



# 2011 State-of-the-County Health Report Gaston County, NC

## Gaston County Health Department December 1, 2011

### Overview

In February 2009, using results from the 2008 Community Health Assessment, the Gaston County Board of Health selected the following priorities for 2009-2012:

1. Reduce overweight and obesity, heart disease, and high blood pressure with an emphasis on improving nutrition and increasing physical activity.  
Focus: Mothers with children from birth to age 18, men and women ages 30-65, and school-aged children.
2. Reduce teen pregnancy, sexually transmitted diseases, and HIV/AIDS.  
Focus: Males and females ages 10-19 and their parents.
3. Prevent chemical dependency by reducing tobacco use and alcohol and substance abuse.  
Focus: Fourth- and fifth-graders, adolescent females, and parents who suspect their teens of using illicit drugs or abusing prescription drugs.

This report describes ongoing activities undertaken by the Gaston County Health Department (GCHD) to address these priorities from December 1, 2010 to November 30, 2011; it also identifies emerging public health issues and new GCHD initiatives. In the appendix, we also present **Gaston County's Board of Health Priorities** (August 2011) to show county trends for key health measures and comparisons of these measures with state rates; where available, the body of this report presents more current data than found in the **Board of Health Priorities** document.

Please call Health Director, Chris Dobbins at 704/853-5260 if you have questions or suggestions for new programs and initiatives.

### ❖ **Priority One: Reduce overweight and obesity, heart disease, and high blood pressure by improving nutrition and increasing physical activity.**

We can best reduce Gaston County's incidence of overweight, obesity, heart disease, and high blood pressure by helping county residents adopt healthy nutritional practices and engage in regular physical activity.

### Our Progress This Year

- With the balance of its \$16,140 *Eat Smart Move More Physical Activity Research Grant* from the N.C. Physical Activity and Nutrition Branch, GCHD is training staff at the Lowell Boys & Girls Club, West Gastonia Boys & Girls Club, and West Gastonia Teen Center to implement SPARK – the *Sports, Play, and Active Recreation for Kids* after-school fitness

curriculum. Through this initiative, East Carolina University and the Robert Wood Johnson Foundation are studying physical activity in children ages 9-14.

In 2009, GCHD secured a grant from the NC Physical Activity and Nutrition Branch of the N.C. Division of Public Health for *Eating Smart and Moving More in Reid Park*. With these funds, the City of Belmont installed signs for walking/biking/running routes and built and started a community garden in the African-American Reid Park community. Today the fitness routes are regularly used and the residents of Reid Park are managing the garden.

- The *Walking or Wheeling* (WOW) program, started last year by GCHD and the City of Belmont at Belmont Central Elementary School, is now being managed by the school. WOW encourages students to walk or ride their bikes to school on WOW Wednesdays.
- Also in Belmont, the City Police, Public Works, and Wastewater Treatment departments built fruit and vegetable gardens at their offices for staff. Public Works personnel also constructed a walking trail and planted fruit trees at their office.
- LaVerne Partlow, GCHD Health Education Coordinator, 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. The Council's main focus is conducting *Project ACHIEVE – Action Communities for Health, Innovation, and Environmental change* – a CDC program that is led locally by the Gaston County Family YMCA. Through ACHIEVE we work with local communities to promote policies, systems, and environmental change strategies to help residents adopt healthy fitness, nutrition, and tobacco habits.
- As part of *Project ACHIEVE*, the City of Belmont, in conjunction with GCHD, held a public meeting to obtain citizen comments on its proposed design for a trail to connect the Belmont Abbey College campus to Downtown Belmont. The City also turned over its nine-bed community garden at Belmont Central Elementary School to the school, where third-graders grow and harvest fruits and vegetables; this program is supported with a nutrition education program from Gaston County Cooperative Extension.
- The *ACHIEVE* Core Team held a breakfast for mayors of Gaston County municipalities to explain *ACHEIVE* and describe how the City of Belmont successfully used this program. Based on their interest, the Core Team selected the City of Cherryville, the Town of Cramerton, and the City of Lowell as their next program sites.

