

Cleveland County 2023

COMMUNITY HEALTH ASSESSMENT



CLEVELAND COUNTY HEALTH DEPARTMENT

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Shelby, NC 28152

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2023 Community Health Assessment Table of Contents

A Message from the Health Director – Tiffany Hansen.....	7
Executive Summary.....	9
Overview of Cleveland County.....	13
Community Health Assessment Process – 2023.....	16
Social and Economic Factors.....	27
Poverty.....	27
Unemployment.....	29
Short-Term Suspensions.....	32
Incarceration.....	33
Adverse Childhood Experiences.....	34
Third Grade Reading Proficiency.....	35
Physical Environment Factors.....	37
Access to Exercise Opportunities.....	37
Limited Access to Healthy Food.....	40
Severe Housing Problems.....	45
Health Behaviors.....	47
Drug Overdose Deaths.....	47
Tobacco Use.....	54
Excessive Drinking.....	58
Sugar Sweetened Beverage Consumption.....	60
HIV Diagnosis/Sexually Transmitted Diseases.....	61
Teen Births.....	64
Clinical Care Factors.....	67
Uninsured.....	67
Primary Care Clinicians.....	70
Early Prenatal Care.....	73
Suicide.....	75

Health Outcomes.....	80
Infant Mortality.....	80
Life Expectancy.....	82
Mortality Data.....	83
Health Status.....	88
Heart Disease and Stroke.....	89
Cancer Incidence.....	93
Diabetes Mellitus.....	98
Overweight/Obesity.....	101
Additional Areas of Concern.....	103
Preventive Screenings.....	103
Dental Care.....	103
Vision Care.....	104
Behavioral/Mental Health Services.....	104
Quality of Life.....	106
Conclusion.....	110
Appendices	
Comparison – Survey to County Demographics.....	112
2023 CHA Community Survey.....	114
Marketing Materials.....	127
2023 Focus Group Compilation.....	130
Statement to Key Stakeholders.....	140
2023 Priority Ballot.....	141
Priority Ballot Results.....	148
Available Resources – Cleveland County.....	149

A Message from the Health Director – Tiffany Hansen



In the heart of every thriving community lies a shared commitment to well-being, a collective aspiration to nurture health and vitality. Yet, this pursuit is no solitary journey; it requires a concerted effort, a symphony of voices harmonizing for the greater good. At the forefront of this endeavor stands the Community Health Assessment (CHA), a beacon guiding communities toward a healthier future.

In the tapestry of public health, CHAs serve as the compass, illuminating the path toward holistic well-being. They are not mere surveys or statistical analyses; rather, they are living documents, reflections of a community's pulse, aspirations, and challenges. Through meticulous data collection, stakeholder engagement, and rigorous analysis, CHAs paint a vivid portrait of community health, revealing both triumphs and tribulations.

The significance of CHAs transcends mere enumeration of health indicators; they spark a dialogue, igniting conversations that bridge disparate voices and perspectives. In the crucible of community engagement forums, residents, healthcare providers, policymakers, and advocates converge to exchange insights, concerns, and visions. It is within these spaces of collaboration that the true power of CHAs unfolds, nurturing a sense of collective ownership and empowerment.

One of the paramount virtues of CHAs lies in their ability to identify health disparities lurking beneath the surface of prosperity. By disaggregating data along socio-economic, racial, and geographic lines, CHAs unveil the invisible barriers obstructing health equity. Armed with this knowledge, communities can devise targeted interventions, dismantling systemic inequities and fostering a more inclusive landscape of health.

Moreover, CHAs serve as catalysts for strategic planning, guiding the allocation of resources toward evidence-based interventions with maximal impact. Whether it be expanding access to healthcare services, bolstering preventative measures, or

fortifying social support networks, CHAs provide the blueprint for informed decision-making. Through partnerships forged between local health departments, non-profit organizations, and philanthropic entities, communities can leverage their collective strengths to effect transformative change.

The ripple effects of CHAs extend far beyond the confines of statistical analyses; they permeate the very fabric of community identity, generating a culture of health consciousness and resilience. As individuals become empowered agents of change, grassroots initiatives flourish, fostering a renewed sense of solidarity and mutual support.

Yet, the journey toward optimal health is an ongoing odyssey, fraught with challenges and uncertainties. It is in these moments of adversity that the true test of community resilience emerges. By embracing the ethos of continuous improvement and adaptation, communities can navigate the ever-evolving landscape of public health with fortitude and resolve.

In essence, CHAs embody the collective will of communities to transcend adversity and cultivate a future defined by vitality and well-being. They are not merely documents; they are testaments to the enduring spirit of human compassion and solidarity. As we embark on this journey together, let us heed the lessons of CHAs and strive to build a world where health knows no bounds, and every voice resonates with the promise of a brighter tomorrow.



Executive Summary

The Cleveland County Health Department is pleased to present the 2023 Community Health Assessment for Cleveland County. This document provides an overview of past, current and future significant health issues facing the county today and may be used as a guide for collaboration among agencies and services to best meet the health needs of Cleveland County residents.

Our **Vision** for Cleveland County is a community where good health is within reach of everyone.

Our **Mission** is to improve and promote the health of Cleveland County through education, service and prevention.

Leadership for the 2023 Community Health Assessment was provided by the Cleveland County Health Department under the direction of Tiffany Hansen, Health Director. Working with Anne Short, Director of Community Health Services, Ms. Hansen established a Core Committee to provide advice and oversight to the CHA process and to assist in engaging community members in the Community Survey, the identification of health needs and the dissemination of information collected in the CHA process. Members of the Core Committee are identified on pages 16-17 under the CHA Process Section of this document. Additional oversight and direction was provided by the Public Health Board for Cleveland County, the advisory body to the Health Department.

Preparation of the document reflecting the results of the 2023 CHA resided primarily with members of the Cleveland County Health Department staff. The principal author of the document is Anne Short, Director of Community Health Services, assisted by Zakoya Spikes, Coordinator of the Healthy Communities grant and facilitator of the 2030 Healthy North Carolina Scorecard for Cleveland County. These individuals were ably assisted by additional CCHD staff members who contributed assistance in multiple ways: Hallie Boggs, Bailey Caudle, Alisha Heavner, Haley Jones and Nautica Mason. Andrea Power, assistant to the Health Director, played a major role in facilitating the work of the Core Committee including transcribing the minutes of each of the committee and work group meetings. Additional assistance was provided by staff members from the finance and clinical units of the Health Department in the provision of data drawn from the Patagonia electronic health record used by CCHD. This document could not have been completed without the collaborative work of these individuals!

Community partners represented in the Core Committee and the Public Health Board for Cleveland County included:

Partnership	Number of Partners
Public Health Agency	1
Hospital/Health Care System	2
Healthcare Providers	5

Dental Health Provider	1
Pharmacy	1
Business	2
Public School System	1
Educational Institutions	2
Faith Communities	2
Local Government Representatives	2
Government Programs	4
Community Organizations	5
Public Members	3
Foundations	1

The 2023 Community Health Assessment was conducted and funded by the Cleveland County Health Department as part of the Consolidated Agreement with the North Carolina Division of Public Health.

The theoretical framework selected by the Core Committee for the 2023 CHA was that of the *Healthy North Carolina 2030: A Path Toward Health* based on twenty-one population health indicators. These indicators were used as the options on the priority ballot used to identify key health needs in the county. This framework was used in the 2019 Community Health Assessment and enabled comparison to the information collected in that process. Core Committee members also reviewed and considered the social determinants of health model to identify non-health indicators having an influence on the ability of providers to meet the healthcare needs of county residents.

The Core Committee for Cleveland County’s CHA began their work in May 2023 and will complete their work in November 2024 with the final publication and broad distribution of the document. A more detailed timeline of their work is included in the Community Health Assessment Process section of this document, pages 16-26. A major component of the 2023 process was data collection on two levels to provide a more comprehensive review of the health status of Cleveland County residents. Primary data was collected in a community survey provided both electronically and in hard copy format to residents for completion in September 2023. Secondary data was collected from a variety of local, regional, state and national sources primarily from May 2023 through August 2024. Data for Cleveland County was compared to state data as well as information collected from the neighboring counties of Gaston, Lincoln and Rutherford as these counties are more closely identifiable to residents of Cleveland County.

During the primary data collection process, residents were asked to complete an 86-question survey developed and approved by the CHA Core Committee. CHA leadership used the SurveyMonkey platform to disseminate the survey and market it broadly throughout the community, using a QR code in advertising to link potential respondents directly to the survey. Hard copies of the survey were distributed to multiple sites across the county for individuals who were not comfortable using the electronic survey. At the close of September 2023 survey period, CCHD received 3,927 electronic responses and 453 paper surveys which were entered by hand into the SurveyMonkey database. The high number of electronic responses prompted a closer

review and it was determined that a disproportionate number of surveys received came from more than 89 zip codes across the world. Working with the county's skilled Information Technology staff, CCHD staff "cleaned" the corrupted surveys from the data base, leaving 2,197 valid responses to review. Additional primary data was collected through a series of focus groups held in October 2023 with participants responded to a set of questions focusing on employment, housing, educational options, access to healthcare, personal safety and community leadership opportunities.

The secondary data collection process involved gathering information from a broad array of sources which included but not limited to CCHD Patagonia electronic health records, Cleveland County Department of Social Services, North Carolina State Center for Health Statistics, Centers for Disease Control and Prevention, Cecil G. Sheps Center for Health Services Research and the United States Census Bureau. Of particular assistance in the process was data gleaned from the newly established North Carolina Data Portal which provided comparison data from a variety of sources for Cleveland County, the neighboring counties and the state of North Carolina. Data sources are indicated below each chart or diagram in the document or in the narrative explaining the information.

Key findings from this CHA process include the following points:

- County residents are concerned about economic issues affecting their quality of life including poverty, housing problems, employment opportunities and transportation options.
- Diseases of the heart, cancer – all sites and diabetes continue to be the leading causes of death for county residents.
- The COVID-19 pandemic affected county residents of all ages, genders, and economic status in the county and has created a degree of hesitancy about trust in government and public health programming.
- County residents emphasized that a lack of providers, providers not accepting new patients, the lack of health insurance and the cost of healthcare services were barriers to improving their personal health status.
- Multiple programs and services such as preventative screenings are available to residents to address chronic diseases in the county.
- A greater emphasis on providing access to healthy food and additional opportunities for physical activity is key to reducing the potential for chronic disease among county residents.

Two issues were identified for further attention by the key stakeholders engaged in a priority-setting process in January 2024. First, teen births are a continuing issue from the 2019 Community Health Assessment process. As early as 2008 when a Task Force on Teen Pregnancy Prevention was established to address the high rates of teen pregnancy in the county, this issue has been a major consideration in preventative programming offered by the Cleveland County Health Department. With the award of a Teen Pregnancy Prevention Initiative grant in 2015, the health education unit of CCHD has engaged in the delivery of reproductive health and safety education in a collaboration with Cleveland County Schools. However, the county still ranks 25th among

100 counties in the teen pregnancy rate and the teen birth rate has not decreased significantly. A Community Health Improvement Plan is under development to continue to address this issue using the Teen Pregnancy Prevention Coalition as a collaborating partner in developing enhanced strategies to engage the communities of Cleveland County in this effort.

The second identified health issue in the county is drug overdose deaths. Cleveland County has been fortunate to have a federal Drug Free Communities grant for the past ten years which offered leadership the opportunity to address youth substance use issues identified through the PRIDE Student Drug Use Survey. This initiative focused on underage drinking, tobacco use (especially vaping), marijuana and misuse of prescription medications among students in the middle and high schools in the county and offered multiple opportunities for community engagement around these issues, especially with parents and guardians of these students. However, it became clear during the COVID-19 pandemic that a spike in drug overdose deaths in the county required a more targeted approach to deal with this issue. With the award of Opioid Settlement Funds to the county, a more comprehensive approach to address drug overdose deaths has emerged. Under the leadership of Health Director Tiffany Hansen, Deputy Health Director DeShay Oliver and Opioid Coordinator Carmen Barbuto, a strategic planning process to address opioid-related issues is underway. These individuals, along with members of Drug Free Cleveland County, are participating in the development of a Community Health Improvement Plan specifically designed to reduce the number of drug overdose deaths in the community using an array of community-based strategies.

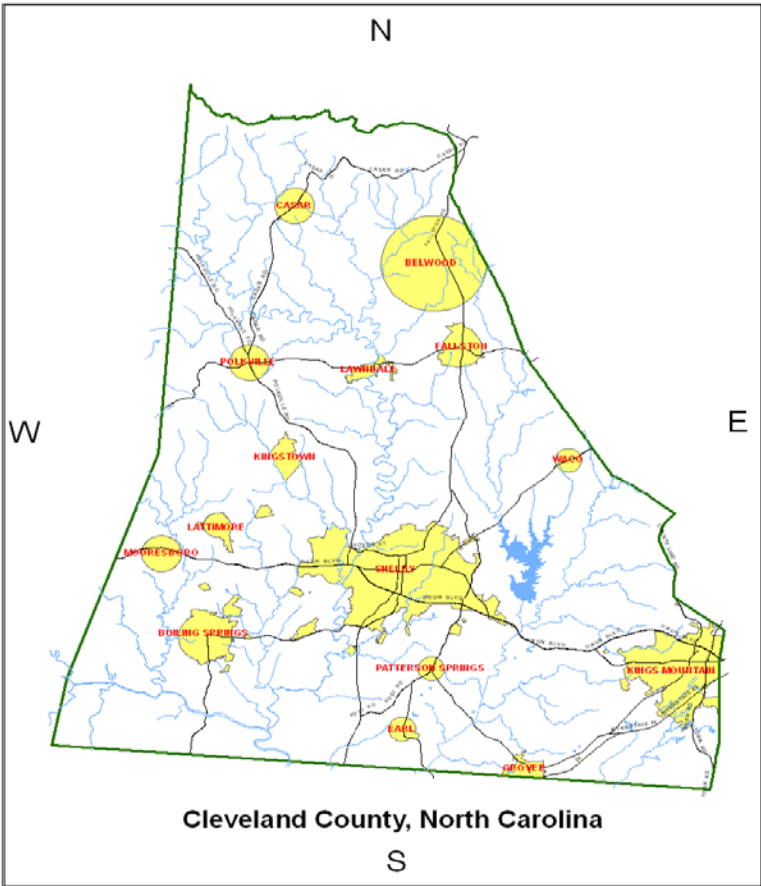
Next steps in the 2023 Community Health Assessment process include the following:

- Approval of the final Community Health Assessment document by members of the Core Committee;
- Submission of the final document to the North Carolina Division of Public Health for approval;
- Presentation of the final document to the Public Health Board for Cleveland County and the Cleveland County Board of Commissioners;
- Presentation of the Community Health Improvement Plans to the Public Health Board for Cleveland County and the Cleveland County Board of Commissioners;
- Publication of the final document in hard copy and electronic format to distribution in the county; and
- Distribution of the final document to all elected officials representing the county, the public libraries and the libraries of Cleveland Community College and Gardner-Webb University.

Annual updates to this document will be provided through the publication of the Healthy North Carolina 2030 Scorecard for Cleveland County for 2024, 2025 and 2026.

Overview of Cleveland County

Cleveland County, North Carolina lies on the southwestern border of the state approximately 42 miles west of Charlotte, 75 miles east of Asheville and within easy driving distance of the Spartanburg-Greenville, South Carolina corridor. The county covers 465 square miles and lies within easy access of four interstate highways: I-85 and I-77 running north and south as well as I-40 and I-26 running east and west. Shelby, the largest city with a population of 21,855 serves as the county seat and is also where most of the services for the county are concentrated. Kings Mountain is the second largest municipality with thirteen smaller municipalities a part of the county: the towns of Belwood, Boiling Springs, Casar, Earl, Fallston, Grover, Kingstown, Lawndale, Lattimore, Mooresboro, Patterson Springs, Polkville and Waco. The county is considered a rural county despite its proximity to more prosperous metropolitan areas. Cleveland County is designated as a Tier 2 county by the North Carolina Department of Commerce based on four factors: the average unemployment rate, median household income, percentage growth in population and adjusted property tax base per capita. This ranking governs the opportunity to apply for various state funds to encourage economic development.



According to the United States Census Bureau Quick Facts, Cleveland County’s population estimate as of July 2023 was 101,378 individuals. This number represents a population increase of 1.9% from the base of 99,256 in April 2020 to the estimated base of 101,378 in July 2023. During that same period, North Carolina’s population increased 3.8% for a total of 10,835,491 residents. Additional data from the Quick Facts source indicates the following:

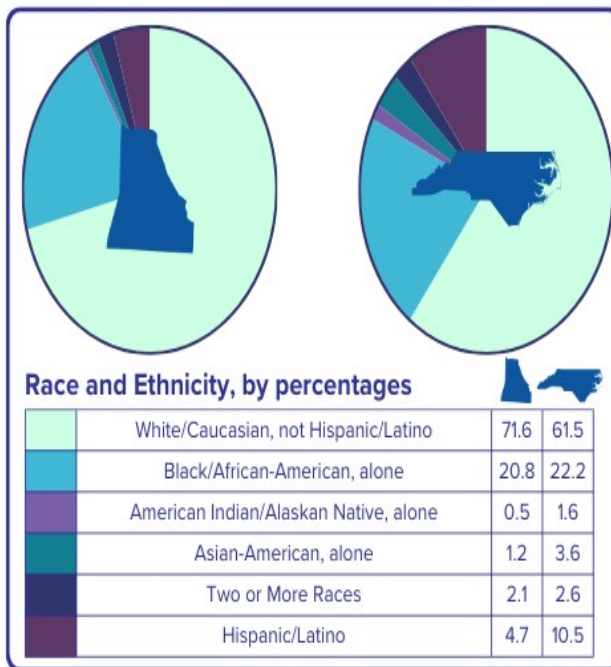
Comparing Cleveland County and North Carolina



indicates Cleveland County data



indicates North Carolina data



Sex, by percentages



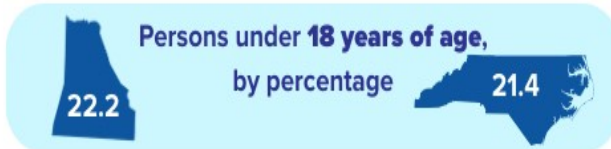
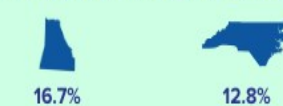
Median Household Income*



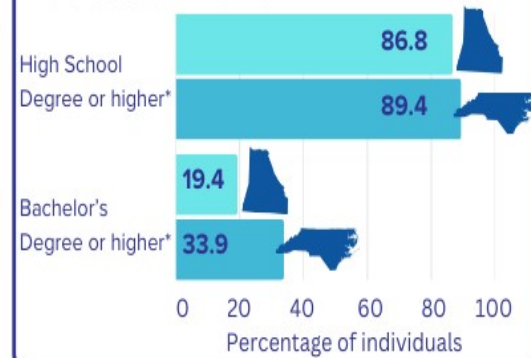
Per Capita Income*



Persons in Poverty, by percent



Education Level



*Data reflects a four-year average, 2018-2022

A detailed comparison of these census demographics to the demographics of survey respondents is available in Appendix A, pages 112-113, to this document.

Cleveland County Schools served 13,762 students during the 23-24 academic year. The system includes fifteen elementary schools, one intermediate school, four middle schools and four high schools. In addition, the system operates the Cleveland Early College High School located on the campus of Cleveland Community College, the Cleveland Innovation School offering virtual instruction, Turning Point Academy as an alternative school for students with behavioral issues and North Shelby School offering specialized instruction for students with physical and behavioral challenges. One charter school, Pinnacle Classical Academy, and several church-supported private schools also serve students in the county. Cleveland Community College was founded in 1965 and is part of the nationally recognized North Carolina Community College system, serving students in academic curricula as well as continuing education programs. Gardner-Webb University is located in the town of Boiling Springs and offers associate, bachelor, master and doctoral degrees in a variety of disciplines as well as programs for non-degree seeking individuals. Ambassador Bible College located in the town of Lattimore offers a specialized curriculum for persons seeking divinity training.

Cleveland County was formed in 1841 from the existing counties of Rutherford and Lincoln. Because of the role the area played in the Revolutionary War at the Battle of Kings Mountain, the county was named for a Revolutionary War hero, Colonel Benjamin Cleveland. The City of Shelby was named for Colonel Isaac Shelby and the major streets in the city carry the names of other Revolutionary War heroes. The former Cleveland County Court House is located in the central square of downtown Shelby and has been renovated as the *Earl Scruggs Center: Music & Stories from the American South*. The Scruggs Center serves as the center of the uptown business district. Cleveland County is also home to the American Legion World Series held annually in August featuring baseball teams from across the United States. This week-long event is staffed by numerous community volunteers and occurs in the renovated Keeter Baseball Stadium on the campus of Shelby High School. The county has also completed the construction of the LeGrand Center on the campus of Cleveland Community College to house a state-of-the-art convention/meeting venue as well as the Early College High School program. A new Health Department facility was completed in March 2016. In 2023 the Cleveland County Department of Social Services was co-located in this facility creating a health and human services campus for easy access to services provided by both agencies.

Cleveland County residents have access to two state parks for hiking and climbing – South Mountain State Park and Crowder’s Mountain State Park. Moss Lake is located between Shelby and Kings Mountain. While the lake serves as the primary water source for Kings Mountain, the lake also offers access for recreational boating and fishing. The First Broad River is the primary water source for the City of Shelby and several easily accessible trails have been developed along the river to offer opportunities for hiking. The Broad River Greenway continues to be a resource for activity for county residents located near the town of Boiling Springs. A full listing of opportunities for physical activity can be found in the *Cleveland County Resource Guide* which can be accessed on the CCHD website at www.clevelandcountyhndnc.com.

Community Health Assessment Process - 2023

Organization:

The Community Health Assessment (CHA) is conducted every four years by the Cleveland County Health Department to satisfy requirements of the Consolidated Agreement for Local Health Departments with the North Carolina Division of Public Health and the North Carolina Local Health Department Accreditation process. The CHA is part of a four-year cycle for data collection which includes the development of Community Health Improvement Plans for identified health issues as well as the publication of a State of the County Health Report (SOTCH) in the years when a full CHA process is not scheduled. The purpose of a CHA is to identify factors that affect the health and well-being of a community. These factors are identified through a comprehensive analysis of primary data collected in a community survey and through focus groups for selected populations in the community as well as secondary data from local, regional, state and national resources. The information is compiled into a report that may be used for planning by local and state organizations to protect and promote the health of Cleveland County residents.

Cleveland County leaders have traditionally planned for health and human service needs based upon data collected within the county and then compared to secondary regional and state information. The first comprehensive Community Needs Assessment was conducted by United Way of Cleveland County in 1985 using a survey mailed to county residents. Additional “needs-driven” assessments were conducted in 1989, 1993, 1999 and 2002 specifically focusing on identifying unmet needs in the county. Each of these surveys included community resources available to residents in search of assistance in the county. The surveys conducted in 2007, 2011, 2015 and 2019 offered a greater emphasis on identifying the county’s strengths and weaknesses as well as identifying emerging needs and addressing gaps in and barriers to service delivery.

Oversight for the 2023 CHA was provided by a Core Committee composed of individuals from across Cleveland County who represented major community stakeholders. Membership included:

Nancy Abasiekong	Grandparents Raising Grandchildren Support Group/NC Cooperative Extension
Richard Baker	Executive Director, HealthCare Foundation of Cleveland County
Crista Brown	Atrium Health-Cleveland
Bailey Caudle, MPH	Accreditation and Resource Coordinator, Cleveland County Health Department
Dr. Tiffany Crank	American Diabetes Association/Minority Health Council
Jordan Frye	Project Coordinator, Healthy Together Cleveland
Tiffany Hansen	Health Director, Cleveland County Health Department
Christina Hill, Ed.D	Dean of Health Sciences and Public Services, Cleveland Community College
Bryan Howell	Director, Shelby Housing Authority, City of Shelby
Jonathan Johnson	Atrium Health, Chair, Healthy Together Cleveland

Rev. Lamont Littlejohn	Mt. Calvary Baptist Church and Community Center
Kerri Melton	Assistant County Manager, Cleveland County Government
Tamra Moody	Davidson Association, Kings Mountain
Kathryn Pennington	Cleveland County Chamber
Masonya Ruff	Turning Point Academy, Cleveland County Schools
Greg Traywick	NC Cooperative Extension Agency – Cleveland County
Holly Wall	Partners Behavioral Health MCO
Rev. Wade Wallace	Green Bethel Baptist Church, Boiling Springs
Nicole Waters, DNP	Dean, College of Health Sciences, Gardner-Webb University
Shea Watson	Development Assistant, Cleveland County Rescue Mission
Rev. Frances Webber	Washington Outreach Ministry
Kendra Whitworth	Housing Coordinator, Shelby Housing Authority, City of Shelby
Alice Wilson	Cleveland County Department of Social Services
Heather Voyles	Director of Nursing, Cleveland County Health Department

Additional guidance was provided by the Public Health Board for Cleveland County:

Nancy Cline, M.D.	Ophthalmologist
Deanna Moseley Lawrence, D.V.M.	Veterinarian
Marty Hamrick, R.Ph.	Pharmacist
Kale Meade, P.E.	Professional Engineer – Vice-Chair of the Board
Mark Heiner, M.D.	Physician
Christina Alexander, DNP, FNP-C	Nurse
Henry Gilmore, III	Public Citizen
Ronnie Whetstine	Cleveland County Board of Commissioners
Robert Miller	Public Citizen/Minority Health Council
Sara Karner, D.D.S.	Dentist – Chair of the Board
Heather Bridges Moore	Public Citizen/Executive Director, Communities in Schools

Direction for the 2023 CHA was provided by Anne Short, Director of Community Health Services for the Cleveland County Health Department. Staff members from the Health Education/Health Promotion unit of the CCHD - Hallie Boggs, Alisha Heavner, and Haley Jones - provided assistance in implementing this project by participating in Core Committee and subcommittee meetings, researching information, supporting survey implementation and entering the results of the paper surveys into the survey database. Zakoya Spikes led the work of seven focus groups, developed marketing materials used for this version of the CHA and assisted in purging the corrupted survey files to provide valid data for the 2023 survey. Bailey Caudle assisted with graphics and charts. Finally, Andrea Power, assistant to the Health Director, facilitated meeting arrangements and served as the recorder for all CHA-related meetings.

Timeline:

The initial meeting of the Core Committee was held in May 2023 with twenty-one members present. Health Director Tiffany Hansen reviewed for the members the importance of a comprehensive Community Health Assessment to drive the development of health policies over the next four years. The following documents were reviewed by those present: the 2019

Community Health Assessment, the 2019 Community Health Improvement Plans for Tobacco and Teen Births and the 2022 Scorecard/State of the County Health Report. A review of the work plan for the 2023 CHA was presented and approved with specific tasks identified for the June meeting with the work focused on a review of previous and potential survey questions. Members were introduced to potential frameworks for consideration in the assessment process that had been used in previous work: the social determinants of health, the population-based framework used for the County Health Rankings developed by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute and the Health Indicator model established in the *Healthy North Carolina 2030: A Path Toward Health* document published by the North Carolina Institute of Medicine in partnership with the North Carolina Department of Health and Human Services.

June brought Core Committee members together to review questions from the 2019 CHA as well as sample questions provided by the North Carolina Institute of Public Health (Compyle) in preparation for development of the 2023 community survey. A discussion of topics that were missing from the questions, questions that needed to be added and questions that might be removed comprised the bulk of this meeting. Three work groups were established and staffed to meet during the month of July and report back to the Core Committee in August: one group to review and finalize survey questions, one group to identify potential focus group sites and establish a format for these groups and one group to identify key stakeholders in the county to participate in and support the selection of final health priorities during the CHA process.

The first meeting of the Core Committee in August focused on discussions around the survey and proposed focus group process. The proposed survey was reviewed by the entire membership with special attention to the topical sections of the survey, the length of the survey and potential wording issues. The proposed survey was approved. A copy of the survey may be found in Appendix B, pages 114-126, of this document. Zakoya Spikes led a discussion about the focus group process with an emphasis on collecting the demographics of the various groups, the targeted populations for the focus groups and general guidelines for facilitators of the proposed groups. Members agreed to offer incentives for individuals who complete the survey (seven Amazon gift cards) as well as for participants in the focus groups (gift cards for Papa John's pizza or Dollar Tree). Next steps included a discussion on the distribution process for both electronic and print surveys, recruitment and training for focus group facilitators, proposed sites for the focus groups and development of marketing materials for the 2023 Community Health Assessment. Members also approved the selection of data to be used on the priority ballot for stakeholders in selecting health priorities to be addressed.

The second meeting of the Core Committee in August included a distribution plan for the survey instrument as well as a final hard copy of the survey for approval. Print copies of the survey and collection boxes were made available at thirteen sites across the county and complete surveys were collected during the first week of October. Electronic surveys were distributed through a SurveyMonkey link made available to the public on September 1; the link closed on September 30. Posters and flyers in multiple sizes were distributed in print format and electronically with all materials carrying a QR code to take participants directly to the electronic survey. Social media

and print media releases were also distributed throughout the county with several full-page ads running in local newspapers. The marketing materials were developed by Zakoya Spikes and featured information about the survey, incentives for participants and QR codes. An additional flyer was developed to encourage CCHD patients waiting to be seen to complete the survey. Samples of the marketing materials may be found in Appendix C, pages 127-129, of this document.

While there was no official meeting of the Core Committee in September, members were kept in the loop about participation in the survey and the scheduling of focus groups. At the October meeting, members received information on two basic activities: survey results and focus group facilitation. Focus group facilitators used a prescribed format established for conducting the focus groups. Facilitators first collected demographic information and then led discussions using community wellness prompts, asking participants to respond to the prompts. Participants were also asked to identify the three most important factors making Cleveland County a healthy community, the three most important problems impacting health in the county and sources most often used to find health related information. Detailed results will be published at the next committee meeting. As a Core Committee, members had chosen to publish the electronic version of the 2023 survey using SurveyMonkey for several reasons: we had used this platform successfully in the 2019 CHA, the information was easy to format and structure in such a way that the most important questions had to be answered for a participant to move forward in the survey, it was anonymous and most people were familiar with using this platform. As we had moved through the survey process in September, we began to check the responses on a weekly basis to determine if assertively pushing this survey out into the public was gathering information potentially from target populations that we might have previously missed. When the survey closed on September 30, there were 3,927 responses electronically and 453 responses from the paper surveys that were then entered by hand by CCHD staff members. In an initial review of the survey responses, it was noted that a disproportionate number of surveys submitted by males in the 25-34 age group as well as 30% of the respondents claiming to be of Hispanic/Latino origin in a county with a Hispanic/Latino population of 4.7%. The Core Committee agreed to a postponement of moving ahead until it was determined those factors that were causing discrepancies in the survey results and agreed to schedule an additional meeting on January 4, 2024 to update members.

The months of October and November were focused on “cleaning” the data from our electronic surveys. In addition to the disproportionate number of survey responses from males ages 25-34 and individuals claiming Hispanic/Latino origin, it was also noted that many of the 25-34 age group claimed Medicare as their health insurance provider while a high number of responses from the 55-64 age group claimed the Child Health Insurance Program as their insurance carrier. Responses were checked using the question about zip codes. While Cleveland County has only fourteen zip codes for the county, reviewers found 89 additional zip codes among the surveys submitted with most of them from Cleveland, Ohio and surrounding suburbs as well as Cleveland County, Oklahoma. Also checked were telephone area codes; even allowing for individuals who moved to the county recently and kept an out-of-state cell phone number, reviewers found telephone numbers originating in groups from many other states, principally Texas and Arizona. At this point leadership called on assistance from our county’s IT department whose staff members worked diligently to cross-reference IP addresses with the surveys in our database. As a result of

their work and CCHD staff work to delete the corrupted surveys, 2,197 of the 4,380 surveys submitted were eliminated, leaving 2,197 valid responses to the 2023 surveys. Approximately 1,000 of the corrupted surveys originated in China, Hong Kong and other southeast Asian countries with the remainder coming from Europe and the United States. The lesson learned here is to structure any surveys in the future with an initial question about valid zip codes for the county with the survey platform blocking any responses that do not apply to our specific county. The second task during this period was to develop a draft of the priority ballot using the indicators from the Healthy North Carolina 2030 document to be approved for distribution to key community stakeholders. The ballot will be approved at the January 2024 Core Committee meeting.

