



Gaston County

2025

**COMMUNITY
HEALTH
ASSESSMENT**



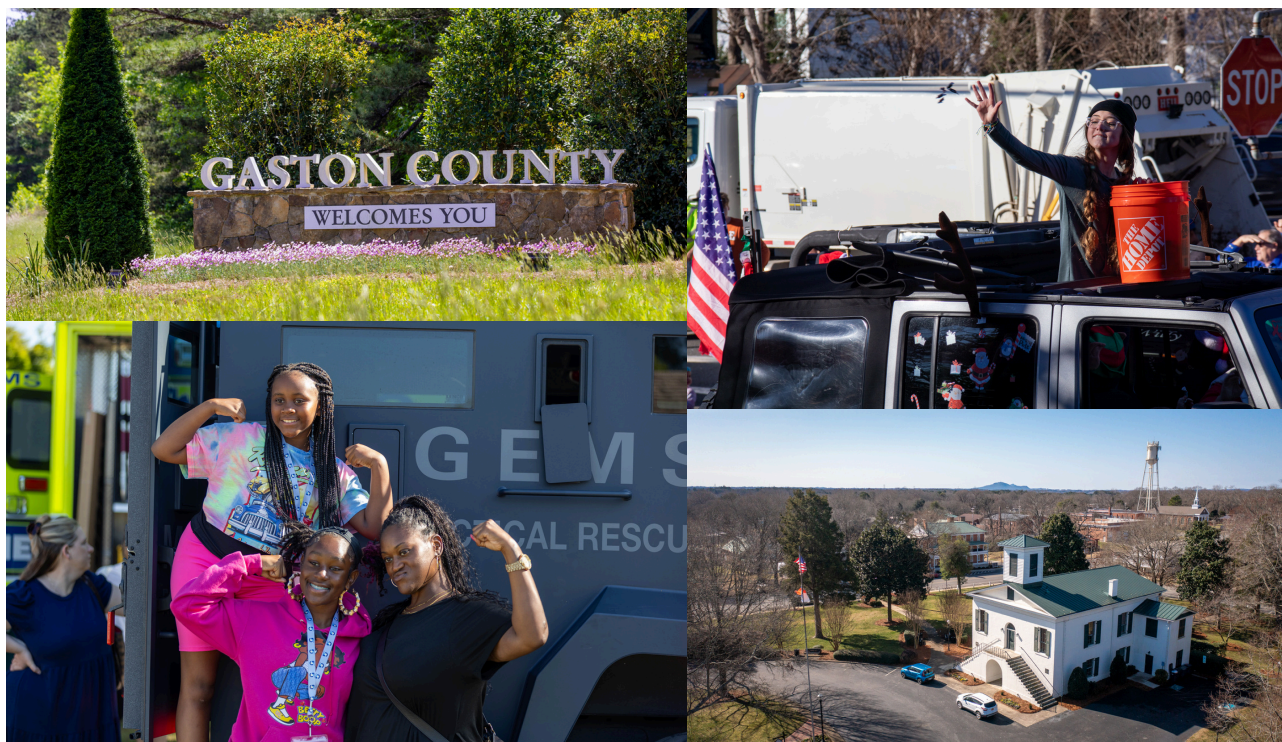
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The Gaston County Public Health team expresses gratitude to community partners, stakeholders, and residents for their valuable insights and support during the assessment process. Acknowledging the contributions of local organizations, public agencies, and volunteers, the team emphasizes that their dedication to improving health outcomes informs their mission and understanding of the community's unique needs.

COMMUNITY HEALTH ASSESSMENT ADVISORY COMMITTEE PARTNER ORGANIZATIONS REPRESENTED

Gaston County Public Health
Gaston County Government
City of Gastonia
City of Bessemer City
Town of Cramerton
Gaston County Police Department
City of Gastonia Police Department
Gaston County Public Schools
Gaston College
Gaston Business Association
Head Start (Gaston County)
Partnership for Children of Lincoln & Gaston Counties
CaroMont Health
Kintegra Health
Gaston YMCA
Partners Health Management
HealthNet Gaston
Gaston County Parks and Recreation
City of Gastonia Parks and Recreation

GASTON COUNTY CHA WRITING TEAM

Kyle Gamble	Data Analyst
Brittany Lewis	Community Health Strategist
Jim Lor	Data Analyst
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Leigh Yount	Quality and Innovation Administrator

Dear Community Partners and Residents,

On behalf of Gaston County Public Health, I am pleased to present the 2025 Community Health Assessment (CHA). This assessment reflects a collaborative effort with community members, partner agencies, health care organizations, and local stakeholders to better understand the health status, needs, and assets of our community.

The CHA process is conducted every three to four years as part of our commitment to data-driven planning and community engagement. The purpose of this assessment is to identify key health issues, uncover underlying factors that influence health, and provide a foundation for collective action. Community voices are central to this process, and the results presented in this report are informed by data from resident surveys, focus groups, key stakeholder interviews, and a comprehensive review of secondary health indicators.

Through this engagement and analysis, three priority areas have emerged as focal points for improving community health: substance use, mental health, and access to healthy and affordable foods. These priorities represent the most pressing concerns identified by community members and reflect both health outcomes and the broader conditions that shape health and well-being.

The CHA also incorporates the County Health Rankings & Roadmaps Model, which emphasizes the importance of social, economic, and environmental conditions in shaping community health. This framework guided how data were collected, analyzed, and interpreted throughout the assessment process, ensuring a holistic view of local health drivers.

As we move forward, the findings from this CHA will inform development of the Community Health Improvement Plan (CHIP). The CHIP will outline collaborative strategies designed to address the identified priorities and foster measurable improvements in health and equity across Gaston County.

I would like to thank all who participated in this process, especially residents who shared their experiences, partner organizations who contributed data and expertise, and community leaders who helped shape this work. Your engagement is essential to building a healthier future for all.

Sincerely,



Brittain Kenney, MPH

Health Director, Gaston County Public Health



EXECUTIVE SUMMARY

VISION STATEMENT

The Gaston County 2025 Community Health Assessment (CHA) provides a comprehensive examination of population health outcomes, the conditions that influence health, and community-identified priorities for improvement. Conducted every three to four years, the CHA fulfills state and accreditation requirements while serving as a foundational planning tool to guide public health action, cross-sector collaboration, and community engagement across Gaston County.

Using a combination of quantitative data and community input, the assessment describes current health conditions, identifies disparities across populations and geographic areas, and elevates the lived experiences of residents. Together, these findings establish a shared understanding of community needs and inform coordinated strategies to improve health and well-being.

KEY FINDINGS

Analysis of secondary data and extensive community engagement revealed several persistent and interconnected challenges affecting health in Gaston County. Behavioral health concerns, access to essential resources, and underlying social and economic conditions consistently emerged across multiple data sources. These issues influence a wide range of outcomes, including chronic disease, maternal and child health, mental health, and overall life expectancy.

- **Behavioral health strain is increasing:** rising suicidal ideation Emergency Department (ED) visits and a higher suicide death rate (14.5 to 18.4 per 100,000) suggest growing crisis-level need beyond what's seen in peer counties and North Carolina overall.
- **Opioid-related harm remains a high burden:** although overdose ED visits and deaths are trending downward (since 2023 and 2022, respectively), rates are still above peer counties and North Carolina overall, indicating continued demand for prevention and response capacity.
- **Geographic clustering shows compounding need:** central and western areas of the county face overlapping challenges, where elevated food insecurity and poverty coincide with higher chronic disease risk (e.g., diabetes and obesity).
- **Birth outcomes reflect disparities:** substantially higher preterm birth and low birth weight among Black or African American mothers point to unequal conditions before, during, and after pregnancy.

Through a structured prioritization process that incorporated **community survey results**, **stakeholder discussions**, and **community voting**, three priority areas were identified:

Substance Use

Mental Health

Access to Healthy and Affordable Foods

These priorities reflect both immediate health needs and upstream drivers of health and align with the County Health Rankings & Roadmaps Model, which emphasizes the role of social, economic, and environmental conditions in shaping population health and equity.

CHAPTER 1:

INTRODUCTION, PURPOSE, & FRAMEWORK

PURPOSE OF THE COMMUNITY HEALTH ASSESSMENT

The purpose of the Gaston County Community Health Assessment is to provide a comprehensive, data-driven understanding of the health status of county residents and the factors that influence health outcomes. The CHA identifies key health needs, examines disparities across populations and geographic areas, and establishes a shared foundation for coordinated community action.

The assessment is designed to support public health planning, inform policy and program development, and strengthen collaboration among local government, health care providers, community-based organizations, and residents.

REGIONAL COLLABORATION

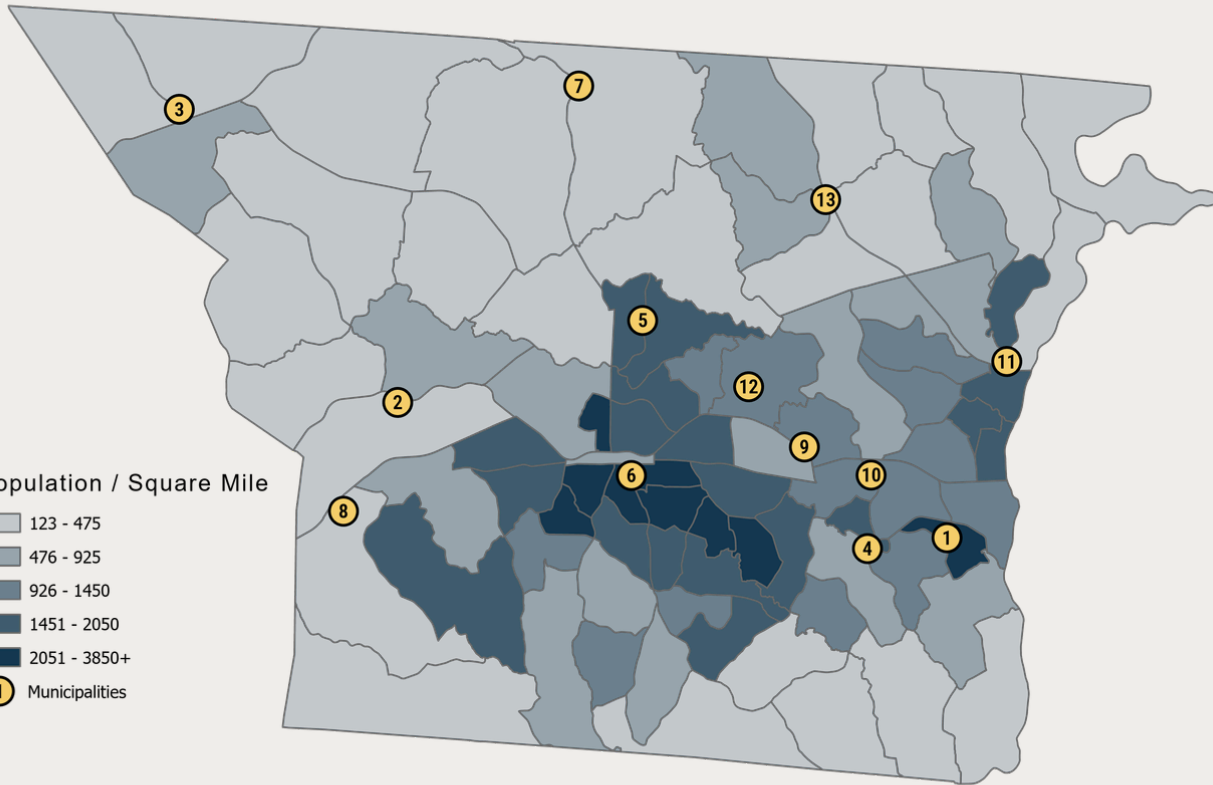
Gaston County conducted this Community Health Assessment as part of the Central Carolina Community Collaborative (CCCC), a regional partnership of counties working together to strengthen community health planning. Through the CCCC, participating counties contracted Metopio, and implemented a shared community survey and aligned methodologies, allowing for meaningful regional comparisons of health needs, behaviors, and outcomes.

This collaborative approach enhances the validity of findings, increases the diversity of community input, and supports opportunities for shared learning and regional strategies to address common challenges.



Central Carolina
Community Collaborative

GASTON COUNTY COMMUNITY PROFILE



POPULATION
234,881
(2020-2024)

MEDIAN AGE
39.1
(2020-2024)

LAND AREA
355.75
(2020; sq miles)

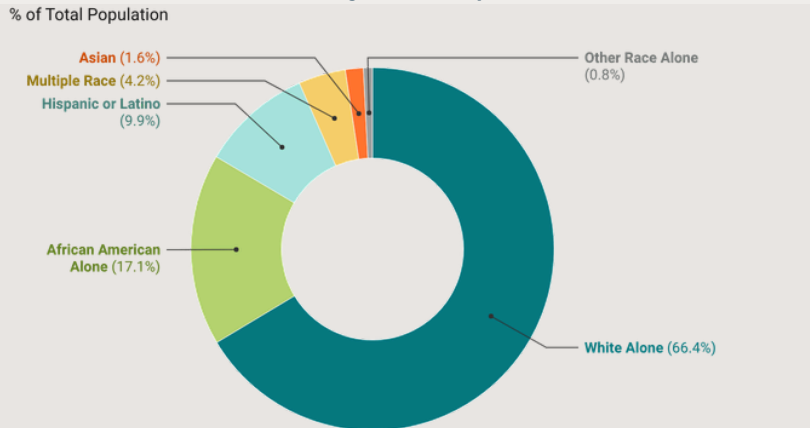
MEDIAN
HOUSEHOLD
INCOME
\$67,478
(2020-2024)

Population by Municipality, 2020-2024

	Municipality	Population
1	Belmont	15,546
2	Bessemer City	5,580
3	Cherryville	6,226
4	Cramerton	5,450
5	Dallas	6,104
6	Gastonia	82,884
7	High Shoals	534
8	Kings Mountain	12,039
9	Lowell	3,768
10	McAdenville	1,010
11	Mount Holly	18,208
12	Ranlo	4,617
13	Stanley	4,069

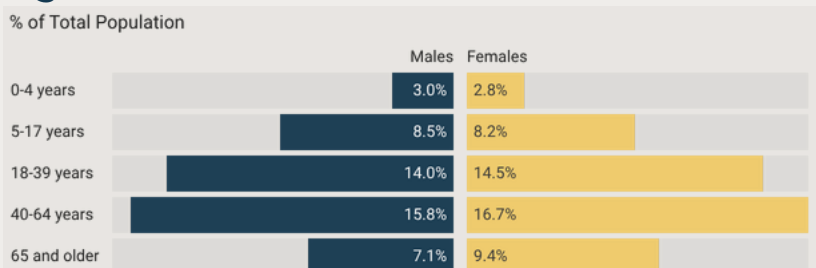
Source: U.S. Census Bureau, ACS Table B01003 (2024: 5-Year Estimates)

Race and Ethnicity Composition



Source: U.S. Census Bureau, ACS Table B03002 (2024: 5-Year Estimates)

Age and Sex Distribution



Source: U.S. Census Bureau, ACS Table B01001 (2024: 5-Year Estimates)

Figure 1. Gaston County Community Profile

THEORETICAL FRAMEWORK

The Gaston County Community Health Assessment is guided by the County Health Rankings & Roadmaps (CHR&R) Model, developed by the University of Wisconsin Population Health Institute.

This framework emphasizes that health outcomes are shaped not only by individual behaviors and access to clinical care, but also by broader social, economic, and environmental conditions.¹ Healthy People 2030 and Healthy North Carolina 2030 both use this approach to guide their health improvement efforts.

The CHR&R Model identifies four major categories that influence health outcomes:

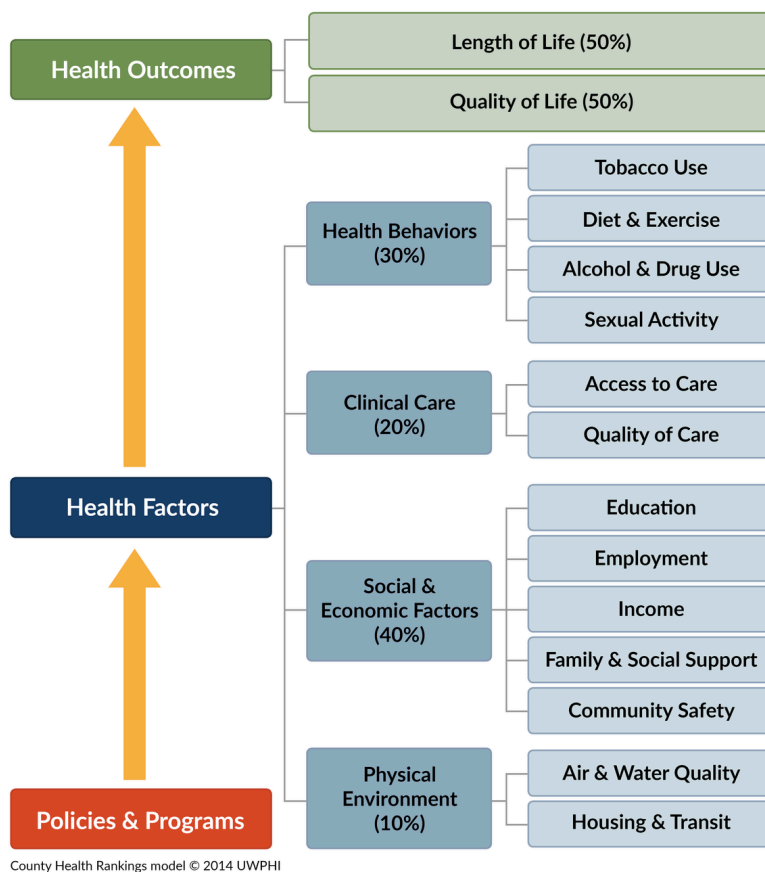
- **Health behaviors**
- **Clinical care**
- **Social and economic factors**
- **Physical environment**

These factors interact with one another and are shaped by policies, systems, and historical patterns of investment and disinvestment.² By organizing data within this framework, the CHA highlights how upstream conditions, such as education, employment, income, housing stability, transportation, and neighborhood conditions, create the context in which health behaviors and outcomes occur.

A central component of the CHR&R Model is its explicit **focus on health equity**. The framework recognizes that inequities in health outcomes are driven by unequal access to opportunities and resources, often influenced by race, ethnicity, income, geography, and structural factors. Applying this lens allows the CHA to identify disparities across populations and communities and to examine how social determinants contribute to these differences.

The CHR&R Model also emphasizes the importance of **collective action and cross-sector collaboration**. Improving health is viewed as a shared responsibility that extends beyond the health care system to include education, housing, transportation, economic development, public safety, and community-based organizations. This perspective aligns with Gaston County's commitment to partnership-driven planning and informed the integration of community input, data interpretation, and priority setting throughout the CHA process.

Figure 2. The County Health Rankings Model



CHAPTER 2: METHODOLOGY

The Gaston County Community Health Assessment employed a mixed-methods approach to provide a comprehensive and balanced understanding of community health. Combining quantitative data analysis with qualitative community input allowed the assessment to capture both measurable health trends and the lived experiences of residents.

QUANTITATIVE DATA COLLECTION AND ANALYSIS

Secondary data were collected from a range of state and national sources to examine health outcomes, access to care, and social determinants of health. Key data sources included the American Community Survey, the North Carolina State Center for Health Statistics, North Carolina Department of Health and Human Services surveillance systems (including NC DETECT), County Health Rankings & Roadmaps, and other publicly available datasets.

Where possible, data were analyzed over time and disaggregated by race and ethnicity, age, and geography to identify trends and disparities. Indicators were selected based on relevance to community health priorities, data availability, and alignment with the County Health Rankings & Roadmaps framework.

QUALITATIVE DATA COLLECTION

Qualitative data was collected to supplement secondary data and ensure that community perspectives informed the assessment. Gaston County Public Health administered a countywide community survey as part of the Central Carolina Community Collaborative, allowing for regional comparison of results.

In addition, focus groups were conducted with targeted populations to explore health issues in greater depth, and key informant interviews were completed with leaders from health care, public health, education, social services, government, and community-based organizations. These methods provided critical context for understanding barriers to care, service gaps, and community strengths.

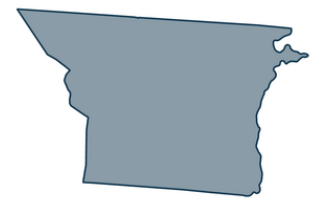
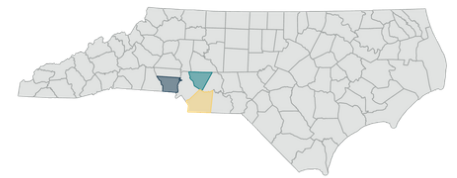


COMPARISON AREAS

To provide meaningful context for interpreting health indicators, **Gaston County** selected **Cabarrus County** and **Union County** as comparison counties for this Community Health Assessment. These counties were chosen because they are geographically proximate, share regional characteristics, and offer relevant points of comparison while highlighting differences in health outcomes and underlying conditions.

Gaston, Cabarrus, and Union counties all border Mecklenburg County and are part of the broader Charlotte metropolitan region. As a result, they share common influences such as economic interdependence, commuting patterns, and access to overlapping health care markets. At the same time, Cabarrus and Union differ from Gaston County in key demographic, socioeconomic, and health measures, including income, educational attainment, and population growth, providing useful perspective on variation in outcomes across neighboring communities.

While Mecklenburg County strongly influences the region as a major employment and health care hub, it was not selected as a direct comparison county due to its substantially larger population and urban context. Instead, its regional influence is considered when interpreting findings across Gaston and surrounding counties.



GASTON



UNION



CABARRUS

COMMUNITY ENGAGEMENT AND INTERPRETATION

Community engagement was integrated throughout the CHA process. Residents and partners contributed not only data, but also interpretation, helping to contextualize findings and identify underlying causes of observed trends. This collaborative interpretation strengthened the relevance of the assessment and ensured that conclusions were grounded in local knowledge.

LIMITATIONS

As with all community health assessments, certain limitations should be noted. Secondary data availability varies by indicator and may not capture recent changes or smaller population groups. Community survey participation was voluntary and may not be fully representative of the county population; however, survey findings were used alongside multiple data sources to strengthen conclusions.

Despite these limitations, the use of diverse data sources and engagement strategies provides a robust foundation for understanding community health needs and informing action.

CHAPTER 3:

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (**SDOH**) are the conditions in which people are born, grow, live, work, and age. These conditions strongly influence health behaviors, access to care, and overall well-being. In Gaston County, economic stability, education, health care access, neighborhood conditions, and social context play a significant role in shaping health outcomes.

To examine social determinants of health, this assessment uses the Healthy People 2030 SDOH Framework to organize community data into five domains:

- **Economic Stability** - Employment, income, and financial security that affect a person's capacity to afford housing, food, and medical care.
- **Education Access and Quality** - Early learning opportunities, school achievement, and literacy that influence lifelong health literacy and economic opportunity.
- **Health Care Access and Quality** - Availability, affordability, and quality of medical and behavioral health services that determine whether people receive timely and effective care.
- **Neighborhood and Built Environment** - The physical conditions of where people live, including housing, food access, transportation, environmental conditions, and opportunities for physical activity.
- **Social and Community Context** - The strength of social networks, safety, civic engagement, and sense of belonging that shape community cohesion and resilience.

Each section of this chapter presents quantitative data (figures, tables, and maps) and, where available, contextual interpretation to illustrate how social and structural factors intersect to impact health behaviors and outcomes. Together, these indicators reveal patterns that inform priorities, community planning, and public health action.

Figure 3. CDC Social Determinants of Health

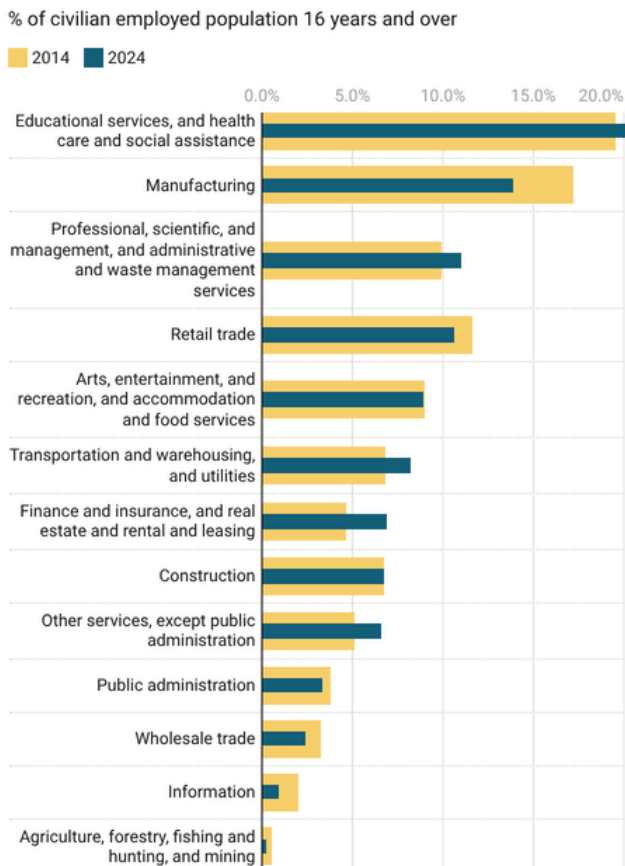


ECONOMIC STABILITY

Economic stability is a foundational driver of health, shaping residents' ability to meet basic needs, manage stress, and access health-promoting resources. Employment opportunities, income levels, and poverty directly influence housing stability, food security, transportation access, and use of preventive health care.



Figure 4.
Shift in Types of Industry
Gaston County, 2014 and 2024



Source: U.S. Census Bureau, ACS Table DP03 (2014, 2024: 1-Year Estimates)

EMPLOYMENT AND INCOME

Between 2014 and 2024, **Gaston County's employment base shifted toward service-oriented sectors while manufacturing's share declined.** Healthcare and education increased from 19.5% to 20.3% of employment, and growth was also seen in professional services (9.9% to 11.0%), finance and real estate (4.6% to 6.9%), and transportation and warehousing (6.8% to 8.2%). In contrast, **manufacturing decreased from 17.2% to 13.9%.** Despite this shift, **major employers remain concentrated in healthcare, education, manufacturing, retail, transportation, and government,** with several organizations employing more than 1,000 workers.

Top 10 Employers in Gaston County

2024 Annual Report

Rank	Company Name	Industry	Class	Employment Range
1	Caromont Health (A Corp)	Health Care and Social Assistance	Private Sector	1000+
2	Gaston County Schools	Educational Services	Public Sector	1000+
3	Daimler Trucks North America Llc	Manufacturing	Private Sector	1000+
4	County Of Gaston	Public Administration	Public Sector	1000+
5	Wal-Mart Associates Inc	Retail Trade	Private Sector	1000+
6	U S Postal Service	Transportation and Warehousing	Public Sector	1000+
7	American & Efrid Llc	Manufacturing	Private Sector	1000+
8	Mann+hummel Filtration Technology	Manufacturing	Private Sector	500-999
9	City Of Gastonia	Public Administration	Public Sector	500-999
10	Gaston Family Health Services Inc (Kintegra)	Health Care and Social Assistance	Private Sector	500-999

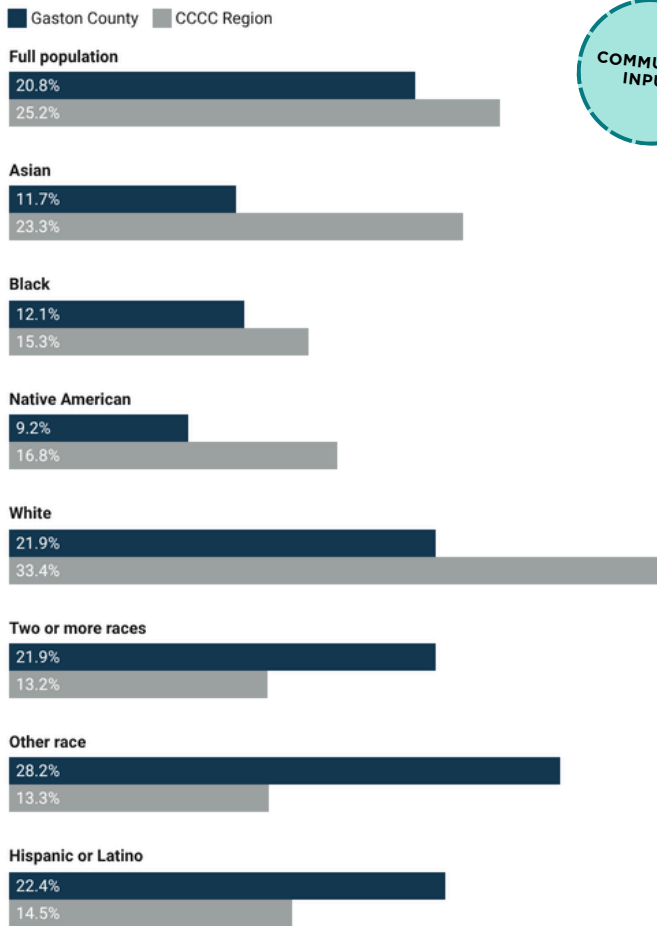
Source: NC Department of Commerce

Table 1.