The City of Cherryville has since established a Community Health Action Response Team and completed a walkability assessment. Their next step is to meet with representatives from the community, local institutions and organizations, the health care sector, schools, and worksites to identify local fitness, nutrition, and tobacco practices and policies. The Town of Cramerton and City of Lowell are still organizing their *ACHIEVE* programs.

- GCHD and the Gaston County Cooperative Extension jointly conducted *Eat Smart, Move More, Weigh Less* for 31 individuals at a church, the Lucille Tatum Homemakers Extension Center, and Chemtura Corp. This program promotes smart eating at home, healthy eating on the run, and moving more every day.
- GCHD conducted eleven Lunch and Learn sessions on obesity prevention at area

worksites. Hosted by the City of Belmont, PSNC Energy, Chemtura, and Hunter Douglas, these programs presented Nutrition, Healthy Holiday Hints, Cardiovascular Disease, Weight Management, and Fitness and Exercise to 275 participants.

- GCHD trained 27 area preschool teachers to implement *Be Active*. This curriculum provides fun lessons in healthy eating and physical activity for preschoolers, ages 3-5.
- GCHD conducted the *Nutrition and Physical Activity Self Assessment for Child Care* (NAP SACC) by training preschool teachers to improve physical activity and healthy eating policies at their facilities. This year, 60 preschoolers participated in 5 NAP SACC sessions, and their two child care centers adopted two policy changes to improve physical activity and healthy eating.
- GCHD and the Partnership for Children of Lincoln & Gaston Counties continued to maintain gardens at two child care facilities. Participating children learn to plant, raise, harvest, and eat fruits and vegetables. GCHD also gave technical assistance to three day care centers that built their own fruit and vegetable gardens.
- Because breastfeeding helps reduce the risk of childhood obesity, GCHD used a one-year \$3,578 State WIC Program grant to produce a breastfeeding newsletter for 120 worksites, conduct a workshop for 11 childcare providers from nine centers, deliver an in-service breastfeeding program for 16 GCHD staff, and to send our maternity home visiting nurse to a breastfeeding training.
- GCHD continued its *Girls on the Run/Girls on Track* programs to help girls, in third through eighth grades, achieve and sustain good emotional and physical health; both programs are conducted after-school over 12 weeks, and include a 5K run. In spring 2011, the programs served 756 girls on 59 teams at 34 schools; in fall 2011, the programs grew to serve 870 girls on 65 teams at 39 schools – including all 19 Title I (low-income) county schools. We now also conduct the programs at the West Gastonia Boys & Girls Club and the Erwin Center, which are our first non-school sites.
- Shannon Clubb, GCHD Public Information Officer, was appointed to the City of Gastonia Farmer's Market Advisory Board.
- GCHD staff chaired the Gaston County Wellness Committee, which is conducting health promotion programs for more than 1,500 Gaston County Government employees, their dependents, and retirees.
- GCHD is a member of the Gaston County Health Coalition, a new initiative of CaroMont Health, to conduct and promote workplace-based initiatives to improve the health status of Gaston County residents. The Coalition is working with the Institute for Healthcare Improvement to simultaneously improve community health status, reduce the cost of health care, and improve the experience of health care for county residents.

## Trends

Table 1 presents data from 2007 to 2010 showing improvements in the prevalence of obesity and healthy weights, and no change in healthy eating and exercise among Gaston County adults over age 18.

**Table 1. Physical Activity and Nutrition Measures, Gaston County Adults, 2007-2010**

	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>
<i>Adults who have a body mass index greater than 25 (Overweight or Obese).</i>	64.0%	64.1%	62.9%	58.0%
<i>Adults who have a body mass index in the Recommended Range.</i>	34.8%	34.6%	34.9%	41.2%
<i>During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</i>	71.4%	69.2%	72.0%	70.7%
<i>Adults who consumed five or more servings of fruits or vegetables per day</i>	18.0%	No Data	18.5%	No Data
Source: NC Behavioral Risk Factor Surveillance System, 11/11				

**❖ Priority Two: Reduce teen pregnancy prevention, sexually transmitted diseases, and HIV/AIDS**

Helping teenagers avoid pregnancy and sexually transmitted diseases remains a challenging task. In addressing this issue, GCHD contends 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. GCHD uses clinical and educational programs to reduce the incidence of teen pregnancy and to help adolescents avoid sexually transmitted diseases.

