



GASTON COUNTY DEPARTMENT OF
HEALTH & HUMAN SERVICES
SOCIAL SERVICES + PUBLIC HEALTH

GASTON COUNTY

STATE OF THE
COUNTY HEALTH
REPORT

2013



2013 State of the County Health Report Gaston County, N.C.

Gaston County Department of Health & Human Services
December 20, 2013

Overview

With the consolidation of the Gaston County Department of Social Services and the Gaston County Health Department in July 2013, the Gaston County Health Department became the Gaston Department of Health and Human Services – Public Health Division (HHS-PH).

Vision

The vision of HHS-PH is to assure optimal health in our community by: preventing avoidable illness, death, and disability; improving the health of vulnerable populations; and, promoting the health and well-being of all county residents.

Mission

The mission of HHS-PH is: To lead Gaston County in becoming a healthier community with healthy people living in a healthy environment.

Introduction

This State of the County's Health (SOTCH) Report is a summary of activities undertaken by HHS-PH in the first year after submitting its 2012 Community Health Assessment (<http://www.gastongov.com/docs/health-department/final-gaston-cha-2012.pdf?sfvrsn=4>).

Additionally, we use the SOTCH to inform community and agency stakeholders on the county's current health issues and the progress we are making in fulfilling our public health priorities. These priorities were selected by the Gaston County Board of Health in January 2013 using results from the 2012 Community Health Assessment.

This report includes:

- Gaston County At-A-Glance
- An overview of our public health priorities
- Progress we have made on each public health priority
- Trends for each public health priority
- Gaston County mortality trends
- Emerging issues
- New initiatives in Gaston County

Please contact Steve Eaton, Public Health Division Director at 704/853-5271 or steve.eaton@gastongov.com if you have questions or suggestions for new programs and initiatives.

Gaston County At-A-Glance

Gaston County Quick Facts

POPULATION 207,039

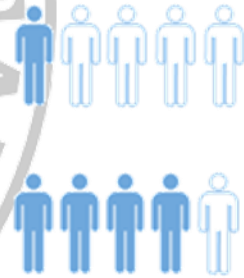
MEDIAN AGE 39.2

MEDIAN HOUSEHOLD INCOME \$41,092

PERCENT BELOW POVERTY LEVEL 18%

HIGH SCHOOL DIPLOMA OR HIGHER 81%

NUMBER OF COMPANIES 15,631



U.S. Census Bureau, 2012 3-Year Estimates

The following data, released by the U.S. Census in 2013, provides an updated view of our population.

Population

In 2010-2012, Gaston County had a total population of 207,000: 107,000 (52%) females and 100,000 (48%) males.

Twenty-four percent of the population was under 18 years and 14% were 65 years and older. For people reporting one race alone, 79% were White; 15% were Black or African American; less than 0.5% were American Indian and Alaska Native; 1% were Asian; less than 0.5% were Native Hawaiian and Other Pacific Islander, 2% reported more than one race, 6% were Hispanic, and 4% reported some other race.

Households and Families

Gaston County had 79,000 households with an average size of 2.6 people. Families made up 68% of the households in Gaston County which includes both married-couple families (48%) and other families (20%). Of other families, 7% were headed by single mothers.

Nativity and Foreign Born

Ninety-five percent of the people living in Gaston County in 2010-2012 were native residents of the United States, and 5% were foreign born. Seventy-percent of the native born residents were living in the state in which they were born. Of the foreign born population, 31% were naturalized U.S. citizens, and 94% entered the country before the year 2010.

Educational Attainment

In 2010-2012, 29% of residents 25 years and older had only a high school diploma or GED and 18% had a bachelor's degree or higher. Nineteen percent dropped out of school.

Total school enrollment in Gaston County was 50,000 in 2010-2012. Nursery school and kindergarten enrollment was 5,500 and elementary through high school enrollment was 33,000. College or graduate school enrollment was 12,000.

