

# State of the County Health Report

## Cleveland County, North Carolina



From the Director's Chair—




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CLEVELAND COUNTY

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PUBLIC HEALTH CENTER

2017 was a meaningful year at the Cleveland County Public Health Center as we worked toward living our mission “to assure, enhance and protect the health of Cleveland County citizens through education and prevention.” We began an exciting project with Cleveland County Schools, Partners Behavioral Health MCO and residents of the West Shelby community to address social determinants of health in those targeted neighborhoods. This collaborative initiative successfully launched a transportation service targeting these neighborhoods to support residents in accessing care and services they needed. We continued to address health indicators highlighted in the 2017 County Health Rankings report through our efforts to reduce teen pregnancies and sexually transmitted diseases, worked with our Certified Tobacco Treatment Specialists to address tobacco use and smoking cessation and prepared for the launch of a mobile-friendly web site to encourage residents to become more physically active. Our collaborations with national animal welfare groups improved services at our animal shelter and significantly increased our animal adoptions in the county. We applied for multiple grants to respond to our budget needs—a Rural Health grant to respond to state reductions in our maternal and child health clinics and Project Lazarus funding to support our medication take-back efforts, just to name a few. Our outstanding staff looks forward to continuing to meet the challenges of the coming year and serving the residents of Cleveland County!

*Dorothea Wyant, Health Director*

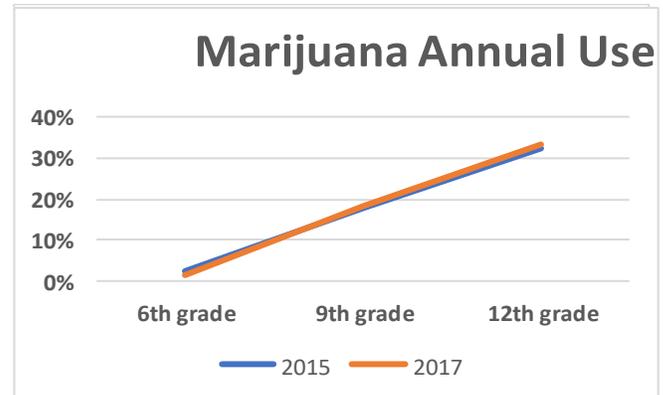
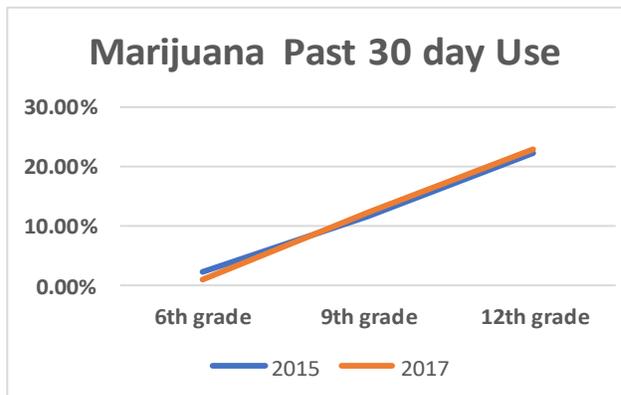
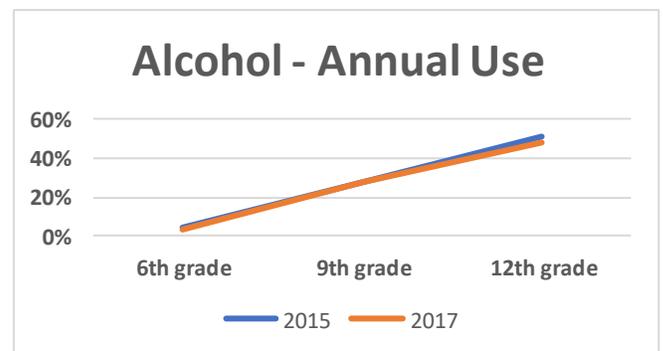
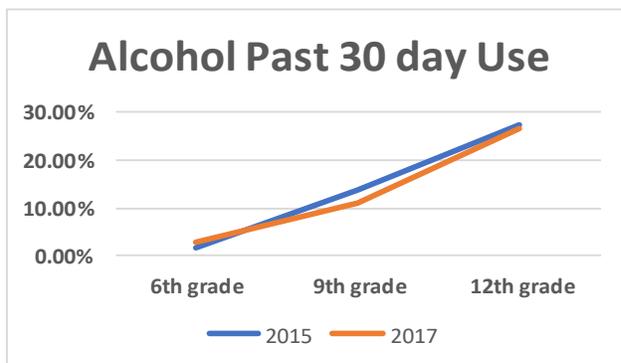
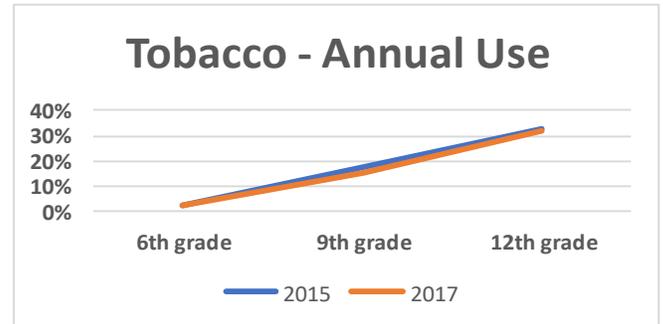
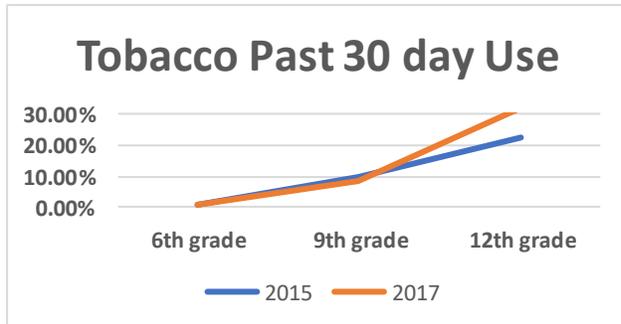
### Substance Abuse