Specific activities at the January 4 Core Committee meeting included an overview of the demographics derived from the community survey, a review of the focus group results and approval of a ballot for stakeholders to use in selecting priorities to be addressed in the coming year. The demographic data was provided in table format and included a comparison of the demographics from the 2019 survey to the 2023 survey. Members were reminded that the 2,197 validated responses from the 2023 survey were used as the baseline for comparison to census data. The individuals who won the incentives for completing the survey were also identified. These individuals were selected using a computer-generated random number process and received their gift cards prior to the Christmas holidays. The incentives included one \$750 Amazon gift card, two \$500 Amazon gift cards and four \$250 Amazon gift cards. Participants had to submit a completed survey to be eligible for the incentives and had to show a picture ID with a valid Cleveland County address to receive the incentive.

Members of the Core Committee also reviewed the full report on the focus groups conducted during September and October. Seven groups were facilitated with 69 participants responding to a series of prompts regarding the quality of life in Cleveland County based on their perspectives. Each participant received a gift card of their choice from Papa John's Pizza or Dollar Tree to thank them for their time as well as either a snack or meal depending on the time of the group. The full report from the focus group responses is included in Appendix D, pages 130-139, of this document with demographic information on the participants as well as a comparison of their responses to participants in the community survey regarding the questions on factors making Cleveland County a healthy community, problems impacting health in the community and the sources they use to find health-related information.

Finally, members approved a priority ballot to be distributed to community stakeholders to establish priorities for action over the next four years. The ballot was based on the twenty-one health indicators identified in the *Healthy North Carolina 2030: A Path Toward Health* document originally published in 2020 with established baselines and ten-year targets for each indicator. These indicators, selected because data could be collected to measure progress, were used in the 2019 Community Health Assessment successfully to identify teen birth and tobacco use as priorities for Community Health Improvement Plans and also offered opportunities to collaborate with other agencies and organizations in the county to address indicators affecting health but not necessarily targeted by CCHD for action. The ballot was based on the design used in the 2019 process listing definition of the indicator, the current status in North Carolina, the current status in

Cleveland County and the NC 2030 target. Core Committee members modified this design to include the indicator and definition, the desired results, the NC baseline, the NC 2022 State Health Improvement data, the NC 2030 target, the status in Cleveland County in 2019 and the current status of the indicator in Cleveland County in 2023. A copy of the priority ballot is included in Appendix F, pages 141-147, of this document with statement distributed to stakeholders in Appendix E, page 140. 200+ ballots were distributed to community stakeholders with instructions to select their top five priorities considering all of the indicators including those not directly related to physical or mental health issues. Ballots were due by January 22, 2024 to be considered in the priority setting process.

Core Committee members met again at the end of January to share internally selected data from survey responses and to receive the results of the priority-setting process. Selected data points reviewed included:

- Primary sources of transportation
- Household worries that food would run out before money was available to buy more
- Household identification of issues with housing
- Problems locating affordable childcare in the county
- Most frequent places people go when they are sick
- Primary sources of health insurance
- Barriers to getting primary health care
- Receiving routine/annual checkups for preventive health care
- Top five chronic health conditions in the county
- Barriers to screening participation
- Participation levels for physical activity
- Accessing mental/behavioral health care
- Use of tobacco products, alcohol, prescription medications and illegal drugs.

Detailed results from the survey questions are included in the body of this report.

Members of the Core Committee were reminded of an earlier discussion on the social determinants of health.



The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.” The Centers for Disease Control and Prevention published a simpler definition as “conditions in the places where people live, learn, work and play which affect a wide range of health risks and outcomes.”

Results from the priority ballots were reviewed by members present. Seventy ballots were returned with the responses tallied by CCHD Health Education staff members. Each response was weighted with a first priority given five points, second priority given four points, third priority given three points, fourth priority given two points and the fifth priority given one point. The scores were tallied and the indicators are listed below in rank order by total weighted score. The table indicates the 2019 ranking for the indicator compared to the 2023 ranking as well as the weighted score for the indicator in 2023.

The top priorities in this process in 2019 and again in 2023 were (1) individuals living at or below 200% of the federal poverty level and (2) adverse childhood experiences. While not directly the responsibility of public health, both of these indicators, as well as others on this list, relate to the social determinants of health.

2019 Ranking	2023 Ranking	Indicator	Weighted 2023 Score
1	1	Individuals Living at or below 200% Federal Poverty Level	147
2	2	Adverse Childhood Experiences	120
5	3	Severe Housing Problems	105
4	4	Teen Birth Rate	88
6	5	Third Grade Reading Proficiency	76
12	6	Drug Overdose Deaths	74
7	7	Limited Access to Healthy Food	72
15	8	Suicide Rate	56
8	9	Primary Care Workforce	52
3	10	Tobacco Use	49
11	11	Unemployment	45
14	12	Access to Exercise Opportunities	29
10	13	Uninsured	23
16	14	Sugar-Sweetened Beverage Consumption	19
21	15	Excessive Drinking	18
17	15	HIV Diagnosis	18
13	17	Infant Mortality	17
20	18	Life Expectancy	16
9	19	Early Prenatal Care	11
19	20	Short-Term Suspensions	7
18	21	Incarceration Rate	6

Source: Report to the Cleveland County Public Health Board, February, 2024

The priority ranking did not change for these additional indicators from the 2019 CHA: teen birth rate, limited access to healthy food and unemployment. Several indicators moved up in priority order: severe housing problems, drug overdose deaths, suicide rate, access to exercise opportunities, sugar-sweetened beverage consumption, excessive drinking, HIV diagnosis and life expectancy. The remaining indicators dropped in the priority ranking.

Based on the results of the priority ballot, the teen birth rate and drug overdose deaths are the health priorities to be addressed in Community Health Improvement Plans for 2024-2027. The plan for the teen birth rate will be a continuation of the 2019 CHIP to continue the focus on long-term solutions to this issue. The plan for drug overdose deaths will be developed in collaboration with Drug Free Cleveland County, the former Substance Abuse Prevention Coalition, and in alignment with the Opioid Settlement Funds initiative in Cleveland County.

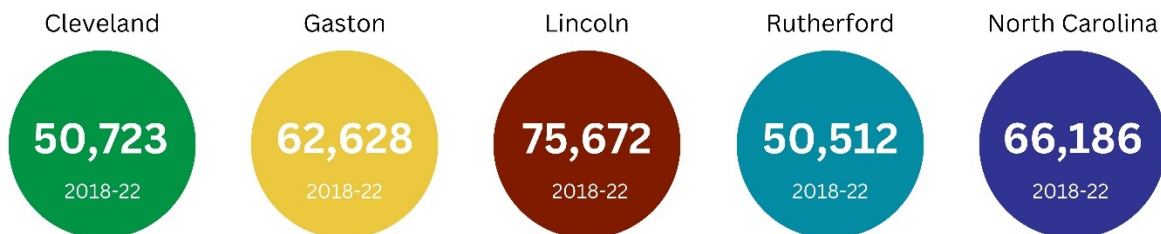
Results/Format:

In developing this report, CCHD staff members leaned heavily on the format used in the 2023 North Carolina State Health Improvement Plan to define each indicator and address the ideal result as well as to highlight the 2030 target for North Carolina. This format also provided an opportunity to publish comparison data for Cleveland County, North Carolina and three contiguous counties – Rutherford, Gaston and Lincoln – to measure the differences among these five entities in an easy to recognize format. However, it is essential to understand that even though Gaston, Lincoln and Rutherford counties are contiguous to Cleveland County, there are significant differences that must be acknowledged in comparing the four counties. These factors include population, the median household income, the per capita income and the education levels in the county for high school and four-year college graduates since education is an indicator of future success. The data presented below is from the US Census Bureau Quick Facts published in July 2023 for these four counties and for North Carolina as well as from the American Community Survey, 2018-2022.

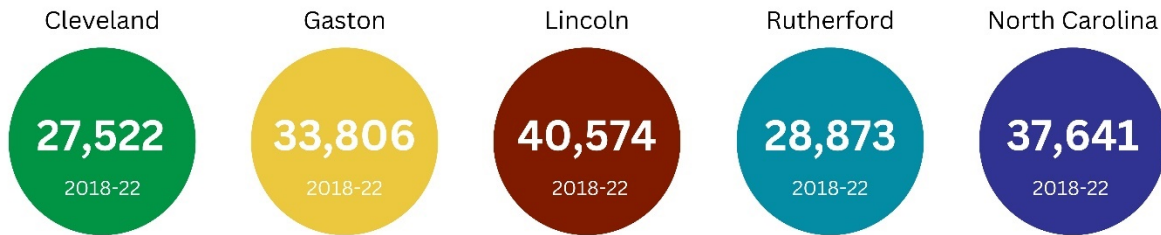
Population Estimate as of July 2023



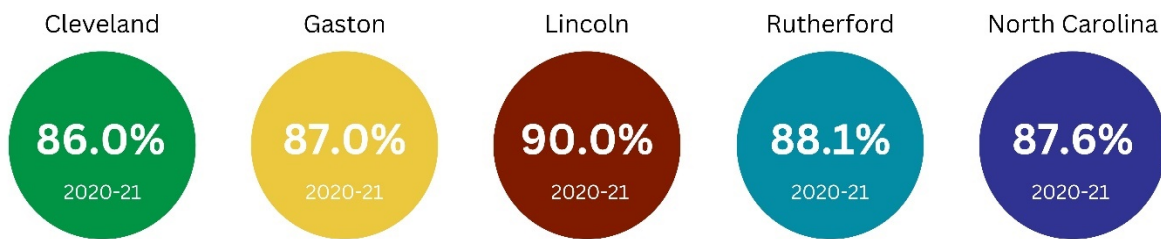
Median Household Income in 2022 Dollars, 2018-2022 ACS



Per Capita Income in Past Twelve Months in 2022 Dollars, 2018-2022 ACS



High School Graduate or higher % of Persons age 25 years or older, 2018-2022 ACS



Bachelor's Degree or higher % of persons age 25 years or older, 2018-2022 ACS



Additional data from the 2023 and 2024 County Health Rankings as well as from the North Carolina Data Portal may also be found for each indicator when available. Some indicators on health behaviors will be drawn from the Local Health Directors Region 4 responses to the Behavioral Risk Factor Surveillance System conducted by the Centers for Disease Control and Prevention. Primary data will be used when available to supplement the BRFSS data since the participants in that survey self-report about selected health issues, leaving some of the data open to interpretation. The data source and year are included under each chart or graph or in the body of the text. Information on each indicator will be found on pages 27-82 in this document.

Also included under each indicator is information gleaned from the 2023 Community Survey and the 2023 focus groups.



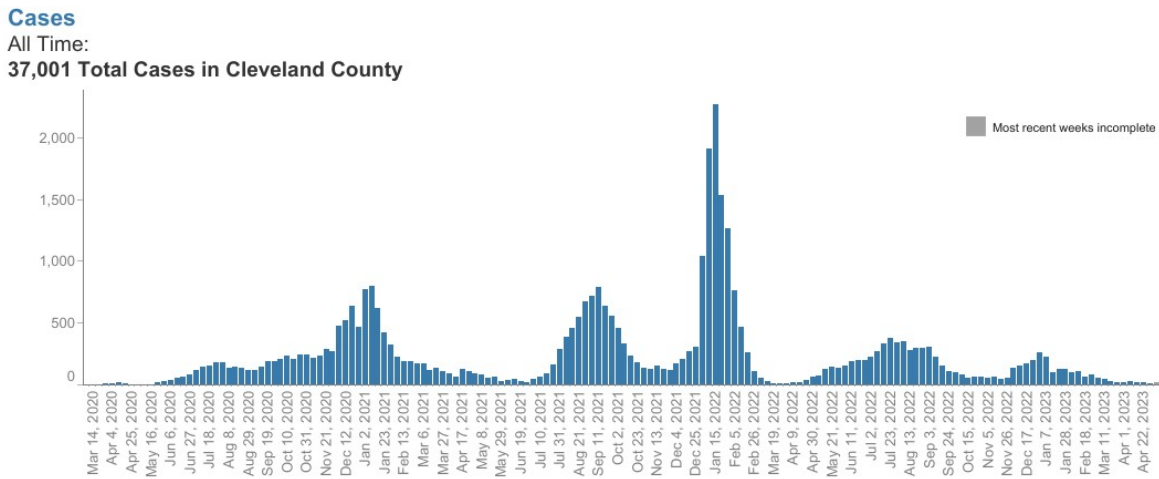
Survey questions will be indicated by this icon to illustrate what participants felt about the issue as a comparison to the secondary data compiled.



Additional comments from participants in the focus groups will be included when applicable using the icon to indicate responses directly from individuals in the group.

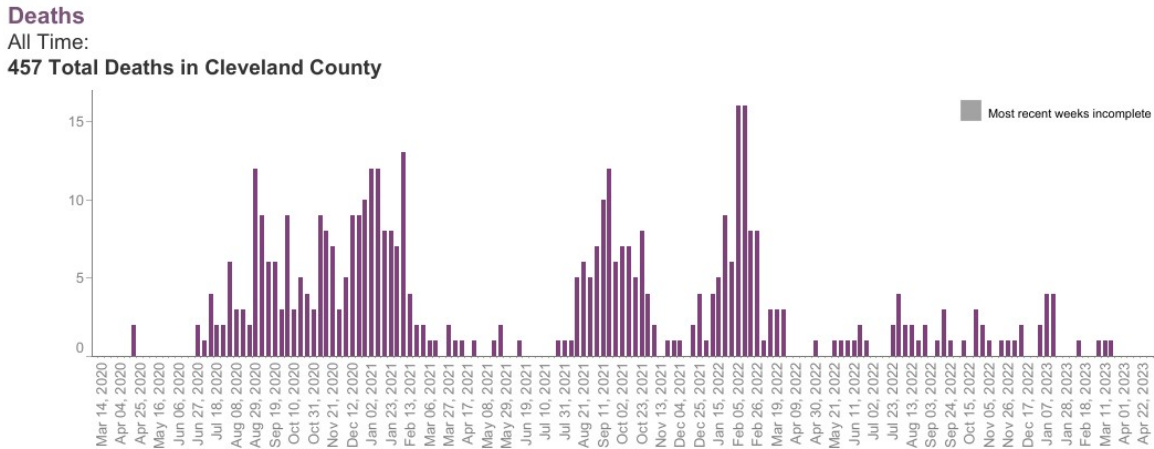
An additional factor to consider when reviewing the data and accompanying narrative for this document is the effect of the COVID-19 pandemic beginning in March 2020 and continuing in 2021. Businesses and schools closed, travel was restricted, individuals were isolated in their homes to varying degrees and these factors impacted the availability and the delivery of services throughout the county as well as impacting the mental status of residents.

Total COVID-19 Cases in Cleveland County March 2020 – April 2023 37,001 Cases



Data Source: North Carolina Department of Health and Human Services, COVID-19 Cases and Deaths Dashboard May 2023

Total COVID-19 Deaths in Cleveland County March 2020 – April 2023 457 Deaths



Data Source: North Carolina Department of Health and Human Services, COVID-19 Cases and Deaths Dashboard May 2023

A second part of the document, pages 83-105, will highlight morbidity/mortality data applicable to Cleveland County focusing on chronic disease. In reviewing all of this information, please note that data is presented based on the most current population information. It is also critical for readers to note the format for data, whether presented as the number of incidents in a specific year or as a rate per a specific number, a specific year and a specific population.

Finally a section on Quality of Life factors is found on pages 106-109 with comparisons to the results of the 2019 Community Survey.

Social and Economic Factors: Poverty

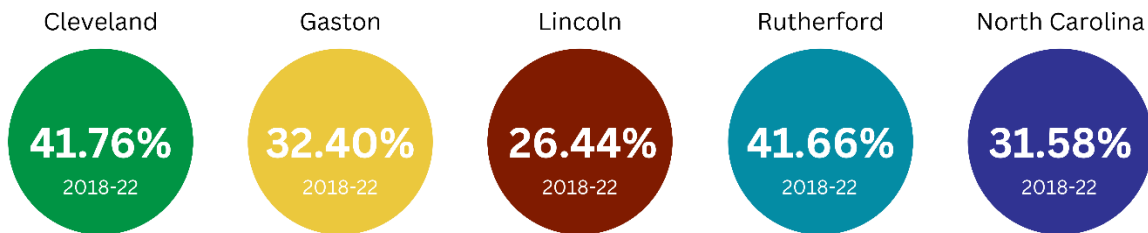
Definition: Percent of individuals with incomes at or below 200% of the Federal Poverty Level
Optimal Result: All people in North Carolina are financially stable and have lifetime economic prosperity.

2030 Target: Decrease the number of NC residents with incomes at or below 200% of the FPL to 27.0%.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked as the top indicator to be addressed in the priority-setting process used in the 2023 CHA. It also ranked as #1 in the 2019 CHA priority-setting process.

Population Living below 200% of Federal Poverty Level



Data Source: North Carolina Data Portal, US Census Bureau, American Community Survey, 2018-2022

Additional data from the North Carolina Data Portal specific to Cleveland County indicates that:

- 18.38% or 17,926 individuals for whom poverty status is determined are living in households with income at the federal poverty level of 100%.
- 15.78% of these individuals are male while 20.81% are female.
- 15.42% of these individuals are white, 29.64% are Black/African American, 24.21% are American Indian/Alaska Native, 11.65% are Asian, 36.94% are Native Hawaiian/Pacific Islander, 19.85% are some other race and 15.08% are mixed race. *Note: Caution should be used in comparing race/ethnicity across populations due to the effect of smaller population size.*
- 16.70% of these total individuals are living below the FPL in the county.

Data from the US Census Bureau, American Community Survey, 2018-2022 indicates that:

- 100% FPL for one individual in 2023 calculated by the US Department of Health and Human Services is \$14,580. The cap increases by \$5,140 for each member of the household past the first and is adjusted annually for inflation.
- 20.2% of households with related children under 18 showed an income in the past twelve months as being below the poverty level.
- Female-headed households with no spouse present and children 18 years of age or younger showed that 34.4% of these households lived at or below the poverty level.
- 14.1% of individuals age 65 or older live at or below the poverty level.

Finally, the website www.gobankingrates.com calculated that in 2021 the living wage for an individual in North Carolina required to meet the annual cost of necessities was \$53,531.00. Compare the living wage figure to the median household income in Cleveland County in 2022 dollars of \$50,723 and the per capita income in 2022 dollars of \$27,522 as reported in the US Census Bureau, American Community Survey, 2018-2022.

In the 2023 Community Survey, 2.7% of respondents indicated having a household income of less than \$10,000 annually, 2.29% indicated an income of \$10,000-\$14,999, 8.79% indicated an income of \$15,000-\$24,999, 15.71% indicated an income of \$25,000-\$34,999 and 16.39% indicated an income of \$35,000-\$49,999.



- 45.51% of survey participants indicated that in the past twelve months they worried about food running out in the household before they had money to buy more food.
- 35.58% of survey participants indicated that in the past twelve months someone in the household reduced their meal size or skipped a meal because there wasn't enough food for everyone in the household.
- 31.43% of survey participants indicated that they worried about having enough money to pay rent or a mortgage payment in the past three years.
- 24.06% of survey participants indicated that they at times over the past three years did not have a heat source in their house.
- 31.29% of survey participants indicated that cost was a barrier to accessing childcare for their family members.
- 19.78% of survey participants indicated that cost was a barrier to accessing health care for their family members.

Among focus group participants, 7.35% indicated having a household income of less than \$10,000 annually, 4.41% indicated have an income of \$10,000-\$14,999, 10.29% indicated an income of \$15,000-\$24,999, 8.82% indicated an income of \$25,000-\$34,999 and 20.59% indicated an income of \$35,000-\$49,999. In responding to the prompts for discussion, the theme of affordability was prominent – affordability for housing, affordability for healthcare and affordability for mental health/behavioral health services.



Social and Economic Factors: Unemployment

Definition: Percent of the population aged 16 or older who are unemployed but seeking work

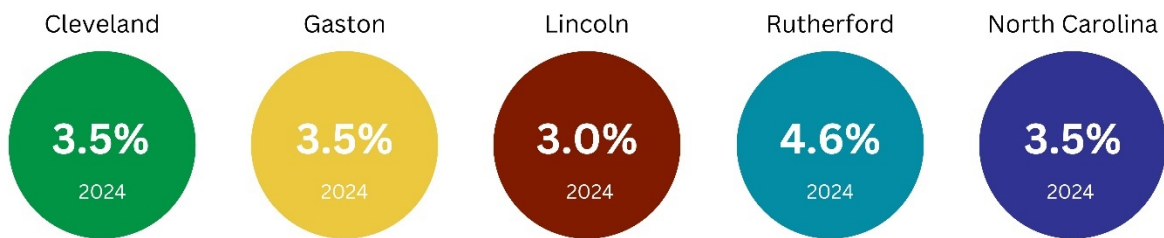
Optimal Result: All people of working age in North Carolina have equitable pathways to fulfilling employment through life.

2030 Target: Reduce disparity ratio between white and other race/ethnicities to 1.7 or lower.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 11th in the priority setting process in both 2019 and 2023.

Average Monthly Unemployment Rate



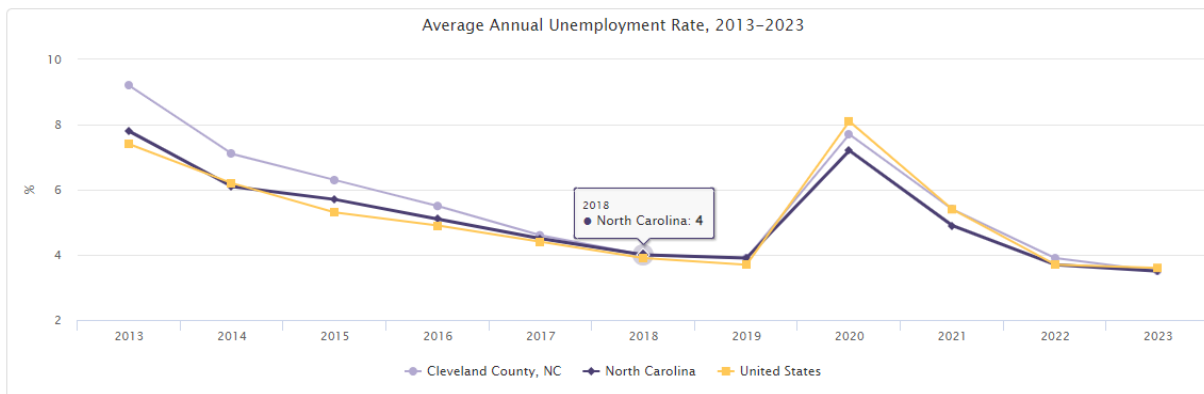
Data Source: North Carolina Data Portal, US Census, American Community Survey, February 2023-February 2024

Cleveland County's employment history is comparable to that of many rural counties in North Carolina whose economy initially was based on agriculture. Wheat, sweet potatoes, oats and cotton were the primary crops until the 1960s along with dairy production with more than 400 dairy farmers in the county. The economy transitioned to manufacturing and distribution which remains the largest sector by employment size in the county. According to information from the US Department of Commerce, US Bureau of Economic Analysis 2022, the top three job sectors in the county are:

- Manufacturing employing 7,522 individuals with an average wage of \$76,045;
- Health care and social assistance employing 5,549 individuals with an average wage of \$60,247;
- Government and government enterprises employing 5,365 individuals with an average wage of \$69,765.

Employment in the county suffered in the first decade of the 21st century with unemployment rates rising to 9.3% in 2001, 10.1% in 2002 and 8.7% in 2003 with the closing of textile companies. Unemployment peaked again in the economic downturn beginning in 2009 with a rate of 15.3%, 13.6% in 2010 and 11.6% in 2011. County officials aggressively recruited new industries and distribution centers and unemployment declined to an average of 6.3% in 2015. The COVID-19 pandemic affected the unemployment in 2020 rising to a rate of 12.7% but dropped again in 2021 to a rate of 5.4%.

The chart below offers a long-term comparison of Cleveland County’s unemployment situation with that of North Carolina and the United States.



Data Source: NC Data Portal, US Census Bureau, American Community Survey

A barrier to employment for many Cleveland County residents is transportation. The county covers 465 square miles and is considered a rural county. However, the county lacks a publicly funded transportation system and no bus lines link Shelby and Kings Mountain with the more rural areas of the county. The Transportation Administration of Cleveland County offers Medicaid-approved transportation which must be scheduled in advance to qualify for the services. TACC also runs a point-to-point scheduled route in Shelby with a fixed charge for ridership. A free bus funded by county government and the HeathCare Foundation of Cleveland County provides services for residents of targeted neighborhoods in Shelby to fixed stops such as primary care clinics, the Cleveland County Health Department, Department of Social Services and local grocery stores. There are no organized car/van pools available to transport individuals to work sites in the county. According to the 2024 County Health Rankings, 84% of individuals in the county drive alone to work with 33% having a long commute averaging 24 minutes or more.

In spite of growth in the county, many of the jobs that have been created are offered at a minimum wage level especially in sectors such as home health care services, childcare providers and hospitality services. Many of these jobs do not offer health benefits or penalize workers who must leave work to address individual or family healthcare needs. Unemployment creates financial instability and barriers to accessing services of all kinds. Growing employment opportunities in the county continues to be a focus of county leadership.

In responding to the 2023 Community Survey, 2,191 individuals answered questions about their employment status indicating that 60.34% of participants were employed full-time, 18.30% were employed in part-time jobs and a new category emerged with 2.28% of participants indicating that they were employed with several part-time jobs. There was a decrease from participants in the 2019 survey with 64.59% of those participants indicating full-time employment and on 10.41% indicating part-time employment. 32.03% of participants in the 2023 survey indicated that at least one person in the household was employed outside Cleveland County. Responding to the question about factors making Cleveland County a healthy community 24.74% of participants indicated that good jobs and a healthy economy were



important while 15.2% indicated that lack of employment opportunities was a problem impacting the overall health of the county. Transportation was often seen as a barrier for individuals in the county with only 68.25% of survey participants indicating access to a personal vehicle as a primary source of transportation. Participants cited having no money for fuel, no money for auto insurance and no money for purchasing a vehicle as barriers to transportation.



Focus group participants indicated that 29.41% of them had full-time employment, 5.88% had part-time employment, 1.47% were employed with several part-time jobs and 42.54% were retired. Participants were asked to respond to the prompt “There is economic opportunity in Cleveland County” and were outspoken in their comments. Participants predominantly answered negatively, citing low wages, people working two to three jobs to make ends meet and wages and the cost of living not at all comparable. Most participants who were working either full-time or part-time jobs indicated that they work multiple jobs or travel outside Cleveland County in order to be paid adequately. These individuals rated good jobs and a healthy economy as one of the top three factors making Cleveland County a healthy community and a lack of employment opportunities as a problem impacting health.

Social and Economic Factors: Short-Term Suspensions

Definition: The short-term suspension rate in middle and high school educational facilities.

Optimal Result: All people in North Carolina are supported by a K-12 educational system that values diversity, equity and inclusion for its students, faculty, staff and communities.

2030 Target: Decrease short-term suspensions to 80 per 1,000 enrolled students.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 20th in the 2023 priorities and 19th in the 2019 priorities.

Short-Term Suspension Rates for All Reported Acts, North Carolina

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Rates per 1,000 students	137.337	139	130.949	97.974	13.259	146.57
Total Short-Term Suspensions	208,530	211,228	203,298	152,873	19,482	217,928

Data Source: 2023 North Carolina State Health Improvement Plan from NC Department of Public Instruction Consolidated Data Report

Discipline actions in schools are predictors of academic success for students. A short-term suspension for the student means that the student is out of school for ten days or less. In reviewing the chart above, please note that as a response to the COVID-19 pandemic, public schools across the state beginning in March of the 2019-2020 academic year and continuing into academic year 2020-2021 used both virtual and hybrid schedules to continue education for students in North Carolina, resulting in decreases in the number of short-term suspensions as well as lower rates. However, as students returned to full schedules for the 2021-2022 academic year, anecdotal comments from school faculty and staff members in K-12 environments noted that students returning to a “normal” school schedule with greater accountability for achievement sometimes struggled to respond to a more regulated environment with greater restrictions than the previous years.

Short-term suspension data for Cleveland County Schools was provided by the Director of Student Services and covers two academic years. In the academic year 2021-2022 there were 1,352 students who had short-term suspensions for a total of 2,735 incidents. For the 2022-2023 academic year there were 1,391 students responsible for 2,768 incidents in Cleveland County schools.



One situation often leading to short-term suspensions in Cleveland County is the violation of school substance use policy. Cleveland County Health Department offers a resource to address this issue, the SOAR (Student Options and Redirection) program which includes an assessment for current/future chemical dependency using the Substance Abuse Subtle Screening Inventory (SASSI) and four tailored education sessions led by a certified Community Health Educator. Twenty-nine students ages 12 – 18 participated in this program during the 2023-2024 academic year. 66% of the violations were related to vaping/electronic device use on school grounds.

Social and Economic Factors: Incarceration

Definition: The number of people age 13 and older entering North Carolina prisons per 100,000 population.

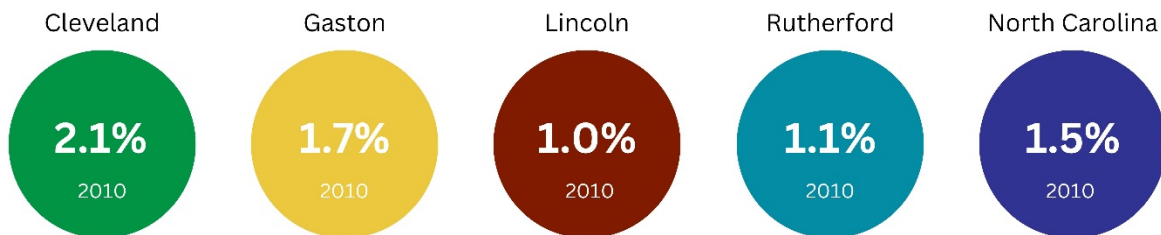
Optimal Result: North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.

2030 Target: Decrease incarceration rates to 150 per 100,000 population.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 21st in the 2023 priorities and 18th in the 2019 priorities.

Incarceration Rates



Data Source: North Carolina Data Portal, Opportunity Insights, 2018

The data shown above is based on the percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census.

According to data published by the North Carolina Department of Public Safety Office of Research and Planning, in 2020 Cleveland County had the highest incarceration rate in the state of 278/100,000 population. Incarcerated individuals are tallied in the county they resided in when they were first incarcerated, not where they are currently incarcerated. The population with the highest incarceration rate was Black/African American (602) while the population with the lowest incarceration rate was white (196). It is worth noting that the rate of delinquency cases per 1,000 juveniles in the county is 15/1,000 juveniles while the state rate is 16/1,000. There are 7,700 individuals defined as juveniles and there were 116 arrests in the county according to the Office of Juvenile Justice and Delinquency in 2021.

Focus group participants were vocal in their response to the prompt “Cleveland County is a safe place to live.” They felt that the county is much safer than Mecklenburg or Gaston but they remembered past times when they were able to go to sleep with their doors unlocked or didn’t worry about being robbed, shot at or approached by strangers. Many indicated that they now feel that they need a gun or some type of protection in order to feel safe in today’s society. They noted that safety is an issue everywhere, especially with the increased drug use in today’s society. Most everyone had been personally impacted by gun violence or knew someone who had been affected by gun violence.



Social and Economic Factors: Adverse Childhood Experiences

Definition: Percent of children with two or more adverse childhood experiences.

Optimal Result: All children in North Carolina thrive in safe, stable and nurturing environments.

2030 Target: Decrease the percentage of children experiencing two or more adverse childhood experiences to 18.0%.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked second in the priority listing for both the 2023 CHA and the 2019 CHA.

Adverse childhood experiences include the following factors:

- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Saw or heard parents or adults slap, hit, kick, punch one another in the home
- Was a victim of violence or witnessed violence in his or her neighborhood
- Lived with anyone who was mentally ill, suicidal, or severely depressed
- Lived with anyone who had a problem with alcohol or drugs
- Was treated or judged unfairly because of his or her race or ethnic group.

Research studies have identified a relationship between an increasing number of adverse childhood experiences and poor health outcomes in adults, especially in chronic diseases. While data from the National Survey of Children’s Health shows a decrease in the estimates of two or more adverse childhood experiences, the data reported for Black/African American and Other populations is almost twice as high for these groups as for whites.

No local data on adverse childhood experiences has been reported since 2019 when Benchmarks NC identified 26.6% of 22,889 children in Cleveland County experiencing two or more adverse childhood experiences.

Because data is not available on this indicator at a geographic level less than regional, the Cape Fear Collective, through the Healthy Communities NC initiative funded by Novant Health, selected a proxy metric for this indicator in 2020 – the percentage of disconnected youth, individuals aged 16 to 19 who are neither in school or working. At that time, Cleveland County ranked 58th among 100 counties in North Carolina for the number of disconnected youth. 3.33% of this population were female and 12% were male.

Disconnected Youth



Cleveland County has 5,297 individuals who fall into this category with 585 youth not in school and not employed.