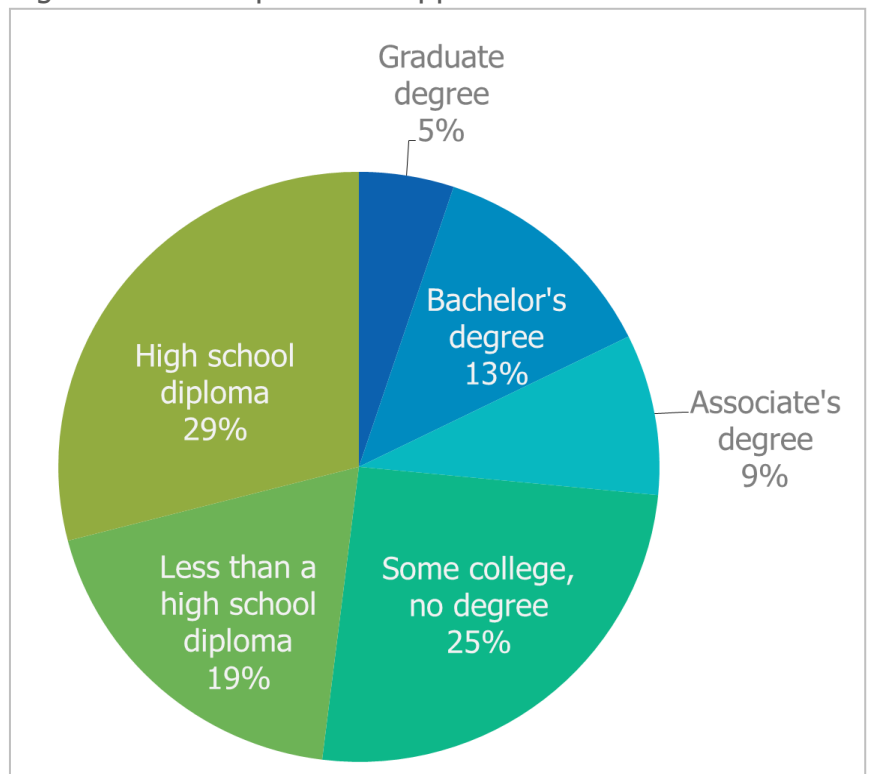
Income

Median household income in Gaston County was \$41,092. Seventeen percent of households had income below \$15,000 a year and 4% had income over \$150,000.

Seventy-five percent of households had income earnings, 16% had retirement income other than Social Security, and 31% received Social Security for an average income of \$16,748. About 2% of residents received cash public assistance income.

Poverty

In Gaston County, nearly one of five (18%) residents live in poverty. More than a quarter (27%) of children under 18 were below the poverty level, compared with 11% of people 65 years old and over. Fourteen percent of all families, and 36% of families where a single mother was head of household, had incomes below the poverty level.



Educational Attainment, Gaston County, U.S. Census Bureau 3-year estimates 2010-2012

Public Health Priorities

The Gaston County Board of Health selected the following priorities for 2012-2015:

1. Reduce the incidence of obesity by increasing programming to promote physical activity and improved nutritional practices
Focus: All county residents
2. Reduce the incidence of teen pregnancy
Focus: Males and females ages 10-19 and their parents.
3. Prevent and reduce the incidence of tobacco use and alcohol and substance abuse
Focus: All county residents
4. Develop, implement, and advocate for the integration of behavioral health resources into public health initiatives
Focus: All county residents

Priority One: Reduce the incidence of obesity by increasing programming to promote physical activity and improved nutritional practices

We can best reduce Gaston County's incidence of obesity by helping county residents adopt healthy nutritional practices and engage in regular physical activity.

Our Progress This Year

- In 2012, HHS-PH received a \$14,500 *N.C. Eat Smart Move More* grant to develop a community council in the Highland neighborhood. Residents met monthly to discuss community health priorities. The grant also provided resources for a new community garden that was constructed by the City of Gastonia. In addition, it funded Master Gardener classes, provided by the Gaston County Cooperative Extension. Six Highland residents were certified as master gardeners and can educate others on effective gardening techniques.
- In collaboration with the Highland Council and CaroMont Regional Medical Center, HHS-PH hosted a *Building a Healthier Highland* conference attended by 75 community members. Participants obtained medical screenings and participated in educational sessions by the N.C. Justice Center, Youth Empowered Solutions, and CaroMont Health.
- Abigail Newton, CHE Administrator, continued as lead staff to the Gaston County Fitness and Nutrition Council, a group of the Gaston County Healthcare Commission, our Healthy Carolinian Task Force.
- HHS-PH conducted *Eat Smart, Move More, Weigh Less* for 40 people at area churches. This program promotes smart eating at home, healthy eating on the run, and moving more every day.