TOP 3 EMPLOYERS IN GASTON COUNTY

Figure 5. Participants Who Think There are Enough Well-Paying Jobs by Race and Ethnicity, 2025

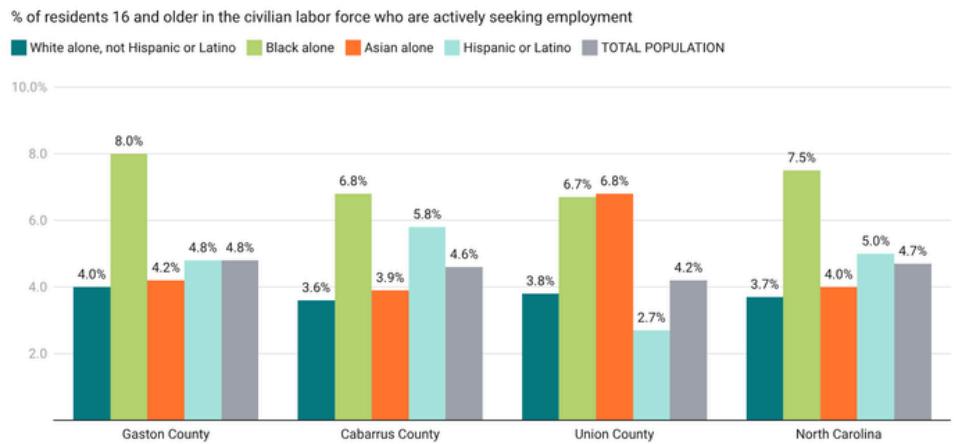


Perceptions of economic opportunities are closely tied to financial stability, stress, and long-term health outcomes. Limited access to well-paying employment is associated with lower income, reduced access to health insurance, housing instability, and increased risk of chronic disease and poor mental health.³

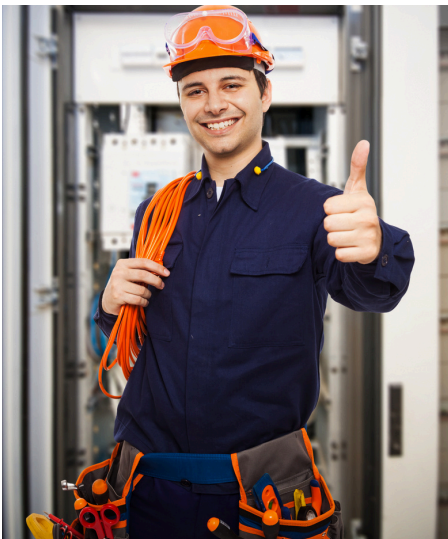
In 2025, **only 20.8% of Gaston County survey participants felt there are enough well-paying jobs in the area**, lower than the broader CCCC region (25.2%). Perceptions varied by race and ethnicity. In Gaston County, **confidence was lowest among Native American (9.2%), Asian (11.7%), and Black (12.1%) respondents**. White respondents reported 21.9%, close to the county average, while Hispanic or Latino (22.4%) and those identifying as two or more races (21.9%) were slightly higher.

Source: CCCC Regional Community Health Needs Assessment, 2025

Figure 6. Unemployment Rate by Race and Ethnicity Among Gaston County, Peer Counties, and North Carolina, 2020-2024



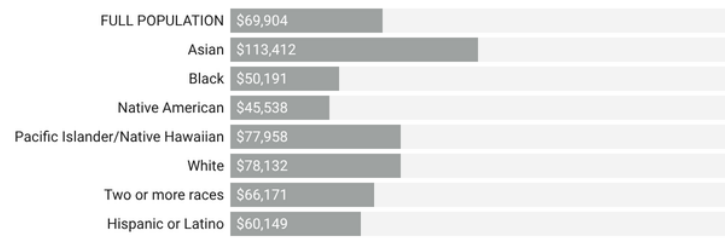
Source: U.S. Census Bureau, ACS Table S2301 (2024: 5-Year Estimates)



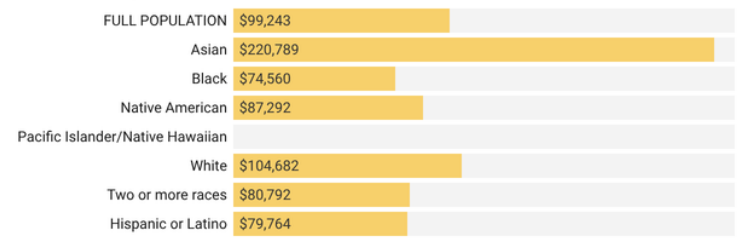
From 2020-2024, **Gaston County's overall unemployment rate (4.8%) was similar to the state (4.7%) and peer counties, Cabarrus (4.6%) and Union (4.2%)**. Within the county, **Black residents in Gaston County experience the highest unemployment rate (8.0%), approximately double that of White residents (4.0%)** and well above the county average. Hispanic or Latino (4.8%) and Asian residents (4.2%) are closer to the overall rate. Persistent unemployment is associated with poorer mental and physical health outcomes, increased stress, reduced access to insurance and care, and higher mortality risk.³ These patterns suggest that employment inequities may contribute to broader health disparities within the county.

**Figure 7.
Median Household Income by Race and Ethnicity**

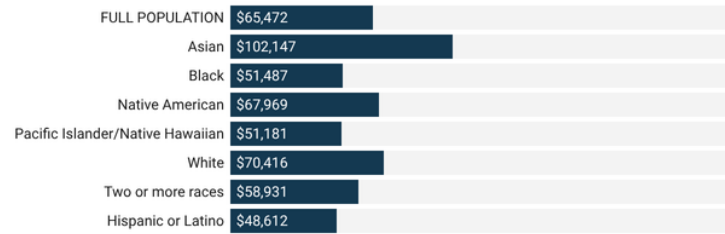
North Carolina, 2019 - 2023



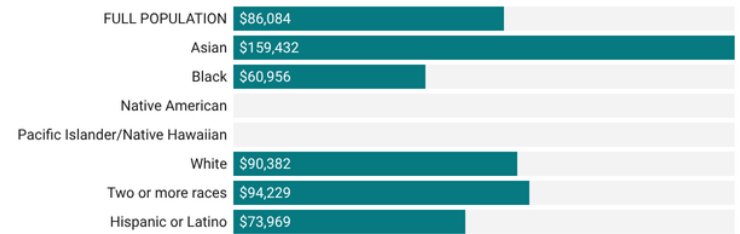
Union County, 2019 - 2023



Gaston County, 2019 - 2023



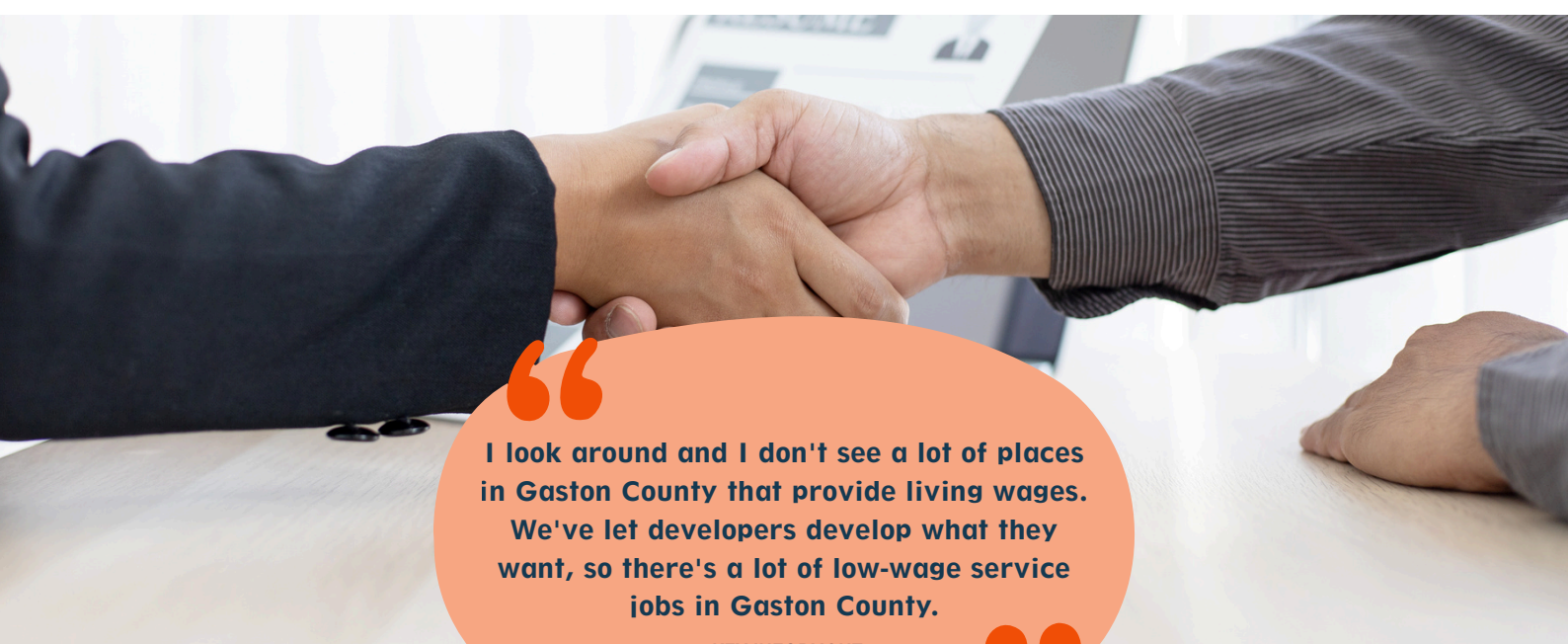
Cabarrus County, 2019 - 2023



Source: U.S. Census Bureau, ACS Table S1903 (2023: 5-Year Estimates)

From 2019–2023, **Gaston County’s median household income (\$65,472)** was lower than North Carolina’s overall (\$69,904) and substantially below Cabarrus (\$86,084) and Union (\$99,243) counties, reflecting comparatively **lower household earning capacity**. Within Gaston County, **disparities by race and ethnicity are pronounced**: Asian households report the highest median household income (\$102,147), followed by White households (\$70,416), while Black (\$51,487) and Hispanic or Latino households (\$48,612) experience markedly lower median household incomes.

There is evidence that links lower income and income inequality to poorer health outcomes, including higher rates of chronic disease, shorter life expectancy, reduced access to preventive care, and greater exposure to environmental and occupational risks.⁴ Income also shapes key social determinants of health such as housing stability, food security, transportation access, and educational opportunity, all of which influence long-term health trajectories.⁵ These income patterns therefore have direct implications for health equity in Gaston County, particularly for populations experiencing persistently lower household incomes.



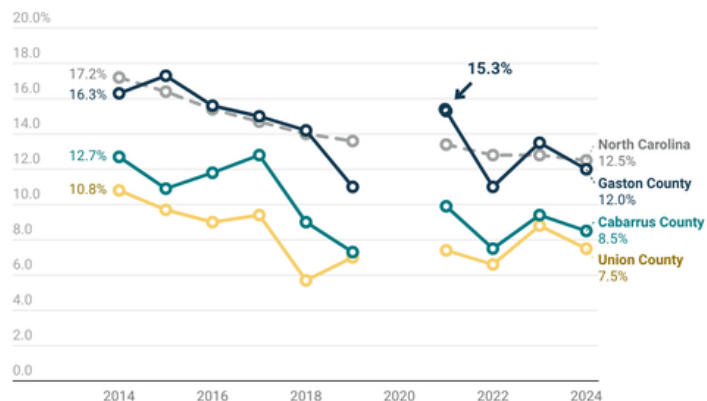
“ I look around and I don't see a lot of places in Gaston County that provide living wages. We've let developers develop what they want, so there's a lot of low-wage service jobs in Gaston County. ”

-KEY INFORMANT

POVERTY AND ECONOMIC HARDSHIP

From 2019–2023, the share of residents living below 200% of the Federal Poverty Level (FPL) varied considerably across Gaston County census tracts, with **several areas exceeding 40% and some approaching 60%**, while others fall below 20%. This geographic clustering indicates **concentrated areas of economic hardship** within the county. The 200% FPL is used rather than 100% because many families who earn just above the official poverty line still struggle to afford essential needs such as housing, food, childcare, transportation, and healthcare.

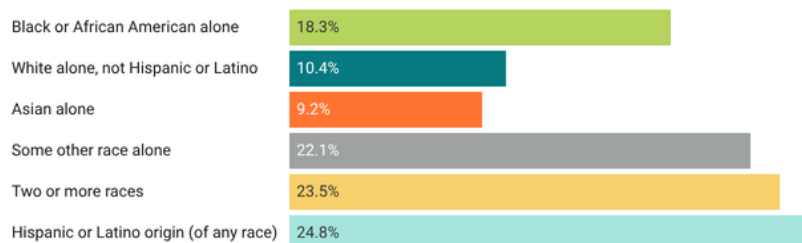
Figure 9.
Change in Poverty Rates Across Gaston County, Peer Counties, and North Carolina, 2014 - 2024



Source: U.S. Census Bureau, ACS Table S1701 (2014 - 2024: 1-Year Estimates)

Figure 10.
Poverty Rate by Race and Ethnicity
Gaston County, 2020-2024

% of each racial or ethnic group living below the Federal Poverty Level



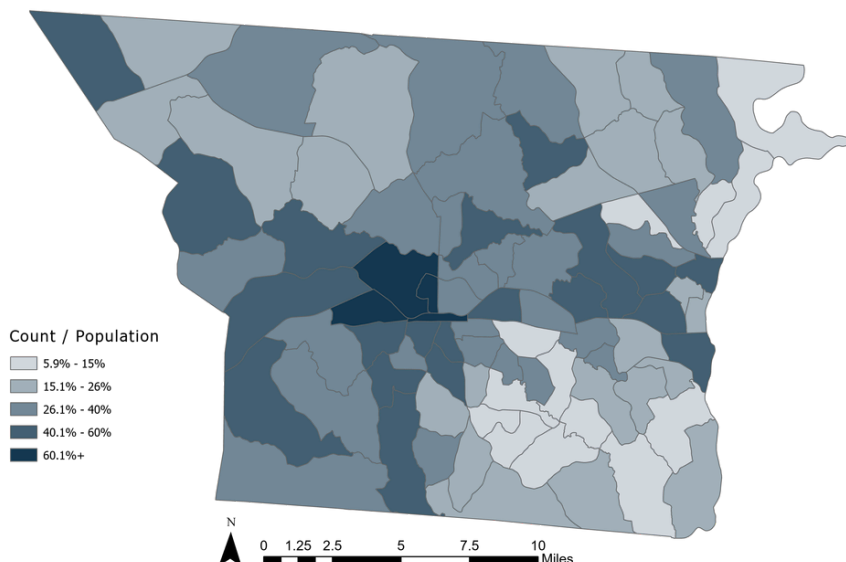
Source: U.S. Census Bureau, ACS Table S1701 (2024: 5-Year Estimate)

Poverty and economic hardship are strongly associated with adverse health outcomes, including higher rates of chronic disease, reduced life expectancy, poorer mental health, food insecurity, housing instability, and delayed access to preventive care.⁶ Concentrated poverty is also linked to environmental exposures, limited access to healthy foods and safe recreation, and higher stress burden, all of which shape long-term health trajectories.⁷

Figure 8.

Percentage of Population Below 200% FPL by Census Tract, 2019 - 2023

Data Source: U.S. Census Bureau, ACS Table S1701 (2023: 5 - Year Estimates)



Trend data from **2014–2024 show that poverty rates declined steadily through 2019, increased during the COVID-19 period, and then fluctuated in the years that followed.**

Throughout most of this period, Gaston County’s poverty rate remained slightly higher than the state average and consistently higher than Cabarrus and Union counties, indicating ongoing economic vulnerability compared to some peer communities.

Approximately
1 in 8 people in
Gaston County live in
poverty

Racial and ethnic disparities are also pronounced. From 2020–2024, **Hispanic or Latino residents in Gaston County experienced the highest poverty rate (24.8%), followed by residents that are two or more races (23.5%), compared with 10.4% among White residents.** These inequities mirror longstanding structural differences in income, employment opportunity, and wealth accumulation.

EDUCATION ACCESS & QUALITY

Education is closely linked to long-term health outcomes, economic opportunity, and social mobility. Early childhood education, school quality, language access, and educational attainment influence health across the lifespan by shaping employment opportunities, income, health literacy, and the ability to navigate health and social systems.



CHILDHOOD EDUCATION AND SCHOOL FACILITIES

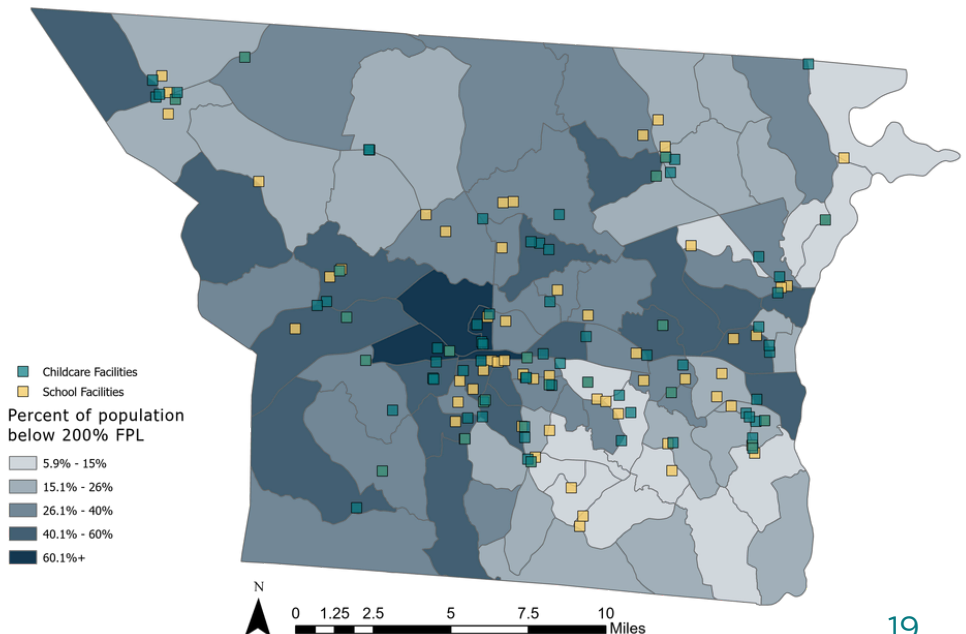
Childcare centers and school facilities are distributed across Gaston County, with higher concentrations in more populated areas. **Many are located in or near census tracts where 20% to over 40% of residents live below 200% of the Federal Poverty Level (FPL), and some are situated in tracts exceeding 40%.** This overlap indicates that a significant number of children and families in economically vulnerable neighborhoods depend on local education and childcare infrastructure.

Access to stable, high-quality early childhood education and safe school environments supports parental employment, child development, and long-term educational attainment.⁸ Children in higher-poverty areas are at greater risk for chronic stress, developmental challenges, food insecurity, and limited access to preventive care.⁶ The geographic relationship between poverty and school or childcare locations underscores the importance of coordinated investments that support children’s health and well-being from an early age.



Figure 11.
Childcare & School Facilities in Gaston County, 2019 - 2023

Data Source: Gaston County DHHS, Environmental Health; U.S. Census Bureau, ACS Table B17001(2023: 5 - Year Estimates)

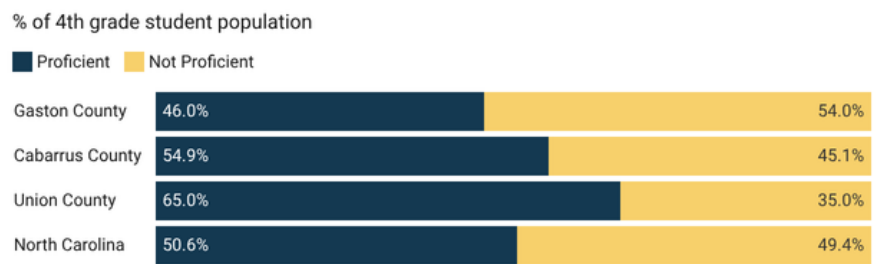


EARLY LITERACY

Early literacy is a strong predictor of long-term academic success, educational attainment, economic stability, and health outcomes.^{9,10} In Gaston County, fourth grade reading proficiency indicates areas of concern. **Less than half of students (46.0%) are reading proficiently by fourth grade, a rate lower than Cabarrus County (54.9%), Union County (65.0%), and the North Carolina overall average (50.6%).** These gaps signal potential challenges in early educational attainment that may have lasting effects on health and economic outcomes. Although third grade proficiency is commonly used as an early literacy benchmark, fourth grade data are shown here because this measure is included in the North Carolina Data Portal’s standardized Community Health Assessment dataset, allowing for consistent comparison across counties and the state.



Figure 12.
4th Grade Student Reading Proficiency Across Gaston County, Peer Counties, and North Carolina, 2021-2022

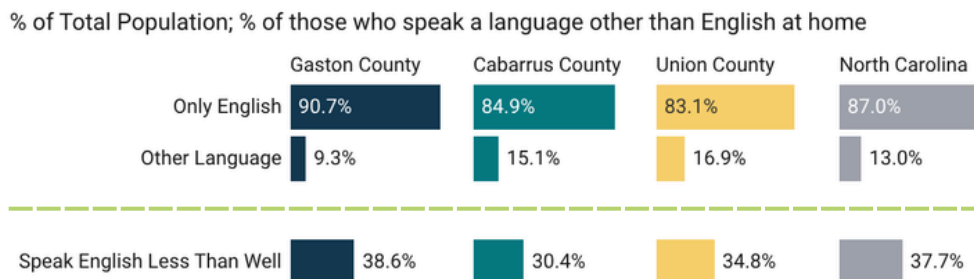


Source: NC Data Portal; U.S. Department of Education, ED Data Express

LANGUAGE ACCESS AND LIMITED ENGLISH PROFICIENCY

Limited English Proficiency (LEP) can affect access to education, employment, health care, and emergency information. Individuals with LEP are more likely to experience communication barriers, reduced care coordination, and poorer health outcomes if language access services are not available.¹¹ **While the majority of Gaston County residents speak only English at home (90.7%), a substantial share of those who speak another language report speaking English less than well (38.6%).** This indicates meaningful language access needs despite a smaller non-English-speaking population and highlights the importance of culturally and linguistically appropriate services in education and health systems.

Figure 13.
Language Spoken at Home & Limited English Proficiency in Gaston County, Peer Counties, and North Carolina, 2018-2023



Note: "Speak English less than 'very well'" (Limited English Proficiency) is shown as a percentage of residents age 5+ who speak a language other than English at home (not a percentage of the total population).

Source: U.S. Census Bureau, ACS Table S1601 (2023: 5 - Year Estimates)



EDUCATIONAL ATTAINMENT

From 2019–2023, the percentage of adults without a high school diploma varies across Gaston County, with higher concentrations clustered in central Gastonia and portions of the **western and southern areas of the county**. Several census tracts **exceed 19%** of adults without a diploma, while others fall below 9%. This geographic pattern indicates that lower educational attainment is concentrated in specific areas rather than evenly distributed across the county.

Educational attainment also differs by race and ethnicity. **In Gaston County, 88.7% of White adults and 92.6% of Asian adults have at least a high school diploma, compared with 88.7% of Black adults and 79.1% of Hispanic or Latino adults.** Differences are more pronounced at the bachelor’s degree level: 27.4% of White adults and 49.1% of Asian adults hold a bachelor’s degree or higher, compared with 19.2% of Black adults and 18.4% of Hispanic or Latino adults. In most cases, these levels are lower than statewide percentages, particularly for bachelor’s degree attainment.

Education is a foundational social determinant of health. Higher educational attainment is associated with increased lifetime earnings, employment stability, improved health literacy, and longer life expectancy.¹² Conversely, lower educational attainment is linked to higher rates of chronic disease, poorer mental health outcomes, and reduced access to health insurance and preventive care.¹³ The geographic clustering and racial and ethnic disparities observed in Gaston County suggest that educational inequities may contribute to broader economic and health disparities across communities.

Figure 14.
Population with Less than a High School Diploma, 2019 - 2023

Data Source: U.S. Census Bureau, ACS Table B15003 (2023: 5 - Year Estimates)

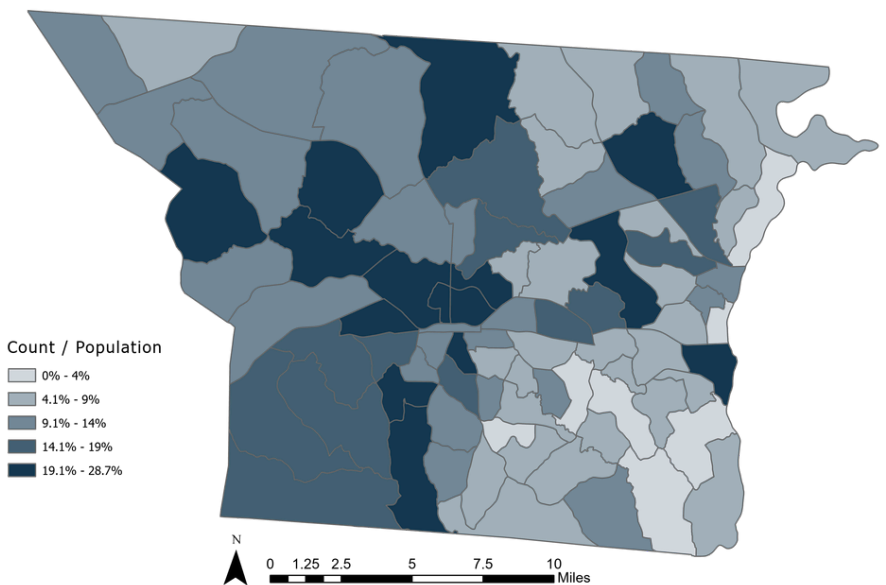
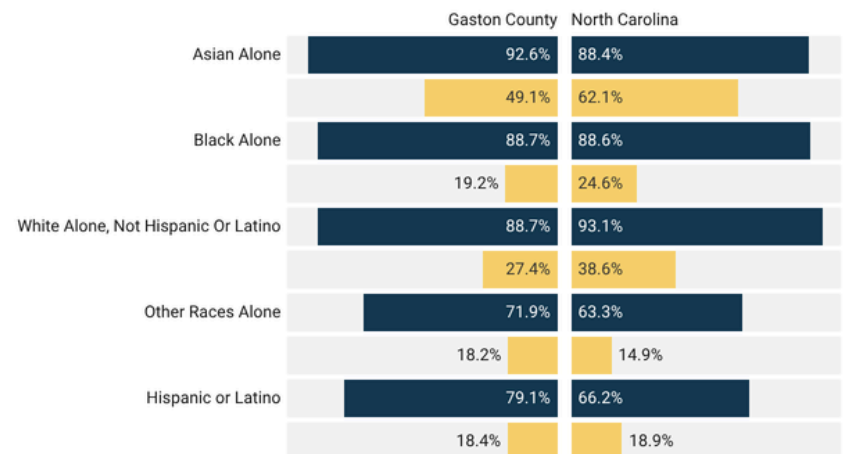


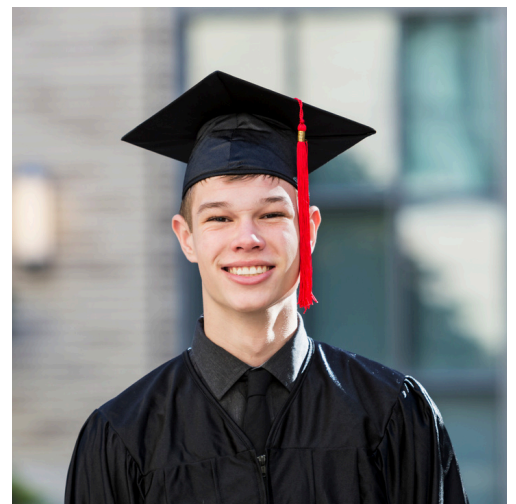
Figure 15.
Educational Attainment by Race and Ethnicity in Gaston County and North Carolina, 2019-2023

% of Population

■ High School Graduate or Higher ■ Bachelor's Degree or Higher



Source: U.S. Census Bureau, ACS Table S1501 (2023: 5 - Year Estimates)



NEIGHBORHOOD & BUILT ENVIRONMENT

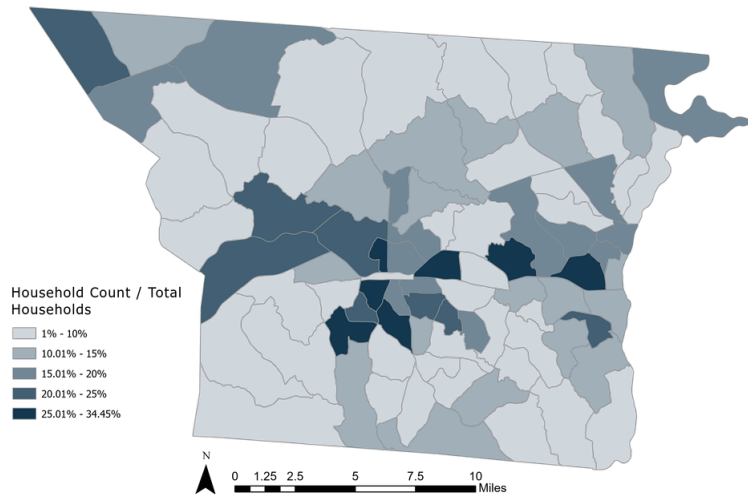
Neighborhood conditions do more than define where people live; they shape daily opportunities, exposures, and long-term health outcomes. Housing stability and quality influence safety and stress, while access to affordable, nutritious food affects diet and chronic disease risk. Reliable transportation connects residents to jobs, schools, and healthcare. Environmental factors such as air quality, green space, and exposure to pollutants further impact physical and mental well-being. Together, these conditions create the foundation that supports or limits the health of individuals and the community.



