2015 Gaston County Community Health Assessment

March 2016

Prepared by:
The Gaston County Department of Health &Human Services in collaboration with CaroMont Health, Gaston Together, and the United Way of Gaston County

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Acknowledgments

At three meetings from September through December 2014, the Gaston County Health Department, CaroMont Health, Gaston Together, the United Way of Gaston County, and representatives of stakeholder organizations updated the survey instrument used for the past three CHAs to secure community opinions on health and quality of life issues in Gaston County. The members of this Quality of Life/Community Health Assessment Survey Committee were:

CaroMont Health
Andrea Serra & Kimberly Sain*

Carrie E. and Lena V. Glenn Foundation
Barbara Voorhees

Community Foundation of Gaston County
Ernest Sumner

Gaston Regional Chamber of Commerce
Ann Hoscheit, OD

Gaston County Government
Earl Mathers, Adrian Miller, David Williams

Gaston College
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Faith-Based Groups
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The Committee's task was to review the *2012 Quality of Life Survey* and develop a survey of essential and understandable questions in an easy-to-follow format.

The committee made the greatest number of changes to the survey format, making the questions easier to follow and to answer; however, the 2015 survey is somewhat longer than the 2012 survey. At the same time, most of the questions are the same, or similar, to those in previous surveys, enabling us to present response trends. The **2015 Gaston County Quality of Life Survey** begins on page 56.

Executive Summary

In the three years since consolidation, the Gaston County Department of Health & Human Services has generated significant insights for working as a consolidated agency (Public Health and Social Services) to improve communications, enhance cooperation, and to establish collaborative programs. While often serving the same clients, the divisions' different missions, rules, traditions, and data systems make this work more difficult than originally projected.

At the same time, DHHS has improved its department-wide programming through: culture improvements, expanded public information resources, additional special projects management, integrated administrative policies and procedures, and by initiating the co-location of many services.

As an agency, we plan to build a healthier Gaston though these efforts:

- Build a healthier environment to encourage physical activity, good nutritional practices, and the reduced use of tobacco products: we will reach most county residents.
- Build programs to prevent the neglect and abuse of children, adults, and senior citizens: we will help avoid the tragic, debilitating, and multi-generational consequences of trauma.
- Prevent acute and chronic disease through timely clinical, educational, and community interventions: we will reduce clinical expenditures on avoidable conditions.
- Integrate physical, social, and mental/emotional health into our delivery of client services: we will build a foundation for good lifelong health by addressing the needs of 'whole persons'.
- Assist adults so they learn the skills to become gainfully employed.
- Achieve better community health to contribute to Gaston County's growing reputation as a desirable location for new business and industry.

According to the 2015 Quality of Life Survey, over 80 percent of County respondents report being in at least "good" general health. However, when compared to data from the 2013 Behavioral Risk Factor Surveillance System (BRFSS), 72.6 percent of respondents reported at least "good" overall health, just 4.5 percentage points lower than the 2011 rates.

Gaston County has a strong infrastructure of health care resources. The Gaston County Department of Health & Human Services, a North Carolina accredited health department, offers disease prevention, disease treatment, health promotion, and environmental services. Its clinics provide family planning, prenatal care, limited gynecology, well and sick pediatric care, immunizations, and diagnoses and treatments for sexually transmitted diseases. It also provides nutrition services, including WIC, and health education programs to prevent teen pregnancy, improve health resources in childcare centers, and promote physical activity, and good nutritional practices. Its environmental health programs include food and lodging inspections. It manages well water and septic system installations and repairs.

Gaston County DHHS also has several satellite sites: Summit Midwifery and High-Risk Obstetrics, Highland Health Center, and Teen Wellness Centers in Bessemer City, Cherryville (is this still correct?), and Gastonia's Highland community.

CaroMont Regional Medical Center, the county's sole hospital, is a not-for-profit facility with 435 licensed beds. Its hospital and ancillary services include the Birthplace, CaroMont Cancer

Center, CaroMont Heart Center, Emergency Services, Imaging Services, Neurosciences, Advanced Spine Care, Psychiatric Services, Rehabilitation and Sports Medicine, Sleep Center, Special Care Units, Surgical Services, CaroMont Hyperbariac and Wound, Caromont Diabetes Center, and Gaston Hospice - Robin Johnson House.

Gaston Family Health Services, Inc. (GFHS) is Gaston County's sole Federally Qualified Community Health Center. With the exception of prenatal and pediatric care, it provides a full-range of primary care services, behavioral health services, a pharmacy, the Gaston Diabetes Center, and dental clinics. GFHS and DHHS jointly operate a primary health center in the Highland Community. It also operates Community Health Partners, Gaston County's Medicaid Managed Care Agency and Health Net Gaston, a system that secures local physicians to provide complimentary medical care to uninsured adults.

During 2009-2013, 81 percent of adults ages 25 and older stated they graduated from high school while under 20 percent of adults earned a bachelor's degree or higher. It is estimated that 19 percent of residents have not completed high school.

In this same period, the majority of the population of legal working age (55%) were employed. Within this group, at least four out of five residents were private wage or salary workers. Thirty-six percent of the population claimed an unemployed status. According to the 2009-2013 US Census Bureau American Community Survey, median household income in the County was $42,017. Male workers continue to out-earn female workers by nearly $10,000 per year.

Poverty remains a harsh reality for residents in Gaston County. Almost one-fifth of residents live at or below poverty level. Single-mother households account for 37 percent of this group with 26 percent of children living in poverty.

The top chronic health conditions for County residents are related to heart, autoimmune, and mental health conditions such as: heart attacks, arthritis and lupus (29.7%), and depression (27.4%). One-quarter of residents have confirmed that a physical, mental, or emotional problem hinders their ability to perform basic daily living activities with 13.1 percent of disabled residents requiring some form of special equipment (Source: 2013 BRFSS).

Among all survey respondents, eighty-seven percent acknowledge the lack of health insurance as a barrier to healthcare. Issues related to access, availability, and family obligations prevent many residents from utilizing health services.

Based on 2013 BRFSS data, over 10 percent of respondents did not take or fill their prescribed medication because of cost. Likewise, two out of every three respondents to our 2015 Quality of Life Survey state they are able to receive or access the prescription medicines they need.

Through a combination of data from the 2015 Gaston County Quality of Life Survey, strategic planning data from the community, and data from the NC State Center for Health Statistics, our Board of Health & Human Services has selected the following health priorities for 2015-2020:

- Integration of Mental Health Resources
- Childhood Obesity
- Improved Family Functioning
- Senior Livability and Support

Setting community priorities represents the beginning of a new community health improvement process. Using data based on community priorities and assessments is key to developing and implementing effective community health programs and initiatives. The next step in this process is to create plans of action and improvement that address the identified health priorities. Our Community Health Assessment team will develop objectives and evaluation methods to address these priorities with an evidence-based strategic focus.

You can get involved! Find an area or health issue that interests you. Contact us to let us know that you would like to help us. You may choose to volunteer your time, connect us to community organizations, or help us locate resources that address the issue. Spread the word! Ask your family, friends, or coworkers if they would like to get involved after reading our assessment report. Feel free to check our website www.gastonpublichealth.org for updates on our progress.

Chapter 1: Background and Introduction

The Gaston County Department of Health & Human Services (GC DHHS) prepared the **2015 GASTON COUNTY COMMUNITY HEALTH ASSESSMENT REPORT** (CHA) in collaboration with CaroMont Health, Gaston Together, and the United Way of Gaston County.

By providing financial and technical support, CaroMont is meeting new Internal Revenue Service requirements established by the Patient Protection and Affordable Care Act. This analysis also helps CaroMont meet its corporate goal of improving community health status.

Gaston Together manages community initiatives to "address our county's most pressing needs through collaboration, facilitation, promotion and the anticipation of possibilities." Its programs include the Gaston Community Healthcare Commission, which develops and conducts programs to improve the health of county residents.

The United Way of Gaston County provided financial support for this project and will use the 2015 QUALITY OF LIFE SURVEY REPORT, being written by Gaston Together with data from the Community Health Assessment, to set community priorities and guide its funding allocations.

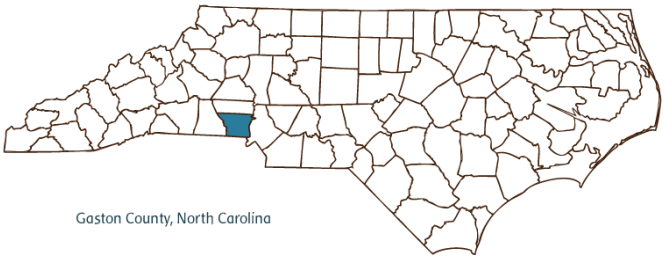
The Gaston County Department of Health and Human Services prepared this report to meet accreditation requirements set for local health departments by the North Carolina Division of Public Health. As presented in Chapter 8, the Gaston County Board of Health & Human Services used this report to set priorities that will be further developed through ongoing strategic planning efforts.

A substantial portion of the data presented in this report is from the **Gaston County Quality of Life Survey, 2015**, through which more than 2,000 county residents gave their opinions on medical, health, and quality of life issues in our community. The **2015 GASTON COUNTY COMMUNITY HEALTH ASSESSMENT REPORT** presents the responses to medical and health questions.

Together, the Gaston County Department of Health & Human Services, CaroMont Health, Gaston Together, and the United Way of Gaston County intend for public, private, and nonprofit organizations to use data from both reports for strategic planning, program planning, and to prepare grant applications. To promote their use, these agencies will present both reports at workshops, meetings, and on agency websites to encourage community stakeholders to use them to enhance the wellbeing of Gaston County and its residents.

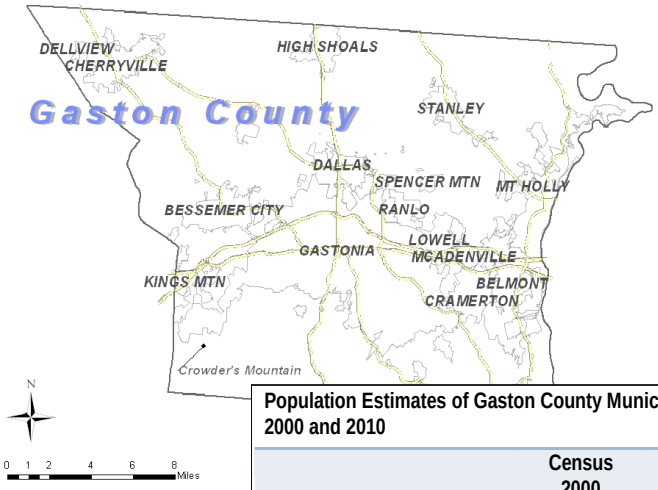
Chapter 2: Brief County Description

Gaston County is located in the south-central Piedmont of North Carolina, with Mecklenburg County (Charlotte) to the east, Lincoln County to the north, and Cleveland County to the west.In the mid-to-late 1800s, textiles became Gaston County's dominant industry, with many families living and working in mill villages. Over the past three decades, tens of thousands of textile workers have lost jobs to automation and mills that have closed and others that relocated outside the U.S. There are currently efforts within Gaston County to improve literacy, graduation rates, and to establish a qualified workforce.



Geographic

The location of municipalities and townships in Gaston County is shown in Figure 9. In 2010, approximately 66.2% of the population lived in the county's 14 municipalities (excluding Dellview) and 33.8% in unincorporated areas or areas outside those municipalities (Table 3). Between 2000 and 2010, the U.S. Census showed considerable growth in the three largest municipalities: 8.2% in the City of Gastonia, 15.7% in the City of Belmont, and 42.0% in the City of Mount Holly; at the same time, the total county population grew 8.3%. The largest growth was in the Town of Ranlo (56.2%), City of Mount Holly (42.0%), City of Lowell (32.5%), and the Town of Dallas (31.9%).



Population Estimates of Gaston County Municipalities and Townships, 2000 and 2010

	Census 2000	Census 2010	Percent Change
North Carolina	8,049,313	9,535,483	18.5%
Gaston County	190,365	206,086	8.3%
City of Belmont	8,705	10,076	15.7%
City of Bessemer City	5,119	5,340	4.3%
City of Cherryville	5,361	5,760	7.4%
Town of Cramerton	2,976	3,105	4.3%
Town of Dallas	3,402	4,488	31.9%
City of Gastonia	66,277	71,741	8.2%
Town of High Shoals	729	696	-4.5%
City of King's Mountain	9,693	10,296	6.2%
City of Lowell	2,662	3,526	32.5%
Town of McAdenville	619	651	5.2%
City of Mount Holly	9,618	13,656	42.0%
Town of Ranlo	2,198	3,434	56.2%
Town of Spencer Mountain	51	37	-27.5%
Town of Stanley	3,053	3,556	16.5%

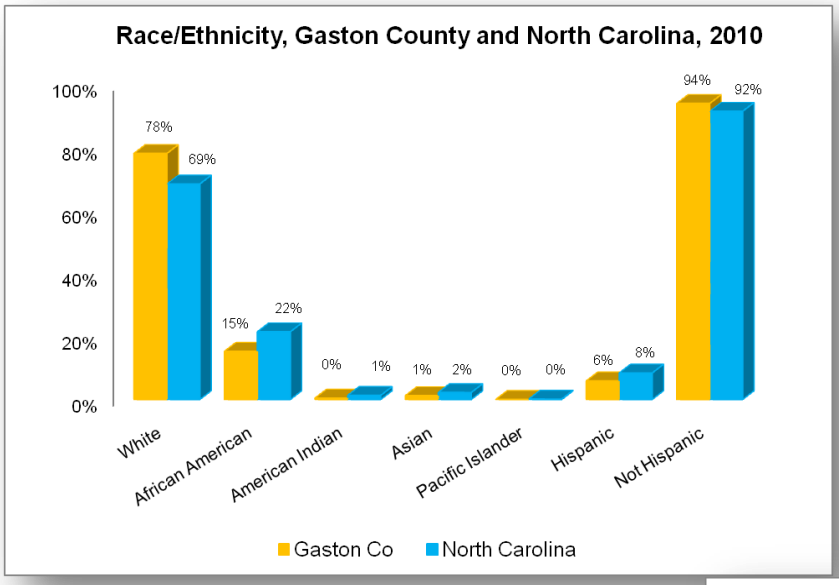
Source: US Census Bureau, 2010 Census

Demographics

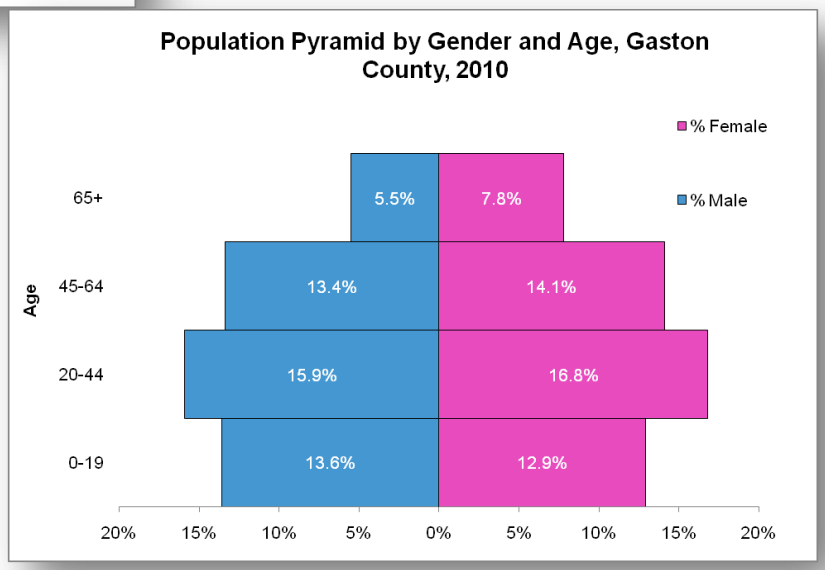
The 2010 US Census shows Gaston County has a population of 206,086, making it the eighth most populous of North Carolina's 100 counties.

These population values have not changed significantly since 2000 (Table 3). Further, the percentage of Gaston County residents, by age and gender, is similar to those for North Carolina as is the median age, which is 38.9 for Gaston and 37.4 for the state. The median age for Gaston County is projected to increase to 40 by 2016. Life expectancy has increased by 4 years for males and less than 1 year for females between 1990 and 2014; where on average, males are expected to live to age 73 and females to 78.2 (Source: Institute for Health Metrics and Evaluation).

The 2010 Census estimates show 78.2% of county residents are White, 15.3% are African American, and 5.9% are Hisanic or Latino (Figure 11). Between 2006 and 2010, the county's Latino population modestly increased from 10,306 to 12,201, growing from 5.2% to 5.9% of the population.



The largest percentage of Gaston County residents are between the ages of 20 and 44, with females slightly more represented in this age group. There are also more females in all age groups over 19 years of age.



Population by Gender and Age, Gaston County and North Carolina, 2010, Count (%)						
	Males	**Females**	**Ages 0-19**	**Ages 20-44**	**Ages 45-64**	**Age 65+**
North Carolina	4,645,492 (48.7%)	4,889,991 (51.3%)	2,558,680 (26.8%)	3,235,317 (33.9%)	2,507,407 (26.3%)	1,234,079 (12.9%)
Gaston County	99,718 (48.4%)	106,368 (51.6%)	54,715 (26.5%)	67,375 (32.7%)	56,702 (27.5%)	27,294 (13.2%)

Source: US Census Bureau, 2010 Census

Chapter 3: Health Data Collection Process

Primary Data Collection Process: Quality of Life Survey

The **Gaston County Quality of Life Survey, 2015** (Survey) was conducted to assess the opinions of Gaston County residents regarding their personal health, concerns about their communities, and how organizations in Gaston County can help improve its quality of life.

To get a comprehensive picture of these opinions, four diverse groups were surveyed: community leaders, community residents, high school students, and persons living in low-income areas throughout the county.

A variety of methods were employed to adequately survey these groups. Community leaders were surveyed via an online questionnaire; community residents completed surveys either on paper or online; high school students completed a paper copy of the Survey; and randomly selected residents of low-income areas were surveyed in person using hand-held computers.

Survey responses were tabulated by respondent groups, leaders, community residents, students, low-income neighborhoods, and also by high schooljuniors. These two groupings allow for both a social and geographic perspective of the responses.

Survey Implementation

With the approval of the Quality of Life/Community Health Assessment Survey Committee, the Gaston County Department of Health & Human Services-Public Health Division (DHHS) administered the Survey**.** As recommended by the North Carolina Division of Public Health, we used a convenience sample or surveyed conveniently accessible individuals. While this method does not rise to the rigor of electoral polling, this method has generated consistent results over three iterations of the CHA. To obtain a comprehensive picture of opinions in the county, we conducted the survey with diverse groups: (1) community leaders, (2) community residents, (3) high school juniors, and (4) persons living in low-income neighborhoods. The first three groups were surveyed in 2004 and 2008 and the fourth was added in 2008.

Community Leaders

We used SurveyMonkey.com, an online questionnaire software service, to administer the Survey to community leaders. For this portion of the Survey's administration, (1) staff emailed the Survey to eligible individuals; (2) respondents completed the Survey from their own computers; and (3) staff received tabulated Survey results using SurveyMonkey.com's web-based analytical software. DHHS emailed the survey to elected officials, governing board members, and senior staff from 47 organizations that provided email addresses; eight of these organizations forwarded the Survey to their board members and senior staff.

The following lists all participating groups:

- Alliance for Children and Youth
- American Red Cross
- ARC of Gaston County
- Belmont Abbey College
- Bessemer City Area Crisis Center
- Bessemer City Chamber of Commerce
- Boys and Girls Clubs of Greater Gaston
- Cancer Services of Gaston County
- CaroMont Health
- Cherryville Area Ministries & Thrift Shop
- Cherryville Chamber of Commerce
- City of Belmont
- City of Bessemer City
- City of Cherryville
- City of Gastonia
- City of Kings Mountain
- City of Lowell
- City of Mount Holly
- Community Foundation of Gaston County
- Dallas Christian Ministry
- Family Service
- Flynn Fellowship Home
- Gaston College
- Gaston Community Healthcare Commission
- Gaston County Board of Health & Human Services
- Gaston County Economic Development Commission
- Gaston County Family YMCA
- Gaston County Government
- Gaston County Schools
- Gaston Family Health Services
- Gaston Hospice
- Gaston Literacy Council
- Gaston Regional Chamber
- Gaston Together
- Girl Scouts, Peaks to Piedmont
- Carrie E. and Lena V. Glenn Foundation
- Heart Society of Gaston County
- Montcross Chamber of Commerce
- Partnership for Children of Lincoln and Gaston Counties
- Pathways (now Partners Behavioral Health Management)
- Serving Our Community with Kindness in Springwood
- Town of Cramerton
- Town of Dallas
- Town of High Shoals
- Town of McAdenville
- Town of Ranlo
- Town of Stanley
- United Way of Gaston County

In total, 320 of 825 community leaders (38.8%) completed the Survey. We received a few partially completed surveys. Those responses are included in this dataset, but not the response rate.

Community Residents

DHHS mailed paper copies of the Survey to a random sample of 4,084 community residents. Our goal was to secure 400 responses, to yield a response rate of 9.8%, with a confidence interval of ±1.2% at the 95% confidence level. DHHS asked each of the county's 14 municipal governments, except for the Town of Dellview and City of Ranlo, to provide randomly generated mailing labels for occupied apartments and houses from their utility files. Our strategy was to survey a diverse group of county residents.

In instances when we could not secure addresses from municipal utility files, we used addresses from the County GIS (Geographic Information System) database, which tracks house and apartment numbers without regard to occupancy. We obtained addresses from eight municipalities and used addresses from the County GIS database for the other six municipalities and for unincorporated areas of the county. Staff randomly selected addresses from these files and prepared the number of mailing labels required to match the proportion of county residents living in these areas.

We mailed the Surveys on March 31 and April 1, 2015, with a cover letter that asked recipients to return their completed surveys to DHHS in an enclosed, self-addressed and stamped envelope (SASE) by April 17. It also said the Survey would take about 20 minutes to complete, all answers would be anonymous, the results would help community organizations, and we gave the name and phone number of a Public Health division employee to answer their questions about the Survey.

2015 Quality of Life Survey Distribution

Geographic Area	Population	Surveys Sent	Projected Responses	Percent of Residents
Belmont	10,412	203	41	1.95%
Bessemer City	5,441	106	21	1.95%
Cherryville	5,862	114	23	1.95%
Cramerton	4,244	83	17	1.95%
Dallas	4,531	88	18	1.95%
Dellview	13	4	1	30.77%
Gastonia	73,209	1,428	286	1.95%
High Shoals	709	14	3	1.95%
Kings Mountain	10,649	208	42	1.95%
Lowell	3,585	70	14	1.95%
McAdenville	662	13	3	1.95%
Mount Holly	13,904	271	54	1.95%
Ranlo	3,485	68	14	1.95%
Spencer Mountain	37	11	2	29.72%
Stanley	3,618	71	14	1.95%
Unincorporated Areas	69,059	1,347	269	1.95%
Total	**209,420**	**4,084**	**817**	**1.95%**

Two weeks after the submission deadline, we had 180 (4.4%) completed Surveys, which fell significantly below our target of 400. The post office also returned 111 (2.7%) surveys, which could not be delivered for a variety of reasons, including inaccurate addresses and vacant houses.