Data Source: North Carolina Data Portal, US Census Bureau, American Community Survey, 2018-2022

Another indicator which has relevance to the issue childhood adverse experiences is the Social Vulnerability Index in which the higher the score, the more vulnerable the community is to certain social conditions, including poverty, vehicle access, financial stability and housing to name just a few. Cleveland County's score is higher than that of North Carolina at 0.63 and the United States at 0.58. This score often affects a community's ability to respond to disaster.

Social Vulnerability Index



Data Source: North Carolina Data Portal, Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC-GRASP, 2020

Social and Economic Factors: Third Grade Reading Proficiency

Definition: Percent of children reading at a proficient level or above based on third grade End-of-Grade exams in North Carolina

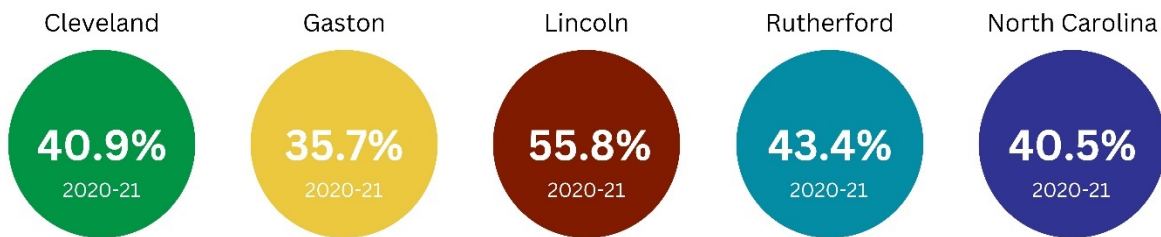
Optimal Result: All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school and community to be lifelong readers.

2030 Target: Increase the percentage of third-grade students reading at or above proficiency level to 80.0%.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 5th in the 2023 priorities and 6th in the 2019 priorities.

Fourth Grade Student Reading Proficiency



Data Source: North Carolina Data Portal, US Department of Education, EDFActs

Please note: the indicator was established to measure **third** grade reading proficiency as measured by the End-of-Grade test administered to students statewide in North Carolina. The third grade is often recognized as the year in school in which students transition from “learning to read to reading to learn” and is considered a predictor of future academic success. The data cited above measures **fourth** grade proficiency and indicates that of the 3,795 students tested in Cleveland County, 40.9% tested at or above the proficient level, just slightly above the state level. However, that leaves 59.1% of the fourth grade students tested performing below the proficient level.

Local data obtained from the Director of Student Services for Cleveland County Schools reveals that data is not available for the 2020-2021 academic year due to the COVID-19 pandemic. Data for the 2021-2022 academic year for third grade proficiency indicates that 44.4% of students performed at or above the proficient level. During the 2022-2023 academic year, this measure rose to 50.5% of third grade students performing at or above the proficient level.

Physical Environment Factors: Access to Exercise Opportunities

Definition: Percent of people with access to exercise opportunities

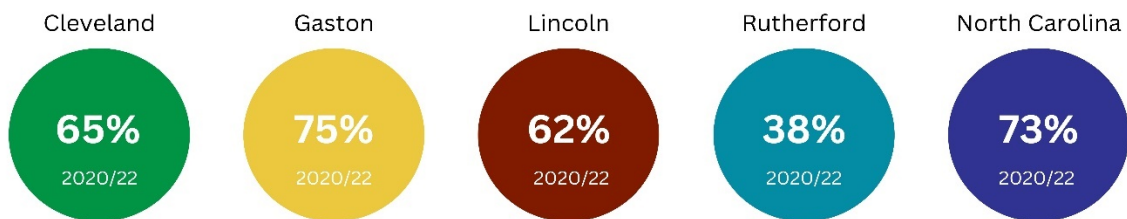
Optimal Result: All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.

2030 Target: Increase access to exercise opportunities to 92% for the population of NC.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 12th in the 2023 priorities and 14th in the 2019 priorities.

Access to Exercise Opportunities



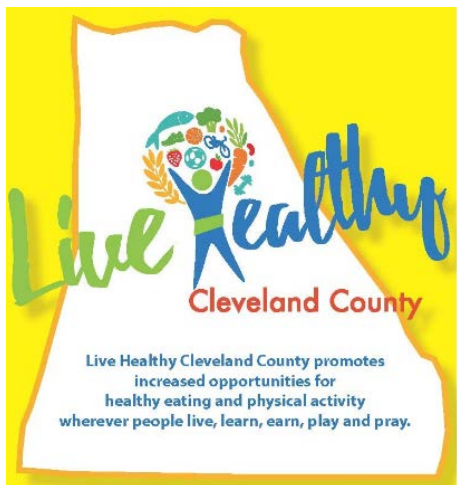
Data Source: North Carolina Data Portal, County Health Rankings, 2020, 2022

This data measures the percentage of individuals in a county who live reasonably close to a location for physical activity, specifically parks and recreational facilities. Adequate access is defined as one mile or less from a recreational facility or park in an urban area and three miles or less from a recreational facility in a rural area. This translates to 64,687 individuals in Cleveland County having reasonable access to opportunities for physical exercise according to the 2024 County Health Rankings. However, these same rankings identify 26% of the population identifying as inactive physically based on self-reporting in the Behavioral Risk Factor Surveillance System (BRFSS) conducted by the Centers for Disease Control and Prevention. Cleveland County currently has a Walkability Score of six compared to that of North Carolina as a seven. This score ranks areas based on density, diversity of land uses and proximity to transit and was developed by the Environmental Protection Agency Smart Location Database.

Leaders in Cleveland County have worked to encourage residents to become more physically active as a channel to impact the onset of chronic diseases. While there is no county-wide parks and recreation department, the city of Shelby, the town of Kings Mountain and the town of Boiling Springs all have designated parks and recreational areas for their residents. Cleveland County government provides grant funds to the smaller municipalities in the county to support efforts to develop parks in the more rural areas of the county where transportation may be an issue for residents. For example, the town of Fallston has a walking track as well as pickleball courts under construction for their residents. Other small municipalities have walking tracks, playgrounds, basketball courts and ball fields.

To further encourage increasing levels of physical activity, the Cleveland County Health Department annually publishes a *Resource Guide for Cleveland County* which may be found on

the CCHD website at <https://www.clevelandcountyhdnc.com>. This guide provides information on parks, trails, playgrounds and community assets such as walking programs available to county residents. The guide also highlights the regional parks available for county residents: South Mountain State Park, Crowders Mountain State Park, Kings Mountain State Park (South Carolina) and Kings Mountain National Military Park.



In addition to the resource guide, the health education unit of CCHD annually publishes a small, easy to access print brochure for distribution at community events to highlight physical activity opportunities in the county. This publication includes a county map with opportunities for physical activity divided by school attendance zones. The information includes location of each park, trail or playground as well as any amenities available on site such as benches or restrooms for the public.

Finally, leadership in the county has joined a collaborative effort named Healthy Together Cleveland to promote healthy eating, active living and prevention of chronic diseases. Initially funded by a grant from the Duke Endowment Healthy People, Healthy Carolinas initiative, this collaborative effort brings together representatives from across the county to reach their vision of a healthier Cleveland County. Currently one of two work groups is focusing on active living initiatives for targeted populations in the county, especially in Kingstown, a predominantly African American community north of Shelby. One of the first successful efforts of Healthy Together was to revitalize the Kingstown Community Park by building a shelter for community activities and to sponsor a walkability assessment for this community.



Participants in the 2023 Community Survey were asked three specific questions about physical activity in their lives. First, during the past thirty days, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking to exercise. 1,891 respondents answered this question with 85.77% of them replying “yes”. Second, participants were asked where they most often engaged in physical activity with 43.23% responding at home, 40.31% responding walking routes and trails, 17.31% responding at one of the three YMCA facilities in the county and 17.10% responding with city-county-state parks. Finally, participants were asked what factors affected their ability to engage in physical activity or exercise on a regular basis. 1,892 individuals responded with 31.0% stating that there were no barriers to engaging in physical activity and 22.65% of respondents stating that they did not have time to engage. 16.16% stated that they were too tired after work and 11.34% indicated that their current jobs involved physical or hard labor.



There were fewer comments from focus group participants regarding physical activity and exercise opportunities as most of their conversations focused on more basic community needs.



Participants were asked to respond to the prompt “Cleveland County is a good place to raise children” with an emphasis on places to play. Their responses focus primarily on having a good school system but did state that the county lacks things for children to do, especially after-school and summer programs as well as accessible organized activities like sports. Transportation again is an issue since most of the park facilities are located in the southern part of the county leaving children and residents in the more rural areas with fewer opportunities to engage in physical activity. Safety is also a primary concern for these participants as are the costs associated with participating in organized sports. Recreational opportunities ranked fourth from last in a listing of factors making Cleveland County a healthy community among focus group respondents while this issue did not appear in their choices to identify the three most important problems impacting health in our community.

Physical Environment Factors: Limited Access to Healthy Food

Definition: Percent of people with access to healthy foods

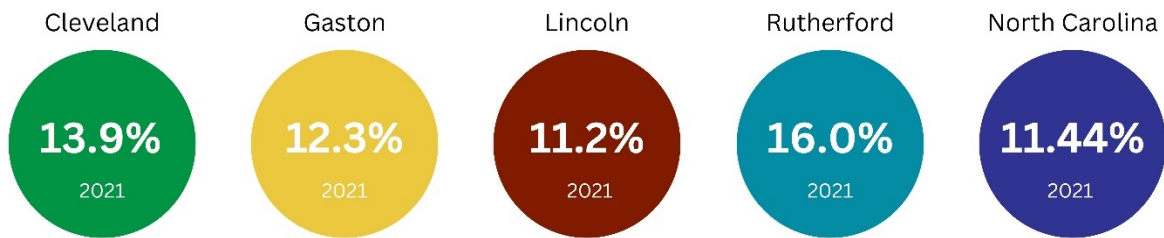
Optimal Result: All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.

2030 Target: Decrease limited access to healthy foods to 5% for the population of NC.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 7th in both the 2023 and the 2019 priorities.

Food Insecurity Rate



Data Source: North Carolina Data Portal, Feeding American 2021

This measure indicates the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is defined as limited or uncertain access to adequate food. Data from Feeding America 2021 indicates that the 13.9% measure for Cleveland County represents 13,710 individuals in the county. The rate of 19.6% is higher for children under the age of eighteen representing 4,320 children from a possible total of 22,041 children in the county.

Low Income and Low Food Access



Data Source: North Carolina Data Portal, US Department of Agriculture, Economic Research Service, Food Atlas

This measure indicates the percentage of the low-income population (for Cleveland County = 42,539 individuals) with low food access defined as living more than one mile (urban) or ten miles (rural) from the nearest supermarket, supercenter or large grocery store. This indicator is especially true in the northern part of Cleveland County where there are no full-service grocery stores and where residents rely on corner/convenience stores or Dollar General stores for food. Accessing a

full-service grocery store requires a trip to Shelby, Kings Mountain or Boiling Springs which is difficult if residents do not have personal transportation to make this trip.

Grocery Stores – Rate per 100,000 population

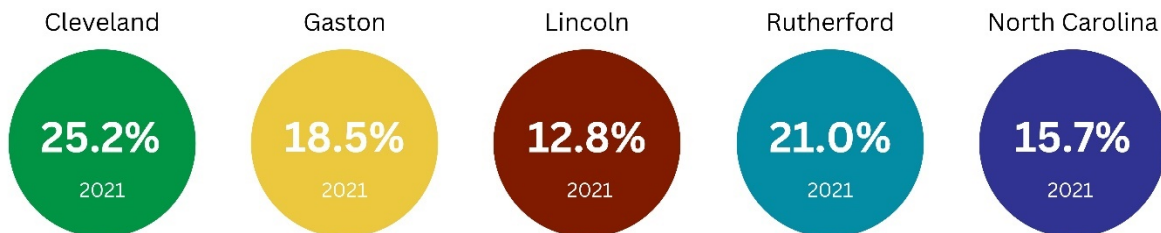


Data Source: North Carolina Data Portal, US Census Bureau, County Business Patterns

Currently Cleveland County has 16 establishments defined as grocery stores which results in a rate of 17.08 establishments to 100,000 population. This rate has decreased steadily since 2010 when the rate was 21.1/100,000. While these stores are primarily located in Shelby, Kings Mountain and Boiling Springs, food deserts are still found in identified areas in Shelby and Kings Mountain.

One significant program addressing the need for increased access to healthy food is the SNAP/EBT program administered by the Cleveland County Department of Social Services. This is a federal program providing nutrition benefits to low-income individuals and families that are used in stores to purchase food.

Population Receiving SNAP/EBT Benefits



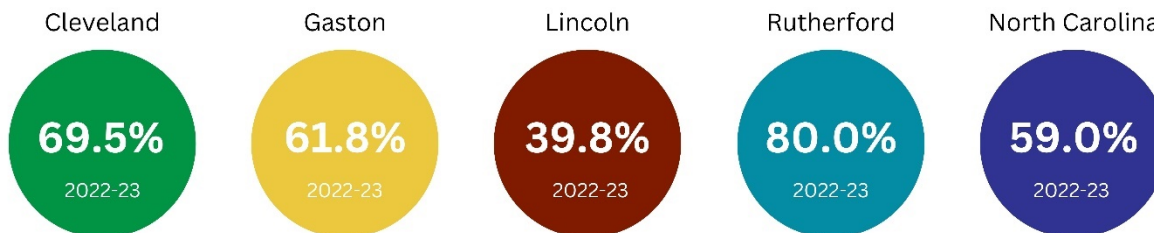
Data Source: North Carolina Data Portal, US Census Bureau, County Business Patterns

According to the Program Administrator, Economic and Child Support Services, Cleveland County Department of Social Services, the number of individuals and families receiving SNAP benefits in the county has grown over the past three years, peaking in fiscal year 2021-2022. SNAP/EBT benefits are currently available at the three Farmers’ Markets in the county as well as grocery and convenience stores. The trend is illustrated by the data below.

	SFY 20-21	SFY 21-22	SFY 22-23	SFY 23-24
Food Assistance issued to number of families and children, elderly and disabled adults	22,148	24,747	23,203	24,240
Value of food assistance issued	\$3,416,682	\$5,930,732	\$5,705,287	\$3,980,001

A second program that impacts food access in the county is the Free/Reduced Lunch program offered through school systems to eligible students whose parents/guardians apply for it.

Children Eligible for Free/Reduced Price Lunch



Data Source: North Carolina Data Portal, National Center for Education Statistics

Free or reduced price lunches are available for students in families with income between 185% (reduced price) or under 130% (free lunch) of the Federal Poverty Level. This program is funded by the federal National School Lunch Program. The Director of Child Nutrition Services for Cleveland County Schools provided the following data for the past three years.

Meals Plus Student Eligibility in Cleveland County Schools

	20-21 Academic Year	21-22 Academic Year	22-23 Academic Year
Number of students enrolled CCS	14,112	14,222	14,355
Number of students on free lunch	7,842	7,324	9,647
Number of students on reduced lunch	306	220	276
Number of applications denied	253	184	258
Total Number of students served (free, reduced, denied applications)	8,401 or 57.74%	7,728 or 53.04%	10,181 or 69.13%

A third program addressing the need for healthy food is the Special Supplemental Nutrition Program for Women, Infants and Children – better know as WIC. WIC’s purpose is to safeguard the health of low-income women, infants and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. The Cleveland County Health Department administers the WIC program and provides nutrition education and free supplemental food to mothers as well as families with children under five years of age. Participants are screened to determine if they are at nutritional risk to determine eligibility for the program. The director of the WIC program provided the following data for FY 22-23. The WIC program was assigned an average caseload of 3,833 individuals and served an average of 3,966 women and children, or 103.6% of their caseload. WIC staff served 322 pregnant women; post-partum data indicated 100 were fully breast-feeding, 139 were partially breast-feeding and 204 were fully formula feeding. 85 infants on the caseload were fully breast-fed, 98 were partially breast-fed and 583 were fed using formula. An average of 2,433 children were served by the WIC program in the county up to age five.

The Cleveland County Health Department annually publishes the *Cleveland County Resource Guide* which includes a variety of information to assist residents in accessing healthy foods. The Food Assistance Program section lists services such as the volunteer-driven Common Ground Café and Feeding Kids Cleveland County as well as Meet & Eat congregate meal sites for senior adults and Meals on Wheels delivery programs. The guide lists twenty-two food pantries in the county with contact information, days and hours of availability and eligibility guidelines. There are five hot lunch programs in the county available on Mondays, Wednesdays, Fridays and Saturdays sponsored by churches and staffed by volunteers. Farmers' markets are located in downtown Shelby on Saturdays year-round and Wednesdays from June through October, in Kings Mountain on Saturdays from May through September and on-site at Atrium Health-Cleveland on Tuesdays from June through August. Additionally the P & M Farmer's Market in Kingstown is open every Saturday in June through August. All these markets accept SNAP-EBT benefits. There is also a list of ten community gardens spread across the county with contact information and guidelines for participation.

The county-wide collaboration known as Healthy Together Cleveland focuses on improving food choices in the county and has sponsored several initiatives to achieve this goal. They supported the cost of providing SNAP/EBT benefits at the Kings Mountain and P & M Farmer's Markets as well as an expansion of the iSMILE senior meal delivery program through Common Ground Café. Funding has been provided for community garden projects and support for a nutrition educator assistant awarded to the Cleveland County Cooperative Extension Program. Healthy Together Cleveland also supported the initiation of the nutrition education program, Mediterranean South Lifestyle, delivered in collaboration with the Cleveland County Health Department by purchasing incentives for participants in the form of Farmers Market vouchers. Planned initiatives include supporting a six-month Healthy Food Pantries training program as well as publication of the Good on the Go booklet created to assist individuals making healthy food choices on the go or when eating in restaurants.

The 2023 Community Survey included several questions on healthy food choices and ease of access in the survey.



- 45.51% of survey participants indicated that in the past twelve months they worried about food running out in the household before they had money to buy more food.
- 35.58% of survey participants indicated that in the past twelve months someone in the household reduced their meal size or skipped a meal because there wasn't enough food for everyone in the household.
- 23.45% indicated that access to healthy food was one of the three most important factors making Cleveland County a healthy community.
- 27.72% indicated that they consumed five or more servings of fruits and vegetables at least one or two days each week. 32.66% indicated consumption three to four days each week. 27.99% indicated consumption five to six days each week and 7.01% claimed consumption every day. 4.62% admitted to never consuming fruits and vegetables.
- When asked if they purchased fresh fruits and vegetables from any source in the past twelve months, 67.24% indicated they did so at full-service grocery stores, 31.64% made

purchases at farmers markets, 14.80% received produce from churches or community organizations, 13.58% shopped at corner/convenience stores and 11.17% used food banks or pantries to obtain fresh fruits and vegetables.

- Participants were asked if they encountered barriers to consuming fresh fruits and vegetables on a regular basis with 51.54% indicating no barriers at all. However, 24.54% of participants cited cost as a barrier, 13.78% indicated a lack of time to prepare fruits and vegetables, 8.98% stated a lack of knowledge in preparing fruits and vegetables and 8.06% indicated a lack of transportation was a barrier. 3.44% of participants stated simply that their family members refused to eat fruits and vegetables on a regular basis.

Focus group participants were asked about accessing healthy foods in relation to finding support systems for individuals and families during times of stress and need. Participants responded that there were good networks for food insecurity with churches and food pantries needing to work together to meet the need for healthy food in the county.



They agreed that these services needed to be promoted more fully in the county. Few indicated that they were aware of the *Cleveland County Resource Guide* but were interested in obtaining this information. Participants also listed access to healthy food as one of the important factors in making Cleveland County a healthy community.

Physical Environment Factors: Severe Housing Problems

Definition: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities

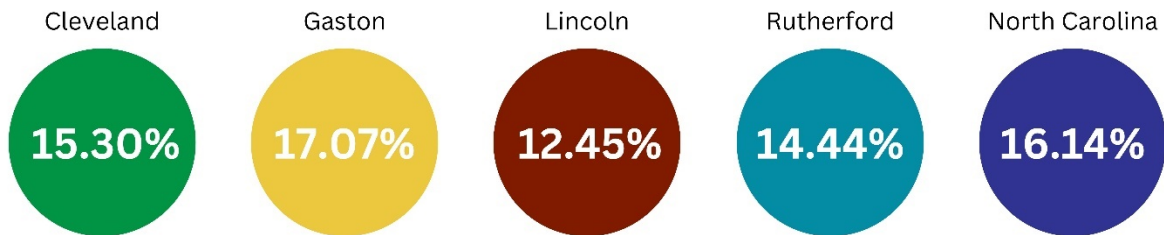
Optimal Result: All people in North Carolina have safe, affordable, quality housing opportunities.

2030 Target: Decrease the percentage of North Carolina households with severe housing problems to 14.0%.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 3rd in the 2023 priorities and 5th in the 2019 priorities.

Severe Housing Problems




Data Source: North Carolina Data Portal, US Census Bureau, American Community Survey, 2011-2015


The data shown above compares severe housing problems defined as having at least one of the following conditions: lacking complete plumbing facilities, lacking complete kitchen facilities, with 1.51 or more occupants per room, selected monthly owner costs as a percentage of household income greater than 50% and gross rent as a percentage of household income greater than 50%. In households such as these, the quality of living and housing can be considered substandard. Cleveland County's percentage of 15.30% represents 5,730 occupied households from a total of 37,455 available.

More current data from Quick Facts, US Census Bureau using 2018-2022 American Community Survey measures revealed that as of July 1, 2023 there were 44,554 housing units available in Cleveland County. 69.7% of these units were owner-occupied with a median value of \$155,000 in contrast to 103,212 units in Gaston County (67.0% owner occupied) with a median value of \$206,700, 40,578 units in Lincoln County (78.6% owner-occupied) with a median value of \$241,200 and 32,967 units in Rutherford County (73.3% owner-occupied) with a median value of \$158,200. Median gross rent values ranged from \$794 in Cleveland County to \$1,005 in Gaston County, \$928 in Lincoln County and \$729 in Rutherford County.

Using data from the US census Bureau American Community Survey 2018-2022 revealed that there were 11,086 renter-occupied housing units in the county. The average gross rent for these units was \$736 while the median gross rent was \$794. 2,177 of these units rental costs were under \$300-\$599 monthly, 2,242 units rental costs were \$600-\$749, 1,926 units rental costs were \$750-\$899 and 2,613 units rental costs were \$900-\$1,249 with 1,215 units costing \$1,250 per month or more.

Data sourced from the North Carolina Housing Coalition County Profile for Cleveland County reveals that 27% or 9,234 households in the county are considered cost-burdened. Families that spend more than 30% of household income are considered cost-burdened while families spending more than 50% of household income are considered severely cost-burdened. This data reveals that 50% of renters in the county or 4,740 households have difficulty affording their homes while 18% of homeowners or 4,494 households have difficulty affording their homes. Cleveland County currently ranks 16th in counties across North Carolina for evictions (1 = highest and 100 = lowest). 151 families or 3.36% of cost-burdened homeowners faced foreclosure in 2023 while 1,380 families or 29.11% of cost-burdened renters faced eviction filings in 2023.

Several specific questions in the 2023 Community Survey applied to housing issues. Participants were asked in the past three years if there were times when they encountered housing issues.  50.17% responded that they had not encountered any issues with obtaining or maintaining housing but 31.43% indicated that they had been worried about having enough money to pay the rent or mortgage. 6.70% responded that they had been unable to pay rent or mortgage costs at some point during that three-year time frame. 4.45% of survey respondents indicated that they had spent some time living with a friend or relative because of a housing emergency and 4.5% indicated living on the street, in a car, hotel or motel, or in a temporary shelter during the past three years.

Focus group participants were asked to respond to the prompt “There is affordable housing in Cleveland County that meets the needs of county residents.”  In every group the reaction to this prompt was striking with laughter and loud “Nos” as a general response. Not one focus group member felt that housing in the county was affordable, especially for people working low-paying jobs. Many participants indicated that people had to work multiple jobs to afford their rent or mortgage to prevent them from becoming homeless. They touched on the issue of home ownership, pointing out that buying a house was close to impossible for ordinary people, citing mortgage rates, the issue of down payments and the cost of materials. Participants also felt that the average cost of rent was too high, stating many people were paying at least \$1,200 per month for a single family home or apartment. This cost represented what many individuals made in a month resulting in people having to choose between having somewhere to stay and food on the table.

Cleveland County has limited resources available to address the severe housing shortage in the county. Emergency assistance for rent or mortgage payments is available on a limited basis through the Greater Cleveland County Baptist Association, Kings Mountain Crisis Ministry, the Salvation Army and local churches. Limited shelter resources for individuals meeting eligibility and/or resident requirements are available from the Cleveland County Abuse Prevention Council for women and children, the Cleveland County Rescue Mission, the Crossroads Rescue Mission and Trailhead Resources. There are federal housing authority programs in Shelby and Kings Mountain as well as as Section 8 Housing Assistance in Shelby. For individuals seeking home ownership, the Cleveland County Community Development Corporation and Habitat for Humanity offer assistance.

Health Behaviors: Drug Overdose Deaths

Definition: Drug overdose deaths in North Carolina per 100,000 population, age-adjusted

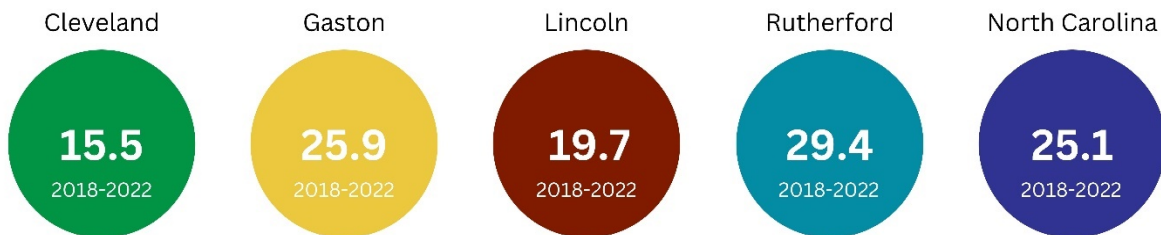
Optimal Result: All people in North Carolina receive person-centered substance use care without fear of stigma and feel supported by the community regardless of ability, age, gender-identity, income, lived experience, nationality, neighborhood or race.

2030 Target: Decrease drug overdose deaths to 18.0/100,000 population.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 6th in the 2023 priorities and 12th in the 2019 priorities. This indicator has been selected for development of a Community Health Improvement Plan for 2023-2027.

Opioid Overdose Deaths



Data Source: North Carolina Data Portal, Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2018-2022

The data shown above is the 2018-2022 five-year average of death due to opioid drug overdose per 100,000 population. Data from the 2023 County Health Data Book indicates that drug overdoses included in the other unintentional injuries category for leading causes of death in the total county population ranked 7th in the leading causes of death in the county and ranked 6th as a leading cause of death in the 40-64 years age group. In 2022 Cleveland County suffered 36 deaths from drug overdoses for a rate of 41.3/100,000 compared to North Carolina's rate of 42.1/100,000.

Participants in the 2023 Community Survey were asked two specific questions about substance use in the county with the results indicating a high degree of deniability.

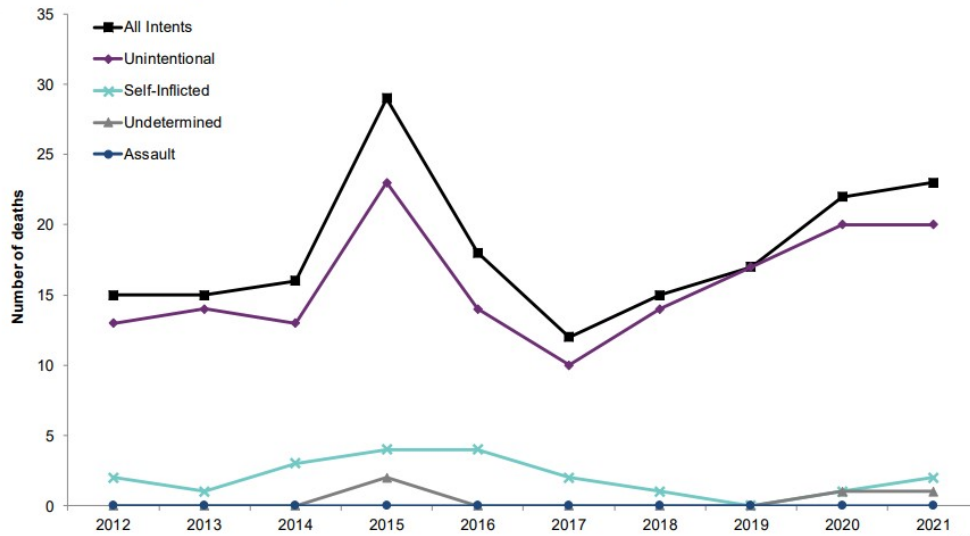


- When asked if they personally or someone they knew had been impacted by substances listed in the question, 59.98% replied No. 29.96% of participants did respond that marijuana had some impact, opioids (painkillers, heroin, fentanyl) impacted 17.28% of respondents and 10.97% reported impact from methamphetamine use.
- The second question asked in the past twelve months if they or anyone in their household intentionally misused any form of prescription drug. 94.48% of participants indicated that this question was not applicable to them, 2.06% indicated using a prescription drug without having a prescription, 1.56% admitted using a prescription drug more than the prescribed amount, 1.06% stated that they had used a prescription drug for any reason other than a doctor's instruction and 0.84% admitted using a prescription drug more often than prescribed for use.

The following set of charts were produced using data from the Vital Statistics Registry System for Death, North Carolina State center for Health Statistics and published in 2022.

County Medication & Drug Overdose Deaths by Intent

Cleveland County Residents, 2012-2021

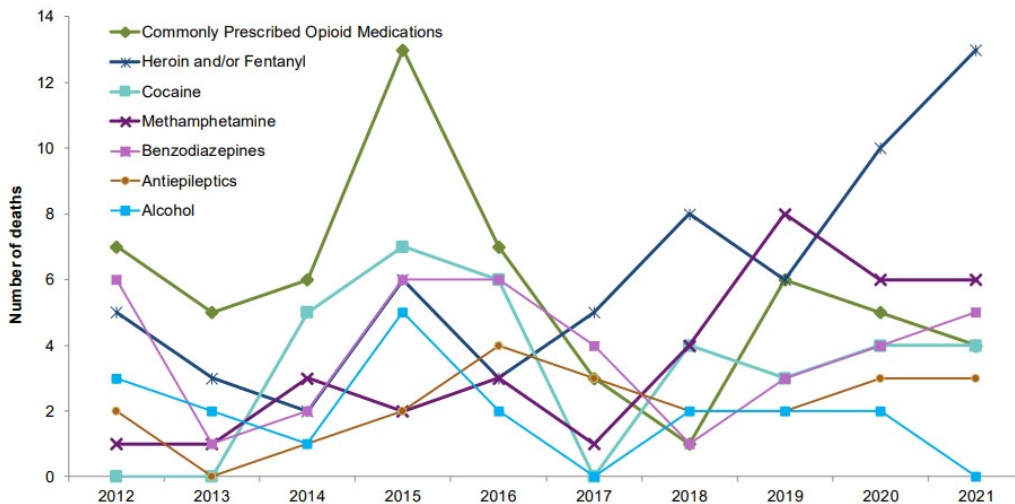


Technical Notes: Medication and drug overdoses: X40-X44, X60-X64, Y10-Y14, X85
Source: Deaths-NC State Center for Health Statistics, Vital Statistics
Analysis by: Injury Epidemiology and Surveillance Unit



Substances* Contributing to Overdose Deaths

Cleveland County Residents, 2012-2021



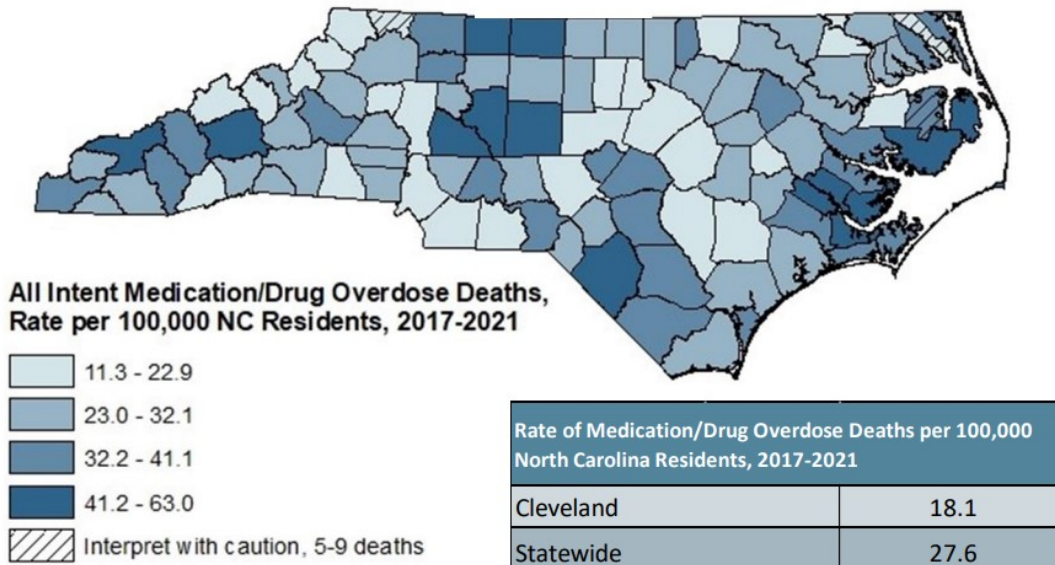
*These counts are not mutually exclusive. If the death involved multiple substances, it can be counted on multiple lines.