Substance abuse was identified as the top health priority in the 2015 Community Health Assessment and continued as a focus for work in 2017. The Healthy North Carolina 2020 objectives that align with this focus area include (1) reduce the percentage of high school students who had alcohol on one or more of the past 30 days, (2) reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days and (3) reduce the unintentional poisoning mortality rate per 100,000 population. Three primary strategies addressed substance abuse:

Strategy	Outcomes
Classroom-based Instruction: 2016-17 academic year  2017-18 academic year	<b>703</b> 7 <sup>th</sup> grade students completed 10-session All Stars substance abuse prevention education <b>1,161</b> 8 <sup>th</sup> grade students completed 5-session Health Smart substance abuse prevention education <b>732</b> 8 <sup>th</sup> grade students completed 10-session Too Good for Drugs substance abuse prevention education during first semester; <b>292</b> enrolled for second semester 7 <sup>th</sup> grade 10-session Too Good for Drugs program underway at three middle schools
Student Options Begin with Intervention and Recovery (SOBIR) program	47 students served with four sessions of education and early intervention in 2016-17 academic year to reduce 10-day suspensions for violation of CCS substance abuse policies—36 of the 47 students violated for marijuana
Prescription Medication Take Back Initiative	Four medication take back events, 18 medication take back boxes throughout the county collected 3,198.52 pounds of medications (controlled substances, prescription non-controlled and over-the-counter medications)

The Substance Abuse Prevention Coalition continues to be active in supporting prevention activities and programming in the county and meets monthly to chart progress on the action plan for the Drug Free Communities grant. 2017 is the third year for the DFC grant with a focus on underage drinking and abuse/misuse of prescription medications. In October of 2017, the fourth official grant year, SAPC members changed the focus to electronic nicotine delivery devices since a significant increase in use was reported in the 2015 PRIDE Student Drug Use Survey—16.6% of 9th grade students reported using an electronic cigarette in the past 30 days. Underage drinking continues to be a focus area in the grant's fourth year with a goal of decreasing the percentage of 9th grade students reporting alcohol use in the past 30 days from 13.8% in 2015 to 11% in 2019. The Overdose Prevention Task Force continues to focus on prescription drug abuse and misuse and provides oversight for the Strategic Prevention Framework-Partnering for Success grant which addresses the 12-25 age population abusing prescription medications. The Task Force also works with the county's law enforcement agencies to support the network of medication take-back boxes and to staff the medication take-back events held in the county.