DHHS removed the unused surveys and SASEs from the returned envelopes, and staff health educators gave the Survey to their program and workshop attendees. They also gave surveys to staff at DHHS-Social Services, to parents of participants in the Girls on the Run program, and a health fair in Gastonia. These activities secured another 48 completed surveys, for a total of 411 (10.1%), which was above our target.

DHHS then arranged for CaroMont Health to survey its employees at the hospital, at its medical practices, long-term care facility, and ambulatory diagnostic centers. They emailed the SurveyMonkey.com link to over 1,000 individuals, excluding senior managers and physicians who had been surveyed as community leaders, – which constitutes a diverse population by race, education, income, and municipality of residence.

At the end of the survey period, we received 61 completed surveys from CaroMont employees living in Gaston County.

In total, the random survey of community residents generated 472 responses. Using the original 4,084 mailed questionnaires as our Survey population, we secured a response rate of 11.6% with a confidence interval of ±2.5%.

High School Juniors

The Gaston County Schools arranged for juniors at eleven high schools to take the Survey at school. This activity generated 1,421 completed surveys.

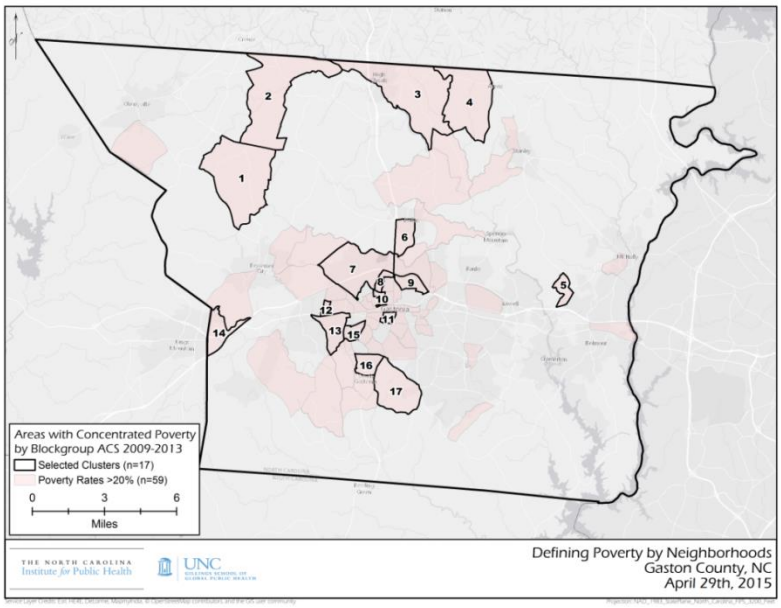
Persons Living in Low-Income Neighborhoods

DHHS contracted with the North Carolina Institute for Public Health for technical assistance and equipment to conduct a Rapid Needs Assessment in communities with large numbers of low-income residents. Our goal was to secure opinions from individuals who, because of lower income, were likely to be uninsured, underinsured, or publicly insured, and therefore challenged to obtain health services, which would put them at increased risk for poor health status.

DHHS used Census data to select the block groups with the greatest percentage of residents living below the poverty level. Over four days, 21 two-person teams administered the survey in the Belmont, Bessemer City, Cherryville, Gastonia, Dallas, Mt. Holly, Stanley, and unincorporated parts of Gaston County.

Each team was assigned a tablet computeron which satellite maps directed them to randomly selected houses where they described the survey to residents, administered the survey to interested persons, and recorded the responses on the computers. At the Public Health division, the Institute specialist downloaded and tabulated all survey responses on a laptop computer. DHHS staff administered 177 of 200 targeted surveys (88.5%) which, because it was greater than 80%, is statistically valid. Surveyors attributed not reaching their goal because many individuals were not home and access to anticipated homes was restricted.

The cooperation rate, which is generally what people consider when they think about "response rates," is the proportion of households where contact is made with eligible participants and an interview is conducted. Our cooperation rate was 60.6%. Rates above 60% indicate statistically significant results with little to no potential for bias. The contact rate is the total number of completed interviews divided by the total number of homes where contact was attempted. Typical rate for this type of survey is 20-40%; our contact rate was 28.4%.



Through the Rapid Needs Assessment, DHHS: (1) identified neighborhoods where low-income residents reside; (2) surveyed individuals who are likely to need health services; (3) administered the Quality of Life Survey to a statistically valid sample of individuals; (4) secured completed surveys from persons who may have limited literacy skills; and (5) quickly gathered and processed survey findings.

Secondary Data Collection

Secondary data was collected using resources found on the NC State Center for Health Statistic website over the year preceding the submission of this report. Tools such as the Behavioral Risk Factor Surveillance System (BRFSS), Detailed Mortality Statistics Query Tool, County Databook, NC-Nutrition for Pediatric Assessment Surveillance System (NC-NPASS) were used to gather and report health-related data. When available, the most current data was presented along with 3- or 5- year trend data.

Priorities Selection Process

At its meeting of August 8, 2015, the Gaston County Department of Health & Human Services' Strategic Planning Committee developed the health priorities for 2015-2020. (Incomplete sentence) was presented with the selected priorities for 2015-2020.

Following its review of the leading causes of mortality, morbidity, risk factors, and Quality of Life Survey results for Gaston County, the Board engaged in an extensive conversation regarding the meaning of this data. On August 28, 2015, the HHS Strategic Planning Committee selected priorities for this plan. This was the culmination of sixteen meetings where committee members: developed the Values, Mission, and Vision statement; discussed local health, social service, and transportation problems and solutions with community leaders; analyzed DHHS Strengths / Weaknesses / Opportunities / Threats; set DHHS priorities through 2020; and read articles on emerging human services issues and needs.

The committee presented its draft principles and priorities to the HHS Board and refined them to meet the Board's expectations and vision:

- Integration of Mental Health Resources
- Childhood Obesity
- Improved Family Functioning
- Senior Livability and Support

Chapter 4: Health Data Results

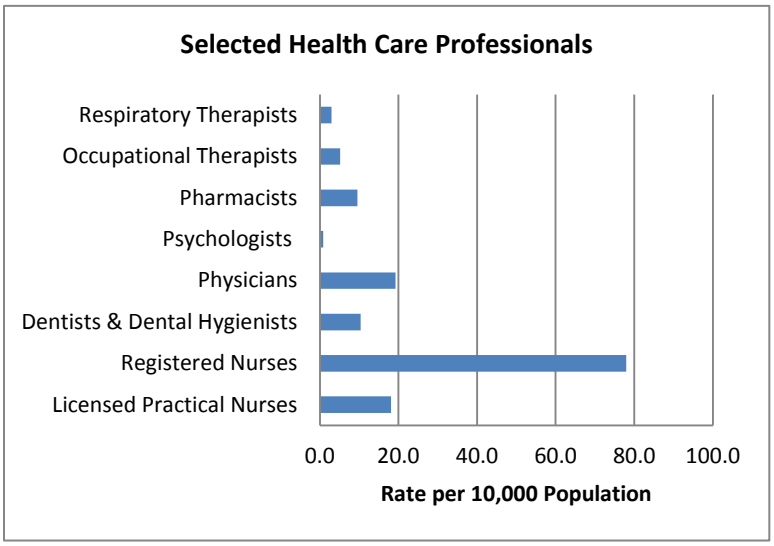
Overview

Overall Health Status

According to the 2015 Quality of Life Survey, over 80% of County respondents report being in at least "good" general health. However, when compared to data from the 2013 Behavioral Risk Factor Surveillance System (BRFSS), 72.6% of respondents reported at least "good" overall health, 4.5 percentage points lower than the 2011 rates.

Health Resources Data

Gaston County has a strong infrastructure of health care resources. The Gaston County Department of Health & Human Services, a North Carolina accredited health department, offers disease prevention, disease treatment, health promotion, and environmental services. Its clinics provide family planning, prenatal care, limited gynecology, immunizations, and diagnoses and treatments for sexually transmitted diseases. It also provides nutrition services, including WIC. DHHS provides the community with health education programs to prevent teen pregnancy, improve health resources in childcare centers, education to physical activity, and good nutritional practices. Its environmental health programs include food and lodging inspections, and it manages well water and septic system installations and repairs. DHHS also has several clinical satellite offices: Summit Midwifery and High-Risk Obstetrics and the Highland Health Center.



Source: 2012 Health Professionals Inventory, UNC Sheps Center for Health Services Research

CaroMont Regional Medical Center, the county's sole hospital, is a not-for-profit facility with 435 licensed beds. Its hospital and ancillary services include the Birthplace, CaroMont Cancer Center, CaroMont Heart Center, Emergency Services, Imaging Services, Neurosciences, Advanced Spine Care, Psychiatric Services, Rehabilitation and Sports Medicine, Sleep Center, Special Care Units, Surgical Services, the CaroMont Wound and Diabetes Center, and the Robin Johnson Hospice House.

Gaston Family Health Services, Inc. (GFHS) is Gaston County's sole Federally Qualified Community Health Center. With the exception of prenatal and pediatric care, it provides a full-range of primary care services, behavioral health services, a pharmacy, the Gaston Diabetes Center, and dental clinics. GFHS and DHHS jointly operate a primary health center in the Highland Community. It also operates Community Health Partners, Gaston County's Medicaid

Managed Care agency and Health Net Gaston, a system that secures local physicians to provide complimentary medical care to uninsured adults.

The Gaston Community Healthcare Commissionis a leader in the area of health promotion and disease prevention.

Educational and Socioeconomic Factors

During 2009-2013, 81% of adults ages 25 and older graduated from high school while under 20 percent of adults earned a bachelor's degree or higher. It is estimated that 19% of residents have not completed high school.

In this same period, a majority of the population of legal working age (55%) were employed. Within this group, at least four out of five residents were private wage or salary workers. Thirty-six percent of the population claimed an unemployed status. According to the 2009-2013 US Census Bureau American Community Survey, median household income in the County was $42,017. Male workers continue to out-earn female workers by nearly $10,000.

Poverty remains a harsh reality for residents in Gaston County. Almost one-fifth of residents live at or below poverty level. Single-mother households account for 37% of this group with 26% of children living in poverty.

Health Problems and Disabilities

The top chronic health conditions for County residents are related to heart, autoimmune, and mental health conditions such as: heart attacks; arthritis and lupus (29.7%); and depression (27.4%). One-quarter of residents have confirmed that a physical, mental, or emotional problem hinders their ability to perform basic daily living activities with 13.1% of disabled residents requiring some form of special equipment (Source: 2013 BRFSS).

Barriers to Healthcare

Among all Survey respondents, eighty-seven percent acknowledge the lack of health insurance is a barrier to healthcare. In addition, issues related to access, availability, and family obligations prevent many residents from utilizing health services.

Assistance with Prescription/Medication Needs

Based on 2013 BRFSS data, over 10% of respondents did not take or fill their prescribed medication because of cost. Likewise, two out of every three respondents to our 2015 Quality of Life Survey state they are able to receive or access the prescription medicines they need.

Mortality

The five leading causes of death in Gaston County are shown below. With the exception of unintentional injury, this ranking has not changed in the two reporting periods. Deaths from lower respiratory disease, stroke, and cancers have increased, while deaths from heart disease have decreased.

Gaston County leading causes of death, reporting periods 2007-2011 and 2009-2013.	
2007-2011 Leading Causes of Death	**2009-2013 Leading Causes of Death**
Heart disease: 2,396 deaths	Heart disease: 2,296 deaths
Cancer: 2,189 deaths	Cancer: 2,253 deaths
Chronic lower respiratory disease: 769 deaths	Chronic lower respiratory disease: 836 deaths
Stroke: 466 deaths	Stroke: 491 deaths
Unintentional injury: 405 deaths	Alzheimer's disease: 478 deaths
Source: NC State Center for Health Statistics (NC SCHS)	

Deaths due to risky behaviors – injury and driving– continue to dominate the 20-39 year old cohort. In the age 40-64 cohort, cancer and heart disease become more prominent, and may be due to such unhealthy behaviors as smoking, poor nutrition, and lack of exercise. From ages 65-84, most deaths are attributed to the combination of aging, biology and unhealthy lifestyles: for example, cancer, heart disease, chronic lower respiratory disease, stroke, and Alzheimer's disease. Overall, these rankings have not changed significantly from the previous CHA data.

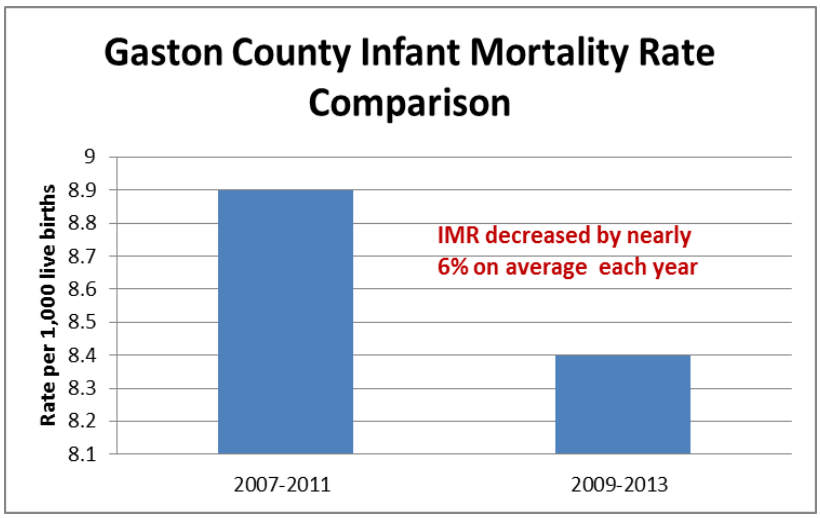
Gaston County Leading Causes of Death, 2009-2013, by age. Rates per 100,000	
All Ages	**0-19 Years**
Heart Disease: 221.6	Perinatal Conditions: 21.7
Cancer: 217.4	Birth Defects: 8.5
Chronic Lower Respiratory Disease: 80.7	Suicide/ Other Unintentional Injuries [tie]: 5.5
Stroke: 47.4	Homicide: 3.7
Alzheimer's Disease: 46.1	Cancer: 2.9
20-39 Years	**40-64 Years**
Other Unintentional Injuries: 36.8	Cancer: 205.2
Motor Vehicle Injuries: 17.1	Heart Disease: 152.7
Heart Disease: 14.3	Chronic Lower Respiratory Disease: 51.1
Suicide: 14.0	Other Unintentional Injuries: 49.7
Cancer: 12.8	Chronic Liver Disease & Cirrhosis: 31.9
65-84 Years	**85+ Years**
Cancer: 957.1	Heart Disease: 4,523.5
Heart Disease: 767.6	Alzheimer's Disease: 1,867.7
Chronic Lower Respiratory Disease: 401.2	Cancer: 1,569.9
Stroke: 184.8	Stroke: 999.0
Alzheimer's Disease: 137.4	Chronic Lower Respiratory Disease: 868.7
Source: NC SCHS	

The five leading causes of death for men and women in Gaston County (2009-2013) are presented below and the five leading causes of death for Whites and African Americans (2009-2013) is below. Compared to the previous CHA, the leading causes of death among Whites and African Americans has remained the same, although, the death rates by cause have decreased for all conditions except cancer and chronic lower respiratory diseases.

Gaston County leading causes of death, 2009-2013, by sex. Rates per 100,000	
Men	**Women**
Heart Disease: 269.7	Cancer: 163.6
Cancer: 238.0	Heart Disease: 160.0
Other Ischemic Heart Disease: 126.5	Chronic Lower Respiratory Disease: 67.6
Chronic Lower Respiratory Disease: 82.4	Other Ischemic Heart Disease: 65.5
Trachea, Bronchus, Lung Cancer: 80.0	Trachea, Bronchus, Lung Cancer: 50.5
Source: NC SCHS	

Gaston County leading causes of death, 2009-2013, by race. Rates per 100,000	
White, Non-Hispanic	**African American**
Heart Disease: 210.1	Heart Disease: 202.3
Cancer: 197.2	Cancer: 195.3
Other Ischemic Heart Disease: 92.7	Other Ischemic Heart Disease: 87.3
Chronic Lower Respiratory Disease: 80.2	Trachea, Bronchus, Lung Cancer: 57.3
Trachea, Bronchus, Lung Cancer: 65.4	Alzheimer's Disease: 38.3
Source: NC SCHS	

From the 2009-2013, the infant mortality was 8.4 infant deaths per 1,000 live births. This is a decrease of almost 6% from the 2007-2011 rates. The leading causes of infant mortality in 2013 were due to prematurity and low birth weight, followed by congenital malformations, deformations and chromosomal abnormalities, and unintentional injuries. The highest rate of prematurity was among African American infants, followed by White infants. In contrast, the highest rates of death from malformations occurred among White infants.



Source: NC SCHS

Morbidity/Diseases

Chronic Disease Rates

Cancer

According to the North Carolina Central Cancer Registry, the 2009-2013 age-adjusted, overall cancer rate in Gaston County was similar to the 2007-2011 rates (514.6 versus 515.3 cases/100,000). The highest rates were for breast cancer, followed by prostate, lung, and colon cancers. When compared to the previous CHA data, Gaston County had higher rates of these cancers except for breast and lung cancer. For breast cancer, it was 156.5 cases per 100,000 during 2009-2013 compared to 148.6 during 2007-2011 and 87.1/100,000 during 2009-2013 versus the 2007-2013 rate of 85.4/100,000.

Gaston County Cancer Data, 2007-2011 and 2009-2013. Rates per 100,000

Disease	2007-2011	2009-2013
Cancer Incidence	515.3	514.6
Breast	148.6	156.5
Colon/Rectum	51.1	47.0
Lung/Bronchus	85.4	87.1
Prostate	140.2	119.7

Source: NC SCHS

The North Carolina State Center for Health Statistics projects Gaston County will have 1,239 total cases of cancer in 2014 with 431 resulting in death. They also predict most cases will be cancer of the breast, and most deaths will be caused by cancer of the lungs.

The Behavioral Risk Factor Surveillance System (BRFSS) is a random survey of state residents, 18 and older, in households with telephones. Using the BRFSS, the North Carolina Division of Public Health collects data on a variety of health behaviors associated with leading causes of death and disability; data on Gaston County provides insights into local health needs, behavioral trends, and use of available health resources.

According the 2013 (BRFSS) survey, Gaston County adults reported having higher rates of all cancers than North Carolina residents (8.7% versus 6.3%), with more than half reported by women. Gaston County has more current smokers than the state (31.6% vs. 20.2%) and more residents who smoke everyday (23.0% vs. 14.2%) which may explain the difference in mortality (50.5 versus 80.0 deaths/100,000). Another possible explanation is that more Gaston County residents report having been long-term smokers when compared to the entire state, as 57.4% of Gaston County residents, above 45.3% State residents said they smoked at least 100 cigarettes in their entire lives.

Cardiovascular Diseases and Diabetes

Cardiovascular diseases are most commonly associated with heart disease and heart attacks; however, conditions such as stroke and high blood pressure are just a few diseases that can plague the cardiovascular system. Similarly to cancer, if untreated, cardiovascular conditions can cause serious illness and an untimely death (Source: American Heart Society, 2014).

Gaston County Cardiovascular and Diabetes Disease Data, 2011 and 2013.		
Condition	**2011**	**2013**
Heart Disease	1.8%	3.8%
High Blood Pressure	37.1%	31.3%
High Cholesterol	46.0%	47.6%
Diabetes	18.2%	13.5%

According to the 2013 BRFSS, nearly half of all respondents reported they were told they have high cholesterol. One in three of all respondents confirmed being told they have high blood pressure, with almost 4% reporting having experienced a heart attack. The rates for all of these cardiovascular diseases, except high blood pressure, have increased since the 2011 BRFSS.

Source: 2011 & 2013 Behavioral Risk Factor Surveillance System (BRFSS)

Diabetes

Diabetes is a chronic condition in which there are high blood sugar levels due to the body's inability to use the blood sugar for energy. This disease can present itself in two ways: as Type 1 commonly found in young people or Type 2 diabetes which is typically seen in adults. Diabetes management is life-long and requires consistent monitoring of blood sugar levels for optimal health.

The 2013 BRFSS reveals that 13.5% of all respondents have reported having some form of diabetes. Compared to the 2011 BRFSS, this data shows a near 26% decline in those reporting this condition. The cause of this decrease may be due to the adults getting screened for diabetes, and depending on their risk, taking charge of their health by changing their lifestyle.

Infectious and Respiratory Diseases

Our county rates for influenza saw a sharp decline in 2013 with nearly 200 fewer cases being confirmed. This decrease in the infection rate could be an indication of our residents being proactive with protecting their health by getting a flu shot. Pneumonia cases have increased by almost 50% since 2011. While there is a vaccine for pneumonia, many adults do not take advantage of this vaccine.

Gaston County Infectious and Respiratory Disease Rates, 2011-2013. Rates per 100,000		
Infectious Disease	**2011**	**2013**
Influenza Cases	412	263
Pneumonia Cases	548	734
Respiratory Disease		
Tuberculosis Case Rate	0.0	1.9
Asthma	8.8%	12.3%
Pertussis Cases	11	0
Other Respiratory Disease	8.2%	10.5%

Source: NC SCHS, NC SHEPS Center & NC Epidemiologic Disease Surveillance System (NC EDSS)

According to the NC SCHS, the rate of tuberculosis cases has increased over the past 3 years. While this increase is important to note, this spike in numbers highlights the need to increase tuberculosis screenings and provide treatment to those with the disease or at risk of the disease.

Pertussis is a vaccine-preventable disease that can cause violent coughing, and is most deadly in infants (Source: Centers for Disease Control). In Gaston County, Pertussis rates have varied greatly, with a large spike occurring in 2009 and with zero cases in 2013. These numbers can be explained by several factors including: the cyclical nature of Pertussis outbreaks, variations in vaccine effectiveness, and the long-term effectiveness of the vaccine may have been overestimated (Source: Why Do Pertussis Vaccines Fail? Cherry, *Pediatrics,* 2012; 129:5 968-970).

Injuries

Unintentional injuries are often a leading cause of death and disability for all age groups. The consequences of these non-fatal injuries can be temporary and inconvenient or lead to management of long-term disability, chronic pain, and reduced quality of life. For many unintentional injuries, hospitalization or rehabilitation is necessary.

Gaston County Unintentional Injuries, Poisonings & Other Drug Effects, 2011 & 2012. Rates per 100,000

	2011	2012
Number of Discharges	508	467
Rate of Discharges	237.0	200.9
Average Length of Stay	4.1	4.4
Average Cost per Stay	$7,837	$9,995
Inpatient Costs per Capita	$19	$22

Source: Healthcare Cost and Utilization Project

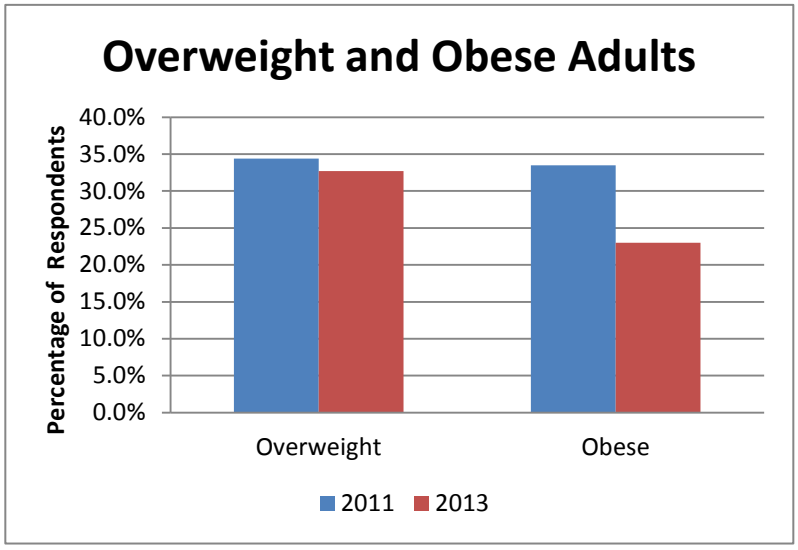
During 2011 to 2012, the rate of hospital discharges due to unintentional injuries, poisonings, or other drug effects decreased by 15%.

