



DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
**DHHS**

GASTON COUNTY

STATE OF THE  
COUNTY HEALTH  
REPORT

2014



## 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 has become the Public Health Division of the Gaston County Department of Health & Human Services (DHHS-PH).

## Vision

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

Leading Gaston County in becoming a healthy 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 DHHS-PH in 2014, two years after completing the 2012 Community Health Assessment (<http://www.gastongov.com/docs/health-department/final-gaston-cha-2012.pdf?sfvrsn=4>).

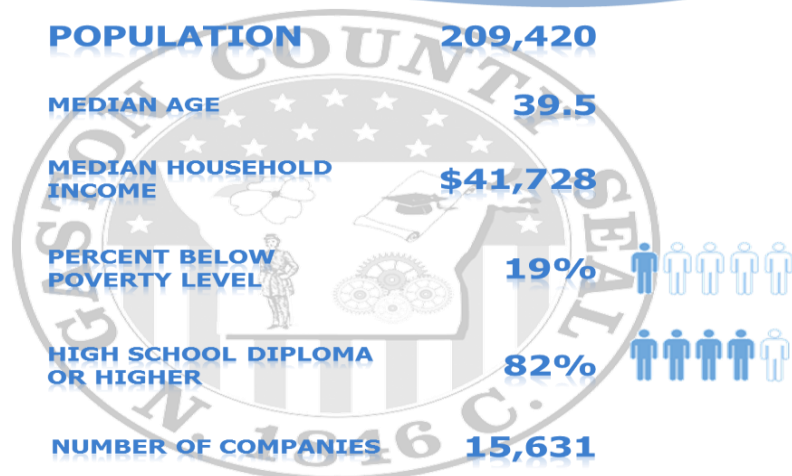
We use the SOTCH to inform community and agency stakeholders on the county's current health issues and the progress we are making in fulfilling our public health priorities. These priorities were selected by the Gaston County Board of Health in January 2013 using results from the 2012 Community Health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

This report includes:

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

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

## Gaston County Quick Facts



The following data, from the U.S. Census (2014), describes our county population.

### Population

In 2013, Gaston County had a total population of 209,000: 108,000 (52%) females and 101,000 (48%) males. Twenty-three percent of the population was under 18 years and 15% were 65 years and older. For people reporting one race alone, 75% were White; 15% were Black or African American; 1% were Asian; less than 0.5% were American Indian and Alaska Native; and, no Native Hawaiians and Other Pacific Islanders were reported. Two percent reported more than one race, 6% were Hispanic, and 5% reported another race.

### Households and Families

In 2013, Gaston County had 80,000 households with an average size of 2.6 people. Families made up 67% of the households in Gaston County, which included married-couple families (45%) and other families (22%). Of other families, 9% were headed by single mothers.

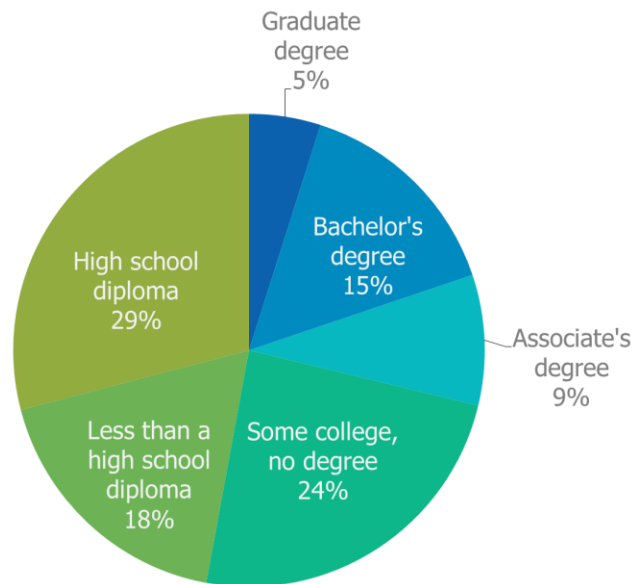
### Nativity and Foreign Born

Ninety-five percent of people living in Gaston County in 2013 were native residents of the United States and 5% were foreign born. Seventy percent of the native-born county residents were born in North Carolina. Of the foreign born population, 33% were naturalized U.S. citizens, and 97% entered the country before 2010.

