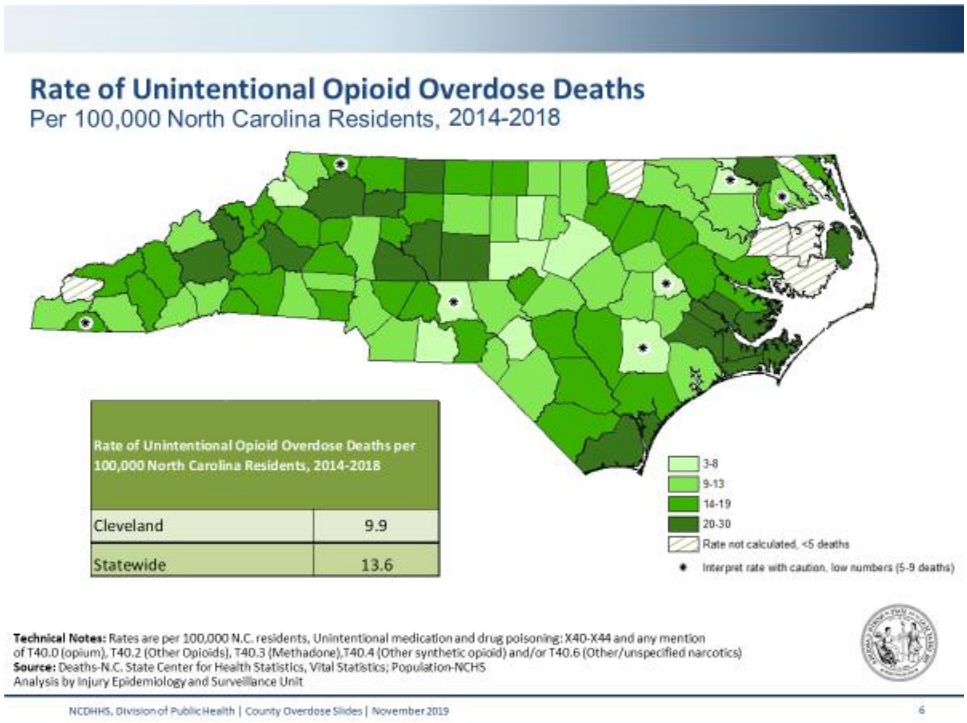
This epidemic of medication and drug overdoses has been mostly driven by opiates, specifically prescription opioids (hydrocodone, oxycodone and morphine). Recently synthetic narcotics (heroin, fentanyl and fentanyl analogues) have results in increased deaths. In North Carolina, unintentional poisoning deaths related to cocaine, benzodiazepines and alcohol are increasing.



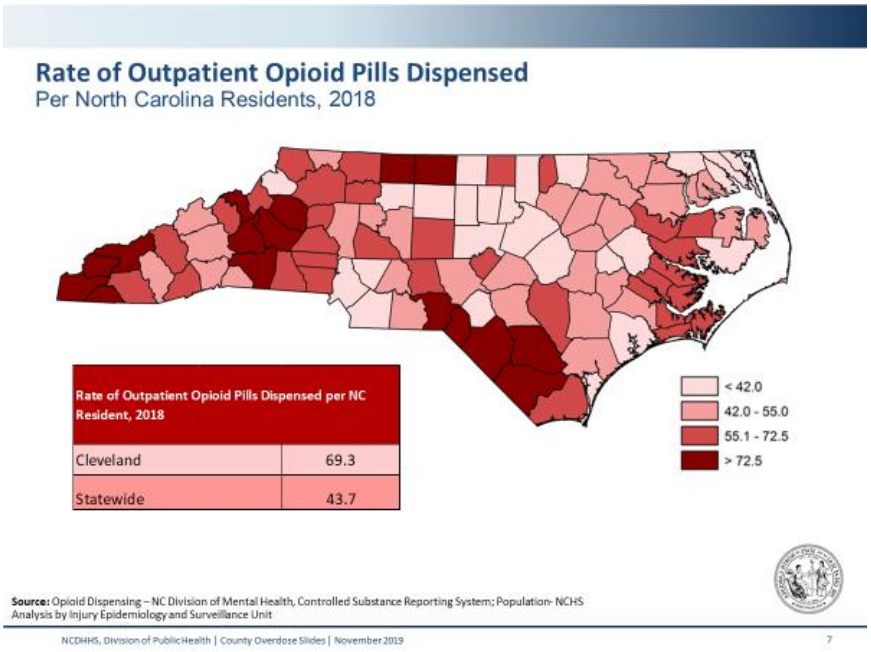
The map below shades counties in North Carolina based on the unintentional medication/drug overdose death rate for each county.



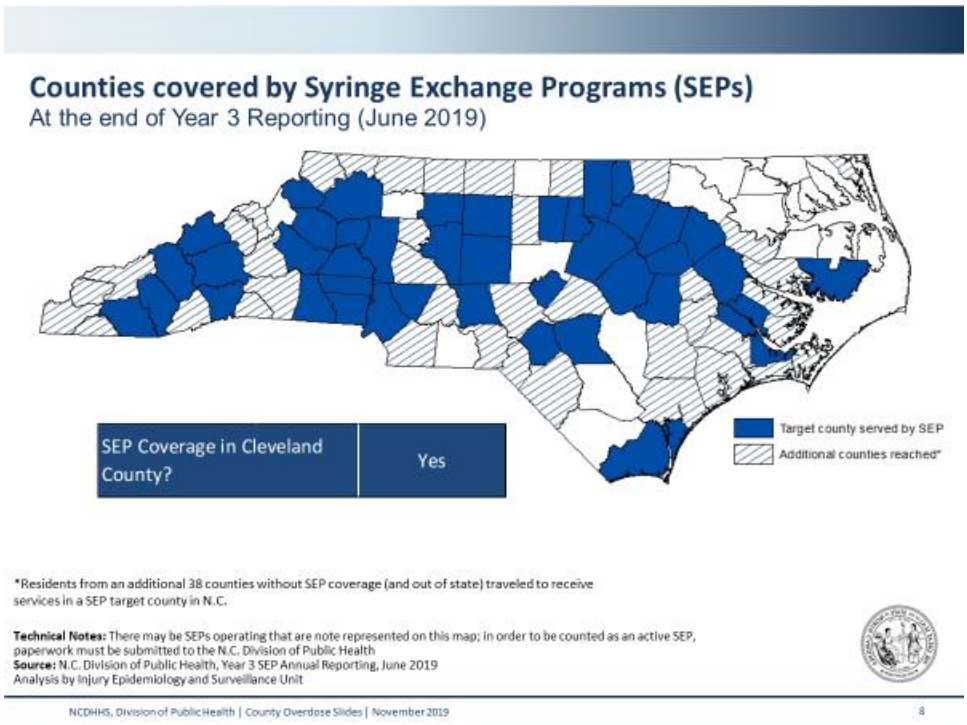
This map illustrates the counties of North Carolina based on unintentional opioid overdose death rates and compares Cleveland County to North Carolina as a whole. Rates are from 2014-2018.



This map shows 2018 data from the North Carolina Controlled Substances Reporting System on the number of outpatient opioid pills dispensed. Rates are per individual resident.



Syringe exchange programs have been established across North Carolina as a component of comprehensive harm reduction programs. The counties shaded in blue on the map below were served by at least one Syringe Exchange program in June 2019.



Cleveland County is fortunate to have received grant funding to support comprehensive harm reduction strategies for county residents. ***Emergency Overdose: Local Mitigation to the Opioid Crisis for Local Health Departments and Districts*** grant was designed to establish and strengthen harm reduction activities in Cleveland County by implementing approved strategies such as establishing a syringe exchange program and connecting justice involved people to get treatment and harm reduction resources. The grant was issued to the health department by the state of North Carolina, then contracted out to Olive Branch Ministries, an organization experienced in implementing harm reduction strategies. A local syringe exchange program was created and named Points of HOPE (Halting Overdose Through Prevention and Education), with an overall goal to get participants access to treatment and other resources with a whole person approach. In addition, Olive Branch implemented harm reduction training with jail inmates, educating program participants about risks for overdose after release, and Narcan administration and availability. Inmates signed consent to be contacted by a Peer Support Specialist to do case management, connection to treatment, and syringe exchange.

Cleveland County was also awarded with the **Comprehensive Opioid Abuse Program (COAP)** grant. The COAP grant is a federal grant awarded through the Bureau of Justice Assistance and Office of Justice Programs and is worth up to $200,000 per year for 3 years. The COAP grant is designed to work with those at high risk for overdose or justice involved persons. Harm reduction, connection to treatment and recovery resources are the main focus of the COAP grant. In Cleveland County, COAP funding is primarily being used to sustain and expand Points of Hope education in the jail, the syringe exchange program and implement a local anti-stigma media campaign. In addition to providing clean works, naloxone and referral resources, harm reduction education is continuing to be facilitated in the detention center for both the men and women.

One Year's Estimated Total Lifetime Costs

Medical and Work Loss from Medication & Drug Fatalities, All Intents, 2018

Total Medical Costs in Cleveland County, 2018	$86,489
Total Work Loss Costs in Cleveland County, 2018	$19,707,473
Combined Costs, 2018	**$19,793,962**

Cost per capita in Cleveland County, 2018	**$203**

Technical Note: These estimates only include fatalities and do not include additional costs associated with non-fatal overdoses, treatment, recovery, and other costs associated with this epidemic.

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, Unintentional medication and drug overdose: X40-X44/Population-National Center for Health Statistics/Economic impact-CDC WISQARS, Cost of Injury Reports, National Center for Injury Prevention and Control, CDC for all medication and drug deaths (any intent), Base year (2010) costs indexed to state 2017 prices.
Analysis by Injury Epidemiology and Surveillance Unit

NCDHHS, Division of Public Health | County Overdose Slides | November 2019 9

These figures do not include costs associated with treatment and recovery or other impacts of this epidemic. Costs are limited to the cost of one year of overdose fatalities.

Tobacco use among adults continues to be a contributing factor in the overall health of residents. According to Atrium Health, 17.9% of adults in North Carolina smoke while the national average is 15.5%. Data from the 2019 County Health Rankings indicated that 21% of adults over 25 in the county smoked while Atrium Health reported 20.6% of its patients in the county smoked. Among participants in the 2019 community survey, 88.11% reported that they did not use tobacco in any form. Of the 11.89% indicating use, 56.25% used cigarettes and 13.75% used electronic tobacco devices. When tobacco users were asked if they wanted to quite smoking, 16.25% indicated that they did not want to quit. Only two of the focus group participants indicated tobacco use with one responding that they could "quit on their own" and one indicating no desire to quit.