- HHS-PH held three *Eat Healthy Be Active* workshops at a local church and two local businesses. This six-week program promoted healthy eating and physical activity.
- HHS-PH, in collaboration with the Community Transformation Grant – a 10-county regional program – started a farmers market at the Highland Health Center. This new market was open every Tuesday from May-September.
- In collaboration with the Community Transformation Grant and the Centralina Council of Governments, HHS-PH coordinated the *Planning for Health Communities Conference* which explored research, best practices, and strategies for using the built environment to improve health. Participants included planners and public health professionals.
- Abigail Newton, CHE Administrator, served on the City of Gastonia’s Pedestrian Plan steering committee.
- HHS-PH and the Partnership for Children of Lincoln & Gaston Counties maintained gardens at two childcare facilities and helped build new fruit and vegetable gardens at three others. HHS-PH also provided technical assistance to three day care centers that independently built gardens. Participating children learn to plant, raise, harvest, and eat fruits and vegetables.
- Because breastfeeding helps reduce the risk of childhood obesity, HHS-PH held annual trainings for its Maternity Clinic staff. Staff also hosted biweekly breastfeeding support classes for new and expecting mothers and HHS-PH peer counselors visit new mothers in the hospital to offer breastfeeding support.
- HHS-PH continued its Girls on the Run/Girls on Track programs to help girls, in grades 3-8, achieve and sustain good emotional and physical health. Both programs are held after school over 12 weeks and include two 5K runs each season. In spring 2013, the programs served 413 girls on 34 teams at 29 sites; in fall 2013, the programs served 587 girls on 45 teams at 39 sites, including Webb Street School. We also conducted programs at the West Gastonia Boys & Girls Club and the Erwin Center.
- Shannon Clubb, HHS-PH Public Information Officer, continued to serve on the City of Gastonia Farmer’s Market Advisory Board.
- HHS-PH staff chaired the Gaston County Wellness Committee, which conducts health promotion programs for more than 1,500 Gaston County Government employees, their dependents, and retirees.
- HHS-PH was a member of the Gaston County Health Coalition, an initiative of CaroMont Health, which conducts and promotes workplace wellness initiatives.

Trends

Table 1 presents data from 2009 to 2012 showing the continuing prevalence of overweight and obesity – on average, 65% of adults in the county are overweight or obese. There was no change in reported exercise; however there was a sharp decrease in the number of adults reporting healthy eating between 2009 and 2011.

Measures	2009	2010	2011	2012
Adults who have a body mass index greater than 25 (overweight or obese)	62.8%	58.0%	74.7%	64.1%
Adults who have a body mass index in the recommended range	34.9%	41.2%	23.0%	32.8%
In the past month, other than your regular job, did you participate in any physical activities/exercises such as running, calisthenics, golf, gardening, or walking for exercise? (yes)	72.0%	70.7%	68.5%	71.0%
Adults who consumed five or more servings of fruits or vegetables per day	18.5%	No Data	8.6%	No Data

Source: N.C. Behavioral Risk Factor Surveillance System

Priority Two: Reduce the incidence of teen pregnancy

Helping teenagers avoid pregnancy remains a challenging task. HHS-PH asserts the incidence of teen pregnancy is associated with the onset of puberty, teens’ feelings of invulnerability, the influences of sexually-oriented media and music, peer pressure, and cultural acceptance of unmarried teens becoming parents. HHS-PH used clinical and educational programs to reduce teen pregnancy.

When compared with older mothers, teen mothers are less likely to obtain needed medical care, less likely to finish high school, and more likely to receive welfare benefits within five years of having their first children. Further, children born to teen mothers are at elevated risk for low birth weights and infant death, are more likely to have developmental delays and behavioral problems, and are 50% more likely to repeat a grade or drop out of high school. Researchers have also identified a cycle in which teens are more likely to become pregnant if their mothers or sisters were teen mothers.