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 also teen mothers.

**Our Progress This Year**

- GCHD provided its first 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 provides teens with contraceptives, and also diagnoses and treats sexually transmitted infections. With each of these services, we educate and discourage adolescents from having subsequent pregnancies as teens.
- In February 2011 GCHD opened Summit Midwifery & High-Risk Obstetrics, which provides prenatal and maternity services in a new clinic across from Gaston Memorial Hospital. This central location makes it easier for many women to obtain maternity care early in their pregnancies. Again, we provide education to discourage adolescents to have subsequent pregnancies as teens.
- GCHD began planning a Teen Clinic at its Hudson Boulevard site. Designed with guidance from teenagers, the clinic will provide primary medical care, contraceptives, and prenatal care exclusively to adolescents in a renovated portion of our current Maternity

Clinic. Construction will begin in December 2011 and the will clinic open in February 2012. The majority of expenses will be paid by Gaston Youth Connected, a project of the Adolescent Pregnancy Prevention Campaign of North Carolina.

- GCHD's teen health advocate continued to serve as a liaison for teen patients and staff in our Family Planning Clinic. Through face-to-face education, phone calls, email, and letters she answers teens' questions, and advises them on using contraception properly and keeping appointments. Since December 2010, she had 463 contacts with 367 teens and this fall, she began meeting each teen who visited the clinic. The teen health advocate will continue to deliver this service in our new Teen Clinic.
- In 2011, GCHD received program and funding approvals to conduct the *Nurse-Family Partnership* (NFP). Through home visits by specially trained nurses – from the first trimester of pregnancy until babies' second birthdays – first-time and low-income mothers will learn to manage their pregnancies, raise healthy children, and secure education and employment. In our initial caseload of 100 women, we expect many will be teenagers; NFP will specifically help them delay second pregnancies and graduate from high school. Research also shows NFP often breaks the cycle where the children of teen parents become teen parents. We will begin implementing NFP in the first quarter of 2012.
- GCHD continued its *Teen Outreach Program* (TOP) at the West Gastonia Boys & Girls Club, Salvation Army Boys & Girls Club, Bessemer City Boys & Girls Club, and in Mount Holly. This year, TOP helped 205 youth and young teens avoid pregnancy by teaching them 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.
- GCHD expanded TOP to four additional sites after receiving an \$87K grant from Gaston Youth Connected; we are now conducting TOP at eight locations across the county for 127 middle and high school students programs. Long-term research shows TOP helps teens set and meet life goals, complete high school, and delay parenthood until they become adults.
- GCHD continued to conduct the *Teen Parenting Program* 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. 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. This past year, we hired a half-time program assistant which allowed us to expand our caseload from 25 to 30. Over the past 12 months, none of our program participants had second pregnancies; all eight of our high school seniors graduated high school, four enrolled in college, and two will enter college in 2012.
- GCHD worked with at least 20 faith-based organizations 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 their referrals of 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.

- GCHD conducted *Making Proud Choices!* (MPC) – a comprehensive safer sex program – for 92 middle and high school youth – to help them acquire the knowledge, skills, and confidence to reduce their risk of pregnancy, sexually transmitted diseases, and HIV/AIDS. The program emphasizes abstinence or the proper use of condoms, if they are sexually active. MPC also teaches responsibility, refusal and negotiation skills, contraceptive methods, and reproductive health and safety.
- GCHD conducted eight *Parents Matter!* programs for 96 parents so they can comfortably share their values about sex with their children. GCHD teaches this CDC-developed teen pregnancy prevention curriculum in English and Spanish, often in collaboration with area churches and community organizations.
- This past year GCHD conducted three *Sex Education Workshops for Professionals* for 27 youth- and teen-serving professionals. The workshop uses science-based facts on sex and pregnancy so clergy, school personnel, staff at community agencies, and adults who work with youth can clearly and accurately discuss puberty and sex.
- GCHD continued the *Gaston HIV Outreach Program* (GHOP), which tested 1,072 persons in non-traditional settings for HIV, syphilis, and hepatitis C; this includes 174 youth in detention centers, a residence for runaway teens, Gaston College, and other community settings. GHOP also teaches participants how to avoid STDs and provides treatment referrals for persons infected with HIV.
- The GCHD Adult Health Clinic provided 758 adolescents with STD screenings and treatments and risk-reduction education to its teen clients.
- GCHD conducted HIV/STD prevention education workshops at eight local churches.
- GCHD's *Girls on the Run/Girls on Track* program helped girls in elementary and middle schools set and achieve personal goals – including sessions on avoiding teen pregnancy. This past year, it served 1,626 girls during the fall and spring semesters, in collaboration with the Gaston County Schools and volunteer coaches.

