



The Cleveland County Health Department is excited to share the **Healthy NC 2030 Scorecard for Cleveland County**. This Community Health Improvement Scorecard is an easy way to learn about some of the efforts currently underway in Cleveland County to address two health priorities identified in the 2019 Cleveland County Community Health Assessment (CHA):

- Tobacco
- Teen Births

While our community has been adversely impacted by the COVID-19 pandemic since March 2020, Cleveland County and our community partners are united in our efforts to support community health improvements to address these priorities. This Scorecard also serves as **Cleveland County's Community Health Improvement Plans (CHIPs)**, fulfilling the NC Local Health Department Accreditation requirement that local health departments submit two CHIPs following the CHA submission.

For each priority, this Scorecard spotlights:

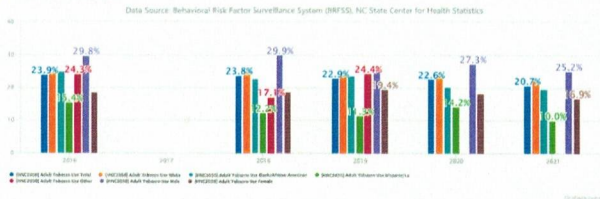
- A **Result Statement**, a picture of where we would like to be,
- Important **local Indicators** or measures of how we are doing linked to **Healthy NC2030 indicators** and
- Select **Programs** or activities and
- Key **Performance Measures** that show how those programs are making an impact.

The Scorecard also contains the annual **Cleveland County State of the County Health** reports (SOTCH).

Tobacco

R All Cleveland County residents live in communities that support tobacco-free/e-cigarette free lifestyles.

I FHLI-NC HNC2030 Adult Tobacco Use Total



Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2021	20.7%	↓ 4	-13% ↓
2020	22.6%	↓ 3	-5% ↓
2019	22.9%	↓ 2	-4% ↓
2018	23.8%	↓ 1	0% →
2016	23.9%	→ 0	0% →

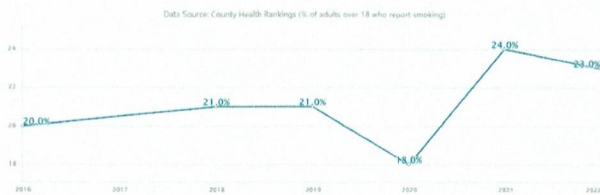
Why Is This Important?

Tobacco use remains the leading preventable cause of early death and disease in North Carolina and the nation. Tobacco use and secondhand smoke exposure are responsible for multiple causes of preventable morbidity and mortality in North Carolina. While combustible cigarette use has decreased among North Carolina's youth, prevalence among adults has declined only slightly, and there are major disparities in tobacco-attributable disease and death among population groups. E-cigarette use among young people has become an epidemic in North Carolina and the nation and poses a public health threat. HNC2030 pg. 68

Story Behind the Curve

Partners with a Role to Play

I Adult Tobacco Use in Cleveland County



2022	23.0%	↓ 1	15% ↑
2021	24.0%	↑ 1	20% ↑
2020	18.0%	↓ 1	-10% ↓
2019	21.0%	→ 1	5% ↑
2018	21.0%	↑ 1	5% ↑
2016	20.0%	→ 0	0% →

Strategy

- Develop, implement and maintain a comprehensive tobacco messaging program directed to adults using a variety of media including evidence-based options specifically

developed for target populations.

- Facilitate delivery of multiple options for tobacco cessation programming for county residents including but not limited to pharmacotherapy, counseling, group cessation classes and telephone and text-based messaging formats.
- Develop, implement and maintain episodic programming to target populations including educational materials and classes, health fairs and special events.

Partners

- Cleveland County Public Health Center Staff both clinical and health education
- Public Health Board of Cleveland County
- Substance Abuse Prevention Coalition
- Atrium Health
- Centers for Disease Control and Prevention
- North Carolina Tobacco Prevention Control Branch

Story Behind the Curve

Tobacco use continues to be a contributing factor in the overall health of residents of Cleveland County. Data from the 2022 North Carolina State Health Improvement Plan indicates that in 2018, 23.8% of NC adults reported using e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes and/or hookahs. That figure decreased to 22.6% in 2020 but is still higher than the 2030 target of 15.0%. Data from the Truth Initiative revealed that 16.5% of adults in NC smoked in 2020 compared to the national rate of 15.5%. County-specific data from the County Health Rankings revealed that 18% of adults in the county used tobacco products in 2020, 24% used tobacco products in 2021 and 23% used tobacco products in 2022.

From 2016-2020 data from the NC Center for Health Statistics, County Health Data Book, revealed that cancer (all sites) was the second leading cause of death among all age groups in Cleveland County. Data from 2016-2020 indicates 495 cases of lung/bronchus cancer for an incidence rate of 70.3/100,000 population with 295 deaths for a mortality rate of 43.6/100,000 population. The North Carolina Central Cancer Registry projected 97 new cases of lung/bronchus cancer in 2022 with 59 deaths projected for Cleveland County. Additionally chronic lower respiratory disease ranked as the third leading cause of death in the county from 2016-2020 with COVID-19 ranking 9th and pneumonia and influenza ranking 10th among the causes of death. These incidence and mortality rates are impacted by the use of tobacco products and without significant education/intervention messaging may continue to increase as the population of the county ages.

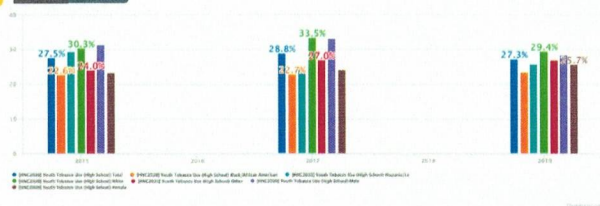
What Works

For the past two years tobacco messages have been included in print and social media posts about COVID-19 to educate the public on the links between tobacco use and COVID-19. Additional messaging directly target youth, especially about vaping issues, provide opportunities to educate adult parents and guardians about the impact of tobacco products use on the health status of individuals.