In 2012, the average length of stay due to a non-fatal injury was close to 4 days, which is similar to the average length of stay in 2011.

However, there was a noticeable increase in the average cost per stay. In 2012, the average cost per stay increased by $2,158. This increase in the cost could be due to the type of procedure and cost of materials during the report year.

Obesity

The 2013 BRFSS reports two out of three (68%) of Gaston County residents are either overweight or obese. Of these, 35% are obese (defined as an individual having a body mass index of greater than 30). In contrast, 66.1% of North Carolina state residents are overweight or obese. More than half (57.8%) of Gaston County residents report not meeting the recommended aerobic exercise recommendations from the Centers for Disease Control, and two out of five residents reported not doing any type of physical activity at all. More alarming, 93.1% of county residents did not consume five or more servings of fruits or vegetables per day, as compared to 87.7% of all North Carolina residents.



Source: 2011 & 2013 BRFSS

Women and children in Gaston County are also affected by obesity. In 2013, 54% of women were overweight or obese upon pregnancy with a higher incidence of obesity and overweight among African Americans (63.3%) and Hispanics (58%) compared to White women (51.6%).

According to the March of Dimes, overweight or obese women are at higher risk for miscarriage, stillbirth, diabetes, and complications during delivery. Their babies are also at higher risk for birth defects (including neural tube defects), preterm birth, and obesity later in life.

Oral Health

Oral diseases are a major health concern that can have serious physical, financial, and social costs. Many oral diseases are preventable by proper brushing and flossing, limiting the amount of sugar consumed, avoiding tobacco, and routine dental check-ups. The most common dental health problem is tooth decay. When untreated, tooth decay may result in: difficulty eating, swallowing, and talking; toothaches; gum disease; tooth loss; and headaches.

According to the 2012-2013 School Oral Health Report, nearly two-thirds of all kindergartners had some form of tooth decay. This is nearly a two-fold increase from the 2009-2010 school year. While there have been recent efforts to encourage healthy, active lifestyles for children, this decline in oral health among children could be a result of a poor diet and lack of dental care and treatment. It is important to encourage proper dental care to our youth as these dental habits will inevitably carryover into adulthood.

Gaston County Oral Health Factors, 2009-2010 & 2012-2013.

Child Oral Health (Kindergarten)	**2009-2010**	**2012-2013**
Decayed Teeth	12.00%	10.00%
Filled, Missing, and Decayed Teeth	37.00%	67.00%

Source: 2009-2010 & 2012-2013 School Oral Health Report

STDs and HIV

Frequently, Chlamydia and Gonorrhea, commonly reported sexually transmitted infections, present without symptoms in males and females. However, when untreated, they can cause pelvic inflammatory disease in women, which can impact their ability to have children (Source: Centers for Disease Control).

In 2011, Gaston County had a Chlamydia case rate of 496.5 cases per 100,000. Most occurred in females ages 20-24 and in African Americans. In 2013, Gaston County had 1,258 cases for a rate of 604.7 per 100,000 – which is 12.8% less than the rate in 2011.

Gaston County Sexually Transmitted Diseases and HIV/AIDs, 2007-2011 and 2009-2013. Rates per 100,000

Disease	2011	2013
Chlamydia	693.5	604.7
Gonorrhea	172.5	163.9
Syphilis	1.0	2.4
HIV	15.0	14.9
AIDs	15.9	7.7

Source: 2011 & 2013 NC SCHS

In 2011, Gaston County had a Gonorrhea case rate of 172.5 cases per 100,000. However, the rate of infection dropped to 163.9 per 100,000 in 2013. Our county rate has remained stable over the past five years at around 170 cases per 100,000.

The N.C. State Center for Health Statistics tracks rates of HIV, AIDS, and HIV disease (HIV and AIDS cases combined) for all counties. As of December 2013, 524 Gaston County residents had HIV disease. Gaston County had lower HIV disease rates in 2013 over the past 5 years; while its three-year average rate is lower than the state (14.8/100,000 versus 15.0 /100,000), the county still ranks 22nd in North Carolina for HIV disease. Notably, the rate of AIDS in the County has decreased by almost 50 percent since 2011.

Maternal and Child Health

The improvement of the well-being of mothers, infants, and children has remained an important public health goal. Their well-being influences the health of the next generation and can predict future public health challenges for families, communities, and health care systems. Maternal and child health are important because pregnancy allows the opportunity to identify existing health risks in women such as high blood pressure, heart disease, diabetes, depression, genetic conditions, and inadequate nutrition. Determining these health factors can prevent future health problems for women and their children.

Gaston County Maternal and Child Health Factors, 2011 and 2013.

Factor	2011	2013
Prenatal Care Patterns		
Trimester Care Began		
First	68.6%	72.2%
Second	26.3%	22.6%
Third	3.5%	3.6%
No Care	1.1%	1.3%
Level of Prenatal Care		
Inadequate	14.0%	17.7%
Intermediate	15.8%	8.6%
Adequate	47.8%	34.1%
Adequate Plus	22.4%	37.7%

Source: 2011 &2013 BABYBOOK

Risks of maternal and infant death and pregnancy-related issues may be reduced by addressing the issues of prenatal care access and utilization and increasing the length between subsequent pregnancies. However, other factors such as poverty, preconception and prenatal health and nutrition, and racial health disparities can influence the health behaviors and health status of mom and baby.

According to the 2011 Basic Automated Birth Yearbook (BABYBOOK), over two-thirds of mothers entered prenatal care during their first trimester. However, by 2013, seventy-two percent of mothers received prenatal care early in their pregnancy. As a result, our rates of mothers receiving care in the second trimester decreased. While there was an insignificant increase in the percentage of mothers receiving care beyond the second trimester or not receiving care, this may support the fact that: a) there were more mothers who reported having birthed two or more children, and b) mothers who may have opted for home, midwife- or doula-assisted births.

Furthermore, we saw an increase in preterm birth rate by 3.6 percentage points and a slight increase in low birth weight babies in 2013.

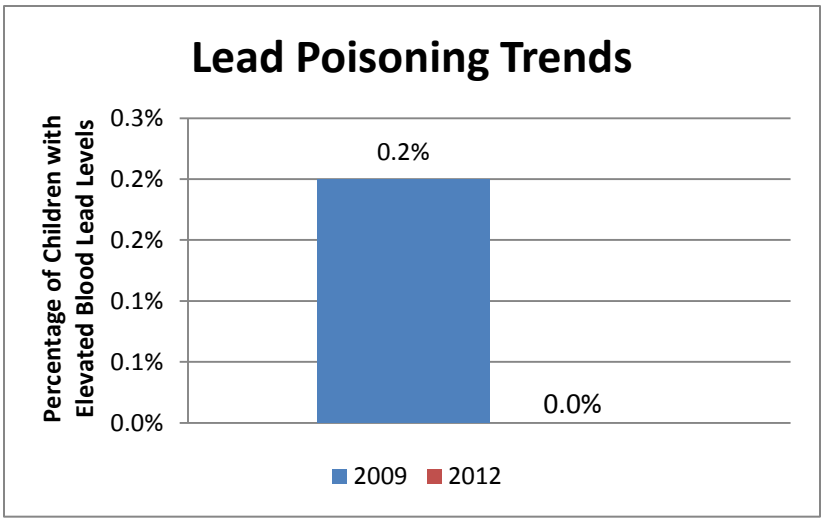
Gaston County Maternal and Child Health Factors, 2011 and 2013.

Factor	2011	2013
Maternal Smoking	20.6%	20.4%
Preterm Birth Rate	8.1%	11.7%
Low-Weight Birth Rate	9.2%	9.4%
Infant Care Practices		
Breastfed at Discharge		
Yes	No data	68.5%
No	No data	31.3%

Source: 2011 & 2013 BABYBOOK

Lead Poisoning

Lead poisoning is a serious health issue that is preventable. Reducing a child's exposure to lead is key to preventing the harmful effects of poisoning. Children may come into contact with lead from different sources such as paint, gasoline, water pumped through lead pipes and some jewelry. Lead can enter the body through the mouth and respiratory system.

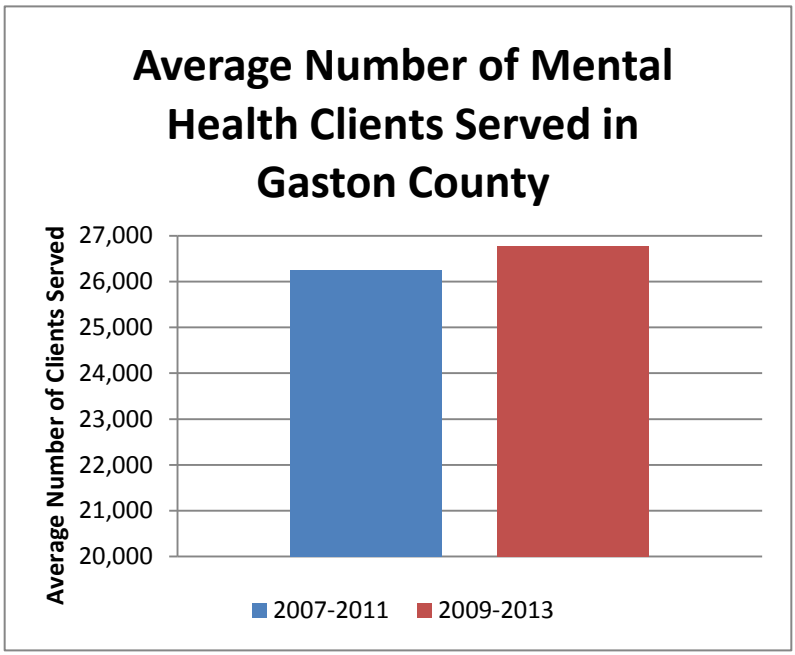


Source: 2009 & 2012 Childhood Blood Lead Surveillance Data

The risks for lead poisoning are increased if a child lives in poverty, an older, poorly maintained home or rental property, or have parents who are exposed to lead at work. To determine lead poisoning, a blood lead test is performed. If a child is found to have at least 10 micrograms per deciliter of lead in their blood, they are considered to have lead poisoning. According to the Centers for Disease Control and Prevention's Childhood Blood Lead Surveillance Data, the percentage of children with confirmed lead poisoning dropped to 0% in 2012 from 0.2% in 2009.

Mental Health

Healthy People 2020 describes mental health as a state of positive mental function that results in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with problems. Mental health is key to personal health, relationships, and the ability to contribute to society. On average, just over 26,000 clients are served in any Gaston County mental health or substance abuse treatment and rehabilitation facility each year from 2007-2013.



Source: Log Into NC

According to our 2015 Quality of Life Survey, nearly half of our respondents felt that mental health was an issue in Gaston County. This is similar to the data from our 2012 Quality of Life survey. Nonetheless, there is a trend that mental health is quickly becoming a community concern and health priority.

Health Care

Between 2011 and 2013, Gaston County saw a 7 percent decrease in the number of persons who, because of cost, could not secure needed health care in the preceding 12 months. This decrease is not significant, but may reflect the early impact of the Affordable Care Act According to our 2012 and 2015 Quality of Life Survey. Lack of health insurance remains the number one reason for not being able to receive health care.

Gaston County Barriers to Access, 2012 & 2015.	
2012	**2015**
Lack of Health Insurance	Lack of Health Insurance
Not Able to Pay for Care	Too Far from Home
Lack of Childcare	Lack of Childcare
Services not Available	Not Able to Make an Appointment
Too far from Home	Work Obligations

Source: 2012 & 2015 Quality of Life Survey

A long-term measure of health care access is found in response to the question: About how long has it been since you last visited a doctor for a routine checkup? In 2013, 77.1% of Gaston County respondents stated they received routine checkups in the past year. These measures for access to health care and preventive health utilization have remained steady since 2011, and may be due to a steady supply of health resources in Gaston County: new physicians and medical practices, expanded hours at Gaston Family Health Services, and new urgent care centers.

Utiliization is an important facet of health care access. ccording to the UNC Sheps Center for Health Services Research, the leading cause of emergency department visits in 2013 was chest pain. Following close behind were acute upper respiratory infections, with 2,321 patients seen in 2013. The general causes of an ER visit were relatively similar when compared to 2011 data with the exception of dental disorders.

Causes of Emergency Department Visits, CaroMont Regional Medical Center, 2011 & 2013.	
2011	**2013**
Chest Pain (other): 2,626 cases	Chest Pain (other): 2,401 cases
Dental Disorder (unspecified): 2,248 cases	Acute Upper Respiratory Infection: 2,321 cases
Acute Upper Respiratory Infection: 2,009 cases	Abdominal Pain(unspecified): 1,954 cases
Abdominal Pain(unspecified): 1,899 cases	Chest Pain (unspecified): 1816 cases
Abdominal Pain (other): 1,899 cases	Nausea with Vomiting: 1,612 cases

Source: UNC Sheps Center for Health Services Research

Determinants of Health

Social Environment

Education

In 2010, Gaston County lagged North Carolina in several key educational measures:

- 79.9% of county residents over age 25 were high school graduates or higher vs. 84.7% for the state
- 16.9% had a bachelor's degree or higher vs. 26.5% for the state

At the same time:

- 28.8% were high school graduates vs. 27.7% for the state
- 9.4% attained associate's degrees vs. 8.6% for the state
- Percentage attaining a bachelor's degree or higher rose from 16.9% in 2010 to 18.1% in 2015

Gaston County Schools is the ninth largest school district in the state and is the county's largest employer. In 2015, it had 55 schools, an increase from 53 in 2008, and an enrollment of 32,105. The system is composed of:

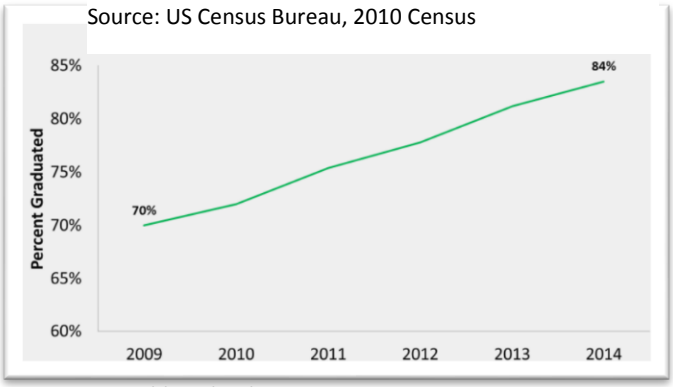
- 29 elementary schools
- 2 intermediate schools
- 11 middle schools
- 11 high schools
- 1 special needs school, and
- 1 alternative school

The graduation rate increased by 19.3% since 2009, and by 2014,

Educational Attainment in Persons Over 25, Gaston County, 2010

Grade Level	Gaston County	North Carolina
Less than 9th grade	7.5%	5.6%
9th to 12th grade, no diploma	12.6%	9.6%
High school graduate (or equivalent)	28.8%	27.7%
Some college, no degree	24.8%	22.0%
Associate's degree	9.4%	8.6%
Bachelor's degree	12.1%	17.8%
Graduate or professional degree	4.8%	8.7%
High school graduate or higher	79.9%	84.7%
Bachelor's degree or higher	16.9%	26.5%

Source: US Census Bureau, 2010 Census



Source: NC Public Schools

86.3% of students who entered high school graduated from high school (Figure 14).
Gaston County has one four-year college (Belmont Abbey College), a two-year community college (Gaston College), as well as a host of public and private colleges and universities in the Charlotte region.

Families

The home environment plays a large role in influencing family health. Based on recent research conducted by the National Center for Health Statistics, married couples were less likely to experience poor health when compared to those who live alone. Children were found to benefit from living in a two-parent home as well due to their reduced risk of physical inactivity, fair or poor health, disability, and hospitalization when compared to their single-parent counterparts.

From 2009-2013, majority of families consisted of married couples. In 2013, nearly 10% of Gaston County children under age 18 were found to be abused or neglected. This is a slight increase from the 2011 rate, but spotlights the need for increased parenting support and family functioning. Domestic violence rates decreased from 319.6 cases per 100,000 to 300.1 cases over the 3 year period

Gaston County Family Data, 2007-2011 & 2009-2013. Rates per 100,000

Families	**2011**	**2013**
Child Maltreatment Rate (per 1,000)	83.2	89.7
Domestic Violence Rate	319.6	300.1
Family Composition	**2007-2011**	**2009-2013**
Single Mother	26.3%	28.2%
Single Father	7.5%	7.4%
Married Couple	66.2%	64.4%

Source: American Community Survey 5-Year Estimates;
UNC-SW Child Welfare Data, NC Department of Justice.

Religion

Gaston County hosts nearly 100 churches including, but not limited to, non-denominational, Baptist, Methodist, Lutheran, Catholic and Presbyterian faiths. According to the U.S. Religion Census, over 50% of our residents are affiliated with a protestant faith while 3% are of Catholic faith. Since 2000, almost twice as many of our residents declare that they have no religious affiliation.

Neighborhoods

Gaston County is home to many organizations including non-profits: United Way of Gaston County, YMCA of Greater Gaston, Gaston Together, Partnership for Children of Lincoln & Gaston Counties, Girls on the Run of Gaston County, Community Foundation of Gaston County, Boys & Girls Clubs of Greater Gaston, and Gaston Family Health Services, just to name a few.

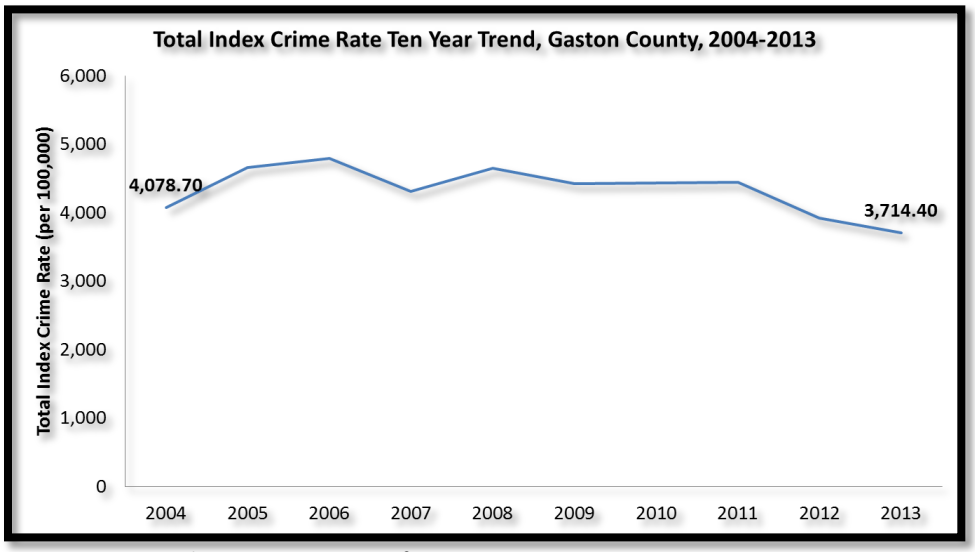
Our facilities include the Schiele Museum of Natural History, an expansive faith community, more than 20 parks and recreation facilities, the Gaston County Senior

Center, the Hoyle House, Daniel Stowe Botanical Garden, and the U.S. National Whitewater Center.

Over the past ten years, Gaston County has seen greater growth patterns in the southern and eastern region of the county. This shift may be attributed to its proximity to the larger, metropolitan Mecklenburg County. When asked "What do you like best about living in Gaston County," our residents overwhelmingly confirmed that the county felt more like a community, and they enjoyed being able to easily access a major urban area.

Crime/Intentional Injuries

The North Carolina Department of Justice (NCDOJ) provides annual crime statistics as reported by local police jurisdictions. The number of violent and property crimes are combined to create the Index Crime Rate. Violent crimes include murder, rape, robbery, and aggravated assault.Property crimes are burglary, larceny, and motor vehicle theft.



Source: . Crime Index, NC Department of Justice

The overall Index Crime Rate for Gaston County has decreased by 25% since 2005 (Figure 15). This trend is also seen with individual Property and Violent crime rates, which both decreased 23% over the last 10 years (Figure 16). Between 2012 and 2013, the violent crime rate decreased 3% (394.5 violent crimes/100,000 in 2012 to 406.5/100,000 in 2013). Property crime also declined by 9%. In 2012, there were 3,535 property crimes per 100,000 persons, and in 2013 there were 3,265 per 100,000.

From 2012-2013, the Gaston County Police Department, who primarily cover the unincorporated areas of Gaston County, reported an Index Crime Rate of 2,893. In the same period, crimes reported to the Gaston County Police decreased 7%. This includes a 20% drop in aggravated assault; however rape was reported to be 43% higher, which reflects an increase from 13 cases in 2012 to 23 in 2013.

From 2012-2013, the Gastonia Police Department, who covers Gaston County's largest city, Gastonia, reported a Total Crime Index of 9,077. Between 2012 and 2013, crimes reported to the Gastonia Police department decreased by 7%. This includes a 24% decrease in rape, a 4% drop in robbery, a 23% reduction in burglary, a 7% decrease in larceny, and a 24% drop in arson. However, aggravated assault was reported to be 25% higher, which reflects an increase from 263 cases in 2012 to 332 in 2013.

Social Support and Civic Engagement

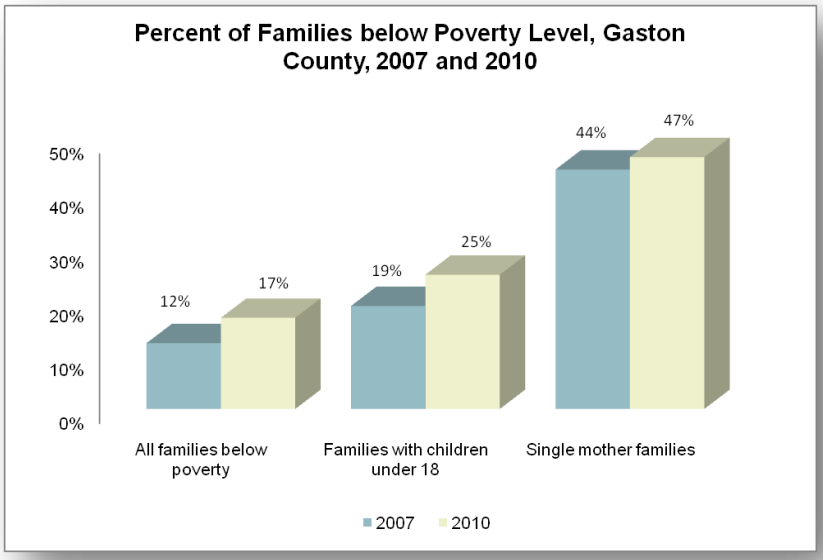
Our residents are no stranger to charitable work and helping the community. With our plentiful network of volunteer and community organizations, our residents are able to find a cause to support and advocate for in our county.