### Educational Attainment

In 2013, 29% of residents 25 years and older had only a high school diploma or GED and 15% had a bachelor's degree or higher; 19% dropped out of school.

Total school enrollment in Gaston County was 49,000 in 2013. Nursery school and kindergarten enrollment was 5,800 and elementary through high school enrollment was 33,000. College or graduate school enrollment was 9,900.



Educational Attainment, Gaston County, U.S. Census Bureau 1-year estimates, 2013

### Income

In 2013, the median household income in Gaston County was \$41,728. Sixteen percent of households had income below \$15,000 and 2% had income over \$150,000.

Seventy-six percent of households had income earnings, 15% had retirement income other than Social Security, and 35% received Social Security for an average income of \$17,120. About 2% of residents received public assistance income.

### Poverty

Nearly one of five (19%) Gaston County residents lived in poverty in 2013. Nearly one-third (29%) of children under 18 were below the poverty level, compared with 10% of people 65 years and older. Fifteen percent of all families, and 56% of families where a single mother was head of household, had incomes below the poverty level.

## 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 collaboration with the Highland Council and CaroMont Regional Medical Center, DHHS-PH hosted the second *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.
- Abigail Newton, CHE Administrator, is co-chair of the Healthy Behaviors Workgroup of the Gaston County Healthcare Commission.
- DHHS-PH conducted *Eat Smart, Move More, Weigh Less* for 40 people at area churches to promote smart eating at home, healthy eating on the run, and moving more every day.
- DHHS-PH staff was trained in *Faithful Families Eating Smart Moving More*, a 12-month wellness program for churches and their members. Plans are in place to launch the program at three churches in January, 2015.
- DHHS-PH, with funding from a Community Transformation Grant, 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.
- In collaboration with the Community Transformation Grant staff and the Centralina Council of Governments, DHHS-PH 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.
- Abigail Newton, CHE Administrator, served on the steering committee for the City of Gastonia's Pedestrian Plan.
- DHHS-PH 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. DHHS-PH 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.
- DHHS-PH held biweekly breastfeeding support classes for new and expecting mothers and our breastfeeding peer counselors visit new mothers in the hospital to offer support.
- DHHS-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. These programs are held after school over 12 weeks and include two 5K runs each season. In spring 2014, the programs served 396 girls on

32 teams at 29 sites; in fall 2014, the programs served 491 girls on 39 teams at 33 sites, including Webb Street School, the West Gastonia Boys & Girls Club, and the Erwin Center.

- DHHS-PH continued its second year of Let Me Run, a character development program for boys in grades 4-8 that is comparable to Girls on the Run. In spring 2014, it served 142 boys on 12 teams at 11 sites and in fall 2014, the program served 132 boys on 13 teams at 11 sites.
- DHHS-PH staff chaired the Gaston County Wellness Committee, which conducts health promotion programs for more than 1,500 county government employees, their dependents, and retirees.
- DHHS-PH was a member of the Gaston County Health Coalition, an initiative of CaroMont Health, that promoted workplace wellness initiatives.

## Trends

Table 1 presents annual physical activity and nutrition data for the period 2010-2013. In 2013, there was a continuing prevalence of overweight and obesity and a decrease in reported exercise; a comparison of 2011 and 2013 data also shows a declining percentage of adults who consume five or more daily servings of fruits and vegetables.