In collaboration with the Drug Free Communities grant, CCPHC and Cleveland County Schools conducted the 2017 PRIDE Student Drug Use Survey to gather information about trends in substance abuse among youth. 2,660 students in the 6th, 9th and 12th grade participated in the survey which revealed the following contrasted with information from 2015:



Past 30 day use of prescription medications (not prescribed for the user) decreased slightly from 2015 to 2017 in all three grade levels: 1.7% for 6th grade in 2015 to 1.5% in 2017, 6.7% for 9th grade in 2015 to 4.3% in 2017 and 8.1% for 12th grade in 2015 to 6.2% in 2017. Reporting of annual use of prescription medications (not prescribed for the user) was 1.2% for 6th grade in 2015 compared to 1.5% in 2017, 6.8% in 2015 for 9th grade compared to 6.5% in 2017 and 13.6% in 2015 for 12th grade compared to 10.2% in 2017. Reports of alcohol use, for past 30 days and for annual use, remained constant during the two year period which corresponded to student reports that alcohol was easily obtained for use. Marijuana use based on annual figures has risen, a concern for the county, due to the relaxed attitudes about marijuana use and the dangers of using the marijuana currently available on the street since it is now often laced with other compounds unknown to the user.

### Unintended Pregnancy and Sexually Transmitted Diseases

Unintended pregnancy and sexually transmitted disease was identified as a priority health issue in the 2015 Community Health Assessment and was an ongoing focus in 2017. The Healthy NC 2020 objectives aligning with this focus area are (1) decrease the percentage of pregnancies that are unintended and (2) reduce the percentage of positive results among individuals ages 15-24 tested for Chlamydia. The target population for work on unintended pregnancies in the county has been the 15-19 year old age group. Selected strategies to address this focus area include:

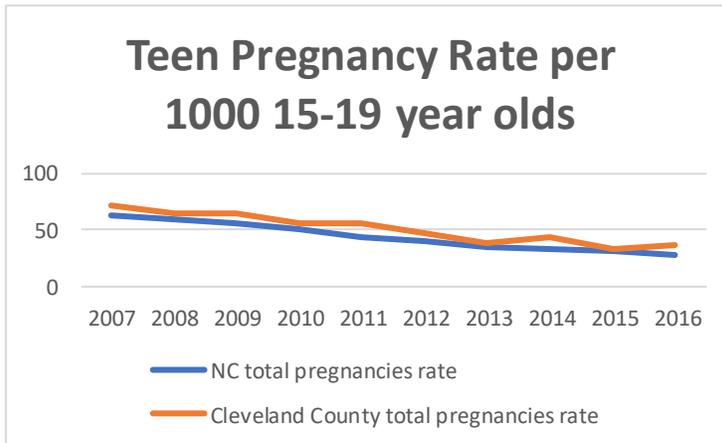
Strategy	Outcomes
Classroom-based Instruction 2016-17	Offered to health/physical education teachers for 9 <sup>th</sup> grade health classes – <b>10</b> classes taught involving <b>309</b> students
Smart Girls Life Skills intervention	Provided at four middle schools to 8 <sup>th</sup> grade female students with <b>487</b> girls enrolled; <b>85% or 417</b> students met attendance threshold of attending 75% of classes
Wise Guys Male Responsibility intervention	Provided at four high schools to 9 <sup>th</sup> grade male students with <b>324</b> males enrolled; <b>87% or 285</b> students met attendance threshold of attending 75% of classes
Puberty Education	Provided <b>44</b> classes taught to <b>1,030</b> 5 <sup>th</sup> grade students in the 2016-17 academic year