- Tobacco cessation information is available from the CCHD health education unit as requested by individuals, businesses and community programs. Currently health educators do not provide cessation programming but are investigating the implementation of the Fresh Start program developed by the American Cancer Society.
- Nicotine Replacement Therapy (NRT) products are available to community members at no cost through the CCHD Pharmacy. NRT products include both gum and lozenges and have been provided through the Region 4 Tobacco Control Manager's office and the Second Harvest Food Bank. These products are free upon request but supplies are limited. This service is drive-through only and individuals must be 18 years of age to participate. Availability has been posted on the CCHD web site and Facebook page. An estimated 20-30 individuals have received these products over the past twelve months.
- Cleveland County employees are eligible to receive smoking cessation products as well as NRT at no cost through the CCHD Pharmacy. Prescriptions are required for the smoking cessation products. An estimated dozen individuals have participated in this program over the past twelve months.
- CCHD clinical staff assess tobacco use using the 5 A's program and also refer patients to Quitline NC. 158 individuals from Cleveland County accessed Quitline services in 2022. Staff also access tobacco information available from health educators to provide information to patients, especially in the prenatal clinic.
- Individual assessments/counseling is available on a limited basis to patients in clinical units of CCHD through an agreement with Kintegra Health to station a certified counselor at CCHD for behavioral and substance abuse services. This individual also addresses tobacco use by patients, especially vaping among patients in the prenatal clinic.
- Information on No-Menthol Sunday activities for May, 2022, was shared with members of the Minority Health Council to address the targeted marketing of menthol products in the African-American community.

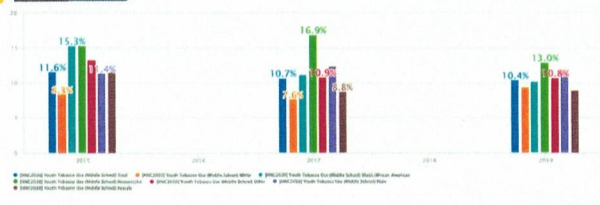
1 FHLI-NC HNC2030 Youth Tobacco Use (High School) Total

2019	27.3%	↓1	-1%
2017	28.8%	↑1	5%
2015	27.5%	→0	0%



1 FHLI-NC HNC2030 Youth Tobacco Use (Middle School) Total

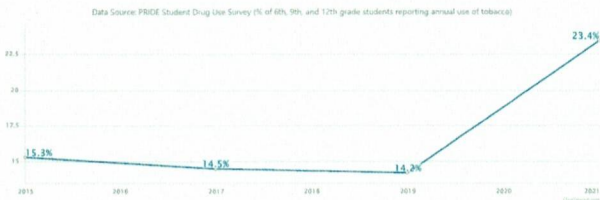
2019	10.4%	↓2	-10%
2017	10.7%	↓1	-8%
2015	11.6%	→0	0%



Health Equity/Disparity Comparison Data

1 Youth Tobacco Use in Cleveland County

2021	23.4%	↑1	53%
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2019	14.2%	↓2	-7%↓
2017	14.5%	↓1	-5%↓
2015	15.3%	→ 0	0%→

Strategy

- Deliver tobacco prevention programs, in person or virtually, to students enrolled in Cleveland County Schools.
- Deliver a range of early intervention/diversion programs either in person or virtually to students enrolled in Cleveland County Schools who have violated tobacco-free policies established by the school system.
- Develop, implement and maintain a comprehensive tobacco messaging program directed to youth using a variety of media including evidence-based options specifically developed for the younger population.
- Work with school nurses to refer students to age-appropriate tobacco cessation programming offered by physician practices and/or public health providers to reduce nicotine dependence.
- Develop, implement and maintain episodic programming to targeted youth populations including educational materials, health fairs and special events.

Partners

- Cleveland County Public Health Center staff, especially health education and school health
- Cleveland County Schools-faculty, staff, and administration
- Cleveland County Schools-students, parents, guardians
- Substance Abuse Prevention Coalition
- Public Health Board of Cleveland County
- North Carolina Tobacco Prevention Control Branch
- Partners Behavioral Health MCO/SYNAR
- Drug Free Communities Grant Program-SAMHSA
- Atrium Health

Story Behind the Curve

The Cleveland County Health Department has provided substance abuse prevention/early intervention programming to the public since 2001 when an independent agency CODAP (Community Organization for Drug Abuse Prevention) became part of the Health Education/Health Promotion unit. Since then, the delivery of substance abuse prevention services has been provided by health educators who deliver both classroom instruction and individual interventions. Development and implementation of substance abuse prevention programming is data-driven, drawn from information collected in Community Health Assessments and PRIDE Student Drug Use Surveys. CCHD is fortunate to have a supportive partner in Cleveland County Schools administrators and staff in developing, delivering and evaluating substance abuse programming to youth in the county. The Substance Abuse Prevention Coalition has led community efforts to address substance abuse prevention since 2008 and has supported numerous grant applications for funding which have enabled expanded programming options. The Drug Free Community federal grant was first awarded to CCHD in 2015 and was renewed in 2020, focusing on annual targets affecting youth, ranging from underage drinking, misuse of prescription medications and tobacco products use, including electronic cigarettes. The PRIDE Student Drug Use Survey is conducted through this grant every two years and is an excellent measure of progress in addressing alcohol, tobacco and other drug use by youth in the county. CCHD is the recipient of the Substance Abuse Prevention and Treatment Block Grant awarded through the Partners Behavioral Health LME and focuses on classroom-based interventions using evidence-based programming.

What Works

CCHD has endeavored to create a continuum of substance abuse prevention programming addressing youth in the county to encourage positive decision-making and goal setting and to promote healthy lifestyle choices.