Measures	2010	2011	2012	2013
Adults who have a body mass index greater than 25 (overweight or obese)	58.0%	74.7%	64.1%	68.0%
Adults who have a body mass index in the recommended range	41.2%	23.0%	32.8%	31.3%
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)	70.7%	68.5%	71.0%	66.3%
Adults who consumed five or more servings of fruits or vegetables per day	No Data	8.6%	No Data	6.9%

Source: N.C. Behavioral Risk Factor Surveillance System

## Priority Two: Reduce the incidence of teen pregnancy

Helping teenagers avoid pregnancy remains a challenging task as 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. 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. Children born to teen mothers are also at elevated risk for low birth weights, infant death, developmental delays, behavioral problems, and are 50% more likely to repeat a grade or drop out of high school. Teens are also more likely to become pregnant if their mothers or sisters were teen mothers. DHHS-PH uses clinical and educational programs to reduce teen pregnancy.

### Our Progress This Year

- DHHS-PH Teen Wellness Centers provided teens with contraceptives, pregnancy tests, and for sexually transmitted infections testing and treatment; Gaston Family Health Services also provided primary medical care in each clinic. From January 1 through December 31, 2014, clients had 4,422 visits at the three centers, located at the Highland Health Center, the main DHHS-PH office in Gastonia, and in Bessemer City.
- DHHS-PH completed a 2,500 square foot expansion of Summit Midwifery & High-Risk Obstetrics in February 2014 to provide more efficient patient care. The facility is across the street from CaroMont Regional Medical Center, which makes it easier for patients to secure and providers to deliver

hospital-based maternity services. When working with adolescents, we provide education to discourage them from having subsequent pregnancies as teens.

- The DHHS-PH *Nurse-Family Partnership* (NFP) served a caseload of 97 mothers and 60 babies from January 1 through December 31, 2014. Nurse Home Visitors are paired with low-income, first-time pregnant women to improve pregnancy outcomes, child health and development, and to help mothers delay second pregnancies, graduate from school, and achieve economic self-sufficiency. By working with mothers until their children turn two, NFP often breaks the cycle where the children of teen parents become teen parents.
- DHHS-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, and at three middle schools. Participants avoid pregnancy by learning to set life goals, refuse sex, negotiate with peers, and build healthy relationships. The program also includes 20 hours of community service learning, which bolsters participants' sense of personal ability and potential. Long-term research shows TOP helps teens meet life goals, complete high school, and delay parenthood until they become adults.
- DHHS-PH continued the *Teen Parenting Program* (TPP) to help teen mothers delay second pregnancies until they graduate high school. The program teaches parenting skills and how to prevent child abuse and neglect. At group meetings mothers discuss such topics as nutrition, exercise, safety, and healthy relationships. During home visits they receive education and practice positive parenting skills. In 2014, none of our program participants had second pregnancies. Since the program's inception in 2008, 26 teen parents have graduated high school or received GEDs.
- DHHS-PH conducted *Making Proud Choices!* for 269 middle- and high-school youth. This comprehensive safer-sex program helps participants acquire the knowledge, skills, and confidence to reduce their risk of pregnancy, sexually transmitted diseases, and HIV. 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.
- DHHS-PH taught *Parents Matter!* to 64 parents to help them comfortably share their values about sex with their children. DHHS-PH presents this CDC-developed teen pregnancy prevention program in English and Spanish, and often with churches and community groups.
- DHHS-PH encouraged at least 20 faith-based and community organizations – including St. Stephens AME Zion Church, RCDM Ministries, the Gaston County Faith Network, Gaston County Schools, juvenile court counselors, the Alliance for Children and Youth, I Am My Sister, the Gaston Family YMCA, Gaston Youth Works, Delta Sigma Theta Sorority, and Alpha Phi Alpha Fraternity – to refer sexually active teens to our Teen Wellness Centers and education programs. Several also hosted or marketed our *Parents Matter!*, TOP, *Making Proud Choices!*, and *Teen Parenting* programs.
- DHHS-PH played a key role in developing Healthy Gaston, a program of the Gaston Community Healthcare Commission that is establishing policy, environmental, and behavior change programs to prevent and reduce the incidence of obesity in Gaston County. The first widely-adopted initiative is underway, promoting worksite wellness programs.