## **Trends**

Table 2 compares annual pregnancy rates for teens, ages 15-19, in Gaston County and North Carolina for the period 2005 through 2009. In each year, all teens in Gaston County had higher pregnancy rates than all teens in North Carolina. While Gaston County rates fluctuated over this five-year period, rates in 2009 for minority and total teens were lower than they were in 2005 and the rate of white pregnancies increased.

**Table 2. Total, White, and Minority Pregnancy Rates, Females Ages 15-19, Gaston County and North Carolina, 2005-2009**

Year	Gaston County			North Carolina		
	White	Minority	Total	White	Minority	Total
2005	57.9	96.1	66.8	50.9	82.3	61.7
2006	67.4	85.9	72.8	52.9	82.1	63.1
2007	69.0	101.1	76.9	52.3	82.5	63.0
2008	57.1	86.4	65.3	47.8	77.7	58.6
2009	60.5	68.7	62.9	45.4	74.3	56.0

Source: NC State Center for Health Statistics, 11/11  
 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 all groups of teens, ages 15-19, when compared to the state (Table 3).

**Table 3. Five Year Pregnancy Rates for White, Minority, and Total Females, Ages 15-19, Gaston County and North Carolina, 2005-2009**

Region	White	Minority	Total
North Carolina	45.4	74.3	56.0
Gaston County	60.5	68.7	62.9

Source: NC State Center for Health Statistics, 11/11  
 Definition: pregnancy rate is the number of pregnancies per 1,000 women ages 15-19

An equally significant measure is the number of teens who give birth, who, as stated earlier are less likely to obtain needed medical care, finish high school, and are more likely to live in poverty and receive welfare benefits 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 over each of the past five years. The county's minority teen birth rate in 2009 was substantially lower than it was in 2005, while the white rate has increased slightly.

**Table 4. Total, White, and Minority Birth Rates, Females Ages 15-19, Gaston County and North Carolina, 2005-2009**

Year	Gaston County			North Carolina		
	White	Minority	Total	White	Minority	Total
2005	52.4	77.9	58.0	40.9	60.6	47.0
2006	57.9	73.0	61.2	42.8	60.0	48.3
2007	59.6	83.0	64.9	42.3	61.5	48.4
2008	49.8	74.8	55.8	39.6	58.3	45.7
2009	53.0	55.8	53.7	37.9	55.0	43.4

Source: NC State Center for Health Statistics, 11/11  
 Definition: pregnancy rate is the number of pregnancies per 1,000 women ages 15-19

In the past 5 years, Gaston County's rate of HIV cases per 100,000 residents has been lower

than the state rate every year except 2009 (Table 5).

Area	2006	2007	2008	2009	2010
Gaston County	15.2	11.4	14.5	18.2	14.8
North Carolina	18.5	19.8	19.6	17.4	15.9

Source: NC Communicable Disease Branch, 11/11

Over five-years, 2005-2009, the county's total rate of primary and secondary syphilis among minorities and all county residents were lower than the state rates (Table 6).