Source: NC State Center for Health Statistics, Vital Statistics-Deaths
All intent medication, drug, alcohol poisoning: X40-X45, Y10-Y15, X85, or X60-X64 with any mention of specific T-codes by drug type (Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, Psychostimulants, Antiepileptics and Alcohol).
Analysis by: Injury Epidemiology and Surveillance Unit



Rate of Medication & Drug Overdose Deaths, All Intents

Per 100,000 North Carolina Residents, 2017-2021

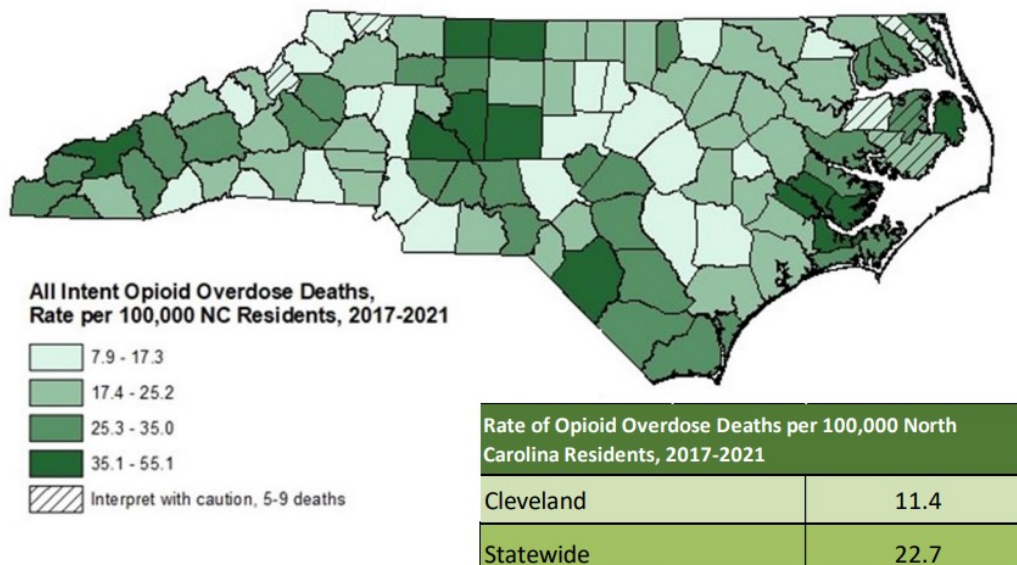


Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug poisoning: X40-X44, X60-X64, Y10-Y14, X85
Source: Deaths-NC State Center for Health Statistics, Vital Statistics; Population-National Center for Health Statistics
 Analysis by Injury Epidemiology and Surveillance Unit



Rate of Opioid Overdose Deaths, All Intents

Per 100,000 North Carolina Residents, 2017-2021

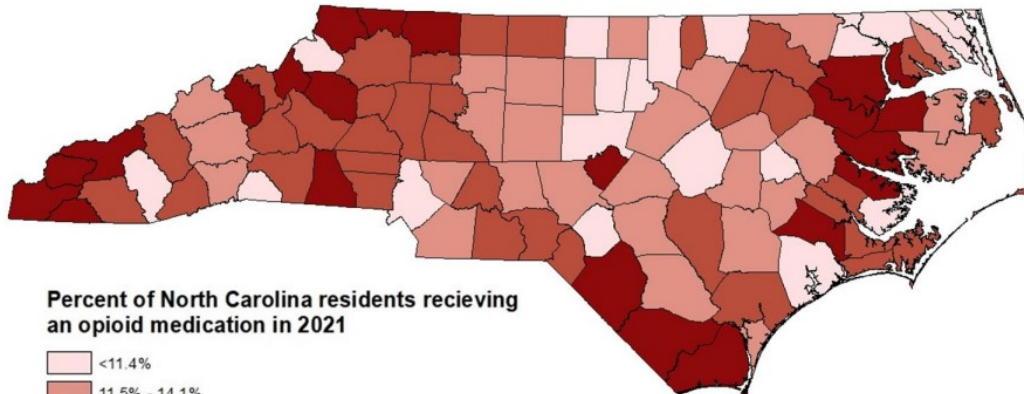


Technical Notes: Rates are per 100,000 N.C. residents, Unintentional medication and drug poisoning: X40-X44 and any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.6 (Other/unspecified narcotics)
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics; Population-National Center for Health Statistics
 Analysis by Injury Epidemiology and Surveillance Unit

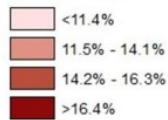


Percent of North Carolina Residents Receiving Opioid Pills

Per 100 North Carolina Residents, 2021



Percent of North Carolina residents receiving an opioid medication in 2021



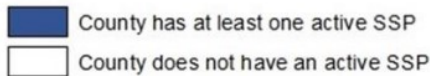
Percent of NC Residents Receiving Opioid Pills, per 100 NC Residents, 2021	
Cleveland	18.4
Statewide	13.0

Technical Note: All CSRS data are subject to change
Source: Opioid Dispensing –NC Division of Mental Health, Controlled Substance Reporting System, 2021
 Analysis by Injury Epidemiology and Surveillance Unit



Counties covered by Syringe Service Programs (SSPs)

Most Recent Year's Annual Reporting Period, as of 2022 Annual Report



SSP Coverage in Cleveland County?	Yes
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Technical Notes: There may be SSPs operating that are not represented on this map; in order to be counted as an active SSP, paperwork must be submitted to the NC Division of Public Health
Source: NC Division of Public Health, [Safer Syringe Initiative Annual Reporting](#), as of 2022 Reporting
 Analysis by Injury Epidemiology and Surveillance Unit



Cleveland County was awarded Opioid Settlement Funds in 2022 and is collaborating with the Cleveland County Health Department and Drug Free Cleveland County to establish a strategic plan for the disbursement of these funds to address the opioid issue. The slide below illustrates the total award and payout of these funds 2022-2038.

Getting on the same page... Opioid Settlement Overview


MOA & Allocation of Funds

\$56 billion in national settlements with opioid companies
Memorandum of Agreement between local government, DOJ and NCDHHS

- 100 NC Counties
- 47 municipalities

\$1.5 billion to NC


- \$13,042,660 to Cleveland County



18 Year Payment to Cleveland during 2022-2038:

\$13,042,660

Payments Over Time - Cleveland



Year	Payment Amount
2023	\$935,063
2024	~\$13,042,660
2025	~\$1,500,000
2026	~\$1,200,000
2027	~\$1,000,000
2028	~\$800,000
2029	~\$1,000,000
2030	~\$1,100,000
2031	~\$1,000,000
2032	~\$900,000
2033	~\$800,000
2034	~\$700,000
2035	~\$650,000
2036	~\$600,000
2037	~\$550,000
2038	~\$500,000
2039	\$318,927

Data Source: Presentation to Drug Free Cleveland County, August 2024

Leadership has adopted four high-impact abatement strategies approved under Option A as part of the Memorandum of Agreement for the initial disbursement of funds:

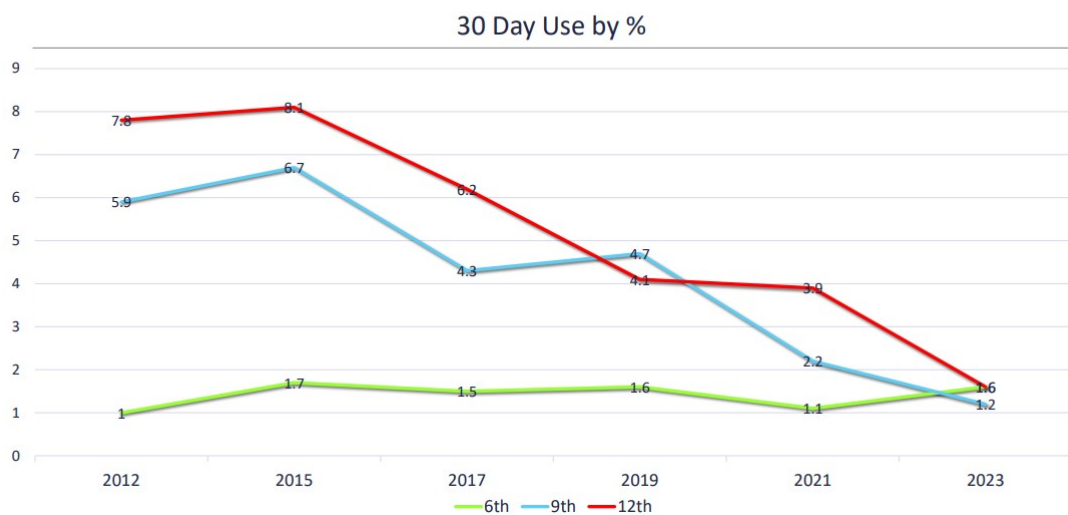
- **Recovery Support Services:** Recovery Connect CC using a Community Navigator to help community partners and individuals seeking services to navigate and connect to SUD/ODU (Substance Use Disorder/Opioid Use Disorder) resources; this position is contracted through Integrated Care of Greater Hickory and was initiated in May 2024;
- **Addiction Treatment:** Providing training for healthcare providers as a means of reducing stigma and increasing recognition of SUD as a disease as well as best practices for opioid prescribing and Medication Assisted Treatment; a second component focuses on workforce development to reimburse individuals seeking licensure to expand capacity to address substance use disorder; reimbursement is restricted to Cleveland County residents or individuals working in the county;

- Naloxone Distribution: Expanding distribution of Narcan through the Cleveland County Health Department Pharmacy Drive-Thru – for free, for everyone, no prescription required. Additional distribution to law enforcement and emergency medical services is also a part of this component; and
- Development of an Overdose Response Team to be active in the county.

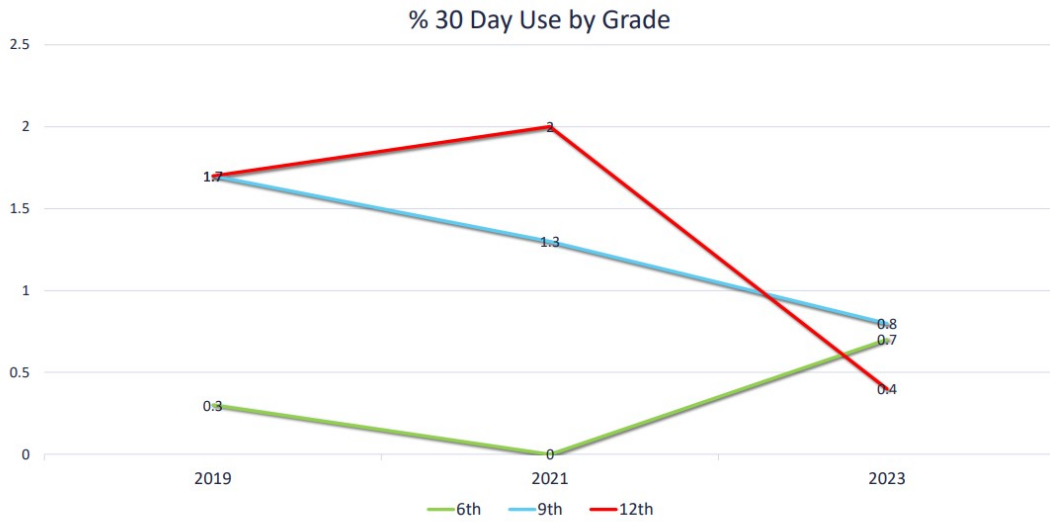
Leadership is currently working with members of the Drug Free Cleveland County coalition to initiate additional opioid remediation activities under Option B of the Memorandum of Agreement upon completion of a collaborative Strategic Planning Process.

Cleveland County has addressed alcohol, tobacco and other drug issues with an emphasis on reducing substance use among youth. A major factor in addressing youth substance abuse has been the ability of CCHD to win grant funding to support evidence-based initiatives. The Substance Use Prevention and Treatment Block Grant awarded by the state of North Carolina focuses on support for classroom-based substance use prevention/education using the evidence-based curriculum Too Good for Drugs which served 688 7th grade students during the 22-23 academic year. This curriculum addresses alcohol, tobacco and other drugs, including the use of prescription and illicit drugs. The federally-funded Drug Free Communities grant was first awarded in 2015 and brought together community entities and individuals to reduce youth substance use. Having this support also meant that the Cleveland County Health Department and Cleveland County Schools could continue administering the PRIDE Student Drug Use Survey every two years for sixth, ninth and twelfth grade students with the most recent survey conducted in March 2023. The charts below indicate the trends in youth substance use in Cleveland County, including marijuana use, and this knowledge allowed CCHD staff members to tailor substance use prevention programs for delivery in a timely and realistic format.

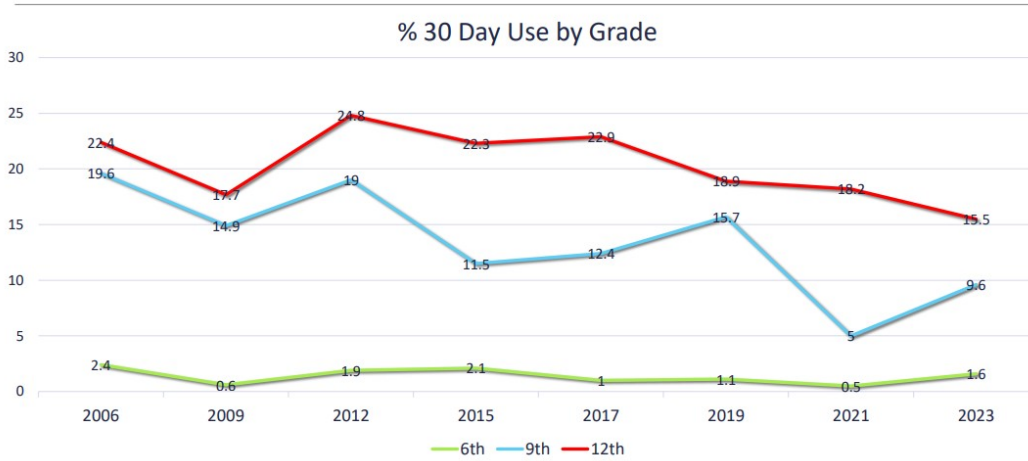
30 Day Prescription Drug Use Trends: 2012-Current



30 Day Opioid Pain Killers Use Trends: 2019-Current



30 Day Marijuana Use Trends: 2006 to Current



Health Behaviors: Tobacco Use

Definition: Percent of youth and adults reporting current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes and/or hookah.

Optimal Result: All people in North Carolina live in communities that support tobacco-free and e-cigarette-free lifestyles.

2030 Target: Decrease tobacco product use among adults to 15.0%.

Decrease tobacco product use among youth in high school to 9.0%.

Decrease tobacco product use among youth in middle school to 9.0%.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 10th in the 2023 priorities and 3rd in the 2019 priorities. A Community Health Improvement Plan which focused on adult use was initiated to address tobacco use 2019-2023.

The Cleveland County Health Department has used data from the County Health Rankings based on self-reported responses in the BRFSS to identify the percentage of adults smoking since 2010 when the measure indicated that 25% of adults over age 25 smoked. The 2023 data, collected in the 2020 BRFSS, indicated that this number has dropped to 22% in 2023. The BRFSS data reported for Local Health Directors Region 4 in the 2022 survey indicated 14.7% of participants said that they were current smokers and 85.3% that they did not smoke. 16% of the participants responding yes were male and 13.5% were female. Additional questions from the survey, with respondents self-reporting, revealed the following information.

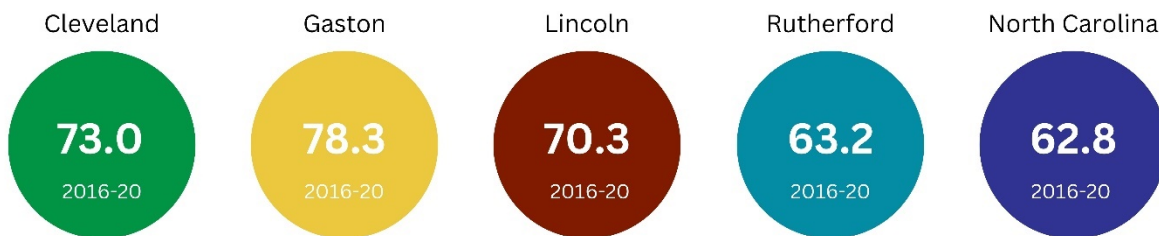
- When asked about smoking status, 9.7% of participants indicated that they smoked a tobacco product every day, 5.9% indicated some days, 22.9% stated that they were former smokers and 62.4% stated that they did not smoke at all.
- 25.7% indicated that they **now** smoked cigarettes every day, 13.4% smoked some days and 60.8% did not smoke at all.
- When asked if they smoked at least 100 cigarettes in their entire lives, 37.6% of respondents stated yes and 62.4% stated no.
- 79.8% of respondents stated that they had never used any tobacco product and 20.2% stated that they had used at least one product.
- When asked about current use of chewing tobacco, snuff or snus, 2.3% indicated every day use, no responses indicated some day use and 95.9% indicated no use at all.
- Participants were asked if they used e-cigarettes or vapes with 74.7% indicating never using these products, 16.5% indicating that they no longer used these products and 8.8% indicating that they used these products some days to every day.

With over 180 tobacco retail outlets in the county, it is essential that residents be kept informed about the risks of using tobacco products. Information on all tobacco products, including electronic devices, is available from the Cleveland County Health Department as requested by individuals, businesses and community groups. Tobacco cessation programs for the public are not offered by CCHD staff but may be accessed through the American Cancer Society. Nicotine Replacement

Therapy (NRT) products are available to community members through the CCHD Pharmacy. NRT products include gum at two levels, lozenges at two levels and patches at three levels. These products are free and funded by a grant program but quantities are limited. County residents may walk into the Pharmacy or drive-thru to receive these products as well as counseling on tobacco products and cessation practices. Individuals must be eighteen years of age to receive the NRT products and availability is posted on the CCHD website. Insured Cleveland County government employees are eligible to receive smoking cessation products as well as NRT at no cost through the CCHD Pharmacy. Individuals receiving care through CCHD clinical services are assessed for tobacco use using the five A's program. Clinical staff members also make referrals for individuals seeking cessation assistance for tobacco products and vaping products to Quitline NC. CCHD worked with the Region 4 Tobacco Control Manager to implement smoke-free policies in apartments owned by federal housing providers in the county. The CCHD/DSS combined campus is the only tobacco-free campus among county facilities but leadership continues to pursue tobacco-free policies for all county facilities.

One of the consequences of tobacco use is the prevalence of lung cancer among tobacco users especially in adults 40 years of age and older.

Cancer Incidence Rate per 100,000 Population for Lung Cancer



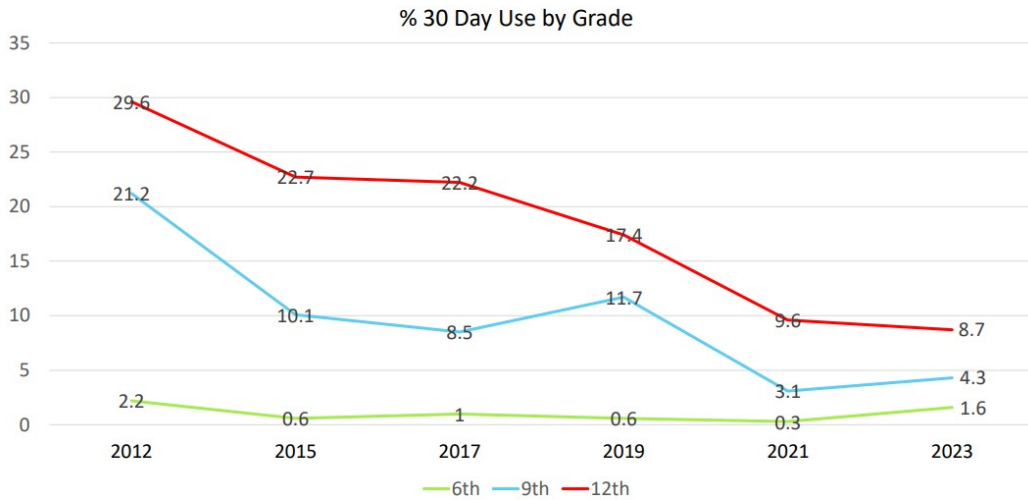
Data Source: North Carolina Data Portal, State Cancer Profiles, 2016-2020

The 2018-2022 North Carolina Preliminary Cancer Incidence Report revealed the rate for lung cancer in Cleveland County per 100,000 population is 71.8/100,000 or 517 cases compared to the rate for North Carolina at 58.9/100,000. The 2018-2022 North Carolina Cancer Mortality Report for Cleveland County indicated 302 deaths at a rate of 42.6/100,000 compared to the rate for North Carolina of 37.5/100,000. Finally, the North Carolina Central Cancer Registry predicts 95 new cases of lung cancer in 2024 with 57 deaths predicted.

Cleveland County has addressed alcohol, tobacco and other drug issues with an emphasis on reducing substance use among youth. A major factor in addressing youth substance abuse has been the ability of CCHD to win grant funding to support evidence-based initiatives. The Substance Use Prevention and Treatment Block Grant awarded by the state of North Carolina focuses on support for classroom-based substance use prevention/education using the evidence-based curriculum Too Good for Drugs which served 688 7th grade students during the 22-23 academic year. This curriculum addresses alcohol, tobacco and other drugs with new segments addressing the rise of vaping use among youth in the county. The federally-funded Drug Free Communities grant was first awarded in 2015 and brought together community entities and individuals to reduce

youth substance use, including tobacco products use. Having this support also meant that the Cleveland County Health Department and Cleveland County Schools could continue administering the PRIDE Student Drug Use Survey every two years for sixth, ninth and twelfth grade students with the most recent survey conducted in March 2023 with tobacco use shown below.

30 Day Tobacco Use Trends: 2006-Current



30 Day E-Cigarette Use Trends: 2015-2023



In addition to the SOAR (Student Options and Redirection) program addressing violations of substance use policies in Cleveland County schools, the HALT (Helping Adolescents Leave

Tobacco) is available to students in the middle and high schools in the county through the school-based health centers. The program is designed to promote cessation and reduce tobacco/vaping use among middle and high school students in the county. Nurses in the school-based health centers assess students for tobacco/vaping use and their level of nicotine dependence and offer, with parental consent, voluntary participation in four to six sessions of evidence-based education and access to nicotine replacement therapy. Referral for the program may come through school staff or administration, through a student's self-initiation, or during a visit to the school-based health center for another medical complaint or need.

The 2023 Community Survey asked participants specifically about their use of tobacco products.



- When asked if the respondent currently smoked, used electronic cigarettes or vapes or smokeless tobacco products, 41.97% replied yes and 58.03% replied no.
- When asked about using tobacco products at least once a day in the last thirty days, participants chose from four categories: 39.61% used cigarettes, 27.40% used cigars, 17.92% used electronic cigarettes/e-cigarettes or vaping products and 15.06% used smokeless tobacco such as dip or chew.
- Participants were asked if they were aware of services available to them to use in quitting the use of tobacco products and to list all that they knew something about. 23.92% were unaware of any available resources, 38.13% knew that they could consult a physician, 34.61% knew about services or programs at CCHD, 25.08% knew they could consult a pharmacist and 21.74% indicated that they would consult a private counselor. 24.83% indicated that they were aware of Quit Line NC services and 13.30% were aware of the Live Vape Free service.
- When asked to indicate where they thought they were exposed to secondhand smoke, 28.33% of respondents said they had no exposure. Other responses included 26.04% on public sidewalks, 25.70% at community events and festivals, 16.13% at private bars and clubs, 12.32% at parks, 9.46% in vehicles, 8.62% in the workplace and 7.61% at home.

Health Behaviors: Excessive Drinking

Definition: Percent of adults reporting binge or heavy drinking

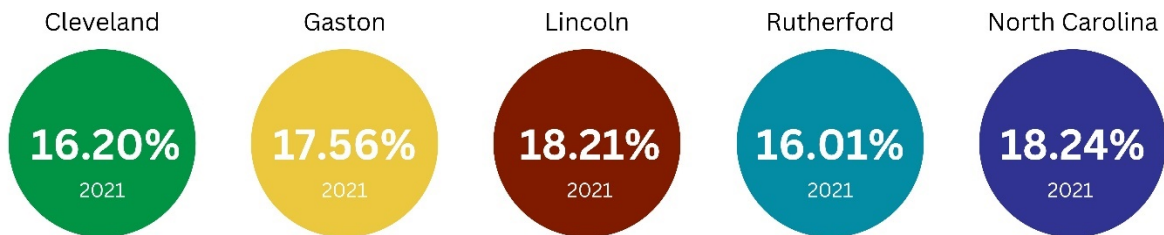
Optimal Result: All North Carolina communities support safe and responsible use of alcohol.

2030 Target: Decrease the percentage of adults reporting binge or heavy drinking to 12.0%.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 15th in the 2023 priorities and 21st in the 2019 priorities.

Alcohol Consumption



Data Source: North Carolina Data Portal, Behavioral Risk Factor Surveillance System 2021, accessed through County Health Rankings, 2024

The data shown above is based upon self-reporting by individuals responding to the Behavioral Risk Factor Surveillance System (BRFSS) managed by the Centers for Disease Control and Prevention. It is important to understand the definition of excessive drinking as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past thirty days. The definition for heavy drinking is more than two drinks per day for men and more than one per day for women over the past thirty days.

Data from the 2023 County Health Rankings, derived from BRFSS data from 2020, indicated that 16% of Cleveland County residents engaged in excessive drinking. This was a reduction from 2021 and 2022 when the percentage was 17%. The 2022 BRFSS data reported for Local Health Directors Region 4 and drawn from the NC State Center for Health Statistics indicates that 61.9% of survey participants indicated no excessive drinking during the past thirty days, 10.3% indicated excessive drinking at least once, 8.4% indicated excessive drinking twice, 12.4% indicated excessive drinking three to seven times and 7.1% indicated excessive drinking eight to thirty times during the past thirty days.

Participants in the 2023 Community Survey as adults responded to a series of questions about alcohol consumption. Participants were asked how often they consumed alcohol with 34.91% responding not at all. 21.71% indicated alcohol consumption at least once a month, 21.71% indicated consumption once a week, 18.54% indicated consumption three times a week and 3.12% reported consuming alcohol every day. When asked if they had driven a vehicle when they had been consuming alcohol during the past thirty days,



96.60% responded no and 3.40% responded yes. Finally, participants were asked if they or someone they knew had been personally impacted by the use of alcohol, 52.09% responded yes and 47.91% responded no.

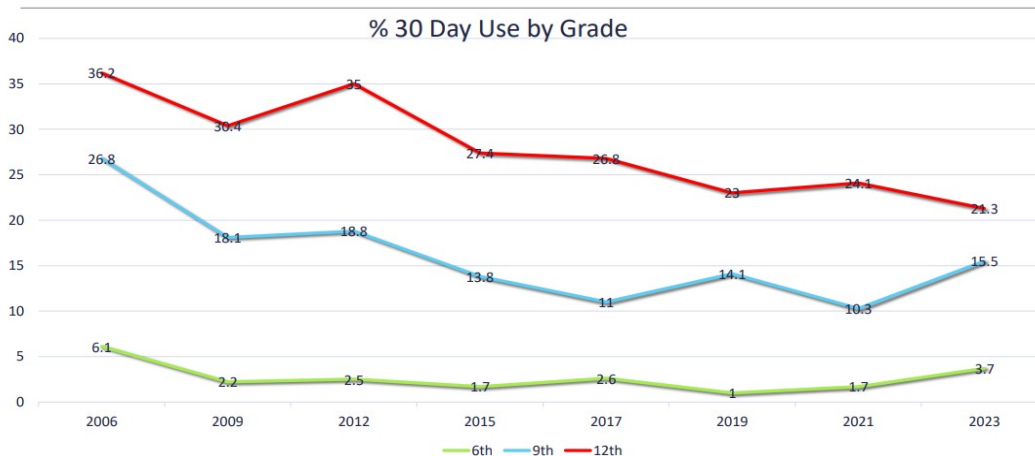
Focus group participants did not respond to any specific questions about alcohol consumption.



Instead, their comments focused on the availability of substance use services in Cleveland County for adults and youth. For the most part, participants felt that they could access these services or that they knew where to go or who to go to in their communities to get help for this issue.

Cleveland County has been fortunate to have an active substance abuse prevention coalition functioning in the county since 2008. This community coalition, now known as Drug Free Cleveland County, has addressed alcohol, tobacco and other drug issues with an emphasis on reducing substance use among youth. A major factor in addressing youth substance abuse has been the ability of CCHD to win grant funding to support evidence-based initiatives. The Substance Use Prevention and Treatment Block Grant awarded by the state of North Carolina focuses on support for classroom-based substance use prevention education using the evidence-based curriculum Too Good for Drugs for 7th grade students. The federally funded Drug Free Communities grant was first awarded in 2015 and brought together community entities and individuals to reduce youth substance use. A community education program to prevent or reduce underage drinking was one of the first successes of this grant program. Having this support also meant that the Cleveland County Health Department and Cleveland County Schools could continue administering the PRIDE Student Drug Use Survey every two years for sixth, ninth and twelfth grade students with the most recent survey conducted in March 2023.

30 Day Alcohol Use Trends: 2006 - Current



Data Source: 2023 PRIDE Student Drug Use Survey conducted by CCHD and Cleveland County Schools, March 2023

Healthy Behaviors: Sugar-Sweetened Beverage Consumption

Definition: Percent of youth and adults reporting consumption of one or more sugar-sweetened beverages per day

Optimal Result: All people in North Carolina live in communities that support healthy food and beverage choices.

2030 Target: Decrease consumption of sugar-sweetened beverages among adults to 20.0%.

Decrease consumption of sugar-sweetened beverages among youth grades 9-12 to 17.0%

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 14th in 2023 priorities and 16th in 2019 priorities.

The Cleveland County Health Department has not collected any local data on the consumption of sugar-sweetened beverages among adults and youth in the county and no questions concerning this indicator were included in the 2023 Community Survey. However, in all health education programs with nutritional topics as well as in the WIC program, emphasis is placed on the consumption of water as a healthier choice of beverages. Water is offered to participants at all meetings sponsored by CCHD. In addition, CCHD adopted a vending machine policy limiting the beverage choices to water, nonfat or 1% low fat milk dairy-type products, beverages that contain 100% fruit or vegetable juice with no added sweeteners, fruit-based drinks containing at least 50% juice and no added caloric sweeteners, sports drinks less than or equal to 100 calories, non-caloric beverages including diet soda, non-dairy, calcium-fortified beverages such as soy or almond beverage and beverages limited to a portion size no greater than twelve ounces (water is the exception). No highly caffeinated energy drinks are allowed. While this list is not perfect, it is better than the contents of some of the vending machines in the county!

Data on this indicator for adults is available **only** for the Local Health Director Region 4 demographic. This data is from the 2022 BRFSS results. 38% of adult respondents indicated consumption of sugar-sweetened beverages and 62% indicated no consumption. When asked about consumption of regular soda or pop that contains sugar during the past thirty days, 26.5% of respondents indicated consumption one or more times per day, 17.2% indicated consumption one to six times per week, 13.3% indicated consumption less than once a week and 43.1% indicated no consumption at all. Finally, when asked about consumption in the past thirty days of sugar-sweetened fruit drinks (such as Kool-Aid), sweet tea, and sports or energy drinks, 20.2% of respondents indicated consumption one or more times per day, 27.0% indicated consumption one to six times per week, 10.1% indicated consumption less than once a week and 42.6% indicated no consumption at all.

Healthy Behaviors: HIV Diagnosis/Sexually Transmitted Disease

Definition: Number of new HIV diagnoses per 100,000 population

Optimal Result: All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment and management of sexually transmitted diseases.

2030 Target: Decrease number of new HIV diagnoses to 6/100,000 population.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 15th in 2023 priorities and 17th in 2019 priorities.