## Trends

Table 2 compares annual pregnancy rates for teens, ages 15-19, in Gaston County and North Carolina from 2011 to 2013. All Gaston teens continue to have higher pregnancy rates than all teens in North Carolina. While our county rates fluctuated, there were large decreases in pregnancy rates for the state and Gaston County from 2012 to 2013, including a substantial drop in White pregnancy rates between 2012 and 2013; the considerably smaller rate for African Americans held steady, in 2012 and 2013.

**Table 2. Total, White, and African American Pregnancy Rates, Females Ages 15-19, Gaston County and North Carolina, 2011-2013**

Year	Gaston County			North Carolina		
	White	African American	Total	White	African American	Total
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
2013	35.3	40.2	37.5	24.7	49.2	35.2

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

More stable five-year rates 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).

**Table 3. Five Year Pregnancy Rates for White, African American, and Total Females, Ages 15-17, Gaston County and North Carolina, 2009-2013**

Region	White	African American	Total
North Carolina	31.5	63.0	44.9
Gaston County	46.3	60.9	50.6

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, given the previously cited issues common to this cohort. Table 4 shows birth rates to all Gaston County teens, ages 15-19, were higher than state rates for the past three years. However, in 2012, the county’s African American teen birth rate was substantially lower than in 2011, and it dropped further – and remained lower than the white and total rates – in 2013.

**Table 4. Total, White, and African American Birth Rates, Females Ages 15-19, Gaston County and North Carolina, 2011-2013**

Year	Gaston County			North Carolina		
	White	African American	Total	White	African American	Total
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
2013	31.7	29.9	32.6	20.3	37.3	28.4

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**

By setting a priority to reduce tobacco and alcohol use and substance abuse, the DHHS Board is working to reduce the incidence of cancer, liver damage, nutritional deficiencies, and preventable violence and accidents.

#### **Our Progress This Year**

- 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, which this 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-PH.

- DHHS-PH Environmental Health Specialists continued to enforce the N.C. Smoke-Free Restaurants and Bars Law by following-up on complaints of patrons smoking in restaurants and bars.
- DHHS-PH 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.
- DHHS-PH and Community Transformation Grant staff provided technical support to two local apartment management companies on developing and implementing tobacco-free policies and enforcement strategies.

## Trends

N.C. Behavioral Risk Factor Surveillance System data indicates marginal changes in the incidence of chemical dependency among Gaston County adults, between 2010 and 2013. 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).

<b>Table 5. Tobacco and Alcohol Use, Gaston County Adults, 2010-2013</b>				
<b>Smoking status of adults</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Smoke everyday	15.9%	18.2%	22.6%	23.0%
Smoke some days	7.8%	9.4%	No Data	8.6%
Former smoker	25.4%	24.0%	24.0%	25.8%
Never smoked	51.0%	48.3%	46.9%	42.6%
<b>Chewing tobacco or snuff use of adults</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Every day	1.8%	2.0%	No Data	No Data
Some days	1.7%	3.5%	No Data	No Data
Not at all	96.5%	94.5%	No Data	No Data
<b>Binge Drinking: Males who had 5+ &amp; females who had 4+ drinks in a sitting</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Yes	7.9%	11.2%	9.5%	No Data
No	92.1%	88.8%	90.5%	No Data

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, prevent, and treat communicable and chronic disease.

### Our Progress This Year

- DHHS-PH continued to develop the Substance Treatment and Rehabilitation (STAR) initiative, an outpatient substance abuse treatment program for pregnant and parenting mothers, with funding from the Kate B. Reynolds Charitable Trust.
- DHHS-PH delivered the *Chronic Disease Self-Management Program* to 25 county residents.

## Trends

N.C. Behavioral Risk Factor Surveillance System data show 18% of adults report having a mental health status of "Not Good" for 8-29 days in the past month. While the county suicide rate declined between 2010 and 2011, it has remained constant since (Table 6).