- 467 7th grade students at Shelby Middle, Crest Middle and Burns Middle Schools completed the ten-session evidence-based program Too Good for Drugs which focuses on building positive communication and refusal skills as well as educating students on the signs and symptoms of addiction to substances.
- The Too Good for Drugs program was extended to 59 elementary school students at three sites in the county using the curriculum specifically designed for elementary students.
- 55 individuals were trained in the CATCH MY BREATH evidence-based curriculum addressing use of e-cigarettes by youth.
- CCHD staff provided SYNAR tobacco education to 80 tobacco retailers in the county, including vape shops; included in the program were paid advertisements, merchant education and environmental scans.
- The SOAR (Student Options and Redirection) diversion program received 44 referrals during the 21-22 academic year; this program is designed to reduce out-of-school suspensions for violation of Cleveland County Schools substance abuse policies and provides a targeted education/intervention to student participants. Each student is assessed for chemical dependency using the SASSI (Substance Abuse Subtle Screening Inventory) and participates in four sessions with a certified health educator. Successful completion of the program reduces the out-of-school suspension from ten days to five and provides the student with education designed to meet each individual's needs.
- A new tobacco cessation program designed specifically for adolescents was introduced in 2022 and facilitated through the school-based health centers in the middle and high schools in the county. The program, called HALT (Helping Adolescents Leave Tobacco) is offered to students who are referred by school administrators, staff or school nurses. Based on the results of an assessment for nicotine and dependence as well as readiness to quit, and with parental permission, students may participate in two levels of support. The first level includes individual and/or group educational/behavioral counseling with four to six sessions to help teens quit smoking or vaping, reduce the number of tobacco products used and increase healthy lifestyle behaviors. The second level of support involves Nicotine Replacement Therapy following guidance and recommendations from the American Academy of Pediatrics. The school-based health center nurse practitioner may prescribe patches, lozenges and gum to assist students with nicotine cravings.

1 % increase in governmental entities instituting comprehensive tobacco free policies

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Strategy

- As a first step, increase the number of governmental units adopting written policies to assure that buildings, vehicles, grounds, government-owned parks, recreation areas and public places are smoke-free.
- As a second step, increase the number of governmental units adopting written policies to assure that buildings, vehicles, grounds, government-owned parks, recreation areas and public places are tobacco-free.
- Assure that smoke-free or tobacco-free policies include e-cigarettes and other electronic products in their definition of tobacco products.

- Support the Tobacco 21 campaign to increase the minimum legal tobacco age to purchase and/or publicly consume tobacco products to age 21 years.

Partners

- All units of government in Cleveland County.
- Cleveland County Public Health Center staff, administrative and health education
- Public Health Board of Cleveland County
- Cleveland County Schools
- Cleveland Community College
- Gardner-Webb University
- Substance Abuse Prevention Coalition
- Atrium Health
- North Carolina Tobacco Prevention and Control Branch
- Centers for Disease Control and Prevention

Story Behind the Curve

Leadership at the Cleveland County Health Department initiated 100% smoke-free building and grounds policies as an example to other county entities and in 2005 moved to a 100% tobacco-free policy for buildings and grounds. CCHD leadership provided assistance to Cleveland County Schools, Cleveland Community College and Gardner-Webb University in developing similar policies. A review of data provided by the NC Tobacco Prevention and Control Branch indicates that the CCHD campus is the only county agency with a tobacco-free policy for its building and campus. While county government has written regulations for a 100% smoke-free policy for county buildings, officials have not yet moved to a tobacco-free policy nor have written policies been adopted for government vehicles, grounds, parks, recreation areas and public places. Among the fifteen municipalities in the county few have written regulations concerning smoke-free policies and none have written tobacco-free policies. As the COVID-19 pandemic has eased, additional contacts have been made with local elected officials to energize conversations about the adoption of at minimum more smoke-free policies with a long-range goal of adoption of written tobacco-free policies regarding buildings, vehicles, grounds, parks, recreation areas and public places. Examples of successful implementation of such policies in other counties and municipalities have been provided to elected officials and administrators along with samples of policies identifying tobacco products including e-cigarettes.

What Works

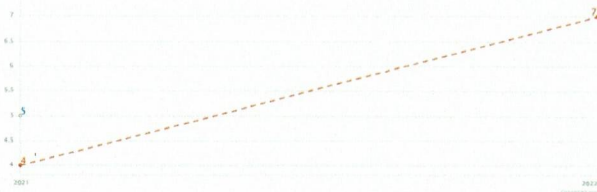
Education of elected and appointed officials on the development and adoption of tobacco-related policies has been primary for CCHD staff, especially as part of the preparation for the Local Health Department Accreditation review scheduled for February, 2023.

- A comprehensive presentation – Tobacco Policy and Opportunities for Advocacy in Cleveland County – was presented to the Public Health Board by Carleen Crawford, NC Region 4 Tobacco Control Manager, on September 13, 2022. The presentation included general tobacco and health facts, health disparities and health equity issues, rationale for comprehensive tobacco policies and benefits of comprehensive policies.
- CCHD leadership presented summary information in a work session with county commissioners in November 2022 on the impact of tobacco use on the health status of county residents as well as information on development and adoption of comprehensive policies regarding tobacco use in the county.
- The Public Health Board for Cleveland County adopted a revision in the CCHD Tobacco Free Campus Policy to include a written statement prohibiting tobacco use in all Health Department vehicles as well as a section on adherence to this policy. This section states clearly that all individuals share in the responsibility for adhering to and enforcing the tobacco-free policy. Problems should be brought to the attention of the appropriate supervisor and handled through the normal chain of command. Employees violating the policy will be subject to the same disciplinary actions that accompany infractions of other agency rules.

P Too Good for Drugs

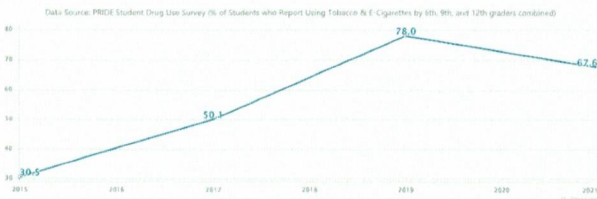
PM # of schools using Too Good for Drugs in 7th grade

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2022	—	→ 0	No Data →



PM % use of any tobacco products among youth measured by the PRIDE Student Drug Use Survey

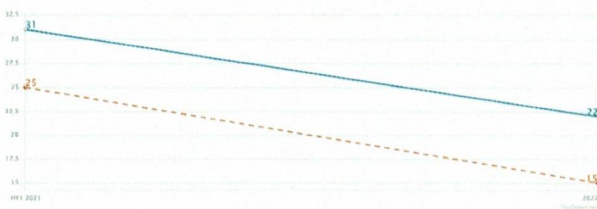
2021	67.6	↓ 1	122% ↗
2019	78.0	↗ 2	156% ↗
2017	50.1	↗ 1	64% ↗
2015	30.5	→ 0	0% →



P CATCH my Breath

PM # of People trained/participating in CATCH My Breath

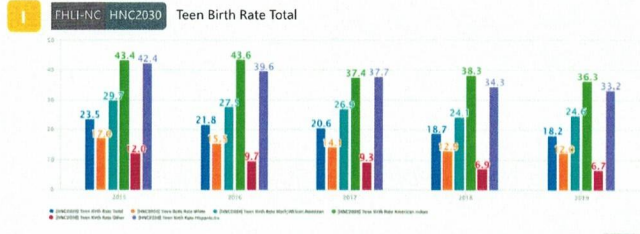
Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2022	22	↓ 1	-29% ↘



Teen Births

R Communities in the county support healthy choices for family planning and have equitable access to health services to reduce teen births in Cleveland County.

