



DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
**DHHS**

GASTON COUNTY

STATE OF THE  
COUNTY HEALTH  
REPORT

2016



## **Overview**

The Gaston County Department of Health and Human Services (DHHS) is a consolidation of Gaston County Social Services and Public Health and ACCESS.

## **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 in 2016 a year after completing the 2015 Community Health Assessment.

(<http://www.gastongov.com/docs/default-source/health-and-human-services-files/gaston-cha-2015-v6.pdf?sfvrsn=4>)

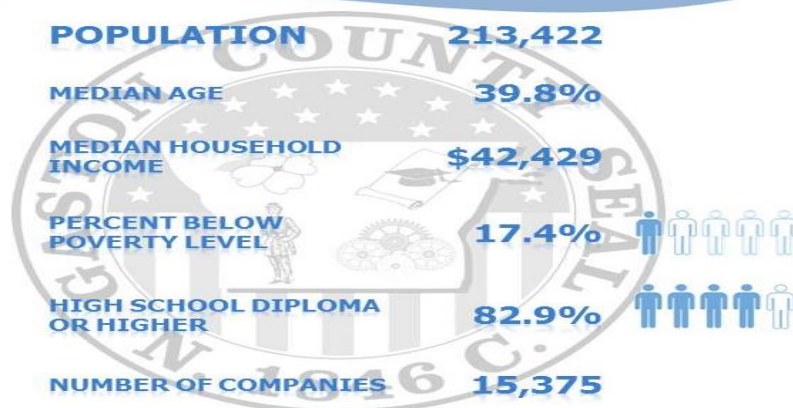
The SOTCH informs community and agency stakeholders on the county's current health issues and the progress we are making in fulfilling our public health priorities. The Gaston County Board of Health and Human Services selected the following health priorities for 2015-2020. They selected these priorities by reviewing combined data from the 2015 Gaston County Quality of Life Survey, strategic planning data from the community, and data from NC State Center for Health Statistics.

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
- Emerging issues
- New initiatives

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

## Gaston County Quick Facts



U.S. Census Bureau, 2015 5-Year Estimates

The following data from the US Census (2016), describes our population.

### Population

In 2015, the total population of Gaston County was 213,443:110,086 (51.6%) females and 103,356 (48.4%) males. Twenty-Three percent of the population were under 18 years and 15% were 65 years and older. About 80% of people reporting one race alone were White; 16% were Black or African American; 1.5% were Asian; 0.6% were American Indians and Alaska Native; and no Native Hawaiians and Other Pacific Islanders were reported. About 1 .8% reported more than one race, 6.6 % were Hispanics, and 4% reported another race.

### Households and Families

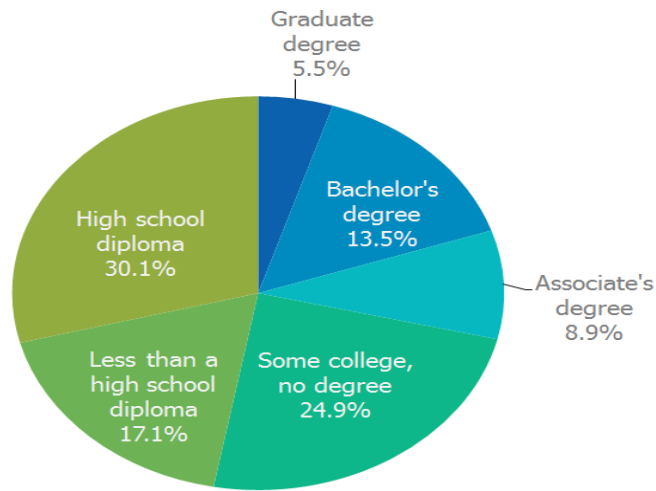
The 2011-2015, five year estimates shows Gaston County had 80,000 households with an average of 2.6 people. Family household consisted of 67.6%, which include 47.5% of married-couples household and 20% for other families. About 15% of households are headed by females with no husband present.