Gaston Together is an organization that prides itself on bringing the people and resources of the county together to improve quality of life. This organization creates a platform for residents to have their voices heard and to showcase their talents throughout the community. The United Way of Gaston County creates opportunities to support families and children in the county by addressing needs such as maintaining healthy lifestyles and successful education outcomes.

Financial/Economic Factors

Income

Among African Americans, there is a 31.6% poverty rate in Gaston County as compared to 17.7% among Whites.



Source:Data from US Census Bureau, 2010 Census

Percent Below Poverty Level by Gender and Race, Gaston County, 2010	
African American	
Male	10.4%
Female	21.2%
Total	**31.6%**
White	
Male	9.0%
Female	8.7%
Total	**17.7%**
All Gaston County Residents	
White	13.7%
African American	4.8%
Total	**16.9%**

Source: US Census Bureau, 2010 Census

Among Whites, the poverty rates are roughly equal at 9% male and 8.7% female. However among African Americans, females bear the poverty burden where 10.4% of males live below poverty as compared to 21.2% of females

Employment

From 2009-2013, Gaston County's unemployment rate was 8.7%; from 2007-2011, it was 12.8%. The current rate is 4.1 percentage points lower than the previous 5-year period rates.

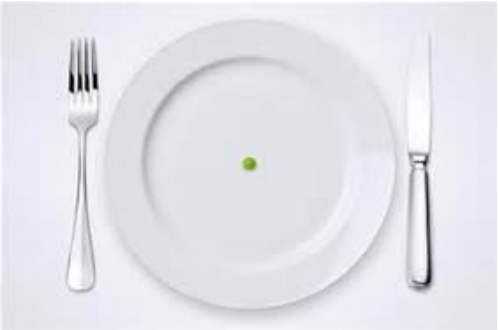
Among county residents over age 16, the five leading industries of employment are: (1) manufacturing; (2) health care and social assistance; (3) retail trade; (4) accommodation and food services, and (5) educational services. This ranking reflects a return to manufacturing being the county's leading industry. It also reflects a shift, over the past three years, from construction and warehousing as leading employers, to health care and social assistance.

Homeownership

Homeownership rates in the county have seen a slight drop since 2007. Consistent with previous data, nearly 2 out of 3 housing units in the county are owner-occupied. Thirty-three percent of housing units are rentals or apartments.

Food Insecurity/Access to Healthy Foods

Food insecurity denotes a relationship between food supply and an individual's access to it. This condition can be influenced by income level, lack of transportation, and distance from the nearest supermarket. According to the U.S. Department of Agriculture, over one third of our population has low food access with 12% also living below poverty.



Financial Assistance

Many families benefit from financial assistance programs such as Medicaid, social security benefits, and/or food stamps. The U.S. Census data shows that over 40% of residents receive social security or retirement benefits as income. About one out of five residents use SNAP (food stamps) to support a healthy diet. Of note, since the 2007-2011 period, the percentage of residents with Medicare benefits has decreased by almost 50%.

Transportation

Many Gaston County residents (85%) use a personal vehicle or carpool as a means of transportation. The county saw an average of 5.7 million daily vehicle miles traveled (VMT), as it is home to 5% of daily commuters who drive to Mecklenburg County for work, making it 4th among counties whose residents commute to Mecklenburg. Projections estimate a 17.2% population growth between 2010 and 2020 in counties whose residents commute to Mecklenburg County, which is expected to increase VMT by approximately 7.5 million by 2015 and 9.1 million by 2025.(Source: State of North Carolina's Amended Recommendation on Boundaries for the 2008 8-Hour Ozone Standard, February 29, 2012. The North Carolina Department of Environment and Natural Resources)

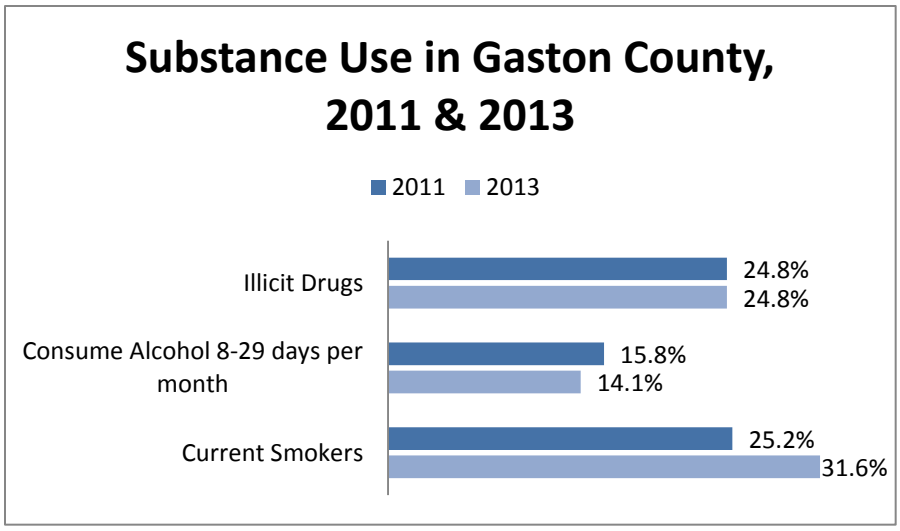
Individual Behavior

Gaston County Individual Behaviors, 2011 & 2013.		
Indicator	**2011**	**2013**
Substance Use		
Current Smokers	25.2%	31.6%
Consume Alcohol 8-29 days per month	15.8%	14.1%
Illicit Drugs	24.8%	24.8%
Weight Status		
Overweight	34.4%	32.7%
Obese	33.5%	23.0%
Physical/Activity Nutrition		
Consumed 5 or more fruits/vegetables daily	56.4%	54.8%
Intentional physical activity	68.5%	66.3%

Health Screenings		
Diabetes	68.5%	66.8%
Cholesterol	86.20%	81.50%
HIV	No data	46.20%
Motor Vehicle Injuries		
Consistent Seatbelt Use	88.6%	No data
Alcohol-Impaired Driving Deaths	45.1%	38.5%
Source: 2011 & 2013 BRFSS, 2014& 2015 County Health Rankings		

Substance Use

Substance use includes engaging in behaviors like smoking tobacco, using illegal drugs, and drinking alcohol. Substance abuse is a health issue that makes a large impact on individuals, their families, and the community. Over time, the effects of substance abuse can lead to social, physical, mental, and public health problems including teen pregnancy, HIV/AIDS and STDs, domestic violence, child abuse, crime, and suicide.



In 2013, thirty-two percent of respondents to the BRFSS were current smokers; 14% consumed alcohol most days each month; and one-quarter of respondents confirmed that they used illegal drugs.

Source: 2011& 2013 BRFSS

Despite statewide bans on smoking in restaurants and some public facilities, there has been a 5.6% increase in adults who currently smoke. All other areas of substance abuse have numbers consistent to previous data. According to our 2012 & 2015 Quality of Life surveys, substance use remains a top ranking health concern for youth and the community-at-large.

Overweight/Obesity

Body Mass Index (BMI), a measure of an individual's height relative to their weight, is computed by gender and is used to determine if individuals have healthy weights. BMI is significant because an individual's height-weight ratio is strongly associated with the onset of heart disease, stroke, diabetes, and some cancers.

Between 2011 and 2013 (Figure 27), there was a 30% decrease in the number of Gaston County adults who reported being obese and a 5.9% decrease in persons who were overweight. According to the 2010 NC- NPASS survey, fewer children in Gaston County, ages 2 -4, are overweight when compared to 2009 data

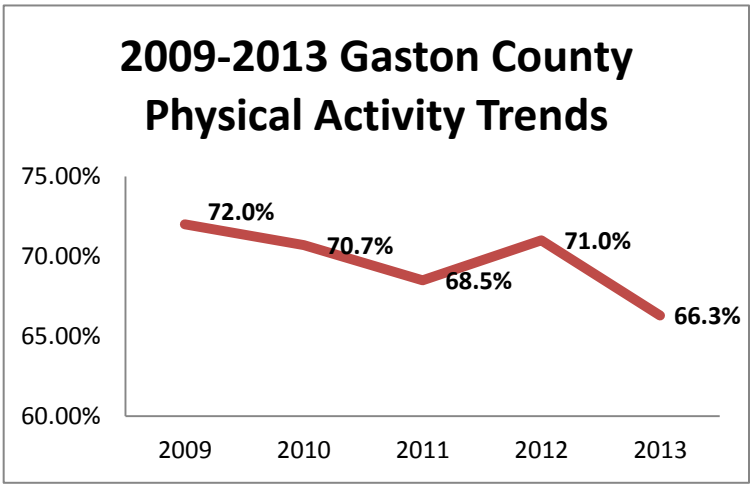
(16.1% vs. 17.1%), and the combined overweight and obesity rates of children in Gaston County is less than the previous years (28.8% vs. 30.4%). According to our Quality of Life surveys, obesity among youth remains a top ranked issue for our residents.

Physical Activity and Nutrition

While individuals have considerable control over their eating habits, the environment in which they live and consume foods and beverages also has a strong influence. More than 50% of county residents reported they consumed at least five fruits and vegetables each day. This rate is similar to data from previous years. This consistency of data may reflect a strong intent to adopt and maintain healthy eating habits.

Physical activity, or movement that increases heart rate and includes lifting and stretching, is another important factor in achieving and maintaining a healthy weight. It can be obtained through intentional exercise and through such daily activities as walking to run errands, cleaning the house, raking the lawn, or washing the car.

When Gaston County residents were asked if they had participated in exercise intentionally or through daily activities, 66.3% confirmed through activities. Gaston County's rate is a slight drop from 2011 (68.5%) and is 18% lower than five years ago. Exercise describes intentional physical exertion for developing and maintaining good physical fitness. It includes running, competitive athletics, hiking, and swimming. While it differs from physical activity, both pursuits are important to achieving and sustaining good physical and emotional wellbeing.



Source: 2009-2013 BRFSS

Health Screenings

Health screenings are performed to determine the possible presence of a disease or health problem. The most common health screenings that an adult will consider are blood glucose, high blood pressure, cholesterol, and HIV tests. Participating in these screenings will help you take charge of your health and prevent further health problems.

Over 65% of respondents stated they had received a blood glucose screening for diabetes in the past three years. High cholesterol is a leading risk factor for heart disease and stroke. Fewer Gaston County residents were tested for cholesterol in the past 12 months (81.5%) than in 2011 (86.2%). Because cholesterol testing is typically conducted during clinical visits, these data support the observation that is still a large percentage of county residents have been to the doctor for routine checkups in the past year (77.1%).

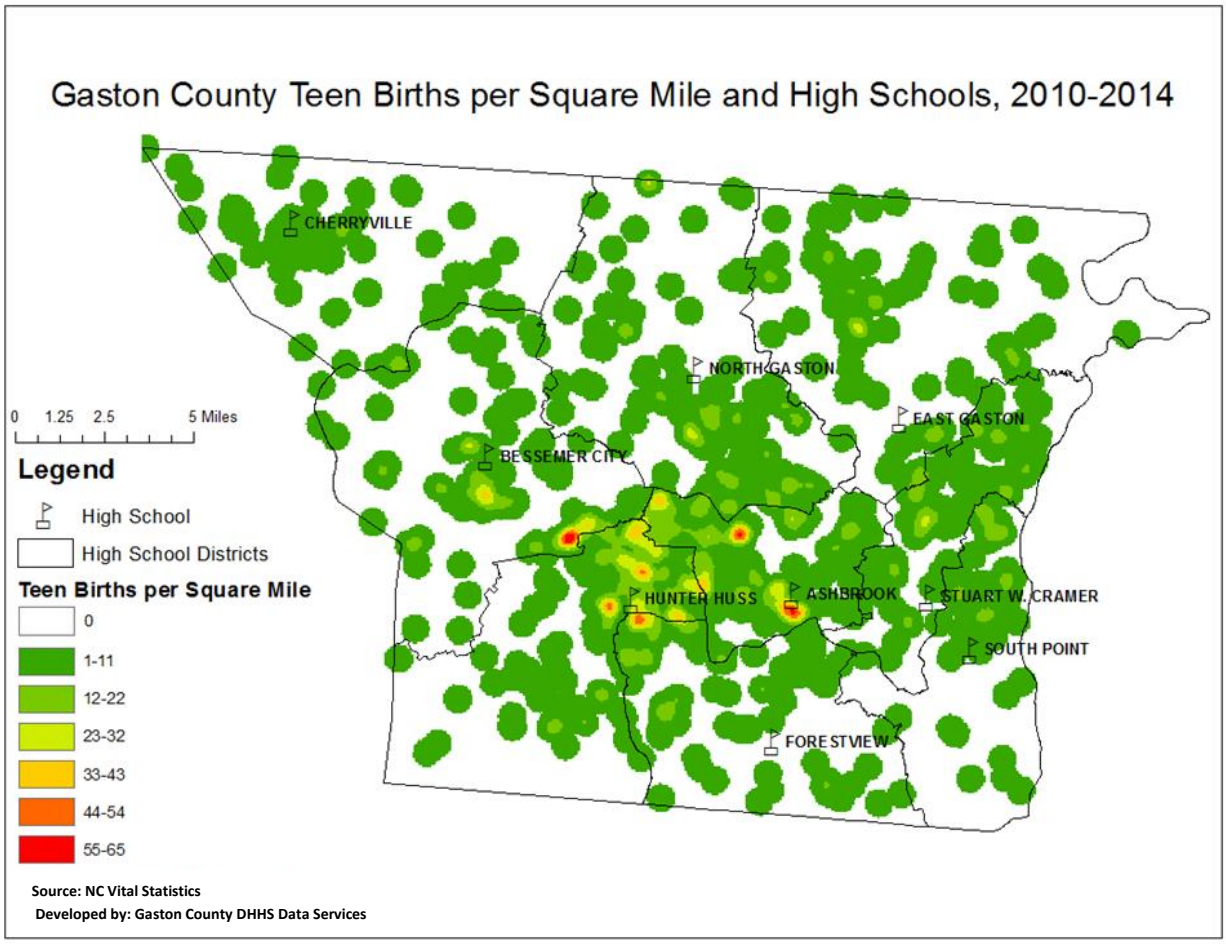
HIV testing among adults hovered close to 50 percent of all respondents. This data is encouraging in that it shows area residents are committed to learning about their health status.

Family Planning

Family planning has made great strides in our county over the past century. The access and availability of family planning services allows residents the opportunity to prolong subsequent pregnancies, control family size, and supports improved health outcomes for infants, children, and families.

Based on NC SCHS data, pregnancy and birth rates have slightly decreased since 2011, while abortion rates have gradually increased since 2011. This denotes the possibility that men and women are seeking out and using contraceptives as well as engaging in behaviors to prevent or delay pregnancy.

Of note, teen pregnancy rates in Gaston County have been on a steady decline over the past three years. As of 2013, the teen pregnancy rate was 37.5 teen pregnancies per 1,000 live births compared to 48.8 teen births per 1,000. During this time period, Gaston County DHHS has received funding to support teen pregnancy prevention programs. This and other initiatives to help delay pregnancies in young adulthood contribute to the decline of the teen birth rate.



From 2010-2014, teen births in the state have seen a sharp decline. The map above depicts the concentration of teen births in the county by high school district. Areas of red indicate the highest number of teen births within a square mile. Based on these identifiers, it appears that the highest number of teen births tend to occur within the inner city of Gastonia near the Hunter Huss and Ashbrook school districts.

Motor Vehicle Injuries

Motor vehicle crashes are one of the leading causes of death and injury in our country. Many young adults are affected by not taking proper vehicle safety precautions. In 2011, almost 90% of residents confirmed that they always wore a seatbelt when driving or riding in a car. From 2011 to 2013, there was a reduction in the number of alcohol-impaired driving deaths in the county (45.1% vs. 38.5%). Police officers and public service announcements have strongly encouraged the community to be safe and to elect for a designated driver or cab when intoxicated.

Physical Environment

Indoor and Outdoor Air Quality

Air quality is affected by vehicle traffic, industry, and geography – both inside and outside the county. The Air Quality Index (AQI) is a measure of the quality of outdoor air, which measures concentrations of ozone, particulates, carbon monoxide, nitrogen dioxide, and sulfur dioxide. While our region is successfully reducing levels of many air pollutants, concentrations of ozone and particulate matter are still significant problems.

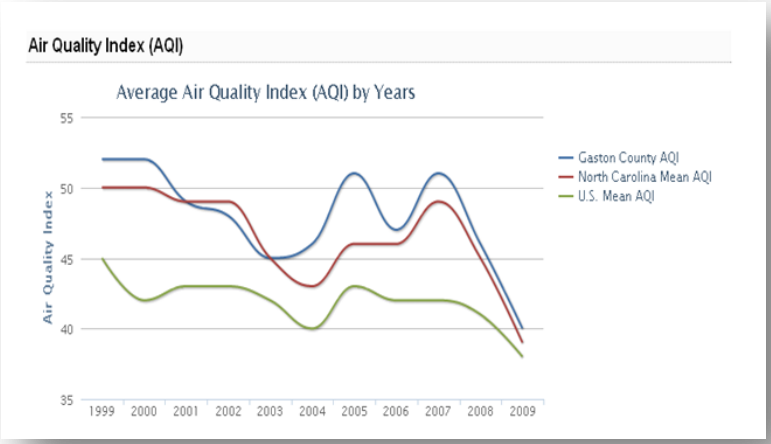


Image courtesy www.usa.com with data sourced from the Air Quality Database, Environmental Protection Agency, 09/11/2013

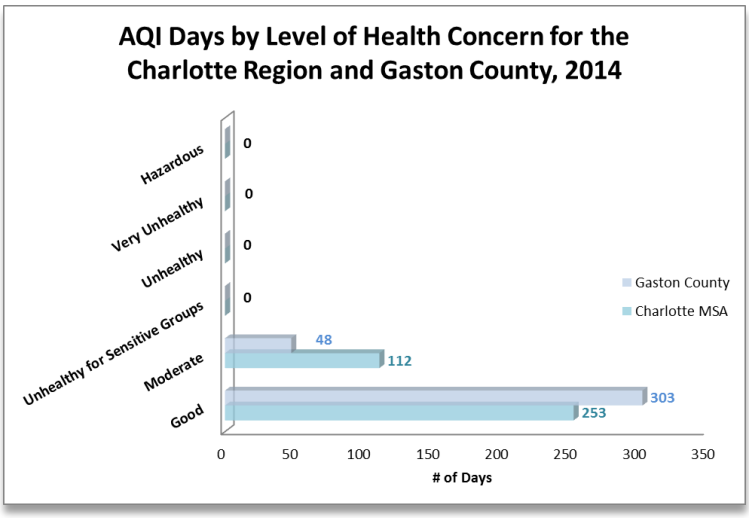
The Air Quality Index (AQI) is a daily report of air quality and health problems we may experience in a few hours or days after breathing polluted air.

The AQI employs a scale that runs from 0 to 300: the higher the AQI value, the greater the concentration of air pollution and the greater the threat to health. An AQI value of 100 generally corresponds to the national air quality standard for a pollutant; typically, AQI values below 100 are satisfactory but measures above 100 will cause adverse health effects – initially for sensitive people, and then for larger numbers of people as AQI values increase. The graph shown shows Gaston County's Average AQI as compared to North Carolina and the U.S. While the AQI declined significantly in all locations since 2007, Gaston County has consistently had a greater AQI than the state and nation for the past decade.

The Air Quality Values table describes the numerical values and corresponding "colors" used to convey AQI. In Gaston County, this information is disseminated through radio, television, newspapers, over the Internet, through electronic and digital alerts, and via roadside signs.

Air Quality (AQI) Values	Level of Health Concern	Color
0-50	Good air quality, no health risks expected	Green
51-100	Moderate. Unusually sensitive people may be affected	Yellow
101-150	Unhealthy for sensitive groups such as children, active adults, and those with asthma or heart disease.	Orange
151-200	Unhealthy air quality for everyone, avoid prolonged outdoor activity	Red
201-300	Very unhealthy, everyone should avoid outdoor activity	Purple
301-500	Hazardous, everyone may experience serious health effects	Maroon

Source: Environmental Protection Agency



Data from www.epa.gov/airdata Air Quality Index Report, 09/11/2015

The adjacent graph shows the number of days in the Charlotte statistical area where AQI levels caused health concerns.

Ozone and Pollution

There are beneficial and harmful types of ozone. Good ozone occurs naturally in the earth's upper atmosphere, six to 30 miles above the earth's surface, where it forms a protective layer that shields us from the sun's harmful ultraviolet rays. Chemicals that destroy this ozone led the federal government to phase out the production and use of ozone-depleting substances.

Bad ozone is a harmful air pollutant and a major component of smog. It is found near the ground and is formed when chemicals, emitted from automobiles, refineries, power plants, industrial boilers, chemical plants, dry cleaners, solvents and paints, react in the presence of sunlight. Typically, it is formed in the atmosphere when ultraviolet radiation and high temperatures cause chemical reactions among volatile organic compounds and nitrogen oxides. These ozone levels are typically highest during warmer times of the day and year.

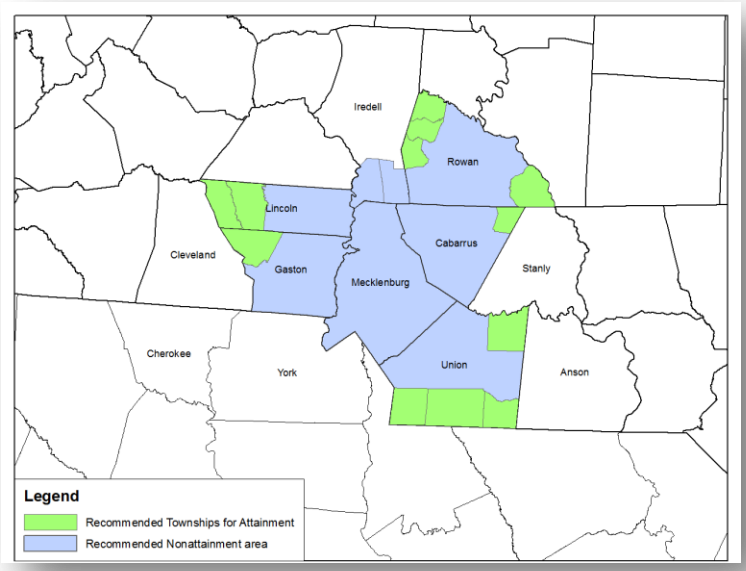


Image courtesy www.epa.gov Amended Recommendation on Boundaries for the 2008 8-Hour Ozone Standard, 11/17/2015

This form of ozone contributes to asthma, lung infections, cell inflammation, and shortness of breath. In Gaston County and our region, the growing population and the increasing number of vehicle miles traveled contribute to higher ozone levels. Because ozone levels in the area around Mecklenburg County have consistently been 15% above federal compliance levels over the last 20 years, the U.S. Environmental Protection Agency (EPA) designated our region, including Gaston County, an ozone "non-attainment" area in February 2012.This designation indicates the air quality in our area does not meet national standards.

Particle pollution, or particulate matter, is a mixture of liquid droplets and such solids as dust, dirt, soot, and smoke. Some solids are emitted directly into the air by factories, power plants, vehicles, construction activity, and fires; while others are formed when pollutants react in the atmosphere. Particulate matter is categorized by size: particles with diameters less than 10

micrometers, smaller than the width of a human hair, can enter the lungs and cause serious health problems.