Our Progress This Year

- HHS-PH provided its second year of services at the Highland Health Center, which is located in a community with high teen pregnancy rates and with no other clinical services. Staff at the center provided teens with contraceptives, and also diagnosed and treated sexually transmitted infections. With each of these services, we educated and discouraged adolescents from becoming pregnant as teens.
- In February 2011, HHS-PH opened Summit Midwifery & High-Risk Obstetrics, to provide prenatal and maternity services. Across from CaroMont Regional Medical Center, this location made it easier for many women to obtain maternity care early in their pregnancies. By February 2014, we will have completed an expansion of the facility to provide more efficient patient care. When working with adolescents, we provide education to discourage them from having subsequent pregnancies as teens.
- HHS-PH continued to successfully operate the Teen Wellness Center in Gastonia, Cherryville, and Bessemer City. The clinics provided primary medical care, contraceptives,

and prenatal care exclusively to teens. In 2013, our teen health advocates continued to serve as liaisons for teen patients and staff. Through face-to-face education, phone calls, email, and letters they answered teens' questions, and advised them on the proper use of contraception and the importance of keeping appointments. In 2013, our teen health advocates reached 1,470 youth.

- Since its inception in July 2012, HHS-PH's *Nurse-Family Partnership* (NFP) served over 100 clients; as of December 2013, the program had a caseload of 69 mothers and 46 babies. Nurse Home Visitors (NHVs) are paired with first time, low-income, pregnant women early in their pregnancies and work with them until their children's second birthdays. NHVs work with mothers to improve pregnancy outcomes, child health and development, and economic self-sufficiency. NFP also helped mothers delay second pregnancies and graduate from high school. Research shows NFP often breaks the cycle where the children of teen parents become teen parents.
- HHS-PH continued its *Teen Outreach Program* (TOP) at the West Gastonia Boys & Girls Club, Salvation Army Boys & Girls Club, Bessemer City Boys & Girls Club, in the City of Mount Holly, at the county jail, in three local middle schools, and at other community sites. Youth and teens who attend TOP avoid pregnancy by learning to set life goals, negotiate with peers, refuse sex, and understand the attributes of healthy relationships. The program also includes 20 hours of community service, which further bolsters the participants' sense of personal ability and potential. This past year, HHS-PH expanded TOP to three middle schools. Long-term research shows the program helps teens set and meet life goals, complete high school, and delay parenthood until they become adults.
- HHS-PH continued the *Teen Parenting Program* (TPP) to help teen mothers delay second pregnancies until they graduate high school. The program also teaches parenting skills and how to prevent child abuse and neglect. Participants attend monthly group meetings, receive monthly home visits, engage in supplemental educational activities, and make yearly field trips. At group meetings they discuss such topics as nutrition, exercise, safety, healthy relationships, and SIDS. During home visits they receive education and practice positive parenting skills. Over the past 12 months, none of our program participants had second pregnancies; and since the program's inception 22 teen parents have graduated high school or received their GED.
- HHS-PH worked with at least 20 faith-based and community organizations – including the Gaston County Faith Network, Gaston County Schools, the Gaston Family YMCA, Gaston Youth Works, With Friends, Inc. Youth Shelter, Delta Sigma Theta Sorority, and Alpha Phi Alpha Fraternity – to encourage them to refer sexually-active teens to our Family Planning Clinic and health education programs. Several groups also marketed or hosted our *Parents Matter!*, TOP, *Making Proud Choices!* and Teen Parenting programs.
- HHS-PH conducted *Making Proud Choices!* (MPC) for 92 middle- and high-school youth. This comprehensive safer sex program helped participants acquire the knowledge, skills, and confidence to reduce their risk of pregnancy, sexually transmitted diseases, and HIV disease. The program emphasizes abstinence or the proper use of condoms, for sexually active youth. It also teaches responsibility, refusal and negotiation skills, contraceptive methods, and reproductive health and safety.

- HHS-PH taught *Parents Matter!* to 105 parents to help them comfortably share their values about sex with their children. HHS-PH presents this CDC-developed teen pregnancy prevention curriculum in English and Spanish, often in collaboration with area churches and community organizations.