HOUSING AFFORDABILITY AND STABILITY

Figure 16.
Percent Households with Severe Housing Cost Burden, 2019 - 2023

Data Source: U.S. Census Bureau, ACS Tables B25070, B25091 (2023: 5-Year Estimates)



“

...increasing housing costs is making it where people [are struggling] to afford the house, as well as all the other things you need in order to live a fulfilling life...

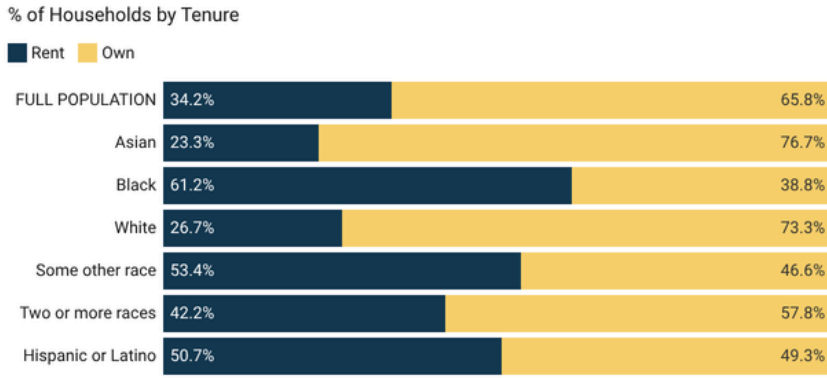
-KEY INFORMANT

”

Housing affordability is a well-established social determinant of health. Households with high housing cost burden are more likely to experience housing instability, food insecurity, delayed medical care, stress-related conditions, and poorer mental health outcomes.^{14,15} Financial strain from housing costs can limit resources for medications, preventive services, transportation, and healthy food.¹⁵

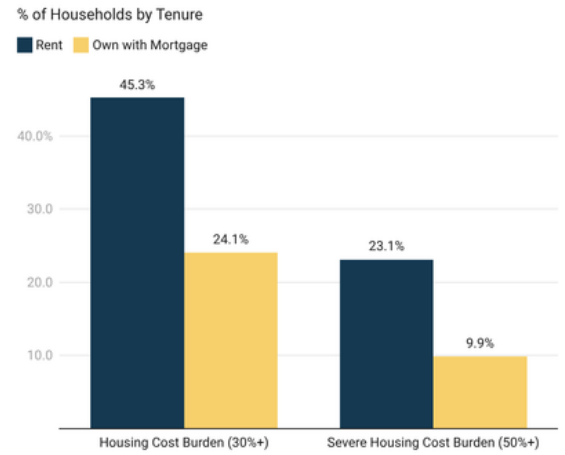
Severe housing cost burden is geographically concentrated rather than evenly distributed across Gaston County. Seven census tracts report more than one in four households experiencing severe housing cost burden, with the **highest levels observed in Tracts 328.02 (34.5%), 321 (31.4%), and 329 (31.1%)**. In total, **15 census tracts exceed 20% severe housing cost burden**, with many of the highest-burden areas clustered in and around the central portion of the county.

Figure 17. Housing Tenure by Race and Ethnicity Gaston County, 2019-2023



Source: U.S. Census Bureau, ACS Table B25003A-1 (2023: 5-Year Estimates)

Figure 18. Housing Cost Burden by Tenure Gaston County, 2019-2023



Source: U.S. Census Bureau, ACS Tables B25070, B25091(2023: 5-Year Estimates)

Housing tenure reflects structural factors such as income, access to credit, and housing market conditions.¹⁶ Homeownership rates vary substantially by race and ethnicity, with higher rates among Asian (76.7%) and White (73.3%) residents and significantly lower rates among **Black (38.8%)** and **Hispanic or Latino (49.3%)** residents. As a result, **Black and Hispanic or Latino households are more likely to rent and therefore more exposed to housing-related economic stress.**

Housing cost burden differs sharply by tenure. Nearly 45% of renter households spend 30% or more of their income on housing, compared to 24.1% of homeowners with a mortgage.

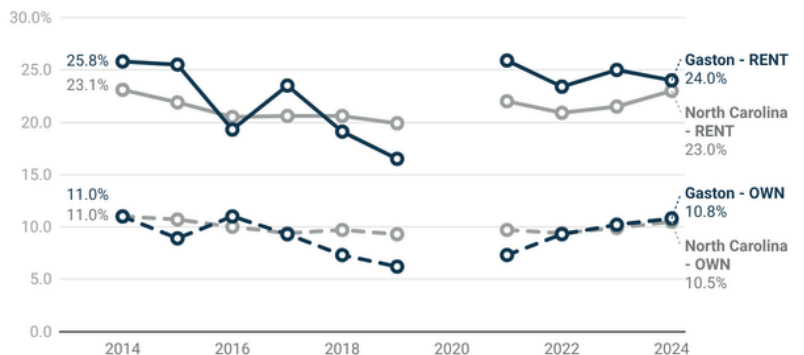
Renters are also more than twice as likely to experience severe housing cost burden, with 23.1% spending 50% or more of income on housing compared to 9.9% of homeowners.

This difference in housing cost burden between renter households and homeowners remains a challenge. Over the past decade, severe housing cost burden among renters has consistently remained far higher than among homeowners.



“ ...BASIC NEEDS IS TRANSPORTATION, FOOD, AND HOUSING RIGHT NOW...HEALTHCARE [IS] ON THE BACK BURNER... ”
-KEY INFORMANT

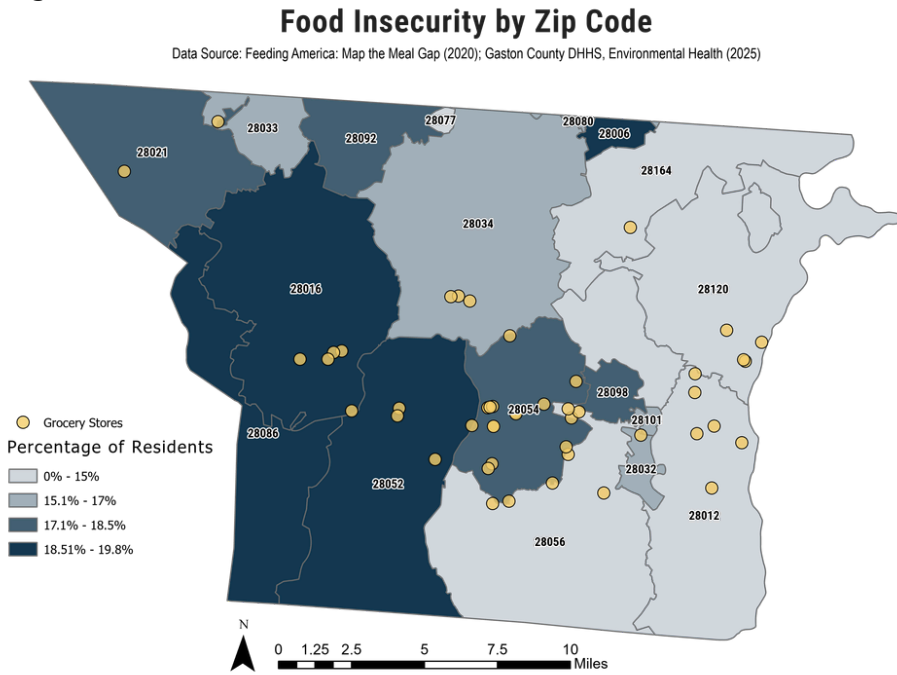
Figure 19. Change in Severe Housing Cost Burden (+50%) in Gaston County and North Carolina, 2014-2024



Note: Data for 2020 were not available; trends should be interpreted with this gap in mind.
Source: U.S. Census Bureau, ACS Tables B25070, B25091 (2014-2024: 1-Year Estimates)

ACCESS TO HEALTHY AND AFFORDABLE FOOD

Figure 20.

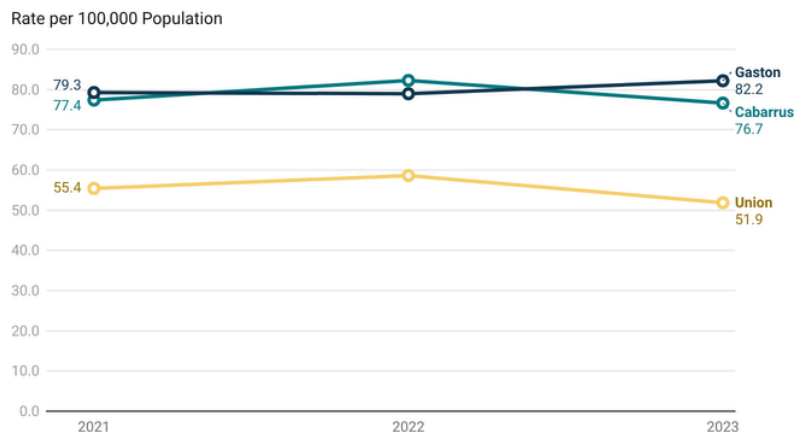


The geographic distribution of food retailers reflects these disparities. Areas with higher food insecurity often have fewer grocery store locations and a greater density of limited-service restaurants. **Gaston County's** limited-service restaurant rate is comparable to **Cabarrus County** but substantially higher than Union County (**82.2 vs. 51.9 per 100,000 residents**).

Access to affordable, nutritious food is a key social determinant of health. Food insecurity is associated with higher rates of obesity, diabetes, hypertension, poor mental health, and developmental risks among children.¹⁷ Because food access reflects both economic stability and neighborhood conditions, examining where food insecurity and food resources are concentrated helps identify communities at greater health risk. **In Gaston County, census tract estimates show notable variation in food insecurity, with several eastern tracts falling below 10%, while western tracts have higher food insecurity (+17%).** This indicates uneven exposure to economic and food access challenges across neighborhoods.

Figure 21.

Limited-Service Restaurants in Gaston County and Peer Counties, 2021-2023



Note: This U.S. industry comprises establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.
Source: U.S. Census Bureau: CB2100CBP (2021), CB2200CBP (2022), CB2300CBP (2023)

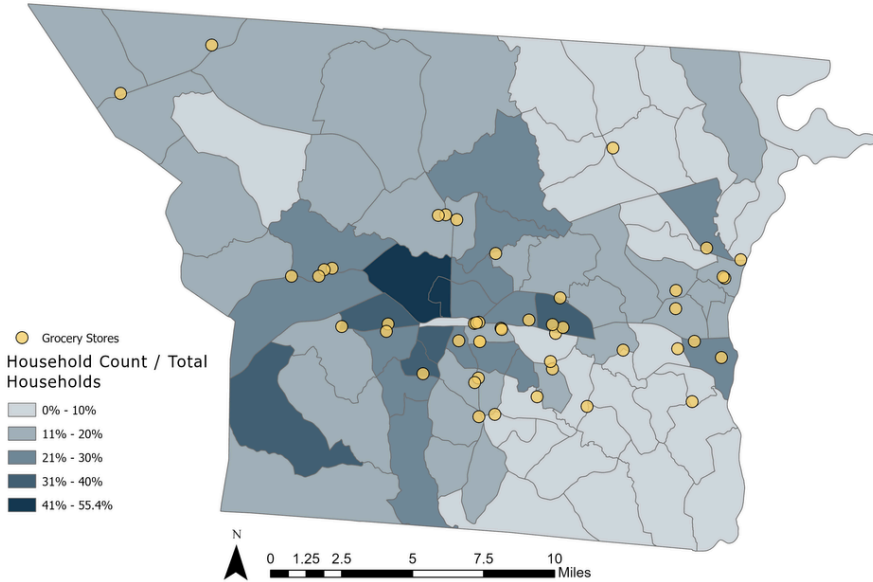
“REACH” (Racial and Ethnic Approaches to Community Health) in Gaston County focuses on strengthening the local food system, expanding access to healthy foods, and supporting chronic disease prevention—especially in communities most affected by diabetes, heart disease, and food insecurity. Key efforts include improving charitable food distribution, enhancing farmers market access programs like SNAP/EBT and nutrition incentives, exploring retail engagement, building a countywide Food Policy Council, and supporting community-based health initiatives. Together, these activities advance systems change by improving infrastructure, deepening partnerships, elevating community voice, and promoting long-term health equity.



Figure 22.

Percent Households Receiving SNAP by Census Tract, 2019 - 2023

Data Source: U.S. Census Bureau, ACS Table 2201 (2023: 5-Year Estimates)

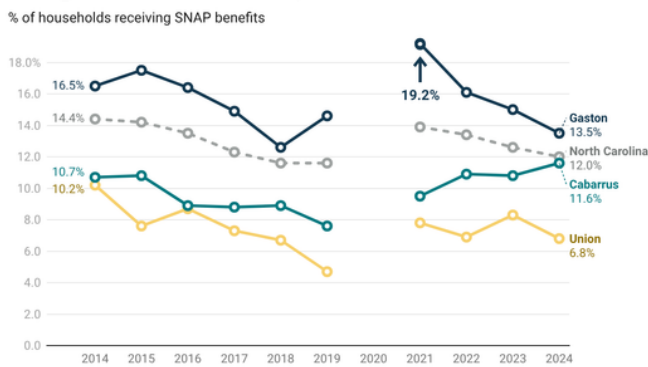


At the same time, SNAP participation is elevated in many of the same tracts. SNAP participation is geographically concentrated, with **23 of 85 census tracts reporting participation rates above 20% and two adjacent tracts where at least half of households receive benefits.** SNAP participation peaked at 19.2% of households in 2021 and remained elevated at 13.5% of households in 2024, exceeding rates in peer counties and the statewide average.

Of the households that received SNAP benefits, White non-Hispanic (56.7%) and Black or African American (30.9%) households together account for nearly nine in ten SNAP households. Together, the concentration of higher food insecurity, elevated SNAP participation, and limited grocery access suggests that economic vulnerability and the local food environment may reinforce one another in specific parts of the county.

Figure 23.

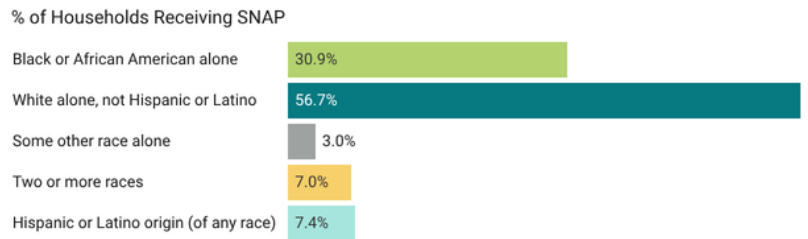
Change in SNAP Households, 2014 - 2024



Source: U.S. Census Bureau, ACS Table S2201 (2014 - 2024: 1-Year Estimates)

Figure 24.

SNAP Participation by Race and Ethnicity Gaston County, 2020-2024



Note: The total number of households with SNAP is 15,034.

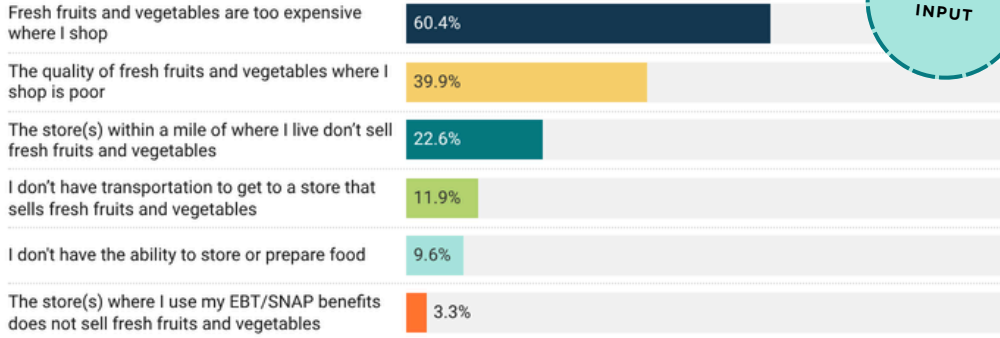
Source: U.S. Census Bureau, ACS Table S2201 (2024: 5 - Year Estimates)



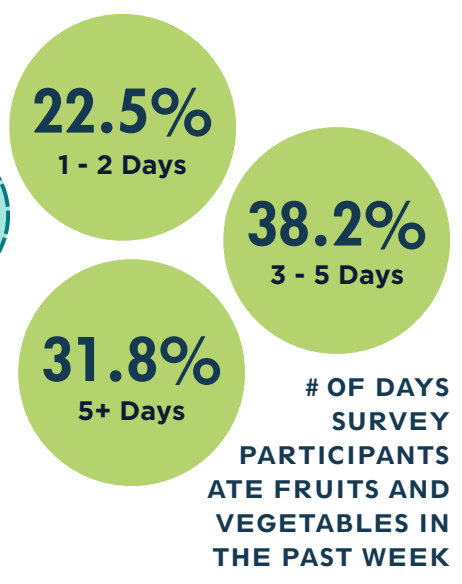
“
...HAVING ACCESS TO FRESH FOOD, I FEEL, IS CRITICAL FOR OUR COMMUNITY AND NOT ONLY RELEVANT TO PRODUCE BUT THE MEAT THAT WE CONSUME...
 ”
 -KEY INFORMANT

Figure 25.
Reasons why Survey Participants had Difficulty in Getting Fresh Fruits and Vegetables, Gaston County

% of Survey Participants who answered "Very Difficult" or "Somewhat Difficult"



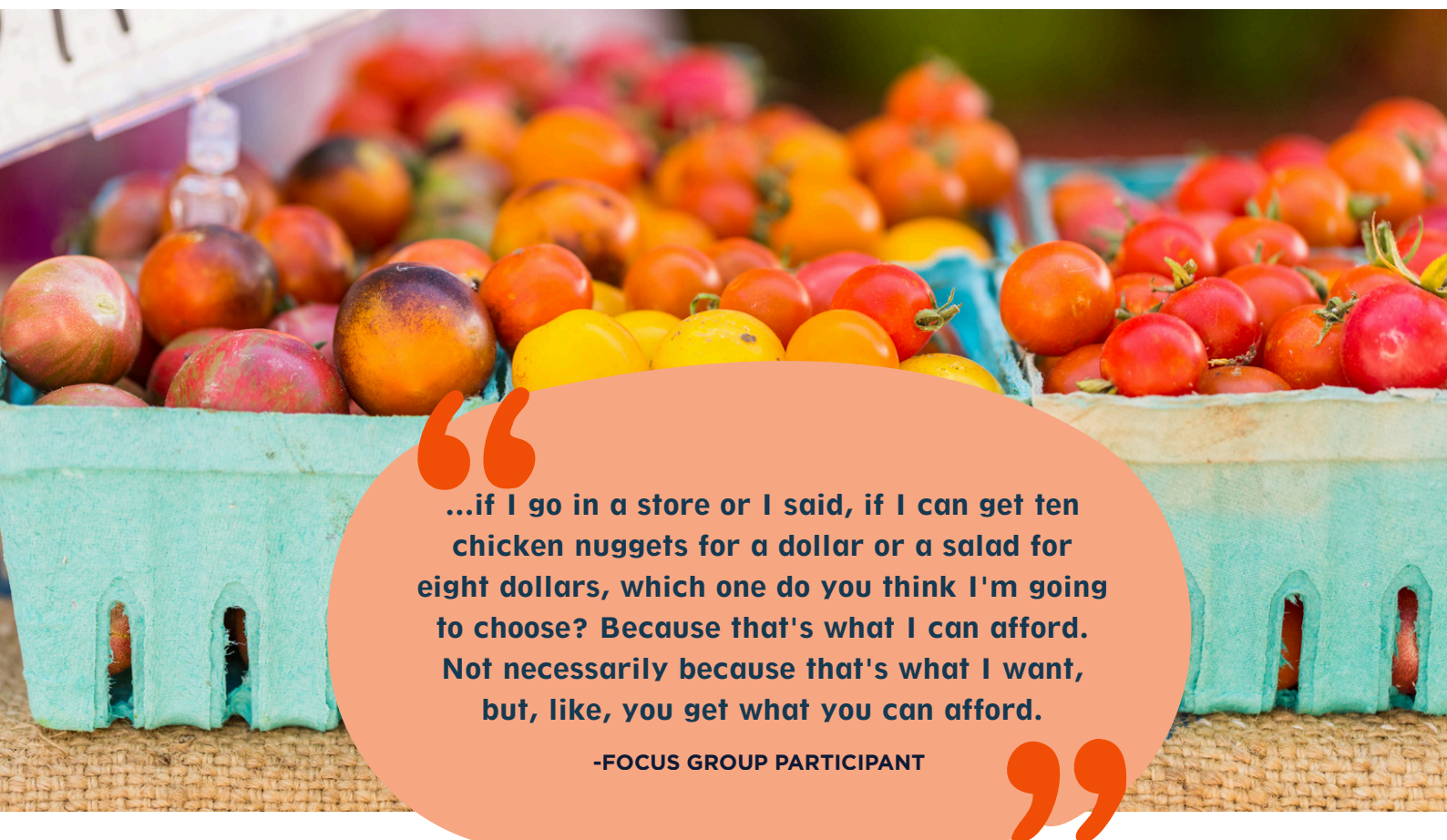
COMMUNITY INPUT



Note: Participants were asked to select all the options that applied.
 Source: CCCC Regional Community Health Needs Assessment, 2025

Among survey participants who reported difficulty obtaining fresh fruits and vegetables, **cost was the most frequently cited barrier (60.4%)**. Concerns about **quality were also common (39.9%)**, followed by **limited store availability within one mile of home (22.6%)**. Smaller proportions reported lack of transportation or storage (11.9%), limited ability to store or prepare food (9.6%), or stores not accepting EBT/SNAP benefits (3.3%).

These findings indicate that **affordability is the primary barrier**, with access and quality concerns also playing a significant role. High food costs and limited options nearby may contribute to lower consumption of fresh produce. Addressing food affordability and improving access to quality produce may help reduce nutrition-related health disparities within the community.



“...if I go in a store or I said, if I can get ten chicken nuggets for a dollar or a salad for eight dollars, which one do you think I'm going to choose? Because that's what I can afford. Not necessarily because that's what I want, but, like, you get what you can afford.”

-FOCUS GROUP PARTICIPANT

TRANSPORTATION ACCESS AND MOBILITY

Transportation access affects residents' ability to reach employment, education, health care, and food outlets and influences daily stress, time use, and overall quality of life.¹⁸ A substantial share of Gaston County residents commute outside the county for work, with **Mecklenburg County** serving as the dominant destination, accounting for **37.1% of primary job commutes**. By comparison, **30.9% of workers both live and work within Gaston County**.

Figure 26.
Gaston County Residents - Primary Job Commute, 2022

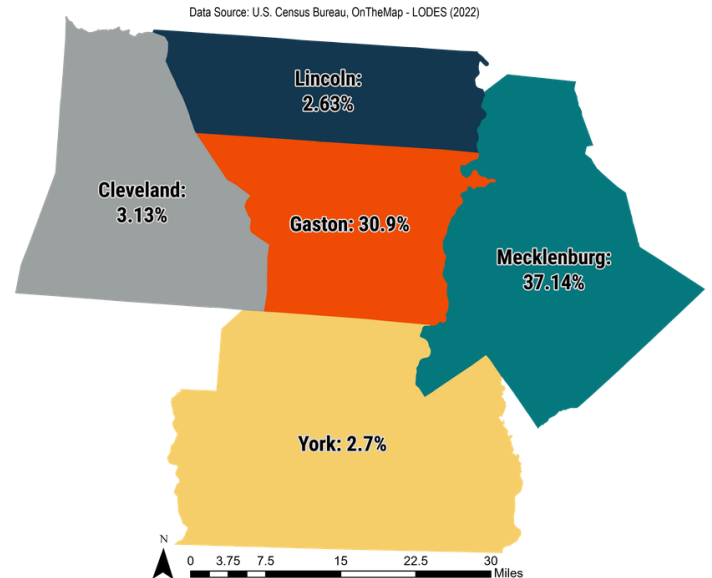
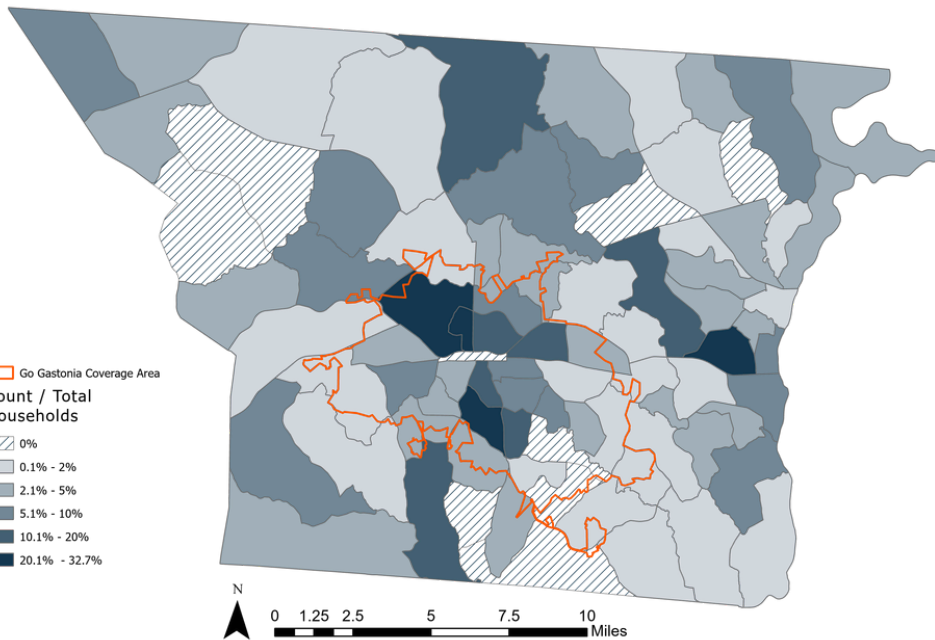


Figure 27.
Percent of Households without a Vehicle, 2019 - 2023

Data Source: U.S. Census Bureau, ACS Table B08201 (2023: 5 - Year Estimates)

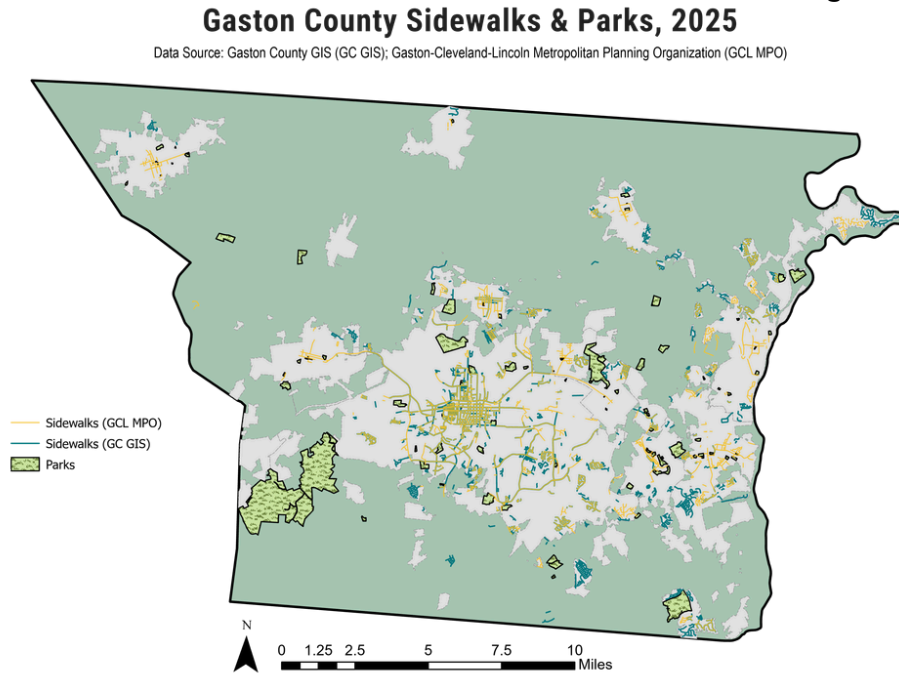


Reliable transportation is foundational to accessing jobs, schools, health care, food retailers, and social supports. **In Gaston County, 5.3% of households do not have access to a vehicle, a higher proportion than Cabarrus County (3.9%) and Union County (2.3%) and equal to the statewide average.** Households without a vehicle are concentrated in select census tracts, particularly in and around more urbanized areas, where residents may rely more heavily on public transit, walking, or shared transportation.