Currently the Cleveland County Public Health Center and the Alliance for Health in Cleveland County have partnered with Atrium Health to expand tobacco cessation services through physician practices and public health providers. Cleveland is one of two counties selected by Atrium Health to participate in this initiative primarily due to the rate of lung cancer in the county which is higher than the state rate. The new system-wide initiative will train mid-level providers, nurses, social workers, respiratory therapists and health educators in "first-line" treatment of nicotine dependence using assessment, one-on-one and group counseling and pharmacology options to reduce the number of county residents using tobacco products.

QUALITY OF LIFE ISSUES

Community concerns and quality of life issues were identified both by 765 participants in the 2019 community survey as well as by fifty-two participants in six focus groups. Focus groups were led by health educators or members of the core committee for the Community Health Assessment and included participants from the Grandparents Raising Grandchildren Support Group, participants in the Nurse-Family Partnership program, members of the Minority Health Council, participants in the *Accelerate Cleveland* program, members of a graduate-level psychology class at Gardner-Webb University and a group comprised of veterans of military service.

Demographically the focus group participants were not asked questions about their marital status, educational status or income levels in order to get more thoughtful answers from them. Focus group participants were generally older, overwhelmingly female and predominantly white, non-Hispanic and African-American, non-Hispanic

Participants in the 2019 survey were first asked to choose **one** issue most affecting the quality of life in Cleveland County according to their personal perception. A participant's choice was limited to one to "force" a more measured response to the question. The top five results were low income/poverty with a 38.66% response, substance abuse with a 17.51% response, mental health issues with a 9.52% response, lack of or inadequate health insurance with a 6.44% response and neglect and abuse of children with a 3.78% response. There were 18 issues offered from which participants could choose.

In contrast, in the 2015 community survey, participants were allowed to choose **three** from an array of 19 issues. The contrasting responses are charted below.

2019 CHA Survey	Rank	2015 CHA Survey
Low income/poverty	1	Low income/poverty
Substance abuse (drugs and alcohol)	2	Substance abuse (drugs and alcohol)
Mental health issues	3	Neglect and abuse of children
Lack of or inadequate health insurance	4	Mental health issues
Neglect and abuse of children	5	Lack of or inadequate health insurance
Violent crime (murder, assault)	6	Property crime
Personal stress	7	Dropping out of school
Lack of community leadership	8	Domestic violence
Access to health care	9	Homelessness
Discrimination/racism	10	Access to health care
Pollution (air, land, water, smoking)	11	Discrimination/racism
Property crime (theft, etc.) Homelessness	12	Lack of community leadership Violent crime
Dropping out of school	14	Community safety – dropped in 2019
Hopelessness – new in 2019	15	Neglect and abuse of the elderly
Domestic violence	16	Pollution (air, land, water, smoking)
Neglect and abuse of the elderly	17	Child sexual abuse
Rape/sexual assault – received no votes	18	Rape/sexual assault

Focus group responses to the same 2019 question showed 60% of participants selecting low income/poverty as their first choice with 31 votes. Substance abuse received four votes, lack of community leadership, neglect and abuse of children and domestic violence each received two votes and dropping out of school and mental health issues each received one vote.

The second critical question in this section asked participants to again select only **one** service needing the most improvement in their neighborhood or community. Higher paying employment topped the list with 19.89% of the responses with more affordable health services second at 9.38%, mental health services third at 9.24%, positive teen activities fourth with 8.82% and better/more affordable housing tied at fifth place with availability of employment at 5.18%. There were 19 issues from which to choose.

Again, in contrast, participants in the 2015 CHA chose **three** services needing improvement from a similar list.

2019 CHA Survey	Rank	2015 CHA Survey
Higher paying employment	1	Higher paying employment
More affordable health services	2	Availability of employment
Mental health services	3	Affordable health services
Positive teen activities	4	Activities for teens
Better, more affordable housing Availability of employment	5	Mental health services
Better, healthier food choices	6	Activities for families
Better recreational facilities Transportation options	7	More healthy food choices
Substance abuse services Road maintenance	8	Road maintenance
Vocational training opportunities	9	More affordable housing
Services for senior adults	10	Affordable dental services
Health family activities	11	Services for senior adults Transportation options
Child care options	12	Better recreational facilities
Traffic safety	13	Substance abuse services
More affordable dental services	14	Vocational training opportunities
Services for disabled individuals	15	More healthcare providers
More healthcare providers	16	Better law enforcement relationships – dropped in 2019
	17	Animal control – dropped in 2019
	18	Child care options
	19	Services for disabled individuals
	20	Services for dropouts – dropped in 2019
	21	Traffic safety

Focus group responses to this question ranked better/more affordable housing as their first choice with 29% of the responses. Healthy family activities, positive teen activities, better/more healthy food choices and higher paying employment each received 5 votes. Transportation options and mental health services each received four votes. Receiving only one vote from the focus groups were better recreational facilities, services for senior adults, services for disabled individuals, more affordable health services, traffic safety and road maintenance.

The third critical question in this section asked participants to select only **one** health behavior about which they felt the community needed more information. Mental health disorders ranked first among responses with 14.53% of the responses. Nutrition/eating well was second with 13.53%, substance abuse prevention was third at 12.25%, parenting skills was fourth at 10.54% and weight management was fifth at 6.98% of the total responses. Participants in the 2015 survey were allowed to choose **three** health behaviors requiring more information.

2019 CHA Survey	Rank	2015 CHA Survey
Mental health disorders	1	Nutrition/earing well
Nutrition/eating well	2	Weight management
Substance abuse prevention	3	Physical activity/fitness
Parenting skills	4	Parenting skills
Weight management	5	Substance abuse prevention
Going to the doctor for check-ups & screenings	6	Mental health disorders
Physical activity/fitness	7	Stress management
Stress management	8	Domestic violence prevention
Crime prevention	9	Pregnancy prevention
Elder care	10	Crime prevention
Anger management Caring for special needs individuals Pregnancy prevention Safe driving skills	11	Elder care
Quitting smoking	12	Chronic disease management – dropped 2019 Preventive medical care -dropped 2019
Sexting/cyberbullying Symptoms & health consequences for diabetes	13	Sexting/cyberbullying
Preparing for emergency/disaster	14	Anger management
Child care services Suicide prevention Domestic violence prevention	15	Quitting smoking
Symptoms & consequences for heart disease Prevention of STDs Going to the dentist	16	Preparing for disasters
Rape/sexual assault prevention	17	Preventive dental care
Getting flu shots and/or vaccines	18	Safe driving skills
Getting prenatal care during pregnancy Using child safety seats	19	Caring for special needs individuals
	20	Suicide prevention
	21	Child care services
	22	Prevention of STDs

	23	Getting prenatal care
	24	Getting flu shots/vaccines
	25	Using child safety seats

Focus group responses to this question ranked mental health disorders as first with 33% of the responses and parenting skills second with 25% of the responses. There were four votes for substance abuse prevention, three votes for physical activity/fitness and weight management and two votes for prevention of sexually transmitted diseases. Other issues receiving one vote each were elder care, going to the doctor for check-ups and screenings, anger management, pregnancy prevention, stress management and sexting/cyberbullying.

An additional question about the health information needed by youth ages 9 – 19 was added in the 2019 survey to assist health education staff in determining the topics most important for educational encounters. Participants in the survey only answered this question if they had children between these ages living in their households so only 30.34% of participants actually answered this question. Mental health issues ranked first the 11.06% of the responses with nutrition ranking second at 10.16%

Rank	Health Topic
1	Mental health issues
2	Nutrition
3	Drug abuse
4	Sex education
5	Reckless driving/speeding
6	Suicide prevention
7	Sexually transmitted diseases
8	Alcohol
9	Dental hygiene
10	Tobacco
11	Eating disorders
12	Asthma management
13	Diabetes management

Focus group responses to this question ranked mental health issues as number one with 27% of the overall votes. Sexually transmitted diseases received four votes, drug abuse, suicide prevention and nutrition received three votes each, eating disorders, tobacco and alcohol received two votes each and dental hygiene received one vote.

One additional question was asked to promote the most effective means of communication about health issues to the community. Both survey participants and focus group members were asked to identify where they retrieved most of their health information. The results are charted below with a comparison to the results in the 2015 CHA survey.

Primary Sources of Health Information

2019 CHA Survey	2019 CHC Focus Groups	2015 CHA Survey
Doctor/nurse	Internet	Doctor/nurse
Internet	Doctor/nurse	Internet
Friends and family	Friends and family	Friends and family
Work site	Work site	Work site
Health Department	Hospital	Health Department
Seminars/workshops/classes	Pharmacist	Hospital
Books/magazines	Veterans Administration	Print materials (brochures)
Television- commercial and local stations Print materials (brochures)		Books/magazines
Hospital		Newspapers Seminars/workshops/classes
Newspapers		Television – commercial and local stations
Pharmacists		Pharmacist
School officials		Church officials
		School officials
		Telephone helplines

Additional quality of life questions were asked of focus group participants. Responses to these questions included 25 participants in Leadership Cleveland County. The participants from Leadership represented a cross-section of aspiring leaders in the county and were completing a day-long education session featuring health issues on the day when this survey component was completed. Combining the focus group participants and Leadership participants resulted in 78 responses to these questions.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in Cleveland County.	**2**	**14**	**26**	**29**	**27**
Cleveland County is a good place to raise children.	**-**	**5**	**17**	**42**	**14**
Cleveland County is a good place to grow old.	**-**	**12**	**27**	**27**	**12**
There is plenty of economic opportunity in Cleveland County.	**2**	**27**	**24**	**21**	**4**
Cleveland County is a safe place to live.	**-**	**5**	**24**	**43**	**6**
There is plenty of help for people during times of need in Cleveland County.	**2**	**13**	**25**	**29**	**9**

Full results from this set of questions may be found in the Appendices of this document.

PEER COUNTY COMPARISONS

The State Center for Health Statistics establishes a "Peer County" listing for all the counties of North Carolina based on five indicators. These indicators, along with the ranges established for Group J which includes Cleveland County, are listed below:

Indicator	Range for Group J
Population size	54,691 – 98-078
Individuals living below poverty level	20.9% - 25.0%
Population under 18 years of age	14% - 25%
Population 65 years and older	12% - 17%
Population density (people/square mile)	87 - 156

Prepared by the Data Dissemination Unit, State Center for Health Statistics, March, 2012

Peer counties established using this grid include Cleveland, Edgecombe, Lenoir, Rutherford, Watauga, and Wilson counties. Data for each indicator in the chart below was sourced from the County Health Rankings released in April, 2020 and represents the most current information available. However, some of this data indicates that there are variations between the data reported and the various ranges originally established for this group. Indicators highlighted in yellow represent the state's selection for peer counties.