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2019	18.2	↘ 4	-23% ↘
2018	18.7	↘ 3	-20% ↘
2017	20.6	↘ 2	-12% ↘
2016	21.8	↘ 1	-7% ↘
2015	23.5	→ 0	0% →



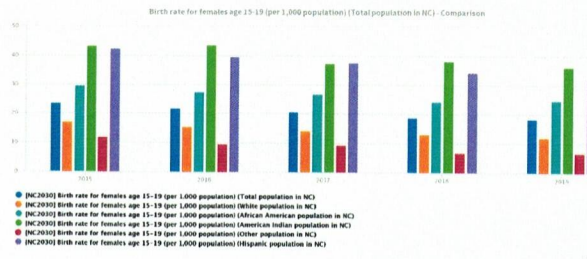
Why Is This Important?

Having a child during one's teenage years is associated with social, health, and financial burdens to the teen parents, their families, and their communities. Teenage mothers are less likely to complete high school and more likely to live in poverty. Children born to teenage parents are less likely to succeed in school and more likely to drop out of school and be involved in the criminal justice system. Although the teen birth rate in North Carolina has decreased significantly, teen births remain high among American Indian, African American, and Hispanic populations. HNC2030 pg. 78

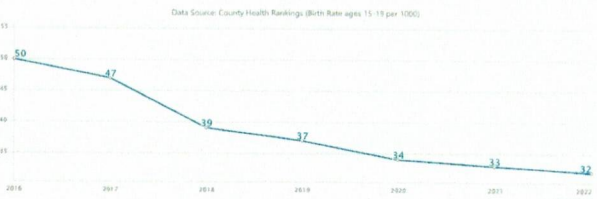
Story Behind the Curve

Partners with a Role to Play

Health Equity/Disparity Comparison Data



I Teen Birth Rate in Cleveland County



2022	32	↘ 7	-40% ↘
2021	33	↘ 6	-38% ↘
2020	34	↘ 5	-36% ↘
2019	37	↘ 4	-30% ↘
2018	39	↘ 3	-26% ↘
2017	47	↘ 2	-11% ↘
2016	50	↘ 1	-6% ↘
2015	53	→ 0	0% →

I State Teen Pregnancy Rates Ages 15-19 (Rates per 1000)

Strategy

Partners

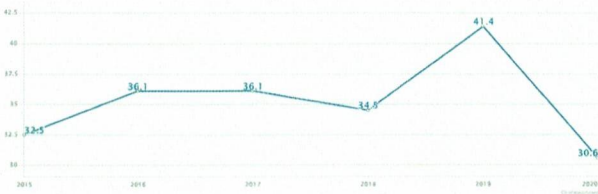
Story Behind the Curve

What Works

2023	—	→ 0	No Data →
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I Cleveland County Teen Pregnancy Rates Ages 15-19 (Rate per 1000)

2020	30.6	↘ 1	-6% ↘
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Year	Value	Trend	% Change
2019	41.4	↗ 1	27% ↑
2018	34.5	↘ 1	6% ↑
2017	36.1	→ 1	11% ↑
2016	36.1	↗ 1	11% ↑
2015	32.5	→ 0	0% →

Strategy

- Maintain/enhance the delivery of medically accurate, culturally appropriate comprehensive reproductive health and safety educational programs delivered to students with parental permission in Cleveland County Schools.
- Identify and engage in opportunities to deliver reproductive health and safety education to youth and young adults in traditional and non-traditional settings in Cleveland County.
- Maintain and enhance the work of the Teen Pregnancy Prevention Coalition to address the teen pregnancy rate, the teen birth rate and the need for healthy birth outcomes among residents of Cleveland County.
- Maintain and enhance the work of the Strong Teens Youth Council to engage youth and parents/guardians in messaging about reproductive health issues.
- Design and deliver a community messaging campaign regarding teen pregnancy and teen births using multiple media formats.

Partners

- Cleveland County Public Health Center staff, especially health educators certified in curriculum delivery, school health and family planning staff.
- Public Health Board of Cleveland County
- Cleveland County Schools-faculty and administration
- Teen Pregnancy Prevention Coalition members
- Minority Health Council
- Community stakeholders in health and human service agencies
- North Carolina Teen Pregnancy Prevention Initiative staff members

Story Behind the Curve

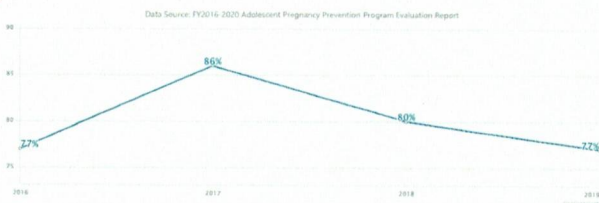
Teen pregnancies among females 15-19 years of age and teen births were first identified as health issues in Cleveland County in the 2007 Community Health Assessment. At that time the pregnancy rate for females ages 15-19 was 71.8 per 1000 females and the rate for African American teens was 108.9 per 1000 females. To respond to this the Cleveland County Health Department at that time convened a community task force to address this issue by developing a set of options for community action. In 2008 House Bill 88- the Healthy Youth Act- was introduced in the North Carolina House of Representatives requiring schools to offer comprehensive reproductive health and safety education in the public schools. Signed into law in July 2009, the act required age- appropriate reproductive health and safety education to be provided to students with parental permission and using approved evidence-based curricula. CCHD staff worked with administrators from Cleveland County Schools to select curricula for 8th and 9th grade students and to train health/physical education teachers in the delivery of the selected curriculum for each grade level. In 2015 the Cleveland County Public Health Center was awarded an Adolescent Pregnancy Prevention Program grant from the Teen Pregnancy Prevention Initiative of North Carolina to implement a comprehensive reproductive health and safety educational program for 8th and 9th grade students with parental permission. The Teen Pregnancy Prevention Coalition serves as the Community Advisory Board for this grant which was renewed in 2019 for another four years. Initially the Smart Girls curriculum was used for 8th grade female students and the Wise Guys curriculum was used for 9th grade male students with certified health educators providing classroom-based instruction. Data was collected from participating students using pre-and post-tests and during the initial four-year grant period the program met or exceeded all state data requirements. With the grant renewal in 2019 upon recommendation from the TPPI program staff, the Making Proud Choices (5th Edition) curriculum was selected for use with the grade students both male and females. Health Educators earned certification in this curriculum and began using this in fall, 2019.