### Nativity and Foreign Born

In 2011-2015, ninety-five percent of people living in Gaston County were native residents of the United States and 5.4% were foreign born. Among the native born residents, 69% were born in North Carolina. Thirty-three percent of the foreign born population were naturalized U.S citizens, and nearly 92% entered the country before 2010.

### Educational Attainment

In 2011-2015, 30% of residents 25 years and older had only high school diploma or GED and 19% had a bachelor's degree or higher; 17% dropped out of school. Total school enrollment in Gaston County was 49,195 for 2011-2015. Nursery school and kindergarten enrollment was 5,490 and elementary through high school enrollment was 32,948. College or graduate school enrollment was 10,757.



Educational Attainment, Gaston County, U.S Census Bureau 5-year estimates, 2011-2015

## Income

The median household income in Gaston County was \$42,429. About 15.8% of households had income below \$15,000 and 4.6% had income over \$150,000. About 74% of households had income earnings, 16% had retirement income other than social security, and 33.5% received Social Security for an average income of 17,556. About 2% of residents received public assistance income.

## Poverty

In 2011 – 2015 nearly one of 6 (17%) Gaston County residents lived in poverty. About a quarter (25.7%) of children less than 18 years were below the poverty level, compared to 10.3% of people 65 years and older. About 13.7% of all families, and 35.9% of families with single mother head of household, had incomes below the poverty level.

## Public Health Priorities

The Gaston County DHHS Board selected the following priorities for 2015-2020

1. Integration Of Mental Health Resources  
Focus: All Gaston County residents
2. Childhood Obesity  
Focus: All Gaston County residents
3. Improved Family Functioning  
Focus: All Gaston County residents
4. Senior Livability and Support  
Focus: All Gaston County residents age 65 and over

### Priority One: Integration Mental Health Resources

The county understands that the health of the county is based on the physical-mental-social health of the residents. The county is using the whole person model to build and sustain community wellbeing. DHHS is

working to integrate mental health services into delivery of physical health services by the Public Health Division and social services by the Social Services Division.

**Our Progress This Year:**

DHHS focused on the *Substance Treatment & Rehabilitation (STAR) program* and the *Qualified Professional in Substance Abuse with Phoenix Counseling and Crisis Center program*.

- The *STAR* is a comprehensive program for pregnant women who actively use drugs and would like to have a healthy pregnancy. The team provides medical care during pregnancy and gives all mothers information about substance use, withdrawal symptoms, and healthy relationships. DHHS hired a *STAR* coordinator in November 2015 and held stakeholders meeting in January 2016. DHHS also created a memorandum of understanding with partner agencies, developed clinical protocol for maternity patients and started enrolling women in February 2016.
- *Substance Abuse with Phoenix Counseling and Crisis Center*: DHHS provided onsite counseling at the shelter and referrals to the Center. In 2016, the center provided services for 1 work first client, 125 Food and Nutrition clients and 22 Child Protective Services clients. DHHS continued to link Work First and child welfare clients at the Department of Social Services (DSS) to substance abuse counseling by contracting with a Qualified substance abuse professional from Phoenix counseling and Crisis Center.

**Trends** There has been fluctuation in the number of persons served in Gaston County area mental health programs. In 2014, 7,771 persons were served in area mental health programs. This number is higher than numbers reported for 2012 and 2013 (Table 1).

	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Area mental health programs	8,347	8,739	7,728	5,804	7,771
NC Alcohol and Drug Treatment Centers	103	126	120	64	41
State Mental Health Development Centers	35	39	33	37	35
State Psychiatric Hospitals	30	23	6	5	19

Source: Log Into NC (LINC), State Agency Data, Department of Health and Human Services.

**Priority Two: Childhood obesity**

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

**Progress This Year**

- DHHS has provided ongoing support and increased the awareness of "Let Me Run" programs for pre-teen and teen boys. DHHS exceeded our goal by registering 100 boys per season at 8 sites across the county. DHHS provided 21 scholarships in Fall 2015 and 31 scholarship in spring 2016 for boys who need financial assistance to enable participation regardless of income constraints.
- *Improved Access to Healthy Food*: DHHS developed partnership with the Gastonia Farmer's market to accept SNAP/EBT. We recorded a total of \$14,346 sells from SNAP/ EBT which is close to our goal of exceeding \$18, 202 sells form SNAP/EBT. DHHS organized weekly raffle at the farmers' market with customers who use SNAP or debit cards to increase residents' visits and patronage. DHHS organized two

additional farmers' market locations in Gaston County. The Home Harvest Farmers market now serves at DSS and Gaston County Health Department, Hudson location.