Trends

Table 2 compares annual pregnancy rates for teens, ages 15-19, in Gaston County and North Carolina for the period 2010 to 2012. In each year, all teens in Gaston County had higher pregnancy rates than all teens in North Carolina. While Gaston County rates fluctuated in this period, there was a large decrease in pregnancies rates for the state and Gaston County in 2012. More importantly, in Gaston County there was only a 0.7 difference between the African American and white rates, which effectively closed the racial gap in 2012.

Year	Gaston County			North Carolina		
	White	African American	Total	White	African American	Total
2010	52.5	84.0	59.9	34.4	70.2	49.7
2011	45.1	61.6	48.8	30.8	61.6	43.8
2012	41.1	40.4	42.7	28.3	55.0	39.6

Source: N.C. State Center for Health Statistics
 Definition: Pregnancy rate is the number of pregnancies per 1,000 women ages 15-19

Five-year rates, which are generally more stable, confirm Gaston County has a higher incidence of pregnancies for white and total younger teens, ages 15-17, when compared to the state (Table 3).

Region	White	African American	Total
North Carolina	16.0	38.3	26.0
Gaston County	22.2	37.6	27.1

Source: N.C. State Center for Health Statistics
 Definition: Pregnancy rate is the number of pregnancies per 1,000 women ages 15-17

An equally significant measure is the number of teens who give birth, as they are less likely to obtain needed medical care, finish high school, and are more likely to live in poverty and receive social assistance within five years of having their first child. In turn, children born to teen mothers are at elevated risk for being born at low birth weights and of dying before their first birthdays. They are also more likely to have developmental delays and behavioral problems, leading to a 50% greater likelihood of repeating a grade and dropping out of high school. These events often lead to a cycle where teens are more apt to become pregnant if they live in poverty, have poor academic performance, and if their mothers or sisters were also teen mothers.

Table 4 shows birth rates to Gaston County teens, ages 15-19, were higher than state rates for each of the past three years. In 2012, the county's African American teen birth rate was substantially lower than it was in 2010 and was also lower than the white and total rates. For 2012, this effectively eliminated the disparity in birth rates generally seen between white and African American teens.

Table 4. Total, White, and African American Birth Rates, Females Ages 15-19, Gaston County and North Carolina, 2010-2012

Year	Gaston County			North Carolina		
	White	African American	Total	White	African American	Total
2010	43.5	65.4	48.5	27.2	50.9	38.3
2011	41.1	52.4	43.9	25.2	45.5	34.8
2012	35.3	35.0	36.8	23.1	41.4	31.8

Source: N.C. State Center for Health Statistics
 Definition: Birth rate is the number of births per 1,000 women ages 15-19

Priority Three: Prevent and reduce the incidence of tobacco use and alcohol and substance abuse

The Gaston County Board of Health elected to maintain its priority of reducing tobacco use and reducing alcohol and substance abuse. In this way, the Board of Health worked to reduce the incidence of cancer, liver damage, and nutritional deficiencies among alcohol abusers and the rate of preventable violence and accidents among alcohol and drug abusers.

Our Progress This Year

- Since February 2011, *Operation Medicine Cabinet* collected and incinerated 974 pounds of unused prescription and over-the-counter medications. This program protects against unintentional poisonings, inappropriate use and abuse of other persons' medications, and protecting our waterways by preventing the flushing of unneeded medications. Secure collection boxes are located at the Gaston County Police Department and at police departments in the cities of Belmont, Bessemer City Dallas, Mount Holly, and Cherryville. This project is an initiative of HHS-PH, the Gaston County Police Department, and the Gaston County Solid Waste and Recycling Division.
- HHS-PH Environmental Health Specialists continued to enforce The N.C. Smoke-Free Restaurants and Bars Law (House Bill 2) by following-up on complaints that patrons were smoking in restaurants and bars.
- In 2012-2013, HHS-PH provided smoking cessation counseling to 867 pregnant women through its *Clean Air Tobacco Out* program. Each woman was counseled about her smoking status and strategies for avoiding second- and third-hand smoke exposure.
- In collaboration with staff working on the tobacco component of our Community Transformation Grant, HHS-PH hosted a region-wide lunch-and-learn for property owners

who are considering tobacco free policies within/around their facilities. We will continue to offer technical support and tobacco cessation resources to managers and residents.