In 2014, Gaston County had annual point source emissions of 5,829 tons and 462 tons of nitrogen oxides and volatile organic compounds (VOCs). Two Duke Energy electric utility plants generate emissions that can contribute to these numbers. Tthey are subject to nitrogen oxide regulations, the Clean Air Interstate Rule (CAIR), and the N.C. Clean Smokestacks Act.

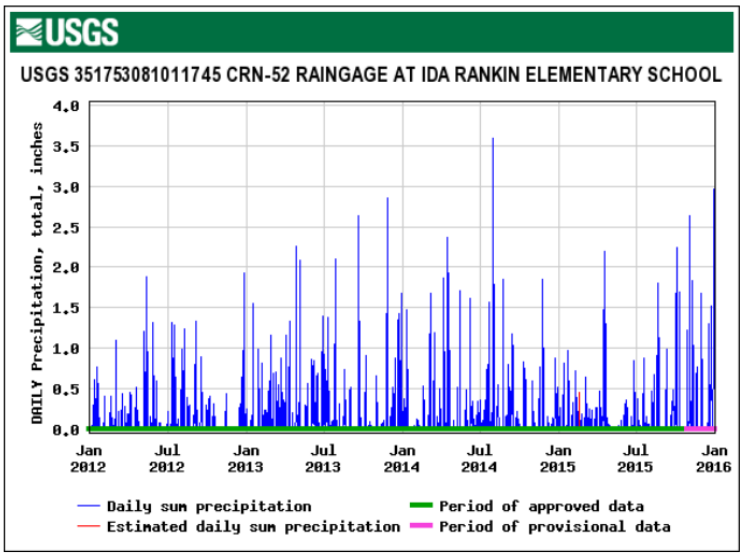
Gaston County also has two major sources for nitrogen oxides and no major point sources for VOCs. Sources of nitrogen oxide are Duke Energy's Allen and Riverbend Steam Plants and vehicles. Gaston County has a vehicle emission inspection and maintenance program and low-sulfur gasoline is required statewide. Combined federal and state control programs address these emissions.

Water Quality

Surface water describes fresh flowing waters (rivers, streams and creeks) and fresh standing waters (lakes, ponds and reservoirs). Flowing waters in Gaston County are part of the Catawba Watershed and include the Upper Catawba River and the South Fork of the Catawba River. These waters are consumed by humans, used in industry, a source of food, used for recreation and transportation, and are sites for disposed manufacturing byproducts and treated sewage.

According to EPA and State of North Carolina data (1998), only 4% of the county's surface water is impaired or threatened, making the county among the "cleanest/best counties" in the U.S. Of affected rivers, streams, and creeks, the leading pollutants and stressors are: pathogens (31%), sediments (22%), mercury (9%), and metals (3%) *(Source: http://scorecard.goodguide.com/env-releases/water/cwa-county.tcl?fips_county_code=37071#ranking*).

According to the US Geological Survey, Gaston County's rainfall fluctuates substantially between months and years. From 2012-2015, the month of May appeared to have the highest mean amount of rainfall. In 2012, there was less rainfall overall, corresponding with moderate drought conditions (Source: *www.ncdrought.org*). In the past three years, the greatest overall rainfall was in 2014.



Source: US Geological Survey Cumulative Rainfall Data, 02/01/2016

Well and septic systems are widely found in Gaston County. Of its estimated 40,000 wells, which supply water to households and businesses, 165 are community water systems that serve multiple dwellings. GC DHHS is responsible for approving the location of wells and issuing required well permits, per state standards.

Because Gaston County has had less than average rainfall over the past several years, the level of available groundwater, or the water drawn by wells, has dropped approximately two and

one-half feet. In spite of these circumstances, well users have had a steady supply of water because local wells are drilled an average of 120 feet, which is sufficient to draw needed water from bedrock.

Lead

GC DHHS administers the Childhood Lead Poisoning Prevention Program, which provides blood lead testing and medical case management to children under age six with elevated blood lead levels. The target population is children who reside in homes built before 1978, the last year lead-based paints were allowed in the United States. From July 2011 to June 2012, only one child had confirmed lead poisoning, which is defined as 20 micrograms of lead per deciliter, or greater, on two consecutive tests within six months.
(Source: http://ehs.ncpublichealth.com/hhccehb/cehu/lead/docs/2011AnnualBloodLeadTbl.pdf, 09/12/2013)

Recreation

Gaston County offers several greenways. In Gastonia, there are the Catawba-Avon Creek, the Highland Rail Trail Connector, and the Rankin Lake Circle greenways. There are additional greenways and trails in the county which include the Riverside Greenway in Cramerton, the Catawba River Greenway in Mount Holly, the Spencer Mountain Blueway. The municipalities of Gastonia, Belmont, Bessemer City, Cherryville, Cramerton, Dallas, High Shoals, Mt. Holly, Stanley, and Gaston County provide recreational facilities including parks, baseball and soccer fields, swimming pools, basketball courts, tennis courts, and greenways. In addition, the county is served by private fitness facilities and five branches of the YMCA.

For more information, please visit http://www.carolinathreadtrail.org/local-connections/gaston-county-nc/.

Transportation Options

Gaston County offers various modes of transportation. Gaston County is conveniently located along Interstate 85 with close access to Interstates 40 and 77. In addition to these major US highways, there are at least 5 major state highways that run through the county. Charlotte Douglas International Airport is within minutes of east Gaston County, however, there is a local airport, Gastonia Municipal Airport, that provides general flight service. It is one of the most active, minor airports in the state. In Gastonia, there is a public transit system with nine routes that services inner city Gastonia. (Source: Gaston Economic Development Commission)

Chapter 5: Prevention and Health Promotion

Screenings with Educational Programs

The Gaston County Department of Health & Human Services, CaroMont Health, and voluntary health agencies such as Cancer Services, the Alliance for Children and Youth, and the Heart Society of Gaston County provide a wide range of health promotion programs, including education, screenings, nutrition, and immunization services. These programs focus on preventing disease and providing early disease treatment.

In addition to the 11 on-going health education programs provided by DHHS, which include nutrition services, teen pregnancy prevention, smoking cessation, and promotion of physical activity, – the community also has access to programs provided by the American Red Cross, the American Heart Association, and Girls on the Run, to name a few.

Cholesterol/Hypertension

One of the current priorities of the Gaston Community Healthcare Commission (GCHC) is to reduce the prevalence of obesity. GCHC is working closely with Gaston County DHHS, CaroMont Health, Gaston County Schools, Gaston Family Health Services, and the Cooperative Extension Service to develop a multi-sector obesity prevention and treatment program.

In collaboration with the Highland Council and CaroMont Regional Medical Center, GC DHHS hosted the 2014 Building a Healthier Highland conference attended by 70 community members. Participants obtained medical screenings and participated in educational sessions by Dr. Forrest Toms from NC A&T University, CaroMont Health, and local health and human services agencies.

HIV

Gaston County DHHS also provides adult health services through our Gaston HIV Outreach Program (GHOP). GHOP offers basic STD screenings for chlamydia, gonorrhea, HIV, and syphilis. In June 2014, GHOP offered free HIV testing to acknowledge National HIV Testing Day.

Oral Health

Gaston County has over 100 private and public practice dentists. Gaston Family Health Services has two dental practices that deliver care to uninsured and under-insured children and families. Even so, three out of four low income Survey respondents felt they could access dental services. While this group appears to have greater access to dental services when compared to 69% of community responders, this stands in stark contrast to the 95% of leaders who said they can get needed dental services.

Educational Programs and Policies

Nutrition and Physical Activity

Gaston County DHHS has conducted Eat Smart, Move More, Weigh Less at area churches to promote smart eating at home, healthy eating on the run, and moving more every day. Gaston

County DHHS staff were also trained in Faithful Families Eating Smart Moving More, a 12-month wellness program for churches and their members. With funding from a Community Transformation Grant, GC DHHS provided support to two corner stores in low-income neighborhoods to ensure they sell such healthy foods as fresh produce, low-fat dairy products, and whole grain foods.

Gaston County DHHS staff remains active and visible in our communities. Some of our staff chaired the Gaston County Wellness Committee, which conducts health promotion programs for more than 1,500 county government employees, their dependents, and retirees. Gaston County DHHS is also a member of the Gaston County Health Coalition.

Tobacco Cessation

DHHS Environmental Health Specialists continue to enforce the N.C. Smoke-Free Restaurants and Bars Law by following-up on complaints of patrons smoking in restaurants and bars.

DHHS provided smoking cessation counseling to 1,351 pregnant women through its Clean Air Tobacco Out program in 2014. Each woman was counseled about her smoking status and strategies for avoiding second- and third-hand smoke exposure.

Community Support for Health Behaviors

In collaboration with the Community Transformation Grant staff and the Centralina Council of Governments, GC DHHS coordinated the regional Planning for Healthy Communities Conference which explored research, best practices, and strategies for using the built environment to improve health. One hundred participants attended, including municipal planners, park and recreation staff, policy specialists, and public health professionals.

In 2014, Gaston County DHHS and the Partnership for Children of Lincoln & Gaston Counties maintained gardens at four childcare facilities and helped build new fruit and vegetable gardens at five others. Gaston County DHHS also provided technical assistance to three day care centers that independently built gardens. Participating children learn to plant, raise, harvest, and eat fresh fruits and vegetables

Gaston County DHHS and Community Transformation Grant staff provided technical support to two local apartment management companies on developing and implementing tobacco-free policies and enforcement strategies.

Since January 2014, Operation Medicine Cabinet has collected and incinerated 1,169 pounds of unused prescription and over-the-counter medications. Since its inception, this program has collected and incinerated 3,528 pounds of unused prescription and over-the-counter medications Tthis program protects against unintentional poisonings, abuse of medications, and protects our waterways by preventing the flushing of medications. Collection boxes are at the headquarters of the Gaston County, Belmont, Dallas, Mount Holly, and Cherryville police departments. This is an initiative of the Gaston County Police Department, Gaston County Solid Waste, and DHHS.

Chapter 6: Community Concerns and Priorities

The following data and analyses are intended to be a summary only and do not fully represent the entirety of the Survey results. As such, inquiries and requests from the public about specific topics are encouraged. Survey responses can be aggregated by respondent group, high school district, or zip code.

Finally, in an effort to reduce paper waste, detailed Survey data are available on the Internet at www.gastonpublichealth.org. Please use the following citation when referencing this document:

Gaston County Department of Health & Human Services, (2015). *2015 Gaston County Community Health Assessment Report*. Available from website: www.gastonpublichealth.org

Survey Findings

DHHS used a percentage method to determine responses and rankings to the Quality of Life Survey. Affirmative responses were calculated by calculating the percentage of *Agree* or *Strongly Agree* responses to each question.

In 2015, the ten leading community health problems for all Survey respondents were: (1) obesity; (2) illegal drug use; (3) teen pregnancy; (4) alcohol abuse; (5) prescription drug use; (6) high blood pressure; (7) diabetes; (8) heart disease; (9) mental health; and (10) cancer.

Ranked Health Issues, 2015 and 2012 Comparison, All Respondents

Rank	**2015**	**2012**
1	Obesity	Obesity
2	Illegal drug use	Illegal drug use
3	Teen pregnancy	Teen pregnancy
4	Alcohol abuse	Alcohol abuse
5	Prescription drug use	Prescription drug use

The Youth Issues section of the Survey asked about academic, employment, social, and health issues. The top five issues reported by all survey respondents were: (1) increasing the high school graduation rate, (2) stopping physical, sexual, and emotional abuse of youth by their families, (3) helping high school students plan their careers, (4) teaching money management skills, and (5) stopping crime committed by youth.

Among high school juniors, the top five priorities were: (1) creating job opportunities for teens, (2) increasing the high school graduation rate, (3) stopping physical, sexual, emotional abuse of youth by their families, (4) helping high school students plan their careers, and (5) reducing the risk of HIV and sexually transmitted diseases. These findings emphasize the importance of economic and employment issues for youth, and are likely tied to our ongoing economic recession (Table 13).

Responses to the COMMUNITY HEALTH ISSUES section of the Survey, by respondent group, 2008-2015

The top five ranked responses to the community health issues section of the Survey are shown above. They are shown by respondent group (community member, community leaders, and high school students) and the years of our last three Surveys, 2008, 2012, and 2015.

Community respondents have consistently cited their concerns about overweight/obesity, alcohol abuse, and substance abuse in all three Survey cycles. However there have been shifts in other priorities. While issues related to high blood pressure and motor vehicle accidents were key concerns in 2008, in 2012 teen pregnancy was no longer a top concern. In 2015, high blood pressure was replaced by prescription, alcohol and substance abuse issues.

Community leaders have also had changing priorities over the past seven years, although they tend to cite the same community health issues of: overweight/obesity, alcohol and substance abuse, and high blood pressure. While lack of healthcare for the uninsured was a main health concern among leaders in 2008, it was not a top five ranking in 2012 or 2015. Teen pregnancy was a top priority in both 2008 and 2012, but not in 2015. Finally, there is strong consistency among leaders' top priorities in 2008, 2012, and 2015.

Health and safety priorities ranked by high school juniors changed more than the other respondent groups over the three surveys. Their consistent issues are overweight/obesity and alcohol and substance abuse. In 2008, they cited diabetes and motor vehicle accidents. High school juniors only ranked these issues three times and they appeared as top priorities each time. in the three surveys. Prescription drug abuse appears in 2012 but was not considered a high-ranking issue in 2008 and 2015. In 2015, teens cited mental health as a concern, along with teen pregnancy, which was ranked first by this group in 2008 and 2012.

Overall, these responses reveal a consistent concern with obesity, alcohol, substance abuse, high blood pressure, and teen pregnancy. These responses also reflect the County's growing understanding of the overlapping relationship between obesity, diabetes and high blood pressure and their risk factors.

The top five ranked responses to the youth issues section of the Survey are presented below. They are shown by respondent group (community members, community leaders, and high school students) and year of the Survey, 2008, 2012, and 2015.

	2015	2012	2008
Community Residents	1. Use of drugs and alcohol by youth	1. Use of drugs and alcohol by youth	1. Youth gangs and gang violence
	2. Use of tobacco products by youth	2. Use of tobacco products by youth	2. Use of drugs and alcohol by youth
	3. Sexual activity among youth	3. Physical, sexual, and emotional abuse of youth by their families	3. Student safety in school
	4. Teenage pregnancy	4. Bullying and teasing among youth	4. Use of tobacco products by youth
	5. Obesity among youth	5. Help depressed youth	5. Increase HS graduation rate
Community Leaders	1. Obesity among youth	1. Teenage pregnancy	1. Help parents support their children's ongoing education
	2. Money Management skills	2. Money management/Youth gangs & gang violence	2. Parental involvement in their children's education/Use of drugs and alcohol by youth
	3. Parental involvement in their children's education	3. Parental involvement in their children's education	3. Promote academic success/Increase HS graduation rate
	4. Use of drugs and alcohol by youth	4. Physical, sexual, and emotional abuse of youth by their families	4. Money management/Youth gangs & gang violence
	5. Sexual activity among youth	5. Encourage teen enrollment in college/Use of drugs & alcohol among youth	5. Student safety
High School Students	1. Teen Pregnancy	1. Create job opportunities for teens	1. Create job opportunities for teens
	2. Use of tobacco products by youth	2. Increase HS graduation rate	2. Risk of HIV/AIDS & STDs among youth
	3. Use of drugs and alcohol by youth	3. Physical, sexual, and emotional abuse of youth by their families	3. Physical, sexual, and emotional abuse of youth by their families/Student safety/Crime against youth
	4. Bullying and teasing among youth	4. Career planning for students	4. Career planning for students
	5. Obesity among youth	5. Teen job training	5. No data

Responses to the YOUTH ISSUES section, by respondent group, 2008-2015.

Consistently, community respondents have cited their concerns about youth using drugs and alcohol. At the same time, there have been shifts. For example, the overall concern in 2008 was violence and safety; in 2012, it was substance abuse and violence; and in 2015, it was substance abuse and sexual activity. While teen pregnancy was a high priority in 2015, it was not a top five issue in 2008 or 2012. Additionally, 2008 was the first year the survey group cited the need for increasing the high school graduation rate. . However, over the past seven years, Gaston County Schools high school graduation rate has increased from 72.3% in 2008 to 86.3% in 2015.

Community leaders have also had changing priorities over the past seven years. In 2015, their top priorities were sexual activity and parental involvement. Leaders' concerns with money management, college, and vocational schools in 2012 may have been influenced by economic challenges, and they may see teen pregnancy as an economic issue that can hinder teen parents from fulfilling their educational and employment potential.

Health and safety priorities ranked by high school juniors changed significantly over the three Surveys. In 2008, teens focused on jobs and careers, HIV/AIDS and STDs, and health and

emotional safety. Preventing abuse of youth by their families was the only top priority stated in 2012 that did not address jobs, careers, and academics, suggesting teens are anxious about finding jobs now and in the future. Teen pregnancy became an issue of greatest priority in 2015.

Overall, there appears to be a shift towards concerns with finances, substance use, sexual activity, and education.

Top Ten Ranked Youth Issues by Survey Group					
Rank	**All Respondents (n=2,196)**	**Leaders (n=320)**	**Community (n=363)**	**Low-Income (n=177)**	**HS Juniors (n=1,421)**
1	Use of drugs and alcohol by youth (64.4%)	Obesity among youth (73.9%)	Use of drugs and alcohol by youth (73.8%)	Use of drugs and alcohol by youth (75.7%)	Teenage pregnancy (48.9%)
2	Teenage pregnancy (63.0%)	Money management skills to youth, such as budgeting (69.5)	Use of tobacco products by youth (71.6%)	Teen pregnancy (74.0%)	Use of tobacco products by youth (47.6%)
3	Obesity among youth (61.8%)	Parental involvement in their children's education (68.9%)	Sexual activity among youth (66.7%)	Sexual activity among youth (70.6%)	Use of drugs and alcohol by youth (46.4%)
4	Use of tobacco products by youth (61.6%)	Use of drugs and alcohol by youth (66.4%)	Teenage pregnancy (66.1%)	Obesity among youth (70.1%)	Bullying and teasing among youth (45.4%)
5	Sexual activity among youth (59.8%)	Sexual activity among youth (62.8%)	Obesity among youth (65.1%)	Use of tobacco products by youth (69.5%)	Obesity among youth (42.1%)

When examined for health-related topics, the leading health-related issues were: (1) reduce the use of drugs and alcohol by youth; (2) reduce teenage pregnancy; (3) reduce obesity among youth; (4); and (5) reduce sexual activity among youth.

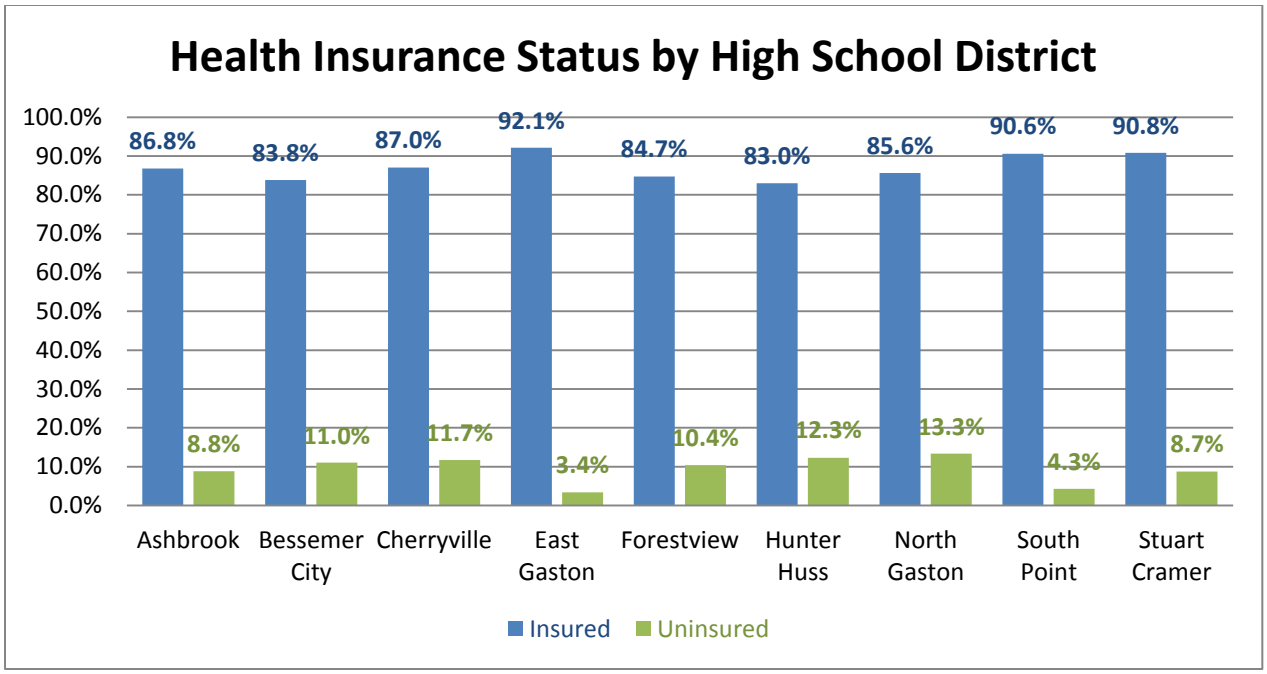
The Survey also asked about health problems in our community. Table 14 shows the top five rankings by respondent group. It is interesting to note a general consensus among the respondent groups concerning obesity, substance abuse, and alcohol abuse; but only students and community leaders saw teen pregnancy as the leading problem. Further, teen pregnancy was an issue for three of the four groups, but community leaders did not consider it a top issue; instead, they noted health issues that call for chronic disease management, such as high blood pressure and diabetes. This may reflect intent to deal with these issues or the lack of resources to address these health problems.

Top Five Ranked Community Health Problems by Survey Group					
Rank	**All Respondents**	**Leaders**	**Community**	**Low-Income**	**HS Juniors**
1	Overweight and obesity (71.7%)	Overweight and obesity (92.3%)	Overweight and obesity (75.2%)	Illegal drug abuse (79.7%)	Teenage pregnancy (51.7%)
2	Illegal drug abuse (69.5%)	Illegal drug use (78.3%)	Illegal drug use (71.6%)	Overweight and obesity (79.1%)	Illegal drug abuse (49.1%)
3	Teenage pregnancy (63.0%)	High blood pressure (72.9%)	Prescription drug abuse (65.8%)	Prescription drug abuse (78.0%)	Overweight and obesity (46.7%)
4	Alcohol abuse (62.6%)	Prescription drug abuse (72.5%)	Alcohol abuse (64.2%)	Lack of health care for uninsured persons (75.7%)	Alcohol abuse (46.4%)
5	Prescription drug abuse (61.6%)	Diabetes (70.5%)	Teenage pregnancy (58.1%)	Teenage pregnancy (74.6%)	Mental health (41.9%)

The Survey also asked about respondents' health insurance. A review of total responses found 90% of respondents reported having adequate health insurance, which includes private insurance, Medicare, and Medicaid. However, almost 10% said they were uninsured, which is similar to reported rates in 2012.

Insurance coverage disparities exist between age groups. Young adults ages 18 to 24 reported the highest percentage of uninsured individuals. One in three adults ages 18-34 report that they do not have health insurance coverage.