- DHHS has continually supported the *WIC program* and has served an average of 4,401 eligible participants every month. DHHS breastfeeding Peer Counselors provide support services to an average of 182 clients per month. DHHS Registered Dieticians have provided nutrition counselling to an average of 13 participants per month.

**Trends**

Among children seen by health department agencies, 18.4% of children 12-19 are overweight in Gaston County compared to 12.6% for the State. About 20.3% of children 5-11 years are obese compared to 14.8% for the state (Table 2).

<b>Table 2. Obesity in Children</b>				
	<b>Underweight</b>	<b>Healthy Weight</b>	<b>Overweight</b>	<b>Obese</b>
<b>North Carolina BMI -for-Age Status in Children 2 -4 by Health Department Agency (2014)</b>				
North Carolina	4.2%	66.1%	15.5%	14.2%
Gaston	3%	68.4%	15.1%	13.5%
<b>North Carolina BMI -for-Age Status in Children 5-11 by Health Department Agency</b>				
North Carolina	7.9%	62.6%	14.7%	14.8%
Gaston	4.6%	62.6%	13.1%	20.3%
<b>North Carolina BMI -for-Age Status in Children 12-19 by Health Department Agency</b>				
North Carolina	10.4%	54.5%	12.6%	22.6%
Gaston County	14.3%	54.5%	18.4%	23.8%

Source: NC PedNESS and Eat Smart Move More

Gaston County Youth Risk Behavior Surveillance System (YRBSS) shows, in 2015, 23% of middle school respondents responded they were slightly overweight and 4% were very overweight. Among high school respondents, 26% reported they were slightly overweight and 6% reported they were very overweight in 2014 (Table 3).

<b>Table 3. Gaston County Youth Risk Behavior Surveillance System (YRBSS)</b>			
<b>Weight Description by Middle School students</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Very underweight	3%	3%	3%
Slightly underweight	15%	15%	15%
Right weight	54%	56%	55%
Slightly overweight	24%	22%	23%
Very Over weight	4%	4%	4%
Source: Gaston County YRBS			
<b>Weight Description by High School students</b>	<b>2013</b>	<b>2014</b>	
Very underweight	2%	5%	
Slightly underweight	13%	13%	
Right weight	53%	50%	
Slightly overweight	27%	26%	
Very Over weight	5%	6%	
Source: Gaston County YRBS			

**Priority Three: Improved Family Functioning**

Understanding that healthy families are the foundation of our future, DHHS and community partners continues to improve family wellbeing by increasing opportunities for families to secure prevention, diagnostic, and treatment services.

## Progress This Year

- DHHS *Teen Parenting Program* continued to support girls 19 and younger who are currently pregnant or parenting one child, and is enrolled in school. DHHS implemented "*Be Proud Be Protective Be Responsible curriculum*" to enable teen mothers delay future pregnancy. Five participants completed the curriculum this year. DHHS continued to provide educational sessions focused on parenting skills to enable teen mothers build strong parenting skills. Staff visited twenty two participants and discussed issues related to safety, finances, importance of reading, child development and maternity. DHHS built partnership with school personnel and provided college information to teen mothers to encourage them to complete high school or equivalent program. Six girls attended the "*College Palooza*" where they were chance to visit local and state colleges.
- DHHS *Nurse Family Partnership* staff continued to educate low income first time mothers with the care and support they need to have a healthy pregnancy, provide competent care for their children, and achieve a better life for themselves and their families. In 2015-2016, staff served 175 families, visited 2,612 homes and had 34 clients' graduate from the program. The team improved their completed visits rate and has worked to improve client engagement in the program.
- DHHS employees facilitated ongoing awareness events designed to highlight the need for *Foster Care Resources* in the community. They provided information through community partnership, social media and the county's website on fostering and adapting to increasing community awareness. DHHS trained 40 foster parents through the Trauma Informed Partnering for Safety and Permanence-Model Approach To Partnerships in Parenting (TIPS-MAPP) and Deciding Together curriculums.