Both the Smart Girls and Wise Guys programs are funded by a grant from the North Carolina Teen Pregnancy Prevention Initiative (TPPI) and meet the standards for comprehensive reproductive health and safety instruction required by the Healthy Youth Act passed in 2009. Four trained and certified health educators provide this instruction to students through the health classes at the middle and high schools and both programs require parent permission for participation. Pre- and post tests are administered with a minimum of a 90 day interval and the results are reported directly to TPPI administrators in Raleigh. According to the data analysis from TPPI, Cleveland County met all three outcome objectives for this project:

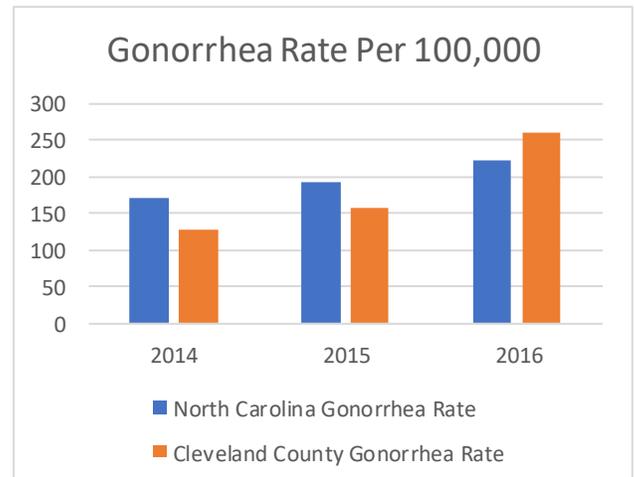
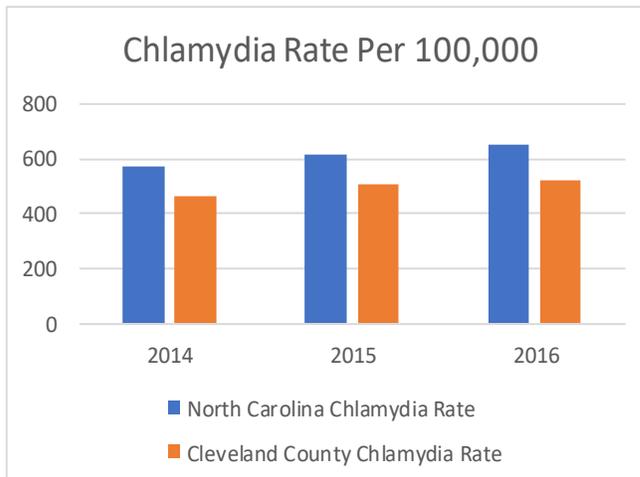
- Increase in knowledge that supports the prevention of pregnancy and/or sexually transmitted infections: target was 50%, actual was 75%
- Increase in attitudes and beliefs that support the delay of sexual activity for the prevention of pregnancy and/or sexually transmitted infections: target was 35%, actual was 56%
- Increase in attitudes and beliefs that support the use of condoms for the prevention of pregnancy and/or sexually transmitted infections: target was 55%, actual was 55%
- 86% of youth surveyed reported being abstinent at both the pre- and post-test.

It is important to note that both programs meet the North Carolina Department of Public Instruction essential standards for health classes. Health educators do not provide condom demonstrations to students as part of these two programs or in any classroom-based instruction. Students do receive information on how to access the STD clinic and the family planning clinic at the Cleveland County Public Health Center. Students also, on a case-by case basis, receive information on prenatal services as well as the Nurse Family Partnership program should the need for these services be identified.

Two additional factors have contributed to the reduction in teen pregnancy rates in Cleveland County over a period of nine years. First, the family planning clinic continues to be proactive in offering long-acting reversible contraceptives (IUDs and implants) to patients requesting them. Second, the Nurse Family Partnership program targets high risk, low-income first time mothers and works to support healthy babies, provide education about sexually transmitted diseases and promotes appropriate spacing of pregnancies to reduce repeat pregnancies.



While the county has made progress in reducing the teen pregnancy rate, the rates of sexually transmitted diseases have been on the increase. North Carolina ranks third in the nation in reported cases and rates for Chlamydia and second nationally for reported cases and rates of Gonorrhea. A comparison of North Carolina and Cleveland County rates are presented below.