Public transportation services play an important role in addressing transportation barriers. In July 2024, the City of Gastonia launched GoGastonia, an on-demand public transit service that replaced the former fixed-route bus system. GoGastonia allows riders to request van trips with pick-up and drop-off locations near their destinations and offers affordable fares, reduced pricing for qualifying riders, and free rides for young children accompanied by a paying adult. The service operates daily during set hours and is designed to improve mobility and access to key destinations throughout the city. Continued evaluation will be important to assess its reach and effectiveness for residents with the greatest mobility needs.



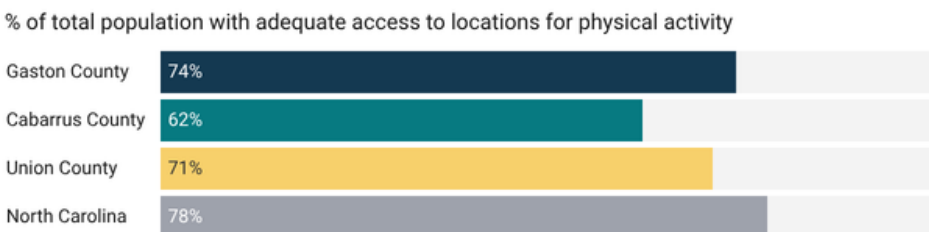
Figure 28.



Access to safe and convenient spaces for physical activity supports chronic disease prevention, mental health, and quality of life.¹⁹ In 2020, County Health Rankings and Roadmap reported **74% of Gaston County residents had adequate access to locations for exercise**, which was higher than **Cabarrus County (62%)** and **Union County (71%)**, though slightly below the **North Carolina average (78%)**.

Parks and sidewalks are unevenly distributed across the county. In some communities, residents have multiple nearby park spaces and more connected pedestrian infrastructure. In other areas, residents rely on fewer or more distant recreational spaces, limiting access to safe outdoor activity for those without reliable transportation. Sidewalk networks are most extensive in urbanized areas, particularly central Gastonia and other incorporated municipalities, while many rural areas have limited or fragmented sidewalk coverage that can restrict walkability and routine physical activity. Sidewalk data from both Gaston County GIS and the Gaston-Cleveland-Lincoln Metropolitan Planning Organization were mapped to capture the fullest possible extent of sidewalk coverage across the county.

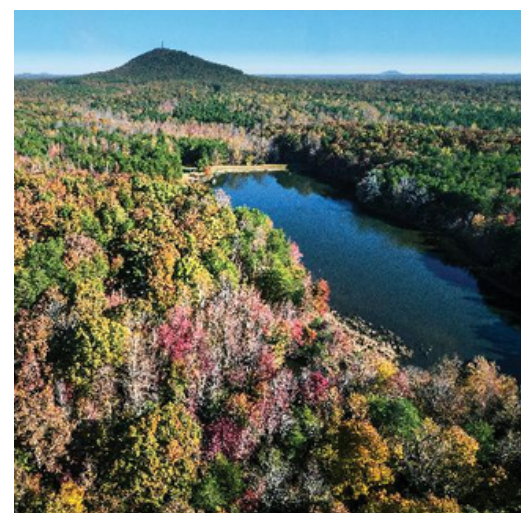
Figure 29.
Access to Exercise Opportunities Across Gaston County, Peer Counties, and North Carolina, 2020



Source: County Health Rankings and Roadmap

Adequate access is defined as:

- residing in a census block that is within a half mile of a park, or
- residing in a census block that is within one mile of a recreational facility in an urban area, or
- residing in a census block that is within three miles of a recreational facility in a rural area

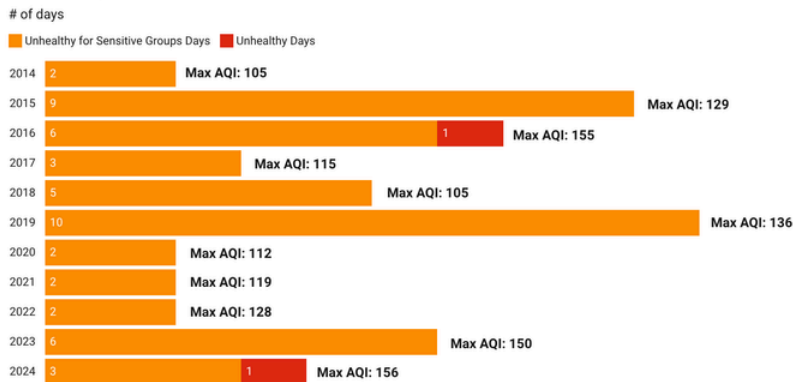


ENVIRONMENTAL HEALTH CONDITIONS

AIR QUALITY

Environmental conditions influence health through daily exposures to air, water, and environmental hazards. Exposure to elevated air pollution is associated with increased risk of asthma exacerbations, cardiovascular events, respiratory illness, and premature mortality, particularly among children, older adults, and individuals with pre-existing conditions.²⁰ From 2014 to 2024, the region experienced recurring days with air quality classified as Unhealthy for Sensitive Groups, ranging from **2 to 10 days per year**, with notable peaks in 2015 and 2019. Several years included periods with **maximum AQI values exceeding 150**, indicating periodic spikes that can pose risks for sensitive populations.

Figure 30.
Air Quality Index for the Charlotte-Concord-Gastonia Region, 2014 - 2024



Source: U.S. Environmental Protection Agency, Air Quality System Data Mart



CHILDHOOD LEAD

Childhood lead exposure remains a preventable environmental hazard. Lead screening among children ages birth to six increased from **2,314 tests in 2019 to 2,982 tests in 2024**. During this period, there were **28 cases with elevated blood lead levels (5-9 µg/dL)** and **five confirmed cases of lead poisoning (≥10 µg/dL)**.

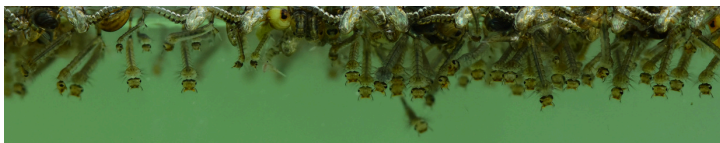
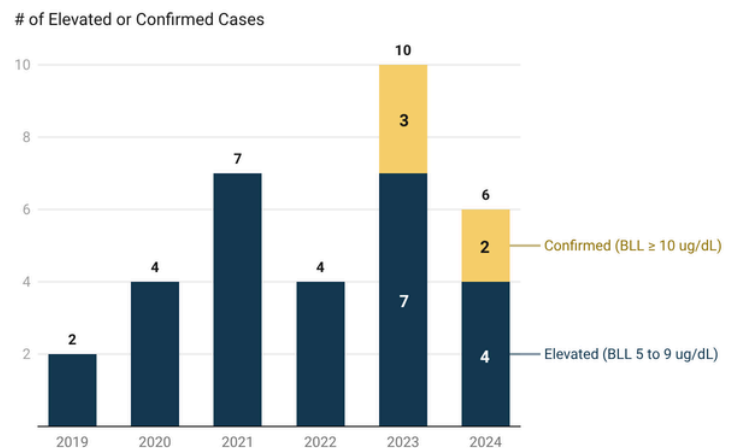


Figure 31.
Elevated & Confirmed Childhood Lead Cases
Gaston County, 2019-2024



Source: NCDHHS, NC Environmental Health Data Dashboard (EHDD)

VECTOR SURVEILLANCE

Vector-borne disease surveillance provides an early warning of potential public health risks.²¹ Mosquito traps are placed across multiple municipalities, with a concentration in and around Gastonia and several eastern communities. Trap locations and counts vary by year and should be interpreted as targeted monitoring rather than comprehensive countywide measures. **Three total mosquito pools tested positive for West Nile Virus in 2023 (2) and 2024 (1), with no detections to date in 2025.**

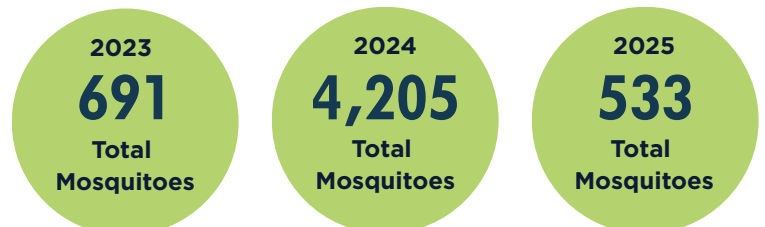
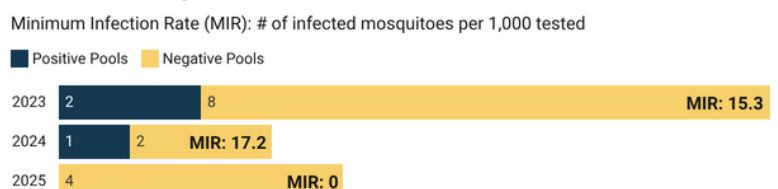


Figure 32.
Mosquito Pool Testing Results
Gaston County, 2023-2025



Source: Gaston County DHHS, Environmental Health; VectorSurv

Figure 33.

Private Wells with Excessive Arsenic Levels, 2021 - 2024

Data Source: Gaston County DHHS, Environmental Health

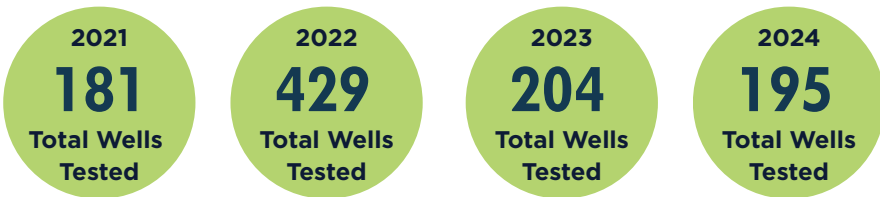
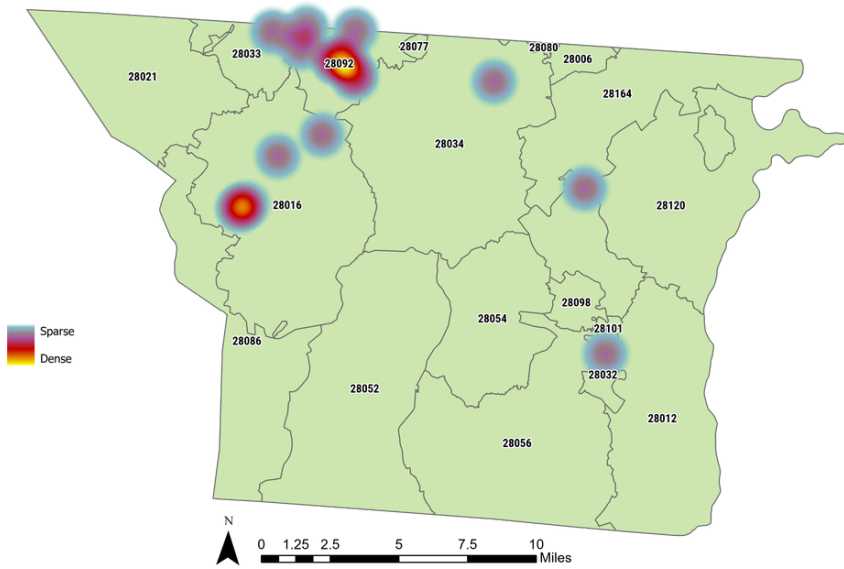
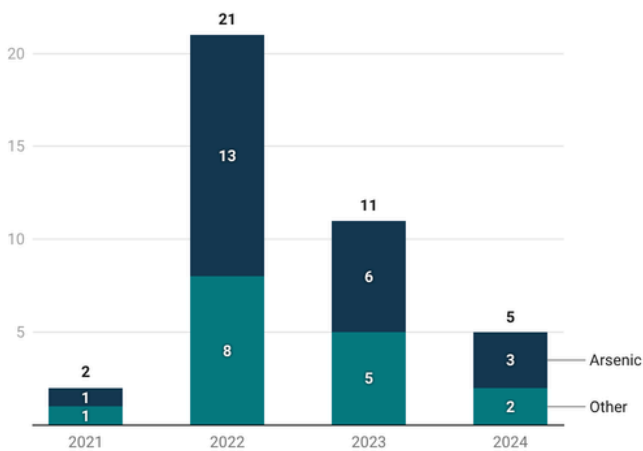


Figure 34. Private Wells Exceeding Maximum Contaminant Level (MCL) Gaston County, 2021 - 2024

of wells with at least 1 contaminant above MCL



Note: Maximum Contaminant Levels are established under federal drinking water standards. Inorganic contaminants include arsenic, nitrate, and related regulated substances.

Source: Gaston County DHHS, Environmental Health

Launched in 2015, the Healthy Wells I Initiative was a partnership among the CDC, UNC Charlotte, and Gaston County. A central goal of the initiative was to expand private well testing in order to build a more complete understanding of contamination risk across the county. This effort directly contributed to the sharp increase in the number of wells tested in 2022. Building on that work, Gaston County Environmental Health continues to prioritize outreach and education in the northwestern part of the county for Healthy Wells II, where arsenic risk remains a concern.

WATER QUALITY

Unlike public water systems, **private wells are not regulated under the Safe Drinking Water Act, placing responsibility for testing and treatment on homeowners.**²²

Elevated contaminant levels in private wells therefore represent a localized but significant environmental health risk, particularly in rural areas where residents rely on groundwater as their primary drinking water source. While the number of wells with at least one Maximum Contaminant Level (MCL) exceedance can vary across years, it is also dependent on the number of wells and location of wells tested.

Among wells with at least one inorganic contaminant exceeding the MCL, **arsenic accounts for more than half of exceedances each year.**

Arsenic exposure through drinking water is associated with increased risk of skin, bladder, and lung cancers, as well as cardiovascular disease and adverse developmental outcomes.²³ Elevated contaminant levels in private wells therefore represent a localized but significant environmental health risk, particularly in rural areas where residents rely on groundwater as their primary drinking water source.

How do you know if Arsenic is in your Water?
It is easy to find out!

Can you see, smell, or taste Arsenic? No

Request a Test!
• Scan the QR code or
• Visit our website or gaston.gov/WaterTestRequest
• Give our office a call: (704) 853-5200

We Collect Your Water!
We work with you on the best time to come collect the water.

Reading the Results!
We help you understand the results, and discuss options if treatment is needed.

Gaston County Public Health...
is committed to improving the health and well-being of the community!
In partnership with UNC Charlotte and the CDC, we have identified areas of potentially higher levels of Arsenic.

You are receiving this postcard because your property is within the identified areas.

Drinking water with Arsenic can lead to health problems such as increased risk of cancer and more. Health impacts of Arsenic may not occur right away and can develop after many years, especially if you are in contact with arsenic at a low level over a long time.

For any questions, Contact Us!
Gaston County Environmental Health
895 W. Hudson Blvd.
Spartanburg, NC 29583
Phone: (704) 853-5200
Email: enhealth@gaston.gov
Website: gaston.gov/EnvironmentalHealth

You cannot SEE, SMELL, or TASTE Arsenic.

HEALTH CARE ACCESS & QUALITY

Access to health care is a foundational component of community health and a key determinant of health outcomes and equity. It reflects the availability of providers and facilities, affordability of services, insurance coverage, transportation, and the ability to obtain timely and culturally appropriate care. Barriers such as lack of insurance, high out-of-pocket costs, provider shortages, and geographic challenges can lead to delayed care, unmet health needs, and poorer health outcomes.



HEALTH INSURANCE COVERAGE AND AFFORDABILITY

Health insurance coverage is strongly associated with access to preventive care, timely treatment, chronic disease management, and improved health outcomes.²⁴ Individuals without insurance are more likely to delay care, forego prescription medications, and rely on emergency services, contributing to worse overall health and higher long-term costs.²⁵ **Uninsured rates are not evenly distributed across the county, with several census tracts (particularly in central and western areas) exhibiting substantially higher percentages of uninsured residents.** This spatial clustering suggests that access to insurance is closely tied to local socioeconomic conditions as well as barriers related to affordability, eligibility, and enrollment.

Figure 35.
Uninsured Population (%) by Census Tract, 2019 - 2023

Data Source: U.S. Census Bureau, ACS Table B27001 (2023 - 5-Year Estimates)

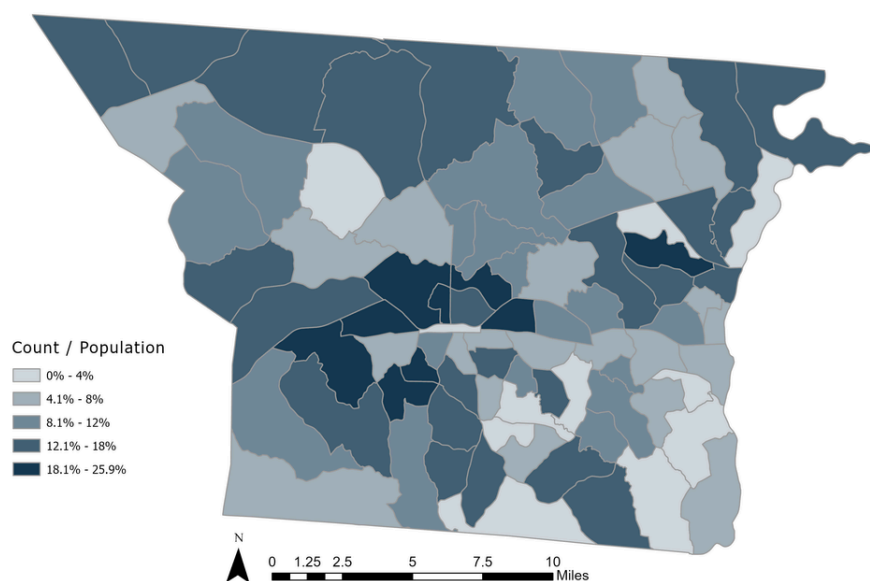
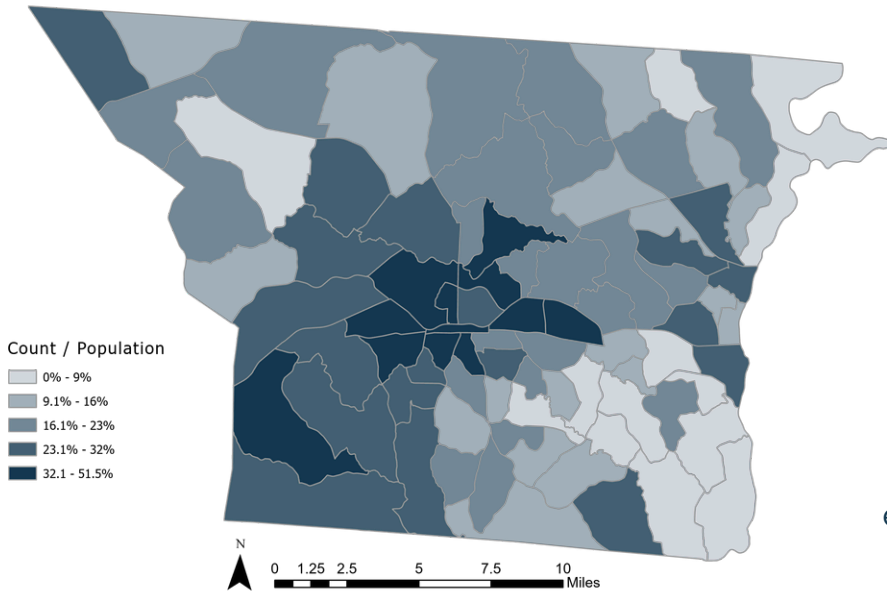


Figure 36.

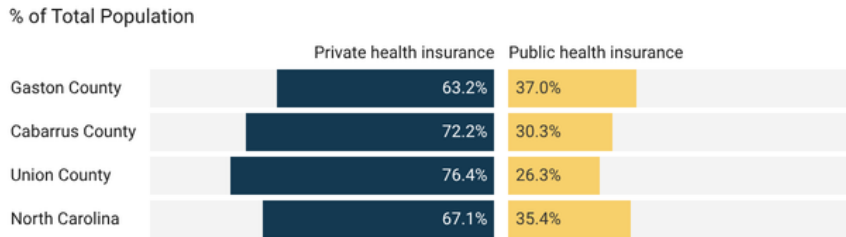
Percent of Population Receiving Medicaid, 2019 - 2023

Data Source: U.S. Census Bureau, ACS Table C27007 (2023: 5-Year Estimates)



Health insurance coverage plays a central role in access to preventive services, chronic disease management, maternal and child health care, and overall health outcomes.²⁶ Medicaid is associated with improved access to care and financial protection for low-income populations, yet high reliance on public coverage also reflects underlying economic instability.²⁷

Figure 37.
Types of Insurance Across Gaston County, Peer Counties, and North Carolina, 2019-2023



From 2019–2023, Medicaid enrollment varied substantially across Gaston County census tracts, with **several areas exceeding 32% of residents receiving Medicaid**, while others fall below 10%. **Higher enrollment appears concentrated in central Gastonia and portions of the western and southern areas of the county**, reflecting geographic patterns of lower income and higher economic vulnerability.

Source: U.S. Census Bureau, ACS Tables 2701, 2703 (2023: 5-Year Estimates)

Countywide, **37.0% of Gaston County residents are covered by public health insurance**, compared with 35.4% statewide, 30.3% in Cabarrus County, and 26.3% in Union County. Conversely, private insurance coverage in Gaston County (63.2%) is lower than in Cabarrus (72.2%) and Union (76.4%) counties. These differences suggest comparatively greater dependence on public insurance programs within Gaston County relative to peer counties.



“ Many individuals in our community do not have stable employment that offers health insurance, so they are already at a disadvantage regarding their health and being able to see primary care physicians and have regular checkups with their doctors.

-KEY INFORMANT

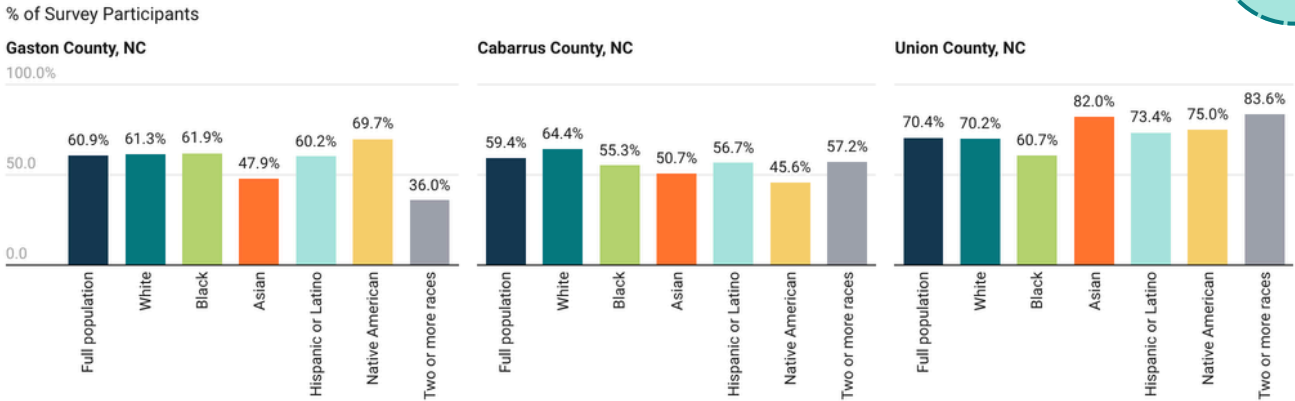


EXPERIENCE WITH HEALTH INSURANCE

Figure 38.



Survey Participants Satisfied with their Health Insurance by Race and Ethnicity Across Gaston County and Peer Counties, 2025



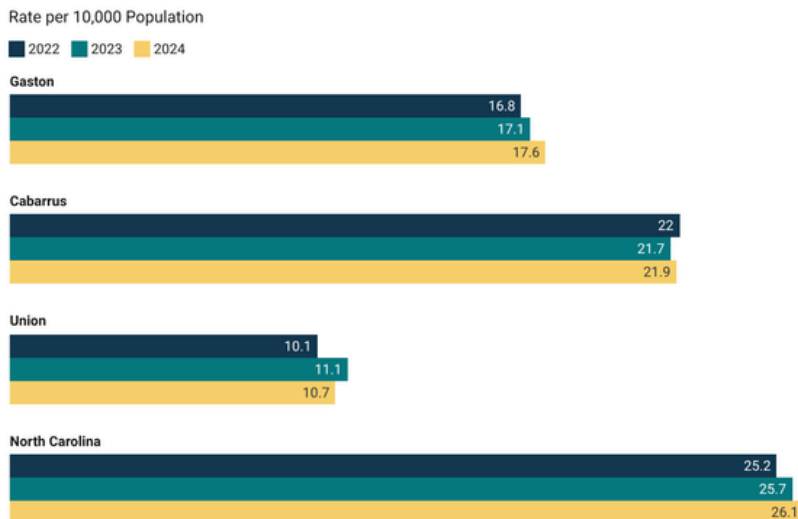
Source: CCCC Regional Community Health Needs Assessment, 2025

In 2025, **60.9% of survey participants in Gaston County reported being satisfied with their health insurance.** This percentage is similar to Cabarrus County (59.4%) but notably lower than Union County (70.4%). Within Gaston County, **satisfaction levels were generally around 60% for most racial and ethnic groups;** however, lower satisfaction was reported among Asian respondents (47.9%) and those identifying as two or more races (36.0%), while Native American respondents reported higher satisfaction (69.7%).

Differences in satisfaction may reflect variation in coverage type, provider access, out-of-pocket costs, network adequacy, or experiences navigating the health system. Perceived insurance quality and satisfaction are associated with care utilization, continuity of care, and patient engagement, which in turn influence preventive service use and chronic disease management.²⁸ These findings suggest that experiences with insurance may shape access to care and health outcomes within the community.

HEALTHCARE WORKFORCE AND PROVIDER AVAILABILITY

Figure 39. Rate of Physicians Across Gaston County, Peer Counties, and North Carolina, 2022-2024



Source: University of North Carolina at Chapel Hill, NC Health Professions Data System

Compared with neighboring counties, **Gaston County's physician supply (17.6 per 100,000 residents) remains lower than Cabarrus County (21.9) but higher than Union County (10.7).** While Gaston's rate has improved slightly, it continues to lag behind the state benchmark. Physician availability is closely linked to access to primary and specialty care, timely diagnosis, chronic disease management, and preventive services.²⁴ Areas with lower provider-to-population ratios are more likely to experience longer wait times, travel barriers, and unmet health needs.²⁹ These differences in provider capacity may contribute to disparities in health outcomes across communities.

SOCIAL & COMMUNITY CONTEXT

Social connections, community safety, and neighborhood conditions shape mental health, stress levels, and overall quality of life. Strong social networks and safe environments support physical activity, economic opportunity, and civic engagement, while economic stress, housing instability, and limited access to resources can strain social cohesion and contribute to adverse outcomes.



VIOLENT AND PROPERTY CRIME

Exposure to community violence and higher crime environments is associated with increased stress, trauma, mental health challenges, and reduced physical activity due to safety concerns.³⁰ Elevated crime rates can also influence economic investment, housing stability, and neighborhood cohesion. These factors can shape long-term health outcomes.³¹ **Between 2023 and 2024, property crime declined by 7.2%, while violent crime increased by approximately 2.3%.** Despite recent declines in property crime, Gaston County’s rates of both violent and property crime remain substantially higher than those observed in Cabarrus and Union counties, though they are comparable to or slightly below statewide levels.

Violent and Property Crime Rates Across Gaston County, Peer Counties, and North Carolina, 2023-2024

Rates per 100,000 Population

		2023	2024	Change
Gaston County	Violent Crime Rate	433	443	2.3%
	Property Crime Rate	2,250	2,088	-7.2%
Cabarrus County	Violent Crime Rate	125	133	6.2%
	Property Crime Rate	1,095	1,106	1.0%
Union County	Violent Crime Rate	216	199	-8.0%
	Property Crime Rate	1,226	1,127	-8.1%
North Carolina	Violent Crime Rate	406	388	-4.3%
	Property Crime Rate	2,138	2,050	-4.1%

Table 2.