What Works

Comprehensive, medically accurate reproductive health and safety information delivered by certified health educators in single gender classes has worked to reduce both the teen pregnancy and teen birth rates in Cleveland County. The curriculum chosen for use- Making Proud Choices- emphasizes abstinence in each lesson as the only certain method for preventing both and unplanned pregnancy and unwanted sexually transmitted infections. Support from school and Cleveland County Public Health Center administrators is critical to successful implementation of such a comprehensive effort to address a culturally sensitive issue. Support from the Minority Health Council in presenting teen pregnancy and teen births as a total community issue is also important in engaging community institutions in frank discussions about the impact of teen pregnancy and teen births on the future of youth in the county. Continuing access to family planning clinical services works to emphasize the importance of reducing unplanned pregnancies and supporting the use of FDA-approved contraceptives for youth. Support from community stakeholders such as the individuals participating in the Teen Pregnancy Prevention Coalition underscores the need for clear, accurate messaging about teen pregnancies and teen births delivered through a variety of media to residents of the county.

PM Making Proud Choices

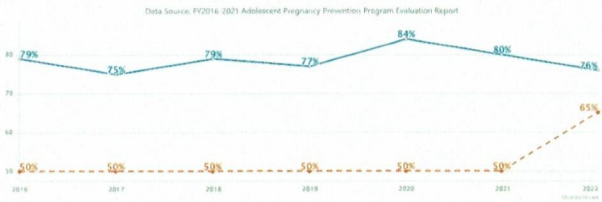
PM % of students who report being abstinent at pre- and post-test



Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2019	77%	↘ 2	0% →
2018	80%	↘ 1	4% ↑
2017	86%	↗ 1	12% ↑
2016	77%	→ 0	0% →

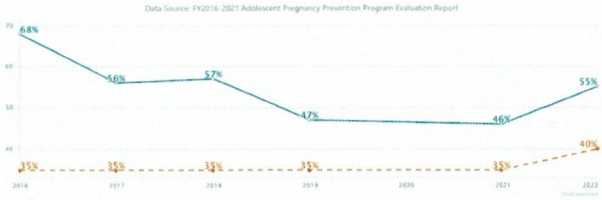
PM % of students reporting increase in knowledge supporting prevention of pregnancy/STIs (and/or abstinence)

2022	76%	↘ 2	-4% ↘
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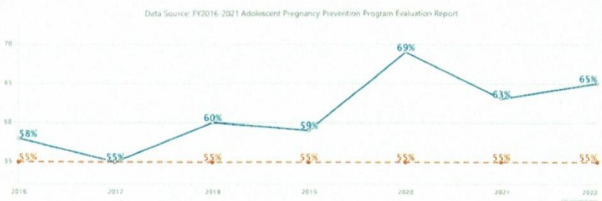
2021	80%	↓ 1	1% ↑
2020	84%	↑ 1	6% ↑
2019	77%	↓ 1	-3% ↓
2018	79%	↑ 1	0% →
2017	75%	↓ 1	-5% ↓
2016	79%	→ 0	0% →

PM % students reporting increase in attitudes and beliefs supporting the delay of sexual activity for prevention of pregnancy and/or STIs



2022	55%	↑ 1	-19% ↓
2021	46%	↓ 2	-32% ↓
2019	47%	↓ 1	-31% ↓
2018	57%	↑ 1	-16% ↓
2017	56%	↓ 1	-18% ↓
2016	68%	→ 0	0% →

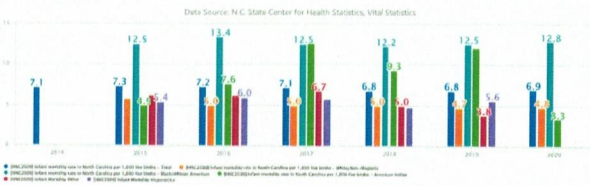
PM % of students indicating increase in attitudes and beliefs supporting condom use



2022	65%	↑ 1	12% ↑
2021	63%	↓ 1	9% ↑
2020	69%	↑ 1	19% ↑
2019	59%	↓ 1	2% ↑
2018	60%	↑ 1	3% ↑
2017	55%	↓ 1	-5% ↓
2016	58%	→ 0	0% →

R Residents in Cleveland County have equitable access to quality affordable prenatal services to assure healthy birth outcomes for babies born in Cleveland County.

I FHLI-NC_HNC2030 Infant mortality rate in North Carolina per 1,000 live births - Total



Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2020	6.9	↑ 1	-1% ↓
2019	6.8	→ 1	-3% ↓
2018	6.8	↓ 3	-3% ↓
2017	7.1	↓ 2	1% ↑
2016	7.2	↓ 1	3% ↑
2015	7.3	↑ 2	4% ↑
2014	7.1	↑ 1	1% ↑
2013	7.0	↓ 1	0% →
2012	7.4	↑ 2	6% ↑

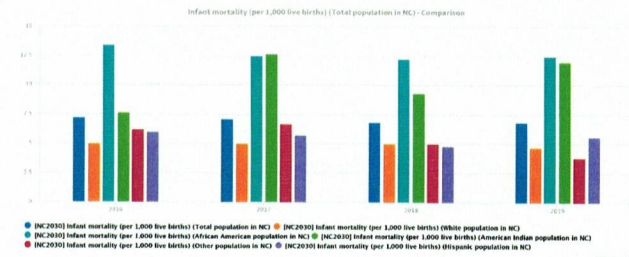
Why Is This Important?