Area	Minority Rate	Total Rate
Gaston County	5.9	3.1
North Carolina	10.7	3.9

Source: NC State Center for Health Statistics, 11/11

### ❖ **Priority Three: Prevent chemical dependency by reducing tobacco use and alcohol and substance abuse**

The Gaston County Board of Health expanded its long-standing priority of reducing tobacco use to also reducing alcohol and substance abuse. Among its reasons was 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* has collected and incinerated 444 pounds of unused prescription and over-the-counter medications. This program protects against unintentional poisonings; inappropriate use and abuse of other persons' medications, especially by teens; and, flushing unneeded medications down toilets, which protects our waterways. Secure collection boxes are located at the Gaston County Police Department and its Bessemer City Substation, and at police departments in the cities of Belmont, Dallas, Mount Holly, and Cherryville. This project is an initiative of GCHD, the Gaston County Police Department, and the County Solid Waste and Recycling Division.
- GCHD 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 are smoking in restaurants and bars.
- GCHD provided smoking cessation counseling to 343 pregnant women through its *Clean Air, Tobacco Out* program.

#### **Trends**

N.C. Behavioral Risk Factor Surveillance System data indicate marginal changes in the incidence of chemical dependency among Gaston County adults, between 2007 and 2010.



The notable exceptions are the decline in the number of survey respondents who smoke everyday and who use chewing tobacco or snuff (Table 7).

<b>Status of adults who use tobacco</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Smoke everyday	20.2%	22.2%	15.9%	18.2%
Smoke some days	4.6%	6.9%	7.8%	9.4%
Former smoker	25.2%	22.9%	25.4%	24.0%
Never smoked	50.0%	48.0%	51.0%	48.3%
<b>Adults who currently use chewing tobacco or snuff</b>				
Every day	13.9%	7.7%	1.8%	2.0%
Some days	12.6%	8.7%	1.7%	3.5%
Not at all	73.6%	83.6%	96.5%	94.5%
<b>Considering all types of alcoholic beverages how many times during the past 30 days did you have five or more drinks on an occasion?</b>				
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
None	63.2%	61.4%	67.8%	76.1%
Once	9.1%	7.6%	9.7%	11.8%
Twice	13.0%	4.8%	7.4%	4.9%
3-7 times	13.2%	15.8%	11.0%	4.6%
8-30 times	1.5%	10.5%	4.2%	2.6%
Source: NC Behavioral Risk Factor Surveillance System, 11/11				

## ❖ Mortality

A comparison of Gaston County's five leading causes of death (Table 8) for the five-year periods 2000-2004 and 2005-2009 shows no change in their rank ordering. The greatest percent changes in death rates between these periods were for stroke, which dropped by 20.9%, and heart disease which declined by 12.0%. The greatest percent increase in cause of death was for other unintentional injuries, which increased by 10.0%.

<b>Disease</b>	<b>2000-2004</b>	<b>2005-2009</b>
Heart Disease	267.5	235.5
All Cancers	221.1	209.3
Chronic lower respiratory disease	63.3	68.2
Stroke	63.2	50.0
Other Unintentional injuries	33.1	36.4
Total Deaths from all causes	1,021.9	990.6
Source: NC State Center for Health Statistics, 11/11		

A similar analysis shows different causes of death by gender and race for 2005-2009. 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, and African Americans of both genders are disproportionately killed by diabetes (Table 9). Among other races – Asian, Native American, and Pacific Islander – too few deaths occurred to calculate meaningful rates.

White		African American	
Males	Females	Males	Females
Heart Disease/291.9	Heart Disease/174.6	Heart Disease/353.5	Heart Disease/156.5
Cancer/240.8	Cancer/163.8	Cancer/289.2	Cancer/139.9
Resp. Disease <sup>1</sup> /80.9	Resp. Disease <sup>1</sup> /62.3	Diabetes/66.5	Diabetes/48.7
Injuries <sup>2</sup> /50.9	Stroke/44.7	Stroke/60.5	Stroke/44.9
Stroke/50.4	Alzheimer's <sup>3</sup> /35.9	Resp. Disease <sup>1</sup> /56.4	Alzheimer's <sup>3</sup> /32.7
<sup>1</sup> Chronic Lower Respiratory Diseases		<sup>2</sup> All Other Unintentional Injuries (non-MVA)	
<sup>3</sup> Alzheimer's Disease			
Note: Rates per 100,000 population			
Source: NC State Center for Health Statistics, 11/11			

For the period 2003-2007, the death rates from cancer in Gaston County exceeded those for North Carolina rates for cancer of the colon/rectum, lung/bronchus, prostate, and for all cancers; the notable exception was for cancer of the female breast (Table 10).