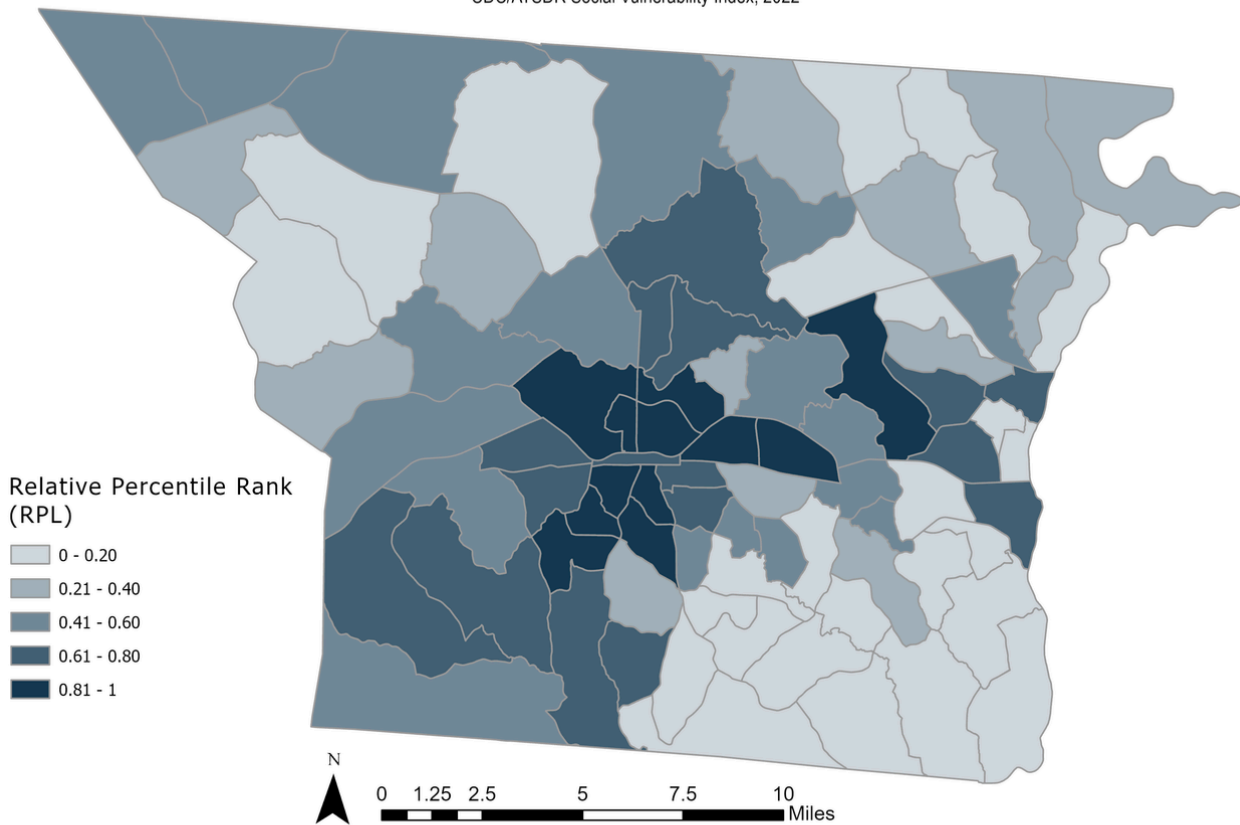
Source: NC State Bureau of Investigation



Figure 40.

Social Vulnerability Index (SVI) by Census Tract, 2022

Data Source: Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index, 2022



The 2022 Social Vulnerability Index (SVI) highlights clear geographic differences in social and economic risk across Gaston County. **Several census tracts (particularly in and around central Gastonia and portions of the western and southern areas) rank in the higher vulnerability percentiles (0.61–1.00), while other areas fall in lower ranges.** This pattern confirms that vulnerability is concentrated in specific neighborhoods rather than evenly distributed across the county.

The SVI reflects many of the conditions described throughout this Social Determinants of Health chapter. **Areas with higher vulnerability overlap with higher poverty, lower educational attainment, greater housing cost burden, higher Medicaid enrollment, limited access to healthy food, and transportation barriers.** These factors do not operate independently; they interact to shape daily living conditions, access to opportunity, and exposure to risk. As a result, communities experiencing concentrated social vulnerability may also face higher rates of chronic disease, behavioral health challenges, substance use, and premature mortality. The SVI therefore serves as a summary measure of how structural and economic conditions influence health and provides a bridge to the next chapter, which examines how these underlying social patterns are reflected in health behaviors and outcomes across Gaston County.



CHAPTER 4: HEALTH STATUS INDICATORS

Health status indicators provide a comprehensive picture of the overall health of a community, shaped by social conditions, individual behaviors, environmental factors, and access to health care across the lifespan. These measures help identify patterns of illness and mortality, reveal inequities across populations and geographic areas, and inform community health priorities and planning efforts.

In Gaston County, key indicators show meaningful differences in life expectancy, maternal and child health outcomes, behavioral health needs, chronic disease burden, communicable disease, and cancer. Together, these patterns reflect daily living conditions and long-standing structural inequities, offering critical insight into where targeted action can most effectively improve health outcomes.



**Overall
Health and
Mortality**



**Maternal and
Child Health**



**Chronic
Disease**



**Behavioral
Health**



Cancer



**Communicable
Disease**



OVERALL HEALTH AND MORTALITY

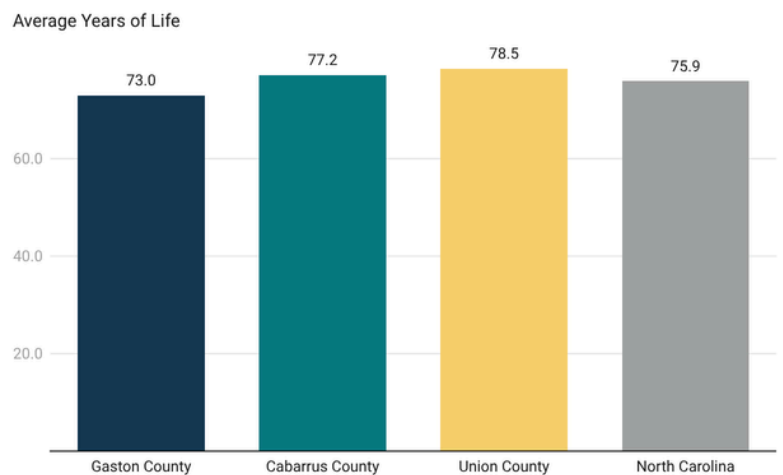
Life expectancy and mortality are foundational indicators of a community's overall health and well-being, offering insight into long-term outcomes and persistent inequities. Life expectancy reflects the cumulative influence of social, economic, environmental, and health care factors across the lifespan, while mortality patterns highlight leading causes of death and populations at elevated risk.



LIFE EXPECTANCY

From 2020 to 2022, **Gaston County's average life expectancy was 73.0 years**, which is notably lower than the North Carolina average of 75.9 years and lags behind peer counties such as Cabarrus County (77.2 years) and Union County (78.5 years) (Figure HS-1). The gap of more than five years between Gaston County and Union County highlights substantial geographic variation in health outcomes within the region and suggests differences in underlying conditions such as income, educational attainment, chronic disease burden, and access to health-promoting resources and healthcare services.

Figure 41.
Life Expectancy Across Gaston County, Peer Counties, and North Carolina, 2020-2022



Source: CDC National Center for Health Statistics

Figure 42.

Life Expectancy by Race and Ethnicity Across Gaston County, Peer Counties, and North Carolina, 2020-2022

Average Years of Life

	White	Black	Asian	Hispanic or Latino
Gaston County	72.8	71.1	78.9	83.9
Cabarrus County	77.1	74.4	84.4	84.0
Union County	78.7	73.4	86.0	84.7
North Carolina	76.4	72.3	86.1	84.6

Source: CDC National Center for Health Statistics

Life expectancy within Gaston County also varies significantly by race and ethnicity (Figure HS-2). **Black residents experience the lowest average life expectancy at 71.1 years, followed by White residents at 72.8 years.** In contrast, Asian residents (78.9 years) and Hispanic or Latino residents (83.9 years) experience substantially longer life expectancies. While racial and ethnic disparities are evident statewide and in neighboring counties, life expectancy among Black residents in Gaston County remains lower than that of comparable populations in Cabarrus and Union counties, indicating more pronounced local inequities.



MORTALITY

Examining leading causes of death overtime provides additional context for understanding mortality patterns and how chronic and emerging health threats shape population health. Multi-year rolling averages help stabilize year-to-year variation and allow for clearer trend interpretation.

Leading Causes of Death

Rate per 100,000 of Population

2015 - 2020		2017 - 2021		2018 - 2022		2019 - 2023	
Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
Cancer - All Sites	219.9	Cancer - All Sites	220.6	Diseases of the heart	210.8	Diseases of the heart	226.8
Diseases of the heart	213.4	Diseases of the heart	220.4	Cancer - All Sites	205	Cancer - All Sites	218.9
Chronic lower respiratory diseases	65.8	Chronic lower respiratory diseases	63.4	COVID-19	78.8	Other Unintentional injuries	63.7
Other Unintentional injuries	56.8	Other Unintentional injuries	62	Chronic lower respiratory diseases	75.5	Chronic lower respiratory diseases	60.5
Cerebrovascular disease	55.1	Cerebrovascular disease	54.1	Alzheimer's disease	55.2	Cerebrovascular disease	56.6

Source: NC State Center for Health Statistics

In earlier periods, cancer ranked as the leading cause of death, while diseases of the heart closely followed. Beginning in the 2018–2022 period and continuing into 2019–2023, **diseases of the heart emerged as the leading cause of death, with cancer remaining the second leading cause.**

Table 3.

Chronic lower respiratory diseases and other unintentional injuries consistently appear among the top causes across periods, while cerebrovascular disease remains a stable contributor to mortality. The impact of the COVID-19 pandemic is evident in the **2018–2022 period, during which COVID-19 appears among the leading causes of death.** Alzheimer's disease also emerges in this period, reflecting the influence of aging-related conditions on mortality patterns.

Figure 43.

Leading Cause of Death by Race and Gender Gaston County, 2019-2023

Rate per 100,000 Population

	White Male	White Female	African American Male	African American Female
Diseases of Heart	243.6	138.2	237.9	140.9
Cancer	205.2	144.2	261.4	133.2
All Other Unintentional Injuries	93	42.2	75.7	21.5
COVID-19	84.2	56.1	103.6	64.8
Chronic Lower Respiratory Diseases	63.4	67.7	40.8	29.8
Cerebrovascular Disease	55.8	45.4	70.9	52.3
Diabetes Mellitus	51.2	27.6	68.4	51.6
Septicemia	42.1	30.3	43.4	27.3
Nephritis, Nephrotic Syndrome, and Nephrosis	19.8	15	29.9	36.1

Source: NC State Center for Health Statistics

Examining mortality across race and gender further illustrates how the leading causes of death differ across these groups. **Across all groups, diseases of the heart and cancer remain the dominant causes of mortality, though rates vary substantially.** African American males experience particularly high mortality rates from cancer, heart disease, diabetes, and COVID-19, while African American females show elevated mortality from heart disease, cerebrovascular disease, and diabetes compared with White females.

These patterns underscore persistent disparities in chronic disease outcomes and premature mortality across population groups.

Taken together, life expectancy and mortality indicators demonstrate that Gaston County experiences both lower overall longevity and pronounced disparities in causes of death, reflecting the cumulative impact of chronic disease, preventable mortality, socioeconomic conditions, and access to timely and high-quality care.



MATERNAL & CHILD HEALTH

Maternal and child health indicators provide critical insight into the health of women, infants, and families and reflect the combined influence of access to care, social and economic conditions, environmental exposures, and structural factors. In Gaston County, several maternal and child health measures show areas of progress alongside persistent disparities across populations.



PRE-TERM BIRTHS

Preterm birth, occurring before 37 weeks of gestation, is a key indicator of maternal and infant health. Preterm infants face risks like breathing issues, feeding challenges, developmental delays, chronic health problems, and higher mortality rates. High preterm birth rates in communities may reveal disparities in prenatal care access, maternal stress, chronic health issues, and social factors like housing instability and economic strain.

- **African American residents had the highest preterm birth rates in Gaston County within the timeline of 2020 (15.8%) to 2024 (16.2%)**
- White residents had lower rates than African American residents but showed an increase from 2020 (9.4%) to 2024 (10.2%)
- Hispanic or Latino residents had stable rates over time at 9.5% from 2020 to 2024

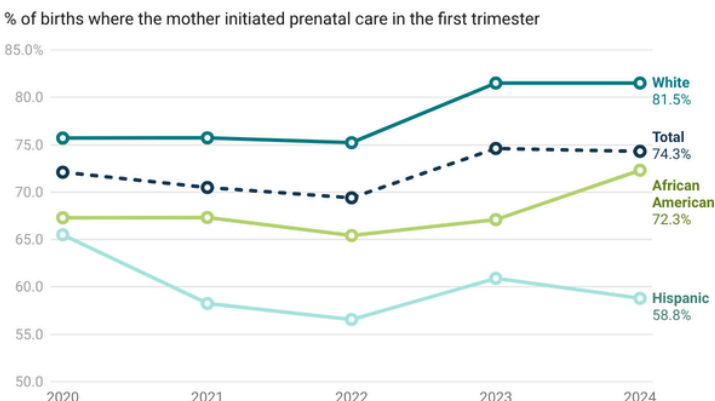
PRENATAL CARE

Early prenatal care is crucial for the health of mothers and infants. Starting in the first trimester enables monitoring of risks, guidance on nutrition and lifestyle, and screening for complications. Timely care leads to lower rates of preterm birth, low birth weight, and maternal morbidity, resulting in healthier outcomes for both mothers and infants.

Gaston County lags behind Cabarrus and Union counties in early prenatal care but aligns with state averages. This indicates progress while highlighting ongoing access gaps for certain populations.

Figure 46.

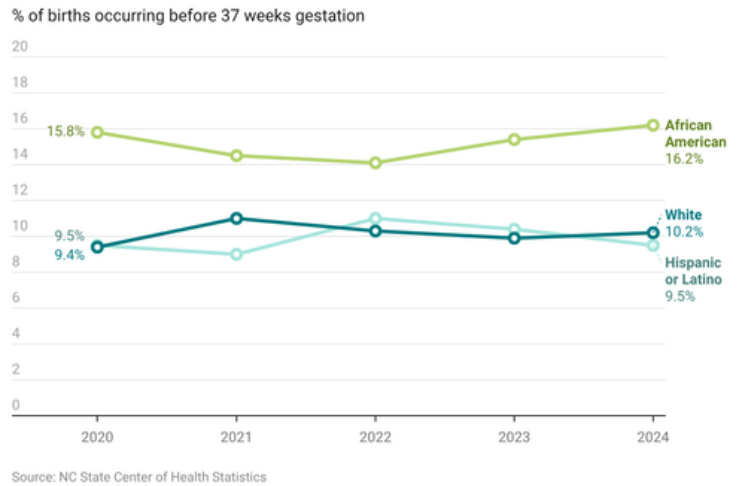
Racial and Ethnic Differences in First Trimester Prenatal Care, Gaston County, 2020–2024



Source: NC State Center for Health Statistics

Figure 44.

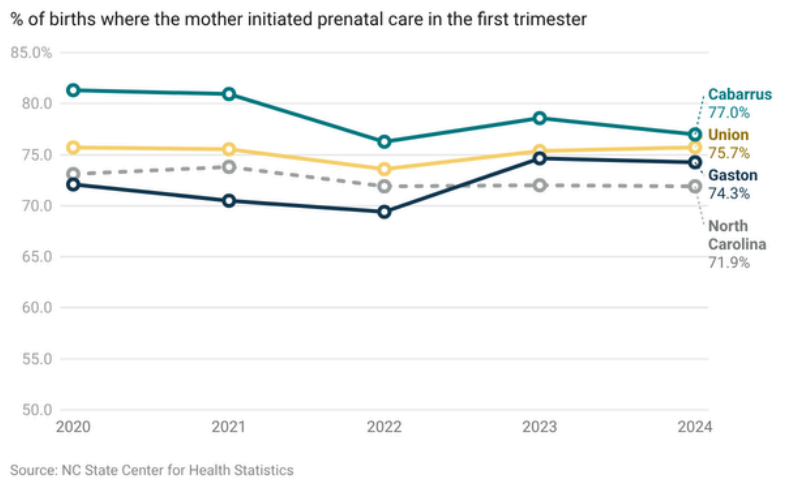
Preterm Birth Rates by Race and Ethnicity Gaston County, 2020–2024



Source: NC State Center of Health Statistics

Figure 45.

First Trimester Prenatal Care Across Gaston County, Peer Counties, and North Carolina, 2020–2024



Source: NC State Center for Health Statistics

Gaston County saw an improvement in early prenatal care, rising from 69.4% in 2022 to 74.6% in 2023. Even with this progress, differences between groups continue.

White mothers had the highest early care rate at 81.5% in 2023–2024, followed by African American mothers at 72.3%.

Hispanic mothers experienced the lowest rate, with 58.8% receiving early care in 2024, pointing to ongoing access issues.

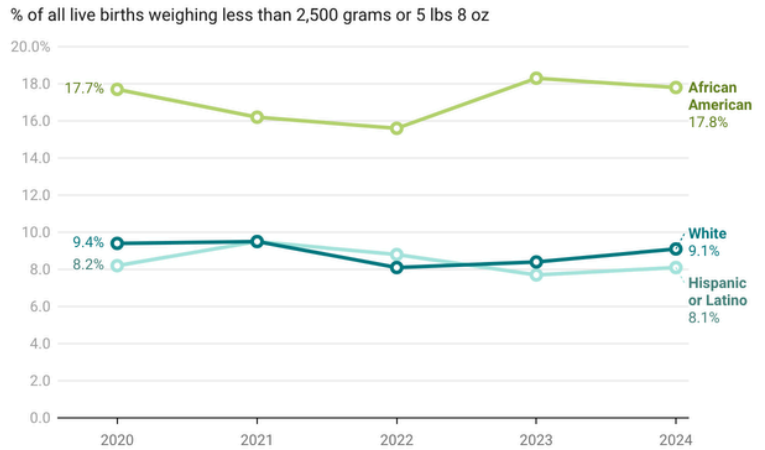
LOW BIRTH WEIGHT

Low birth weight (LBW), defined as a birth weight under 5 pounds 8 ounces, is a key indicator of infant health and maternal well-being. Infants born at a low birth weight are at increased risk for breathing problems, feeding difficulties, developmental delays, chronic health conditions, and infant mortality. Elevated LBW rates may reflect gaps in prenatal care, maternal nutrition, chronic medical conditions, stress, and broader social determinants of health such as poverty and housing instability.

From 2020 to 2024, low birth weight rates in Gaston County continued to show notable racial disparities. Among **African American residents**, the rate remained persistently high, **increasing slightly from 17.7% in 2020 to 17.8% in 2024**, indicating little improvement over time. In comparison, White residents experienced a modest decline, with rates decreasing from 9.4% in 2020 to 9.1% in 2024. Similarly, White Hispanic or Latino residents saw a slight decrease, from 8.2% in 2020 to 8.1% in 2024. Overall, while rates among White and Hispanic populations remained relatively stable, African American residents continued to experience disproportionately higher rates of low birth weight throughout the five-year period.

Figure 47.

Low Birth Weight Rate by Race and Ethnicity Gaston County, 2020-2024



Source: NC State Center for Health Statistics

TEEN BIRTH RATE

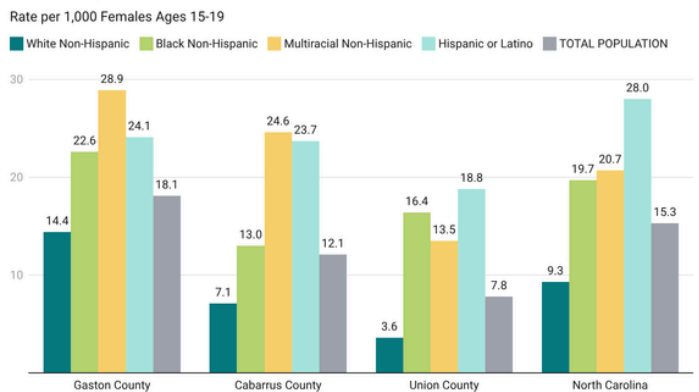
Teen birth rates are an important indicator of adolescent health, long-term economic stability, and community well-being. Babies born to teen mothers face higher risks of low birth weight, preterm delivery, and infant mortality. Teen parents also experience increased barriers to education and employment, which can contribute to long-term economic and health challenges.



From 2020 to 2024, **Gaston County's average teen birth rate was 18.1 births per 1,000 females ages 15-19, exceeding the North Carolina average of 15.3**. Additionally, **the highest teen birth rates were observed among multiracial non-Hispanic teens (28.9) and Hispanic teens (24.1)**. White teens had the lowest rate in Gaston County at 14.4, though this rate remains higher than the statewide rate for White teens (9.3). Overall, teen birth rates in Gaston County remain higher than state levels across most racial and ethnic groups.

Figure 48.

Teen Birth Rate by Race and Ethnicity Across Gaston County, Peer Counties, and North Carolina, 2020-2024



Source: NCDHHS Division of Public Health, N.C. Maternal and Infant Health Data Dashboard



CHRONIC DISEASE

Chronic diseases are among the leading contributors to illness, disability, and premature death. They are strongly influenced by a variety of factors, including health behaviors, access to care, and underlying social determinants of health. In Gaston County, the indicators related to diabetes, obesity, and disability highlight a substantial chronic disease burden. These indicators also reveal noticeable variations in health outcomes when compared to peer counties and the state as a whole. Addressing these disparities requires a comprehensive approach that considers both individual and community-level interventions to promote healthier lifestyles and improve access to essential healthcare services. By focusing on prevention and management strategies, it is possible to reduce the impact of chronic diseases and enhance the overall well-being of the community.



DIABETES

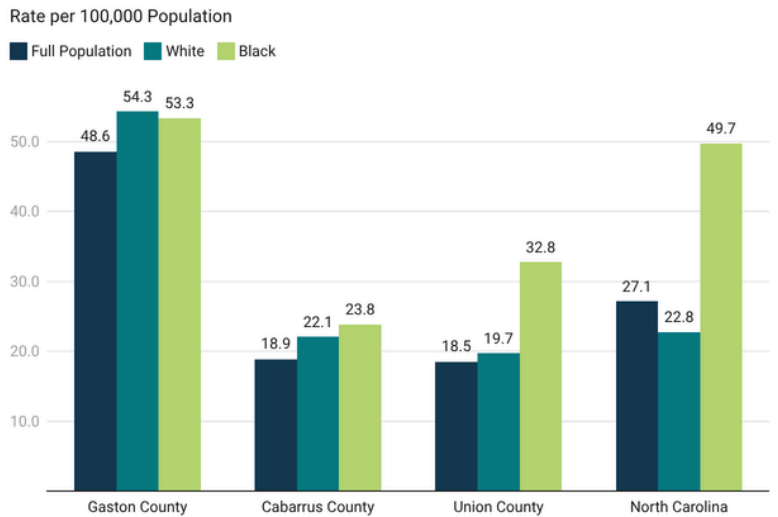
Diabetes mortality reflects critical outcomes at both the individual and community levels. Elevated mortality rates may indicate challenges related to disease prevention, early diagnosis, ongoing management, and access to primary and specialty care. At the population level, differences in diabetes mortality by race and geography can signal inequities in healthcare access, education, and social and economic conditions that influence chronic disease risk.

Gaston County (48.6 deaths per 100,000) has the highest diabetes mortality rate overall and among both White and Black populations compared with Cabarrus County (18.9), Union County (18.5), and North Carolina overall (27.1) (Figure CD-1).

Across most comparison areas, diabetes mortality rates are substantially higher among Black residents than White residents. For example, statewide rates are more than twice as high among Black residents versus White (49.7 vs. 22.8 per 100,000). In Gaston County, however, diabetes mortality rates among Black (53.3) and White (54.3) residents are nearly identical, reflecting a high burden of diabetes-related mortality across both populations rather than a pronounced racial gap.

Several central and western tracts fall within the highest prevalence category (17.4%–22.7%), while some northern and southeastern areas show comparatively lower rates (9%–11%). These patterns suggest that Gaston County faces a high overall burden of diabetes-related mortality that differs from surrounding areas. Elevated mortality underscores the importance of effective diabetes prevention, early detection, and long-term disease management, as well as continued efforts to improve access to primary care, patient education, and community-based chronic disease support.

Figure 49. Diabetes Mortality by Race Across Gaston County, Peer Counties, and North Carolina, 2019-2023

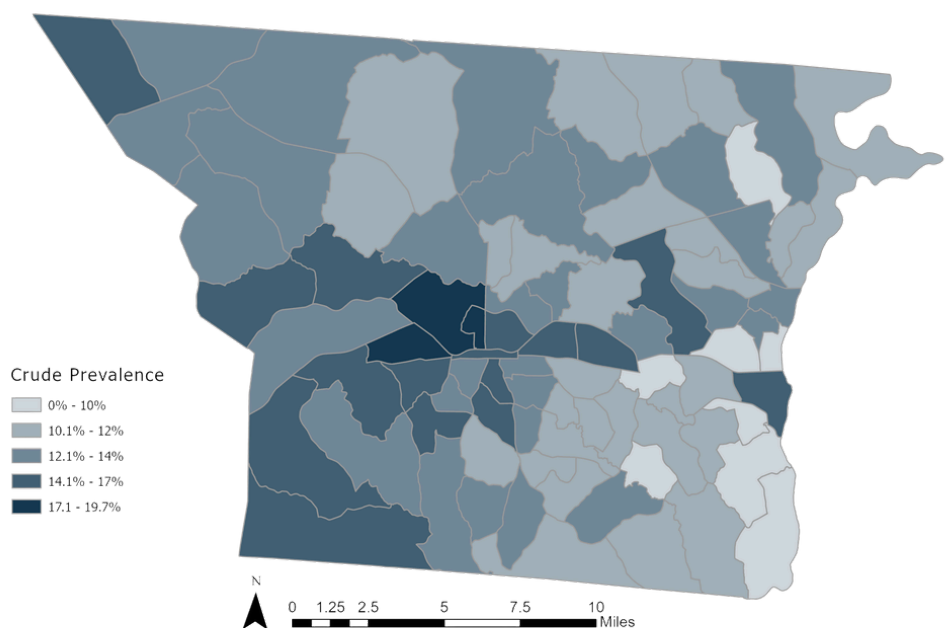


Source: CDC Vital Statistics, Rate Average of 2019-2023

Figure 50.

Diabetes Among Adults by Census Tract, 2022

Data Source: CDC PLACES (2024) - BRFSS (2022)



OBESITY

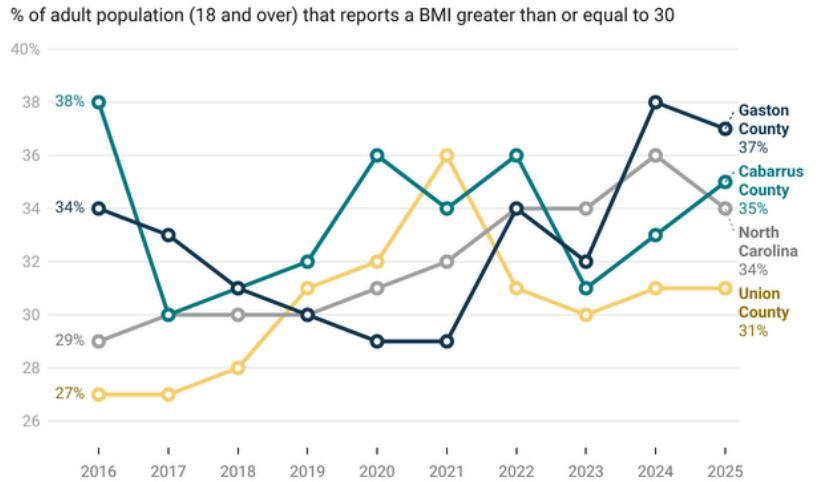
Adult obesity is a key risk factor for multiple chronic conditions, including diabetes, heart disease, stroke, and hypertension.³² Monitoring obesity trends over time provides insight into population-level risk and helps guide prevention strategies, health promotion efforts, and resource allocation.

Adult obesity rates in Gaston County have increased over the past decade and recently rose sharply. From 2015 to 2023, **obesity prevalence fluctuated between 29% and 34%, before increasing to 38% in 2024**, the highest level observed among the areas that year. During the same period, North Carolina's obesity rate showed a steadier upward trend, increasing from 29% in 2015 to 36% in 2024.

In 2022, adult obesity prevalence in Gaston County varied considerably by census tract, ranging from approximately 30% to over 41%. **Several central and western tracts fall within the highest prevalence category (40.1%–47.3%), while some northern and southeastern areas show comparatively lower rates (30%–32%).**

The recent rise in obesity prevalence suggests increasing chronic disease risk in Gaston County and reinforces the importance of prevention efforts that address nutrition, physical activity, and the social and environmental factors that shape health behaviors.