Infant mortality is a common proxy for overall community health and health disparities. The health of infants reflects the health of the next generation and North Carolina has a higher infant mortality rate than the country as a whole. In particular, babies born to African American and American Indian women are more likely to die in the first year of life than babies born to white women. HNC2030 pg. 96

Story Behind the Curve

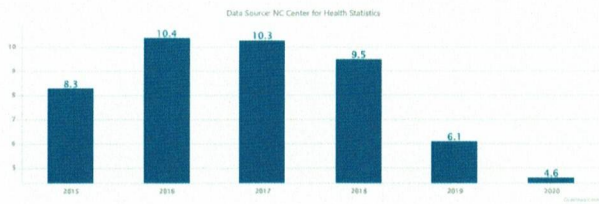
Partners with a Role to Play

Health Equity/Disparity Comparison Data



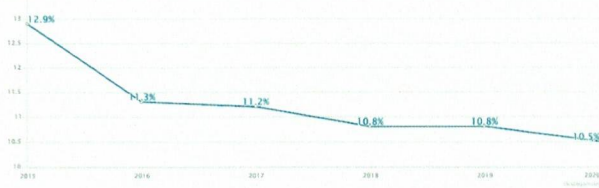
I Infant Mortality in Cleveland County (rate per 1000 live births)

2020	4.6	↓ 4	-45% ↓
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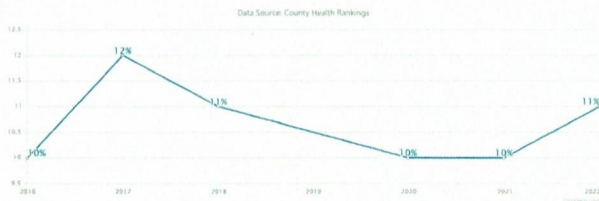
2019	6.1	↓3	-27%↓
2018	9.5	↓2	14%↑
2017	10.3	↓1	24%↑
2016	10.4	↑1	25%↑
2015	8.3	→0	0%→

1 % of pre-term births in Cleveland County



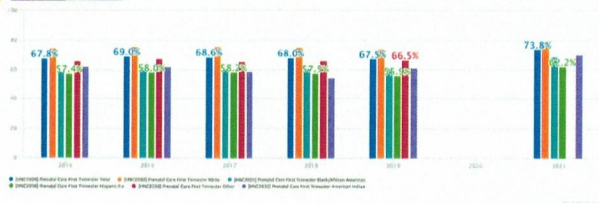
2020	10.5%	↓1	-19%↓
2019	10.8%	→1	-16%↓
2018	10.8%	↓3	-16%↓
2017	11.2%	↓2	-13%↓
2016	11.3%	↓1	-12%↓
2015	12.9%	→0	0%→

1 % of low birth weight babies in Cleveland County (1499-2499 grams)



2022	11%	↑1	-8%↓
2021	10%	→1	-17%↓
2020	10%	↓2	-17%↓
2018	11%	↓1	-8%↓
2017	12%	↑1	0%→
2016	10%	↓1	-17%↓
2015	12%	→0	0%→

1 FHLI-NC HNC2030 Prenatal Care First Trimester Total



2021	73.8%	↑1	9%↑
2019	67.5%	↓3	0%→
2018	68.0%	↓2	0%→
2017	68.6%	↓1	1%↑
2016	69.0%	↑1	2%↑
2015	67.8%	→0	0%→

Why Is This Important?

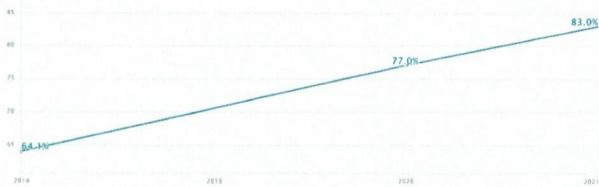
Receipt of early prenatal care is a protective factor for many negative health outcomes for mothers and their babies. In North Carolina, only 68% of pregnant women receive care within the first trimester. Those who do not receive care are disproportionately women of color and teenage mothers. HNC2030 pg. 88

Story Behind the Curve

Partners with a Role to Play

Health Equity/Disparity Comparison Data

1 Prenatal Care First Trimester in Cleveland County (%)



2021	83.0%	↑2	29%↑
2020	77.0%	↑1	20%↑
2018	64.1%	→0	0%→

Strategy

- Maintain and enhance services to ensure healthy birth outcomes to individuals served by the Prenatal Clinic at the Cleveland County Public Health Center.
- Engage community stakeholders in a comprehensive media campaign to encourage early prenatal care in order to decrease the risks of low birthweight babies, premature babies and increases in infant mortality.
- Continue/enhance collaborative support for programs supporting prenatal patients and their babies such as Nurse Family Partnership and Case Management for High Risk Pregnancies program.
- Develop and deliver episodic programming in traditional and non-traditional settings to encourage early prenatal care as a means of achieving healthy birth outcomes.

Partners

- Cleveland County Public Health Center staff and administration
- Public Health Board of Cleveland County
- Teen Pregnancy Prevention Coalition
- Strong Teens Youth Council
- Faith Communities in Cleveland County
- Minority Health Council of Cleveland County

Story Behind the Curve

The primary providers of prenatal care in Cleveland County are the Prenatal Clinic at the Cleveland County Health Department and Atrium Health Shelby Women's Care OB/GYN with locations in Shelby, Kings Mountain and Boiling Springs in the county as well as in Rutherfordton, NC. Data available from the North Carolina Baby Book indicates that 1,146 babies were born in the county in 2019 1,079 in 2020 and 1,160 in 2021.

Infant mortality is a key indicator of the overall health of the population. There were 5 infant deaths in the county in 2020 with four of these deaths being non-Hispanic white for a rate of 4.6/1000 live births and 1 Hispanic infant death for a rate of 13.7/1000 live births. Infant mortality is often impacted by identified birth risk factors measured by the NC State Center for Health Statistics as well as the social determinants of health – access to healthy foods, housing, transportation and personal safety. Birth risk factors affecting the infant mortality rate may include the following factors with Cleveland County measures noted:

- % of mothers who smoke during pregnancy – 15% in 2019, 14% in 2020
- % of mothers identified as overweight or obese – 62% in 2019 and 65% in 2020
- % of mothers who are diagnosed with gestational diabetes – 11% in 2019 and 9% in 2020

Additional indicators to measure success in assuring healthy birth outcomes for babies born in Cleveland County include the provision of prenatal care in the first trimester of pregnancy, reduction in the percentage of babies with low birth weight and a decrease in the percentage of pre-term births.