Peer County Comparison as Established by DHHS

Indicator	NC	Cleveland	Edgecombe	Lenoir	Rutherford	Watauga	Wilson
Population	10,383,620	97,645	52,005	55,976	66,826	55,945	81,455
% below 18 years of age	22.2%	22.0%	22.5%	22.5%	20.6%	12.8%	22.9%
% 65 or older	16.3%	18.6%	19.7%	19.8%	21.6%	15.8%	18.3%
% non-Hispanic African-American	21.4%	20.6%	57.2%	40.9%	9.6%	1.7%	39.5%
% non-Hispanic White	62.8%	72.9%	36.3%	49.2%	83.0%	91.6%	47.0%
% Hispanic	9.6%	3.7%	4.8%	7.5%	4.6%	3.7%	10.8%
% Females	51.4%	51.9%	53.8%	52/4%	51.8%	50.1%	52.7%
% Rural	33.9%	55.8%	45.3%	45.0%	61.0%	55.4%	38.7%
Life Expectancy	78.0 years	74.4 years	73.6 years	75.1 years	75.7 years	82.0 years	75.9 years
Years of Life Lost Prematurely	7,700	10,500	12,200	10,000	9,700	5,100	10,100
Population Density*	179.2 per Square Mile	211.3	111.9	148.5	120.2	163.4	220.6
Low Birthweight Babies	9%	10%	12%	10%	9%	8%	11%

Infant Mortality Rate	7/1,000 live births	9/1000	11/1000	9/1000	7/1000		10/1000
Adult Smoking	17%	18%	21%	19%	19%	18%	18%
Adult Obesity	31%	38%	38%	33%	29%	17%	32%
Physical Inactivity	24%	29%	38%	30%	25%	19%	31%
Excessive Drinking	17%	16%	12%	13%	16%	19%	24%
Sexually Transmitted Infections	612.0/100,000	581%	9498	833.3	366.6	483.6	631.8
Teen Births	24/1000	34	44	38	34	5	34
Diabetes Prevalence	11%	15%	16%	18%	13%	7%	14%
Uninsured Adults	16%	15%	15%	17%	17%	16%	18%
Uninsured Children	5%	4%	3%	4%	5%	5%	4%
Children in Single-Parent Households	35%	45%	58%	47%	37%	23%	50%
High School Graduation Rate	86%	88%	77%	85%	84%	90%	79%
Children in Poverty	20%	28%	37%	38%	28%	15%	31%
Poverty Rate	14.1%	19.1%	22.9%	22.1%	19.%	21.2%	21.1%
Median Household Income	$53,900	$42,700	$38,800	$40,400	$42,800	$48,500	$44,000
Suicides	13	17	11	10	22	15	10
Drug Overdose Deaths	22	15	22	18	27	8	17
Food Insecurity	15%	17%	24%	19%	16%	17%	20%
Severe Housing Problems	16%	15%	21%	17%	15%	26%	18%
Driving Alone to Work	81%	85%	81%	79%	82%	74%	83%

** Data for Population Density and Poverty Rate from US Census, Quick Facts; all other data from the County Health Rankings, April, 2020*

Peer counties were also established in each state by the County Health Rankings administrators. According to the County Health Rankings website, peer county methodology "enables counties to benchmark themselves against counties across the U.S. that are similar to them with respect to social and economic determinants of health." Peer groups were defined using 19 county-level variables including demographics and social and economic determinants of health. These variables included population size, population growth, population density, population mobility, percent children percent elderly, sex ration, percent foreign born, percent high school graduates, single parent households, median home value, housing stress, percent owner-occupied housing units, median household income, receipt of government financial assistance, Gini Index of Income Inequality, overall poverty, elderly poverty and unemployment.

Peer counties identified for Cleveland County include Lenoir and Wilson from the previous group but add Pasquotank, Richmond and Vance to the peer county group. Selected data from this comparison group is listed in the following chart.

Peer County Comparison Established by County Health Rankings 2020

Indicator	Cleveland	Lenoir	Pasquotank	Richmond	Vance	Wilson
Population	97,645	55,976	39,639	44,887	44,582	81,455
% below 18 years of age	22.0%	22.5%	22.3%	22.9%	23.6%	22.9%
% 65 or older	18.6%	19.8%	16.9%	17.9%	18.5%	18.3%
% non-Hispanic African-American	20.6%	40.9%	35.8%	31.3%	50.5%	39.5%
% non-Hispanic White	72.9%	49.2%	54.5%	56.6%	39.2%	47.0%
% Hispanic	3.7%	7.5%	5.7%	6.7%	8.0%	10.8%
% Females	51.9%	52.4%	51.1%	51.0%	53.3%	52.7%
% Rural	55.8%	45.0%	41.3%	45.5%	54.1%	38.7%
Life Expectancy	74.4	75.1	76.2	74.0	73.4	75.9
Years of Life Lost Prematurely	10,500	10,000	8,800	10,800	13,100	10,100
Population Density* per square mile	211.3	148.5	179.2	98.4	179.2	220.6
Low Birthweight Babies	10%	10%	9&	12%	13%	11%
Infant Mortality Rate	9/1000	9/1000	6/1000	9/1000	9/1000	10/1000
Adult Smoking	18%	19%	18%	21%	20%	18%
Adult Obesity	38%	33%	39%	39%	34%	32%
Physical Inactivity	29%	30%	28%	32%	37%	31%
Excessive Drinking	16%	13%	16%	14%	13%	24%
Sexually Transmitted Infections per 100,000	581.0	833.3	817.8	975.5	1063.1	631.8
Teen Births per 1,000	34	38	23	43	44	34
Diabetes Prevalence	15%	18%	12%	19%	10%	14%
Uninsured Adults	15%	17%	15%	18%	15%	18%
Uninsured Children	4%	4%	4%	5%	4%	4%
Children in Single-Parent Households	45%	47%	35%	55%	55%	50%
High School Graduation Rate	88%	85%	83%	81%	82%	79%

Children in Poverty	28%	38%	28%	31%	36%	31%
Poverty Rate*	19.1%	22.1%	18.2%	19.9%	26.3%	21.1%
Median Household Income	$42,700	$40,400	$46,400	$38,500	$40,300	$44,000
Suicides	17	10	16	12	12	10
Drug Overdose Deaths	15	18	22	15	23	17
Food Insecurity	17%	19%	19%	20%	22%	20%
Severe Housing Problems	15%	17%	20%	16%	19%	18%
Driving Alone to Work	85%	79%	82%	87%	81%	83%

** Data for Population Density and Poverty Rate from US Census, Quick Facts; all other data from the County Health Rankings, April, 2020*

Peer County Comparisons – Five Leading Causes of Death 2013-2017
All Ages - Unadjusted Death Rates per 100,000

North Carolina			**Cleveland County**	
Cause of Death	Rate		Cause of Death	Rate
Cancer – all sites	191.4		Diseases of the heart	254.7
Diseases of the heart	180.9		Cancer – all sites	252.3
Chronic lower respiratory diseases	51.9		Chronic lower respiratory diseases	82.2
Cerebrovascular disease	48.2		Cerebrovascular disease	66.6
Alzheimer's disease	36.5		Alzheimer's disease	55.0

Edgecombe County			**Lenoir County**	
Cause of Death	Rate		Cause of Death	Rate
Diseases of the heart	259.8		Diseases of the heart	270.0
Cancer – all sites	249.1		Cancer – all sites	261.3
Cerebrovascular disease	121.8		Cerebrovascular disease	88.0
Chronic lower respiratory diseases	52.6		Chronic lower respiratory diseases	70.1
Other unintentional injuries	41.5		Diabetes mellitus	51.1

Pasquotank County			**Richmond County**	
Cause of Death	Rate		Cause of Death	Rate
Diseases of the heart	311.0		Diseases of the heart	288.7
Cancer – all sites	224.5		Cancer – all sites	234.1
Chronic lower respiratory diseases	51.6		Chronic lower respiratory diseases	84.9
Cerebrovascular disease	49.6		Cerebrovascular disease	71.3
Alzheimer's disease	40.0		Diabetes mellitus	59.9

Rutherford County			Vance County	
Cause of Death	Rate		Cause of Death	Rate
Diseases of the heart	285.9		Cancer – all sites	263.8
Cancer – all sites	256.5		Diseases of the heart	238.2
Chronic lower respiratory diseases	103.7		Chronic lower respiratory diseases	65.3
Cerebrovascular disease	85.1		Cerebrovascular disease	59.4
Other unintentional injuries	53.2		Pneumonia & influenza	40.5

Watauga County			Wilson County	
Cause of Death	Rate		Cause of Death	Rate
Cancer – all sites	134.4		Cancer – all sites	222.2
Diseases of the heart	133.7		Diseases of the heart	211.6
Chronic lower respiratory diseases	40.4		Cerebrovascular disease	55.3
Alzheimer's disease	39.7		Chronic lower respiratory diseases	47.9
Other unintentional injuries	32.6		Diabetes mellitus	36.4

Source: State Center for Health Statistics, North Carolina County Health Data Book, 2019

After examining this comparison data, several factors emerge for further analysis. Diseases of the heart and cancer-all sites – were either #1 or #2 as the cause of death in all counties and in North Carolina. Gender, age, race/ethnicity, diet, tobacco use and physical activity all play a role as underlying factors for these chronic diseases.

The highest life expectancy at 82.0 years is found in Watauga County while the lowest is in Vance County at 73.4 years followed closely by Edgecombe County. Watauga County also identified lower death rates for cancer, diseases of the heart, chronic lower respiratory diseases and Alzheimer's disease than the rates for North Carolina. In the measure of Years of Life Lost, Vance County ranks highest at 13,100 years and Watauga as the lowest with 5,100 years.

Diabetes mellitus ranks as the fifth leading cause of death in three counties – Lenoir, Richmond and Wilson. Factors affecting this ranking include the percentage of adults identify as obese – 33% in Lenoir, 39% in Richmond and 32% in Wilson, the percentage of adults reporting physical inactivity – 30% in Lenoir, 32% in Richmond and 31% in Wilson, and the percentage of adults reporting food insecurity – 19% in Lenoir and 20% in both Richmond and Wilson counties.

Chronic lower respiratory diseases ranked in the top five causes of death in all nine counties and all reported adult smoking rates of 18% to 21% based on the 2020 County Health Rankings. These smoking rates also affect diseases of the heart and cancer as primary underlying conditions.

Both Edgecombe and Rutherford counties ranked other unintentional injuries as the fifth leading cause of death with Rutherford reporting 27 deaths from drug overdoses and Edgecombe reporting 22 deaths.

There is one "disconnect" in the data. Alzheimer's disease ranking in the top five causes of death in counties with the lowest populations 65 years of age and older: 15.8% in Watauga, 16.9% in Pasquotank and 18.6% in Cleveland County.