Figure 51.
Adult Obesity rates across Gaston County, Peer Counties, and North Carolina, 2016-2025



Source: County Health Rankings and Roadmap

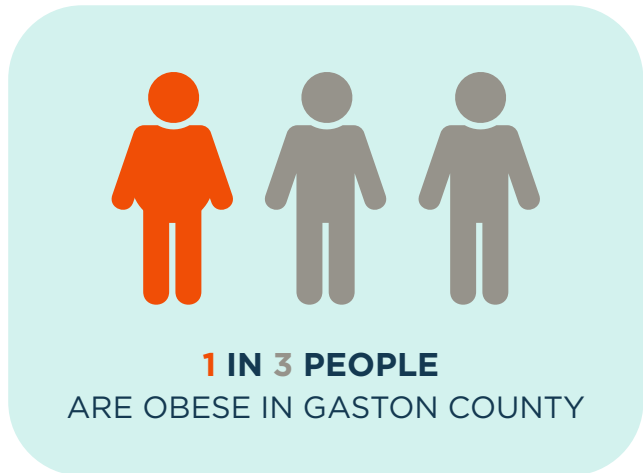
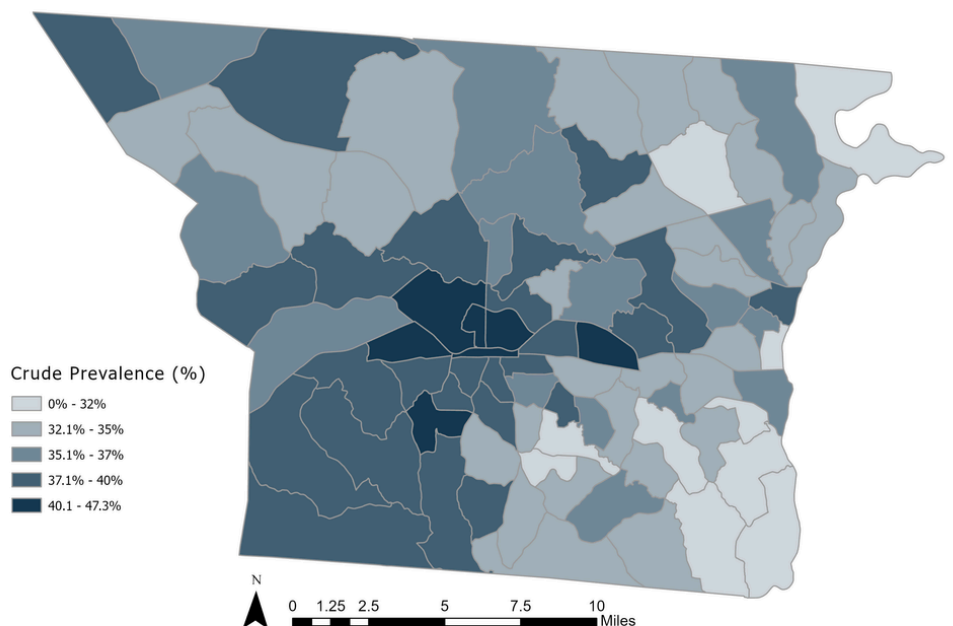


Figure 52.
Obesity Among Adults by Census Tract, 2022

Data Source: CDC PLACES (2024) - BRFSS (2022)



DISABILITY

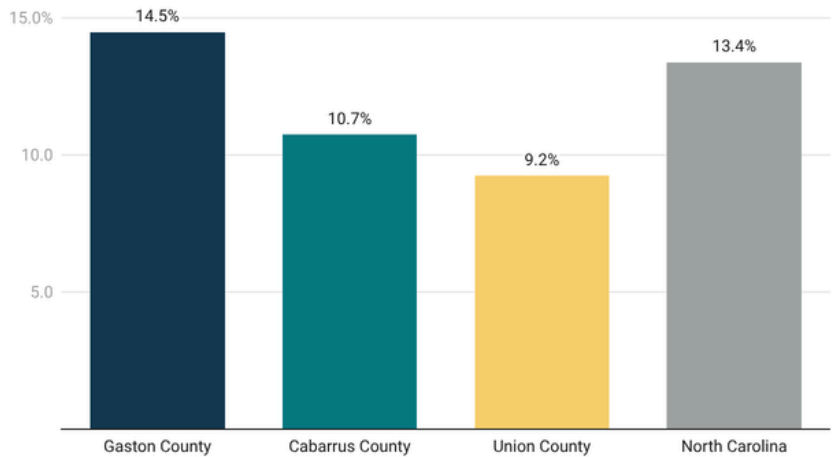
Disability prevalence provides insight into community health needs and the demand for accessible health care, transportation, employment, and social support services. Residents with disabilities may face greater barriers to care and daily activities, and higher disability rates can indicate increased need for coordinated, inclusive public health and community services.

Gaston County has a higher disability prevalence than both the state and neighboring counties (Figure CD-4). From 2019 to 2023, **an estimated 14.5% of Gaston County residents report a disability, compared with 13.4% statewide, 10.7% in Cabarrus County, and 9.2% in Union County.** This indicates a greater overall burden of disability in Gaston County relative to peer jurisdictions.

Figure 53.

Disability Rates Across Gaston County, Peer Counties, and North Carolina, 2019-2023

% of population with a disability, defined as one or more sensory disabilities or difficulties with everyday tasks



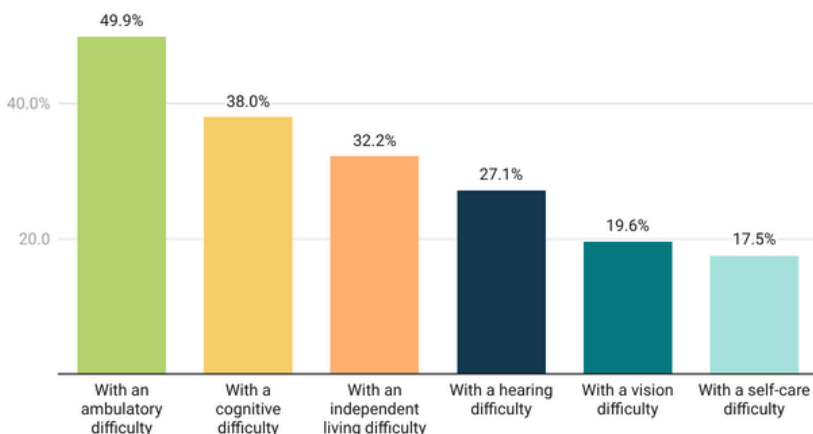
Source: U.S. Census Bureau, ACS Table S1810 (2013: 5-Year Estimates)

Among residents with disabilities, ambulatory difficulty is the most common type, affecting nearly half (49.9%) of individuals with a disability. Cognitive difficulty is also prevalent (38.0%), highlighting the need for accessible communication, cognitive-friendly services, and behavioral health support. **Approximately one-third (32.2%) of individuals with disabilities report difficulty with independent living, underscoring the importance of community-based support, case management, and aging-in-place resources.** Hearing difficulty affects 27.1% of individuals with disabilities, while vision and self-care difficulties remain significant concerns. Because many individuals experience more than one type of disability, these needs often overlap, reinforcing the importance of coordinated, cross-sector approaches that address accessibility, health care, social services, and community infrastructure.

Figure 54.

Types of Disabilities, Gaston County, 2024

% of population with a disability (15.5% of total population; 37,038)



Note: Some individuals may have multiple disabilities.

Source: U.S. Census Bureau, ACS Table K201803 (2024: 1-Year Estimates)





CANCER

Cancer is a key part of understanding community well-being. It remains one of the leading causes of illness, disability, and death, and its patterns reflect not only biology but also the social, environmental, and economic conditions that shape daily life.³³ Access to preventive care, early detection, timely treatment, environmental exposures, and personal health habits all affect a community's cancer burden. Studying cancer rates and outcomes helps reveal differences across groups, point to preventable risks, and highlight areas of higher concern within Gaston County.



CANCER INCIDENCE

From 2019–2023, **Gaston County reported the highest overall cancer incidence rate (530.0 per 100,000) compared to Cabarrus (471.2), Union (499.5), and North Carolina (481.5).**

Gaston also exceeded peer and state rates for several major cancer sites, including lung and bronchus (69.4 vs. 58.6 statewide), colon and rectum (42.4 vs. 34.7), and melanoma (36.1 vs. 28.5). Female breast cancer incidence (169.9) is slightly below the state rate (174.6), and prostate cancer incidence (125.8) is comparable to North Carolina (128.2).

Figure 55.

Incidence Rate for Specific Cancer Sites Across Gaston County, Peer Counties, and North Carolina, 2019-2023

Age-Adjusted Rate per 100,000 Population

	All Cancer	Colon/Rectum	Lung/Bronchus	Melanoma	Female Breast	Prostate
Gaston County	530.0	42.4	69.4	36.1	169.9	125.8
Cabarrus County	471.2	35.2	54.9	25.2	171.4	122.0
Union County	499.5	34.3	56.5	33.9	202.4	131.7
North Carolina	481.5	34.7	58.6	28.5	174.6	128.2

Source: NC State Center for Health Statistics

Elevated incidence rates for certain cancers (i.e. lung and colorectal cancers) may reflect differences in risk factors such as tobacco use, environmental exposures, screening uptake, and access to preventive care.^{34,35} Persistent differences across multiple cancer sites suggest opportunities to strengthen prevention strategies, early detection efforts, and risk reduction initiatives to address the county’s overall cancer burden.

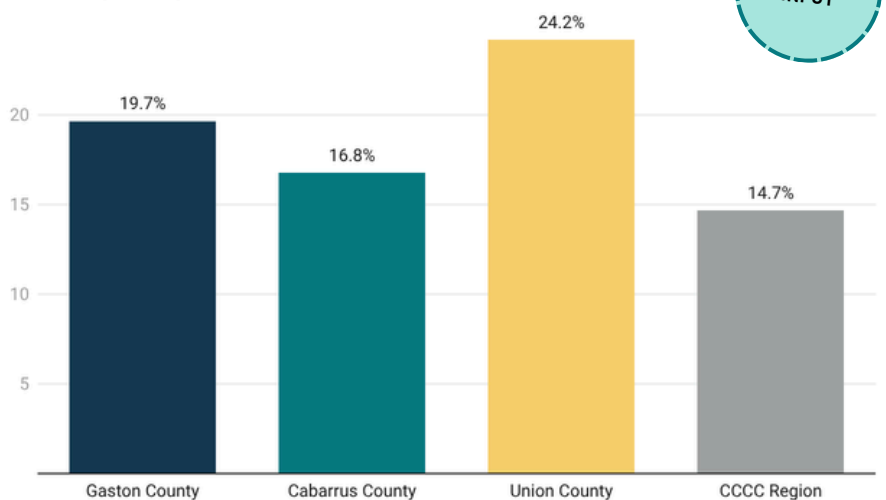


In 2025, **19.7% of Gaston County survey participants identified cancer as one of the most important health-related challenges**, higher than Cabarrus County (16.8%) and the broader CCCC region (14.7%), though lower than Union County (24.2%). These findings suggest that cancer remains a prominent concern among Gaston residents relative to most comparison areas.

Figure 56.

Survey Participants' Most Important Health-related Challenge: CANCER

% of Survey Participants



Note: Participants were asked to select top 3 health-related challenges.

Source: CCCC Regional Community Health Needs Assessment, 2025

CANCER MORTALITY

Figure 57.

Mortality Rate for Specific Cancer Sites Across Gaston County, Peer Counties, and North Carolina, 2019-2023

Age-Adjusted Rate per 100,000 Population

	All Cancer	Colon/Rectum	Lung/Bonchus	Melanoma	Female Breast	Prostate
Gaston County	165.6	13.7	44.6	2.4	17.0	17.5
Cabarrus County	140.0	11.9	34.4	1.9	17.9	14.6
Union County	139.6	10.5	32.1	2.4	17.2	16.5
North Carolina	154.0	12.8	36.6	2.2	19.9	20.2

Source: NC State Center for Health Statistics

From 2019–2023, **Gaston County had the highest overall cancer mortality rate (165.6 per 100,000) compared to Cabarrus (140.0), Union (139.6), and North Carolina (154.0).**

Mortality rates for lung and bronchus cancer (44.6) and colon and rectum cancer (13.7) exceed those of peer counties and are above or near statewide rates. Female breast cancer mortality (17.0) is slightly below the state rate (19.9), while prostate cancer mortality (17.5) remains comparable to peer counties. These findings indicate that Gaston County experiences a comparatively higher burden of cancer deaths, particularly for tobacco- and screening-related cancers.

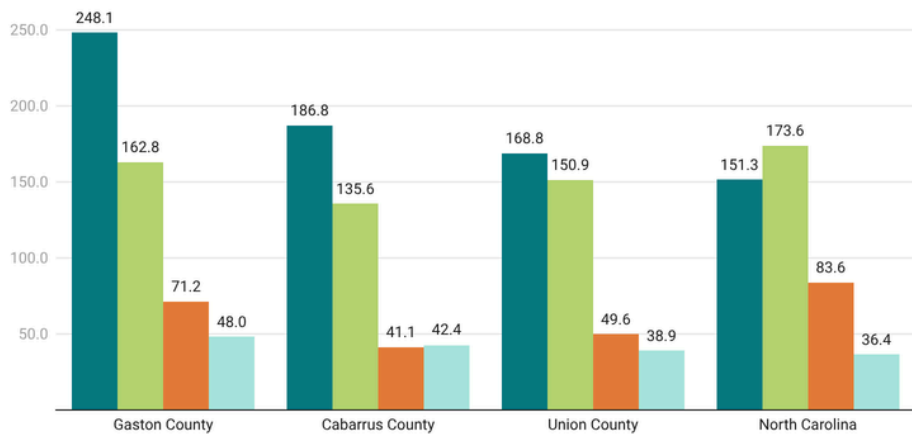
Overall cancer mortality also varies substantially by race. In Gaston County, **Black residents experience a markedly higher cancer mortality rate (248.1 per 100,000) compared with White residents (162.8), Asian residents (71.2), and Hispanic or Latino residents (48.0).** This disparity mirrors broader patterns seen across North Carolina and reflects differences in risk factors, stage at diagnosis, access to screening, treatment availability, and social determinants of health.³⁶

Figure 58.

Cancer Mortality by Race Across Gaston County, Peer Counties, and North Carolina, 2019-2023

Rate per 100,000 Population

White Black Asian Hispanic or Latino



Source: CDC National Vital Statistics Mortality

Persistent racial disparities in cancer mortality underscore the importance of equitable prevention, early detection, and access to high-quality care.

According to the American Cancer Society, cancer deaths have dropped 34% since their peak in 1991 due to reductions in smoking, advances in treatment, and early detection.



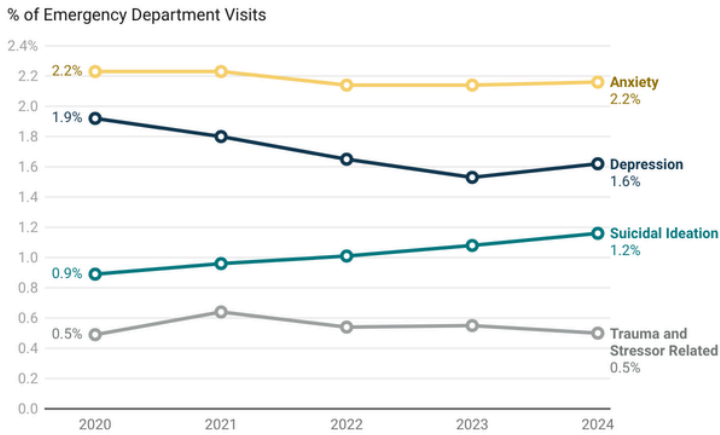
BEHAVIORAL HEALTH

Behavioral health outcomes reflect both individual well-being and the capacity of community systems to prevent, identify, and respond to mental health and substance use needs. Indicators such as emergency department (ED) utilization, overdose morbidity and mortality, and rates of alcohol and tobacco use provide insight into acute crises, chronic disease burden, gaps in access to care, and evolving risks within the community. In Gaston County, behavioral health data highlight increasing demand for crisis-level services and the ongoing impact of substance use, including opioids, alcohol misuse, and tobacco use, on overall community health.



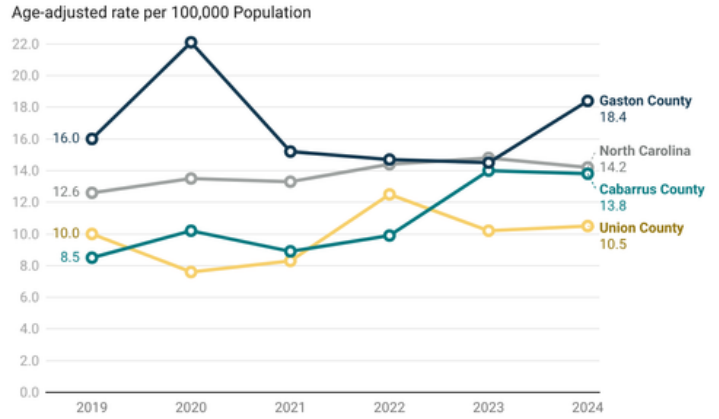
MENTAL HEALTH

Figure 59.
Emergency Department Visits for Mental Health Conditions,
Gaston County, 2020-2024



Source: NC DETECT

Figure 60.
Suicide Rates Among Gaston County, Peer Counties, and
North Carolina, 2019-2024

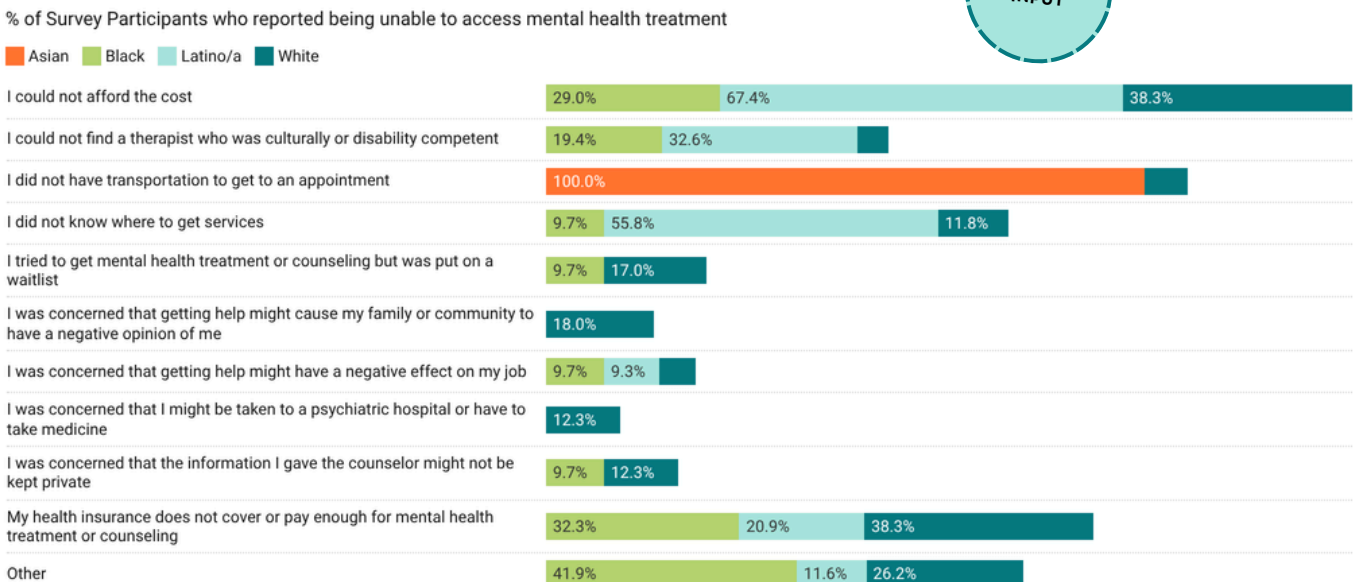


Note: Deaths by suicide are defined as having ICD-10 underlying cause-of-death codes X60-X84 or Y870.
Source: NC Data Portal; NC DHHS

Emergency department (ED) visits for mental health conditions in Gaston County show sustained demand. From 2020–2024, **anxiety-related visits remained the most common** at approximately 2.2% of all ED visits, while **depression-related visits declined** from 1.9% to 1.6%. In contrast, visits related to **suicidal ideation increased from 0.9% to 1.2%**. Suicide mortality trends mirror these concerns: after peaking in 2020 at 22.1, rates declined in 2021–2022 but increased again by 2024. This places Gaston County roughly **4–8 deaths per 100,000 higher than peer counties and the state**. Together, these patterns indicate persistent behavioral health challenges, particularly related to crisis-level care.

Survey findings highlight barriers to accessing treatment. Among participants who were unable to receive mental health services, **cost was a leading reason** (including 67.4% of Black respondents and 38.3% of White respondents in this subgroup), along with **insurance coverage limitations** and **transportation challenges**. Some respondents also reported stigma, confidentiality concerns, or fear of job-related consequences. These barriers suggest that limited access to affordable, culturally responsive outpatient services may contribute to increased reliance on emergency care.^{1,2}

Figure 61.
Survey Participant Reasons for Not Receiving Mental Health Treatment



Note: Participants were asked to select all the options that applied.
Source: CCCC Regional Community Health Needs Assessment, 2025

TOBACCO

In 2025, **13.1% of Gaston County survey participants reported using tobacco in the past 30 days, higher than Cabarrus County (6.6%), Union County (6.4%), and the CCCC region (6.2%).** This suggests that self-reported tobacco use in Gaston County is **approximately double** that of neighboring counties. County Health Rankings data (2022) show a similar pattern, with 17.0% of adults in Gaston County reporting tobacco use compared with 12.0% in Cabarrus and Union counties and 15.0% statewide. The consistency across survey and population-level estimates indicates a comparatively higher burden of tobacco use in Gaston County.

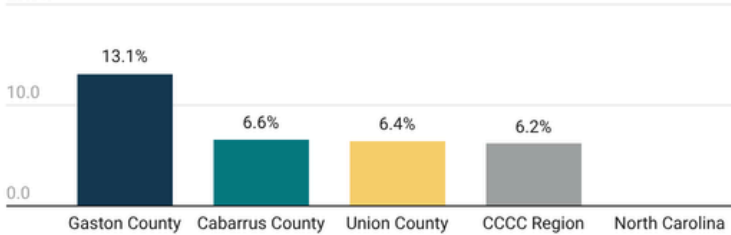
Tobacco use remains a leading risk factor for lung cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), and stroke.³⁷ Higher local prevalence may contribute to the county's elevated rates of lung cancer incidence and mortality observed in other sections of this assessment. Continued prevention, education, cessation support, and policy strategies remain important to reduce tobacco-related health impacts.

Figure 62.
Survey Participants who use Tobacco

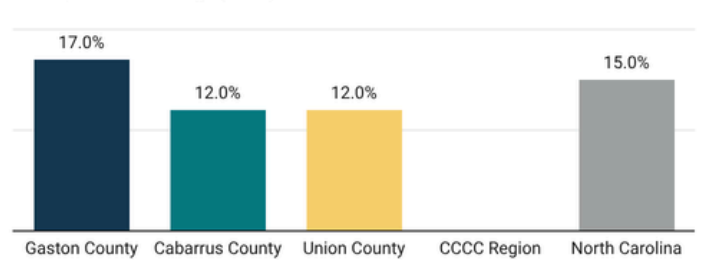
% of Survey Participants vs. % of Total Population

Survey (2025)

20.0%



County Health Rankings (2022)



Note: Participants were asked about Tobacco (cigarettes, cigarillo, cigar) usage in the past 30 days.

Source: County Health Rankings and Roadmaps; CCCC Regional Community Health Needs Assessment, 2025

ALCOHOL

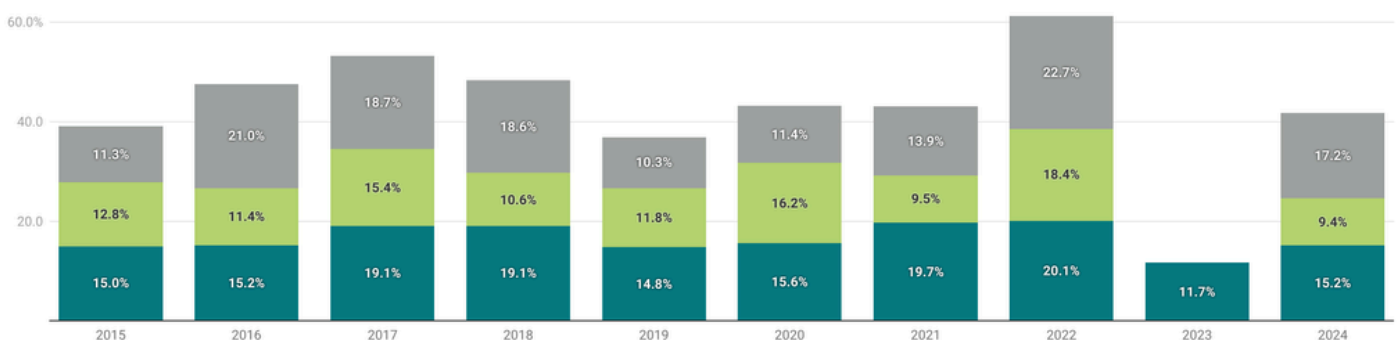
Among **Non-Hispanic White participants, prevalence generally ranged from approximately 14% to 20%**, peaking in 2022 (20.9%) before declining in 2023 (11.7%) and rebounding in 2024 (15.2%). **Non-Hispanic Black participants reported lower overall levels in most years, typically between 9% and 18%**, with a notable high in 2022 (18.4%) followed by a decline in 2024 (9.4%). Overall, 2022 appears to represent a peak year across groups.

Binge drinking is associated with increased risk of injury, motor vehicle crashes, violence, liver disease, cardiovascular conditions, and certain cancers.³⁸ Sustained monitoring and targeted prevention efforts remain important to reduce alcohol-related harms and associated chronic disease risk.

Figure 63.
Binge Drinking Among Region 4 Participants (BRFSS), 2015-2024

% of Survey Participants

■ Non-Hispanic White ■ Non-Hispanic Black ■ Other



Note: Binge drinking is defined as drinking 5+ drinks (men) or 4+ drinks (women) on one or more occasions within the past 30 days.

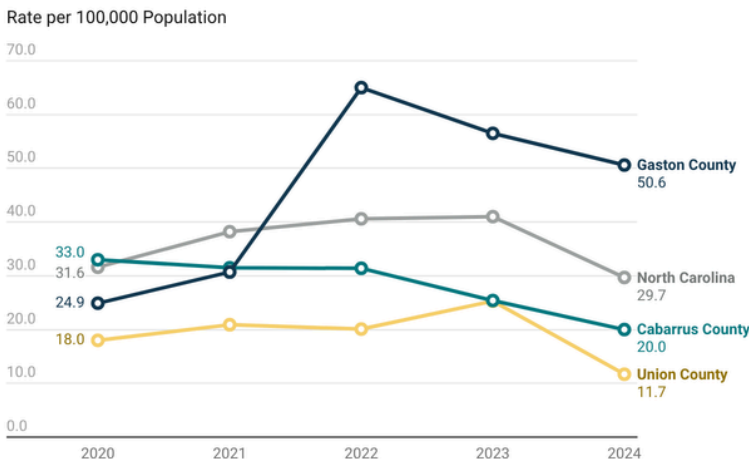
Source: NC State Center for Health Statistics - BRFSS

OPIOIDS

Opioids are a class of drugs used to treat pain but carry a high risk of dependence and overdose. Over the past decade, opioid misuse has become a major public health concern nationwide due to rising overdose deaths, the increasing presence of illicitly manufactured fentanyl, and the broader social and economic impacts on families and communities.³⁹ Opioid use disorder is associated with mental health conditions, chronic pain, unemployment, housing instability, and limited access to treatment, making it closely connected to multiple social determinants of health.⁴⁰

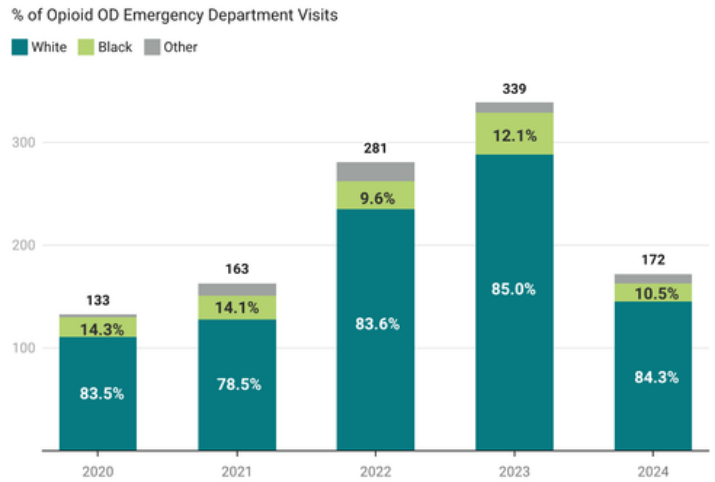
From 2020–2024, **opioid overdose emergency department (ED) visit rates in Gaston County rose sharply from 144.8 per 100,000 in 2020 to a peak of 272.9 in 2023 before declining to 165.7 in 2024.** During this period, Gaston’s rates exceeded Cabarrus and Union counties and were generally above the North Carolina average. **White residents accounted for the majority of overdose-related ED visits each year** (e.g., 85.0% in 2023), with smaller but notable proportions among Black residents (12.1% in 2023). These trends suggest that while opioid-related harms affect multiple populations, the burden remains disproportionately high among White residents in Gaston County.