Cancer Site	Gaston County	North Carolina
Colon/Rectum	53.4	47.4
Lung Bronchus	91.0	75.8
Female Breast	135.9	149.6
Prostate	155.7	153.8
All Cancers	499.1	484.7
Source: NC State Center for Health Statistics, 11/11		

## ❖ Emerging Issues

While our county and state tax revenues have declined considerably, the Gaston County unemployment rate remains high at 10.8% which was higher than the Charlotte-Gastonia-Rock Hill metropolitan region (10.7%) and represents 10,358 unemployed adults in a workforce of 95,926 (September, 2011). Because many unemployed persons also suffered from the loss of health insurance, patient visits in GCHD clinics increased from 28,862 in FY 2010 to 41,850 in FY 2011. While our department continues to generate sufficient revenues to retain staff and operate its programs, it has had to delay recruiting of vacant positions to reduce expenditures of county tax funds, while it receives smaller reimbursements from public insurance programs on which so many of its clients rely.

With continuing instability in our national, state, and local economies, we are uncertain of our ability to generate the revenues we need to sustain our many and varied programs.

## ❖ New Initiatives

GCHD has begun activities to use an Electronic Health Record (EHR) system at each of its service delivery sites. This computer-based system will track all data on client diagnoses, treatments, prognoses, prescribed medications, referrals and billing.

At the same time, there is considerable public health activity in Gaston County. For example, Gaston County municipalities continue to planning greenways, making it easier for persons of all ages to engage in regular physical activity, and linking those greenways to the Carolina

Thread Trail – a 15-county greenway system in North and South Carolina. By hiking, cycling, and walking these trails, more county residents will help prevent and reduce their incidence of overweight, obesity, heart disease, and high blood pressure.

# Appendix



# Gaston County's Board of Health Priorities

## Reducing Teen Pregnancy

Gaston County's teen pregnancy rate is typically higher than that of the state of North Carolina as a whole. **One in three** girls in Gaston County will get pregnant before her 20th birthday. Girls who are minorities are **more likely** to get pregnant.



## Reducing Tobacco Use and Substance Abuse

**More than one-quarter** of Gaston residents smoke, and lung disease is one of the top killers in the county. More than 5,600 Gaston residents are estimated to be heavy drinkers, and Gaston's death rate from accidental drug overdose is **twice as high** as the state of North Carolina's.



## Reducing Obesity and Increasing Physical Activity & Good Nutrition

**Six out of ten** adults in Gaston County are overweight or obese. Heart disease is the **number one killer** in the county. Most Gaston County residents get less than 30 minutes of moderate physical activity per day, and fewer than one in five get enough fruits and vegetables each day.



# Gaston County: Our Health At-A-Glance

## About This Document

The data below attempts to accurately reflect the overall health of Gaston County. Grades were assigned by considering Gaston County's status in comparison to the state, the previous year, and five-year trend. The direction of the trend (down or up) may be bad or good, depending on the nature of the particular measure. For this reason, positive and negative trends are color-coded for ease of reading.

**Key**

- Positive Trend
- Negative Trend
- No Discernable Trend
- Board of Health Priority Indicator

Chronic Disease	Previous Year <small>(2009 unless otherwise noted)</small>		Most Recent Year <small>(2010 unless otherwise noted)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	NC	Gaston	NC		
Cancer Rate <sup>1</sup>	515.2 <sup>'06</sup>	485.5 <sup>'06</sup>	499.0 <sup>'07</sup>	490.7 <sup>'07</sup>	C-	
★ Heart Disease Deaths <sup>1</sup>	234.7 <sup>'08</sup>	188.8 <sup>'08</sup>	224.4 <sup>'09</sup>	182.6 <sup>'09</sup>	C	
Diabetes	10.1%	9.6%	11.0%	9.8%	C-	
★ Lung Disease Deaths <sup>1</sup>	176.5 <sup>'08</sup>	126.1 <sup>'08</sup>	176.1 <sup>'09</sup>	121.7 <sup>'09</sup>	D-	
★ Overweight/Obese	62.9%	65.4%	58.0%	65.3%	B-	
Disability	38.4%	31.1%	40.8%	32.9%	D-	