Age Group	**Percent Uninsured**
Younger than 18	7.8%
18-24	17.1%
25-34	12.8%
35-44	13.6%
45-64	11.7%
65 and older	3.1%



When health insurance was considered by high school districts, the largest percentages of insured respondents were in the East Gaston, Stuart Cramer, and South Point districts. Conversely, the largest number who reported having no insurance lived in the North Gaston, Hunter Huss, and Cherryville districts (Figure 44).

Reponses to questions about ability to secure health and related services are presented in Table 16 and are summarized below. When reviewing these data, please note the percentage of respondents who do not use listed services. The following are the most significant findings:

- 89.9% of low-income respondents reported having access to a personal doctor, while only 63.3% of high school juniors said the same;
- Nearly one-quarter of respondents from low-income areas reported not having access to dental care, which is nearly 16% higher than the total response rate of 8%;
- Low-income respondents (71.8%) reported they were least able to obtain mental health care;
- 66.1% of all survey respondents reported they can obtain hospital services and 64% reported they can obtain emergency department services;
- A large majority of leaders felt they had access to health education programs (73.6%), though 35% felt these programs were not applicable to them. In the low-income group, only 46.9% felt they had access to these programs while 34% felt they were not applicable to them.

HHS Board

The DHHS Strategic Planning Committee selected priorities for the 2015-2020 DHHS Strategic Plan. This was the culmination of sixteen meetings where they: developed values; developed mission and vision statements; discussed health and related problems and solutions with community leaders; analyzed DHHS Strengths / Weaknesses / Opportunities / Threats; and where each of our members read articles on emerging needs and the future of public health.

To this end, the Strategic Planning Committee selected the following priorities for Gaston County:

Integration of Mental Health Resources

Understanding that the health of our county is based on the physical-mental-social health of its residents, DHHS will work to integrate mental health services into its delivery of physical health services (Public Health Division) and social services (Social Services Division). Our goal is to use this whole person model to build and sustain community wellbeing.

Gaston County provides an average of nearly 26,000 clients with mental and substance abuse treatments and rehabilitation services. Based on our Quality of Life survey, there is a profound acknowledgement that there is a need to focus on the mental health of its residents.

Childhood Obesity

Understanding that the short- and long-term consequences of childhood obesity are premature and costly disease, disability, and death, DHHS will work with community partners to establish environments, policies, and programs that encourage good nutritional and fitness practices.

There is a linkage between childhood obesity and adult obesity. Nearly 16.1% of children ages 2-4 are considered overweight or obese. Furthermore, the Survey data suggests that the community feels that childhood obesity is an issue of greatest priority. Almost three out of four residents feel that overweight and obesity is a community health issue, while about two of three residents find that this is an issue that needs to be addressed among youth.

Improved Family Functioning

Understanding that healthy families are the foundation of our future, DHHS and its Children & Family Services Program and community partners will improve family wellbeing by increasing opportunities for families to secure needed prevention, diagnostic, and treatment services.

Child maltreatment rates are on the rise in our County. According to UNC Social Work data, nearly 90 children per 100,000 population will be the victim of child abuse or neglect. Fortunately, there has been a decline in domestic violence rates, however, broken and battered homes remain around 300 cases per 100,000 for the past three years. Identifying the issues that affect family health and function, we can provide support to help the family sustain a safe and healthy home.

Senior Livability & Support

Understanding that a growing number of Gaston County residents are entering their senior years and that older age poses unique health challenges, DHHS will promote and conduct programs to assure this population has access to the clinical and related services they require. The Survey data shows that two out of three residents think that community resources for the elderly need improvement compared to 78% of residents over age 60. While access to care is important to address, nearly 4% of our aging Survey respondents declared they are uninsured.

Appendix

Health Databook

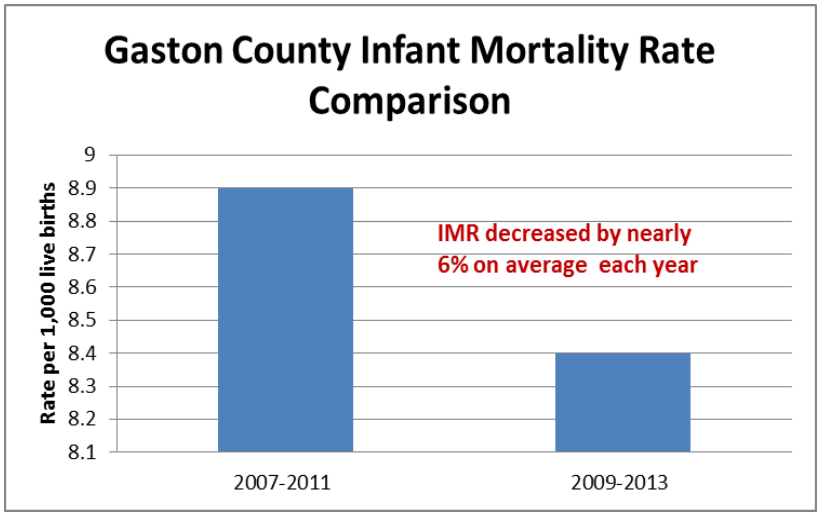
Mortality

Gaston County Leading Causes of Death, Reporting Periods 2007-2011 and 2009-2013.	
2007-2011 Leading Causes of Death	**2009-2013 Leading Causes of Death**
Heart Disease: 2,396 deaths	Heart Disease: 2,296 deaths
Cancer: 2,189 deaths	Cancer: 2,253 deaths
Chronic Lower Respiratory Disease: 769 deaths	Chronic Lower Respiratory Disease: 836 deaths
Stroke: 466 deaths	Stroke: 491 deaths
Unintentional Injury: 405 deaths	Alzheimer's Disease: 478 deaths
Source: NC State Center for Health Statistics (NC SCHS)	

Gaston County Leading Causes of Death, 2009-2013, by age. Rates per 100,000	
All Ages	**0-19 Years**
Heart Disease: 221.6	Perinatal Conditions: 21.7
Cancer: 217.4	Birth Defects: 8.5
Chronic Lower Respiratory Disease: 80.7	Suicide/ Other Unintentional Injuries [tie]: 5.5
Stroke: 47.4	Homicide: 3.7
Alzheimer's disease: 46.1	Cancer: 2.9
20-39 Years	**40-64 Years**
Other Unintentional Injuries: 36.8	Cancer: 205.2
Motor Vehicle Injuries: 17.1	Heart Disease: 152.7
Heart Disease: 14.3	Chronic Lower Respiratory Disease: 51.1
Suicide: 14.0	Other Unintentional Injuries: 49.7
Cancer: 12.8	Chronic Liver Disease & Cirrhosis: 31.9
65-84 Years	**85+ Years**
Cancer: 957.1	Heart Disease: 4,523.5
Heart Disease: 767.6	Alzheimer's Disease: – 1,867.7
Chronic Lower Respiratory Disease: 401.2	Cancer: 1,569.9
Stroke: 184.8	Stroke: 999.0
Alzheimer's Disease: 137.4	Chronic Lower Respiratory Disease: 868.7
Source: NC SCHS	

Gaston County Leading Causes of Death, 2009-2013, by sex. Rates per 100,000	
Men	**Women**
Heart Disease: 269.7	Cancer: 163.6
Cancer: 238.0	Heart Disease: 160.0
Other Ischemic Heart Disease: 126.5	Chronic Lower Respiratory Disease: 67.6
Chronic Lower Respiratory Disease: 82.4	Other Ischemic Heart Disease: 65.5
Trachea, Bronchus, Lung Cancer: 80.0	Trachea, Bronchus, Lung Cancer: 50.5
Source: NC SCHS	

Gaston County Leading Causes of Death, 2009-2013, by race. Rates per 100,000	
White, Non-Hispanic	**African American**
Heart Disease: 210.1	Heart Disease: 202.3
Cancer: 197.2	Cancer: 195.3
Other Ischemic Heart Disease: 92.7	Other Ischemic Heart Disease: 87.3
Chronic Lower Respiratory Disease: 80.2	Trachea, Bronchus, Lung Cancer: 57.3
Trachea, Bronchus, Lung Cancer: 65.4	Alzheimer's Disease: 38.3
Source: NC SCHS	



Morbidity

Gaston County Cancer Data, 2007-2011 and 2009-2013. Rates per 100,000		
Disease	**2007-2011**	**2009-2013**
Cancer Incidence	515.3	514.6
Breast	148.6	156.5
Colon/Rectum	51.1	47.0
Lung/Bronchus	85.4	87.1
Prostate	140.2	119.7

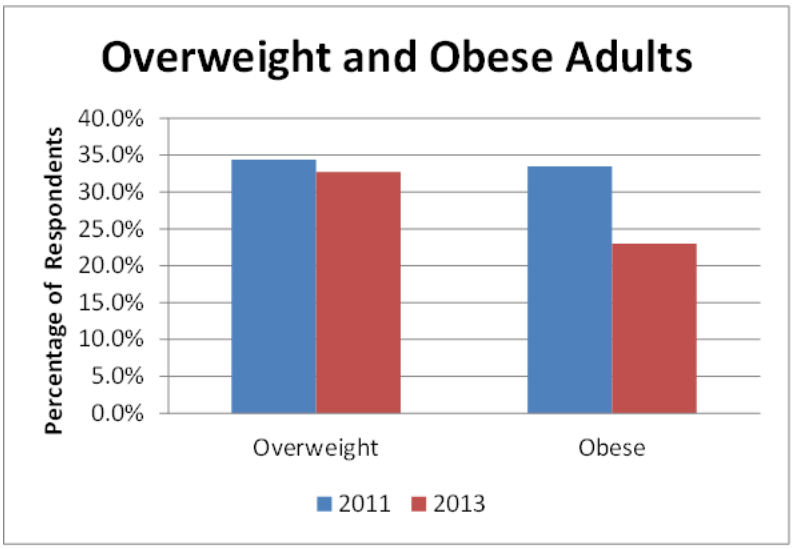
Gaston County Cardiovascular and Diabetes Disease Data, 2011 and 2013.		
Condition	**2011**	**2013**
Heart Disease	1.8%	3.8%
High Blood Pressure	37.1%	31.3%
High Cholesterol	46.0%	47.6%
Diabetes	18.2%	13.5%

Gaston County Infectious and Respiratory Disease Rates, 2011-2013. Rates per 100,000		
Infectious Disease	**2011**	**2013**
Influenza Cases	412	263
Pneumonia Cases	548	734
Respiratory Disease		
Tuberculosis Cases	0.0	1.9
Asthma	8.8%	12.3%
Pertussis Cases	11	0
Other Respiratory Disease	8.2%	10.5%

Source: NC SCHS, NC SHEPS Center & NC Epidemiologic Disease Surveillance System (NC EDSS)

Gaston County Unintentional Injuries, Poisonings & Other Drug Effects, 2011 & 2012. Rates per 100,000		
	2011	**2012**
Number of Discharges	508	467
Rate of Discharges	237.0	200.9
Average Length of Stay	4.1	4.4
Average Cost per Stay	$7,837	$9,995
Inpatient Costs per Capita	$19	$22

Source: Healthcare Cost and Utilization Project



Source: 2011 & 2013 BRFSS

Gaston County Oral Health Factors, 2009-2010 & 2012-2013.		
Child Oral Health (Kindergarten)	**2009-2010**	**2012-2013**
Decayed Teeth	12.00%	10.00%
Filled, Missing, and Decayed Teeth	37.00%	67.00%

Source: 2009-2010 & 2012-2013 School Oral Health Report

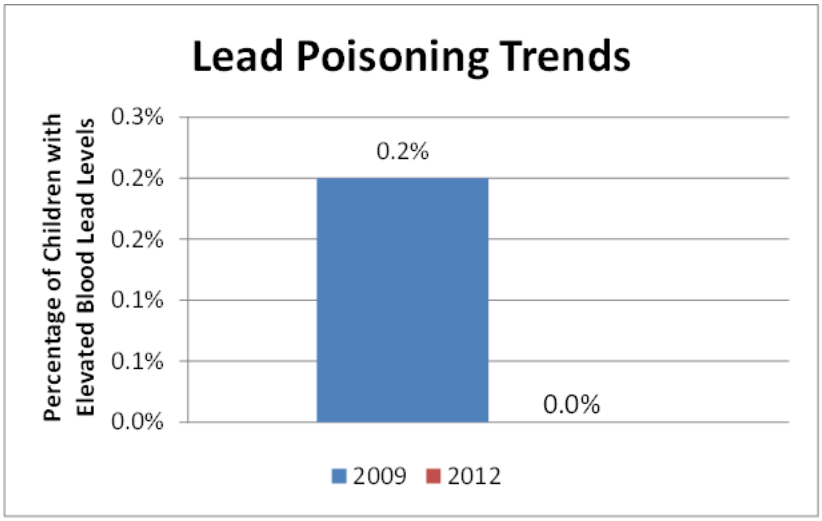
Gaston County Sexually Transmitted Diseases and HIV/AIDs, 2007-2011 and 2009-2013. Rates per 100,000		
Disease	**2011**	**2013**
Chlamydia	693.5	604.7
Gonorrhea	172.5	163.9
Syphilis	1.0	2.4
HIV	15.0	14.9
AIDs	15.9	7.7

Source: 2011 & 2013 NC SCHS

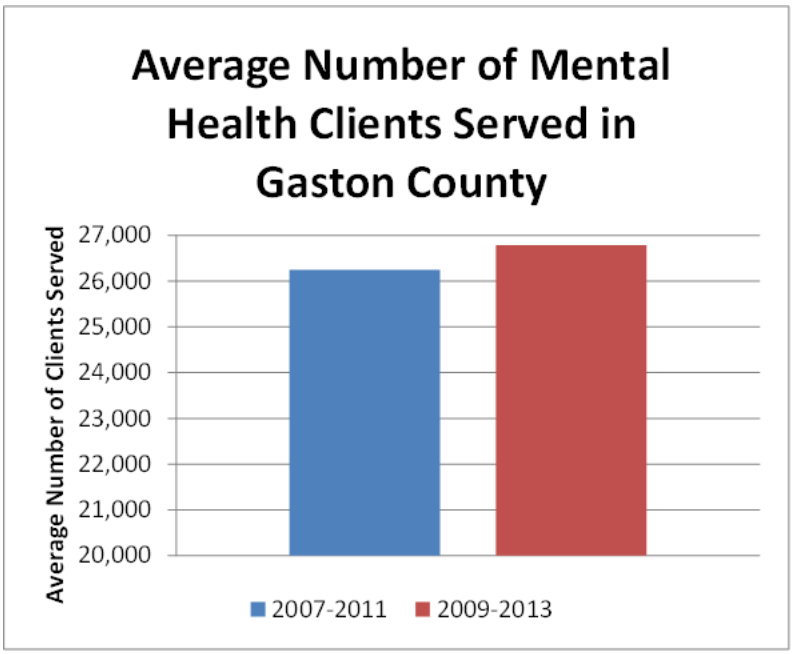
Gaston County Maternal and Child Health Factors, 2011 and 2013.		
Factor	**2011**	**2013**
Prenatal Care Patterns		
Trimester Care Began		
First	68.6%	72.2%
Second	26.3%	22.6%
Third	3.5%	3.6%
No Care	1.1%	1.3%
Level of Prenatal Care		
Inadequate	14.0%	17.7%
Intermediate	15.8%	8.6%
Adequate	47.8%	34.1%
Adequate Plus	22.4%	37.7%
Source: 2011 &2013 BABYBOOK		

Gaston County Maternal and Child Health Factors, 2011 and 2013.		
Factor	**2011**	**2013**
Maternal Smoking	20.6%	20.4%
Preterm Birth Rate	8.1%	11.7%
Low-Weight Birth Rate	9.2%	9.4%
Infant Care Practices		
Breastfed at Discharge		
Yes	No data	68.5%
No	No data	31.3%

Source: 2011 & 2013 BABYBOOK



Source: 2009 & 2012 Childhood Blood Lead Surveillance Data



Source: Log Into NC

Health Care

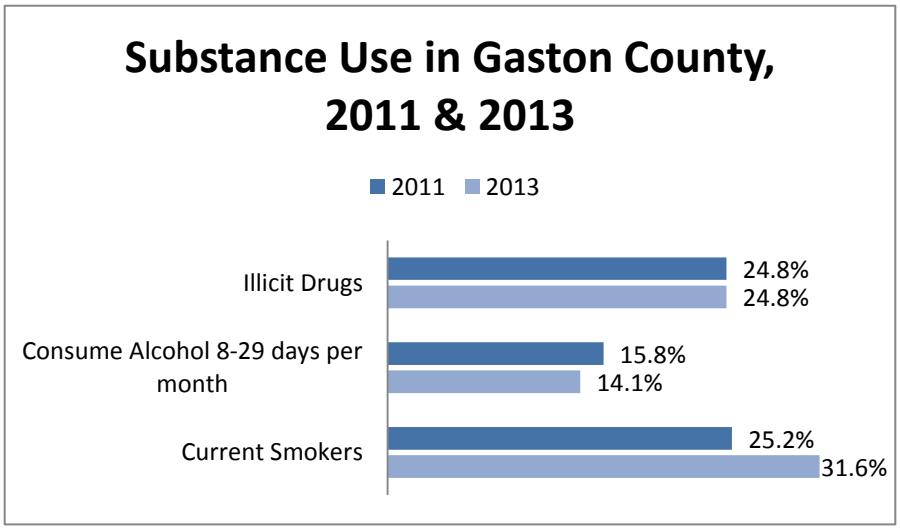
Gaston County Barriers to Access, 2012 & 2015.	
2012	**2015**
Lack of Health Insurance	Lack of Health Insurance
Not Able to Pay for Care	Too Far From Home
Lack of Childcare	Lack of Childcare
Services not Available	Not Able to Make an Appointment
Too Far from Home	Work Obligations

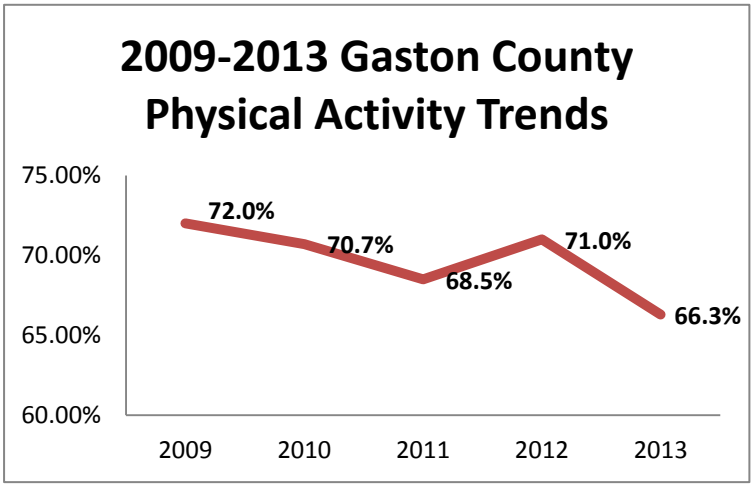
Causes of Emergency Department Visits, CaroMont Regional Medical Center, 2011 & 2013.	
2011	**2013**
Chest Pain (other): – 2,626 cases	Chest Pain (other): 2,401 cases
Dental Disorder (unspecified): 2,248 cases	Acute Upper Respiratory Infection: 2,321 cases
Acute Upper Respiratory Infection: 2,009 cases	Abdominal Pain(unspecified): 1,954 cases
Abdominal Pain(unspecified): 1,899 cases	Chest pain (unspecified): 1816 cases
Abdominal Pain (other): 1,899 cases	Nausea with vomiting: 1,612 cases

Determinants of Health

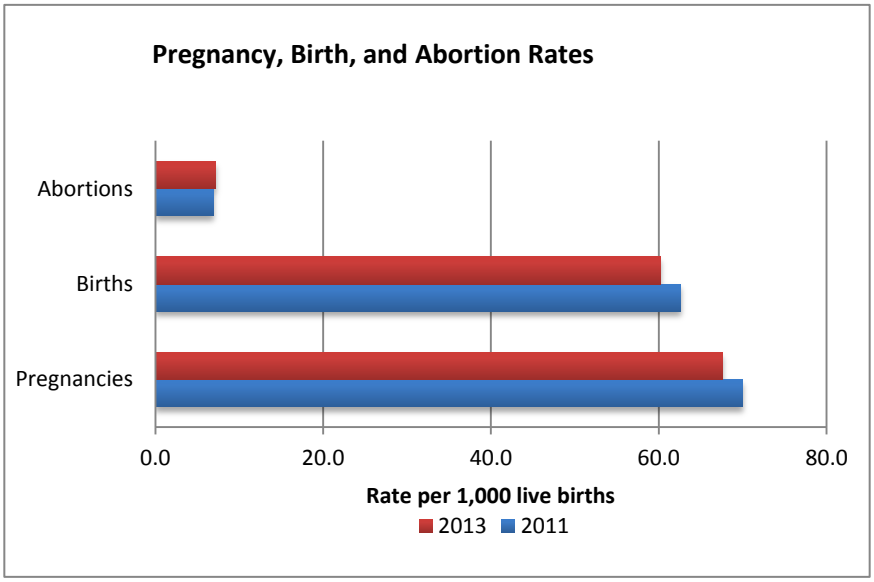
Gaston County Social Environment, 2007-2011 and 2009-2013. Rates per 100,000		
Indicator	**2007-2011**	**2009-2013**
Education		
Educational Attainment		
Less than High School Diploma/GED	19.9%	19.0%
At least High School Diploma/GED	80.1%	81.0%
Bachelor's Degree or Higher	18.0%	18.0%
4-Year High School Cohort Rates	**2010-2011**	**2013-2014**
Graduation Rate	75.4%	83.5%
Dropout Rate	4.46	1.84
Families		
Child Maltreatment Rate (per 1,000)	83.2	89.7
Domestic Violence Rate	319.6	300.1
Family Composition		
Single Mother	26.3%	28.2%
Single Father	7.5%	7.4%
Married Couple	66.2%	64.4%
Religious Affiliation	**2000**	**2010**
Evangelical Protestant	40.0%	41.3%
Black Protestant	No data	2.9%
Mainline Protestant	13.7%	10.0%
Catholic	2.8%	2.9%
Other	1.0%	0.8%
No Religious Affiliation	29.7%	42.9%
Crime/Intentional Injury Rates	**2011**	**2013**
Violent Crime	400.2	406.5
Property Crime	3,628.2	3,254.6
Homicide	5.1	4.7
Theft	3,740.0	3,353.1
Assault	253.5	277.0
Suicide	15.9	14.8
Source: US Census Bureau: American Community Survey 5-Year Estimates, NC Public Schools, NC Department of Justice, U.S. Religion Census		