- % of women who receive prenatal care services during the first trimester of a pregnancy - 69% in 2019, 77% in 2020 and 83% in 2021 sourced from the North Carolina Baby Book; the 2021 data surpasses the HNC 2030 goal of 80.0%
- % of low birth weight (1499-2499 grams) babies born in the county sourced from the County Health Rankings – 10% in 2021 and 11% in 2022
- % of pre-term births (less than 37 weeks) in the county sourced from the North Carolina Baby Book – 10.5% in 2020

What Works


Both prenatal care providers in Cleveland County offer a comprehensive service array to support prenatal patients to support the outcome of a healthy pregnancy and healthy birth.

The Cleveland County Health Department provides a comprehensive service array as well through a network of clinical services.

- The CCHD Prenatal Clinic saw 282 unduplicated patients in 2,345 visits during FY 21-22; from 7/1/22 – 12/31/22, the clinic served 164 patients in 916 visits. The number of patient visits daily ranged from 9 to 17 depending on the provider availability.
- 28 prenatal patients participated in childbirth classes to prepare them for healthy pregnancy outcomes.
- A Licensed Clinical Social Worker provided through a collaboration with Kintegra Health was embedded into the prenatal clinic at least two days per week to serve patients with behavioral health or substance abuse issues. Prenatal clinic staff also assessed patients for tobacco use and provided tobacco cessation materials and referrals to Quitline NC.
- Ultrasound technicians now provide ultrasound services to patients one day a week on-site.
- Prenatal clinic staff initiated a Safe Sleep program providing education to patients and families on Safe Sleep practices; participating patients are entered into a drawing for a Pack N Play and are also surveyed 3 months after delivery to assess compliance with Safe Sleep practices. Participants in the survey are provided with \$20 gas cards to encourage survey completion.
- Prenatal Clinic staff made referrals to the WIC program and the Dental Clinic for supportive services to clinic patients.
- The Nurse-Family Partnership program, an intensive home visiting program targeting first-time, low-income mothers, served 67 families with 31 babies born into the program during 2022. Two graduation events were held to recognize families whose children had reached the two-year-old mark and completed the program.
- The Case Management for High-Risk Pregnancies (CMHRP) program staff managed 309 patients during fiscal year 21-22 and managed 100 patients from 7/1/22 – 12/31/22. CCHD case managers worked with patients both at CCHD and Shelby Women's Care OB/GYN.
- The Case Management for High-Risk Children (CMHRC) program staff managed 274 patients with referrals to supportive services in FY 21-22.
- The CCHD Family Planning Clinic served 1,013 unduplicated patients in FY 21-22 and 696 unduplicated patients from 7/1/22 – 12/31/22 delivering preconception/family life planning services as well as provision of contraceptives. A successful grant application for three additional years of family planning services was submitted and awarded through Title X and Women's health Service Funds.

The service array for Shelby Women's Care OB/GYN can be found on their website <https://atriumhealth.org/locations/detail/atrium-health-womens-care-shelby-obgyn>.

SOTCH Reports

S 2020 SOTCH 

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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S 2021 SOTCH 

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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S 2022 SOTCH 

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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Progress on CHIP

PROGRESS ON CHIP

Please see "What Works" Sections of the Cleveland County 2022 Health Scorecard

Morbidity and Mortality Changes Since Last CHA

MORBIDITY AND MORTALITY CHANGES

Current mortality data for Cleveland County is drawn from the [North Carolina County Health Data Book](#) for 2022.

Leading Causes of Death – Unadjusted Death Rates per 100,000 Population – 2016-2020

Cleveland County				North Carolina			
Rank	Cause of Death	# of Deaths	Rate per 100,000	Rank	Cause of Death	# of Deaths	Rate per 100,000
1	Diseases of the heart	1,227	251.0	1	Cancer – all sites	98,674	190.0
2	Cancer – all sites	1,216	248.8	2	Diseases of the heart	96,474	185.8
3	Chronic lower respiratory diseases	424	86.7	3	Chronic lower respiratory diseases	26,830	51.7
4	Cerebrovascular disease	290	59.3	4	Cerebrovascular disease	26,050	50.2
5	Diabetes mellitus	263	53.8	5	Other unintentional injuries	23,427	45.1
6	Other unintentional injuries	248	50.7	6	Alzheimer’s disease	22,177	42.7
7	Alzheimer’s disease	242	49.5	7	Diabetes mellitus	15,434	29.7
8	Nephritis, nephrotic syndrome & nephrosis	184	37.6	8	Nephritis, nephrotic syndrome, & nephrosis	10,174	19.6
9	COVID-19	163	33.3	9	Pneumonia & Influenza	9,582	18.5
10	Pneumonia & Influenza	138	28.2	10	Motor Vehicle injuries	8,039	15.5
	TOTAL DEATHS – all causes	6,451	1319.7		TOTAL DEATHS – all causes	483,333	930.7

In reviewing the rates for the leading causes of death in Cleveland County, rates for heart disease, cancer, chronic lower respiratory diseases, cerebrovascular disease, Alzheimer’s and pneumonia/influenza decreased slightly from the rates shown for 2015-2019 while rates for diabetes and nephritis, nephrotic syndrome and nephrosis rose slightly. The rate for other unintentional injuries remained constant for both four-year periods. The most significant change is the inclusion of a rate for COVID-19 showing 163 deaths for the four-year period with a rate of 33.3/100,000. The COVID-19 deaths reported for this period were only reported in the 65-84 years of age and 85+ years of age groups, a population labeled as most vulnerable during the early stages of the pandemic in 2020. Septicemia, which was the 10th leading cause of death 2015-2019, was dropped from the overall rankings.