CONCLUSION

The Community Health Assessment process in Cleveland County involved multiple participants from agencies, programs and governmental entities as well as individuals from across the county. With collaboration from primary partners the Alliance for Health in Cleveland County and Atrium Health-Cleveland and Kings Mountain, the decision was made to use the *Healthy North Carolina 2030: A Path Toward Health* publication as the framework for the selection of health priorities for the county.

Community stakeholders used health issues identified in the *Healthy NC 2030* document as a framework for reviewing and assessing health needs in Cleveland County. After reviewing this information, they were asked to select their top priorities from the indicators, even indicators that were not closely tied to health issues. When the selections were compiled and weighted for the priority level, the top issues applied to the social determinants of health – poverty and adverse childhood experiences. However, tobacco use and teen birth rate were third and fourth in the overall standings. Their choices of tobacco and teen births as the first and second health priorities to be addressed were confirmed by a comprehensive review of data collected from the 2019 Community Health Assessment Survey and secondary data collected from local, regional, state and federal sources as well as information provided by focus group participants.

Tobacco use was identified as the first health priority to be addressed as a critical underlying factor in multiple chronic diseases that plague residents of the county. The overall goal is to decrease the use of traditional combustible tobacco products as well as electronic cigarettes used in vaping by residents of Cleveland County, especially among youth. The Atrium Health System has also identified tobacco prevention and cessation as a primary goal of the system and has engaged the Cleveland County Public Health Center and the Alliance for Health in Cleveland County as partners in a new initiative to expand tobacco cessation services through physician practices and public health providers. Cleveland is one of two counties selected by Atrium Health to participate in this initiative primarily due to the rate of lung cancer in the county which is higher than the state rate. The new system-wide initiative will train mid-level providers, nurses, social workers, respiratory therapists and health educators in "first-line" treatment of nicotine dependence using assessment, one-on-one and group counseling and pharmacology options to reduce the number of county residents using tobacco products. The Substance Abuse Prevention Coalition will serve in a community leadership capacity along with CCPHC staff to advance the work of this initiative.

The **teen birth rate**, currently at 30.4/1000 females ages 15-19, was identified as the second health priority to be addressed in future work in the county. Selection of this indicator as a priority health issue allows work to be advanced in other identified areas. Potential improvement in the delivery of early prenatal care, reduction in the rate of infant mortality especially in the disparity of rates between non-Hispanic whites and non-Hispanic African-Americans, and decreases in the percentages of low-birthweight babies and pre-term babies may also occur with an emphasis on the teen birth rate. This priority addresses addition Atrium-identified priorities in focusing on obesity (especially affecting pregnant women), access to care and social determinants of health (creating support systems for young mothers and their children). The Teen Pregnancy Prevention Coalition which has led pregnancy prevention initiatives in the county by providing

comprehensive reproductive health and safety education in the schools, faith communities and service agencies and the Alliance for Health in Cleveland County whose Board of Directors serves as the Community Advisory Council for the Nurse-Family Partnership program will partner with CCPHC staff from the Prenatal Clinic, the Family Planning Clinic and the STD Clinic to provide leadership in addressing this priority.

Finally, while not selected as one of the two health priorities for the development of Community Health Improvement Plans, **limited access to healthy food** and **access to exercise opportunities**, both indicators in the *Healthy NC 2030* document, will continue to be addressed through the work of the Health Education Unit at the Cleveland County Public Health Center and the Eat Smart Move More Coalition of Cleveland County. Using resources provided through the Healthy Communities funding awarded by the North Carolina Division of Public Health as well as financial support from the Alliance for Health in Cleveland County, members of the ESMM Coalition will continue to work on the development and further implementation of a comprehensive website – www.LiveHealthyClevelandCounty.com – to provide current resources for residents to access parks, playgrounds and walking trails and to identify outlets for locally-grown meats, dairy products, fruits and vegetables and vegetables throughout the year. The Coalition and its partners will also continue supporting the Satellite Foothills Farmers' Market held at the Cleveland County Public Health Center during the summer months to provide opportunities to purchase local foods to the staff, patients, family members and nearby communities. Continuing work on these two indicators aligns with Atrium Health's priority to address pediatric and adult obesity as well as access to healthy food.

The Minority Health Council of Cleveland County will continue to serve as the main conduit to identify and address health disparities in the communities of Cleveland County. The Council's mission statement is to "assist, inform, educate, promote and improve health outcomes in the minority communities in Cleveland County." Representatives of the Council sit on the Cleveland County Public Health Board as well as on the Board of Directors for the Alliance for Health in Cleveland County in order to maintain good communication with stakeholders in the pursuit of positive health strategies and outcomes for minority residents. The Council supports the selection of tobacco and the teen birth rate as priorities and will support education and prevention efforts in the minority communities and specifically at the annual Minority Health Conference.

Appendices

2019 Cleveland County Community Health Assessment

Thank you for participating in the 2019 Community Health Assessment for Cleveland County. The data collected from this survey will be used to plan for programs and services to meet the needs of county residents for the next few years.

All of the data is **CONFIDENTIAL**; your responses will be entered into the SurveyMonkey site and no one in Cleveland County will be able to access the responses of any specific individual. At the close of the survey, you will be offered the opportunity to participate in an incentive program. The decision to participate is up to you; however, please remember that NONE of your responses can be linked to a specific individual.

1. Do you live in Cleveland County, North Carolina?
   ☐ Yes ***91.83%*** ☐ No ***8.30%***
2. What is your zip code? _____

3. How old are you? Please mark the appropriate category.
   ☐ 18-24 ***6.18%*** ☐ 25-34 ***16.71%*** ☐ 35-44 ***20.13%*** ☐ 45-54 ***21.05%***
   ☐ 55-64 ***20.39%*** ☐ 65-74 ***11.32%*** ☐ 74+ ***4.21%***

4. What is your gender?
   ☐ Male ***22.5%*** ☐ Female ***77.37%*** ☐ Other ***0.13%***

5. What is your marital status?
   ☐ Married ***62.04%*** ☐ Never Married/Single ***16.80%*** ☐ Separated ***1.98%***
   ☐ Divorced ***10.05%*** ☐ Unmarried Partner ***1.59%*** ☐ Widowed ***7.01%***
   ☐ Other ***0.53%***

6. Are you head of your household?
   ☐ Yes ***54.10%*** ☐ No ***45.90%***

7. Number of adults 18 years and older living in household
   ☐ 0 ***12.83%*** ☐ 1-2 ***69.97%*** ☐ 3-5 ***16.93%*** ☐ 6 or more ***0.26***

8. Number of children 17 years and younger living in household
   ☐ 0 ***59.39%*** ☐ 1-2 32.67% ☐ 3-5 ***7.41%*** ☐ 6 or more **0.53%**

9. What do you consider your race?
   ☐ American Indian/Alaskan Native ***0.53%*** ☐ White/Caucasian ***82.69%***
   ☐ Black/African-American ***15.18%*** ☐ Asian Indian ***0.00%***
   ☐ Asian – Japanese, Chinese, Korean, Vietnamese, etc. ***0.13%***
   ☐ Multi-racial ***1.07%*** ☐ Native Hawaiian/Pacific Islander ***0.00%***
   ☐ Other (please specify) ***0.40%***

10. Are you of Hispanic, Latino or Spanish origin?
    ☐ Yes ***1.60%*** ☐ No ***98.40%***

11. Do you speak a language other than English at home?
    ☐ No ***98.0%*** ☐ Yes ***2.0%***

Please list the languages you speak at home other than English: Spanish, American Sign Language,
Japanese, German

12. What is your employment status? Please check all that apply.
    - ☐ Employed Full Time ***64.59%***
    - ☐ Student ***7.03%***
    - ☐ Employed part-time ***10.41%***
    - ☐ Homemaker ***5.4%***
    - ☐ Self-employed ***3.92%***
    - ☐ Retired ***13.11%***
    - ☐ Active military ***0.00%***
    - ☐ Disabled ***4.32%***
    - ☐ Unemployed for less than one year ***0.54%***
    - ☐ Unemployed for more than one year ***2.57%***
    - ☐ Other ***1.35%***

13. Are you or anyone else in your household employed outside Cleveland County?
    - ☐ Yes ***28.78%***
    - ☐ No ***71.22%***

14. 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?
    - ☐ Yes ***19.59%***
    - ☐ No ***79.32%***
    - ☐ Don't know/Not sure ***1.08%***

15. What is your primary source of transportation in Cleveland County. Please choose only **ONE**.
    - ☐ Personal Vehicle ***93.38%***
    - ☐ Family/Friend Vehicle ***2.97%***
    - ☐ Taxi ***0.00%***
    - ☐ TACC vans ***1.35%***
    - ☐ Agency/volunteer vehicle ***0.54%***
    - ☐ Moped ***0.00%***
    - ☐ Bicycle ***0.14%***
    - ☐ Walk ***0.27%***
    - ☐ Other ***1.35%***

16. What affects your ability to get to the places you need to go in the county? Please check **ALL** that apply.
    - ☐ Not applicable – have transportation ***84.05%***
    - ☐ No money for fuel ***5.81***
    - ☐ No driver's license ***1.76%***
    - ☐ No money for public transportation ***1.22***
    - ☐ No family/friend to help transport ***1.22%***
    - ☐ Don't own a car/truck ***2.84%***
    - ☐ Disabled ***2.16%***
    - ☐ Don't qualify for TACC services ***0.54%***
    - ☐ No money for insurance ***1.08%***
    - ☐ Other ***6.22%***

17. What is the highest level of school, college or vocational training that you have completed? Please choose **ONE**.
    - ☐ Less than 9th grade ***0.95%***
    - ☐ 9th-12th grade, no diploma ***3.39%***
    - ☐ High School graduate/GED equivalent ***12.21%***
    - ☐ Associate Degree/vocational training ***16.15%***
    - ☐ Some college/no degree ***15.88%***
    - ☐ Bachelor degree ***26.87%***
    - ☐ Graduate or professional degree ***23.88%***
    - ☐ Other ***0.68%***

18. What is your combined annual household income?
    - ☐ Less than $10,000 ***4.34%***
    - ☐ $10,000 to $14,999 ***1.63%***
    - ☐ $15,000 to $24,999 ***8.82%***
    - ☐ $25,000 to $34,999 ***7.46%***
    - ☐ $35,000 to $49,999 ***13.57%***
    - ☐ $50,000 to $74,999 ***19.27%***
    - ☐ $75,000 to $99,999 ***16.55%***
    - ☐ $100,000 or more ***18.72%***
    - ☐ Prefer not to answer ***9.63%***

19. Do you have access to the Internet?
    - ☐ Yes ***93.49%***
    - ☐ No ***6.78%***

COMMUNITY IMPROVEMENT

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

- ☐ Pollution (air, land, water, smoking) ***1.96%***
- ☐ Dropping out of school ***1.40%***
- ☐ Low income/poverty ***38.66%***
- ☐ Homelessness ***1.82%***
- ☐ Lack of or inadequate health insurance ***6.44%***
- ☐ Discrimination/racism ***2.38%***
- ☐ Lack of community leadership ***2.94%***
- ☐ Access to health care ***2.24%***
- ☐ Neglect and abuse of the elderly ***0.28%***
- ☐ Neglect and abuse of children ***3.78%***
- ☐ Domestic violence ***0.70***
- ☐ Violent crime (murder, assault, etc.) ***3.36%***
- ☐ Property crime (theft, etc.) ***1.68%***
- ☐ Rape/sexual assault ***0.00%***
- ☐ Substance abuse (drugs and alcohol) ***17.51%***
- ☐ Mental health issues ***9.52%***
- ☐ Hopelessness ***0.98%***
- ☐ Personal stress ***4.34%***

21. In your opinion, which **ONE** of the following services need the most improvement in your neighborhood or community. You may only choose **ONE**.