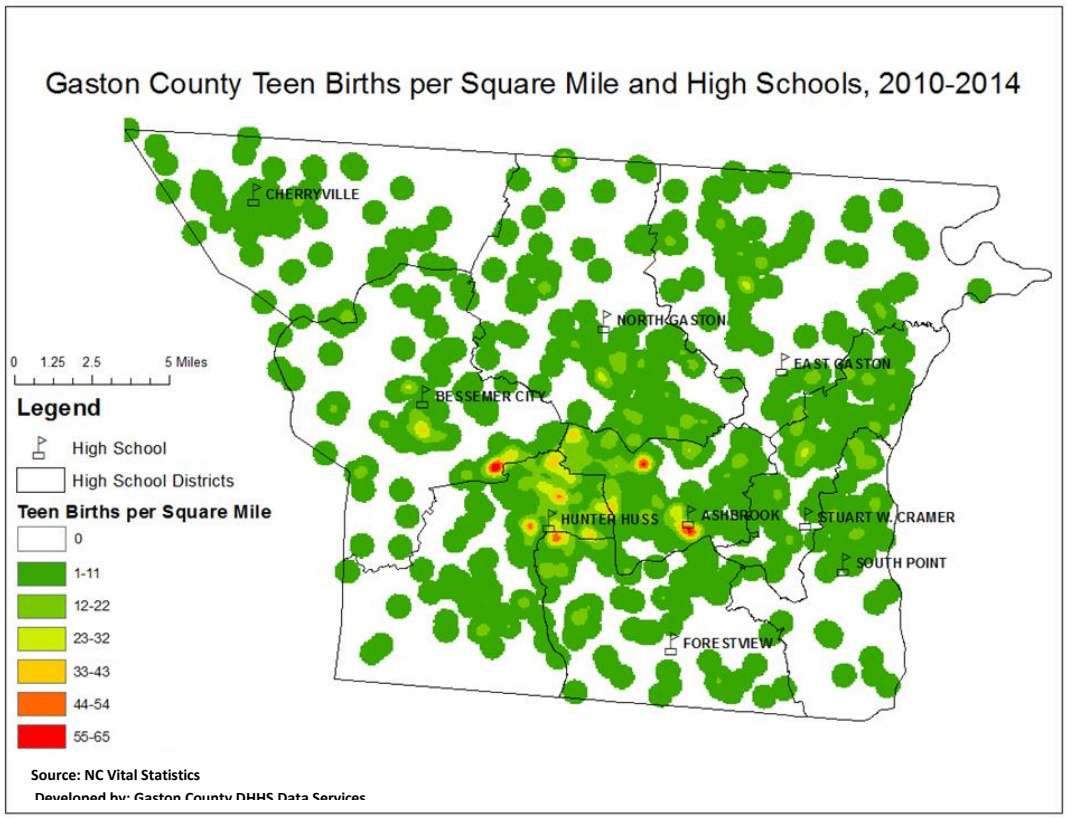
Gaston County Individual Behaviors, 2011 & 2013.		
Indicator	**2011**	**2013**
Substance Use		
Current Smokers	25.2%	31.6%
Consume Alcohol 8-29 days per month	15.8%	14.1%
Illicit Drugs	24.8%	24.8%
Weight Status		
Overweight	34.4%	32.7%
Obese	33.5%	23.0%
Physical/Activity Nutrition		
Consumed 5 or more fruits/vegetables daily	56.4%	54.8%
Intentional physical activity	68.5%	66.3%
Health Screenings		
Diabetes	68.5%	66.8%
Cholesterol	86.20%	81.50%
HIV	No data	46.20%
Motor Vehicle Injuries		
Consistent Seatbelt Use	88.6%	No data
Alcohol-Impaired Driving Deaths	45.1%	38.5%
Source: 2011 & 2013 BRFSS, 2014& 2015 County Health Rankings		





Source: 2009-2013 BRFSS





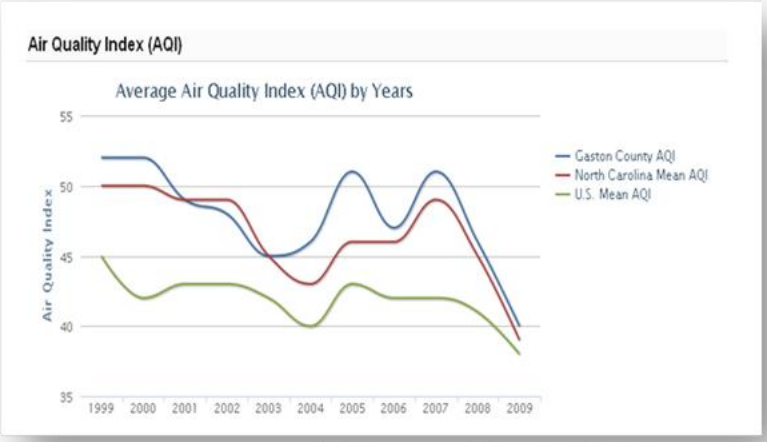
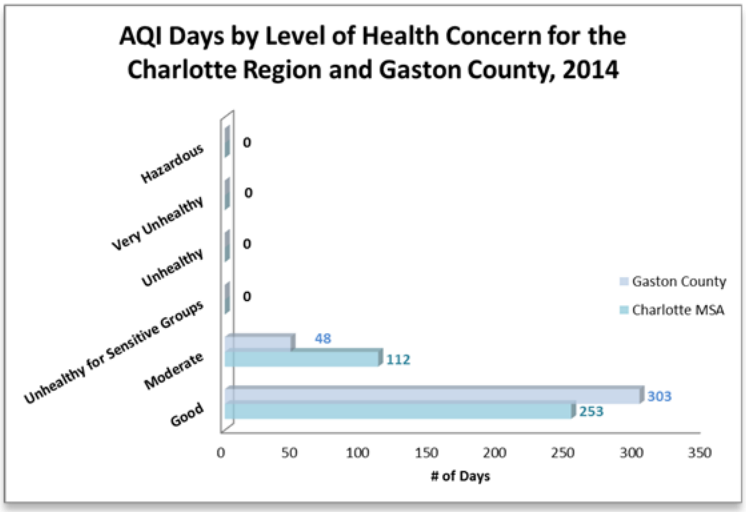


Image courtesy www.usa.com with data sourced from the Air Quality Database, Environmental Protection Agency, 09/11/2013



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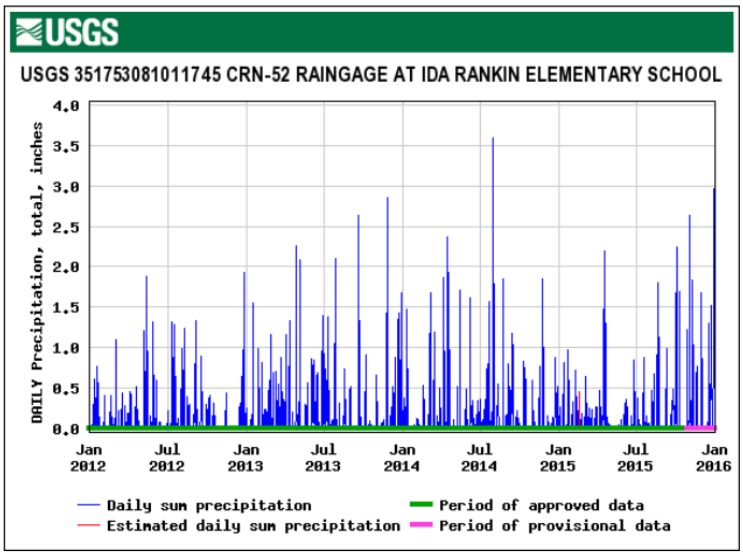


Source: US Geological Survey Cumulative Rainfall Data, 02/01/2016

Community (Quality of Life) Survey

Survey Instrument

Gaston County Quality of Life Survey, 2015

Thank you for taking the time to complete this survey. Please fill in the bubbles that best tell us your opinions about the following health and community topics. Bubbles should be filled in completely using a pencil or black pen.

Example: ○ ○ ● ○

Please describe how much you agree or disagree with the following statements about community resources by choosing the response that reflects your opinion.

Our community needs to do more to improve…	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I Don't Know
Water quality in our rivers and streams	○	○	○	○	○	○
Air quality	○	○	○	○	○	○
Walking trails and bike paths	○	○	○	○	○	○
Sidewalks	○	○	○	○	○	○
Quality and availability of parks and recreation facilities	○	○	○	○	○	○
Quality and availability of cultural, arts, and social events	○	○	○	○	○	○
The general appearance of the community in which I live	○	○	○	○	○	○
Law enforcement	○	○	○	○	○	○
Promoting sales of locally grown fruits and vegetables	○	○	○	○	○	○
Educating and engaging county residents to solve community issues	○	○	○	○	○	○
Roads	○	○	○	○	○	○
Public transportation	○	○	○	○	○	○
How we promote the importance of education after high school	○	○	○	○	○	○
Small business development	○	○	○	○	○	○
Recruiting manufacturing and high-tech employers	○	○	○	○	○	○
Promoting tourism	○	○	○	○	○	○
Affordable housing	○	○	○	○	○	○
The quality of K-12 education	○	○	○	○	○	○
Opportunities for family activities	○	○	○	○	○	○
Affordable child care	○	○	○	○	○	○
High quality child care	○	○	○	○	○	○
Community resources for the elderly	○	○	○	○	○	○
Personal and family safety	○	○	○	○	○	○
Faith community involvement in solving county issues	○	○	○	○	○	○

What do you like best about living in Gaston County? Please include any comments or suggestion you may have.

How do you prefer to get information about your community? Select all that apply.

- ○ Through printed materials, such as flyers
- ○ Through seminars, workshops, and classes
- ○ Through your house of worship
- ○ Through newspapers
- ○ Through the Internet
- ○ Through television
- ○ Through radio
- ○ Through social media such as Facebook and Twitter
- ○ Through email

1

Please describe how much you agree or disagree with the following statements about youth issues by choosing the response that reflects your opinion.

To what extent are the following youth issues a problem in our community…

	Not a Problem	Minor Problem	Neutral	Moderate Problem	Serious Problem	I Don't Know
Student-teacher relationships	○	○	○	○	○	○
Parent-teacher relationships	○	○	○	○	○	○
Mentors for students	○	○	○	○	○	○
Student safety in school	○	○	○	○	○	○
Youth gangs and gang violence	○	○	○	○	○	○
Bullying and teasing among youth	○	○	○	○	○	○
Crime against youth	○	○	○	○	○	○
Crime committed by youth	○	○	○	○	○	○
Physical abuse of youth	○	○	○	○	○	○
Sexual abuse of youth	○	○	○	○	○	○
Emotional abuse of youth	○	○	○	○	○	○
Money management skills to youth, such as budgeting and saving	○	○	○	○	○	○
Youth access to music and the arts	○	○	○	○	○	○
High school graduation rate	○	○	○	○	○	○
Career planning for high school students	○	○	○	○	○	○
Parental involvement in their children's education	○	○	○	○	○	○
Teen enrollment in colleges and vocational schools	○	○	○	○	○	○
After-school and out-of-school program support	○	○	○	○	○	○
Job training for youth	○	○	○	○	○	○
Job opportunities for teens	○	○	○	○	○	○
Use of drugs and alcohol by youth	○	○	○	○	○	○
Use of tobacco products by youth	○	○	○	○	○	○
Youth self image	○	○	○	○	○	○
Healthy food choices for youth	○	○	○	○	○	○
Eating disorders, such as anorexia and bulimia, among youth	○	○	○	○	○	○
Obesity among youth	○	○	○	○	○	○
Teenage pregnancy	○	○	○	○	○	○
Sexual activity among youth	○	○	○	○	○	○
Risk of HIV/AIDS and sexually transmitted diseases among youth	○	○	○	○	○	○
Identifying and helping depressed youth	○	○	○	○	○	○
Physical activity programs for youth	○	○	○	○	○	○
Motor vehicle accidents among youth	○	○	○	○	○	○
Conflict solving skills among youth	○	○	○	○	○	○
Education and engagement of youth in solving community issues	○	○	○	○	○	○

Please describe how much you agree or disagree with the following statements about **community health** by choosing the response that reflects your opinion.

To what extent are the following health issues a problem in Gaston County…

	Not a Problem	Minor Problem	Neutral	Moderate Problem	Serious Problem	I Don't Know
Alcohol abuse	○	○	○	○	○	○
Prescription drug abuse	○	○	○	○	○	○
Illegal drug abuse	○	○	○	○	○	○
Asthma	○	○	○	○	○	○
Cancer	○	○	○	○	○	○
Dental problems	○	○	○	○	○	○
Diabetes	○	○	○	○	○	○
Heart disease	○	○	○	○	○	○
High blood pressure	○	○	○	○	○	○
Infant death	○	○	○	○	○	○
Learning and developmental problems, such as autism, ADD, and ADHD	○	○	○	○	○	○
Lung disease	○	○	○	○	○	○
Kidney disease	○	○	○	○	○	○
Mental health, such as depression and suicidal thoughts	○	○	○	○	○	○
Overweight and obesity	○	○	○	○	○	○
Physical disabilities	○	○	○	○	○	○
Sexually Transmitted Diseases, such as syphilis, gonorrhea and HIV/AIDS	○	○	○	○	○	○
Stroke	○	○	○	○	○	○
Teen pregnancy	○	○	○	○	○	○
Vision and sight problems	○	○	○	○	○	○
Lack of health care for uninsured persons	○	○	○	○	○	○
Hunger	○	○	○	○	○	○
Access to nutritious food options	○	○	○	○	○	○
Affordable nutritious food options	○	○	○	○	○	○

Would you say in general your health is…

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

Are you ready to change your lifestyle to improve your health?

- ○ I have unhealthy habits and I am not planning to change them in the next six months
- ○ I have unhealthy habits and I am planning to make a change in the next six months
- ○ I have unhealthy habits and I am planning to make a change in the next month
- ○ I have changed an unhealthy habit in the past six months
- ○ I am living a healthy lifestyle and do not need to make any changes

Please choose the type(s) of health insurance you currently have.	How well does your insurance coverage meet your needs? Great	Good	Neutral	Fair	Poor	N/A
○ I don't have health insurance	○	○	○	○	○	○
○ Private insurance I have purchased	○	○	○	○	○	○
○ Medicare	○	○	○	○	○	○
○ Medicaid	○	○	○	○	○	○
○ I'm on my parent's insurance	○	○	○	○	○	○
○ Private insurance from my employer	○	○	○	○	○	○
○ Other (please specify)_____	○	○	○	○	○	○

N/A= Not applicable or "I don't know"

Which of the following health and medical services are you and/or your family able to get?	Yes	No	N/A
Personal doctor	○	○	○
Medical specialist	○	○	○
Health care for infants and children	○	○	○
Health care for pregnant women	○	○	○
Health care for the elderly	○	○	○
Cancer screening services	○	○	○
Cancer treatment services	○	○	○
Dental care	○	○	○
Mental health, such as depression	○	○	○
Learning and developmental problems	○	○	○
Care for alcohol abuse	○	○	○
Care for drug abuse	○	○	○
Services for physical disabilities	○	○	○
Hospital services	○	○	○
Emergency department services	○	○	○
Prescription medicines	○	○	○
Hospice care	○	○	○
Long-term care (nursing homes and adult care facilities)	○	○	○
Spiritual care for health problems	○	○	○
Health education programs, such as diabetes education	○	○	○
Senior services, such as day care and home health care	○	○	○
Assistance in enrolling for Medicare benefits and prescription drug programs	○	○	○

If you and/or your family are **not able** to get health and medical services, select all reasons why.

- ○ Lack of health insurance
- ○ Not able to pay for care
- ○ No one to watch my children
- ○ Services are not available
- ○ The distance from my home to these services is too far
- ○ Difficulty finding these services
- ○ Difficulty making appointments
- ○ Too sick to leave the house / homebound
- ○ Do not have transportation
- ○ Do not understand insurance benefits
- ○ Not able to take time off from work

In the past year, where have you gone when you were sick or needed health care? Please select all that apply.

- ○ My personal doctor/medical provider
- ○ A hospital emergency department/emergency room
- ○ An urgent care center
- ○ The Gaston County Department of Health & Human Services (Health Department)
- ○ An alternative medicine provider – like a chiropractor or homeopathic physician
- ○ Gaston Family Health Services
- ○ I don't seek care when I am sick

The next two questions ask about services offered at the Gaston County Department of Health & Human Services- Public Health Division (DHHS-Public Health Division), formerly known as the Health Department.

	Please choose one	
	Yes	No
Have you received services at DHHS-Public Health Division in the past four years?	○	○
DHHS-Public Health Division is open Monday to Friday from 8am-5pm. Several services are open until 6pm on Mondays and Thursdays. Are these hours convenient for you?	○	○

What could DHHS-Public Health Division do to make you more likely to use their services? Please select all that apply.

- ○ I don't usually need DHHS-Public Health Division services
- ○ Offer more evening hours
- ○ Offer Saturday hours
- ○ Open a branch closer to my home
- ○ Reduce wait times
- ○ Hire better doctors and nurses
- ○ Have friendlier staff
- ○ Have cleaner clinics

Comments and suggestions:

_____

_____

The following questions ask about you, your family, and your community.

How many years have you lived in Gaston County?

- ○ Less than 5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ 16-19 years
- ○ 20 or more years

What is your gender?

- ○ Male
- ○ Female

What is your zip code?

- ○ 28006
- ○ 28012
- ○ 28016
- ○ 28021
- ○ 28032
- ○ 28033
- ○ 28034
- ○ 28052
- ○ 28054
- ○ 28056
- ○ 28080
- ○ 28086
- ○ 28092
- ○ 28098
- ○ 28101
- ○ 28120
- ○ 28164

In which community do you live?

- ○ Belmont
- ○ Bessemer City
- ○ Cherryville
- ○ Cramerton
- ○ Dallas
- ○ Dellview
- ○ Gastonia
- ○ High Shoals
- ○ Kings Mountain
- ○ Lowell
- ○ McAdenville
- ○ Mount Holly
- ○ Ranlo
- ○ Spencer Mountain
- ○ Stanley
- ○ I don't live inside any city or town limits

What is your age?

Write here →

And bubble here

Example:

2	3

What is the total income of the people living in your household?

- ○ Less than $19,999
- ○ $20,000 to $29,999
- ○ $30,000 to $39,999
- ○ $40,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $124,999
- ○ $125,000 to $199,999
- ○ Over $200,000
- ○ No answer

What is your current marital status?

- ○ Never married
- ○ Married
- ○ Separated
- ○ Divorced
- ○ Widowed

What is your ethnic origin?

- ○ White/ Not Hispanic
- ○ Black/African American / Not Hispanic
- ○ Hispanic/Latino
- ○ American Indian/Native American
- ○ Asian/Pacific Islander
- ○ Multiracial
- ○ Other (please specify): _____

How many children age 17 and under live in your household?

- ○ None
- ○ One
- ○ Two
- ○ Three
- ○ Four
- ○ More than four

How many adults 18 and older live in your household, **including yourself**?

- ○ One
- ○ Two
- ○ Three
- ○ Four
- ○ More than four

In which high school district do you live?

- ○ Ashbrook High School
- ○ Bessemer City High School
- ○ Cherryville High School
- ○ East Gaston High School
- ○ Forestview High School
- ○ Hunter Huss High School
- ○ North Gaston High School
- ○ South Point High School
- ○ Stuart Cramer High School
- ○ Do not know

Thank you for completing this survey.

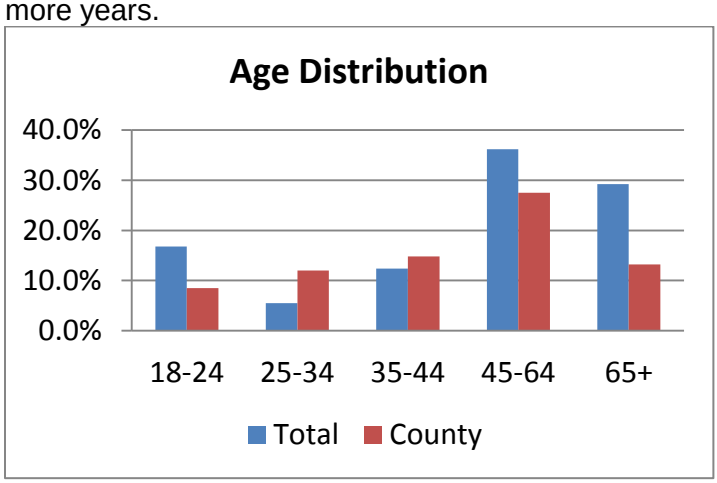
Please return it in the enclosed, postage-paid envelope to:
Gaston County Department of Health & Human Services-Public Health Division
991 W. Hudson Blvd
Gastonia, NC 28052

Survey Results

General Population Comparisons

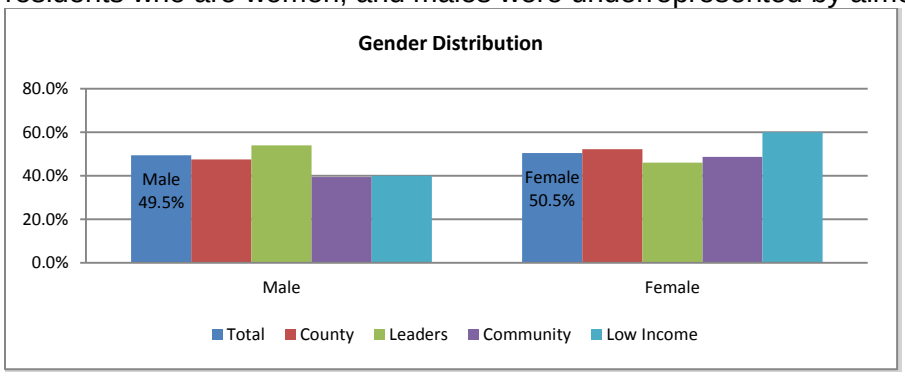
Demographics

Sixty-five percent of adults who completed the survey have lived in Gaston County for 20 or more years.

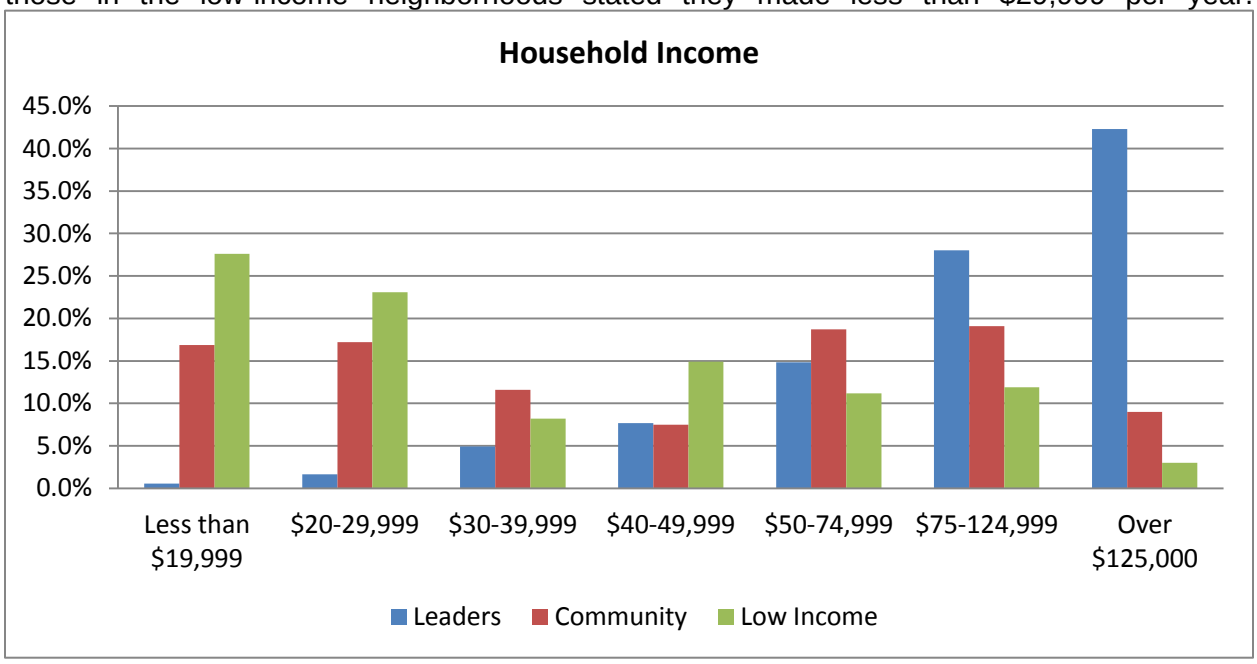


DHHS employed several approaches to distribute the Quality of Life Survey to assure responses adequately represented the demographics of county residents. As described under methodology, it distributed the Survey to four respondent groups: Community, Residents of Low Income Communities, Community Leaders, and Students (high school juniors). Figure 37 presents the percentage of Survey respondents by age, except for students, with the red bar representing the age distribution of all county residents, as derived from the 2010 Census. Survey respondents approximated the number of county residents between ages 30 and 49, and among individuals over 70. It underrepresented the number of county residents in the 15-19 and 20-29 age groups and overrepresented persons ages 50-59 and 60-69.