Of particular concern are the increases in the number of cases from 2014 to 2016 among 10-19 year olds: 143 cases of Chlamydia in 2014 increased to 179 cases in 2016. Cases of Gonorrhea increased from 25 in the 10-19 year age group to 60 in 2016. Even more striking are the figures for the 20-29 year old age group: from 257 cases of Chlamydia in 2014 to 284 in 2016 and for Gonorrhea the cases were 82 in 2014 and increased to 157 in 2016. This data was reported to the Board of Health in the 2017 Communicable Disease Report based on data from NC EDSS as of May 1, 2017. CCPHC administrators identified several reasons for the increases in the 20-29 year old age group: better reporting of data from private practices in the county as well as more individuals in this age group using the Internet and “club scene” to meet potential partners. This is also the age group most impacted by the abstinence-only curriculum taught in schools from about 2004-2009. HIV cases in the county increased from 7 in 2014 to 10 in 2016 with most of the increases in the 20-29 and 30-39 year old age groups. A potential explanation for this increase may be a corresponding increase in abuse/misuse of prescription medications.

### Physical Activity and Nutrition

Physical activity and nutrition continue to be top priorities identified in both the 2011 and 2015 Community Health Assessments as well as data reported in the county health rankings. Poor nutrition and physical inactivity are underlying factors in chronic diseases such as cardiovascular disease, stroke and diabetes, all of which appear consistently in mortality data for the county.

Healthy North Carolina 2020 objectives aligning with this priority include (1) increase the percentage of high school students who are neither overweight nor obese, (2) increase the percentage of adults getting the recommended amount of physical activity and (3) increase the percentage of adults who consume five or more servings of fruits and vegetables per day. Strategies selected to address this issue include:

Strategy	Outcomes
Healthy Child Care Facility Recognition	Program closed out in 2017 with 13 child care facilities and 3 family child care homes certified; collaboration with Child Care Connections as part of their Quality Sustainability Program
School Community Gardens	Thirteen school-community gardens planted and harvested vegetables in the 2016-17 year; distributed to students and community agencies
Step One Challenge	11th annual Step One walking contest held in October 2016 with 85 teams; participants walked a total of 78,278,996 steps; 2017 was evaluation year for continuation of program – efforts moved to county-wide physical activity web site
Teaching Kitchen Nutrition Classes	Initial series of cooking classes held October-May, 2016-17 organized by WIC staff and health education specialist; topics selected by participants and featured use of ingredients on WIC-approved list; average attendance 5-7 at each class
Foothills Farmers Market Satellite	Satellite market held at CCPHC each Tuesday June – September; EBT and debit payment options available; POP (Power of Produce) program targeted children 2-12 who were given \$2 chips to exchange for fruits and vegetables; 122 books distributed to children featuring food stories and information

According to the County Health Rankings published by the University of Wisconsin and the Robert Wood Johnson Foundation, the adult obesity rate for Cleveland County residents has averaged 31% since the rankings were first published in 2010. The rate is defined as the percentage of adults that report a BMI of 30 or more. Obesity is an issue that increases the risk for chronic health conditions including but not limited to coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gall bladder disease and sleep apnea. These chronic conditions are reflected in the mortality data for the county. Good nutrition for Cleveland County residents is a major consideration when addressing obesity. 2017 County Health Ranking data revealed that 18% of households in the county

are identified as having food insecurity defined as not having a reliable source of food during the past year. This indicator also addresses the ability of individuals and families to provide balanced meals. 6% of individuals in the county are low-income and do not live “close” to a grocery store. Living close to a grocery store is defined as living less than 10 miles from a store in a rural area which is most of the county. 57% of children in the county qualify for free or reduce lunch through the school nutrition program. The Women, Infant, Children supplemental food program serves an average of 2,736 individuals each month; WIC vouchers were used to purchase \$1,844,781.34 worth of food for participants in FY 2016-17. The Cleveland County Department of Social Services issued \$29,409,598 worth of food assistance in 2016-17 to a monthly average of 21,193 families and children, elderly and disabled adults. The same rankings identify an average of 30% of adults age 20 and over reporting no leisure-time physical activity such as running, calisthenics, golf, gardening or walking for exercise. Decreased physical activity is linked to multiple chronic diseases and causes 11% of premature mortality in the United States. While both of these indicators are self-reported on the Behavior Risk Factor Surveillance System, anecdotal observation in Cleveland County confirms that addressing these two factors will have an impact on improving the health status of county residents.