## Trends

Table 4 compares annual teen pregnancy rate for ages 15-19, in Gaston County and North Carolina from 2013 to 2015. Gaston County teen pregnancy rates are slightly higher than North Carolina rates. Gaston County teen pregnancy rates decreased by 12% compared to 14% for North Carolina from 2013 to 2015. Notably, teen pregnancy rates increased by 8.5% among African Americans in Gaston County while it decreased by 16.4% among African Americans in North Carolina from 2013 to 2015.

**Table 4. Gaston County Teen Pregnancy Rates by Race for 2011-2015, Females Ages 15-19**

Years	Gaston			North Carolina		
	White	African American	Total	White	African American	Total
2013	35.3	40.2	37.5	24.7	49.2	35.2
2014	32.8	37.8	35.2	23.1	44	32.3
2015	27.3	43.6	32.9	21.3	41.1	30.2

Source: N. C State Center for Health Statistics

Rate: Number of pregnancies per 1,000 women ages 15-19

A five-year rates for 2011 to 2015 shows Gaston County has the same total incidence rate for teen pregnancy among younger teens, ages 15-17 which is 17.4. However, Gaston County teen pregnancy among Whites ages 15-17 is higher than the State (Table 5).

**Table 5. Five Year Pregnancy Rates for White, African American, and Total Females, Ages 15-17, Gaston County and North Carolina, 2011-2015**

Region	White	African American	Total
North Carolina	10.9	26.3	17.4
Gaston County	14.3	23.4	17.4

Source: N.C. State Center for Health Statistics

Definition: Pregnancy rate is the number of pregnancies per 1,000 women ages 15-17

Table 6 shows 247 children were under Gaston County Department of Social Services responsibility. The number of reported cases of child neglect has been continually high and has increased by 31.5% from 2011 to



2015. The reported cases of child abuse has fluctuated from 2011 to 2015, however, 2015 recorded the highest child abuse case within 2011 to 2015.

**Table 6. Substantiated Report of Gaston County Children abused, neglected and under DSS Placement Responsibilities.**

	2011	2012	2013	2014	2015
Child Abuse	24	15	20	17	29
Child Neglect	89	85	46	101	117
Child Abuse and Neglect	6	10	6	13	7
Under DSS Placement Responsibility:	247 children reported for 2014				
Source: Log Into NC (LINC)					

**Priority Four: Senior Livability and Support**

Current programs are designed to promote and enable the county to assure the growing senior population access to clinical and related services they require to be physically active and help improve health outcomes as they age.

Understanding that a growing number of Gaston County residents are entering their senior years and that older age poses unique health challenges, DHHS continues to promote and conduct programs to assure this population has access to the clinical and related services they require.

**Progress This Year**

DHHS operates Meals on Wheels and offered health programs at congregate meal site.

- The Senior Nutrition Program is a home delivered meal program. It is designed to provide balanced nutrition, enhance independence and enable older adults to remain at home as long as possible. The program provides nutritious meals to, homebound participants. The goal is to have 650 volunteers to cover the current 26 delivery routes. The county has been able to provide hot, nutritious meals to approximately 200 home bound seniors on five days per week. The county continues to expand services to eventually meet the needs of 257 seniors on the waiting list. DHHS began delivering frozen meals in July 2016 to reach more seniors on waitlist. This will help us to expand our services by adding two additional routes by June 2017, and serve seniors who live far from congregate sites and are unable to receive hot meals due to temp requirements.
- DHHS has continued to implement Evidence Based Programs to improve our adult and aging services. Five congregate sites completed the Chronic Disease and Self-Management curriculum since 2015. This program helps Gaston County seniors receive education and support in self-management to help them better manage their illness, improve quality of life and lower health care costs.