By gender, the percentage of female respondents was 15% higher than the 52% of county residents who are women, and males were underrepresented by almost 16%.



The total percentage of survey respondents by ethnic origin was almost exactly the same as the county population. Most respondents were married, with a higher-than-county rate of married respondents among responding leaders. Household income was also assessed, and as seen in 77% of the leaders group, reported an income of $75,000 or higher; whereas almost 70% of those in the low-income neighborhoods stated they made less than $29,999 per year.



Top 5 Community Resource Priorities

Rank	All Respondents (n=2,196)	Leaders (n=320)	Residents (n=363)	Low-Income (n=177)	High School (n=1,421)
1	The quality of K-12 education/Roads (76.9%)[tie]	Recruiting manufacturing and high-tech employers (89.4%)	Roads (79.7%)	How we promote the importance of education after high school (78.5%)	The quality of K-12 education (68.4%)
2	How we promote the importance of education after high school (71.3%)	The quality of K-12 education (88.1%)	Recruiting manufacturing and high-tech employers (76.9%)	Educating and engaging county residents to solve community issues (76.8%)	Roads (67.0%)
3	Community resources for the elderly (68.8%)	Educating and engaging county residents to solve community issues (85.8%)	Community resources for the elderly (76.5%)	Small business development (76.3%)	Sidewalks (61.2%)
4	Personal and family safety (68.1%)	The general appearance of the community in which I live (84.5%)	The quality of K-12 education (76.1%)	Affordable child care (74.6%)	How we promote the importance of education after high school (59.3.%)
5	Small business development (67.5%)	Roads (81.9%)	Water quality in our rivers and streams (75.4%)	Affordable housing/Recruiting manufacturing and high-tech employers (73.4%)	Personal and family safety (59.0%)

Top 5 Youth Issues

Rank	All Respondents	Leaders	Residents	Low-Income	High School
1	Use of drugs and alcohol by youth (64.4%)	Obesity among youth (73.9%)	Use of drugs and alcohol by youth (73.8%)	Use of drugs and alcohol by youth (75.7%)	Teenage pregnancy (48.9%)
2	Teenage pregnancy (63.0%)	Money management skills to youth, such as budgeting (69.5)	Use of tobacco products by youth (71.6%)	Teen pregnancy (74.0%)	Use of tobacco products by youth (47.6%)
3	Obesity among youth (61.8%)	Parental involvement in their children's education (68.9%)	Sexual activity among youth (66.7%)	Sexual activity among youth (70.6%)	Use of drugs and alcohol by youth (46.4%)
4	Use of tobacco products by youth (61.6%)	Use of drugs and alcohol by youth (66.4%)	Teenage pregnancy (66.1%)	Obesity among youth (70.1%)	Bullying and teasing among youth (45.4%)
5	Sexual activity among youth (59.8%)	Sexual activity among youth (62.8%)	Obesity among youth (65.1%)	Use of tobacco products by youth (69.5%)	Obesity among youth (42.1%)

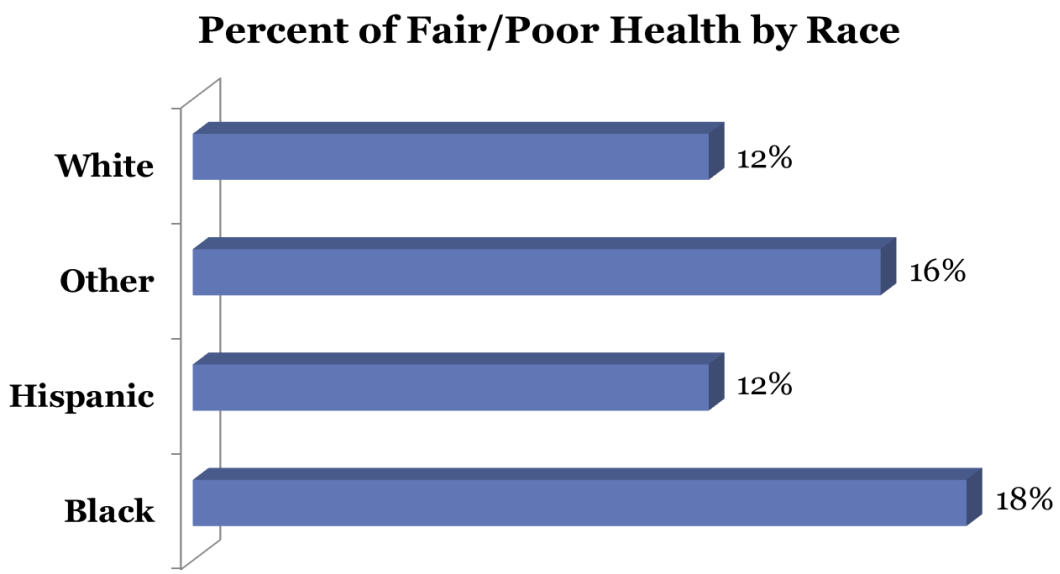
Top 5 Community Health Issues

Rank	All Respondents	Leaders	Residents	Low-Income	High School
1	Overweight and obesity (71.7%)	Overweight and obesity (92.3%)	Overweight and obesity (75.2%)	Illegal drug abuse (79.7%)	Teenage pregnancy (51.7%)
2	Illegal drug abuse (69.5%)	Illegal drug use (78.3%)	Illegal drug use (71.6%)	Overweight and obesity (79.1%)	Illegal drug abuse (49.1%)
3	Teenage pregnancy (63.0%)	High blood pressure (72.9%)	Prescription drug abuse (65.8%)	Prescription drug abuse (78.0%)	Overweight and obesity (46.7%)
4	Alcohol abuse (62.6%)	Prescription drug abuse (72.5%)	Alcohol abuse (64.2%)	Lack of health care for uninsured persons (75.7%)	Alcohol abuse (46.4%)
5	Prescription drug abuse (61.6%)	Diabetes (70.5%)	Teenage pregnancy (58.1%)	Teen pregnancy (74.6%)	Mental health (41.9%)

Perception of Health

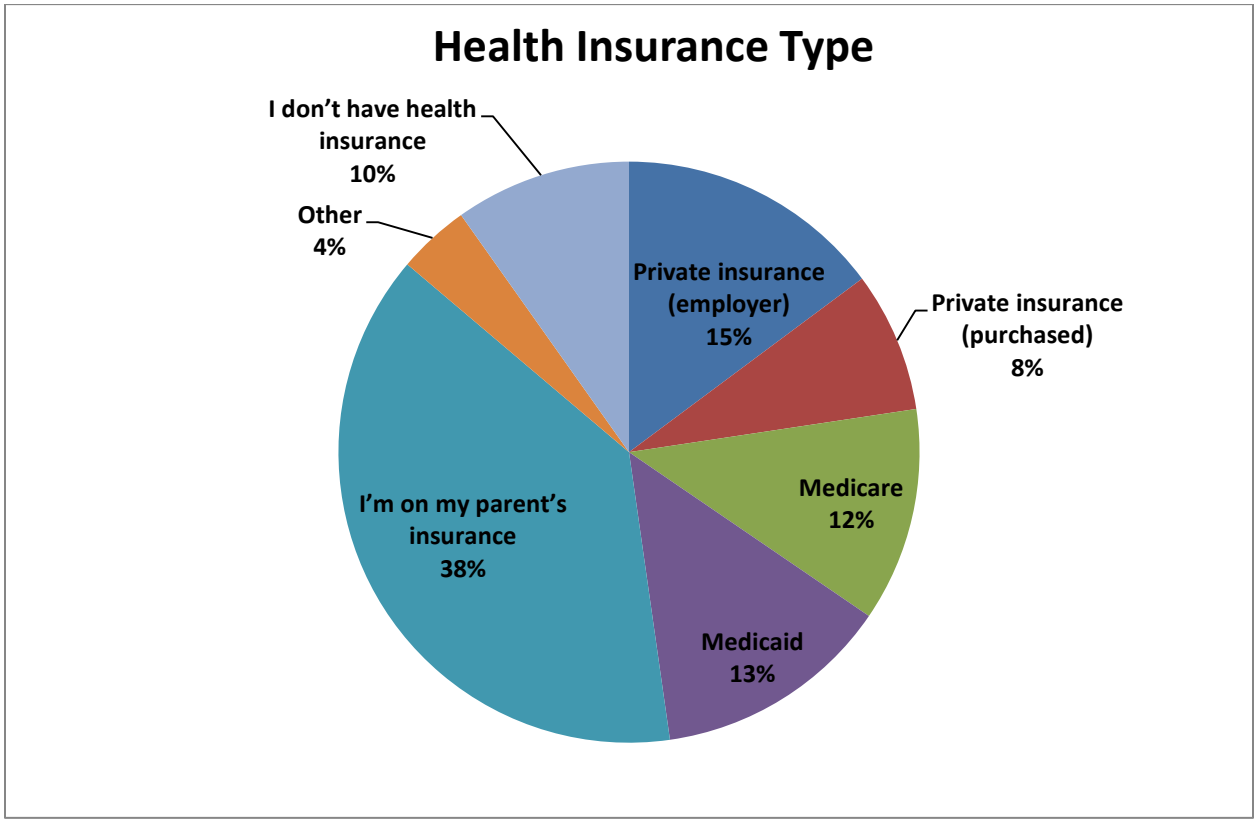
	All Respondents	Leaders	Residents	Low-Income	High School
Excellent	19.4%	23.3%	12.1%	9.7%	23.0%
Very good	32.6%	49.5%	30.6%	28.4%	31.3%
Good	34.2%	21.4%	42.8%	36.4%	35.1%
Fair	10.8%	5.8%	9.8%	18.8%	10.7%
Poor	3.2%	0.0%	4.6%	6.8%	0.0%

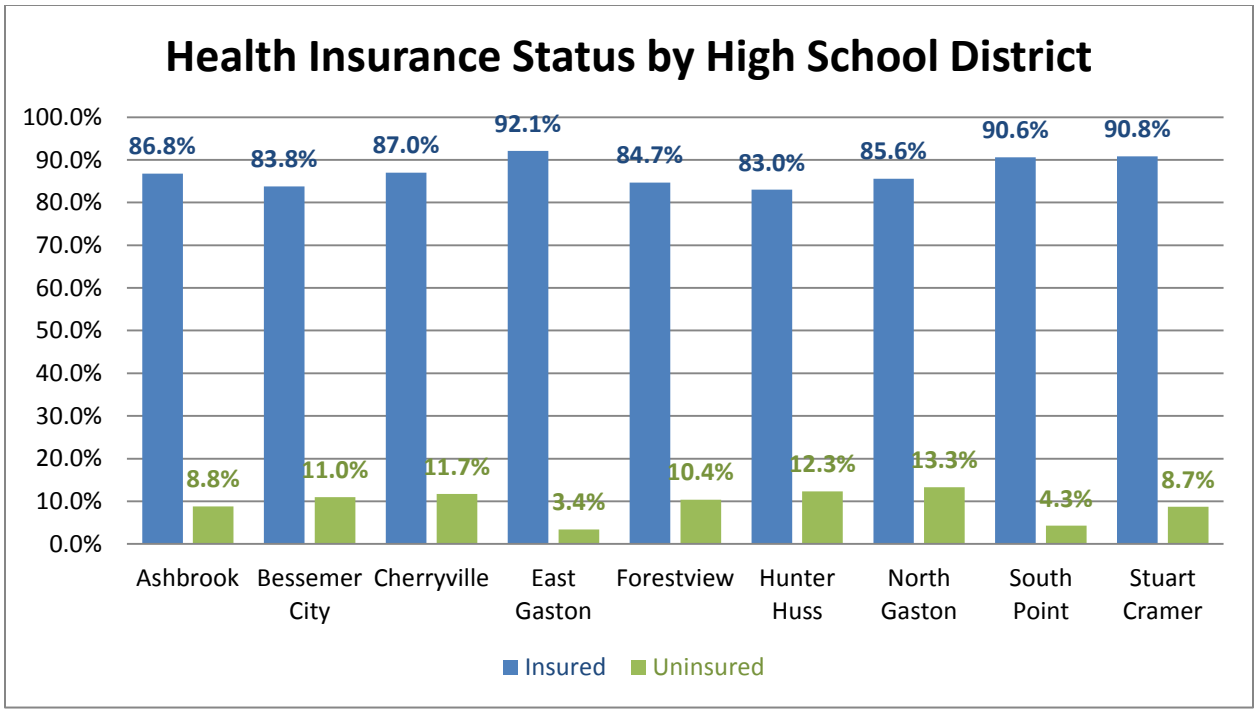
Perception of Health by Race

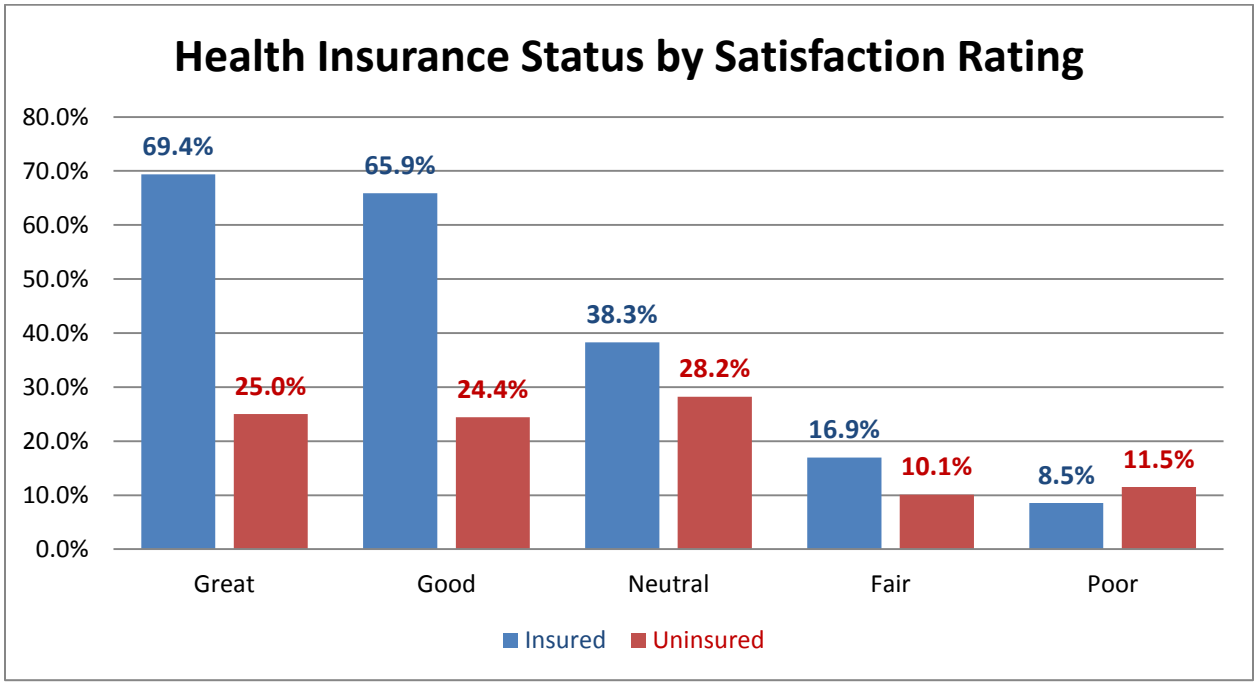


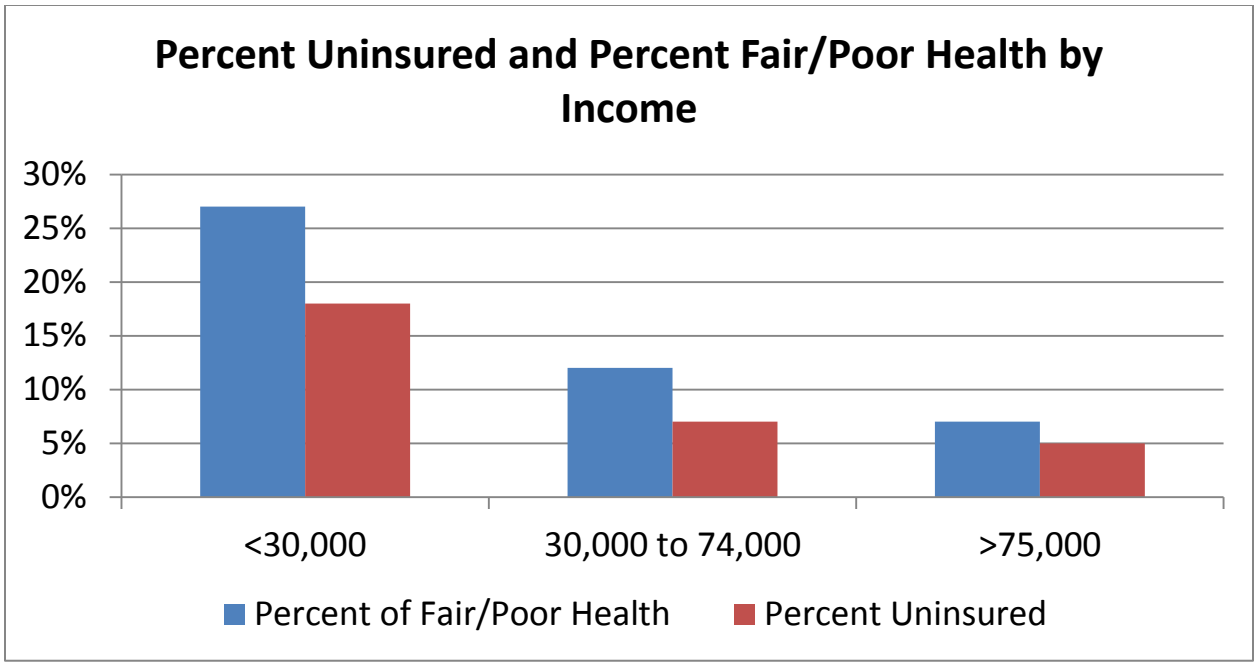
Readiness to Change

	All Respondents	Leaders	Community	Low-Income	High School
Not planning to change unhealthy habits in the next six months	9.0%	2.7%	8.1%	10.9%	10.4%
Planning to change unhealthy habits change in the next 6 months	15.4%	13.8%	13.7%	16.6%	15.5%
Planning to change unhealthy habits in the next month	15.7%	14.9%	10.6%	17.7%	16.6%
I have changed an unhealthy habit in the past 6 months	23.3%	41.0%	27.3%	30.3%	18.7%
I am healthy do not need to change	36.6%	27.7%	40.4%	24.6%	38.8%




Health Insurance Status by High School District
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
86.8%
8.8%
83.8%
11.0%
87.0%
11.7%
92.1%
3.4%
84.7%
10.4%
83.0%
12.3%
85.6%
13.3%
90.6%
4.3%
90.8%
8.7%
Ashbrook
Bessemer City
Cherryville
East Gaston
Forestview
Hunter Huss
North Gaston
South Point
Stuart Cramer
Insured
Uninsured


Health Insurance Status by Satisfaction Rating
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
69.4%
25.0%
65.9%
24.4%
38.3%
28.2%
16.9%
10.1%
8.5%
11.5%
Great
Good
Neutral
Fair
Poor
Insured
Uninsured



Age group	Percent Uninsured
Younger than 18	7.8%
18-24	17.1%
25-34	12.8%
35-44	13.6%
45-64	11.7%
65 and older	3.1%

Top 5 Available Health Resources

Rank	All Respondents	Leaders	Residents	Low-Income	High School Juniors
1	Personal doctor (72.1%)	Personal doctor (99.5%)	Personal doctor (86.8%)	Personal doctor (89.9%)	Dental care (67.1%)
2	Dental care (69.9%)	Dental care (94.6%)	Prescription medicines I need (81.0%)	Emergency department services (88.8%)	Personal doctor (63.3%)
3	Prescription medicines I need (68.8%)	Prescription medicines I need (93.1%)	Hospital/Emergency department services (76.3%)[tie]	Hospital services (86.5%)	Prescription medicines I need (61.0%)
4	Hospital services (66.1%)	Medical specialist (92.6%)	Medical specialist (74.7%)	Prescription medicines I need (86.0%)	Hospital services (59.0%)
5	Emergency department services (64.0%)	Hospital/Emergency department services (87.7%)[tie]	Dental care (69.4%)	Medical specialist (80.3%)	Emergency department services (55.8%)

Top 5 Barriers to Health Services

Rank	All Respondents	Leaders	Residents	Low-Income	High School
1	Lack of health insurance (87.3%)	Not able to pay for care (33.3%)	Lack of health insurance (24.5%)	Not able to pay for care (34.3%)	Lack of health insurance (40.8%)
2	The distance from my home is too far (25.5%)	Services not available (28.6%)	Not able to pay for care (17.4%)	Lack of health insurance (21.9%)	The distance from my home is too far (35.1%)
3	No one to watch my children (25.4%)	Not able to take time off from work (23.8%)	No one to watch my children (14.6%)	Do not have transportation (10.1%)	No one to watch my children (34.4%)
4	Difficulty making appointments (23.9%)	Distance/difficulty finding services/ making appointments (14.3%)	The distance from my home is too far (13.2%)	Services are not available (6.2%)	Difficulty making appointments (34.2%)
5	Not able to take off from work (22.8%)	Do not understand benefits (9.5%)	Services are not available (9.6%)	Difficulty making appointments/ finding services (5.6%)[tie]	Not able to take off from work (32.0%)

Source of Sick Care

	All Respondents	Leaders	Residents	Low-Income	High School
My personal doctor	74.4%	94.0%	85.1%	70.8%	70.6%
An emergency room/department	28.1%	16.4%	31.1%	39.3%	27.7%
An urgent care center	35.5%	33.8%	28.9%	19.1%	39.5%
Gaston County Department of Health & Human Services	8.7%	1.0%	8.0%	14.6%	11.8%
Gaston Family Health Services	9.9%	5.0%	7.4%	12.9%	9.5%
An alternative provider	11.8%	6.5%	10.0%	4.5%	15.1%
I do not seek care when I am sick	13.3%	3.5%	7.7%	7.3%	18.1%

Health Services Directory of Gaston County

In collaboration with The United Way of Gaston County, DHHS utilizes the NC 2-1-1 call center and website to connect residents with local resources for emergencies and community health and human resources. The staff at United Way update the community resource listings annually. The website information is listed on the DHHS website.

NC211.org

1-888-892-1162