Trends

N.C. Behavioral Risk Factor Surveillance System data indicates marginal changes in the incidence of chemical dependency among Gaston County adults, between 2009 and 2012. The notable exceptions are the increase in the number of survey respondents who smoke every day and the decline of those who use chewing tobacco or snuff (Table 5).

Smoking status of adults	2009	2010	2011	2012
Smoke everyday	22.2%	15.9%	18.2%	22.6%
Smoke some days	6.9%	7.8%	9.4%	No Data
Former smoker	22.9%	25.4%	24.0%	24.0%
Never smoked	48.0%	51.0%	48.3%	46.9%
Chewing tobacco or snuff use of adults	2009	2010	2011	2012
Every day	7.7%	1.8%	2.0%	No Data
Some days	8.7%	1.7%	3.5%	No Data
Not at all	83.6%	96.5%	94.5%	No Data
Binge Drinking: Males who had 5+ & females who had 4+ drinks in a sitting	2009	2010	2011	2012
Yes	14.3%	7.9%	11.2%	9.5%
No	85.7%	92.1%	88.8%	90.5%

Source: N.C. Behavioral Risk Factor Surveillance System

Priority Four: Develop, implement, and advocate for the integration of behavioral health resources into public health initiatives

The fourth priority of the Gaston County Board of Health was to integrate mental and behavior health into current public health initiatives. This priority acknowledges the critical role of emotional and mental health in behaviors that can lead to, and can prevent and treat, chronic disease.

Our Progress This Year

- In October 2013, HHS-PH received a one-year \$23,819 grant from the Kate B. Reynolds Charitable Trust to develop the Substance Treatment and Rehabilitation (STAR) program. With these funds, HHS-PH will develop an outpatient substance abuse treatment program for pregnant and parenting mothers.
- In April 2013, HHS-PH began offering the Chronic Disease Self-Management program for county residents with chronic diseases. Since April, 20 participants have attended workshops that were held in collaboration with the HHS-Social Services, the Gaston County Housing Authority, and such community partners as the YMCA.

Trends

N.C. Behavioral Risk Factor Surveillance System data indicate 10% of adults report having a mental health status of “Not Good” for all days in the past month. While the county suicide rate declined between 2009 and 2010, it has remained constant since then (Table 6).

Mental Health Status – Days “Not Good”	2009	2010	2011	2012
30 days	10.6	10.7	5.0	9.9
8-29 days	11.7	4.8	12.0	7.1
3-7 days	9.6	9.1	7.2	9.5
1-2 days	6.2	6.8	8.7	6.3
Suicide Rate	2009	2010	2011	2012
Suicide rate per 100,000 people	21.7	15.0	13.0	13.9

Source: N.C. Behavioral Risk Factor Surveillance System, and NC State Center for Health Statistics

Mortality

A comparison of Gaston County’s five leading causes of death (Table 7) for the five-year periods 2003-2007 and 2008-2012 shows no change in their rank ordering. The greatest percent changes between these periods were for chronic lower respiratory disease, which increased by 26.8%, and unintentional injury which increased by 16.3%. The greatest percent decrease in cause of death was for stroke, which dropped by 15.6%.

Disease	2003-2007	2008-2012
Heart Disease	245.8	228.0
All Cancers	218.4	214.6
Chronic lower respiratory disease	62.7	79.5
Stroke	52.4	44.2
Other Unintentional injuries	35.6	41.4
Total Deaths from all causes	997.8	1010.3

Source: N.C. State Center for Health Statistics
Note: Rates per 100,000 population

A similar analysis describes causes of death by gender and race for 2008-2012. When compared to the general population, White males disproportionately die from other unintentional injuries; females, regardless of race, are more likely to die of Alzheimer’s disease or kidney disease; and, African Americans of both genders are disproportionately killed by diabetes (Table 8). Notably, African American males are more likely to die of heart disease and cancer, as compared to females and whites.