To address this, the Eat Smart Move More Coalition of Cleveland County is collaborating with Tammy Bass, the Community Catalyst for Healthy Eating and Active Living for the county funded by the Kate B. Reynolds Charitable Trust, to develop and implement a mobile-friendly web site to support increased physical activity among county residents. Project leaders have researched this information about opportunities in Cleveland County and found the information is scattered through many web sites and sometimes hard to access for a novice user. The proposed web site will combine information from the municipalities in the county as well as agency and school resources to provide a “one-stop shop” for residents and visitors who want to access parks, playgrounds, trails and other resources. The web site will also feature an up-to-date inventory of fruit and vegetable outlets in the county, link users to the Foothills Farmers’ Market information and provide details about special events such as the YMCA’s Turkey Trot 5K, the Gateway Trail 5K and the Cleveland County Schools annual fun run for students.



Plans are to launch this web site at an Alliance for Health Partners meeting on April 11, 2018 with participation at community events scheduled for the following three Saturdays in April. The web site contains specific information about trails such as length, surface, pet-friendly status and amenities such as benches and restroom facilities. The walking trails at schools as well as playgrounds throughout the county are also identified in a user-friendly format.

The members of the Eat Smart Move More Coalition have contributed time and energy into the development of this web site with leadership provided by Tammy Bass, Susan Willis— the Health Educator II at CCPHC and Laney Avery, public health student intern from UNC-G.

### Mortality Data for Cleveland County

A review of the leading causes of death in Cleveland County reported for three five-year periods indicates a rise in the total death rate per 100,000 from 1153.2 in 2010-14 to 1186.9 in 2011-15 to the most current figure 1224.1 in 2012-16. This data is reported from the North Carolina State Center for Health Statistics, 2018 County Health Data Book. Some of this increase may be explained by the increase in older adults in the county with 15% of the population 65 and older in 2010 and 17.8% in 2016 according to estimates from the US Census Bureau. Additional factors may include the consistent levels of tobacco use, obesity, physical inactivity, lack of access to health care and poverty found in the county.

#### Leading Causes of Death in Cleveland County 2011-2015 and 2012-2016

2011-2015				2012-2016			
Rank	Cause of Death	Number of Deaths	Rate per 100,000	Rank	Cause of Death	Number of Deaths	Rate per 100,000
1	Cancer – all sites	1,243	255.8	1	Diseases of the heart	1,237	254.8
2	Diseases of the heart	1,240	255.2	2	Cancer – all sites	1,221	251.5
3	Chronic lower respiratory diseases	355	73.1	3	Chronic lower respiratory diseases	377	77.6
4	Cerebrovascular disease	325	66.9	4	Cerebrovascular disease	334	68.8
5	Alzheimer’s disease	247	50.8	5	Alzheimer’s disease	268	55.2
6	Other unintentional injuries	218	44.9	6	Other unintentional injuries	234	48.2
7	Diabetes mellitus	193	39.7	7	Diabetes mellitus	208	42.8
8	Septicemia	189	38.9	8	Septicemia	186	38.3
9	Pneumonia & influenza	162	33.3	9	Pneumonia & influenza	168	34.6
10	Nephritis, nephrotic syndrome and nephrosis	121	24.9	10	Nephritis, nephrotic syndrome, and nephrosis	122	25.1
	<b>Total all deaths</b>	<b>5,767</b>	<b>1186.9</b>		<b>Total all deaths</b>	<b>5,944</b>	<b>1224.1</b>

Source: NC State Center for Health Statistics, County Health Data Book, 2016, 2017 and 2018

The #1 cause of death in the 20-39 year age group in 2012-16 was motor vehicle injuries followed by cancer, heart disease, suicide and homicide. In the 40-64 year age group cancer was the leading cause of death followed by heart disease and unintentional poisonings (overdoses). For 65-84 year old residents cancer, heart disease and respiratory disease were the top three causes of death. For heart disease, the death rate per 100,000 was 253.6 in 2010-14, 255.2 in 2011-15 and 254.8 in 2012-16. Cancer death rates also increased from 243.8 per 100,000 in 2010-14 to 251.5 in 2012-16. A specific concern is the increase in death rates from unintentional poisoning from 45.6 per 100,000 in 2010-14 to 48.2 in 2012-16. This is a reflection of the opioid epidemic affecting the county, state and nation and has given rise to specific county efforts by law enforcement and health care providers to collaboratively address this issue.