<sup>1</sup> per 100,000 people

Child Health	Previous Year <small>(2008 unless otherwise noted)</small>		Most Recent Year <small>(2009 unless otherwise noted)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	NC	Gaston	NC		
Infant Deaths <sup>1</sup>	9.6	8.2	10.3	7.9	D+	
Child Deaths <sup>2</sup>	74.2	70.2	79.1	65.4	C	
Uninsured Children	9.8% <sup>'06</sup>	13.1% <sup>'06</sup>	9.1% <sup>'07</sup>	12.3% <sup>'07</sup>	B+	
Free/Reduced Lunch	54.2% <sup>'08-'09</sup>	49.9% <sup>'08-'09</sup>	57.6% <sup>'09-'10</sup>	53.7% <sup>'09-'10</sup>	D+	
Mothers receiving WIC	44.0% <sup>'07</sup>	40.2% <sup>'07</sup>	46.3% <sup>'08</sup>	41.8% <sup>'08</sup>	D	
Children Eligible for Medicaid	47.1%	41.1%	47.8%	42.7%	D	

<sup>1</sup> per 1,000 live births

<sup>2</sup> per 100,000 children 0-17 years

Lifestyle Behaviors	Previous Year <small>(2007 unless otherwise noted)</small>		Most Recent Year <small>(2009 unless otherwise noted)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	NC	Gaston	NC		
★ Recommended amount of physical activity	41.5%	44.0%	45.2%	46.4%	C	
★ Consumption of healthy foods	18.0%	21.6%	18.5%	20.6%	D+	
★ Access to healthy foods	69.0% <sup>'06</sup>	45.0% <sup>'06</sup>	77.0% <sup>'08</sup>	66.0% <sup>'08</sup>	A	

Environmental Health	Previous Year <small>(2009)</small>		Most Recent Year <small>(2010)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	Mecklenburg	Gaston	Mecklenburg		

Unhealthy air quality days for sensitive groups

0	4	0	14	A+	
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## About the Data

- Data for this document was compiled from the following sources:
- The North Carolina State Center for Health Statistics [www.schs.state.nc.us](http://www.schs.state.nc.us)
  - The U.S. Census Bureau [www.census.gov](http://www.census.gov)
  - The N.C. Comprehensive Assessment for Tracking Community Health [www.ncpublichealthcatch.com](http://www.ncpublichealthcatch.com)
  - MATCH County Health Rankings Report [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
  - The U.S. Environmental Protection Agency [www.epa.gov](http://www.epa.gov)
  - North Carolina Public Health [www.ncpublichealth.com](http://www.ncpublichealth.com)
  - Public Schools of North Carolina [www.ncpublicschools.org](http://www.ncpublicschools.org)
  - U.S. Bureau of Labor Statistics [www.bls.gov](http://www.bls.gov)

Women's Health	Previous Year <small>(2008 unless otherwise noted)</small>		Most Recent Year <small>(2009 unless otherwise noted)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	NC	Gaston	NC		
★ Teen Birth Rate <sup>1</sup>	55.8	45.7	53.7	43.4	C-	
New mothers who are breastfeeding	15.2%	21.3%	17.6%	21.9%	C-	
Medicaid Births	57.6% <sup>'07</sup>	51.7% <sup>'07</sup>	60.3% <sup>'08</sup>	52.6% <sup>'08</sup>	D+	
Pap smears	84.2%	86.9%	72.7% <sup>'10</sup>	84.0% <sup>'10</sup>	D-	
Mammograms	77.4%	78.5%	76.3% <sup>'10</sup>	77.1% <sup>'10</sup>	C-	
Low Birth Weight	9.2%	9.1%	9.2%	9.1%	C+	
Adequate prenatal care	85.2%	95.0%	87.8%	95.7%	D+	