Figure 66. Overdose Deaths Involving Opioids Across Gaston County, Peer Counties, and North Carolina, 2020-2024



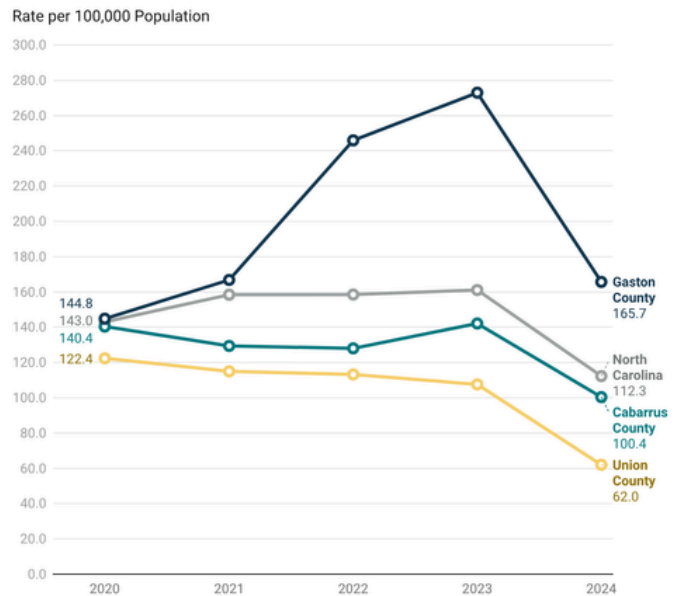
Note: The 2024 rates are projected estimates and may be revised as final data become available.
Source: NCDHHS Opioid and Substance Use Action Plan

Figure 64. Opioid Overdose Emergency Department Visits by Race Gaston County, 2020-2024



Source: NC Detect Syndrome Line List

Figure 65. Opioid Overdose Emergency Department Visits Across Gaston County, Peer Counties, and North Carolina, 2020-2024

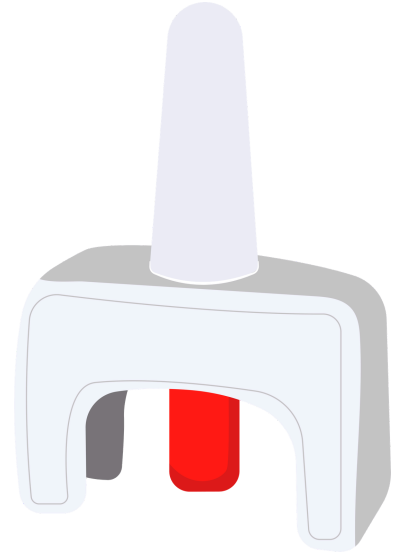


Source: NC DHHS Opioid and Substance Use Action Plan

Opioid overdose death rates followed a similar trajectory. **Gaston County’s mortality rate increased from 24.9 per 100,000 in 2020 to over 60.0 in 2022, then declined to 50.6 in 2024.** Although recent decreases are encouraging, mortality remains elevated relative to peer counties. Persistent elevation in both ED visits and deaths underscores the need for sustained prevention, harm reduction strategies, and equitable access to substance use treatment services to reduce morbidity and mortality.

LOCAL CONTEXT AND SYSTEM IMPLICATIONS

Local data and community reports indicate that Gaston County has experienced a sharp increase in overdose-related harms in recent years, particularly those involving fentanyl. Community organizations, including the **Gaston Controlled Substances Coalition**, are actively engaged in risk reduction, naloxone distribution, treatment linkage, and public awareness efforts. Emergency departments, EMS, and public health surveillance systems continue to play a critical role in identifying emerging trends and informing response strategies.



Taken together, behavioral health indicators in Gaston County reflect both progress and persistent challenges. Declines in some mental health-related ED visits suggest improvements in management or access for certain conditions, while increases in suicidal ideation and sustained opioid-related morbidity and mortality underscore ongoing gaps in prevention, treatment, and recovery-oriented services. These patterns highlight the importance of coordinated, data-informed strategies across mental health, substance use prevention, crisis response, and long-term recovery support.

The **Community Health Alliance** plays an important role in supporting prevention and harm-reduction efforts in Gaston County. Through community education, early identification of risk, and prevention initiatives, the Alliance works to improve health outcomes for Gaston County residents. They provide free Naloxone kits, Xylazine and Fentanyl test strips, and free condom distribution to Gaston County residents. Resources that help prevent overdose, reduce the spread of sexually transmitted diseases, and promote safer health behaviors.

FREE CONDOMS

Scan to have
condoms sent to you



6.6%

of survey participants
used E-cigarettes in
the past 30 days.

“

Substance Abuse: Vaping and marijuana are common in schools; students often smell it in hallways and bathrooms. Many shared that substance use starts at home, sometimes introduced by family.

-TEEN FOCUS GROUP

”

6.7%

of survey participants
used Marijuana in the
past 30 days.



COMMUNICABLE DISEASES

Communicable diseases provide insight into population health, prevention effectiveness, and access to testing, treatment, and vaccination. Patterns of infectious disease reflect not only biological transmission but also social and structural conditions such as housing stability, substance use, access to preventive services, and health care engagement. In Gaston County, trends in hepatitis, vaccine-preventable diseases, and sexually transmitted diseases highlight both areas of effective control and ongoing public health challenges.



HEPATITIS

Hepatitis A, B, and C are infectious diseases that affect liver health and can result in serious long-term outcomes, including cirrhosis, liver cancer, and premature death. Monitoring hepatitis trends over time supports early outbreak detection, targeted vaccination and testing, harm reduction efforts, and linkage to care. Hepatitis trends are also closely connected to substance use, homelessness, and access to preventive health services.

Confirmed cases of hepatitis A, acute and chronic hepatitis B, and acute and chronic hepatitis C from 2019 through 2024 show distinct patterns by type (Figure CD-11). **Hepatitis A cases increased sharply in 2021, reaching a rate of 65.7 per 100,000 residents, followed by a return to very low levels in subsequent years. This spike reflects an outbreak event requiring targeted public health response and vaccination efforts.**

Hepatitis (A, B, and C) by Incidence Rate Gaston County, 2019-2024

Rate per 100,000 Population



	2019	2020	2021	2022	2023	2024
Hepatitis A	1.8	0.9	65.7	1.3	0.0	0.4
Hepatitis B (Acute)	7.1	4.8	9.9	3.4	2.9	3.7
Hepatitis B (Chronic)	11.1	16.7	13.0	23.5	10.1	16.1
Hepatitis C (Acute)	2.7	4.8	6.0	1.3	1.3	0.4
Hepatitis C (Chronic)	190.5	154.0	152.5	127.2	110.0	86.8

Source: NC Disease Data Dashboard

Table 4.

Acute hepatitis B cases fluctuated slightly over the period but remained relatively low, ranging from 2.9 to 9.9, while **chronic hepatitis B cases remained steady**, with annual rates of 10.1 to 23.5. Acute hepatitis C cases remain consistently low, ranging from 0.4 to 6.0 per year. In contrast, chronic **hepatitis C represented the highest overall burden, with cases declining steadily from 190.5 in 2019 to 86.8 in 2024**, suggesting progress in treatment, diagnosis, or reporting over time.

These trends illustrate differing transmission patterns and prevention opportunities across hepatitis types. While hepatitis A and B are vaccine-preventable, hepatitis C is primarily transmitted through blood exposure, most commonly injection drug use, and requires testing and curative treatment rather than vaccination.

VACCINE-PREVENTABLE DISEASES

Monitoring vaccine-preventable diseases helps assess the effectiveness of immunization programs and identify emerging risks related to declining vaccination coverage or increased exposure. Sustained control of these diseases reflects strong public health infrastructure, while new or rising cases may signal gaps in protection or awareness.

Reported counts of select vaccine-preventable diseases in Gaston County from 2020 through 2024 indicate that **most conditions, such as measles, mumps, rubella, tetanus, and polio, had zero reported cases throughout the five-year period** (Figure CD-12). This suggests continued community protection through vaccination.

Some diseases showed ongoing or episodic activity. Invasive Haemophilus influenzae cases were reported each year, ranging from 1.7 to 4.6 per 100,000 residents, with the highest number in 2023. Pertussis cases increased in 2023 (1.3) and 2024 (3.3) following minimal activity in earlier years. Mpox showed a single-year increase in 2022 (6), with no reported cases in surrounding years.

Overall, these patterns indicate strong control of many vaccine-preventable diseases alongside the need for continued surveillance and vaccination outreach for conditions with recurring or emerging activity.

**Vaccine Preventable Disease by Incidence Rate
Gaston County, 2019-2024**

Rates per 100,000 Population



	2019	2020	2021	2022	2023	2024
Acute flaccid myelitis	0.0	0.0	0.0	0.4	0.0	0.0
Haemophilus Influenzae (Invasive Disease)	2.7	3.1	1.7	2.6	4.6	3.7
Measles	0.0	0.0	0.0	0.0	0.0	0.0
Meningitis, pneumococcal	0.4	0.0	0.0	0.0	0.0	0.8
Meningococcal Invasive Disease	0.0	0.4	0.0	0.0	0.4	0.4
Mpox	0.0	0.0	0.0	6.0	0.0	0.0
Mumps	0.0	0.0	0.0	0.0	0.0	0.0
Pertussis	2.2	0.4	0.0	0.0	1.3	3.3
Tetanus	0.0	0.0	0.0	0.0	0.0	0.0
Varicella	0.0	0.0	0.0	0.0	1.3	2.5

Source: NC Disease Data Dashboard

Table 5.

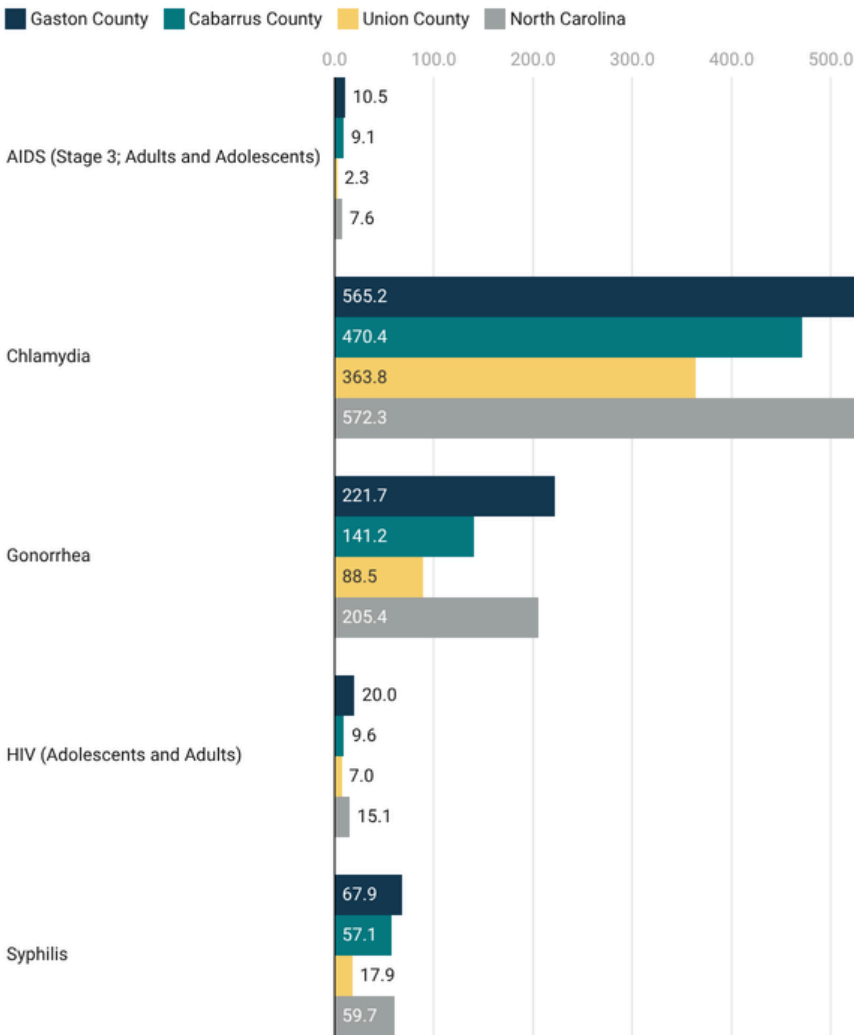


SEXUALLY TRANSMITTED DISEASES

Figure 67.

Sexually Transmitted Diseases by Incidence Rates Across Gaston County, Peer Counties and North Carolina, 2024

Rates per 100,000 Population



Source: NCDHHS, 2024 HIV/STD Surveillance Annual Report

Sexually transmitted diseases (STDs) remain an important public health concern due to their potential for long-term health complications, including infertility, chronic pain, and increased susceptibility to HIV.⁴¹ Monitoring STD trends helps identify populations at increased risk, inform prevention strategies, and guide screening and education efforts.

Reported STD case counts in 2024 show substantial variation by disease type (Figure CD-13).

Chlamydia accounted for the highest number of cases (565.2 per 100,000 residents), indicating persistent transmission within the community. Gonorrhea cases were lower (221.7) than chlamydia but remained a significant concern.

Syphilis cases (67.9) were reported at lower levels but have shown upward trends, suggesting emerging transmission patterns that warrant continued attention.

When compared with statewide rates, Gaston County reported higher rates of gonorrhea, HIV, AIDS, and syphilis in 2024, while North Carolina had a higher rate of chlamydia overall. These differences reflect variation in screening practices, access to care, and transmission dynamics and underscore the importance of continued testing, prevention education, and timely treatment.

Together, these health status indicators illustrate the complex and interconnected factors shaping health in Gaston County. Persistent disparities across maternal and child health, chronic disease, behavioral health, and communicable disease outcomes reflect the cumulative influence of social determinants, access to care, and environmental conditions. These findings provide critical context for identifying priority areas and guiding coordinated community health improvement efforts.

CHAPTER 5:

COMMUNITY INPUT

Community input is a critical component of a Community Health Assessment (CHA) because it ensures that identified needs, priorities, and strategies reflect the lived experiences, values, and perspectives of residents. While quantitative data provides essential insight into health outcomes and trends, community engagement offers context that data alone cannot capture, including perceived barriers to care, community strengths, and social or environmental factors that influence health. Meaningful participation builds trust between residents and health organizations, increases transparency, and fosters shared ownership of health improvement efforts. Incorporating community voices strengthens the relevance, equity, and sustainability of health strategies and supports solutions that are responsive to local needs.

To gather community input for this assessment, Gaston County Public Health used three complementary methods:

- **Community Health Assessment Survey**
- **Focus Groups**
- **Key Informant Interviews**

Together, these approaches provided both quantitative and qualitative perspectives on health needs, priorities, and barriers across the county. Data and relevant quotes from all three methods were incorporated into the Social Determinants of Health and Health Status Indicator chapters.



COMMUNITY HEALTH ASSESSMENT SURVEY

Surveys are a foundational element of community health assessments because they allow residents to directly share their experiences, concerns, and priorities. Gaston County Public Health participated in the Central Carolina Community Collaborative (CCCC), which enabled participating counties to administer a standardized core survey across the region. Using a common survey instrument allows for meaningful comparison of health needs, behaviors, and perceptions across counties, helping identify shared challenges, regional trends, and opportunities for collaboration. This regional approach also strengthens the overall validity of the findings by increasing the sample size and diversity of respondents. A complete copy of the survey instrument is included in the appendix.

Gaston County set a **goal of collecting 1,100 completed surveys** and **exceeded this target** through a combination of electronic and in-person distribution methods. Initial outreach focused on electronic dissemination to reach a broad audience and included distribution through:

- **Social media platforms**
- **Press releases**
- **Local hospital employees**
- **City and county government employees**
- **Kintegra Health (FQHC) employees**
- **Public Health clinic patients**
- **Gaston County Schools employees**

To improve representation and reach populations less likely to respond electronically, Gaston County Public Health also conducted in-person surveys at community locations and events throughout the spring of 2025. These included:

- **Food pantry distribution sites**
- **Public Health clinics**
- **Library events**
- **Health and resource fairs**
- **Senior citizen community events**
- **Community baby showers**

This mixed-method approach helped capture input from residents with varying levels of access to technology and differing social and economic circumstances.

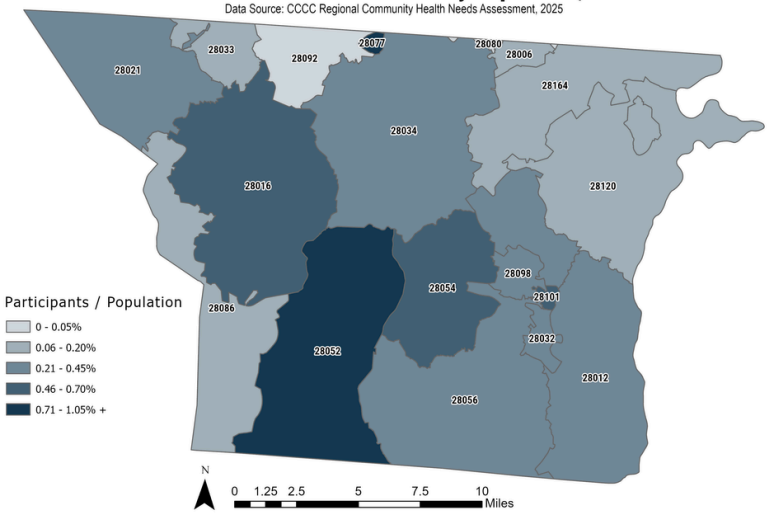


COMMUNITY HEALTH ASSESSMENT SURVEY - PARTICIPANT CHARACTERISTICS

While the survey sample is not fully representative of the overall Gaston County population, it provides valuable insight into the perspectives of residents experiencing economic hardship and greater health and social needs. The sample includes a higher proportion of individuals with lower incomes and potential barriers to health care access, allowing the findings to highlight priorities and unmet needs among populations most vulnerable to poor health outcomes. As a result, the survey findings should be interpreted as reflecting the experiences of residents with higher levels of need versus the entire county population.

1,127
Total Surveys

Gaston County Resident Participation in CCCC Regional Community Health Needs Assessment by Zip Code, 2025



Survey Participation by Race and Ethnicity, Gaston County (GC)

Survey Participants % vs. Total Population %

	GC Survey Participants	GC Total Population
White	39.9%	66.4%
Black	37.4%	17.1%
Latino/a	10.6%	9.9%
Two or more	4.1%	8.0%
Asian	3.5%	1.6%
Other	0.9%	0.8%
American Indian or Alaska Native	0.9%	0.4%
(blank)	2.6%	0.0%

Source: CCCC Regional Community Health Needs Assessment, 2025; U.S. Census Bureau, ACS B03002 (2024: 5-Year Estimates)

Survey Participants by Education Level, Gaston County (GC)

Survey Participants % vs. Total Population %

	GC Survey Participants	GC Total Population
Less than High School	5.5%	3.8%
Some High School	7.2%	7.9%
High School graduate or GED	25.7%	29.2%
Vocational or Technical School	5.0%	11.7%
Some College	16.7%	20.9%
College Graduate or Higher	38.2%	26.5%
Blank	1.8%	0.0%

Source: CCCC Regional Community Health Needs Assessment, 2025; U.S. Census Bureau, ACS S1501 (2024: 5-year Estimates)

Age Range of Survey Participants, Gaston County (GC)

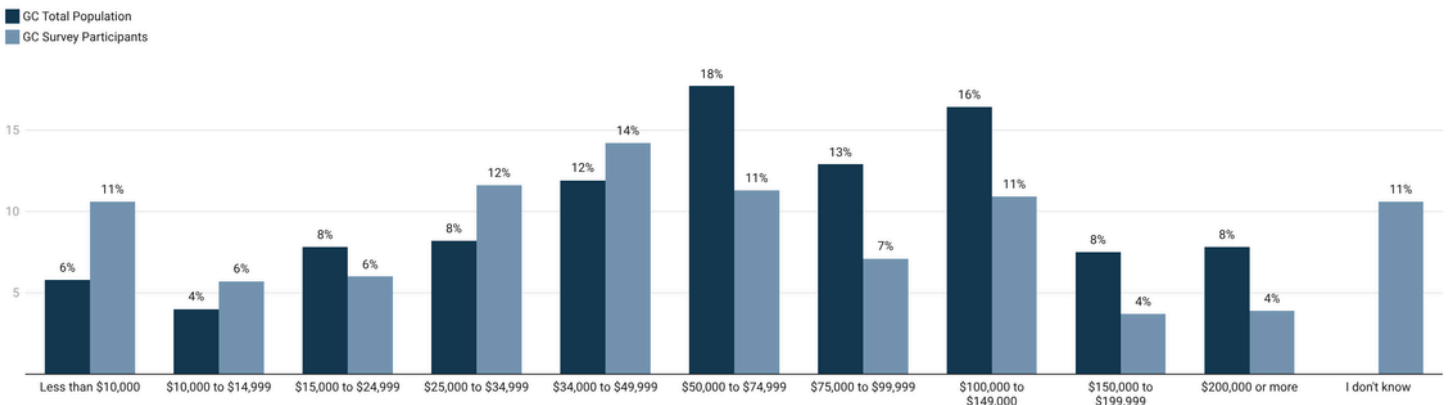
Survey Participant % vs. Total Population %

	GC Survey Participants	GC Total Population
18-39 years	60.1%	28.6%
40-64 years	29.4%	32.5%
65 and older	10.4%	16.5%
(blank)	0.2%	

Source: CCCC Regional Community Health Needs Assessment, 2025; U.S. Census Bureau, ACS Table B01001 (2024: 5-Year Estimates)

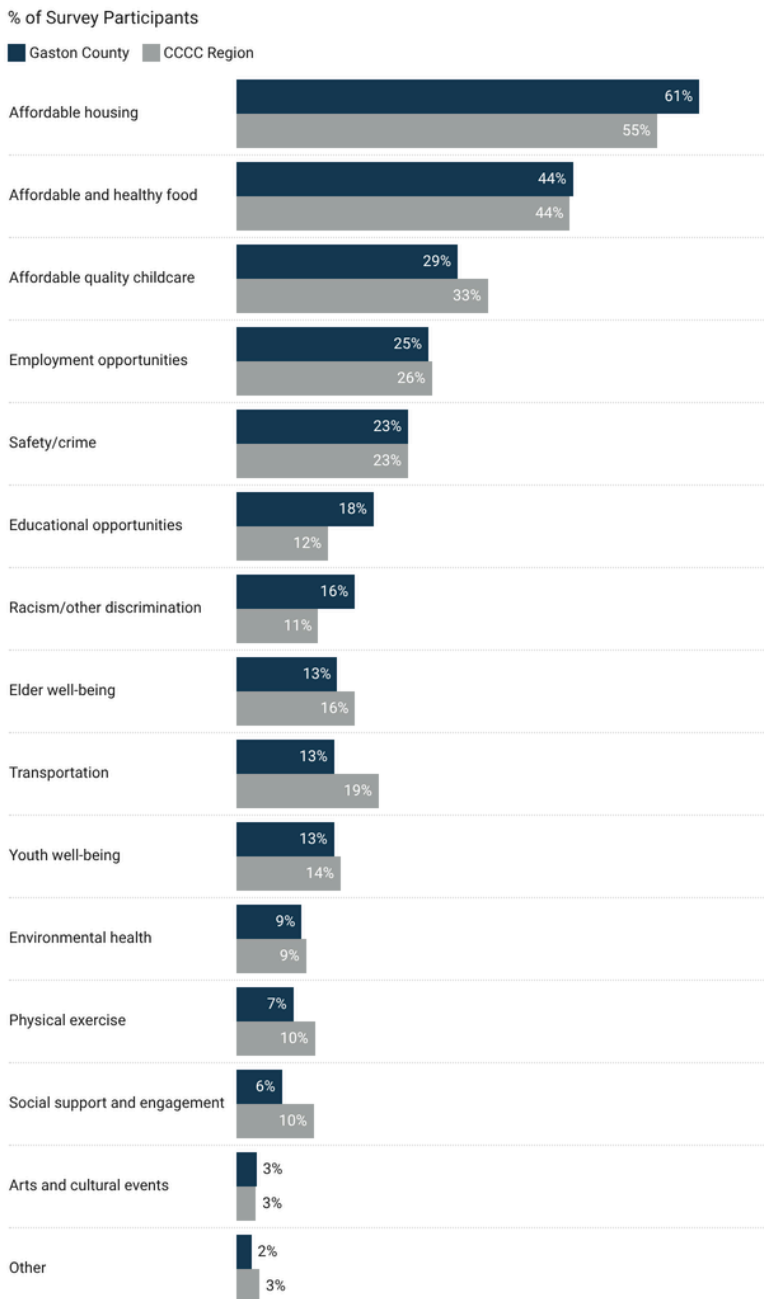
Survey Participant Household Income, Gaston County (GC)

Survey Participant % vs. Total Population %



Source: CCCC Regional Community Health Needs Assessment, 2025; U.S. Census Bureau, ACS Table S1901 (2024: 5-Year Estimates)

Figure 69.
Most Important Community Issues for Survey Participants



Note: Participants were asked to select top 3 community issues.
 Source: CCCC Regional Community Health Needs Assessment, 2025

COMMUNITY-IDENTIFIED PRIORITY ISSUES

Survey participants in Gaston County identified **affordable housing as the most important community issue (61%)**, exceeding the broader CCCC region (55%). **Affordable and healthy food** ranked second (**44%**), followed by **affordable quality childcare (29%)**, employment opportunities (25%), and safety/crime (23%). Lower-ranked concerns included environmental health (9%), physical exercise (7%), and social support and engagement (6%).

Compared with the regional average, **Gaston respondents placed greater emphasis on housing and slightly less emphasis on childcare and transportation.**

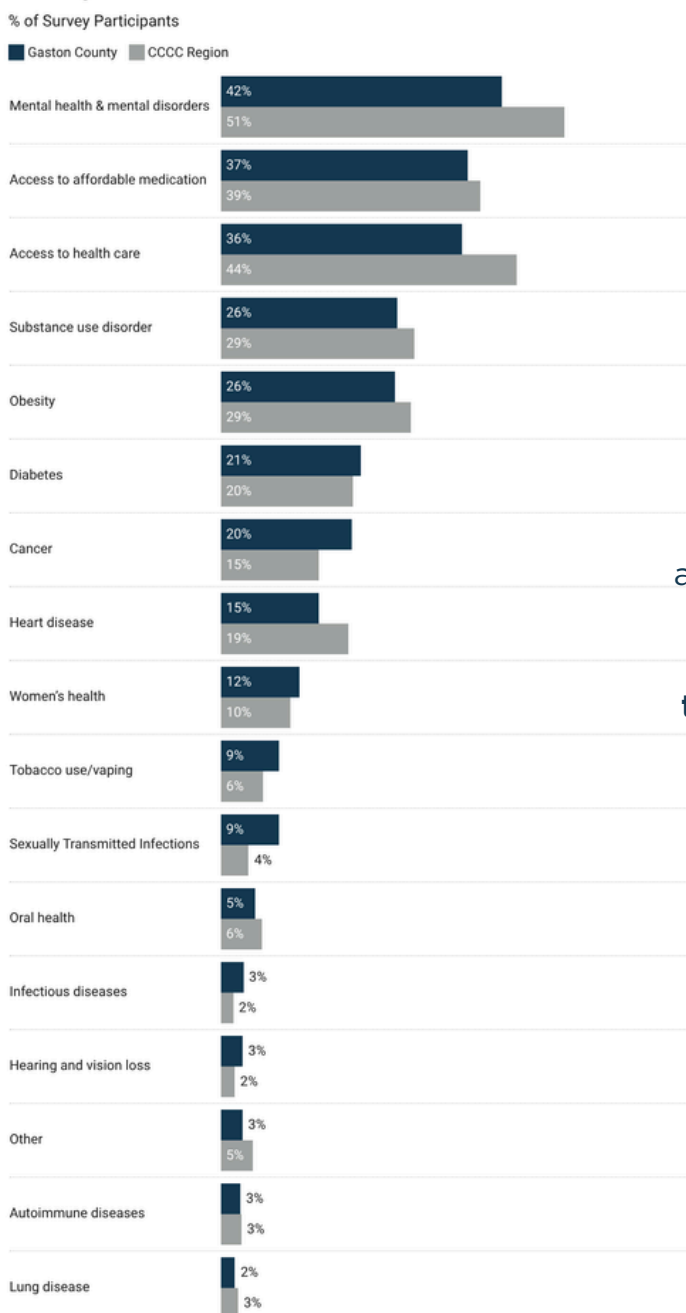
These priorities reflect strong concern about economic stability and basic needs, particularly housing and food affordability. Overall, these findings indicate that residents are most concerned with foundational economic and social conditions that directly affect stability, stress, and the ability to maintain healthy lives.

“Having adequate income allows individuals to be able to have decent housing and have access to fresh food, be able to afford food... healthy food that's needed in order to keep us healthy, and housing plays a major role in, again, maintaining your health.”

“The biggest health-related challenges I feel our community face is access to fresh, affordable, you know, nutritional food. I believe that many of the health concerns not only adults face but as well as our children are facing is relevant to food.”

“La comida saludable es demasiado cara.”
 [Healthy food is too expensive.]

Figure 70.
Most Important Health-related Challenges for Survey Participants



Note: Participants were asked to select top 3 health-related challenges.
 Source: CCCC Regional Community Health Needs Assessment, 2025

HEALTH-RELATED CHALLENGES

When asked to identify the most important health issues in the community, respondents most frequently selected **mental health and mental disorders (42%)**. Other top concerns included **access to affordable medication (37%)** and **access to health care (36%)**. Substance use disorder (26%), obesity (26%), diabetes (21%), and cancer (20%) were also commonly identified.