### Snapshot of County Demographics

Below is a snapshot of current county demographics produced by the North Carolina Institute of Medicine in December, 2017.

Population: 97,144	73.2% Caucasian
22.1% <18 years	20.8% African-American
17.8% 65+ years	3.5% Hispanic/Latino
	1.6% Two or more races
16% of population with a Bachelor's degree or higher	89.7% high school students who graduate on time
16.7% of adults age 18-64 without health insurance	3.9% of children age 18 and under without health insurance
32.9% of population enrolled in Medicaid or CHIP	30.7% of adults are obese
46.1% of adults participate in 150 minutes of physical activity each week	20% of adults are current smokers
68.0 per 100,000 deaths due to unintentional poisonings or overdoses ; 57.7 per 100,000 rate of opiate poisoning deaths	128 per 100 persons rate of retail opioid prescriptions dispensed in Cleveland County
10.3% of babies born with birthweight <2,500 grams	8.8 per 1,000 live births infant mortality rate
10.6% of adults in county with diagnosed diabetes	494.1 per 100,000 cancer incidence rates
19.8% of individuals living in poverty (100% of federal poverty level)	5.5% unemployment
Average life expectancy at birth 74.9 years	Median household income \$39,134

Additional data provided by the 2016-17 Annual Report of the Cleveland County Department of Social Services reveals that there were 1,309 child protective services reports involving 3,064 children in the 16-17 fiscal year. DSS took custody of 133 children and provided foster care services to a monthly average of 80 children. Staff members certified or recertified Medicaid for 27,549 individuals in 2016-17 compared to 26,267 in 2015-16. School health nurses are employed by the Cleveland County Public Health Center and serve 29 schools throughout the county. There are school-based health centers in all middle and high schools. School health nurses identified 1,834 health conditions requiring a health care plan, medication during the day or some type of care at school in the students enrolled in Cleveland County Schools. 94% of all student visits resulted in the student returning to class after assessment and only 6% of all student visits for assessment resulted in the student going home.

### Emerging Issues To Be Addressed

Several emerging issues in health care require responses in the coming year. A new study group is forming to address the issue of substance abuse in pregnant women which will also allow a new focus on infant mortality, low birthweight babies and pre-term babies. This is especially critical since the disparity in infant mortality is 5.4 per 1000 for Caucasian and 18 per 1000 for African-American babies. A second focus to be considered is the ongoing collaboration with Cleveland County Schools and Partners Behavioral Health MCO in addressing the social determinants of health in the west Shelby community. Multiple options are under consideration as to how to best assist these residents in accessing needed services—stationing staff at designated sites in the community or identifying individuals from the community who are willing to be trained as “resource navigators” to assist their neighbors. Ongoing improvements in our Animal Control program are critical to our goal of enhancing our spay-neuter services and facilitating more animal adoptions. Partnering with the Levine Cancer Institute at Carolinas HealthCare System-Cleveland to enhance cancer screening programs for breast, prostate, skin, lung and colorectal cancers is a major factor in our ability to confront this disease. Implementing the new Live Healthy Cleveland County web site will provide easy access to opportunities for physical activity to residents and visitors to the county and will offer up-to-date information about accessing healthy foods in the county. These emerging issues combined with the CCPHC commitment to providing high quality, cost-effective services to Cleveland County represent formidable challenges to 2018!

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Cleveland County Board of Health

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The report is posted electronically on the web site of the Cleveland County Public Health Center:

[www.clevelandcounty.com/cchd](http://www.clevelandcounty.com/cchd)

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