<b>Mental Health Status – Days “Not Good”</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
30 days	10.7%	5.0%	9.9%	10.4%
8-29 days	4.8%	12.0%	7.1%	11.6%
3-7 days	9.1%	7.2%	9.5%	No Data
1-2 days	6.8%	8.7%	6.3%	No Data
<b>Suicide Rate</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Suicide rate per 100,000 people	15.0	13.0	13.9	12.9

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

## Morbidity

For all cancers, incidence rates were nearly identical between Gaston County and North Carolina (Table 7). From 2007-2011, Gaston County had higher rates than North Carolina for cancer of the colon/rectum and lung/bronchus and lower rates for female breast and prostate cancers.

<b>Cancer Site</b>	<b>Gaston County</b>	<b>North Carolina</b>
Colon/Rectum	49.6	41.5
Lung/Bronchus	82.6	73.3
Female Breast	142.5	157.2
Prostate	134.7	150.4
All Cancers	496.4	496.1

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

Adult diabetes incidence rates in Gaston County exceeded North Carolina rates (Table 8). Unfortunately, there was nearly a 10% increase in diabetes rates in Gaston County from 2012 to 2013.

<b>Year</b>	<b>Gaston County</b>	<b>North Carolina</b>
2012	12.4	10.4
2013	13.5	11.4

Source: Centers for Disease Control and Prevention

For the period 2009-2013, communicable disease rates in Gaston County have remained relatively constant for tuberculosis (Table 9). The greatest change over the five-year period was for HIV disease in which there was a 17.2% decrease in new cases in from 2012 to 2013.

<b>Communicable Disease</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Syphilis	9.6	2.4	3.9	2.9	3.4
Chlamydia	369.9	426.8	693.1	430.9	604.7
Gonorrhea	183.3	162.0	172.4	93.7	163.9
HIV Disease	18.7	14.5	14.5	15.0	14.8
Tuberculosis	0.5	1.0	0.0	1.4	1.9

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

## Mortality

A comparison of Gaston County's five leading causes of death (Table 10) for the five-year periods 2004-2008 and 2009-2013 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	2004-2008	2009-2013
Heart Disease	239.3	205.8
All Cancers	216.6	193.6
Chronic lower respiratory disease	65.7	73.5
Stroke	51.3	44.7
Other Unintentional injuries	36.5	42.2
Total Deaths from all causes	996.8	947.5

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 2009-2013. 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 males are disproportionately die from diabetes (Table 11). Notably, African American males are more likely to die of heart disease and cancer, as compared to Whites.

White, non-Hispanic		African American, non-Hispanic	
Males	Females	Males	Females
Heart Disease: 274.8	Cancer: 168.2	Heart Disease: 280.4	Heart Disease: 159.4
Cancer: 239.2	Heart Disease: 162.5	Cancer: 275.2	Cancer: 154.0
Resp. Disease: 88.6 <sup>1</sup>	Resp. Disease <sup>1</sup> : 74.5	Stroke: 71.6	Alzheimer's <sup>3</sup> : 45.3
Injuries <sup>2</sup> : 63.1	Alzheimer's <sup>3</sup> : 52.9	Diabetes: 45.0	Stroke: 44.7
Stroke: 41.4	Stroke: 44.6	AIDS: 34.6	Kidney Disease <sup>4</sup> : 33.3

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

For the period 2009-2013, 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 12).

Cancer Site	Gaston County	North Carolina
Colon/Rectum	17.9	14.5
Lung/Bronchus	62.9	51.6
Female Breast	22.2	21.7
Prostate	17.3	22.1
All Cancers	193.6	173.3

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

Infant mortality rates in Gaston County exceeded North Carolina rates for the period 2009-2013 (Table 13). Infant death rates were disproportionately higher among African Americans for the county and state when compared to other racial groups.