- ☐ Better recreational facilities ***4.34%***
- ☐ Child care options ***2.94%***
- ☐ Healthy family activities ***3.22%***
- ☐ Positive teen activities ***8.82%***
- ☐ Services for senior adults ***3.64%***
- ☐ Services for disabled individuals ***1.68%***
- ☐ Transportation options ***4.34%***
- ☐ More affordable health services ***9.38%***
- ☐ Availability of employment ***5.18%***
- ☐ Better/more healthy food choices ***4.62%***
- ☐ Higher paying employment ***19.89%***
- ☐ Better/more affordable housing ***5.18%***
- ☐ Traffic safety ***2.24%***
- ☐ Road maintenance ***4.20%***
- ☐ More healthcare providers ***0.84%***
- ☐ Substance abuse services ***4.20%***
- ☐ Mental health services ***9.24%***
- ☐ More affordable dental services ***2.10***
- ☐ Vocational training opportunities ***3.92%***

22. In your opinion, which **ONE** health behavior do people in your community need more information about? You may choose only **ONE**.

- ☐ Nutrition/eating well ***13.53%***
- ☐ Anger management ***2.56%***
- ☐ Quitting smoking ***1.99%***
- ☐ Weight management ***6.98%***
- ☐ Prevention of sexually transmitted diseases ***0.57%***
- ☐ Going to the doctor for check-ups and screenings ***5.98%***
- ☐ Substance abuse prevention ***12.25%***
- ☐ Symptoms and health consequences for diabetes ***1.85%***
- ☐ Symptoms and health consequents for heart disease ***0.57%***
- ☐ Mental health disorders ***14.53%***
- ☐ Getting prenatal care during pregnancy ***0.28%***
- ☐ Getting flu shots and/or vaccines ***0.43%***|
- ☐ Using child safety seats ***0.28%***
- ☐ Going to the dentist for check-ups and preventive care ***0.47%***
- ☐ Caring for special needs individuals ***2.56%***
- ☐ Domestic violence prevention ***1.00%***
- ☐ Preparing for emergency/disaster ***1.28%***
- ☐ Physical activity/fitness ***4.99%***
- ☐ Rape/sexual assault prevention ***0.43%***
- ☐ Elder care ***2.71%***
- ☐ Stress management ***3.85%***
- ☐ Suicide prevention ***1.00%***
- ☐ Safe driving skills ***2.56%***
- ☐ Crime prevention ***3.13%***
- ☐ Parenting skills ***10.54%***
- ☐ Child care services ***1.00%***
- ☐ Sexting/cyberbullying ***1.85%***
- ☐ Pregnancy prevention ***2.56%***

23. Where do you get most of your health-related information? Please choose only **ONE.**

- ☐ Friends and family ***5.56%***
- ☐ Newspapers ***0.85%***
- ☐ Hospital ***1.00%***
- ☐ Internet – ***33.90%***
- ☐ Doctor/nurse ***40.31%***
- ☐ School officials ***0.14%***
- ☐ Health Department **3.56%**
- ☐ Pharmacist ***0.71%***
- ☐ Work site ***4.27%***
- ☐ Television-commercials and local stations ***1.42%***
- ☐ Telephone helplines ***0.00%***
- ☐ Print materials (brochures and flyers) ***1.42%***
- ☐ Church officials ***0.00%***
- ☐ Seminars/workshops/classes ***3.13%***
- ☐ Books/magazines ***1.71%***
- ☐ Other ***1.99%***

24. If you have children between the ages of 9 and 19 for whom you are the caretaker, which of the following health topics do you think your child/children need more information about? Please choose **ALL** that apply.

- ☐ I do not have children between the ages of 9 and 19 for whom I am the caretaker.**69.66%**
- ☐ Dental hygiene ***4.48%***
- ☐ Nutrition ***10.16%***
- ☐ Eating disorders ***2.39%***
- ☐ Asthma management ***1.79%***
- ☐ Diabetes management ***0.90%***
- ☐ Tobacco ***4.04%***
- ☐ Sexually transmitted diseases ***5.68%***
- ☐ Sex education ***7.92%***
- ☐ Alcohol ***5.68%***
- ☐ Drug Abuse ***9.42%***
- ☐ Reckless driving/speeding ***6.88%***
- ☐ Mental health issues ***11.06%***
- ☐ Suicide prevention ***6.43%***
- ☐ Other ***3.44%***

PERSONAL HEALTH

25. Which of the following terms best describes your personal health status. Choose only | **ONE**.

- ☐ Excellent ***10.52%***
- ☐ Very Good ***36.46%***
- ☐ Good ***46.69%***
- ☐ Poor ***4.61%***
- ☐ Very Poor ***0.43%***
- ☐ Don't know ***1.30%***

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

Asthma	☐ Yes ***14.70%***	☐ No ***83.86%***	☐ Don't know ***1.44%***
Depression/Anxiety	☐ Yes ***34.73%***	☐ No ***63.69%***	☐ Don't know ***1.59%***
High Blood Pressure	☐ Yes ***37.18%***	☐ No ***61.96%***	☐ Don't know ***0.86%***
High Cholesterol	☐ Yes ***34.29%***	☐ No ***64.27%***	☐ Don't know ***1.44%***
Diabetes (not during pregnancy)	☐ Yes ***12.97%***	☐ No ***85.73%***	☐ Don't know ***1.30%***
Osteoporosis/bone density issue	☐ Yes ***8.21%***	☐ No ***89.91%***	☐ Don't know ***1.87%***
Overweight/Obesity	☐ Yes ***44.67%***	☐ No ***54.03%***	☐ Don't know ***1.30%***
Heart disease/angina	☐ Yes ***6.34%***	☐ No ***95.21%***	☐ Don't know ***1.15%***
Cancer – any form	☐ Yes ***9.37%***	☐ No ***89.48%***	☐ Don't know ***1.15%***
Emphysema/Bronchitis/COPD	☐ Yes ***5.48%***	☐ No ***92.80%***	☐ Don't know ***1.73%***
Alcohol Abuse	☐ Yes ***1.30%***	☐ No ***97.26%***	☐ Don't know ***1.44%***
Drug Abuse	☐ Yes ***0.58%***	☐ No **98.13%**	☐ Don't know ***1.30%***

27. Have you undergone any annual preventive screenings in the last three years such as mammograms, colonoscopy, bone density or skin cancer screenings?

- ☐ Yes ***75.04%***
- ☐ No ***24.96%***

28. If you answered no, why? ☐ Cannot afford ***17.87%***

| ☐ Do not meet recommended age guidelines ***58.94%*** ☐ Don't want to ***23.19%***

29. Do you see a dentist regularly?
    - ☐ Yes ***75.04%*** ☐ No ***24.96%***

30. How often do you go to the dentist for routine cleaning and exams?
    - ☐ Every six months ***60.75%*** ☐ Once per year ***14.14%*** ☐ Every 2 years ***8.37%***
    - ☐ Don't go to the dentist ***16.74%***

31. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?
    - ☐ Yes ***20.00%*** ☐ No ***77.83%*** ☐ Don't know/not sure ***2.17%***

32. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house or going to work?
    - ☐ Yes ***31.16%*** ☐ No ***68.41%*** ☐ Don't know/not sure ***0.43%***

33. Have you ever had thoughts of suicide in the last:
    - ☐ 30 days ***1.74%*** ☐ 6 months ***1.45%*** ☐ 1 year or more ***11.00%*** ☐ NEVER ***85.82%***

34. During a normal week, how often do you exercise or engage in physical activity that lasts at least 30 minutes outside the minimum requirements of your regular job?
    - ☐ 1-2 days ***34.50%*** ☐ 3-4 days ***26.32%*** ☐ 5-6 days ***9.21%***
    - ☐ Every day ***6.58%*** ☐ Never ***17.11%*** ☐ Don't know/not sure ***6.29%***

35. Where do you go to engage in physical activity? Check **ALL** that apply.
    - ☐ Private gym ***11.70%*** ☐ Walking routes, trails/tracks ***38.16%*** ☐ Home ***55.12%***
    - ☐ YMCA ***20.47%*** ☐ County, city, state parks ***11.26%*** ☐ Schools ***5.12%***
    - ☐ Public recreation center ***5.12%*** ☐ Other ***14.91%***

36. What are the factors that affect your ability to engage in physical activity on a regular basis? Please check **ALL** that apply.
    - ☐ My job is physical or hard labor. ***7.75%*** ☐ Exercise is not important to me. ***2.78%***
    - ☐ I don't have access to a facility that has the things I need like a pool or a gym. ***6.87%***
    - ☐ I don't have enough time to exercise. ***42.25%*** ☐ I would need child care. ***5.85%***
    - ☐ I don't like to exercise. ***19.59%*** ☐ I don't know how to find exercise partners. ***5.99%***
    - ☐ It costs too much to exercise. ***7.31%*** ☐ There is no safe place for me to exercise. ***3.51%***
    - ☐ I'm too tired to exercise. ***31.43%*** ☐ I'm physically disabled. ***3.65%***
    - ☐ I don't know. ***10.67%*** ☐ Other ***16.52%***

37. 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.
    - ☐ Less than one hour ***7.92%*** ☐ 1-4 hours ***40.91%***
    - ☐ 5-9 hours ***30.06%*** ☐ 10-15 hours ***15.25%***
    - ☐ More than 16 hours ***2.79%*** ☐ No time at all ***0.00%***
    - ☐ Don't know/not sure ***3.08%***

38. 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.
    - ☐ Less than one hour ***8.94%***
    - ☐ 1-4 hours ***29.33%***
    - ☐ 5-9 hours ***6.30%***
    - ☐ 10-15 hours ***0.88%***
    - ☐ More than 16 hours ***0.15%***
    - ☐ No time at all ***0.59%***
    - ☐ Don't know/not sure ***1.32%***
    - ☐ Not applicable – no children in home ***52.49%***