**Trends:**

Five Year estimates data from the American Community Survey shows about 40% of adult 65 years and older in Gaston County have some form of disability. About 25% of them are below 150% of the poverty. In 2015, people 65 years and older were about 15% of Gaston County population and had a household income of \$19,036 in the past 12 months (Table 7).



**Table 7. Population 65 Years and over in Gaston County**

	2011	2012	2013	2014	2015
Population	26,872	27,554	28,464	29,556	30,648
Household Income in the past 12 months	16,575	17,022	17,666	18,259	19,036
In Labor Force	15.4%	15.3%	14.6%	14.5%	14.2%
Poverty Below 150 Percent of the Poverty Line	25.7%	25.6%	26.4%	25.8%	24.8%
With Any Disability	*	41.1%	41.5%	41.4%	40.3%

Source: American Community Survey 5 Year Estimate

## Morbidity

Gaston County recorded a higher incident rate for all cancer than North Carolina. Gaston County recorded higher rates for colon and lung cancer and North Carolina recorded higher rates for Prostate cancer. The incident rates for breast cancer were slightly identical (Table 8).

**Table 8. 2009-2013 Incidence Rates by Cancer Sites, Gaston County and North Carolina**

Cancer Site	Gaston County	North Carolina
Colon/Rectum	47.0	38.5
Lung/Bronchus	87.1	70.9
Female Breast	156.5	157.9
Prostate	119.7	130.6
All Cancer	514.6	483.4

Source: N.C State Center for Health Statistics, NC Central Cancer Registry  
Rates per 100,000 population

Chlamydia has consistently recorded the highest incident rate with 10% decrease from 2011 -2015. The incidence rate of syphilis has been relatively low compared to the other sexually transmitted disease. However there has been a steady rise and syphilis had the greatest change over the five year period with nearly 300% increase from 2011 to 2015 (Table 9).

**Table 9. Incidence Rate of Communicable Disease, Gaston County, 2011-2015**

Communicable Diseases	2011	2012	2013	2014	2015
Syphilis	2.9	2.4	3.3	5.2	11.2
Chlamydia	604.5	517.9	516.1	553.0	540.7
Gonorrhea	147.9	116.3	145.6	133.6	140.1
HIV Disease	15.0	12.5	12.9	9.5	14.5
Tuberculosis	0.0	1.4	1.9	2.9	NA

Source: North Carolina Electronic Disease Surveillance System (NC EDSS)  
North Carolina State Center for Health Statistics Note: Rates per 100,000

## Mortality

A comparison of Gaston County's five leading causes of death for the five year periods 2006 -2010 and 2011-2015 shows a change in their ranking order. Heart disease had the highest incidence rate in 2006-2010, and all cancer recorded the highest in 2011-2015. Heart disease, all cancer, chronic lower respiratory disease and stroke were consistently the first four leading causes of death for the two periods. Other unintentional injuries were the fifth leading cause of death in 2006-2010 and Alzheimer's was the fifth leading cause of death in 2011-2015. The greatest percentage change between these period was for chronic respiratory disease which increased by 25%. Heart disease had a 3.7% decrease between these periods and was the only disease with a percentage decrease in cause of death (Table 10).

**Table 10. Rates for Leading Causes of Death, All Gaston County Residents, 2006- 2010 and 2011-2015**

2006-2010		2011-2015	
Disease	Rates	Disease	Rates
Heart Disease	230.7	All Cancer	221.4
All Cancer	212.5	Heart Disease	217.0
Chronic lower respiratory disease	68.2	Chronic lower respiratory disease	85.9
Stroke	47.6	Stroke	49.6
Other Unintentional injuries	37.3	Alzheimer's	49.0
Total Death from all causes	988.6	Total Death from all causes	1045.7

\*Note: Unadjusted Death Rates per 100,000  
Source: N.C State Center for Health Statistics

A similar analysis describes causes of death by gender and race for 2011-2015. 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 American males disproportionately die from diabetes (Table 11). Notably, African Americans are more likely to die of diabetes. African American males are more likely to die of heart disease and cancer, as compared to Whites and White males and females are more likely to die of chronic lower respiratory disease, as compared to African American males and females.