<b>Race/Ethnicity</b>	<b>Gaston County</b>	<b>North Carolina</b>
White, non-Hispanic	5.8	5.4
African American, non-Hispanic	21.5	13.6
Other non-Hispanic	No Data	5.7
Hispanic	No Data	4.8
Total	8.4	7.3
*Note: Rates per 1,000 live births Source: N.C. State Center for Health Statistics		

### **Emerging Issues**

- The Affordable Care Act (ACA) will continue to increase the number of individuals who gain access to medical care. While implementation of ACA continues to phased-in, we know it augurs well for our county's health as it will enable individuals to receive prevention, early diagnostic, and treatment services where they previously went without primary medical care or relied on local emergency departments for primary medical care.
- A still emerging priority, set by the Gaston County Board of Commissioners, is finding opportunities to privatize government services, which will greatly influence service delivery decisions in the coming years.
- Gaston County is adopting a Priority Based Budgeting system to rank county programs and allocate appropriate funds for them.
- In collaboration with the Gaston County Schools, DHHS-Public Health continued to conduct Youth Risk Behavior Surveys with 7<sup>th</sup> and 10<sup>th</sup> grade students. Given the success of this joint initiative, we look forward to annually securing data on the health-related behaviors of our public school students.
- DHHS-PH is now in the final year of participating in Gaston Youth Connected, a CDC-funded five-year pregnancy prevention program of the Adolescent Pregnancy Prevention Campaign of North Carolina. We are now developing and implementing strategies to sustain the 37% decline in total teen pregnancies Gaston County has secured from this program.
- DHHS-PH will not continue to participate in the Community Transformation Grant program, as Congress did not renew this funding. This program provided funds and technical assistance for making community-based policy and environmental changes to enhance health status.

### **New Initiatives**

- DHHS-PH launched an Electronic Health Record (EHR) at each of its service delivery sites. This computer-based system tracks and maintains data on our patients' diagnoses, treatments, prognoses, prescribed medications, referrals, and billing. Our medical providers also met federal Meaningful Use standards for using best practices and entering key metrics with the system, which earned \$153,000 to defray the costs of program implementation.
- DHHS-PH established a Health Informatics Team to secure and analyze data from our EHR. These resources will enable us to better plan, deliver, evaluate, and improve our clinical services.
- DHHS-PH consolidated its tuberculosis, communicable disease, sexually transmitted infections, immunizations, and HIV outreach programs into the Immunizations and Communicable Disease Clinic. This change is generating better client service, greater staff efficiency, reduced staff costs, and better cross-training of staff.

- DHHS-PH was selected as a national pilot site for Engaging Young Men in Clinical Services, a CDC-sponsored program that is testing tools and intervention strategies to engage young men in reproductive health services and to prevent premature fatherhood.
- DHHS-PH transferred its Child Health Clinic to Gaston Family Health Services (GFHS) on July 1, 2014. Patients now receive more efficient care, as the private practice model used by this federally qualified community health requires less provider paperwork. The clinic remains in its former location, in the facility where GFHS and DHHS-PH are co-located.
- DHHS-PH transitioned its Care Coordination for Children (CC4C) and Pregnancy Medical Home programs to Community Health Partners, Gaston County's ACCESS II Primary Care Case Management program. These programs were merged with identical programs and are now managed by the parent organization to control Medicaid expenditures for high-risk / high-cost patients. Our medical director, Velma Taormina, MD, remains the State-designated OB Champion for this network, which serves Gaston and Lincoln Counties.
- DHHS-PH initiated planning to renovate its 26 year-old main facility, on Hudson Blvd. in Gastonia. Working with line staff, our architect developed floor plans to expedite check-in, enhance wayfinding, build staff efficiency, and add offices for social services programs.
- DHHS-PH continues to build a foundation for integrating services with the DHHS-Social Services Division. We are refining our delivery of immunizations at the Social Services office, bringing NC Fast - the digital enrollment system for Food Stamps - to our Highland Health Center, and will be launching discussions to enhance inter-divisional communication, coordination, and collaboration.