39. How many days a week do you eat five or more servings of fruits or vegetables (cooked or raw, fresh, frozen or canned)? DO NOT COUNT POTATO PRODUCTS LIKE FRENCH FRIES, HASH BROWNS, MASHED POTATOES, ETC.
    - ☐ 1 – 2 days ***26.39%***
    - ☐ 3 – 4 days ***31.96%***
    - ☐ 5 – 6 days ***17.74%***
    - ☐ Every day ***11.73%***
    - ☐ Not at all ***5.87%***
    - ☐ Don't know/not sure ***6.30%***

40. Within the past year, how often have you consumed alcohol?
    - ☐ Every day ***3.52%***
    - ☐ 3 times a week ***8.80%***
    - ☐ Once a week ***10.26%***
    - ☐ Twice a month ***7.18%***
    - ☐ Once a month ***6.30%***
    - ☐ Less than once a month ***22.73%***
    - ☐ Do not consume alcohol ***41.20%***

41. During the past 30 days, did you drive a vehicle when you had been drinking alcohol?
    - ☐ Yes ***1.76%***
    - ☐ No ***98.24%***

42. During the past 30 days, did you ride in a vehicle driven by someone else who had been drinking alcohol?
    - ☐ Yes ***2.49%***
    - ☐ No ***97.51%***

43. Do you currently smoke, use electronic cigarettes or smokeless tobacco products?
    - ☐ Yes ***11.89%***
    - ☐ No ***88.11%***

44. In the past 30 days, which of the following products have you used at least once a day?
    - ☐ Roll your own cigarettes ***3.75%***
    - ☐ Flavored cigarettes such as Camel Crush ***5.0%***
    - ☐ Clove cigars **0.00%**
    - ☐ Flavored little cigars ***2.50%***
    - ☐ Smoking tobacco from a hookah or water pipe ***0.00%***
    - ☐ Snus, such as Camel or Marlboro snus ***1.25%***
    - ☐ Electronic cigarettes or E-cigarettes such as JUUL, Ruyan or NJOY ***13.75%***
    - ☐ Dissolvable tobacco products such as Ariva, Stonewall, Camel Orbs, Camel Sticks or Camel Strips ***0.00%***
    - ☐ Cigarettes ***56.25%***
    - ☐ Other new tobacco products not mentioned above ***2.5%***
    - ☐ Have not used any of the products listed above or any new tobacco product ***11.25%***
    - ☐ Don't know/not sure ***3.75%***

45. If you wanted to quit using tobacco products, where would you most likely go for help. Choose **ONE** option.
    - ☐ Quit Line NC ***5.0%***
    - ☐ Health Department ***5.0%***
    - ☐ Pharmacy ***2.50%***
    - ☐ Doctor ***15.0%***
    - ☐ On my own ***46.25%***
    - ☐ I do not want to quit ***16.25%***
    - ☐ Private counselor/therapist ***2.50%***
    - ☐ Not applicable ***7.50%***

46. Have you been exposed to secondhand smoke in the past year?
   - ☐ Yes ***49.11%*** ☐ No ***50.89%***

47. Where do you think you are exposed to secondhand smoke most often? Choose **ONE**.
   - ☐ Home ***10.19%*** ☐ Workplace ***10.34%*** ☐ Vehicles ***4.95%***
   - ☐ Restaurants ***9.00*** ☐ Schools ***0.15%*** ☐ Not exposed ***43.63%***
   - ☐ Other ***21.74%***

48. Within the past year, have you used marijuana?
   - ☐ Yes ***3.70%*** ☐ No ***96.30%***

49. Have you or someone you know been personally impacted by opioid use? (Painkillers, heroin, Fentanyl)
   - ☐ Yes ***27.89%*** ☐ No ***72.11%***

50. Have you or someone you know been personally impacted by Meth use?
   - ☐ Yes ***19.29%*** ☐ No ***80.71%***

51. Within the past year, have you used a prescription drug in a way other than it was prescribed for use?
   - ☐ Yes ***1.18%*** ☐ No ***98.82%***

ACCESS TO CARE

52. Where do you go most often when you are sick? Choose only **ONE** site.
   - ☐ Doctor's office ***68.41%*** ☐ Urgent care center ***8.23%***
   - ☐ Health Department ***6.89%*** ☐ Minute Clinic ***4.19%***
   - ☐ Hospital emergency department***3.89%*** ☐ Dentist office ***0.00%***
   - ☐ I do not go anywhere ***8.38%***

53. 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**.
   - ☐ The State Employee Health Plan ***27.54%***
   - ☐ Private health insurance purchased from your employer ***37.43%***
   - ☐ Medicare ***12.87%*** ☐ Medicaid ***5.69%***
   - ☐ Private health insurance plan purchased directly from an insurance company ***4.94%***
   - ☐ Military insurance – Tricare, CHAMPUS or Veterans' Administration ***2.10%***
   - ☐ I don't have health insurance of any kind ***6.59%*** ☐ Other ***2.84%***

54. In the past twelve months, did you have a problem getting the health care you needed for you personally or for a family member?
   - ☐ Yes ***17.42%*** ☐ No ***82.58%***

55. Why couldn't you get the care you needed?
   - ☐ No health insurance ***6.29%*** ☐ No way to get to the service ***0.60%***
   - ☐ Didn't know where to go ***0.45%*** ☐ Insurance didn't covered what I/we needed ***3.59%***
   - ☐ Couldn't get an appointment ***2.40%*** ☐ The wait was too long ***3.59%***
   - ☐ My/our share of the cost (deductible or co-pay) was too high ***4.64%***

- ☐ Doctor would not take my/our insurance or Medicaid ***1.05%***
- ☐ Pharmacy would not take my/our insurance or Medicaid ***0.00%***
- ☐ Dentist would not take my/our insurance or Medicaid ***0.00%***
- ☐ Had no problem securing care ***80.24%***

56. In the past twelve months, have you had trouble getting specialty care for you personally or for a family member?
    - ☐ Yes ***14.29%*** ☐ No ***85.71%***

57. 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.
    - ☐ Dentist ***1.95%***
    - ☐ Health Department ***0.15%***
    - ☐ General practitioner ***3.14%***
    - ☐ Hospital ***0.90%***
    - ☐ Eye care/optometrist/ophthalmologist *1.80%*
    - ☐ Medical clinic ***0.30%***
    - ☐ Pediatrician ***0.15%***
    - ☐ Specialist ***5.84%***
    - ☐ OB/GYN ***1.05%***
    - ☐ Private counselor or therapist ***2.10%*** |
    - ☐ Public mental health ***0.75%***
    - ☐ CLECO ***0.90%***
    - ☐ Urgent Care ***0.15%***
    - ☐ Pharmacy/Prescriptions ***0.30%***
    - ☐ Had no problem securing care ***80.54%***

58. Was there a time in the past twelve months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.
    - ☐ Yes ***13.02%*** ☐ No **86.98%**

59. If you or a family member have not been able to get mental health or substance abuse help, why? Please choose all that apply.
    - ☐ Not applicable **84.81%**
    - ☐ Didn't know where to go ***4.66%***
    - ☐ Can't get help when I need or want it***3.91%***
    - ☐ Can't afford it ***7.52%***
    - ☐ Can't get to services – no transportation ***0.75***
    - ☐ Embarrassed or ashamed to ask for help ***3.46%***

60. Is your primary health care provider located in Cleveland County?
    - ☐ Yes ***78.65%*** ☐ No ***21.35%***

EMERGENCY PREPAREDNESS

61. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?
    - ☐ Yes ***70.75%*** ☐ No ***6.13%*** ☐ Don't know/not sure ***23.12%***

62. 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**.
    - ☐ Lack of transportation ***2.30%***
    - ☐ Concern about traffic ***1.23%***
    - ☐ Lack of trust in public officials ***2.76%***
    - ☐ Health problems ***0.61%***
    - ☐ Concern about leaving property behind ***18.68%***
    - ☐ Unable to walk ***0.00%***
    - ☐ Concern about personal safety ***3.06%***
    - ☐ Cost of evacuation ***10.41%***
    - ☐ Concern about family safety ***7.96%***
    - ☐ Don't know/not sure ***31.70%***
    - ☐ Concern about leaving pets ***11.79%***
    - ☐ Other ***9.49%***

63. Does your household have working smoke and carbon monoxide detectors?
    - ☐ Yes, smoke detectors only ***37.51%***
    - ☐ Yes, carbon monoxide detectors only ***2.30%***
    - ☐ Yes to both ***51.30%***
    - ☐ No ***6.28%***
    - ☐ Don't know/not sure ***2.60%***

64. Does your family have a basic emergency supply kit? *(A kit includes a three-day supply per person of water, non-perishable food, any necessary prescriptions, first-aid supplies, flashlight and batteries, non- electric can opener, blankets, diapers, etc.)*
    - ☐ Yes ***38.44%*** ☐ No ***58.04%*** ☐ Don't know/not sure ***3.51%***

65. 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.
    - ☐ Television ***28.64%*** ☐ Radio ***7.20%*** ☐ Internet ***22.82%***
    - ☐ Print media such as newspaper ***0.31%*** ☐ Neighbors ***0.92%***
    - ☐ Social networking site such as Facebook or Twitter ***8.27%***
    - ☐ Text messages from emergency alert system ***24.50%***
    - ☐ County-wide alarms from fire departments ***2.60%***
    - ☐ Don't know/not sure ***4.75%***

Focus Group – 2019 Community Health Assessment 52 participants

Welcome individuals who are participating in the focus group and assure them that, while there is someone who is taking down their responses, all information shared in this group is confidential.

If the participants complete the one-page demographic information prior to leaving, they will receive a $10 Chick-Fil-A gift card from the Alliance for Health in Cleveland County.

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

- ☐ Pollution (air, land, water, smoking)
- ☐ Dropping out of school 1
- ☐ Low income/poverty 31
- ☐ Homelessness
- ☐ Lack of or inadequate health insurance
- ☐ Discrimination/racism 3
- ☐ Lack of community leadership 2
- ☐ Access to health care
- ☐ Neglect and abuse of the elderly
- ☐ Neglect and abuse of children 2
- ☐ Domestic violence 2
- ☐ Violent crime (murder, assault, etc.)
- ☐ Property crime (theft, etc.)
- ☐ Rape/sexual assault
- ☐ Substance abuse (drugs and alcohol) 4
- ☐ Mental health issues 1
- ☐ Hopelessness
- ☐ Personal stress 3

2. In your opinion, which **ONE** of the following services need the most improvement in your neighborhood or community. You may only choose **ONE**.