<sup>1</sup> per 1,000 live births to girls 15-19

Behavioral Health	Previous Year <small>(2009 unless otherwise noted)</small>		Most Recent Year <small>(2010 unless otherwise noted)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	NC	Gaston	NC		
Poor mental health	31.9%	25.9%	24.6%	23.2%	C	
★ Smoking	23.7%	20.3%	27.6%	19.8%	C-	
★ Suicide rate <sup>1</sup>	15.6 <sup>'08</sup>	12.6 <sup>'08</sup>	21.7 <sup>'09</sup>	12.4 <sup>'09</sup>	D	
★ Heavy drinking	4.3%	4.4%	3.6%	3.5%	B	

<sup>1</sup> deaths per 100,000 residents

Socioeconomic	Previous Year <small>(2008 unless otherwise noted)</small>		Most Recent Year <small>(2009 unless otherwise noted)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	NC	Gaston	NC		
Median Household Income	\$46,353	\$46,549	\$40,335	\$43,674	C	
Finished high school	79.1%	83.6%	80.0%	84.3%	B-	
Finished bachelor's degree	18.3%	26.1%	16.9%	26.5%	D+	
School dropout rate	3.8% <sup>'08-'09</sup>	2.9% <sup>'08-'09</sup>	3.0% <sup>'09-'10</sup>	2.6% <sup>'09-'10</sup>	C	
Unemployment rate	14.0 <sup>'09</sup>	10.6 <sup>'09</sup>	12.2% <sup>'10</sup>	10.6% <sup>'10</sup>	C-	
Single-parent households	12.1%	10.1%	11.3%	10.2%	C-	
Uninsured	15.4% <sup>'06</sup>	18.6% <sup>'06</sup>	14.9% <sup>'07</sup>	18.2 <sup>'07</sup>	B+	
Families living in poverty	10.6%	10.9%	11.7%	11.9%	C	

Communicable Disease	Previous Year <small>(2009 unless otherwise noted)</small>		Most Recent Year <small>(2010 unless otherwise noted)</small>		Grade	5-year trend <small>(Gaston)</small>
	Gaston	NC	Gaston	NC		
Pneumonia/Influenza Deaths <sup>1</sup>	34.6 <sup>'08</sup>	19.0 <sup>'08</sup>	37.6 <sup>'09</sup>	18.3 <sup>'09</sup>	F	
HIV Rate <sup>2</sup>	18.2	17.4	14.8	15.9	B	
Chlamydia <sup>2</sup>	369.9	466.2	421.1	449.5	B	
Gonorrhea <sup>2</sup>	183.3	157.9	159.8	150.9	B+	
Syphilis <sup>3</sup>	9.6	10.0	2.4	7.7	A	

<sup>1</sup> deaths per 100,000 residents

<sup>2</sup> new cases per 100,000 residents

<sup>3</sup> new "early syphilis" cases per 100,000 residents

# What are we doing about it?

*To learn more about our efforts in these areas or any of our individual programs, please call 704-853-5118.*

## Teen Pregnancy Reduction Efforts

The Health Department has made teen pregnancy a major focus in recent years. In addition to hosting a clinic especially for teens, the Health Department conducts half a dozen teen pregnancy prevention programs in the community. These programs range from training parents how to bring up the subject of sex with their preteens to working with kids in after-school programs, encouraging them to set goals and keep their focus on the future. The CDC has also funded a \$5.8 million project through the Adolescent Pregnancy Prevention Campaign of North Carolina to combat teen pregnancy in Gaston County.



## Tobacco Reduction Efforts

Prior to North Carolina's smoke-free restaurants and bars law taking effect in January 2010, the Health Department led the effort to get restaurants to voluntarily go smoke-free. Because one in five Gaston County women smoke during pregnancy, the Health Department also works with pregnant women to help them quit for good.



## Obesity Reduction Efforts

The local and national obesity crisis cannot be solved through doctors and medication alone. Gaston County needs a lifestyle change — more healthy food options and a community that is more conducive to walking and active lifestyles. The Health Department is creating an ambitious obesity prevention initiative designed to build a healthier Gaston County from the inside out, using community collaboration to bring about policies and built environment changes that will support and sustain a healthier, more active community.