These priorities are **broadly consistent with those identified across the CCCC region**, though Gaston County respondents placed slightly **greater emphasis on medication affordability and somewhat less emphasis on mental health and health care access** compared with regional averages.

Overall, survey results highlight strong community concern about behavioral health, chronic disease, and barriers to affordable, consistent care.

“...siento yo que en la mayoría de nuestros países no se le da valor como a la salud mental...Y se ve como que uno tiene que estar loco para tratar.”

[I feel that in most of our countries mental health is not valued as much as it should be...And it's seen as if you have to be crazy to seek help.]

“...if you can't afford your medicines, then you can't take them.”

“I think that access to healthcare providers is a significant issue in our community. There are times when people need medical attention, but they can't get it because there aren't enough providers available, or they can't afford the services even with insurance.”

FOCUS GROUPS

Focus groups were conducted to provide deeper qualitative insight into community experiences and to complement survey findings. Focus groups allow participants to share perspectives in their own words, offering context around barriers, community strengths, and lived experiences that may not be fully captured through quantitative data alone. These discussions support more nuanced interpretation of survey and secondary data and help inform culturally responsive strategies.

Gaston County Public Health conducted three focus groups to ensure representation across different populations:

Teenagers (9 participants) English-speaking Public Health clients (6 participants) Hispanic community members (22 participants)

Participants discussed topics including **food access**, **cost of living**, **stigma related to health services**, and **barriers to seeking care**. Selected participant quotes illustrate these themes:

“

So you're employed, but yet you're still having to struggle to find health insurance and pay for it and the expense of all that. But then you can't afford to not be without health insurance.

”

“

Stigma is a major factor—students fear being judged for seeking help, especially for STIs or mental health issues.

-Teen Focus Group Participant

”

“

Yo siento que a veces cuando uno va a un profesional de la salud...cuando no habla el idioma que ellos hablan, les da como pereza como explicarle mucho a uno y como que es así como por encima y tal. Y a veces son casos importantes, casos críticos.

[I feel that sometimes when you go to a healthcare professional...when you don't speak their language, they seem reluctant to explain much and just give you a superficial overview. And sometimes these are important cases, critical cases.]

-Focus Group Participant

”

These perspectives reinforce survey findings related to affordability, access, and stigma and provide important context for understanding community priorities.

KEY INFORMANT INTERVIEWS

Key informant interviews provided additional qualitative insight from individuals with specialized knowledge of community systems, services, and populations. Interview participants included leaders from city and county government, health care organizations, and nonprofit agencies. These individuals offered perspectives on emerging issues, service gaps, system challenges, and opportunities for collaboration.

A total of **12 key informant interviews** were conducted using a virtual AI-assisted interview platform, which supported efficient data collection, transcription, and analysis. The interviews helped explain underlying factors driving observed trends in health data and community feedback and contributed to identifying actionable strategies for improving health outcomes.

Taken together, community input gathered through surveys, focus groups, and key informant interviews provides a critical complement to quantitative health data. While the survey sample overrepresents lower-income and younger residents, this perspective offers valuable insight into the needs and priorities of populations experiencing greater health and social challenges. Across engagement methods, residents and community leaders consistently identified economic stability, access to affordable housing and food, mental health, substance use, and barriers to care as key concerns. These themes reinforce findings from the Social Determinants of Health and Health Status Indicators chapters and informed the identification of priority areas and strategies outlined in this assessment.

Participating Organizations in Key Informant Interviews

Gaston Emergency Medical Services (GEMS)
Gaston County Police
Gaston Business Association
Kintegra Health
Gaston County YMCA
CaroMont Health
Kintegra Behavioral Health Services
Crisis Assistance Ministries
Gaston County Planning & Development
Gastonia City Council
City of Gastonia

“Additionally, the disparities in health outcomes based on race and socioeconomic status are alarming. Some groups face higher rates of chronic diseases and have less access to preventive care, which only exacerbates the problem.”

-Key Informant

CHAPTER 6: PRIORITY SETTING

PRIORITY SETTING PROCESS

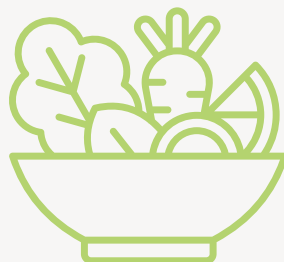
Priority setting for the 2025 Community Health Assessment was guided by **both community input** and **supporting data**. The **five most frequently identified health issues from the community survey** were selected as candidate priorities. These issues were then presented alongside relevant secondary data to provide additional context and support for community-identified concerns.

Community members were invited to participate in a prioritization activity at various meetings and events across the county. **Participants were asked to rank the health issues based on their experiences and observations of local needs.** This process allowed residents to directly influence the selection of priorities and ensured that the final focus areas reflect both lived experience and data-informed evidence. Results from this process were used to identify the top three health priorities that will guide public health planning and resource allocation.

2026 IDENTIFIED PRIORITY NEEDS



MENTAL HEALTH



**ACCESS TO HEALTHY
AND AFFORDABLE FOODS**



SUBSTANCE USE

CHAPTER 7: NEXT STEPS

COMMUNITY HEALTH IMPROVEMENT PLAN

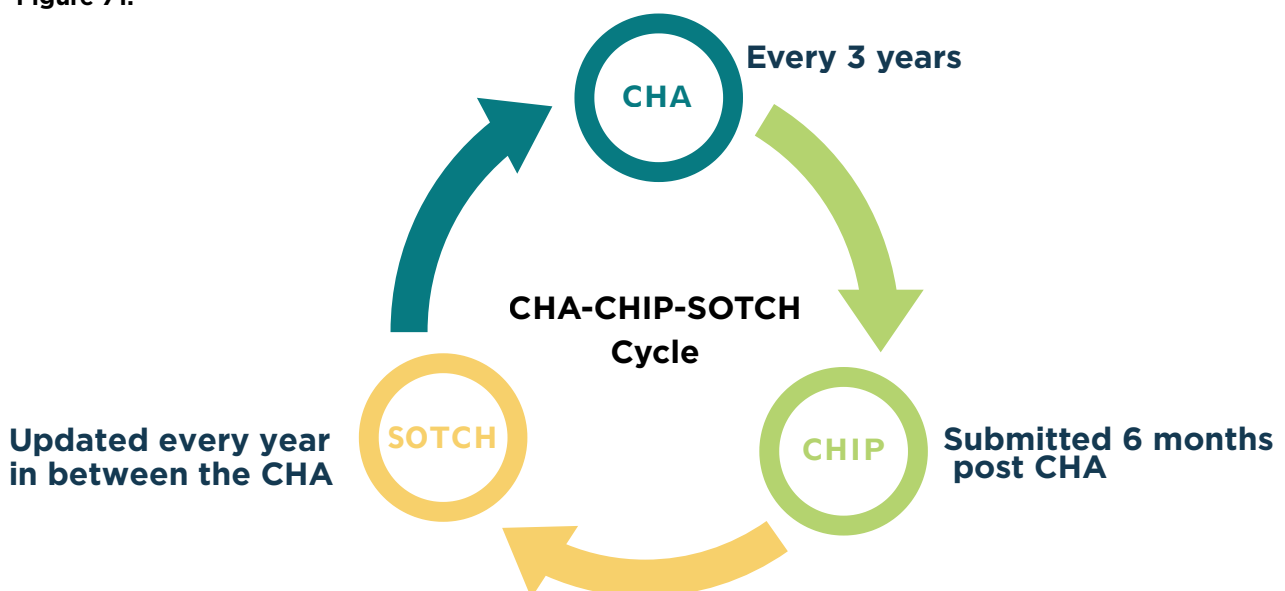
Findings from the **2025 Community Health Assessment (CHA)** will guide strategic planning and coordinated community action to address identified priority health issues in Gaston County. The next phase of the CHA process is the development of the **Community Health Improvement Plan (CHIP)**, which builds on existing community assets, partnerships, and resources to support locally driven, sustainable solutions to priority needs.

Findings from the 2025 CHA will continue to be disseminated through community partners, with intentional efforts to encourage broad community participation in health priority initiatives. Gaston County will also continue exploring opportunities for alignment with other local coalitions, initiatives, and community planning efforts to strengthen coordination, reduce duplication, and maximize collective impact.

The Gaston County CHIP process will begin in March 2026 and will be written using the Results Based Accountability method. Completed plans will be submitted to the North Carolina Department of Health and Human Services Division of Public Health for review, with anticipated implementation beginning September 2026.

The **State of the County's Health (SOTCH)** report will serve as a mid-cycle update to monitor progress on Community Health Improvement Plan (CHIP) priorities and track emerging health trends in Gaston County. The SOTCH will document changes in health indicators, highlight implementation progress, identify new or shifting community needs, and support continuous quality improvement in community health strategies. Findings will be used to inform ongoing planning, partnership alignment, and adaptive response efforts and will be submitted to the North Carolina Department of Health and Human Services Division of Public Health in accordance with state reporting requirements.

Figure 71.



APPENDIX: HEALTHY NC 2030 REPORT CARD

HNC 2030: Social and Economic Factors						
Health Indicator	Definition	Desired Result	Gaston County	North Carolina	Healthy NC 2030 Target	Source
Individuals below 200% of FPL	Percent of individuals with incomes at or below 200% of the FPL	Decrease the number of people living in poverty	32.5% <i>(2019 - 2023)</i>	31.0% <i>(2019 - 2023)</i>	27.0%	ACS S1701 (2019 - 2023)
Unemployment	Percent of population aged 16 and older who are unemployed but seeking work	Increase economic security	4.8% <i>(2019 - 2023)</i>	4.8% <i>(2019 - 2023)</i>	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower	ACS 2301 (2019 - 2023)
Short-term Suspensions (per 10 students)	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	Dismantle structural racism	2.25 <i>(2023 - 2024)</i>	1.62 <i>(2023 - 2024)</i>	0.80 <i>per 10 students</i>	Table S-C1. Short-Term Suspensions (2023 - 2024)
Incarceration Rate (per 100,000 population)	Incarceration in North Carolina prisons per 100,000 population		242.8 <i>(2023)</i>	192 <i>(2024)</i>	150 <i>per 100,000 people</i>	HNC 2030 Scorecard (2024)
Adverse Childhood Experiences	Percent of children who have experienced two or more Adverse Childhood Experiences	Improve child well-being	NA	17.3% <i>(2023)</i>	18.0%	HNC 2030 Scorecard (2023)
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	37% <i>(2025)</i>	48.5% <i>(2024)</i>	80.0%	HNC 2030 Scorecard (2024); NC Department of Public Instruction Accountability Dashboard

HNC 2030: Physical Environment						
Health Indicator	Definition	Desired Result	Gaston County	North Carolina	Healthy NC 2030 Target	Source
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	74% <i>(2025)</i>	78% <i>(2025)</i>	92% <i>of population</i>	HNC 2030 Scorecard (2025)
Limited Access to Healthy Food	Percent of people who are low-income that are not in close proximity to a grocery store	Improve access to healthy food	12% <i>(2025)</i>	8% <i>(2025)</i>	5%	HNC 2030 Scorecard (2025)
Severe Housing Problems	Percent of households with at least 1 of 4 housing problems	Improve housing quality	15% <i>(2025)</i>	14% <i>(2025)</i>	14.0% <i>of population</i>	HNC 2030 Scorecard (2025)

HNC 2030: Health Behaviors						
Health Indicator	Definition	Desired Result	Gaston County	North Carolina	Healthy NC 2030 Target	Source
Drug Overdose Deaths (per 100,000 population)	Number of persons who die as a result of drug poisoning per 100,000 population	Decrease drug overdose deaths	35.2 (2023)	42.1 (2023)	18.0 per 100,000 people	HNC 2030 Scorecard (2023); NCDHHS Overdose Epidemic Data
Tobacco Use	Percent of youth and adults reporting current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes, and/or hookah	Decrease tobacco use	NA	27.3% (2019)	9.0% of youth	HNC 2030 Scorecard (2019)
			17% (2022)	19% (2024)	15.0% of adults	HNC 2030 Scorecard (2024); County Health Rankings and Roadmaps
Excessive Drinking	Percent of adults reporting binge or heavy drinking	Decrease excessive drinking	20% (2022)	14.9% (2023)	12.0% of adults	HNC 2030 Scorecard (2023); County Health Rankings and Roadmaps
Sugar-Sweetened Beverage Consumption	Percent of youth and adults reporting consumption of one or more sugarsweetened beverages (SSBs) per day	Reduce overweight and obesity	NA	29.8% (2023)	17.0% of youth	HNC 2030 Scorecard (2023)
			NA	32.2% (2023)	20.0% of adults	HNC 2030 Scorecard (2023)
HIV Diagnosis (per 100,000 population)	Number of new HIV diagnoses per 100,000 population	Improve sexual health	18.2 (2023)	15.5 (2023)	6.0 per 100,000 people	HNC 2030 Scorecard (2023); NC Data Portal
Teen Birth Rate (per 1,000 population)	Number of births to girls aged 15-19 per 1,000 population		16.7 (2023)	14.8 (2023)	10.0 per 1,000 girls	HNC 2030 Scorecard (2023); NC Data Portal

HNC 2030: Clinical Care						
Health Indicator	Definition	Desired Result	Gaston County	North Carolina	Healthy NC 2030 Target	Source
Uninsured	Population under age 65 without health insurance	Decrease the uninsured population	11.5% (2023)	11.1% (2023)	8%	HNC 2030 Scorecard (2023)
Primary Care Clinicians (counties at or below 1:1,500 providers to population)	Primary care workforce as a ratio of the number of full-time equivalent primary care clinicians to county population	Increase the primary care workforce	1:1053 (2022)	80 (2024)	100 counties reaching the 1:1,500 ratio or achieving a 25% decrease in the provider to population ratio	HNC 2030 Scorecard (2024)
Early Prenatal Care	Percent of women who receive pregnancyrelated health care services during the first trimester of a pregnancy	Improve birth outcomes	74.3% (2024)	71.9% (2024)	80.0%	HNC 2030 Scorecard (2024); NCDHHS
Suicide Rate (per 100,000 population)	Age-adjusted number of deaths attributable to self-harm per 100,000 population	Improve access and treatment for mental health needs	18.4 (2024)	14.2 (2024)	11.1 per 100,000 people	HNC 2030 Scorecard (2024); NC Data Portal

HNC 2030: Clinical Care						
Health Indicator	Definition	Desired Result	Gaston County	North Carolina	Healthy NC 2030 Target	Source
Infant Mortality (per 1,000 births)	Rate of infant deaths per 1,000 live births	Decrease infant mortality	5.2 (2023)	6.9 (2023)	6.0 per 1,000 live births	HNC 2030 Scorecard (2023); NC Data Portal
			3.2 (2019-2023)	2.3 (2023)	Black/White disparity ratio = 1.5	HNC 2030 Scorecard (2023); NC State Center for Health Statistics
Life Expectancy (years)	Average number of years of life remaining for persons who have attained a given age	Increase life expectancy	73.2 (2023)	77.0 (2023)	82.0	HNC 2030 Scorecard (2023)

APPENDIX: COMMUNITY HEALTH ASSESSMENT SURVEY

Central Carolina Community Collaborative Survey



Welcome to the 2025 Community Health Needs Survey.
This survey will take less than 10 minutes.

We will ask you questions about the health needs of your community.
Community is where you live, work, play and engage. The information will help us:

- Understand problems that affect our community
- Better understand the needs of our community
- Work together to find solutions to our needs

The answers you give are important and kept confidential. When you get to the end of the survey please make sure you hit the blue button that says submit.

We thank you for your time and input.

Introduction

1) What county do you live in?*

Alexander

Ashe

Brunswick

Cabarrus

Carroll (VA)

Davidson

Davie

Duplin

Forsyth

Gaston

Grayson (VA)

Guilford

Iredell

Lancaster

Lincoln

Mecklenburg

New Hanover

Onslow

Pender

Randolph

Rockingham

Rowan

Scotland

Stanly

Stokes

Surry

Union

Wilkes

Yadkin

York

Other

2) If “Other” in Question 1, please list your county

3) What is your home zip code?*

4) What is your age?*

Your Community

5) What do you believe are the most important health related challenges in your community? Please select 3.

- | | |
|---|--|
| <input type="checkbox"/> Access to affordable medication | |
| <input type="checkbox"/> Access to health care (availability and accessibility) | <input type="checkbox"/> Mental health issues including anxiety and depression |
| <input type="checkbox"/> Autoimmune Disorders | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Cancers - all types | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Infections (STDs) including chlamydia, gonorrhea, hepatitis, syphilis, HIV |
| <input type="checkbox"/> Hearing and vision loss | <input type="checkbox"/> Substance use (drug or alcohol use) |
| <input type="checkbox"/> Heart disease (high blood pressure, stroke) | <input type="checkbox"/> Tobacco use including vaping |
| <input type="checkbox"/> Infectious diseases (tuberculosis or TB, flu, COVID-19) | <input type="checkbox"/> Women's health including maternity care and other issues that are unique to women |
| <input type="checkbox"/> Lung disease (asthma, chronic obstructive pulmonary disease or COPD) | <input type="checkbox"/> Other (Please list): |
-

6) What are the most important community issues? Please select 3.

- | | |
|---|---|
| <input type="checkbox"/> Access to affordable healthy food | <input type="checkbox"/> Issues related to aging (Older Adults) |
| <input type="checkbox"/> Affordable and safe housing | <input type="checkbox"/> Racism or other discrimination |
| <input type="checkbox"/> Access to affordable child care | <input type="checkbox"/> Safety or crime |
| <input type="checkbox"/> Access to educational opportunities | <input type="checkbox"/> Environmental Health including clean air and water |
| <input type="checkbox"/> Access to employment opportunities | <input type="checkbox"/> Transportation (the ability to get to medical appointments, work, errands, etc.) |
| <input type="checkbox"/> Access to arts and cultural events | <input type="checkbox"/> Other (Please list): |
| <input type="checkbox"/> Access to physical activity opportunities | |
| <input type="checkbox"/> Access to social support and engagement | |
| <input type="checkbox"/> Issues related to child and youth well-being | |
-

7) What does your community need to be healthy?

8) Please rate your agreement with the following statements.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
There are affordable places to live in my community	—	—	—	—	—
I am satisfied with the healthcare system in this community	—	—	—	—	—
Public transportation is easy to use if I need it	—	—	—	—	—
I feel safe in my community	—	—	—	—	—
There are enough well-paying jobs in my community	—	—	—	—	—

Your Health

9) In the past week, how many days did you eat fruit and/or vegetables. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned.

- None
- 1-2
- 3-5
- More than 5
- I don't know

10) How easy or difficult is it for you to get fresh fruits and vegetables?

- Very difficult
- Somewhat difficult
- Somewhat easy
- Very easy

11) If “Very Difficult” or “Somewhat Difficult”, what are the reasons it is difficult to get fresh fruits and vegetables? Select all that apply.

- The store(s) within a mile of where I live don’t sell fresh fruits and vegetables
- The quality of fresh fruits and vegetables where I shop is poor
- Fresh fruits and vegetables are too expensive where I shop
- The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables
- I don’t have transportation to get to a store that sells fresh fruits and vegetables
- I don’t have the ability to store or prepare food

12) In the past 30 days, have you used

	Yes	No
Marijuana or cannabis	—	—
Drugs besides marijuana or cannabis	—	—
Tobacco (cigarettes, cigarillo, cigar)	—	—
Smokeless tobacco (chew, dip, snuff)	—	—
Electronic cigarettes, such as JUUL or blu (also known as e-cigarettes or vapes)	—	—

13) How often does substance use by someone in your household negatively affect your usual activities?

- Daily
- Weekly
- Monthly
- Rarely
- Never

14) How often do you get the social and emotional support you need?

Always Usually Sometimes Rarely Never

15) How often do you feel lonely?

Always Usually Sometimes
 Rarely Never

Access to Care

16) Do you have a doctor or clinic where you go for care when you need it?

Yes No

17) Please choose the type(s) of health insurance you currently have. Select all that apply.

I don't have health insurance Insurance purchased through the Marketplace, Affordable Care Act or Obamacare Insurance from an employer Medicare Medicaid I'm on my parent's insurance Other (Please list): _____

18) If you have insurance, how well does it meet your needs?

Very Dissatisfied

Dissatisfied

Neutral

Satisfied

Very Satisfied

Not Applicable

19) Do you have dental insurance?

Yes

No

20) Do you have vision insurance?

Yes

No

21) In the past 12 months, have you delayed any medical care such as annual physicals?

Yes

No

22) If "Yes" to Question 21, what were the reasons you delayed medical care?

Wait time for appointment

Cost of service

Transportation

Inconvenient hours

Lack of provider

No insurance

I am not at risk

Did not want to get vaccinated

Other (Please list): _____

23) During the past 12 months, was there any time when you needed mental health treatment or counseling?

Yes

No

24) If “Yes” to Question 23, were you able to get the mental health treatment you needed?

Yes

No

25) If “No” to Question 24, please select the reason(s) you did not get the mental health treatment or counseling you needed. Select all that apply.

I could not afford the cost

I was concerned that getting help might cause my family or community to have a negative opinion of me

I was concerned that getting help might have a negative effect on my job

My health insurance does not cover or pay enough for mental health treatment or counseling

I did not know where to get services

I was concerned that the information I gave the counselor might not be kept private

I was concerned that I might be taken to a psychiatric hospital or have to take medicine

I tried to get mental health treatment or counseling but was put on a waitlist

I could not find a therapist who was culturally or disability competent

I did not have transportation to get to an appointment

Other (Please list):

26) Within the past 12 months, has a lack of transportation kept you from medical appointments, work, or other important things that you need to do?

Yes

No

27) How prepared do you feel your household is to handle an emergency or disaster (such as natural disaster, power outage, or public health crisis)?

Very prepared, We have an emergency plan, supplies, and know what to do Somewhat prepared, We have some supplies and an idea of what to do, but could use more information.

Not very prepared, We have limited supplies and no clear plan

Not prepared at all, We do not have supplies or a plan in place

28) What resources, training, or information would help you feel more prepared for emergencies? Please specify

About You

29) What sex were you assigned at birth?

Female

Male

Another term: _____

30) What is your race and/or ethnicity group? Select all that apply.

American Indian or Alaskan Native

Latino or Hispanic

Asian Black or African American

White

Middle Eastern or Northern African

Prefer to self-describe:

Native Hawaiian or Pacific Islander

31) What kind of place do you live in?

Own my home Rent my home

Living with a friend or family member

Emergency shelter Living outside

Hotel or Motel

Something else:

32) How many people in each age group are currently in your household (including yourself)?

Children 0-5 years old: _____

Children 6-10 years old: _____

Children/Teenagers 11-14 years old: _____

Children/Teenagers 15-18 years old: _____

Young adults 19-24 years old: _____

Adults 25-64 years old: _____

Adults 65 and older: _____

33) Is a language other than English spoken in your home?

Yes

No

34) If "Yes" to Question 33, what language(s) other than English are spoken in your home?

35) What is the highest level of education you have completed?

Less than high school

Some high school

High school graduate or GED

Vocational or technical school

Some college

College graduate or higher

36) What is your yearly household income?

Less than \$10,000 \$10,000 to \$14,999

\$15,000 to \$24,999 \$25,000 to \$34,999

\$35,000 to \$49,999 \$50,000 to \$74,999

\$75,000 to \$99,999

\$100,000 to \$149,999

\$150,000 to \$199,999

\$200,000 or more I

don't know

37) What is your current employment status?

Employed (full-time) Employed (part-time)
 Retired Student Self-employed Not
employed

38) If employed, what county do you work in if different than where you live?

I live and work in the same county
 I work in: _____

39) Does anyone in your house live with a physical, mental, or intellectual disability?

Yes, a child 0 to 17
 Yes, an adult 18 or older
 No

Gaston County

40) My healthcare providers address my needs without bias or discrimination

Strongly Disagree
 Disagree
 Neither
 Agree
 Strongly Agree

41) What are the primary causes of your stress? Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Money | <input type="checkbox"/> Social issues (politics, the economy, etc.) |
| <input type="checkbox"/> Work or school | <input type="checkbox"/> Job stability |
| <input type="checkbox"/> Personal health concerns | <input type="checkbox"/> Personal safety |
| <input type="checkbox"/> Children/childcare | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Caretaking | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Relationships (e.g., partner, spouse, kids, family) | <input type="checkbox"/> I do not experience any stress |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Don't know/Not sure |
| <input type="checkbox"/> Health problems affecting my family | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Housing costs (e.g., mortgage or rent) | |

42) How often do you have someone you can rely on to help with the following items, such as:

- **Food**
- **Transportation**
- **Child Care**
- **Other Support**

- | | |
|--|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Never | <input type="checkbox"/> Not needed/not applicable |
| <input type="checkbox"/> Don't know/Not sure | |

43) Have you or anyone in your household sought help for any substance use issue? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Tobacco Use | |
| <input type="checkbox"/> Prescription Use | <input type="checkbox"/> Prefer not to Say |

44) If anyone in your household sought help for any substance use issue, was that individual able to successfully complete treatment?

Yes

No

Not applicable

45) If “No” to Question 44, what prevented them from completing treatment?

46) The healthcare services that are hardest for me to access in my neighborhood are:

Immunizations

STI Testing/Treatment

HIV Testing

Women’s Health Exams (Pap smear, Mammograms)

Birth Control

Free Condoms

Free Narcan

WIC (Women’s, Infants, and Children)

Health Education

Thank you for taking our survey!

Your response is very important to us and will help us plan ways to improve health in your community.

GLOSSARY

200% FPL Threshold: A commonly used benchmark in public health and social policy representing households whose income is less than twice the federal poverty line; these households are at elevated risk for economic instability and unmet needs.

Air Quality Index (AQI): A standardized measure used by the U.S. Environmental Protection Agency to communicate how polluted the air is and the associated health effects. Higher values indicate worse air quality.

Blood Lead Level (BLL): A measure of the amount of lead in the blood.

Confirmed Lead Poisoning (CLP): A blood lead concentration of 10 ug/dL or greater, determined by the value of the lower of two consecutive blood tests within a 12-month period.

Elevated Blood Lead Level (EBL): A blood lead concentration of 5-9.99 µg/dL determined by the value of the lower of two consecutive blood tests within a 12-month period.

EPA Primary Drinking Water Standards: Health based standards established by the U.S. Environmental Protection Agency to limit exposure to contaminants known to cause adverse health effects.

Federal Poverty Threshold: A set of income levels that vary by household size and composition, used to determine whether individuals or families are considered to be living in poverty.

First-Trimester Prenatal Care: Prenatal care initiated within the first 13 weeks of pregnancy.

Grocery Stores: Full-service food retailers offering a range of fresh, frozen, and shelf-stable foods; does not include dollar stores, convenience stores, or limited-service markets unless they meet USDA criteria.

Hepatitis A: A vaccine-preventable virus spread mainly through contaminated food, water, or close contact.

Hepatitis B: A bloodborne virus transmitted through sexual contact, injection drug use, and perinatal exposure; a vaccine is available.

Hepatitis C: A bloodborne virus mainly spread through injection drug use; no vaccine exists, but curative treatment is available.

Housing Cost Burden: Spending 30% or more of household income on housing costs (rent or mortgage, utilities, fees).

Infant Mortality Rate (IMR): Number of infant deaths (before age one) per 1,000 live births.

Limited English Proficiency: Residents age 5 and older who speak a language other than English at home and report speaking English less than very well.

GLOSSARY

Limited-Service Restaurants: Establishments where customers order and pay before eating; includes fast food restaurants, takeout-focused businesses, and counter-service dining (NAICS 722513).

Live Birth: The birth of a baby showing any signs of life, regardless of gestational age.

Low Birth Weight (LBW): Birth weight less than 2,500 grams (approximately 5 lbs 8 oz).

Maximum Contaminant Level (MCL): The highest level of a contaminant allowed in drinking water under EPA standards, based on health protection.

Median Household Income: The income level at which half of households earn more and half earn less, used to describe the typical economic status of households within a geographic area.

Minimum Infection Rate (MIR): An estimate of the minimum number of infected mosquitoes per 1,000 tested, assuming at least one infected mosquito per positive pool. MIR is used to approximate infection intensity in mosquito populations and to compare risk across time or locations.

Opioid Overdose (ED Visit): ED encounter coded as opioid poisoning or overdose using ICD-10 codes

Poverty Rate: The percentage of individuals whose income in the past twelve months falls below the federal poverty threshold, as defined by the United States Census Bureau.

Preterm Birth: A live birth occurring before 37 completed weeks of pregnancy.

R.E.A.C.H. (Racial and Ethnic Approaches to Community Health): a national program funded by the Centers for Disease Control and Prevention (CDC) that works to reduce chronic disease and health disparities in communities experiencing inequities.

Severe Housing Cost Burden: Spending 50% or more of household income on housing costs.

Supplemental Nutrition Assistance Program (SNAP): provides monthly benefits that help eligible low-income households purchase food.

SNAP Participation Rate: The percentage of households within a geographic area that report receiving SNAP benefits during the ACS survey period.

Teen Birth Rate: Number of live births per 1,000 females ages 15–19.

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