- ☐ Better recreational facilities 1
- ☐ Child care options
- ☐ Healthy family activities 5
- ☐ Positive teen activities 5
- ☐ Services for senior adults 1
- ☐ Services for disabled individuals 1
- ☐ Transportation options 4
- ☐ More affordable health services 1
- ☐ Availability of employment
- ☐ Better/more healthy food choices 5
- ☐ Higher paying employment 5
- ☐ Better/more affordable housing 15
- ☐ Traffic safety 1
- ☐ Road maintenance 1
- ☐ More healthcare providers
- ☐ Substance abuse services
- ☐ Mental health services 4
- ☐ More affordable dental services
- ☐ Vocational training opportunities

3. In your opinion, which **ONE** health behavior do people in your community need more information about? You may choose only **ONE**.

- ☐ Nutrition/eating well
- ☐ Physical activity/fitness 3
- ☐ Weight management 3
- ☐ Prevention of sexually transmitted diseases 2
- ☐ Going to the doctor for check-ups and screenings 1
- ☐ Symptoms and health consequences for diabetes
- ☐ Symptoms and health consequents for heart disease
- ☐ Mental health disorders 17
- ☐ Getting prenatal care during pregnancy
- ☐ Preparing for emergency/disaster
- ☐ Quitting smoking
- ☐ Elder care 1
- ☐ Anger management1
- ☐ Rape/sexual assault prevention
- ☐ Pregnancy prevention 1
- ☐ Stress management1
- ☐ Substance abuse prevention4
- ☐ Suicide prevention
- ☐ Safe driving skills
- ☐ Crime prevention
- ☐ Getting flu shots and/or vaccines

- ☐ Using child safety seats
- ☐ Going to the dentist for check-ups and preventive care
- ☐ Caring for special needs individuals
- ☐ Domestic violence prevention
- ☐ Child care services
- ☐ Parenting skills 13
- ☐ Sexting or cyberbullying 1

4. Where do you get most of your health-related information? Please choose only **ONE** source.
   - ☐ Friends and family 10
   - ☐ Internet 22
   - ☐ Health Department
   - ☐ Television-commercials and local stations
   - ☐ Print materials (brochures and flyers)
   - ☐ Seminars/workshops/classes
   - ☐ Other – please specify Veterans Administration
   - ☐ Newspapers
   - ☐ Doctor/nurse 13
   - ☐ Pharmacist 1
   - ☐ Hospital 1
   - ☐ School officials
   - ☐ Work site 2
   - ☐ Telephone helplines
   - ☐ Church officials
   - ☐ Books/magazines

5. If you have children between the ages of 9 and 19 for whom you are the caretaker, which of the following health topics do you think your child/children need more information about? Please choose **ALL** that apply.
   - ☐ I do not have children between the ages of 9 and 19 for whom I am the caretaker. 8
   - ☐ Dental hygiene 1
   - ☐ Asthma management
   - ☐ Sexually transmitted diseases 6
   - ☐ Drug Abuse 3
   - ☐ Mental health issues 12
   - ☐ Nutrition 3
   - ☐ Diabetes management
   - ☐ Sex education 4
   - ☐ Reckless driving/speeding
   - ☐ Suicide prevention 3
   - ☐ Eating disorders 2
   - ☐ Tobacco 2
   - ☐ Alcohol 2

6. Do you see a dentist regularly?
   - ☐ Yes 33
   - ☐ No 15

7. During a normal week, how often do you exercise or engage in physical activity that lasts at least 30 minutes outside the minimum requirements of your regular job?
   - ☐ 1-2 days 8
   - ☐ 3-4 days 10
   - ☐ 5-6 days 11
   - ☐ Every day 1
   - ☐ Never 13
   - ☐ Don't know/not sure 9

8. How many days a week do you eat five or more servings of fruits or vegetables (cooked or raw, fresh, frozen or canned)? DO NOT COUNT POTATO PRODUCTS LIKE FRENCH FRIES, HASH BROWNS, MASHED POTATOES, ETC.
   - ☐ 1 – 2 days 15
   - ☐ 5 – 6 days 7
   - ☐ Not at all 3
   - ☐ 3 – 4 days 19
   - ☐ Every day 1
   - ☐ Don't know/not sure 5

9. Within the past year, how often have you consumed alcohol?
   - ☐ Every day 1
   - ☐ Once a week 8
   - ☐ Once a month 2
   - ☐ Do not consume alcohol 28
   - ☐ 3 times a week 6
   - ☐ Twice a month 1
   - ☐ Less than once a month 6

10. Do you currently smoke, use electronic cigarettes or smokeless tobacco products? **If yes**, go to #11 and #12.
    - ☐ Yes 2
    - ☐ No 50

11. In the past 30 days, which of the following products have you used at least once a day?
    - ☐ Roll your own cigarettes
    - ☐ Flavored cigarettes such as Camel Crush
    - ☐ Clove cigars
    - ☐ Flavored little cigars
    - ☐ Smoking tobacco from a hookah or water pipe
    - ☐ Snus, such as Camel or Marlboro snus
    - ☐ Electronic cigarettes or E-cigarettes such as JUUL, Ruyan or NJOY
    - ☐ Dissolvable tobacco products such as Ariva, Stonewall, Camel Orbs, Camel Sticks
    - ☐ Cigarettes 2
    - ☐ Other new tobacco products not mentioned above
    - ☐ Have not used any of the products listed above or any new tobacco product
    - ☐ Don't know/not sure

12. If you wanted to quit using tobacco products, where would you most likely go for help. Choose **ONE** option.
    - ☐ Quit Line NC
    - ☐ Health Department
    - ☐ Pharmacy
    - ☐ Doctor
    - ☐ On my own 1
    - ☐ I do not want to quit 1
    - ☐ Private counselor/therapist
    - ☐ Not applicable

13. Have you or someone you know been personally impacted by opioid use? (Painkillers, heroin, Fentanyl)
    - ☐ Yes 19
    - ☐ No 33

14. Where do you go most often when you are sick? Choose only **ONE** site.
    - ☐ Doctor's office 37
    - ☐ Urgent care center 1
    - ☐ Health Department
    - ☐ Minute clinic 4
    - ☐ Hospital emergency department 4
    - ☐ Dentist office
    - ☐ I do not go anywhere 6

15. In the past twelve months, did you have a problem getting the health care you needed for you personally or for a family member?
    - ☐ Yes 12
    - ☐ No 40

16. Was there a time in the past twelve months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.
    - ☐ Yes 11
    - ☐ No 41

17. Does your household have working smoke and carbon monoxide detectors?
    - ☐ Yes, smoke detectors only 22
    - ☐ Yes, carbon monoxide detectors only 3
    - ☐ Yes to both 21
    - ☐ No 3
    - ☐ Don't know/not sure 3

18. How often do you interact with family, neighbors or community groups? No Answers

19. Are there any other issues or concerns that you would like to bring up?
    - Continue with strong public-private partnerships.
    - Develop a stronger, skilled workforce.
    - Support efforts to minimize "economic leakage" from Cleveland County.

Focus Group Demographic Information

52 participants in focus groups

1. How old are you? Please mark the appropriate category.
   - ☐ 18-24 7 ☐ 25-34 7 ☐ 35-44 3 ☐ 45-54 6 ☐ 55-64 9
   - ☐ 65-74 18 ☐ 74+ 2

2. What is your gender?
   - ☐ Male 13 ☐ Female 39 ☐ Other

3. What do you consider your race?
   - ☐ American Indian/Alaskan Native 1
   - ☐ White/Caucasian 26
   - ☐ Black/African-American 20
   - ☐ Asian Indian
   - ☐ Asian – Japanese, Chinese, Korean, Vietnamese, etc.
   - ☐ Multi-racial 4
   - ☐ Native Hawaiian/Pacific Islander

4. What is your employment status? Please check all that apply.
   - ☐ Employed Full Time 22
   - ☐ Student 13
   - ☐ Employed part-time 7
   - ☐ Retired 14
   - ☐ Homemaker
   - ☐ Self-employed
   - ☐ Active military
   - ☐ Disabled 3
   - ☐ Unemployed for less than one year
   - ☐ Unemployed for more than one year

5. What is your primary source of transportation in Cleveland County. Please choose only **ONE**.
   - ☐ Personal Vehicle 49
   - ☐ Family/Friend Vehicle 2
   - ☐ Taxi
   - ☐ TACC vans
   - ☐ Agency/volunteer vehicle
   - ☐ Moped
   - ☐ Bicycle
   - ☐ Walk 1

2019 Cleveland County Community Health Assessment

78 responses – 25 from Leadership Cleveland County

Please help us consider some quality of life statements about Cleveland County.

How long have you lived in Cleveland County?

- ☐ Less than one year 6
- ☐ One to three years 7
- ☐ Four to seven years 2
- ☐ Eight to ten years 3
- ☐ More than ten years 27
- ☐ All my life 22
- ☐ No Answer 11

Please indicate your level of agreement with the following statements. Your answers are confidential. Please make any additional comments on the reverse side of this sheet.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in Cleveland County. *Consider the cost and quality, number of options and availability of healthcare in the county.*	**2**	**14**	**26**	**29**	**27**
Cleveland County is a good place to raise children. *Consider the quality and safety of schools and child care programs, after school programs and places to play in the county.*	**-**	**5**	**17**	**42**	**14**
Cleveland County is a good place to grow old. *Consider the county's elder-friendly housing, transportation to medical services, recreation and services for the elderly.*	**-**	**12**	**27**	**27**	**12**
There is plenty of economic opportunity in Cleveland County. *Consider the number and quality of jobs, job training/higher education opportunities and availability of affordable housing in the county.*	**2**	**27**	**24**	**21**	**4**
Cleveland County is a safe place to live. *Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks and shopping points in the county.*	**-**	**5**	**24**	**43**	**6**
There is plenty of help for people during times of need in Cleveland County. *Consider social support in this county; neighbors, support groups, faith community outreach, community organizations and emergency monetary assistance.*	**2**	**13**	**25**	**29**	**9**

Leadership Cleveland County participants ONLY completed the Quality of Life Statements.