HIV Incidence



Data Source: North Carolina Data Portal, Centers for Disease Control and Prevention, National center for HIV-AIDS, 2022

Sexually transmitted diseases remain a serious public health issue in Cleveland County, in North Carolina and across the southeastern United States. Great emphasis has been placed on the diagnosis, treatment and management of HIV and AIDS over the past decade with new medications entering the market on a regular basis. However, less attention has been directed to the more common STDs of chlamydia, gonorrhea and syphilis even though the rates for these diseases have been steadily increasing. When asked to rank problems impacting health in our community, neither the survey participants nor the focus group participants ranked sexually transmitted diseases as critical factors.

Chlamydia



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) published July 1, 2023

In Cleveland County using the 2022 NC EDSS data, 173 cases or 29.7% of all cases were diagnosed in the 10-19 age group. 319 cases or 54.8% were diagnosed among young adults ages 20-29 years.

Gonorrhea



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) published July 1, 2023

Cleveland County data from 2022 NC EDSS revealed 55 cases or 18.9% were diagnosed among youth ages 10-19 years of age. 145 cases or 50.0% were diagnosed among young adults ages 20-29 years.

Syphilis



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) published July 1, 2023

Cleveland County data for syphilis reported by 2022 NC EDSS revealed that 18 cases or 40.9% were in the 20-29 years age group while another 18 cases were in the 30-39 years age group. Most alarming was the increase in cases over the past three years: from 8 cases in 2020 to 32 cases in 2021 and 44 cases in 2022.

The Cleveland County Health Department offers services for testing, diagnosis and treatment of sexually transmitted diseases. According to data gleaned from the Patagonia Medical Health Record used by the Cleveland County Health Department in fiscal year 21-22, the STD Clinic served 992 unduplicated patients through 1,457 visits and in fiscal year 22-23, the clinic served 1,058 unduplicated patients through 1,573 visits. Staff members provide outreach to agencies and organizations throughout the county including the housing authorities and law enforcement upon request. Individuals may access free condoms at the front desk or the Pharmacy Drive-Thru with no identification required on a regular basis. Condoms are also offered to physician practices and behavioral health programs as well as to inmates upon release from the Cleveland County Jail.

Part of the ongoing issue around sexually transmitted diseases is a concern by many parents about exposing their adolescent children to information about this topic. With active parental permission, the Cleveland County Health Department health education unit offers a *Strong Teens Cleveland County!* reproductive health and safety program to 9th grade students in Cleveland County Schools. This program, funded by the North Carolina Teen Pregnancy Prevention Initiative, provides seven

sessions taught weekly by certified, trained Community Health Educators in gender-specific classes. The program focus is positive decision-making, reducing teen pregnancies and educating



students about sexually transmitted diseases. Topics included in this age and culturally appropriate curriculum include puberty and anatomy, STD Smarts and STD Testing, FDA-approved contraceptives, communication, decision-making, healthy/unhealth relationships, and sex trafficking, assault and abuse. **Abstinence** is emphasized at every lesson

for both males and females. The program facilitators use a variety of teaching methods to engage the students including PowerPoint presentations, videos, games and worksheets. Students participate in pre-and post-testing to measure the increase in knowledge and attitude changes about the topics introduced in the curriculum. Cleveland County Health Department has been providing this program through TPPI grant funding since 2015 and has served 5,288 students in the middle and high schools in the county over the past nine years. This program served 414 youth in FY 2022. Data collected from the 2022 pre- and post-tests indicated that 76% of the participating students demonstrated an increase in knowledge that supported the prevention of pregnancy and STDs. 65% of the participating students demonstrated an increase in attitudes supporting condom use for pregnancy prevention as well as for preventing sexually transmitted diseases.

CCHD staff members feel positive about their ability to impact the prevalence of sexually transmitted diseases among middle and high school students but struggle with identifying strategies to engage young adults, especially the 20-29 years age group. This population is harder to reach as they pursue higher education opportunities or work and are more transient than other age groups. Staff will continue to develop initiatives to make an impact on decreasing sexually transmitted diseases in this population but a more consistent and broader approach through state, regional and national resources will be needed to produce positive health outcomes.

Healthy Behaviors: Teen Births

Definition: Number of births to females aged 15-19 per 1,000 population

Optimal Result: All people in North Carolina live in communities that support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.

2030 Target: Decrease births to females aged 15-19 to 10/1,000 population.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 4th in both the 2023 and 2019 priorities. A Community Health Improvement Plan was initiated to address this indicator in 2019-2023. This indicator has been selected for an additional Community Health Improvement Plan for 2023-2027.

Teen Birth Rates 2016-2022



Data Source: North Carolina Data Portal, Centers for Disease Control and Prevention, CDC-National Vital Statistics

The data shown above reports the seven-year average number of births per 1,000 female population age 15-19; this information was accessed through the 2024 County Health Rankings. Data sourced from the North Carolina State Center for Health Statistics, Vital Statistics Section, revealed that in 2022 the teen birth rate for Cleveland County was 22.0/1,000 females 15-19 years of age. The rate for white, non-Hispanic females in 2022 was 18.3/1,000 compared to the rate for Black, non-Hispanic single race females of 34.8/1,000. The rates for the total female population ages 15-19 in 2014 was 38.1/1,000 with the rate for the white population that year being 33.1/1,000 and for the Black, non-Hispanic single race being 52.5%.

Number of Teen Births 2022



Data Source: North Carolina State Center for Health Statistics, Baby Book, 2023

CCHD administrators tracked the number and rate of teen pregnancies in the county since 2008 when teen pregnancies were first acknowledged as a health issues in the county. Data for 2022 are shown below:

Teen Pregnancies in 2022



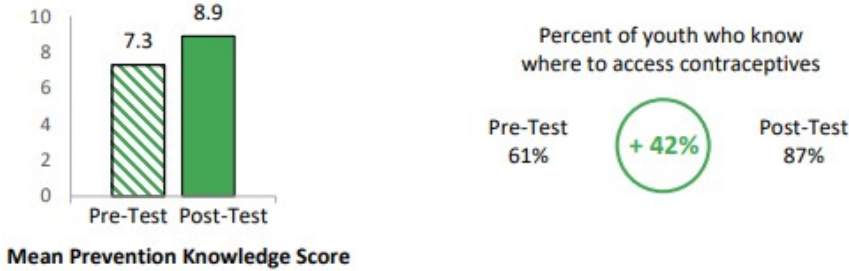
Data Source: North Carolina State Center for Health Statistics, County Health Databook, 2023

The Cleveland County rate for pregnancies among females ages 15-19 was 25.0/1,000 in 2022 compared to the state rate of 21.8/1,000. The rate for Cleveland County resulted in the county's ranking of 25th in the state of 100 counties for high rates of teen pregnancy. The rate for white, non-Hispanic, single race teens in the county was 19.2/1,000 compared to the rate for Black, non-Hispanic single race teens of 43.2/1,000. Both rates were higher than for the state rates of 12.4/1,000 for white, non-Hispanic single race teens and 30.2/1,000 for Black, non-Hispanic, single race teens. However, both the overall population segments numbers and rates show improvement since the last Community Health Assessment was published in 2019. In 2019, the state rate for pregnancies among females 15-19 years of age was 24.0/1,000 compared to Cleveland County's rate of 41.4/1,000. During that same year, the rate for white teen pregnancies was 36.8/1,000 compared to the rate for black teen pregnancies of 53.5/1,000.

While teen pregnancies and teen births continue to be an identified health priority in the county through data collected in the county, neither the participants in the 2023 Community Survey nor the participants in the focus groups conducted in the county identified teen pregnancies or teen births as a problem impacting the overall health of the county. Resources available to teens on pregnancy and birth include nurses available through the school-based health centers in the middle and high schools in the county as well as CCHD staff in the Family Planning Clinic housed at CCHD and accessible through open access scheduling for appointments. CCHD has also responded through its sponsorship, in collaboration with Teen Pregnancy Prevention Initiative of North Carolina and Cleveland County Schools, of a comprehensive reproductive health and safety classroom-based program available to 9th grade students in Cleveland County Schools with active parental permission. Based on the 3Rs: Rights, Respect, Responsibility curriculum developed by Advocates for Youth and approved for delivery by TPPI, the seven sessions of Strong Teens Cleveland County! are taught weekly by certified, trained Community Health Educators in gender-specific classes. The program focus is positive decision-making, reducing teen pregnancies and educating students about sexually transmitted diseases. Topics included in this age and culturally appropriate curriculum include puberty and anatomy, STD Smarts and STD Testing, FDA-approved contraceptives, communication, decision-making, healthy/unhealthy relationships, and sex trafficking, assault and abuse. **Abstinence** is emphasized at every lesson for both males and females. The program facilitators use a variety of teaching methods to engage the students

including PowerPoint presentations, videos, games and worksheets. Students participate in pre- and post-testing to measure the increase in knowledge and attitude changes about the topics introduced in the curriculum. Cleveland County Health Department has been providing this program through TPPI grant funding since 2015 and has served 5,288 students in the middle and high schools in the county over the past nine years. Evaluation results provided by TPPI's evaluation consultant are shown below for 2022 when 414 youth were served by the program.

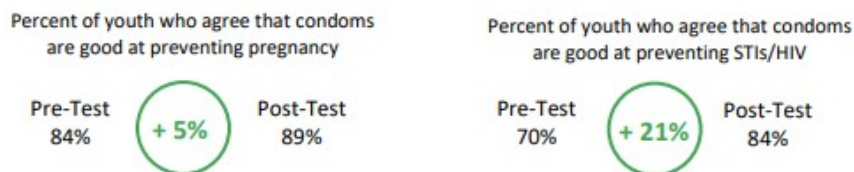
Objective 1: 76 percent of youth demonstrated an increase in **knowledge that supports the prevention of pregnancy and STIs.**



Objective 2: 55 percent of youth demonstrated an increase in **attitudes supporting abstinence.**



Objective 3: 65 percent of youth demonstrated an increase in **attitudes supporting condom use.**



The Teen Pregnancy Prevention Coalition serves as the Community Advisory Council for this initiative and is composed of agency representatives, school officials and community volunteers who are invested in work to reduce teen pregnancies and teen births in the county. The TPPC sponsors activities during October to mark Let's Talk Month, an effort to open lines of communication between youth and parents/guardians as well as activities in May to celebrate Adolescent Pregnancy Prevention Month. TPPC sponsors an annual drive to collect feminine hygiene products for distribution to students in Cleveland County Schools through the school nurse network in the county. A new feature of the 2024 *Strong Teens Cleveland County!* program is the development of a Youth Advisory Council for Cleveland County to work in collaboration with the Community Advisory Council to educate and inform the community about the costs and consequences of teen pregnancies and teen births.

Clinical Care Factors: Uninsured

Definition: Percent of the population under age 65 without health insurance

Optimal Result: All people in North Carolina have access to comprehensive, high quality, affordable health insurance.

2030 Target: Decrease the population under 65 without health insurance to 8.0%.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 13th in the 2023 priorities and 10th in the 2019 priorities.

Insured Population Ages 0 - 64



Data Source: North Carolina Data Portal, US Census Bureau, Small Area Health Insurance Estimates, 2022

Health insurance coverage is a key driver of health status and supports accessibility to healthcare services for individuals of all ages. This indicator reports the percentage of adults under age 65 with some form of health insurance based upon a population base of 79,106 individuals ages 0 – 64, leaving 10.96% of the population base in this age without any form of health insurance.

Uninsured Population Ages 0 - 64



Data Source: North Carolina Data Portal, US Census Bureau, Small Area Health Insurance Estimates, 2022

When considering the total population base of the county with all ages counted, 87,995 individuals in the county had some form of health insurance with 64.88% having private insurance and 50.48% having some form of public coverage. According to the American Community Survey 2018-2022, in Cleveland County 51.27% of residents had insurance through an employer or union, 16.29% through direct purchase, 2.45% through TRICARE or other military program, 25.32% through Medicare, 29.48% through Medicaid and 3.28% through VA health care. Of the individuals in the county who receive Medicaid, 55.95% are under age 18, 16.99% are ages 18-64 and 17.19% are age 65 or older. This compares to North Carolina with 75.26% of residents of the state having

some form of private insurance and 39.06% having some form of public insurance. The state breakdown by provider is 58.75% through an employer or union, 16.82% through direct purchase, 4.90% through TRICARE or a military program, 21.01% through Medicare, 20.19% through Medicaid and 3.17% through VA health care. Of the state residents receiving Medicaid, 40.56% are under age 18, 10.90% are ages 18 – 64 and 11.66% are age 65 or older. Percentages may exceed 100% as some individuals may have more than one form of health insurance.

Data compiled by the Program Administrator for Economic and Child Support Services, Cleveland County Department of Social Services, Medicaid participation in the county over several years is below:

	SFY 2021	SFY 21-22	SFY 22-23	SFY 23-24
Number of adults covered by Medicaid (age 21 and older)	15,043	17,119	18,890	20,087
Number of children covered by Medicaid (age 20 and younger)	15,943	17,187	17,902	18,125

In June 2023, the Director of Cleveland County Department of Social Services made a presentation to the Board of Commissioners for Cleveland County about the potential impact of Medicaid expansion in the county, noting in the presentation that North Carolina Medicaid in general does not cover adults without dependent children unless they are aged or disabled which creates a coverage gap for those who are ages 19-64. She noted that in May 2023 there were 38,336 Medicaid recipients in Cleveland County and that estimates showed that an additional 6,111 county residents would be eligible for Medicaid under this expansion plan, bringing the total number of recipients to 44,447 individuals. Projected outcomes of the expansion project are first to save more lives, increase access to mental health and substance use treatment, boost rural healthcare, hospitals and families and build a healthier workforce. Even with this expansion, **5,364** county residents between the ages of 19-64 will be left uninsured which creates barriers to their ability to access physical and mental/substance use services.

Participants were asked several questions regarding health insurance coverage in the 2023 Community Survey.



- When asked if they currently had any kind of health insurance, 92.22% replied yes, 6.42% replied no and 1.36% indicated that they didn't know or were not sure about health insurance coverage.
- When asked what the primary health insurance plan was that they had, the responses were 39.35% through an employer or union, 28.25% through Medicare, 18.15% through Medicaid, 7.66% through a private non-governmental plan, 2.44% through a state-sponsored health plan and 1.44% through a military related plan.
- 17.14% indicated that no health insurance was a barrier to obtaining access to primary care services, 15.44% indicated that this was a barrier to obtaining access to specialty health care services, 10.9% indicated this was a barrier to obtaining access to dental health

services, 8.49% indicated no insurance was a barrier to obtaining access to vision care and 19.03% indicated that no insurance was a barrier to obtaining access to mental health/counseling services for an adult and 14.40% to obtaining these services for a child.

- Even when participants indicated that they had some form of health insurance, there were problems obtaining services due to the insurance not being accepted by the provider: 12.31% for primary care services, 14.43% for specialty health services, 5.30% for dental health services, 5.06% for vision care services, and 17.67% for mental health/counseling for adults and 20.80% for the same services for children.

Focus group participants identified health insurance as a major concern in their discussions about accessing primary care services, specialty care services and mental health/substance use services in the county.



- For people with Medicaid or Medicare, services are either hard to find or have underlying fees which place a financial burden on the individual seeking care.
- The cost of services for individuals without any form of insurance is too high and decreases the potential for people to seek care until the small issue becomes a much larger and more costly one.
- The cost of health insurance and the knowledge about accessing it is a barrier to many of these participants and their family members.

For participants in both the 2023 Community Survey and the focus groups, access to affordable health insurance was one of the top five factors in making Cleveland County a healthy community. Conversely, the lack of affordable health insurance ranked highly in identifying important problems impacting health in the county.

To assist individuals in accessing information about Medicaid in Cleveland County, the Department of Social Services hosts periodic Community Medicaid Health Plan Expo events as an opportunity for county residents to learn about Medicaid health plan benefits, value-added services, Medicaid expansion, tailored plans and community resources.

Clinical Care Factors: Primary Care Clinicians

Definition: Number of NC counties with a primary care workforce-to-county population ratio of 1:1,500 (*Primary care workforce as a ratio of the number of full-time equivalent primary care clinicians*)

Optimal Result: All people in North Carolina have access to comprehensive, high quality, affordable health care provided by clinicians who identify with the culture of people they serve.

2030 Target: Meet the 1:1,500 ratio in all 100 counties in North Carolina.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 9th in 2023 priorities and 8th in 2019 priorities.

Primary Care Providers



Data Source: North Carolina Data Portal, Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System, August 2024

This data measures the number of providers per 100,000 population and includes practicing physicians specializing in general practice medicine, family medicine, internal medicine and pediatrics.

Data provided by the Cecil G. Sheps Center for Health Services Research at UNC-Chapel Hill and sourced through the North Carolina State Center for Health Statistics captured the following information on several categories of providers based on rates per 10,000 population and reported in September 2024.

Rates per 10,000 Population	Cleveland	Gaston	Lincoln	Rutherford	North Carolina
Physician – 2000	13.9	16.3	9.51	12.5	19.7
Physician – 2023	15.9	16.9	9.54	9.0	25.3
Physician Assistant – 2000	1.35	1.78	0.470	1.45	2.33
Physician Assistant – 2023	3.98	4.15	2.94	5.12	7.98
Dentist – 2000	3.73	3.51	2.18	2.70	3.99
Dentist - 2023	3.18	4.36	3.98	2.02	5.60
Optometrist – 2000	1.14	1.21	0.620	0.950	1.01
Optometrist – 2023	0.890	1.41	1.57	0.470	1.20
Psychologist – 2000	0.310	0.580	0.470	1.27	1.82
Psychologist - 2023	0.00	0.460	0.110	0.620	2.24

One other important note on provider availability is the number of providers in Cleveland County for addiction/substance abuse services according to the Centers for Medicare and Medicaid Services reported in August 2024. Based on this report Cleveland County has 16 providers for this category of services which includes providers specializing in addiction or substance abuse treatment, rehabilitation, addiction medicine or providing methadone. This data identifies a provider rate of 16.08 per 100,000 population compared to the North Carolina rate of 24.61 per 100,000 population.

Participants in the 2023 Community Survey were asked questions about providers in the county.

- 81.75% of participants indicated that their primary healthcare provider is located in Cleveland County.
 - 81.86% of participants indicated that they had a routine or annual check-up with a health care provider in the past twelve months.
 - Barriers to accessing primary care included 19.78% saying the cost was too high, 11.65% indicating a lack of providers, 13.63% stating that providers were not accepting new patients and 18.46% stating the wait for an appointment was too long.
- 77.50% indicated that they had seen a dentist for oral healthcare in the past twelve months.
- Barriers to accessing dental care were identified as 20.01% reporting the cost was too high, 4.56% indicating the wait for an appointment was too long, 2.39% indicating a lack of providers and 2.91% reporting that providers were not accepting new patients.
- 67.06% indicated that they had seen a specialist for vision care in the past twelve months and 13.99% reported seeing a vision specialist every six months.
- Barriers to accessing vision care included 10.42% of participants stating the cost was too high, 4.94% identifying a long wait for an appointment, 3.25% reporting a lack of providers and 2.77% indicating providers were not accepting new patients.
- 26.49% of respondents reported difficulty in accessing mental health care or counseling for adults in the past twelve months.
- Barriers to accessing this care included 26.41% of participants reporting high costs, 14.95% stating a lack of providers was a problem, 11.84% indicated that providers were not accepting new patients and 13.79% indicated the wait for an appointment was too long.
- 4.37% of participants indicated difficulty in getting mental health/counseling services for a child but 26.95% reported this question did not apply to their situations.
- Barriers to getting services for children were reported as high costs (24.80%), lack of providers (13.60%), providers not accepting new patients (5.60%) and long wait times for appointments (10.40%).

Focus group participants reported many of the same issues around provider availability as they did in their discussions around health insurance. They noted available options for primary care in the county but felt there were few options for specialty care available. Many stated that they traveled out of county for specialty care going to Gaston or Mecklenburg counties and citing cost, waiting too long for appointments and the available providers not accepting new patients. Again they noted that providers accepting Medicaid and Medicare may limit availability and often have underlying fees which place financial



burdens on the patient and family members. They were especially frustrated with the lack of providers for mental health and counseling services. Many felt that services were available in the surrounding area but distance and cost were factors in the ability to utilize these services. They spoke about the lack of knowledge concerning services available in the county for mental health and counseling and noted that there was a lack of information and lack of knowledge about the referral process. Stigma in accessing mental health services was also an issue they discussed as they felt that many people saw seeking help for mental health issues is viewed as negative. Lack of confidentiality around mental health services was also mentioned with one participant responding “This is a small town where everyone knows everybody, so confidentiality is a huge issue and that’s why a lot of us go out of the county or don’t go at all.”



An additional resource for primary care services is the development of a Primary Care Clinic at the Cleveland County Health Department. Opening in May 2023, the clinic provides a variety of services including

- Annual physicals;
- Sick visits – cold, cough, flu, ear ache, sore throat, UTI, etc.;
- Chronic disease management for diabetes and high blood

pressure including the Prevent Type 2 Diabetes Prevention Program; and

- Sprains and Strains.

The clinic does not provide chronic pain management, MAT, adult ADHD management, weight management, allergy injections, mental health services or behavioral health services including substance use disorder treatment. This clinic is open to Cleveland County residents of all ages and insurance is not required. The clinic accepts private insurance, Medicaid and Medicare. Uninsured individuals will be billed based on income and the number of people in the household. The clinic is open 8:00 a.m. through 5:00 p.m. Monday through Friday and residents only need to call 980-484-5100 to schedule an appointment. From July 1, 2023 through June 30, 2024, the clinic served 753 unduplicated patients.

County residents may also access a listing of primary care resources, private providers, dental care providers, vision care providers and mental health and substance use providers in the *Cleveland County Resource Guide* published annually by the Cleveland County Health Department. The guide is located on the website www.clevelandcountyhdc.com.

Clinical Care Factors: Early Prenatal Care

Definition: Percent of women who receive pregnancy-related health care services during the first trimester of a pregnancy

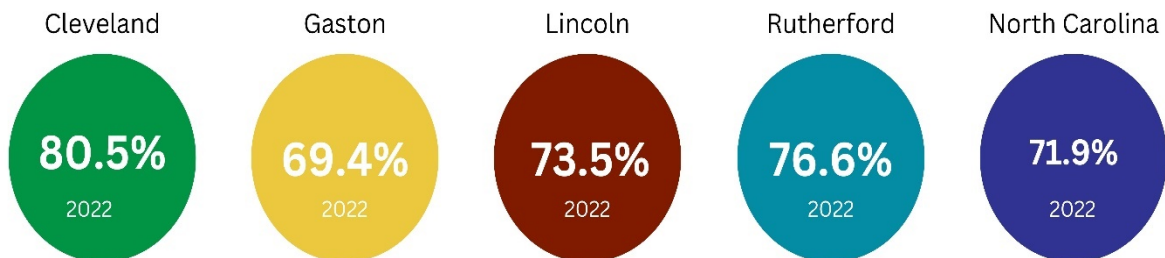
Optimal Result: All birthing people have healthy pregnancies and maternal birth outcomes.

2030 Target: Increase the percentage of women receiving prenatal care in the first trimester to 80.0%

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 19th in the 2023 priorities and 9th in the 2019 priorities.

Prenatal Care – First Trimester of Pregnancy



Data Source: North Carolina Resident Births 2022, Risk Factors and Characteristics, County Health Data Book 2024, NC State Center for Health Statistics

First trimester prenatal care is essential in preventing at least two adverse birth outcomes – low birthweight babies (2,500 grams or less) and pre-term babies (less than 37 weeks) and for that reason is included in the Healthy North Carolina 2030 State Health Plan. Access to pregnancy-related healthcare services during the first trimester is critical in meeting the goal of the 2020 Community Health Improvement Plan for teen births that all babies born in Cleveland County are born healthy and live in caring and healthy homes. Prenatal care previously was provided in Cleveland County by Shelby Women’s Care (owned by Atrium Healthcare) and the Prenatal Clinic at the Cleveland County Health Department. However, this clinic closed in April 2023 when the supervising physician resigned. Currently plans are to re-open this clinic in the last quarter of 2024 due to demand for services.

Of special interest in reviewing prenatal care data are the percentages of mothers in Cleveland County who receive Medicaid or WIC services. Data from the NC State Center for Health Statistics, Vital Statistics 2017-2021 is the most current information available and shows that in 2019, 72.0% of mothers received Medicaid and 49.8% received WIC Services. In 2020, 68.2% received Medicaid and 49.7% received WIC and in 2021, 57.9% received Medicaid and 48.7% received WIC services.

Data available for 2019 – 2021 highlights some of the most critical risk factors for prospective mothers in Cleveland County showing the number of babies and mothers affected by the risk factors and the percentages assigned to each risk factor based on the total number of births in the county.

Three Year Risk Factor Comparison – Cleveland County

Risk Factor	2019 1,146 Births		2020 1,079 Births		2021 1,160 Births	
	#	%	#	%	#	%
1,500 grams or less (3.3 lbs. or less)	18	1.6	17	1.6	12	1.0
1,501 – 2,500 grams (3.4 - 5.5 lbs.)	103	9.0	102	9.5	90	7.8
Less than 37 weeks (pre-term)	124	10.8	113	10.5	113	9.7
Mother under 18 years of age	26	2.3	23	2.1	28	2.4
Mother over 35 years of age	102	8.9	107	9.9	115	9.9
Care began first trimester	800	69.8	841	77.9	940	81.0
Care began second trimester	257	22.4	163	15.1	156	13.4
Care began third trimester	52	4.5	38	3.5	37	3.2
No prenatal care	24	2.1	23	2.1	21	1.8
Mother smoked	173	15.1	154	14.3	118	10.2
Gestational diabetes	128	11.2	98	9.1	128	11.0
Mother overweight (25.0-29.9 BMI)	308	26.9	280	25.9	320	27.6
Mother obese (BMI 30.0+)	406	35.4	425	39.4	447	38.5

Data Source: NC State Center for Health Statistics, County Health Data Book, 2021-2023

2022 data for Cleveland County and North Carolina indicates that the county continues to fall behind state measures for certain risk factors with those numbers showing red. However, the percentage of mothers who smoked during pregnancy has decreased from 15.1% in 2019 to 8.8% in 2022.

Risk Factor	Cleveland County 1,100 Births		North Carolina 121,557 Births	
	#	%	#	%
1,500 grams or less (3.3 lbs. or less)	15	1.4	1,493	1.6
1,501 – 2,500 grams (3.4 - 5.5 lbs.)	103	9.4	9,530	7.8
Less than 37 weeks (pre-term)	124	11.3	12,996	10.7
Mother under 18 years of age	21	1.9	1,375	1.1
Mother over 35 years of age	117	10.6	21,997	18.1
Care began first trimester	886	80.5	87,406	71.9
Care began second trimester	150	13.6	21,947	18.1
Care began third trimester	30	2.7	5,885	4.8
No prenatal care	27	2.5	5,532	4.6
Mother smoked	97	8.8	5,425	4.5
Gestational diabetes	122	11.1	10,485	8.6
Mother overweight (25.0-29.9 BMI)	308	28.0	31,833	26.2
Mother obese (BMI 30.0+)	434	39.5	39,257	32.3

Data Source: NC State Center for Health statistics, County Health Data Book, 2024

Clinical Factors: Suicide

Definition: Suicide rate per 100,000 people (*age-adjusted number of deaths attributable to self-harm per 100,000*)

Optimal Result: All people in North Carolina receive culturally appropriate mental health care without fear of stigma, have a positive sense of self-worth, and feel supported by the community at large regardless of ability, age, gender-identity, income, lived experience, nationality, neighborhood or race.

2030 Target: Decrease the suicide rate to 11.1/100,000.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 8th in the 2023 priorities and 15th in the 2019 priorities.

Five Year Average Rate of Death Intentional Self-Harm per 100,000 Population

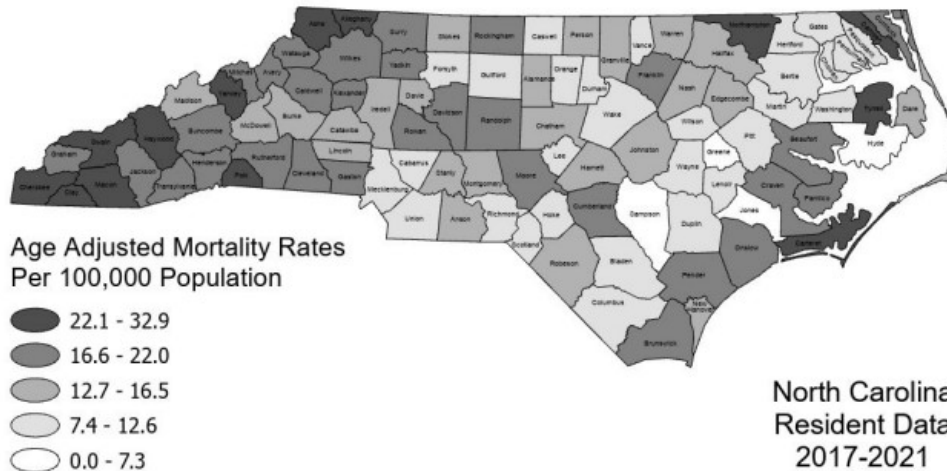
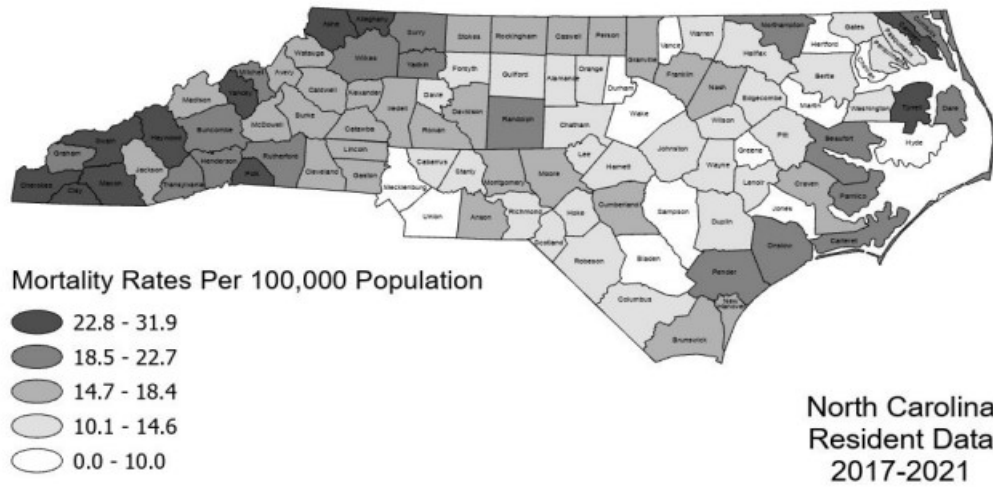


Data Source: North Carolina Data Portal, Centers for Disease Control and Prevention, National Vital Statistics System, 2018-2022

Data from the source above also indicates that in 2018-2022, there were 83 deaths attributed to suicide in Cleveland County. The mortality rate by gender for males in 2018-2022 was 30.2/100,000 for the county compared to 22.6/100,000 for North Carolina. No data was available for a female rate for the county due to small numbers; however, for the state, the female rate was 5.8/100,000. Finally, the mortality rate by race/ethnicity for Cleveland County was 20.1/100,000 for whites in 2018-2022 compared to 18.2/100,000 for North Carolina. Due to small numbers, no data for the county is available for black/African American, Asian, American Indian/Alaska Native, Native Hawaiian or other Pacific Islander or Hispanic/Latino.

The 2023 North Carolina State Health Improvement Plan states that suicide rates vary by race/ethnicity, age and where one lives. The highest suicide rates may be found among non-Hispanic American Indian/Alaska Native populations and non-Hispanic white populations. There are higher rates of suicide among veterans, people who live in rural areas and workers in industries like mining and construction. Youth identifying as LGBTQ+ have higher rates of suicidal thoughts and behaviors than their heterosexual peers.

Suicide as a Leading Cause of Death



In 2021, there were 22 deaths in Cleveland County identified as suicide for a rate of 21.9/100,000 population.