However, a comparison of county to state rates indicates that county rates are considerably higher than state rates for all categories. The county rate for diseases of the heart is 251/100,000 compared to the state rate of 185.8/100,000. The county rate for cancer – all sites – is 248.8/100,000 compared to the state rate of 190.0/100,000. Of particular concern is the county rate for diabetes which moved from 7th place in 2015-2019 to 5th place in 2016-2020 with a rate of 53.8/100,000 compared to the state rate of 29.7/100,000. Disparities exist between the White, non-Hispanic population and the African-American, non-Hispanic populations in diseases of the heart, cerebrovascular disease, diabetes, septicemia, nephritis-nephrotic syndrome-nephrosis, Alzheimer’s disease and COVID-19 with higher rates among African-Americans. Gender disparities also are revealed in this data. Among the white, non-Hispanic population, rates for diseases of the heart, cerebrovascular disease cancer, diabetes, motor vehicle injuries and other unintentional injuries are higher for males than females. For African-American, non-Hispanic individuals, rates for diseases of the heart, cancer, diabetes, chronic lower respiratory diseases and nephritis-nephrotic syndrome-nephrosis are higher for males than females. Among white males, the rate for deaths from lung cancer is 63.9/100,000 compared to the rate for white females of 35.9/100,000.

Changes also occurred in the rates of sexually transmitted diseases in the county. Cases of Chlamydia rose from 657 in 2020 with a rate of 670.8/100,000 to 733 in 2021 with a rate of 730.4/100,000 according to data published by the North Carolina Electronic Disease Surveillance System as of July 1, 2022. Cases of Gonorrhea dropped from 333 in 2020 with a rate of 340.0/100,000 to 320 cases with a rate of 318.9/100,000 in 2021. However, cases of early syphilis in the county rose from 8 in 2020 with a rate of 8.2/100,000 to 32 cases in 2021 with a rate of 31.9/100,000. Cases of HIV rose from 7 in 2020 to 8 in 2021 with only a slight increase in rate.

In 2022 Cleveland County reported 11,306 total COVID-19 cases in the county with 117 deaths. Vaccination data reveals that for all ages, 54% of residents had at least one dose of the initial vaccine (52,516 doses) and 51% completed the initial series of two doses (49,470 doses). Data for the boosters indicates that for all ages, 53% of individuals had at least one original booster (26,337 doses) and 16% had an updated booster (7,674 doses). Of all age groups in the county individuals 65+ years of age, 92% had one dose, 90% completed the original vaccine series, 70% had one booster and 28% received the updated booster.

Emerging Issues Since Last CHA

EMERGING ISSUES

Access to primary care services as well as access to dental care, especially for adults, continue to emerge as issues affecting the overall health and well-being of residents of Cleveland County. Progress has been made in providing dental screenings and follow-up treatment for students in Cleveland County Schools but few dental providers accept Medicaid reimbursement and many individuals have no dental insurance coverage.

The ability to operate clinics daily at full capacity continues to be impacted by staffing issues. Staff turnover at CCHD reached 16.19% in 2022 based on an employee count of 105 individuals. Credential requirements as well as salary levels affected the ability to recruit and hire staff members to fill vacancies and many potential employees chose opportunities offered by hospitals and private providers. County leadership continues to work to address this issue.

The receipt of grant funding (\$5 million) from the State of North Carolina to increase access to care has sparked consideration of a new, proposed Community Wellness Project focusing on service provision to underinsured and uninsured residents of the county. CCHD leadership developed a comprehensive model to address these needs over a period of several months in 2022 and proposed the following components to the Board of County Commissioners for approval:

- Creating and operating a primary care clinic at the Cleveland County Health Department to serve the most vulnerable in the county including a partnership with Atrium Health to embed virtual care for specialty referrals;
- Establishing a mobile screening unit to travel three to four days each week to locations throughout the county with a direct linkage to the CCHD Primary Care Clinic and offering screenings and educational information to participants;
- Establishing a mobile pediatric dentistry unit to spend a week at each of the 29 schools in Cleveland County for screening, preventive care and treatment with parent consent using contract staff.

The Cleveland County Board of Commissioners approved moving ahead with this project at their December 17, 2022 meeting.

New/Paused/Discontinued Initiatives Since Last CHA

NEW/PAUSED/DISCONTINUED INITIATIVES

No initiatives or services were paused or discontinued in 2022.

New programs and services initiated during 2022 include the following:

- Dental screenings conducted by the staff of the CCHD Dental Clinic were held at elementary and intermediate schools in the county. 1,899 students were screened at seven schools and 509 or 27% of students screened were found to have moderate to high-risk dental issues. Follow-up treatment at the CCHD Dental Clinic was provided to students with the assistance of school social workers.
- CCHD health educators and WIC staff were trained in the delivery of the Med-South Lifestyle Program in collaboration with research faculty from the UNC-Chapel Hill School of Nursing to study the logistics of adapting and introducing principles of traditional Mediterranean diets to at-risk populations. The study is funded by the Centers for Disease Control and Prevention and was initiated with 10 participants in June 2022 who will be followed for twelve months to measure changes in weight and blood pressure as a part of this study.
- As a part of the Med-South Lifestyle Program CCHD health educators oversaw the work of an intern to produce a comprehensive resource guide for the county listing resources under the following headings: Nutrition (food assistance, food pantries, hot meal programs, fresh fruit and vegetable markets and meat and dairy markets), Physical Activity (regional parks, municipal parks and walking trails, school facilities), Prescription Drug supportive programs, Transportation options and Private Primary Care Providers. Guides were produced and distributed through print media as well as electronic and social media postings.
- The Question-Persuade-Refer (QPR) suicide prevention program was introduced to CCHD staff members this year as a required training. A health educator was certified to train all staff in this program and also provided resource materials to staff to use with clients presenting with behavioral issues.
- CCHD participated in the Advancing Equity Initiative in support of embedding health equity principles in programs and services throughout the agency. An internal equity team – Reaching Inclusion, Standing for Equity (RISE) – was created with membership from all levels of the agency who conducted an internal equity assessment and developed an organizational plan to promote health equity. This team selected and promoted virtual training in the social determinants of health and other health equity issues for all staff members and promoted the posting of Solution Boxes throughout the agency to promote staff participation in identifying and resolving equity issues.
- CCHD created an Internal Wellness Team responsible for developing and implement quarterly wellness challenges for staff during 2022. Walking contests, stretch exercises and promotion of the Mediterranean diet were challenges selected for 2020 with incentives for employees to participate in each challenge.
- CCHD participated in a collaborative effort to create the Healthy Together Cleveland project. Funded by the Duke Endowment through Atrium Health, this collaborative is focused on building partnerships throughout the county to address access to healthy food issues and increased levels of physical activity. The project is funded for five years and is part of the Healthy People, Healthy Carolinas initiative.