2019 Community Health Assessment – Priority Identification Ballot

Please carefully review the health indicators listed below. These factors have been selected as the *Healthy North Carolina 2030* indicators for focused work over the next ten years in order to improve the health of all North Carolinians. Consequently, five priorities will be selected as focus areas for work in Cleveland County specifically by partners across the county. Please review these indicators and select **five** that you think are most critical in improving the lives of Cleveland County residents in the coming decade

Health Indicator	***Desired Result***	***NC Current Status***	***Cleveland County Current Status***	***NC 2030 Target***
Individuals below 200% FPL – Percent of individuals with incomes at or below 200% of the federal poverty level	Decrease the number of people living in poverty	36.8% (2013-17)	45.7% (2013-17) American Community Survey	27.0%
Unemployment – Percent of population aged 16 and older who are unemployed but seeking work	Increase economic security	7.2% (2013-17)	3.8% (2019) NC Department of Commerce	
Short-Term Suspensions– Number of out-of-school suspensions in educational facilities for all grades per 10 students	Dismantle structural racism	1.39 (2017-18)	3,557 total suspensions – duplicated count CCS 2017-18	.80
Incarceration Rate – Incarceration in North Carolina prisons per 100,000 population	Dismantle structural racism	341 (2017)	404-482 – NC Dept of Corrections	150
Adverse Childhood Experiences – Percent of children who have experienced two or more of the following: hard to get by on money; parent/guardian divorced or separated; parent/guardian died/ parent/guardian served time in jail; saw or heard violence in the home; victim/witness of neighborhood violence; lived with anyone mentally ill, suicidal, or depressed;; lived with anyone with alcohol or	Improve child well-being	23.6% (2016-17)	26.6% of 22,889 children – Benchmarks NC 2017	18.0%

drug problem; often treated unfairly due to race/ethnicity				
Third Grade Reading Proficiency – Percent of children reading at a proficient level or above based on third grade End of Grade exams	Improve third-grade reading proficiency	56.8% (2018-19)	57.5% (2018-19) Cleveland County Schools	80.0%
Access to Exercise Opportunities – Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	Increase physical activity	73% (2010/18)	53%	92%
Limited Access to Healthy Food - Percent of people who are low-income that are not in close proximity to a grocery store – metropolitan area more than one mile from a store, rural area more than 10 miles from a store	Improve access to healthy food	7% (2015)	7%	5%
Severe Housing Problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities	Improve housing quality	16.1% (2011-15)	15%	14.0%
Drug Overdose Deaths – Number of persons who die as a result of drug poisoning per 100,000 population – includes deaths of any intent: unintentional, suicide, homicide and undetermined – includes all medications and drugs	Decrease drug overdose deaths	20.4 (2018)	15.2 (2014-18) NCDHHS, Division of Public Health	18.0

Tobacco Use – Percent of youth and adults reporting current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes and/or hookah – youth and adults measured separately	Decrease tobacco use	Youth 19.8% (2017)	17.4% tobacco 36.3% e-cigarettes 2019 PRIDE Survey 12 grade students	9.0%
		Adult 23.8% (2018)	21%	15.0%
Excessive Drinking – Percent of adults reporting binge or heavy drinking: binge (4+ women all ages/men age 65+ or 5+ men under age 65 drinks on one occasion in the past 30 days; heavy drinking (8+ women all ages/men age 65+ or 15+ men under age 65 drinks per week in the past 30 days)	Decrease excessive drinking	16.0% (2018)	16%	12.0%
Sugar-Sweetened Beverage Consumption – Percent of youth and adults reporting consumption of one or more sugar-sweetened beverages per day – includes non-diet soda, fruit drinks such as Kool-Aid and lemonade, sweet tea, and sports or energy drinks such as Gatorade and Red Bull	Reduce overweight and obesity	Youth 33.6% (2017)	Not available	17.0%
		Adult 34.2% (2017)	30%	20.0%
HIV Diagnosis – Number of new HIV diagnosis per 100,000 population	Improve sexual health	13.9 (2018)	8 (2018) NCDHHS	6.0
Teen Birth Rate – Number of births to girls aged 15-19 per 1,000 population	Improve sexual health	18.7 (2018)	30.4 (2018) SHIFT NC	10.0
Uninsured – Population under age 65 without health insurance	Decrease the uninsured population	13% (2017)	15%	8%
Primary Care Workforce – Primary care workforce as a ratio of the number of full-	Increase the primary care workforce	62 (2017)	1 provider:2,020 residents	25% decrease

time equivalent primary care clinicians to county populations – includes physicians, nurse practitioners, physician assistants, and certified nurse midwives; provider location defined by primary practice location on licensure information				for counties above ratio
Early Prenatal Care – Percent of women who receive pregnancy related health care services during the first trimester of a pregnancy	Improve birth outcomes	68.0% (2018)	64.1% (2018) County Health Data Book	80.0%
Suicide Rate – Age-adjusted number of deaths attributable to self-harm per 100,000 population	Improve access and treatment for mental health needs	13.8 (2018)	19 (2017) Vital Statistics	11.1
Infant Mortality – Rate of infant deaths per 1,000 live births – deaths are counted if they occur within the first year	Decrease infant mortality	6.8 (2018)	9.5 (2018) State Center for Health Statistics	6.0
		Black/White Disparity Ratio 2.4	Black/White Disparity Ratio 2.07 (2018) State Center for Health Statistics	Black/White Disparity Ratio 1.5
Life Expectancy – Average number of years of life remaining for persons who have attained a given age	Increase life expectancy	77.6 (2018)	74.6	82.0

Key: Social and Economic Factors in Red *Physical Environment Factors in Green*
Health Behavior Factors in Blue *Clinical Care Factors in Purple*
Health Outcomes in black
All data from 2019 County Health Rankings unless otherwise noted

PLEASE SELECT YOUR TOP FIVE PRIORITIES TO BE ADDRESSED IN CLEVELAND COUNTY.

Ballots are due back to Anne Short at anne.short@clevelandcounty.com by simply listing your top five priorities. You may also return this page only by fax at 980-484-5365 or by mail to 200 South Post Road, Shelby, NC 28152 **no later than Friday, February 14, 2020**. Thank you for your help in selecting health priorities for Cleveland County.

Weighted Rankings
2030 Health Indicators for Cleveland County

Ranking	Indicator	Weighted Score	Link to Community Survey
1	Individuals Living at or below 200% Federal Poverty level	155	Q1 - #1 – Low income/poverty
2	Adverse Childhood Experiences	133	Q1 - #3 – Mental Health Issues Q1 - #5 – Neglect and abuse of children Q2 - #3 – Mental health services Q2 - #4 – Positive teen activities Q3 - #1 – Mental health disorders Q3 - #4 – Parenting skills Q4 - #1 – Mental health issues
3	Tobacco Use	74	11.89% of respondents reported using tobacco products
4	Teen Birth Rate	70	Q2 - #4 – Positive teen activities Q4 - #4 – Sex education
5	Severe Housing Problems	59	Q2 - #5 – Better/more affordable housing
6	Third Grade Reading Proficiency	53	
7	Limited Access to Healthy Food	45	Q3 - #2 – Nutrition/eating well Q3 - #5 – Weight management Q4 - #2 - Nutrition
8	Primary Care Clinicians	43	Q2 - #2 – More affordable health services
9	Early Prenatal Care	42	
10	Uninsured	35	Q1 - #4 – Lack of or inadequate health insurance
11	Unemployment	34	Q2 - #1 – Higher paying employment Q2 - #5 – Availability of employment
12	Drug Overdose Deaths	31	Q1 - #2 – Substance Abuse (drugs & alcohol) Q3 - #3 – Substance abuse prevention Q4 - #3 – Drug abuse 27.89% of respondents reported being personally impacted by opioid use 19.29% of respondents reported being personally impacted by meth use
13	Infant Mortality	30	
14	Access to Exercise Opportunities	29	17.11% of respondents reported no engagement in physical activity weekly
15	Suicide Rate	28	Q1 - #3 – Mental Health Issues Q2 - #3 – Mental health services Q3 - #1 – Mental health disorders Q4 - #1 – Mental health issues Q4 - #5 – Suicide prevention

			11% of respondents reporting having suicidal thoughts in past year
16	Sugar-Sweetened Beverage Consumption	22	Q 3 - #5 – Weight management
17	HIV Diagnosis	20	
18	Incarceration Rate	15	Q 2 - #4 – Positive teen activities
19	Short-Term Suspensions	12	
20	Life Expectancy	10	
21	Excessive Drinking	5	Q1 - #2 – Substance Abuse (drugs & alcohol) Q3 - #3 – Substance abuse prevention 7.18% of respondents reported consuming alcohol twice a month 41.20% of respondents reported no consumption of alcohol

Community Survey –

Q1 – Issues Affecting Quality of Life:	Low Income/poverty	38.66%
	Substance abuse (alcohol and drugs)	17.51%
	Mental health issues	9.52%
	Lack of or inadequate health insurance	6.44%
	neglect and abuse of children	3.78%
Q2 – Services Needing Most Improvement:	Higher paying employment	19.89%
	More affordable health services	9.38%
	Mental health services	9.24%
	Positive teen activities	8.82%
	Better/more affordable housing tied with Availability of employment	5.18%
Q3 – Need more information about health behaviors:	Mental health disorders	14.53%
	Nutrition/eating well	13.53%
	Substance abuse prevention	12.25%
	Parenting skills	10.54%
	Weight management	6.98%
Q4 – Children need more information about:	Mental health issues	11.06%
	Nutrition	10.16%
	Drug abuse	9.42%
	Sex education	7.92%
	Suicide prevention	6.43%

Weighted Rankings for Public Health Board
2030 Health Indicators for Cleveland County
March 10, 2020

Ranking	Indicator	Weighted Score
1	Individuals Living at or below 200% Federal Poverty level	155
2	Adverse Childhood Experiences	133
3	Tobacco Use	74
4	Teen Birth Rate	70
5	Severe Housing Problems	59
6	Third Grade Reading Proficiency	53
7	Limited Access to Healthy Food	45
8	Primary Care Clinicians	43
9	Early Prenatal Care	42
10	Uninsured	35
11	Unemployment	34
12	Drug Overdose Deaths	31
13	Infant Mortality	30
14	Access to Exercise Opportunities	29
15	Suicide Rate	28
16	Sugar-Sweetened Beverage Consumption	22
17	HIV Diagnosis	20
18	Incarceration Rate	15
19	Short-Term Suspensions	12
20	Life Expectancy	10
21	Excessive Drinking	5

Priority Scores 1 = 5 points, 2 = 4 points, 3 = 3 points, 4 = 2 points and 5 = 1 point

65 Responses from Stakeholders:

Public Health Board
Alliance for Health Board of Directors
Healthcare Foundation of Cleveland County Board
Minority Health Council
School Health Advisory Council
Department of Social Services Advisory Board

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The Cleveland County Public Health Center ສອດຄ່ອງກັ ບລະບຽບກົ ດຫມາຍຂອງລັ ດຖະບານກາງທີ່ ກ່ຽວຂ້ອງແລະການມີ ສ່ວນຮ່ວມໃນການ ບໍ ລິ ການແມ່ນບໍ່ ມີ ລັ ກສະນະກ່ຽວກັ ບເຊ ້ ອຊາດ, ສີ, ຊາດ, ສາສະຫນາ, ເພດ, ອາຍຸ, ປະຖິ ມນິ ເທດທາງເພດຫ ຄວາມພິ ການ.

Cleveland County Public Health Center
200 South Post Road
Shelby, North Carolina 28152
(980-484-5100)
www.clevelandcounty.com/cchd

CLEVELAND COUNTY
PUBLIC HEALTH CENTER

Alliance
FOR HEALTH
BUILDING A HEALTHY COMMUNITY