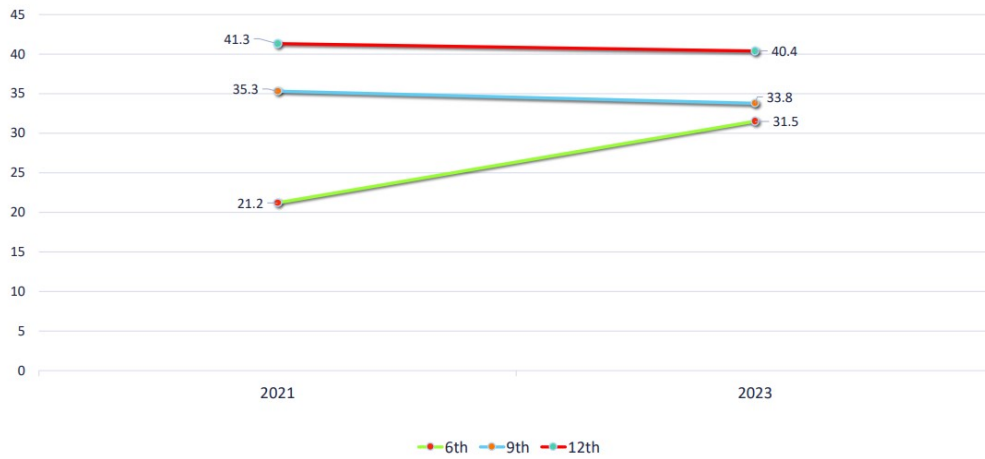
Data Source: NC State Center for Health Statistics, 2021 NC Vital Statistics, Volume 2, Leading Causes of Death

According to the American Foundation for Suicide Prevention, suicide is the premeditated taking of one's own life. Suicide is complex and does not happen for one single reason. Typically there are multiple contribution factors, such as health conditions, social risk factors, stressful life events and access to lethal means, that lead up to making this choice. In 2022 there were 49,476 deaths by suicide in the United States and 1.6 million suicide attempts that same year. More middle-aged white men die by suicide, accounting 68.46% of all suicide deaths in 2022.

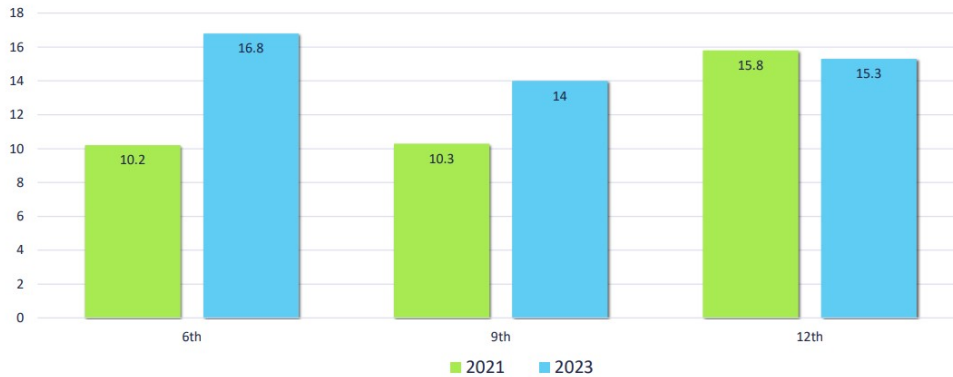
Among the leading causes of death by age group identified in the 2024 County Health Data Book for Cleveland County, suicide ranks sixth of ten causes of death in the 0-19 years group and third of ten in the 20-39 age group. This is comparable to the state's leading causes of death by age group which ranks suicide as the sixth leading cause among individuals ages 0 – 19, third among individuals ages 20-39 and tenth among individuals 40-64 years of age.

Because suicide is a concern of many parents of youth, several questions were included in the PRIDE Student Drug Use Survey conducted in Cleveland County Schools in March 2023. Respondents were from the 6th, 9th and 12th grade classes and completed the survey on a voluntary basis.

Students Reporting Thoughts of Suicide



Attempted Suicide Resulting in Injury Treated by Doctor of Nurse



Questions were included in the 2023 Community Survey regarding suicide.





- 1,581 participants responded to the question “Have you ever had thoughts of self-harming behaviors like cutting?” 90.45% answered “No” but 5.50% indicated that they had these thoughts in the past year, 2.66% in the last six months and 1.39% in the last thirty days.
- When asked “Have you ever engaged in self-harming behaviors like cutting?” only 640 participants responded. 85.47% answered “No” while 14.53% answered “Yes”.
- 1,789 participants responded to the question “Have you ever had thoughts of suicide?” with 60.09% answering “No”. However, 36.28% stated having thoughts of suicide in the past year, 2.46% in the last six months and 1.17% in the last thirty days.
- When asked “Have you ever made plans to commit suicide?” 1,144 participants responded with 91.61% stating “No” and 8.39% stating “Yes”.
- For the specific questions related to suicide, the Suicide Hotline dial or text number 988 was included in the survey.

There was little discussion of suicide among focus group participants who spoke only about the stigma of having mental health/behavioral health issues among family members.

More resources are available for families to address suicide and suicide prevention in Cleveland County. One major gatekeeper program is QPR – Question, Persuade, Refer based on three simple steps that anyone can learn to help save a life from suicide. QPR is an emergency mental health intervention for suicidal persons created in 1995 by Paul Quinnett. An abbreviation for Question, Persuade, Refer, the intent is to identify and interrupt the crisis and direct that individual to proper care.

Name	Contact Information	Other
	Linda Page Faith Community Health Ministry Coordinator at Atrium Health Linda.Page@atriumhealth.org Wanda Clary Wanda.Clary@atriumhealth.org	Virtual QPR gatekeeper training for Atrium Health employees and Cleveland County community organizations/members
	200 South Post Road Shelby, NC 28152 Contact Person: Zakoya Spikes at 98-484-5205	Certified QPR instructor provides QPR (Question, Persuade, Refer) suicide prevention gatekeeper training to new health department staff Training can be extended to community organizations by setting up appointments – for more information, please call the number provided

<p>Mental Health Association of Cleveland County</p> 	<p>205 South Washington Street Shelby, NC 28150 Telephone: 704-481-8637 MHA@ClevelandCountyMHA.org</p>	<p>Mental Health Association programming revolves around advocacy, education and support for individuals and families affected by mental illness</p>
<p>The Starr Project</p> 	<p>Joyce Davidson, Secretary and Spokeswoman 704-710-6604 thestarrproject2022@gmail.com</p>	<p>Nonprofit foundation established in 2022 to bring hope and relief from suicide events. Volunteers from this organization provide QPR gatekeeper training within the community by appointment</p>

Data Source: Cleveland County Resource Guide, August 2024

Health Outcomes: Infant Mortality

Definition: Rate of infant births per 1,000 live births

Optimal Result: All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.

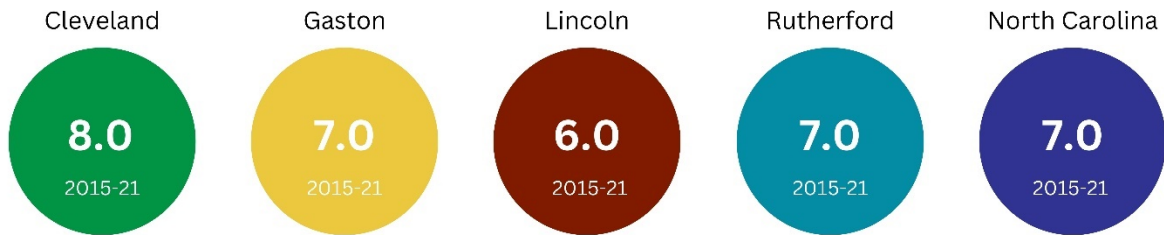
2030 Target: Decrease the infant mortality rate to 6/1000 live births.

Reach a black/white disparity ratio of 1.5 or lower.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 17th in 2023 priorities and 13th in 2019 priorities.

Infant Mortality



Data Source: North Carolina Data Portal, sourced through the National Center for Health Statistics Mortality Files 2015-2021

Infant mortality is defined by the data source above as the number of all infant deaths within one year of birth per 1,000 live births.

Data gleaned from the 2022 North Carolina Infant Mortality Report, Table 1B displayed the North Carolina resident infant death rates per 1,000 live births 2018-2022. There were a total of 41 deaths over this four-year period for a rate of 7.3/1,000 births. A breakdown by race/ethnicity, the data revealed the following information:

- twenty-eight white non-Hispanic deaths for a rate of 7.4/1,000 births;
- nine black non-Hispanic deaths for a rate of 7.0/1,000 births*;
- one non-Hispanic multi-race death for a rate of 6.1/1,000 births*, and
- three Hispanic deaths for a rate of 8.4/1,000 births*.

Because the numbers of white non-Hispanic to black non-Hispanic are so low, a disparity ratio was not calculated for this information. A technical note* was added to this information stating that rates based on small numbers (fewer than ten deaths) should be interpreted with caution.

In comparison, data for North Carolina also gleaned from Table 1B indicated 4,067 infant deaths from 2018-2022 for an infant mortality rate of 6.8/1,000 live births. Disparities continue to exist between both the number and rate for 1,500 white non-Hispanic deaths establishing a rate of 4.8/1,000 live births with additional data collected for minority populations:

- 1,708 Black non-Hispanic deaths for a rate of 12.6/1,000 births;
- 90 Asian-Pacific Islander non-Hispanic deaths for a rate of 3.6/1,000 births;
- 65 American Indian non-Hispanic deaths for a rate of 8.9/1,000 births;
- 133 Multi-race non-Hispanic deaths for a rate of 8.4/1,000 births; and
- 532 Hispanic deaths for a rate of 5.3/1,000 births.

A disparity ratio of 2.64 black to white currently exists according to Table 1B data for the state of North Carolina.

Infant mortality is an important indicator of health status and is affected by many of the birth risk factors illustrated under the Prenatal Care Indicator. Health behaviors such as smoking, substance use, unhealthy food choices and limited physical activity impact the potential for mothers to have safe births and babies to have positive birth outcomes.

The Cleveland County Health Department offers two programs to provide support for mothers and babies to be born healthy. The Nurse-Family Partnership program was established in March 2009 and continues to serve a target population of first-time, low-income mothers with intensive home visiting services. During FY 22-23 the program served 67 families with 31 babies born into the program. Two graduation events were held during the year to recognize families whose babies had reached the two-year-old milestone and completed the program. The Case Management for High Risk Pregnancies (CMHRP) program served 309 patients during FY 21-22 and managed 100 patients during the first six months of FY 22-23. Case managers provided services on site at the Cleveland County Health Department and in physician offices in the county.

Health Outcomes: Life Expectancy

Definition: Average number of years of life remaining for people who have attained a given age

Optimal Result: All people in North Carolina have long and healthy lives.

2030 Target: Increase life expectancy in North Carolina to 82.0 years.

Data Source: 2023 North Carolina State Health Improvement Plan

This indicator ranked 18th in 2023 priorities and 20th in 2019 priorities.

Life Expectancy



Data Source: North Carolina Data Portal, sourced through National Center for Health Statistics Mortality Files, 2019-2021

The data illustrated above reports the average life expectancy based on a three-year average number of years a person can expect to live. Note that the life expectancy in Cleveland County is the lowest among the four counties and even lower than that for the state of North Carolina. A further review of the data for Cleveland County shows that the life expectancy for white, non-Hispanic individuals is 72.9 years, for black non-Hispanic individuals is 70.4 years and for Hispanic individuals is 83.6 years.

The state of North Carolina defines the years of potential life lost (YPLL) for an individual death as the difference between the life expectancy (at death age) and the death age. Life expectancy is the average number of additional years that someone at a given age would be expected to live if current mortality conditions remain constant throughout their lifetime. Examining additional data from the North Carolina Life Expectancy Report for 2018-2022 years of potential life lost in Cleveland County, the following information is revealed:

- Total deaths all causes 7,039
- 5-year total years of potential life lost 96,375
- 5-year average years of potential life lost 19,275

County residents might consider making more positive lifestyle choices regarding food, physical activity, substance use, smoking cessation and accessing healthcare services to grow additional years of life expectancy.

Mortality Data

Leading Causes of Death – Unadjusted Rates per 100,000 population 2017-2021

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	1,267	257.2	1	Diseases of the heart	99,497	190.8
2	Cancer - All Sites	1,219	247.4	2	Cancer - All Sites	99,373	190.6
3	Chronic lower respiratory diseases	423	85.9	3	Cerebrovascular disease	26,779	51.4
4	COVID-19	379	76.9	4	Chronic lower respiratory diseases	26,255	50.3
5	Cerebrovascular disease	283	57.4	5	Other Unintentional injuries	26,152	50.2
6	Diabetes mellitus	279	56.6	6	Alzheimer's disease	22,287	42.7
7	Other Unintentional injuries	238	48.3	7	COVID-19	21,503	41.2
8	Alzheimer's disease	211	42.8	8	Diabetes mellitus	16,553	31.7
9	Nephritis, nephrotic syndrome, & nephrosis	179	36.3	9	Nephritis, nephrotic syndrome, & nephrosis	10,412	20.0
10	Pneumonia & influenza	136	27.6	10	Pneumonia & influenza	9,223	17.7
	Total All Deaths	6,727	1,365.4		Total All Deaths	510,875	979.7

Data Source: NC State Center for Health Statistics, County Health Data Book, 2023

For Cleveland County, comparable data from 2014-2018 was reported in the 2019 CHA. Heart disease, cancer and COPD retained their rankings with the rates for heart disease and cancer slightly decreasing and the COPD slightly increasing. COVID-19 was the 4th highest cause of death in the county 2017-2021 due to the onset of the pandemic in March 2020. Cerebrovascular disease dropped to 5th, diabetes moved up to 6th while Alzheimer's disease dropped from 5th in previous rankings to 8th with a decrease in the rate from 55.6 in earlier data. Pneumonia & influenza dropped from 8th to 10th and nephritis moved up to 9th. Septicemia was dropped in this data set.

Leading Causes of Death – Unadjusted Rates per 100,000 population 2018-2022

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	1,325	267.0	1	Diseases of the heart	102,414	194.8
2	Cancer - All Sites	1,251	252.1	2	Cancer - All Sites	100,298	190.07
3	COVID-19	495	99.7	3	Other Unintentional Injuries	28,659	54.5
4	Chronic lower respiratory diseases	409	82.4	4	Cerebrovascular disease	27,868	53.0
5	Cerebrovascular disease	295	59.4	5	COVID-19	27,779	52.8
6	Diabetes mellitus	284	57.2	6	Chronic lower respiratory diseases	25,991	49.4
7	Other Unintentional injuries	265	53.4	7	Alzheimer's disease	22,267	42.3
8	Alzheimer's disease	197	39.7	8	Diabetes mellitus	17,481	33.2
9	Nephritis, nephrotic syndrome, & nephrosis	188	37.9	9	Nephritis, nephrotic syndrome, & nephrosis	10,542	20.0
10	Pneumonia & influenza	143	28.8	10	Motor Vehicle Injuries	8,754	16.6
	Total All Deaths	7,039	1418.4		Total All Deaths	530,579	1009.0

Data Source: NC State Center for Health Statistics, County Health Data Book, 2024

Comparing Cleveland County rankings from 2017-2021 to this data set for 2018-2022, heart disease and cancer continue to rank 1st and 2nd among the leading causes of death. COVID-19 moved up from 4th to 3rd as the full effect of the pandemic impacted deaths in the county. COPD dropped from 3rd to 4th but showed a drop in the rate from earlier years. Cerebrovascular disease continued to rank 5th but the rate increased. Diabetes and other unintentional injuries retained the same rank but both demonstrated an increase in rates. The injuries category included overdoses which rose in the county during the pandemic. Alzheimer's disease, nephritis and pneumonia maintained the same rank with the rate down only for Alzheimer's disease.

Ten Leading Causes of Death by Age Group Cleveland County 2018-2022 per 100,000 Population

Data Source: For all five charts, NC State Center for Health Statistics, County Health Data Book, 2024

Rank	Cause of Death 00 – 19 years	# of Deaths	Rate
1	Conditions originating in the perinatal period	16	13.0
2	Motor vehicle injuries	12	9.8
3	Homicide	11	9.0
4	Congenital anomalies (birth defects)	9	7.3
5	Other unintentional injuries	7	5.7
6	Suicide	3	2.4
7	Cancer-all sites	1	0.8
	Diseases of the heart	1	0.8
	Complications of medical & surgical care	1	0.8
TOTAL DEATHS ALL CAUSES		79	64.3

Comparing the county data to North Carolina’s data for this age group, the state ranked third for motor vehicle injuries (rate of 6.0) and fourth for other unintentional injuries (rate of 5.9). Homicide ranked fifth for the state with a rate of 5.0/100,000 and suicide ranked sixth with a rate of 3.4/100,000.

Rank	Cause of Death 20-39 years	# of Deaths	Rate
1	Other unintentional injuries	63	53.1
2	Motor vehicle injuries	43	36.3
3	Suicide	32	27.0
4	Diseases of the heart	17	14.3
5	Cancer – all sites	16	13.5
6	Homicide	11	9.3
7	Chronic liver disease & cirrhosis	8	6.7
8	Diabetes mellitus	7	5.9
9	COVID-19	5	4.2
10	Septicemia	4	3.4
	Pneumonia & influenza	4	3.4
	Chronic lower respiratory diseases	4	3.4
TOTAL DEATHS ALL CAUSES		270	227.6

For the top three leading causes of death in this age group, Cleveland County and North Carolina rankings were identical. The state rate for other unintentional injuries was 60.1/100,000, higher than the rate for Cleveland County. This category included drug overdose deaths which rose in the county and the state during the pandemic. However, the county’s rate for motor vehicle injuries as higher than the state’s rate of 22.7/100,000 as was the rate for suicide 1t 17.6/100,000. Homicide ranked fourth in the state in this age group with a rate of 16.0/100,000.

Rank	Cause of Death 40-64 years	# of Deaths	Rate
1	Cancer – all sites	362	224.2
2	Diseases of the heart	334	206.9
3	COVID-19	126	78.0
4	Chronic lower respiratory diseases	81	50.2
5	Diabetes mellitus	74	45.8
6	Other unintentional injuries	71	44.0
7	Cerebrovascular disease	50	31.0
8	Chronic liver disease & cirrhosis	42	26.0
9	Motor vehicle injuries	41	25.4
10	Septicemia	39	24.2
TOTAL DEATHS ALL CAUSES		1,638	227.6

While COVID-19 ranked third as a cause of death for this age group in the county, other unintentional injuries held that rank for the state with a rate of 57.1/100,000, a higher rate than in Cleveland County. Again, inclusion of drug overdose deaths during the pandemic may be a factor in this ranking. The state's COVID-19 rate for this age group was 39.7/100,000, lower than in Cleveland County. Suicide held the rank for the tenth leading cause of death in the state with a rate of 17.7/100,000 while this factor did not appear as one of the ten leading causes of death for this age group in the county.

Rank	Cause of Death 65-84 years	# of Deaths	Rate
1	Cancer – all sites	724	851.0
2	Diseases of the heart	619	727.6
3	COVID-19	254	298.6
4	Chronic lower respiratory diseases	251	295.0
5	Diabetes mellitus	161	189.2
6	Cerebrovascular disease	149	175.1
7	Nephritis, nephrotic syndrome & nephrosis	105	123.4
8	Alzheimer's disease	82	96.4
9	Pneumonia & influenza	74	87.0
10	Other unintentional injuries	72	84.6
TOTAL DEATHS ALL CAUSES		3,371	3962.3

Cancer and diseases of the heart were also ranked first and second in this age group for the state as in Cleveland County. The county's rates for both causes were higher than the state rate of 728.5/100,000 for cancer and 592.8/100,000 for diseases of the heart. COVID-19 ranked fourth in the state with a rate of 176.5/100,000 and COPD ranked third with a rate of 197.4/100,000. The state ranked cerebrovascular disease as fifth with a rate of 154.9 while the county ranking was sixth with a rate of 175.1, higher than the state's rate. Septicemia was ranked as the tenth leading cause of death in the state with a rate of 51.6/100,000 and did not appear in the county's listing of the leading causes of death for this age group.

Rank	Cause of Death 85+ years	# of Deaths	Rate
1	Diseases of the heart	354	4259.4
2	Cancer – all sites	148	1780.8
3	Alzheimer’s disease	114	1371.7
4	COVID-19	110	1323.5
5	Cerebrovascular disease	93	1119.0
6	Chronic lower respiratory diseases	73	878.4
7	Other unintentional injuries	52	625.7
8	Nephritis, nephrotic syndrome & nephrosis	48	577.5
9	Diabetes mellitus	42	505.4
10	Pneumonia & influenza	37	445.2
TOTAL DEATHS ALL CAUSES		1,681	20226.2

According to the US Census Bureau, the population of North Carolina is 10,698,973 individuals with 1.75% of residents 85 years of age or older. In contrast, 2,245 residents of Cleveland County or 2.26% of the county’s population are 85 years of age or older. The age factor may account for the higher rankings of Alzheimer’s disease, COVID-19, and cerebrovascular disease for residents of the county and the state. The state rank for Alzheimer’s disease was as the third leading cause of death with a rate of 1425.3/100,000 population, higher than the county’s rate. However, Cleveland County’s rate of death from COVID-19 was higher than the state’s rate of 689.7/100,000. Deaths from other unintentional injuries in this age group resulted more often from falls rather than drug overdoses as shown in younger age groups.

Additional data from the NC State Center for Health Statistics, County Health Data Book for 2024, reveals the five leading causes of death in the counties surrounding Cleveland County 2018-2022. The information includes the rate for each cause based on a population of 100,000.

Gaston County		Lincoln County		Rutherford County	
Cause	Rate	Cause	Rate	Cause	Rate
Diseases of the heart	210.8	Diseases of the heart	302.0	Cancer – all sites	205.7
Cancer – all sites	205.0	Cancer – all site	264.1	Diseases of the heart	195.3
COVID-19	78.8	COVID-19	114.1	COVID-19	71.1
Chronic lower respiratory diseases	75.5	Chronic lower respiratory diseases	103.7	Chronic lower respiratory diseases	68.1
Alzheimer’s disease	55.2	Cerebrovascular disease	98.5	Cerebrovascular disease	57.5

In comparison to Cleveland, Gaston and Rutherford counties, Lincoln County had the highest rates for all five leading causes of death based on a 100,000 population.

Health Status

The 2023 Community Survey included questions about personal health status for participants to answer. When asked to describe their personal health status, 13.10% responded excellent, 34.37% responded very good, 42.65% responded good, 8.95% responded poor and 0.93% responded very poor. 81.86% of participants indicated having seen a healthcare provider for a routine or annual check-up during the past twelve months.



When asked the question “Have you ever been told by a doctor, nurse, or health professional that you have any of the following conditions?”, 1,903 survey participants responded. The health conditions are listed below in rank order with the percentage of responses for each condition.

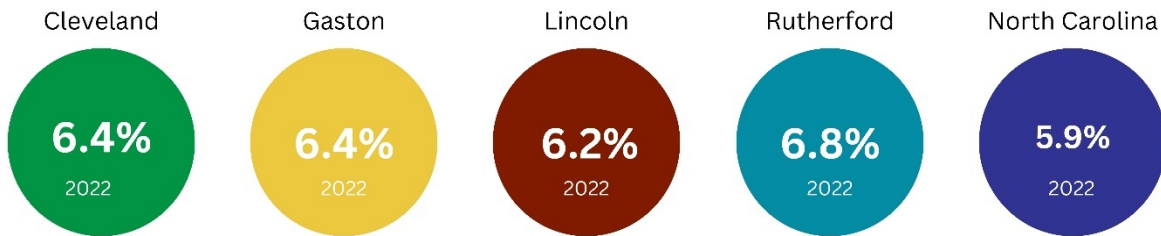
- Obesity 36.52%
- High blood pressure (hypertension) 25.38%
- Arthritis 19.71%
- High cholesterol 19.39%
- Depression or anxiety 19.34%
- Diabetes (not during pregnancy) 10.56%
- Asthma 9.14%
- Cancer (any site) 7.93%
- Diseases of the heart, including stroke 5.73%
- Osteoporosis 5.04%
- Physical disabilities 4.05%
- Mental illness (bipolar disorder, etc.) 3.26%
- Kidney disease 3.52%
- Chronic obstructive pulmonary disease 3.10%
- Sexually-transmitted disease 1.94%
- Liver disease 1.73%
- Dementia or short-term memory loss 1.05%
- Alzheimer’s disease 0.84%

Responses in the 2019 Community Survey to this question revealed that 44.67% of participants named obesity as the top health condition followed by high blood pressure at 37.18% and depression or anxiety at 34.73%. High cholesterol was indicated by 34.29% of respondents in 2019 followed by asthma with 14.70% indicating this condition. Arthritis was not mentioned at all by participants in the 2019 Community Survey.

When asked “Which of the following terms best describes your personal health status?” in the 2023 Community Survey, 1,932 participants responded as follows: 13.10% as excellent, 34.37% as very good, 42.65% as good, 8.95% as poor and 0.93% as very poor.

Heart Disease and Stroke – Heart disease and stroke (cerebrovascular disease) continue to be the first and fourth leading causes of death in Cleveland County. While residents cannot change their genetic/family history, their age, their gender or their race/ethnicity, they can reduce the potential for these conditions by paying greater attention to choosing a healthy diet and a more active lifestyle, avoiding the use of tobacco products and reducing their levels of stress in their lives.

Heart Disease - Adults



Data Source: North Carolina Data Portal, sourced through the Centers for Disease Control and Prevention, BRFSS, PLACES Data Portal, 2022

The data shown above represents the percentage of adults age 18 and older who report having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease. This data has been age-adjusted for reporting purposes. Within Cleveland County, 8.1% of adults age 18 or older reported having coronary heart disease of the total population age 18 or older.

Cerebrovascular Disease – Stroke – Adults



Data Source: North Carolina Data Portal, sourced through the Centers for Disease Control and Prevention, BRFSS, PLACES Data Portal 2022

The data shown above represents the percentage of adults age 18 or older who report having been told by a doctor, nurse, or other health professional that they have had a stroke over a two year period. The data has been age-adjusted for reporting purposes. Within Cleveland County in 2022, 4.5% of adults age 18 or older reported having had a stroke.

Additional data from the North Carolina State Center for Health Statistics reveals that Cleveland County continues to show higher rates of death from diseases of the heart and cerebrovascular

disease than rates for the state of North Carolina. Data in the chart below reveals disparities based on gender.

Sex-Specific Age Adjusted Death Rates/100,000 Population

	Cleveland County 2017-2021				North Carolina 2017-2021			
	Male		Female		Male		Female	
	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate
Diseases of the Heart	690	253.6	577	161.0	54,442	206.2	45,055	125.5
Cerebrovascular Disease	129	49.5	154	41.4	11,528	44.9	15,251	42.4
	Cleveland County 2018-2022				North Carolina 2018-2022			
	Male		Female		Male		Female	
	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate
Diseases of the Heart	738	267.5	587	169.0	56,327	207.8	46,087	124.5
Cerebrovascular Disease	122	45.5	173	46.2	12,118	46.0	15,750	42.4

Data Source: NC State Center for Health Statistics, County Health Data Book, 2023 and 2024

Additional disparities are revealed by data when adjusted for race/ethnicity as well as for gender.

Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates/100,000 Population

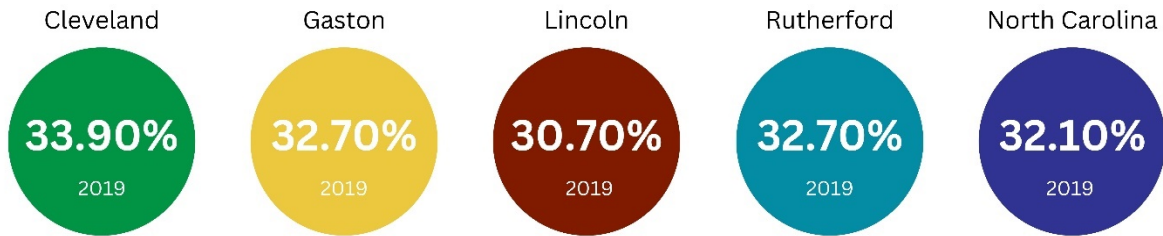
	White non-Hispanic Rate		African-American non-Hispanic Rate		Overall Rate
	Male	Female	Male	Female	
2017-2021 Cleveland County					
Diseases of the Heart	255.9	156.4	266.7	200.0	202.9
Cerebrovascular Disease	47.4	38.3	68.5	58.5	45.1
2017-2021 North Carolina					
Diseases of the Heart	204.1	123.6	247.3	147.4	161.1
Cerebrovascular Disease	41.9	40.9	63.7	52.0	44.0
2018-2022 Cleveland County					
Diseases of the Heart	267.2	153.7	301.0	216.6	208.6
Cerebrovascular Disease	42.4	41.9	68.1	68.6	46.2
2018-2022 North Carolina					
Diseases of the Heart	205.2	122.0	252.1	149.7	161.2
Cerebrovascular Disease	42.7	40.5	65.5	53.3	44.4

Data Source: NC State Center for Health Statistics, County Health Data Book, 2023 and 2024

For purposes of comparison, the two predominant racial/ethnic groups in the county, white non-Hispanic and African-American non-Hispanic, are used. In the county, the numbers for Native Americans, Asian Americans, Hispanics and multiple races are fewer than 20 cases and are considered unstable for data reporting.

Two major factors directly related to heart disease and stroke are conditions that county residents might alleviate to some degree in making better health choices related to food and physical activity. 25.38% of the participants in the 2023 Community Survey indicated that they had been told by a health professional that they suffered from hypertension or high blood pressure.

High Blood Pressure – Adult



Data Source: North Carolina Data Portal, sourced through the Centers for Disease Control and Prevention, BRFSS, PLACES Data Portal, 2021

This data represents the percentage of adults age 18 and older who report having been told by a doctor, nurse, or other health professional that they have high blood pressure. Women who were told about high blood pressure only during pregnancy and those told they had borderline hypertension are not included in this data. This data has been age-adjusted for reporting purposes. However, in Cleveland County as a crude reporting rate, 39.0% of adults 18 years of age and older reported having high blood pressure compared to 35.0% across North Carolina as a whole.

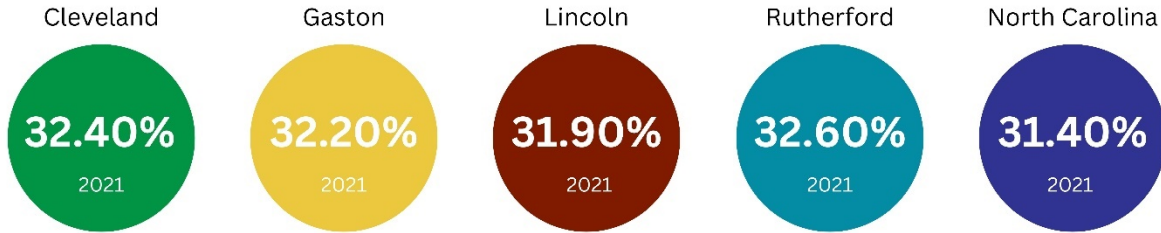
The Cleveland County Health Department offers periodic screening for hypertension to residents of the county at community events and scheduled stops for the Mobile Screening Bus as well as in the CCHD Primary Care Clinic. When providing these screenings, participants are given the following information to help them understand the blood pressure reading.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Data Source: <https://www.heart.org/en/health-topics/high-blood/pressure/understanding-blood-pressure-readings>

19.39% of the participants in the 2023 Community Survey reported having been told by a health professional that they suffered from high cholesterol.

High Cholesterol - Adult



Data Source: North Carolina Data Portal, sourced through the Centers for Disease Control and Prevention, BRFSS, PLACES Data Portal, 2021

This data represents the percentage of adults age 18 or older who report having been told by a doctor, nurse, or other health professional that they have high cholesterol. This data has been age-adjusted for reporting purposes. In Cleveland County as a crude reporting rate, 38.2% of adults age 18 or older reported having high cholesterol compared to 35.4% of adults in North Carolina.

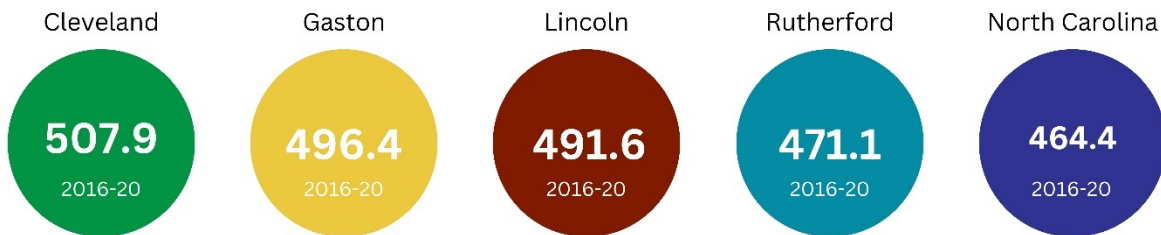
County residents who participate in screenings for cholesterol are offered the information below to help them understand the screening results and guide further discussion about this topic with a health professional.