Table 8. Leading Causes of Death by Race, Gender, and Age-Adjusted Death Rates, Gaston County, 2008 - 2012

White		African American	
Males	Females	Males	Females
Heart Disease/282.8	Heart Disease/175.4	Heart Disease/310.3	Cancer/155.6
Cancer/234.2	Cancer/171.3	Cancer/267.0	Heart Disease/155.3
Resp. Disease ¹ /86.2	Resp. Disease ¹ /76.1	Diabetes/56.7	Alzheimer's ³ /45.5
Injuries ² /63.6	Alzheimer's ³ /50.8	Resp. Disease ¹ /53.0	Stroke/39.4
Stroke/42.0	Stroke/42.5	Stroke/46.2	Kidney Disease ⁴ /32.2

¹Chronic Lower Respiratory Diseases ²All Other Unintentional Injuries (non-MVA) ³Alzheimer's Disease
⁴Nephritis, Nephrotic Syndrome, Nephrosis
 Note: Rates per 100,000 population
 Source: N.C. State Center for Health Statistics

For the period 2007-2011, cancer death rates in Gaston County exceeded North Carolina rates for cancer of the colon/rectum, lung/bronchus, female breast, and for all cancers; the exception was for cancer of the prostate (Table 9).

Table 9. Age-Adjusted Leading Causes of Death by Cancer Site, Gaston County, 2007-2011

Cancer Site	Gaston County	North Carolina
Colon/Rectum	17.2	15.3
Lung/Bronchus	63.1	54.6
Female Breast	24.2	22.8
Prostate	23.0	24.4
All Cancers	193.7	179.9

Source: N.C. State Center for Health Statistics
 Note: Rates per 100,000 population

Emerging Issues

- The consolidation of the Gaston County Department of Social Services and the Gaston County Health Department in July 2013 presents strong opportunities for the Social Services and Public Health divisions of the new Department of Health & Human Services to promote community health.

For example, we are refining our system for delivering immunizations at Social Services and are extending the network to bring NC Fast - the digital enrollment system for what is commonly known as Food Stamps - to the Highland Health Center.

We are also working on a project to strengthen inter-divisional communication, coordination, and collaboration for preventing, identifying, and treating child abuse; this project is being ably conducted by a graduate student in public health.

And, we will use surveys and mapping to choose the initiatives we will co-locate in each division's facilities to better serve our clients.

- The Affordable Care Act will greatly increase the number of individuals who gain access to medical care. At this time, we do not have a clear idea of the direct or indirect effect of these changes, but we know they augur well for the county's health as they will provide prevention, early diagnostic, and treatment services to individuals who have often relied on episodic care at local emergency departments.
- Another emerging priority, set by the Gaston County Board of Commissioners, is finding opportunities to privatize government services. With the recent hiring of a new County Manager, we are awaiting criteria for implementing this strategy in our county government and our department.
- In collaboration with the Gaston County Schools, HHS-Public Health is conducting the second Youth Risk Behavior Survey with 7th- and 10th- grade students. In this second consecutive year, the schools are using an opt-out system with the survey. Given the past success of this approach, we look to continue to administer the survey annually to secure trend data about the health-related behaviors of students in our public schools.
- As HHS-Public Health enters the fourth year of its participation in Gaston Youth Connected – a teen pregnancy prevention program being conducted by the Adolescent Pregnancy Prevention Campaign of North Carolina with a five-year CDC grant – it must now develop plans and strategies for sustaining the significant gains the county has made in reducing teen pregnancies and births.

New Initiatives

- HHS-PH is wrapping up the initial implementation of its Electronic Health Record (EHR) at each of its service delivery sites. This computer-based system tracks and maintains data on patient diagnoses, treatments, prognoses, prescribed medications, referrals, and billing. While not a new initiative, we continue to discover new ways this system will enable us to use data to enhance individual health, evaluate and improve patient care, strengthen clinician-patient relationships, and measure and improve population health.
- Healthy Gaston, a recently established program concept, is being developed and managed by our former Healthy Carolinian Task Force – the Gaston Community Healthcare Commission. This program is the result of several meetings of the Chief Executive Officers of the county's sole hospital, our federally qualified community health center, and the former health department (now the Department of Health and Human Services). Together, they considered the county's declining health status measures and elected to focus exclusively on promoting and establishing services to prevent and treat obesity in the county. The program, which is operating under the aegis of the Healthcare Commission, is now pilot testing church-based interventions and is developing a community awareness and information campaign.