**Table 11. Leading Causes of Death by Race, Gender and Age-Adjusted Death Rates, Gaston County 2011-2015**

White, Non-Hispanic		African American, non-Hispanic	
Males	Females	Males	Females
Heart Disease:259.3	Cancer:161.8	Heart Disease: 286.8	Cancer: 149.4
Cancer:241.8	Heart Disease: 153.5	Cancer:278.0	Heart Disease: 144.3
Resp. Disease <sup>1</sup> :87.7	Rep. Disease <sup>1</sup> :78.8	Stroke: 80.5	Stroke:49.9
Injuries <sup>2</sup> :59.7	<sup>3</sup> Alzheimer's: 53.7	Resp. Disease <sup>1</sup> : 52.5	Alzheimer's <sup>3</sup> : 45.7
Stroke:44.1	Stroke: 42.3	Diabetes: 41.8	Diabetes: 36.3

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

For the period 2011-2015, cancer death rates in Gaston County exceeded North Carolina rates for cancer of the colon/rectum, lung/bronchus, pancreas and for all cancers; the exception was for cancer of the female breast and prostate (Table 12).

**Table 12: Age-Adjusted Leading Causes of death by Cancer Site, Gaston County and North Carolina 2011-2015**

Cancer Site	Gaston County	North Carolina
Trachea/ Lung/ Bronchus	63.5	48.9
Female Breast	18.7	21.3
Prostate	16.5	20.5
Colon/Rectum/Anus	17.0	14.2
Pancreas	12.2	10.9
All Cancers	190.6	169.1

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

Infant mortality rates in Gaston County slightly exceeded North Carolina rates for White, non-Hispanic and the total for the period 2011- 2015 (Table 13). Infant death rates were disproportionately higher among African Americans for the county and state when compared to other racial groups

**Table 13. Infant (<1 Year) Death Rates by Race, Gaston County , 2011-2015**

<b>Race/ Ethnicity</b>	<b>Gaston</b>	<b>North Carolina</b>
White, non-Hispanic	6.0	5.5
African American, non –Hispanic	17.1	12.9
Other non –Hispanic	No Data	5.9
Hispanic	No Data	5.0
Total	7.6	7.2

\*Note: Rates per 1,000 live births  
Source: N.C State Center for Health Statistics

### **Emerging Issues**

In response to the opioid epidemic, Dr. Taormina and Abby Newton serve on the Gaston Controlled Substances Coalition. The coalition engages professional and leaders from across the county to assure adoption of safe opioid prescribing practices, provide comprehensive treatment and community education to prevent opioid addiction.

Children’s Advocacy Centers (CAC) became a program under DHHS in December 2015. Since it’s re-opening in April 2016, the Lighthouse has completed 150 interviews of alleged victims of child sexual or physical abuse. In 2016, the center went through its accreditation process, implemented advisory board, provided onsite mental health services and hosted series of events within the county.

DHHS- Environmental Health received a CDC grant to implement the Healthy Wells program. This program has created a digital private well database of over 8,000 private drinking water well permits and water sample analyses data. Approximately 83% of these private wells locations have been geo-coded

### **New Initiatives:**

Power of produce Club (PoP): DHHS facilitated the power of produce club at the Gastonia Farmers Market on Saturdays from June to August. The program provides a fun opportunity for about 30 children to engage in the local food system through direct conversations with farmers, educational games and demonstrations, and exposure to fresh fruits and vegetables. Participants also received POP Club coins to spend at the market.

DHHS staff conducted walkability assessment to raise awareness of community walkability and to promote active living. DHHS staff completed 10 assessments in Cherryville, 5 in Cramerton and 8 in Gastonia. Staff asked participants to assess connectivity to key destinations such as workplaces, shopping and parks, aesthetics, safety and neighborhood design.

DHHS Staff serve on the Gaston County Food Policy Council which aims at bringing people together from many disciplines and parts of the food system to create a shared vision for our community of what it looks like to have a sustainable, vibrant and equitable food system.

DHHS Staff also served on the Tobacco Free Gaston community action group. The group has worked with municipalities to encourage stronger tobacco control policies and hosted community event that provided community members with tobacco education.