HEALTHY Cholesterol Levels	AT RISK Cholesterol Levels	DANGEROUS Cholesterol Levels
Total Under 200 mg/dL	Total 200-239 mg/dL	Total Above 240 mg/dL
LDL Under 100 mg/dL	LDL 100-159 mg/dL	LDL Above 160 mg/dL
HDL Above 60 mg/dL	HDL 41-59 mg/dL	HDL Below 40 mg/dL

Penn Medicine

Cancer – Cancer – all sites – has consistently been the second leading cause of death in Cleveland County over multiple five-year reporting periods in data reported by the North Carolina State Center for Health Statistics. As early as 2013-2017, cancer for all sites showed a rate of 252.3/100,000 in the county compared to the North Carolina rate of 191.4/100,000 population. More current data collected for the 2018-2022 reporting period showed cancer all sites with a rate of 252.1/100,000 in the county compared to a rate of 190.07/100,000 for North Carolina. Only 7.93% of participants in the 2023 Community Survey reported being told that they had some form of cancer.

Cancer Incidence – All Sites



Data source: North Carolina Data Portal, State Cancer Profiles, 2016-2020

The data shown above reports the age-adjusted incidence rate (cases per 100,000 population per year) of cancer all sites adjusted to the 2000 United States standard population groups.

Cancer – New Cases per 100,000 Population

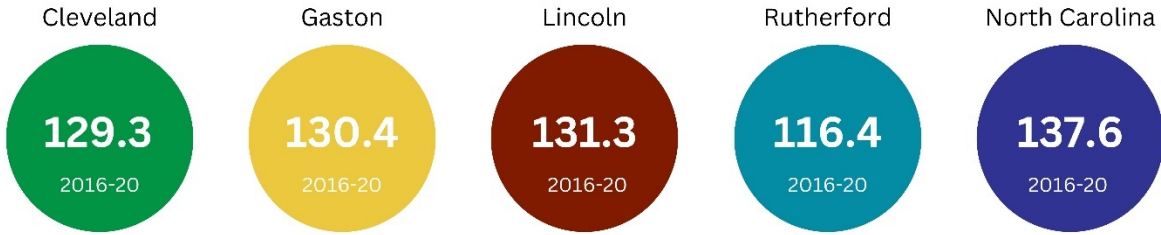


Data Source: North Carolina Data Portal, State Cancer Profiles, 2016-2020.

The data shown above represents the annual average of new cancer cases. In Cleveland County, using data from the 2016-2020 State Cancer Profiles, this represents an annual average of 90 new cases of breast cancer, 60 new cases of colon/rectum cancer, 102 new cases of lung cancer and 81 cases of prostate cancer.

All of the data shown below for specific cancer diagnoses has been reported in the 2016-2020 State Cancer Profiles and sourced through the North Carolina Data Portal. For each type, the indicator reports the age adjusted incidence rate (cases per 100,000 population per year) adjusted to the 2000 United States standard population age groups.

Breast Cancer



Lung Cancer



Prostate Cancer



Colon/Rectum Cancer



According to the North Carolina Central Cancer Registry, projections for new cancer cases in Cleveland County in 2024 include 95 cases of lung/bronchus cancer, 125 cases of female breast cancer, 92 cases of prostate cancer and 48 cases of colon/rectum cancer. The same data source has projected a total of 223 deaths from cancer in 2024 broken down by type as 57 deaths from lung/bronchus cancer, 15 deaths from female breast cancer, 12 deaths from prostate cancer and 18 deaths from colon/rectum cancer.

Data from the North Carolina State Center for Health Statistics reveals death rates per 100,000 population for various forms of cancer in Cleveland County compared to rates for North Carolina. As with heart disease and stroke, disparities exist between genders as well as racial/ethnicity designations.

Sex-Specific Age Adjusted Death Rates per 100,000 population

	Cleveland County 2017-2021				North Carolina 2017-2021			
	Male		Female		Male		Female	
	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate
Cancer – all sites	652	221.3	567	152.6	52,307	185.7	47,066	132.1
Breast	0	N/A	76	21.3	0	N/A	7,045	20.3
Lung	159	51.5	119	31.2	14,163	48.5	11,475	31.4
Prostate	40	15.9	0	N/A	5,064	19.7	0	N/A
Colon/Rectum	49	15.2	49	13.2	4,216	15.0	3,932	11.2
	Cleveland County 2018-2022				North Carolina 2018-2022			
	Male		Female		Male		Female	
	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate	# Deaths	Rate
Cancer – all sites	659	219.5	592	158.5	53,033	183.6	47,265	129.6
Breast	0	N/A	69	19.1	0	N/A	6,966	19.7
Lung	175	54.9	128	33.3	13,904	46.3	11,431	30.5
Prostate	42	15.6	0	N/A	5,223	19.7	0	N/A
Colon/Rectum	48	15.5	55	15.0	4,325	15.0	3,998	11.1

Data Source: North Carolina State Center for Health Statistics, County Health Data Book, 2023 and 2024

Cleveland County death rates for males for cancer all sites dropped in the second five-year time frame but the death rate for lung cancer for males rose slightly. However, the death rates for Cleveland County females rose to 158.5/100,000 driven by the increases in rates for lung cancer and colon/rectum cancer. The increases in lung cancer for both males and females may represent continued use of tobacco products by both sexes, including vaping products with nicotine. While businesses and governmental entities have adopted no smoking policies within buildings, few have adopted tobacco-free policies for their facilities and campuses. Resources available as preventative measures addressing cancer include the screening events sponsored by the Levine Cancer Center located at Atrium-Cleveland in Shelby as well as a mobile unit for lung cancer screening and follow-up appointments through Atrium Health’s main campus in Charlotte, North Carolina. This mobile unit visits Cleveland County periodically throughout the year and offers screening services

to the eligible population as well as assistance in securing follow-up treatment for lung cancer. CCHD has worked closely with these services as well as the Minority Health Council to engage the community in these screening opportunities to prevent more serious consequences for county residents. The COVID-19 pandemic from 2020 – 2022 may also account for some of these increases as more people were isolated in their homes and may have used tobacco and vaping products as a method of coping with the overall effects of the pandemic and the related isolation.

Race/Ethnicity and Sex-Specific Age Adjusted Death Rates per 100,000 Population

	White non-Hispanic Rate		African-American non-Hispanic Rate	
	Male	Female	Male	Female
2017-2021 Cleveland County				
Cancer – all sites	223.1	155.4	251.4	158.3
Breast	N/A	19.2	N/A	N/A
Lung	56.6	33.1	N/A	N/A
Prostate	12.1	N/A	N/A	N/A
Colon/Rectum	15.3	12.2	N/A	N/A
2017-2021 North Carolina				
Cancer – all sites	184.9	132.3	223.1	148.2
Breast	N/A	19.5	N/A	26.7
Lung	49.1	34.0	55.6	26.7
Prostate	16.9	N/A	38.2	N/A
Colon/Rectum	14.5	11.0	21.0	13.5
2018-2022 Cleveland County				
Cancer – all sites	218.1	161.4	256.3	165.1
Breast	N/A	16.6	N/A	N/A
Lung	59.3	36.0	N/A	27.1
Prostate	12.3	N/A	N/A	N/A
Colon/Rectum	15.3	14.6	N/A	N/A
2018-2022 North Carolina				
Cancer – all sites	183.0	129.7	221.2	146.5
Breast	N/A	18.8	N/A	26.6
Lung	46.9	32.8	53.5	26.9
Prostate	16.8	N/A	38.5	N/A
Colon/Rectum	14.6	11.1	20.8	13.2

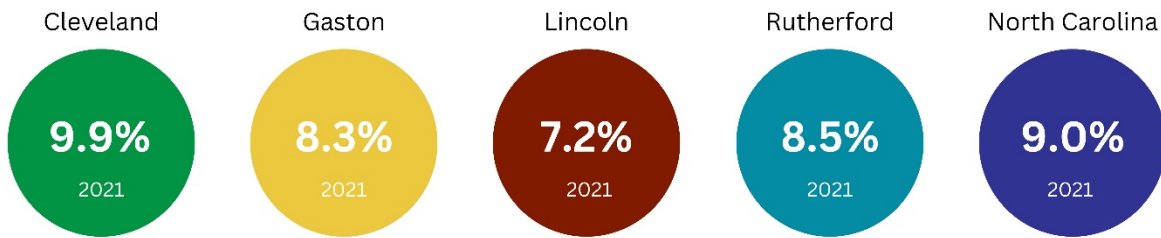
Data Source: North Carolina State Center for Health Statistics, County Health Data Book, 2023 and 2024

For purposes of comparison, the two predominant racial/ethnic groups in the county, white non-Hispanic and African-American non-Hispanic, are used. In the county, the numbers for Native Americans, Asian Americans, Hispanics and multiple races are fewer than 20 cases and are considered unstable for data reporting. The cases in the African-American non-Hispanic population were also under 20 for the specific types of cancer.

Note in the data presented above that while the death rate for cancer all sites white non-Hispanic males in the country decreased from 223.1/100,000 in 2017-2021 to 218.1/100,000 in 2018-2022, the death rate for white non-Hispanic females in the county increased from 155.4/100,000 in 2017-2021 to 161.4/100,000 in 2018-2022. In comparison, the death rates for cancer all sites for African-American non-Hispanic males and females increased from the 2017-2021 reporting period to the 2018-2022 reporting period. This may be a reflection of that population's reluctance to engage with physicians for screening and preventive care during the pandemic years.

Diabetes Mellitus – Diabetes is a chronic disease in which the body struggles to regulate blood glucose. According to the Centers for Disease Control and Prevention, Type 2 diabetes (sometimes referred to as age-onset diabetes) occurs when the body produces insulin but does not use it well or make enough. In the United States, 12.6% of the male population and 10.2% of the female population has been diagnosed with diabetes. If left untreated, diabetes may get progressively worse creating more damage to the body such as kidney failure, heart disease and stroke. In the 2023 Community Survey, 10.56% of participants indicated that they had been told by a health professional that they were diagnosed with diabetes.

Diabetes Prevalence – Adults



Data Source: North Carolina Data Portal, sourced through the National Center for Chronic Disease Prevention and Health Promotion, 2021

The data shown above reports the percentage of adults age 20 and older who have ever been **told** by a doctor that they have diabetes, possibly indicating an unhealthy lifestyle and putting the individuals at risk for further health issues. Within Cleveland County, this represents 8,959 adults over age 20 with a population base of 75,286 individuals over 20 years of age. 10.5% or 4,448 individuals were male and 9.4% or 4,511 were female.

Diabetes Incidence Rate – Adults Age Adjusted



Data Source: North Carolina Data Portal, sourced through the National Center for Chronic Disease Prevention and Health Promotion, 2019

This data shows the rate per 1,000 adults age 20 and older who have been **newly diagnosed** with diabetes during 2019.

Adults Age 20+ Newly Diagnosed with Diabetes



Data Source: North Carolina Data Portal, sourced through the National Center for Chronic Disease Prevention and Health Promotion, 2019

This data is based on the population age 20+ years of age in Cleveland County who have been **newly diagnosed** with diabetes with a population base of 6,069 individuals.

Diabetes is the sixth leading cause of death in Cleveland County for two five-year periods with a rate of 56.6/100,000 in 2017-2021 and a rate of 57.2/100,000 in 2018-2022. For North Carolina, diabetes has been the eighth leading cause of death in the same five-year periods with rates of 31.7/100,000 in 2017-2021 and 33.2/100,000 in 2018-2022. This data, from the North Carolina State Center for Health Statistics, County Health Data Books, 2023 and 2024, reveals that the county’s diabetes death rate has increased between the two five-year periods and is higher than the rates for all of North Carolina.

As with heart disease and cancer, disparities exist in the death rates for diabetes based on gender and race/ethnicity for residents of the county. Death rates for males from diabetes in the county were 51.0/100,000 compared to the rates for females of 39.0/100,000. Comparable rates for the state were 34.3/100,000 for males and 21.1/100,000 for females with the rates for the county higher again. When race/ethnicity is considered, the data below confirms a disparity as well.

Race/Ethnicity and Sex-Specific Age Adjusted Death Rates for Diabetes based on 100,000 Population

	White, non-Hispanic		African-American, non-Hispanic		Overall Rate
	Male	Female	Male	Female	
2017-2021 Cleveland County	46.6	28.0	120.0	71.4	43.5
2018-2022 Cleveland County	45.8	33.1	99.9	75.1	43.8
2017-2021 North Carolina	28.7	16.1	59.1	40.0	26.1
2018-2022 North Carolina	29.8	16.7	61.5	41.3	27.0

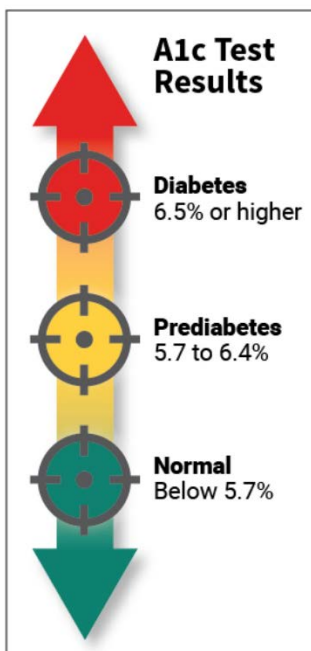
Data Source: North Carolina State Center for Health Statistics, County Health Data Book, 2023 and 2024

Because of the prevalence of diabetes among the residents of Cleveland County, efforts to identify and address pre-diabetes were offered through the implementation of the American Diabetes Association-approved Diabetes Prevention Program. The Cleveland County Family YMCA first offered this program at worksites, churches and YMCA facilities in the county led by trained peer facilitators and provided at a nominal cost to participants. Participants were educated through a year-long program on symptoms and management of diabetes and offered memberships to a YMCA facility for the duration of the program. While this program has been successful, especially for employees of Cleveland County government, lack of transportation, lack of childcare and even sliding fee scale costs were barriers for many low-income residents who were prime candidates for this prevention program.

Additional prevention programs targeting pre-diabetes have been developed and implemented across the county to reduce the prevalence and incidence of diabetes among county residents. Washington Outreach Ministry has instituted a DEMAC (Diabetes Education Maintenance and Control) program targeting minorities in the county in partnership with the Dover Foundation YMCA and Healthy Together to offer eight weeks of educational sessions led by trained facilitators. These DEMAC sessions go to where people are – to the Davidson Association in Kings Mountain, to the Cleveland County Rescue Mission, to Shoal Creek Baptist Church – in order to reach the people who may well need this prevention education more than other populations in the county. Participants in the DEMAC program are also offered twelve weeks of free membership with the YMCA for participating in the class.

The Cleveland County Health Department offers a Diabetes Clinic housed within the Primary Care Clinic to patients diagnosed with diabetes or at risk of diabetes. CCHD also offers screening for county residents using the American Diabetes Association seven-question risk factor screening tool and A1C lab tests. Screenings are offered in the primary care clinic, at scheduled stops on the CCHD Mobile Screening Bus and at selected community events. Participants in the screenings

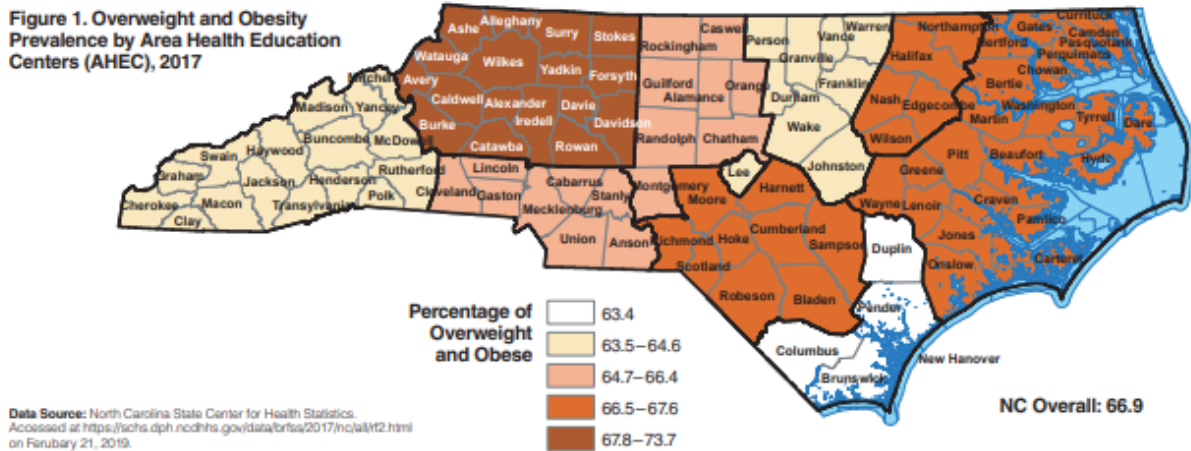
are offered information based on the “diabetes stoplight” pictured below and are encouraged to talk with a health professional depending on their A1c level results. CCHD also offers an eight-week drop-in class based on the Prevent Type II program using the skills of a certified health educator to deliver this information. This drop-in class provides materials in both English and Spanish and a Spanish interpreter is available for participants as well. These classes are offered once a week on a published schedule and open to the public as well as to CCHD patients.



Risk factors for diabetes that can be controlled or managed include overweight/obesity, poor food choices, high levels of physical inactivity, high blood pressure, high cholesterol and smoking. While many of these behaviors are exhibited by county residents, better lifestyle choices would go far in reducing this chronic disease and improving personal health for individuals.

Overweight/Obesity – According to the Overweight and Obesity Among Adults in North Carolina Fact Sheet produced in 2019 by EatSmartMoveMoreNC.com, overweight and obesity are conditions that result from excess body fat and or abnormal body fat distribution. For adults the amount of body fat is estimated by using weight and height to calculate a number called the body mass index or BMI. For adults, overweight is defined as having a BMI ranging from 25.0 to 29.9 and obesity is defined as having a BMI of 30.0 or higher. The map below, while based on 2017 data, illustrates the prevalence of overweight and obesity in North Carolina adults. North Carolina has the 32nd highest prevalence of overweight and the 20th highest prevalence of obesity among the fifty states and Washington, D.C, according to data from the Centers for Disease Control and Prevention.

Figure 1. Overweight and Obesity Prevalence by Area Health Education Centers (AHEC), 2017



Locally a comparison of data from Cleveland County with the surrounding counties and North Carolina reveals the following information about obesity in adults age 20 and over.

Obesity based on BMI Greater Than 30.0



Data Source: NC Data Portal sourced through the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2021

The data illustrated above represents 22,026 individuals over the age of 20 with with males representing 10,405 or 28.8% of this group and females representing 11,621 or 29.5% of this age

group. Over time the total percentage of adults over age 20 in the county has varied from 28.8% in 2015 to a high of 32.4% in 2019 and now down to the 29.1% reported for 2021.

Overweight/obesity is an identified risk factor impacting healthy births for county residents. In the 2019 CHA report, 23.8% of mothers were identified as being overweight (BMI of 25.0-29.9) and 35.4% were identified as obese (BMI of 30.0 or greater) according to the 2020 County Health Data Book. Of these mothers, 9.1% also had gestational diabetes. The 2024 County Health Data Book produced by the NC State Center for Health Statistics reported that 28.0% of mothers in Cleveland County were identified as overweight and 39.5% were identified as obese with 11.1% also identified as having gestational diabetes. Data for the state of North Carolina reveals that 26.2% of mothers in the state were identified as overweight and 32.3% as obese with only 8.6% reporting gestational diabetes.

Overweight/obesity is a critical factor in addressing overall health status of individuals in the county. Being overweight/obese increases the risk of chronic health conditions such as Type 2 diabetes, hypertension and high cholesterol which are factors in diagnosing heart disease and stroke, several forms of cancer liver and gallbladder disease, sleep apnea and respiratory problems including asthma and osteoarthritis. Several of these chronic conditions rank among the leading causes of death in the county.

Poor food choices and limited physical activity are prime causes of overweight/obesity and may be based upon choices made by an individual. Environments that lack places for physical activity or have limited access to healthy food options also contribute to an increased prevalence of overweight/obesity. Significant resources and programs to support county residents in making healthy food choices and increasing physical activity levels may be found in this document under the Indicators: *Access to Exercise Opportunities* on page 37 and *Limited Access to Healthy Food* on page 40.

Overweight/obesity has been a factor addressed in previous CHA documents in Cleveland County with residents responding to the question “Have you ever been told by a doctor, nurse or health professional that you have any of the following health conditions?” with overweight and obesity ranking as the highest identified health condition since 2015. In the 2015 CHA, 37.69% of participants reported overweight/obesity as the top identified health condition followed by 44.67% of participants in the 2019 CHA ranking it as the most identified health condition. The number of participants identifying overweight/obesity as the top health condition fell to 36.52% in the 2023 Community Survey.



Additional Areas of Concern – Several additional areas of concern regarding health issues were identified primarily through responses to the 2023 Community Survey. These areas include preventive screenings, access to dental care, access to vision care, access to behavioral health services and abuse/neglect in the county.



Residents of Cleveland County seem to be hesitant to participate in **preventive screenings** offered by a variety of resources throughout the county. 1,909 responses were received to the question “In the past twelve months have you undergone any preventive screenings such as mammograms, colonoscopy, bone density or skin cancer screenings?” with 39.50% of the responses as “Yes” and 60.50% of the responses as “No”. 1,145 participants responded to the follow-up question “Why have you not undergone preventive screenings?” with 11.27% reporting that they cannot afford screenings, 25.94% stating that they do not meet the recommended age guidelines, 2.45% responding that they had no way to access screenings and 7.34% indicating “other” without defining any reason. However, 53.01% of the respondents indicated that they **simply did not want to participate in screening events** of any kind, indicating personal choices made for various reasons. Some individuals may not want to be constrained by meeting a time frame for a screening event and some may not want to commit to another healthcare appointment. Some may feel a lack of childcare or transportation is a barrier and some may simply not want to have more information about their own personal health status. Identification of symptoms or issues early in a chronic health condition offers a better opportunity for less costly treatment and treatment that may be less demanding in time and energy. Preventive care early could also result in less invasive procedures to diagnose, treat and manage a chronic health issue. However, that sequence of events is a longer-term process than individuals may be willing to commit to. This reluctance to seek preventive care is an issue that enhanced health education and a willingness on the part of healthcare providers to engage with their patients may bring greater benefits in the future.



Participants in the 2023 Community Survey also had strong opinions about the availability of **dental care** services in Cleveland County. With 1,902 responses to the question “In the past twelve months, have you seen a dentist for oral health care?”, 22.50% of participants indicated “No”. Cost was cited as a major concern by 20.02% of the participants, no insurance was indicated by 10.90% and insurance not accepted was given as a reason by 5.30%. 4.56% indicated that the time waiting to get an appointment for care was too long and 4.85% indicated that they could not get off from work for appointments. The lack of dental care providers in the county was cited by 2.39% and the providers not accepting new patients was indicated by 2.91% of respondents. The most recent *Cleveland County Resource Guide* published in August 2024 listed eighteen dental care practices in the county with thirteen of these practices not accepting Medicaid, Medicare or both. This information may be found on pages 27-28 of the guide as well as on www.clevelandcountyhdc.com.

The Dental Clinic at the Cleveland County Health Department provides basic dental services to patients ages 0-21 years of age and expecting mothers who have Medicaid, NC Health Choice, some private insurance and private pay patients based on a sliding fee scale. Dental Clinic staff provide services such as dental exams, cleanings, fillings, extractions, fluoride varnish, X-rays,

limited periodontic services and sealants. Staff members refer to local dental specialty offices as needed for treatment that is outside the stated scope of services. In FY 2022-2023 the CCHD Dental Clinic served 2,142 individuals. CCHD Dental Clinic staff screened 3,490 students in fifteen Cleveland County elementary schools to determine the need for further dental services. 637 students were referred for services and CCHD staff secured care for 22% of these students. CCHD is anticipating the delivery of a mobile Dental Bus in January 2025 for the provision of basic services to students in Cleveland County Schools. Staff members anticipate parking the bus at specific schools for at least a week to provide basic services to students with parental permission. This will reduce the parent or school staff member making additional trips to the on-site Dental Clinic and reduce both the parent’s time away from work and the student’s time away from school.



Vision care is another topic of concern for participants in the 2023 Community Survey. 1,900 respondents answered the question “In the past twelve months, have you seen a specialist for eye/vision care?” with 45.00% stating “Yes” and 55.00% stating “No”. Among the reasons for not receiving vision care were cost for 10.42% of respondents, no insurance for 8.49% of respondents and insurance not accepted for 5.06% of respondents. 4.94% stated that the time waiting for an appointment for care was too long and 3.73% stated that they could not get off from work. 3.25% cited a lack of providers and 2.77% stated that providers were not accepting new patients. The recent *Cleveland County Resource Guide* lists six vision care practices in the county on page 29 of the guide with two of the six not accepting Medicaid or Medicare. The information is also available electronically at www.clevelandcountyhdc.com.

Behavioral/mental health services in Cleveland County are provided by Partners Health Management, a multi-county agency serving Cleveland, Gaston, Lincoln, Burke, Rutherford, Catawba, Cabarrus, Davie, Davison, Forsyth, Iredell, Stanly, Surry, Union and Yadkin counties. During the calendar year January-December 2023, Partners served 4,914 Medicaid-eligible individuals and 922 non-Medicaid individuals with mental health, intellectual developmental disabilities and substance use services. The cost for provision of these services in the multi-county catchment area was \$44,197,157 in Medicaid dollars and \$2,644,995 in non-Medicaid funds.

For Cleveland County specifically, Partners Regional Director of Community Operations Holly Wall provided the following information:

	Child Age 3-21 # Served	Adult Over 21 # Served	Child Age 3 – 21 Cost	Adult Over 21 Cost	Total # Served	Total Cost
Intellectual Developmental Disabilities	293	725	\$3,385,450	\$27,704,582	1,018	\$31,090,031
Mental Health	1,078	2,267	7,397,422	\$4,608,740	3,345	\$12,006,162
Substance Use	23	528	\$86,511	\$1,014,452	551	\$1,100,964
TOTAL	1,394	3,520	\$10,869,383	\$33,327,774	4,914	\$44,197,157

Costs for Cleveland County specifically were not broken down by Medicaid and non-Medicaid resources.



Participants in the 2023 Community Survey were asked several questions about mental health status, stress levels and availability of care for both adults and children.

- When asked to describe their personal mental health status, 1,835 individuals responded with 20.0% reporting excellent, 30.79% reporting very good, 32.32% reporting good and 16.90% reporting poor or very poor.
- Participants were asked during the past thirty days, how often was your mental health not good (thinking about stress, depression and problems with emotions) and 1,834 individuals answered. 13.90% reported never, 43.62% reported rarely, 32.77% reported sometimes, 7.63% reported very often and 2.07% reported always. These categories were not defined in the survey document and therefore individuals who answered this question were doing so based on their own definitions of the categories of responses.
- Stress seemed to be a major issue for many individuals with 1,828 defining the level of stress they encountered most days. 4.16% stated that their level was extremely stressful, 39.00% reported life as very stressful, 48.18% reported their level as not very stressful and 7.66% of respondents' lives were not at all stressful.
- Work or school ranked as the primary cause of stress with 40.01% of responses, money was second at 38.08%, personal health concerns third at 25.73% and personal relationships fourth at 23.96%. Children/childcare and caretaking responsibilities ranked fifth and sixth as a major cause of stress.
- Participants were asked if they had difficulty getting mental health care or counseling needed for themselves or an adult family member with 1,808 responses. Only 26.49% of the respondents stated "Yes" and listed several barriers to seeking care. 26.41% stated that the cost was too high, 19.03% stated that they had no insurance, and 17.67% noted that their insurance was not accepted by providers. 19.03% stated that they did not know where to go and 16.12% noted a lack of trust in the providers available. 14.95% cited a lack of providers and 11.84% noted that providers were not accepting new patients.
- The same question was asked about getting mental health care or counseling for a child family member with 1,807 responses and only 4.37% of the responses indicated that obtaining care was a problem. Again, cost, no insurance, insurance not being accepted and not knowing where to go were cited as barriers to obtaining services with 13.60% stating there was a lack of providers and 5.60% noting that providers were not accepting new patients.
- 41.87% of the 1,808 responses to the question of "Are you currently taking medication prescribed by a professional for a mental or emotional health need?" answered "Yes" to this question. 26.60% of these respondents stated that there had been times when they did not take the prescribed medication due to cost and 5.64% preferred not to answer this question.

The *Cleveland County Resource Guide* offers a listing of mental health and substance use providers located in the county with additional information on location, hours, services and payment options. The list represents only a baseline or beginning point for individuals seeking mental health or substance use care.

Quality of Life – As in previous surveys, participants in the 2023 Community Survey were asked three questions regarding quality of life issues in the county.

What do you think are the three most important factors making Cleveland County a healthy community?

2,094 responses with each participant selecting three factors

Factor	Percentage of Responses
Access to affordable health care	37.82%
Good jobs and healthy economy	24.74%
Access to healthy food	23.45%
Affordable housing	24.36%
Access to affordable health insurance	20.96%
Access to mental/behavioral health care*	19.25%
Religious/spiritual values	15.85%
Safe neighborhoods	15.47%
Good schools	14.42%
Good place to raise children	13.37%
Healthy behaviors/lifestyle choices	13.09%
Recreational opportunities	10.55%
Clean environment	9.93%
Racial equity	9.17%
Transportation options	8.79%
Community centers for all ages	7.98%
Community leadership	7.78%
Low level of child abuse	7.02%
Arts and cultural events	6.11%
Low adult death/disease rates	5.49%
Other	1.00%

Participants in the 2019 Community Survey were asked a similar question but were limited to only one response to force a more measure response to the question “What is the most important issue affecting the quality of life in Cleveland County?” The top five responses were low income/poverty, substance abuse (drugs and alcohol), mental health issues, lack of or inadequate health insurance and neglect and abuse of children. In contrast, focus group participants in 2019 were asked the same question with responses as follows: low income/poverty, substance abuse, lack of community leadership, neglect and abuse of children and domestic violence.

The second quality of life question asked in the 2023 Community Survey was:

What do you think are the three most important problems impacting health in our community?

2,085 responses with each participant selecting three problems

Problem	Percentage of Responses
Alcohol, drug or medication misuse	42.25%
Chronic diseases (cancer, diabetes, high blood pressure, heart disease, asthma, etc.)	34.96%
Access to mental/behavioral health care	21.98%
Lack of health insurance	17.70%
Inadequate housing opportunities	17.22%
Child abuse and neglect	17.22%
Aging issues (arthritis, hearing or vision loss, etc.)	17.07%
Crime rates (violent or property crime	16.16%
Lack of employment opportunities	15.20%
Lack of providers	11.46%
Discrimination/racism	11.13%
Access to dental care	10.41%
Tobacco use	10.17%
Domestic/sexual violence	9.02%
Sexually transmitted infections	6.24%
Infant deaths	5.76%
Infectious diseases such as hepatitis and TB	5.13%
Other	2.06%

Participants in the 2019 Community Survey were asked a similar question but again were limited to only one response. The question “What is one health behavior that you feel the community needs more information about?” resulted in the following responses: mental health disorders, nutrition/eating well, substance abuse prevention, parenting skills and weight management. Participants in the focus groups in 2019 were asked the same question with mental health disorders, parenting skills, substance abuse prevention, physical activity/fitness and weight management as the top five responses.

The third quality of life question posed in the 2023 Community Survey was “Where do you get most of your health related information?” with 2,094 participants responding. This question was also asked in the 2019 Survey and the 2015 Survey with the results showing that our methods of communicating about health issues and concerns across the county must change as there is less reliance on print materials and more reliance on social media channels.

2023	2019	2015
Doctor/Nurse	Doctor/Nurse	Doctor/Nurse
Websites	Internet	Internet
Friends and Family	Friends and Family	Friends and Family
Media Outlets (newspapers, TV, radio)	Work Site	Work Site
Social Media	Health Department	Health Department
Health Department	Seminars/Workshops/Classes	Hospital
Pharmacist	Books/Magazines	Print Materials
Hospital	Television – commercial and local stations	Books/Magazines
Print Materials	Print Materials	Newspapers
Work Site Programs	Hospital	Seminars/Workshops/Classes
Seminars/Workshops/Classes	Newspapers	Television – commercial and local stations
Church Officials	Pharmacists	Pharmacist
School Officials	School Officials	Church Officials
Telephone Helplines		School Officials
		Telephone Helplines

The Cleveland County Health Department has refocused its communication strategies to reach more diverse populations in the county and relied more heavily on social media for outreach and community engagement. CCHD maintains an active website along with Facebook and Instagram accounts. In addition, television screens throughout the facility and in each exam room post updated information on specific health issues, announcements about upcoming events such as Safe Sitter classes or screenings sponsored by collaborating partners and special opportunities for community members to come onto the CCHD campus and interact with staff and community partners such as the Summer Days, Healthy Ways event in May and Harvest Healthy Habits in September of this past year. A large electronic sign at the entrance to the campus also posts information about events and programs sponsored by CCHD and the Department of Social Services. CCHD staff have become more experienced in the use of QR codes to direct community members to sign-ups for events and workshops as well as to provide direct links to the *Community Resource Guide*, the *Parent Survival Guide* for parents/guardians of Cleveland County School students and the student resource guide, *Private Matters*, for students enrolled in the reproductive health and safety classes in the school system. With the acquisition of the Mobile Screening Unit and the Mobile Dental Bus, CCHD will expand its community engagement opportunities in the more rural areas of the county using faith communities, schools and possibly volunteer fire departments as locations for service delivery and will incorporate programming currently offered on-site such as the Question, Persuade, Refer suicide prevention program and the T2 Diabetes Prevention Program to these more rural locations.

THE NEED-TO-KNOWS

PARENT SURVIVAL GUIDE


FOR MIDDLE SCHOOL PARENTS



SCAN THE QR CODE WITH YOUR CAMERA TO ACCESS THE FULL PARENT GUIDE!

OR VISIT: [HTTPS://WWW.CLEVELANDCOUNTYHDNC.COM/COMMUNITY_RESOURCES/INDEX.PHP](https://www.clevelandcountyhdnc.com/community_resources/index.php) AND CLICK ON THE PARENT AND TEEN RESOURCE HUB

CLEVELAND COUNTY HEALTH DEPARTMENT
200 SOUTH POST RD. SHELBY, NC 28152
(980) 484-5100



CLEVELAND COUNTY RESOURCE GUIDE



GET INFORMATION TODAY!
SCAN THE QR CODE ON THE RIGHT WITH YOUR CAMERA TO ACCESS THE FULL RESOURCE GUIDE.

or visit: www.clevelandcountyhdnc.com and click on the Cleveland County Community Resource Guide Hub

Conclusion

The 2023 Cleveland County Community Health Assessment (CHA) has been produced to meet two requirements of local health departments in North Carolina: the Consolidated Agreement for Local Health Departments with the North Carolina Division of Public Health and the North Carolina Local Health Department Accreditation standards. The CHA is conducted every four years and serves as the foundation for improving and promoting the health of the community. The process involves identifying factors affecting the health of the population of Cleveland County, determining the availability of resources to address health factors and serving as the basis for discussion and action among all health and human service providers in the county.

The 2023 CHA process was led by the Cleveland County Health Department with an array of community partners who were engaged at every step of this process. From reviewing and developing the 2023 Community Survey to assisting in data collection to providing outlets for engagement with focus groups, our community partners allowed CCHD staff members to expand beyond the four walls of the Health Department and penetrate some of the hardest to reach yet most vulnerable populations in our county. In doing so, all of the participants in the process – whether responding to the survey, serving on work groups, or reviewing the collected data – learned more about our county, its strengths, its challenges and its opportunities for success in the future. Using *Healthy North Carolina 2030: A Path Toward Health* as a foundational document, participants have questioned, analyzed and provoked responses to the twenty-one indicators highlighted in the document and committed to using the results of the process in charting future steps for Cleveland County.

The 2023 CHA for Cleveland County identified two health priorities to be addressed through the development of Community Health Improvement Plans 2024-2027. These priorities, teen births (a continuing priority from the 2019 CHA process) and drug overdose deaths, will be supported not only through the work of the Cleveland County Health Department but also through two well-established community coalitions – the Teen Pregnancy Prevention Coalition and the Drug Free Cleveland County Coalition. Members of these coalitions represent a broad cross-section of residents of Cleveland County and will assist in developing strategies to address these issues and monitor progress toward established goals. Annual reports on progress will also be presented to the Public Health Board for Cleveland County and the Cleveland County Board of Commissioners as the governing body for the Health Department. Progress will also be posted on the Healthy North Carolina 2030 Scorecard for Cleveland County and found on the CCHD website.

It is the hope of the participants in the 2023 CHA process in Cleveland County that an array of agencies and programs will benefit from this document and will use the results to identify, address and evaluate programs that contribute to a positive healthy lifestyle for all residents of Cleveland County.

Appendices

A. Comparison – Survey to County Demographics

B. 2023 CHA Community Survey

C. Marketing Materials

D. 2023 Focus Group Compilation

E. Statement to Key Stakeholders

F. 2023 Priority Ballot

G. Priority Ballot Results

H. Available Resources – Cleveland County

COMPARISON: SURVEY TO COUNTY DEMOGRAPHICS

Measure	2019 Cleveland County Census	2019 CHA Survey Responses N-765	2023 CHA Survey Responses N=2,197	2023 Cleveland County Census
POPULATION	97,038			100,670
AGE			2,196*	
Persons under 5 years	5.5%			5.3%
5 – 17 years	19.3%			19.7%
18 - 24 years	6.7%	6.18%	4.6%	6.7%
25 – 34 years	11.0%	16.71%	25.77%	12.4%
35 – 44 years	11.6%	20.13%	26.87%	11.9%
45 – 54 years	14.5%	21.05%	16.03%	11.7%
55 – 64 years	13.8%	20.39%	11.03%	18.5%
65 – 74 years	10.5%	11.32%	9.70%	12.0%
75 + years	7.0%	4.21%	5.69%	7.9%
GENDER			2,190*	
Male	48.2%	22.5%	37.53%	48.1%
Female	51.8%	77.37%	61.55%	51.9%
Other	0	0.13%	0.23%	
Prefer not to say	-	-	0.68%	
RACE/ETHNICITY			2,194*	
White/Caucasian	75.2%	82.69%	72.65%	71.6%
Black/African-American	20.8%	15.18%	23.25%	20.8%
American Indian/Alaska Native	0.3%	0	1.09%	0.5%
Hispanic/Latino	3.3%	1.5%	2.14%	4.7%
Asian/Asian American	2.2%	0.13%	2.78%	1.2%
Native Hawaiian/Pacific Islander	0	0	1.14%	0
Bi-racial	-	-	0.96%	
Multi-racial	4.1%	1.47%	1.05%	2.1%
Other	-	-	0.18%	
MARITAL STATUS			2,192*	
Married	48.1%	62.04%	72.58%	48.63%
Separated	3.7%	1.98%	1.69%	2.92%
Divorced	11.3%	10.05%	6.80%	11.28%
Single/Never Married	29.1%	16.8%	10.17%	30.67%
Widowed	7.8%	7.01%	5.93%	6.48%
Unmarried Partner	-	-	2.05%	-

Other	-	2.12%	0.78%	-
	2019 Census	2019 CHA	2023 CHA	2023 Census
EDUCATIONAL STATUS			2,193*	
Less than 9 th grade	5.4%	0.95%	0.68%	4.9%
9 th – 12 th grade, no diploma	10.7%	3.39%	5.02%	6.9%
High school graduate or GED	35.1%	12.21%	13.91%	33.3%
Some college, no degree	21.3%	15.88%	22.80%	20.4%
Associate degree	11.0%	16.15%	18.15%	13.9%
Bachelor degree	9.7%	26.87%	23.39%	13.3%
Graduate or professional school	6.8%	23.88%	14.59%	7.4%
Vocational training	-	-	1.00%	-
Other	-	-	.046%	-
EMPLOYMENT STATUS			2,191*	
Employed full-time		64.59%	60.34%	
Employed part-time		10.41%	18.30%	
Employed with several part-time jobs		-	2.28%	
Self-employed		3.92%	2.15%	
Student		7.03%	2.51%	
Retired		13.11%	14.24%	
Homemaker		5.4%	2.10%	
Active military		0	0.46%	
Disabled		4.32%	3.97%	
Unemployed less than one year		0.54%	1.41%	
Unemployed more than one year		2.57%	1.19%	
Other		1.35%	0.37%	
HOUSEHOLD INCOME			2,184*	
Less than \$10,000	10.9%	4.34%	2.70%	5.9%
\$10,000 - \$14,999	7.3%	1.63%	2.29%	7.7%
\$15,000 - \$24,999	14.6%	8.82%	8.79%	9.7%
\$25,000 - \$34,999	11.7%	7.46%	15.71%	9.3%
\$35,000 - \$49,999	16.5%	13.57%	16.39%	16.1%
\$50,000 - \$74,999	18.0%	19.27%	20.19%	18.8%
\$75,000 - \$99,999	9.3%	16.55%	13.51%	11.2%
\$100,000 or more	11.7%	18.72%	12.59%	21.5%
Prefer not to say	-	9.63%	7.83%	

*Number of respondents who answered the question on the survey

-Not asked on 2019 survey or census information



2023 Community Health Assessment for Cleveland County

Thank you for participating in the 2023 Community Health Assessment for Cleveland County. The information collected from this survey will be used to plan for programs and services to improve the health of Cleveland County residents over the next four years. The survey period runs from September 1 through September 30, 2023.

All of the responses to this survey are **CONFIDENTIAL**. Your responses will be entered into the SurveyMonkey database and no one will be able to access the responses of any specific individual.

Several of the questions in this survey focus on household living conditions and the misuse of alcohol, tobacco and other drugs. **None** of the responses you provide will be shared with any reporting agencies in the community.

At the close of the survey you will be offered the opportunity to participate in a drawing for one of seven incentives. You must complete the **ENTIRE SURVEY** to qualify for the incentive drawing. The incentives include one \$750 Amazon gift card, two \$500 Amazon gift cards and four \$250 Amazon gift cards. The decision to participate in this drawing is up to you – winners will be chosen using a random number drawing process.

Should you choose to complete this survey using the electronic format, please go to the SurveyMonkey link listed below or use the QR code.

<https://www.surveymonkey.com/r/ClevelandCounty2023HealthAssessment>



2023 Cleveland County Community Health Assessment

Just a reminder – to qualify for the incentives drawing, you must be 18 years of age or older, a resident of Cleveland County and complete the entire survey!

DEMOGRAPHICS: There are 15 questions in this section.

1. Do you live or work in Cleveland County?

- Yes No

2. What is your zip code?

3. How old are you? Please mark the appropriate category.

- 18-24 years of age 25-34 years of age 35-44 years of age
 45-54 years of age 55-65 years of age 65-74 years of age
 75 years of age or older

4. Which of the following best describes your gender?

- Male Female Other Prefer not to say

5. What is your marital status?

- Married Never married/Single Separated Divorced
 Unmarried Partner Widowed Other (Please specify)
-

6. Do you own or rent your home?

- Own Rent Multi-Family Household Not applicable to my situation
 Other (please specify)
-

7. Are you the head of your household?

- Yes No

8. How many adults 18 years of age or older live in your household?

- 1 – 2 3 – 5 6 or more

9. How would you describe your race/ethnicity? Please select all that apply.

- American Indian/Alaskan Native White/Caucasian Black/African-American
 Asian Indian Native Hawaiian/Pacific Islander Asian American
 Bi-Racial Multi-Racial Other (Please specify)
-

10. Are you of Hispanic or Latino origin?

- Yes No

11. Which language is most often spoken in your home? Please choose only one.

- English Spanish Other (Please specify)
-

12. What is the highest level of school, college, or vocational training that you have completed. Please choose only one.

- Less than 9th grade 9th – 12th grade, no diploma High school graduate or GED
 Some college/no degree Associate degree Bachelor degree
 Graduate or professional school Vocational training
 Other (Please specify)
-

13. What is your employment status? Please check all that apply.

- Employed full-time Employed part-time Employed with several part-time jobs
 Self-employed Student Retired
 Homemaker Active military Disabled
 Unemployed less than one year Unemployed more than one year
 Other (Please specify)
-

14. Is anyone in your household employed outside Cleveland County?

- Yes No

15. What is your combined annual household income?

- Less than \$10,000 \$10,000 - \$14,999 \$15,000 - \$24,999
 \$25,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999
 \$75,000 - \$99,999 \$100,000 or more Prefer not to say

COMMUNITY WELLNESS: There are 3 questions in this section.

16. In the following list, what do you think are the three most important factors in making Cleveland County a “Healthy Community?” Please select **up to three** factors.

- | | |
|--|--|
| <input type="checkbox"/> Access to affordable health care | <input type="checkbox"/> Access to affordable health insurance |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Community leadership |
| <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Healthy behaviors/lifestyle choices | <input type="checkbox"/> Low adult death/disease rates |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Racial equity |
| <input type="checkbox"/> Recreational opportunities | <input type="checkbox"/> Community centers for all ages |
| <input type="checkbox"/> Religious/spiritual values | <input type="checkbox"/> Safe neighborhoods |
| <input type="checkbox"/> Transportation options | <input type="checkbox"/> Other (Please specify) |
-

17. In the following list, what do you think are the three most important problems impacting health in our community?

Please select **up to three** problems.

- | | |
|---|---|
| <input type="checkbox"/> Aging issues (arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Alcohol, drug or medication misuse |
| <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Crime rates (violent or property crimes) |
| <input type="checkbox"/> Chronic diseases (cancer, diabetes, high blood pressure, asthma, heart disease, kidney diseases) | |
| <input type="checkbox"/> Access to dental care | <input type="checkbox"/> Discrimination and/or racism |
| <input type="checkbox"/> Domestic/sexual violence | <input type="checkbox"/> Inadequate housing opportunities |
| <input type="checkbox"/> Infant deaths | <input type="checkbox"/> Infectious diseases such as hepatitis and TB |
| <input type="checkbox"/> Lack of employment opportunities | <input type="checkbox"/> Lack of health insurance |

- Lack of healthcare providers
 - Tobacco use – including e-cigarettes and vaping
 - Other (Please specify)
 - Access to mental/behavioral healthcare
 - Sexually transmitted infections
-

18. Where do you get most of your health-related information. Please check **all** that apply.

- Friends and family
 - Hospital
 - Pharmacist
 - Social media
 - Seminars/workshops/classes
 - Other (Please specify)
 - Media outlets (newspapers, radio, television)
 - Doctor/Nurse
 - Work site programs
 - Print materials such as flyers and brochure
 - School officials
 - Telephone helplines
 - Websites
 - Health Department
 - Church officials
-

SOCIAL DETERMINANTS OF HEALTH: There are 13 questions in this section.

19. What is your primary source of transportation in Cleveland County? Please choose **only one**.

- Personal vehicle
 - TACC
 - Walk
 - Family/friend
 - Agency/volunteer
 - Uber/Lyft
 - Taxi
 - Moped or bicycle
 - Other (Please specify)
-

20. What affects your ability to get to the places you need to go to in the county? Please check **all** that apply.

- Not applicable to my personal situation
 - No driver's license
 - No money for vehicle insurance
 - No friend or family to help
 - Other (Please specify)
 - No money for gas
 - Don't own a vehicle
 - No money for public transit/taxi
 - Don't qualify for TACC services
-

21. Do you have reliable access to the Internet at home (including broadband, Wi-Fi, dial-up or cellular)?

- Yes - please skip to question #23
- No

22. What keeps you from being able to access the Internet? Please check **all** that apply.

- Don't need Internet service
 - Internet services not available in my area
 - Services too expensive
 - Other (Please specify)
 - No cell phone
 - No computer (laptop or desktop)
-

23. In the past twelve months, did you ever worry about whether your food would run out before your household got money to buy more?

- Yes
- No
- Prefer not to say

24. In the past twelve months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough food for everyone in the household?

- Yes
- No
- Prefer not to say

25. In the past three years, were there times when you encountered any of the following housing issues?
Please check **all** that apply.

- I have not encountered any housing issues.
- I was worried about having enough money to pay the rent or the mortgage.
- I was unable to pay rent or my mortgage payment at some point.
- I had to live with a friend or relative because of a housing emergency – even if only temporary.
- I had to live on the street, in a car, in a hotel/motel or in a temporary shelter.
- Prefer not to say Other (Please specify) _____

26. In the past three years, were there times when you did not have any of the following in your house?
Please check **all** that apply.

- Electricity Water/sewer Heat source
- This statement does not apply to my housing situation. Prefer not to say
- Other (Please specify) _____

27. Do you have someone you can rely on to help with food, transportation, childcare, critical housing repairs or other forms of support?

- Yes No

28. How many children 17 years and younger live in your household? (Include relatives, foster children, etc.)

- None – please skip to question # 32
- 1 – 2 3 – 5 6 or more

29. Has your family had problems finding childcare for children living in your household?

- Yes No Prefer not to say

30. If your family had problems finding childcare, what type of childcare were you trying to access?
Please check **all** that apply.

- I do not need childcare outside the home. Childcare for birth to 5 years of age
- Before or after school care Childcare accepting financial assistance
- Emergency or respite care Care for a sick child
- Summer care for school-age child 24 hour care for shift work
- Other (Please specify) _____

31. What barriers did your family encounter in accessing childcare? Please check **all** that apply.

- No barriers Cost Location Available hours
- Need 24-hour care Quality of care Transportation Long waiting lists
- Lack of available spaces Other (Please specify) _____

ACCESS TO CARE: There are 10 questions in this section.

32. Where do you go most often when you are sick?
- | | | |
|---|---|--|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Health Department | <input type="checkbox"/> Hospital/Emergency Department |
| <input type="checkbox"/> Urgent Care or Minute Clinic | | <input type="checkbox"/> Community Telehealth Clinic |
| <input type="checkbox"/> I do not go anywhere | <input type="checkbox"/> Other (Please specify) | |
-

33. Do you currently have any kind of health insurance?
- Yes No – please skip to question # 35
- Don't know/not sure – please skip to question # 35

34. What is your primary insurance plan? Please choose **only one**.
- | | |
|--|--|
| <input type="checkbox"/> Plan through an employer or union | <input type="checkbox"/> Private non-governmental plan |
| <input type="checkbox"/> Marketplace (Obamacare) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Health Care Sharing Ministries (ex: Medi-Share) |
| <input type="checkbox"/> Childrens' Health Insurance Plan | <input type="checkbox"/> Indian Health Service |
| <input type="checkbox"/> Military related plan – TRICARE, VA Health Care, CHAMPUS) | |
| <input type="checkbox"/> State-sponsored health plan | <input type="checkbox"/> Other (Please specify) _____ |

35. In the past twelve months, did you have a problem getting the primary health care you needed personally or for a family member?
- Yes No – please skip to question # 37
- Don't know/not sure – please skip to question # 37

36. Why could you not get the primary health care needed? Please check **all** that apply.
- | | | |
|---|--|--|
| <input type="checkbox"/> Cost was too high | <input type="checkbox"/> No insurance | <input type="checkbox"/> Insurance not accepted |
| <input type="checkbox"/> Did not know where to go | <input type="checkbox"/> Distance was too far | <input type="checkbox"/> Inconvenient office hours |
| <input type="checkbox"/> Office closed | <input type="checkbox"/> Lack of childcare | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of trust | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Too long to wait in waiting room | <input type="checkbox"/> Could not take time off from work | |
| <input type="checkbox"/> Lack of providers | <input type="checkbox"/> Provider not accepting new patients | |
| <input type="checkbox"/> Other (Please specify) _____ | | |
-

37. In the past twelve months, did you have a problem getting specialty care such as cardiology, OB/GYN, pediatrics, surgery, etc. for you personally or for a family member?
- Yes No – please skip to question # 40
- Don't know/not sure – please skip to question # 40

38. Why could you not get the specialty care needed? Please check **all** that apply.
- | | | |
|---|--|--|
| <input type="checkbox"/> Cost was too high | <input type="checkbox"/> No insurance | <input type="checkbox"/> Insurance not accepted |
| <input type="checkbox"/> Did not know where to go | <input type="checkbox"/> Distance was too far | <input type="checkbox"/> Inconvenient office hours |
| <input type="checkbox"/> Office closed | <input type="checkbox"/> Lack of childcare | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Lack of trust | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Too long to wait in waiting room | <input type="checkbox"/> Could not take time off from work | |
| <input type="checkbox"/> Lack of providers | <input type="checkbox"/> Provider not accepting new patients | |
| <input type="checkbox"/> Other (Please specify) _____ | | |
-

39. What type of healthcare provider did you or your family member have trouble getting care from?
Please check **all** that apply.

- Doctor Pediatrician OB/GYN Health Department
 Hospital Urgent Care or medical clinic Physical therapist
 Mental health/behavioral health provider Other (Please specify) _____

40. In the past twelve months, was there a time when you did not take medication prescribed for you by a primary or specialty healthcare provider because of **cost**?

- Yes No Not applicable to my situation
 Prefer not to say

41. Is your primary healthcare provider located in Cleveland County?

- Yes No I do not have a primary care provider.

PERSONAL HEALTH: There are 11 questions in this section.

42. Which of the following terms best describes your personal health status? Please choose **only one**.

- Excellent Very Good Good
 Poor Very Poor

43. Within the past twelve months, have you had a routine or annual check-up with a healthcare provider?

- Yes No

44. Have you ever been told by a doctor, nurse or health professional that you have any of the following health conditions? Please check **all** that apply.

- Arthritis Asthma Cancer (any site)
 Chronic Obstructive Pulmonary Disease (COPD) Dementia or short-term memory loss
 Depression or anxiety Diabetes (not during pregnancy)
 Heart disease, stroke or other cardiovascular disease High blood pressure (hypertension)
 High cholesterol Kidney disease Liver disease
 Obesity/Overweight Osteoporosis Physical disabilities
 Mental illness (bipolar disorder, schizophrenia, etc.) Alzheimer's disease
 Any sexually transmitted disease None of the above
 Other (Please specify) _____

45. In the past twelve months, have you had any preventive screenings such as mammograms, colonoscopy, bone density or skin cancer screenings?

- Yes – please skip to question # 47 No

46. Why have you not undergone preventive screenings?

- Cannot afford screenings Do not meet recommended age guidelines
 Don't want to No way to access screenings
 No capacity for follow-up care Other (Please specify) _____

47. In the past twelve months, have you seen a dentist for oral health care?

- Yes No – please skip to question # 49

48. How often do you go to the dentist for routine cleaning and exams?

- Every 6 months Once a year Every two years

49. Why have you not seen a dentist? Please check **all** that apply.
- Not applicable to my situation
 - Cost was too high
 - Did not know where to go
 - Office closed
 - Lack of trust
 - Too long to wait in waiting room
 - Lack of providers
 - Other (Please specify) _____
 - No insurance
 - Distance was too far
 - Lack of childcare
 - Language barrier
 - Too long to wait for an appointment
 - Could not take time off from work
 - Provider not accepting new patients
 - Insurance not accepted
 - Inconvenient office hours
 - Lack of transportation

50. In the past twelve months, have you seen a specialist for eye/vision care?
- Yes
 - No – please skip to question # 52

51. How often do you go to a specialist for eye/vision care?
- Every 6 months
 - Once a year
 - Every two years

52. Why have you not seen a eye care/vision specialist? Please check **all** that apply.
- Not applicable to my situation
 - Cost was too high
 - Did not know where to go
 - Office closed
 - Lack of trust
 - Too long to wait in waiting room
 - Lack of providers
 - Other (Please specify) _____
 - No insurance
 - Distance was too far
 - Lack of childcare
 - Language barrier
 - Too long to wait for an appointment
 - Could not take time off from work
 - Provider not accepting new patients
 - Insurance not accepted
 - Inconvenient office hours
 - Lack of transportation

PHYSICAL ACTIVITY AND NUTRITION: There are 6 questions in this section.

53. During the past 30 days, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise?
- Yes
 - No

54. When you do participate in physical activity, where do you go to engage in physical activity? Please check **all** that apply.
- I do not engage in physical activity or exercise
 - Private gym
 - Walking routes/trails
 - Other (Please specify) _____
 - YMCA
 - Public recreation center
 - School facilities
 - Church facilities
 - Home

55. What are the factors that affect your ability to engage in physical activity or exercise on a regular basis? Please check **all** that apply.
- No barriers to engagement
 - Exercise is not important to me
 - I don't have enough time
 - I don't like to exercise
 - Weather conditions – too hot, too cold, rainy, air quality
 - I am physically disabled
 - My job is physical or hard labor
 - I don't have access to facilities for activity
 - I need childcare in order to exercise
 - Cost is a factor
 - No safe place to exercise
 - Too tired after work
 - Other (Please specify) _____

56. On average, how many days each week do you eat five or more servings of fruits or vegetables (cooked, raw, fresh, frozen or canned)? DO NOT COUNT POTATO PRODUCTS SUCH AS FRENCH FRIES, HASH BROWNS, MASHED POTATOES, ETC.

- 1 -2 days 3 – 4 days 5 -6 days Every day Never

57. In the past twelve months, have you obtained fresh fruits or vegetables from any of the sources listed? Please check **all** that apply.

- Corner/convenience store Farmers' Market Food bank/food pantry
 Full-service grocery store Church or community organization
 Other (Please specify) _____

58. Have you encountered barriers to consuming fresh fruits and vegetables on a regular basis? Please check **all** that apply.

- Cost Lack of transportation to shop Lack of time to prepare fresh food
 Lack of knowledge in preparing fresh food Family members refuse to eat
 I have not encountered barriers to consuming fresh fruits and vegetables.
 Other (Please specify) _____

BEHAVIORAL OR MENTAL HEALTH: There are 12 questions in this section.

59. Which of the following terms best describes your personal mental health status? Please choose **only one**.

- Excellent Very good Good
 Poor Very poor

60. Thinking about your mental health, which includes stress, depression and problems with emotions, how often during the past 30 days was your mental health not good? Please choose **only one**.

- Always Very often Sometimes
 Rarely Never

61. Thinking about your life, which of the following terms best describes the level of stress you encounter most days? Please choose **only one**.

- Extremely stressful Very stressful Not very stressful Not at all stressful

62. What are the primary causes of your stress? Please check **all** that apply.

- Money School Work Personal health concerns
 Children/childcare Caretaking responsibilities Personal relationships
 Housing issues Job stability Personal safety
 Other (Please specify) _____

63. In the past twelve months, did you have a problem getting the mental health care or counseling that you needed personally as an adult or for an adult family member?

- Yes No – please skip to question # 65

64. Why could you not get the needed mental health care or counseling for an adult? Please check **all** that apply.

- Cost was too high No insurance Insurance not accepted
 Did not know where to go Distance was too far Inconvenient office hours
 Office closed Lack of childcare Lack of transportation
 Lack of trust Language barrier Too long to wait for an appointment
 Too long to wait in waiting room Could not take time off from work

- Lack of providers Provider not accepting new patients
 Other (Please specify) _____

65. In the past twelve months, did you have a problem getting mental health care or counseling for a family member who is a child?

- Yes No – please skip to question # 67 Not applicable – please skip to question # 67

66. Why could you not get the needed mental health care or counseling for a child? Please check **all** that apply.

- Cost was too high No insurance Insurance not accepted
 Did not know where to go Distance was too far Inconvenient office hours
 Office closed Lack of childcare Lack of transportation
 Lack of trust Language barrier Too long to wait for an appointment
 Too long to wait in waiting room Could not take time off from work
 Lack of providers Provider not accepting new patients
 Other (Please specify) _____

67. Are you currently taking medication prescribed by a professional for a mental or emotional health need?

- Yes No

68. In the past twelve months, was there a time when you did not take medication prescribed for you by a behavioral or mental health provider because of COST?

- Yes No Prefer not to say

69. Have you ever had thoughts of self-harming behaviors like cutting?

- In the last 30 days In the last six months In the past year or longer
 Never – please skip to question # 71

70. Have you ever engaged in self-harming behaviors like cutting?

- Yes No

71. Have you ever had thoughts of suicide? **(Suicide Hotline 988)**

- In the last 30 days In the last six months In the past year or longer
 Never – please skip to question # 73

72. Have you ever made plans to commit suicide? **(Suicide Hotline 988)**

- Yes No

SUBSTANCE MISUSE: There are 9 questions in this section.

73. How often do you consume alcohol (beer, wine, liquor, etc.)?

- Once a month Once a week Three times a week
 Every day Do not consume alcohol at all

74. During the past 30 days, did you drive a vehicle when you had been drinking alcohol?

- Yes No

75. Have you or someone you know been personally impacted by the use of alcohol?

- Yes No

76. Do you currently smoke, use electronic cigarettes (vape) or smokeless tobacco products?
 Yes No – please skip to question # 78
77. In the past 30 days, which of the following tobacco products have you used at least once per day?
 Please check **all** that apply.
 Cigarettes Cigars Electronic cigarettes/e-cigarettes/ vaping products
 Smokeless tobacco such as dip or chew Other (Please specify) _____
78. What services are you aware of to assist in quitting the use of tobacco products? Please check **all** that apply.
 I am unaware of any such resources.
 Quit Line NC (1-800-784-8669) Health Department Live Vape Free
 Pharmacy Private Counselor Doctor
 Other (Please specify) _____
79. Where do you think you are most often exposed to secondhand smoke? Please check **all** that apply.
 Home Vehicles Parks Workplace
 Public sidewalks Private bars/clubs Community events like festivals
 I am not exposed to secondhand smoke.
80. Have you or someone you know been personally impacted by any of the listed substances? Please check **all** that apply.
 No impact Marijuana Opioids (painkillers, heroin, fentanyl)
 Methamphetamine (meth) Other (Please specify) _____
81. In the past twelve months, have you or anyone in your household intentionally misused any form of prescription drug? Please check **all** that apply.
 No I have not had a prescription. Used without a prescription
 Used more than prescribed Used more often than prescribed
 Used for any reason other than a doctor's instruction

EMERGENCY PREPAREDNESS: There are 5 questions in this section.

82. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?
 Yes No
83. What would be the reason you might choose not to evacuate from your home if asked to do so by public authorities? Please check **all** that apply.
 Lack of transportation Lack of trust in public officials
 Concern about personal safety Concern about leaving property behind
 Concern about family safety Concern about leaving pets
 Concern about traffic Health problems
 Unable to walk Cost of evacuation
 Don't know where to evacuate to
 Other (Please specify) _____
84. Does your household have working smoke and carbon monoxide detectors?
 Yes to both Yes, smoke detectors only

- Yes, carbon monoxide detectors only Neither kind of detector
 Don't know/not sure

85. Does your family have a basic emergency supply kit? (Water, food, prescription medications, diapers, blankets, flashlights and batteries, emergency radio, etc.)

- Yes No

86. What is your main channel of receiving information from authorities in a large-scale disaster or emergency situation in the county? Please check **all** that apply.

- Television Radio Internet Print media
 Social media Neighbors Telephone/text messages
 County alarms Other (Please specify) _____

2023 Community Health Assessment for Cleveland County

Thank you for your participation in the 2023 Community Health Assessment for Cleveland County. Your responses will assist us in determining the priority health issues to be addressed in Cleveland County over the next four years.

How did you learn about this survey?

- Print media Social media (Facebook, Instagram, etc.)
 Website
 Email notice Newsletter Family/friend/colleague
 Other (Please specify)
-

Please return your completed survey to the collection box provided at the facility where you obtained the survey or to the collection box at the front desk of the Cleveland County Health Department, 200 South Post Road, Shelby, NC.

The responses you provided will be entered into a SurveyMonkey database used to compile the information from both the electronic and paper surveys. Prior to the data entry process, this sheet – if it includes your name and contact information – will be removed from this form to preserve the confidentiality of your responses.

If you are submitting a **COMPLETED** survey, you are eligible to participate in a drawing for seven incentive prizes. The incentives are Amazon gift cards – one for \$750, two for \$500 and four for \$250. Winners will be drawn from names attached to completed surveys using a computer-generated random number program. Only one completed survey will be accepted for each participant in the survey.

Participation in the incentive drawing is voluntary. Winners must be residents of Cleveland County, over 18 years of age, provide the contact information requested below and present a

valid form of picture identification to claim a prize. Winners will be notified on or about November 15, 2023.

If you wish to participate in this incentive drawing and if you have submitted a completed survey, please provide the following information:

Name:

Email:

Daytime telephone number:

Again, thank you for your participation in this survey. If you have any questions about this process, please contact Anne Short at 980-484-5112 or via email at Anne.Short@clevelandcountync.gov.



Note: Survey was also translated and distributed in Spanish to reach the Hispanic/Latino population in the county.



We want to hear from you!

TAKE THE 2023 COMMUNITY HEALTH ASSESSMENT: SEPT. 1ST - SEPT. 30TH

Scan the QR code or visit

<https://www.surveymonkey.com/r/ClevelandCounty2023HealthAssessment>

SHARE THE LINK WITH FRIENDS & FAMILY



Your feedback is important to us. We want to ensure that you are heard and kept in mind when planning and implementing community health programs and policies.



ENTER TO WIN A GIFT CARD

Complete a survey online or a paper copy for a chance to win an Amazon gift card. Amazon Gift Cards - one valued at \$750, two valued at \$500 and four valued at \$250. Winners will be selected using a computer-generated random number drawing program.

It only takes 10-15 minutes to complete a survey!



200 South Post Rd. Shelby, NC 28152
980-484-5100



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PAPER COPIES AVAILABLE AT THE FOLLOWING LOCATIONS:

- Patrick Senior Center, Kings Mountain
- Neal Senior Center, Shelby
- Dover Foundation YMCA
- Ruby Hunt YMCA
- Kings Mountain YMCA
- Mt. Calvary Community Center
- Davidson Association, Kings Mountain
- Shelby Housing Authority
- Mauncy Memorial Library, Kings Mountain
- Spangler Library, Lawndale
- Young Library, Shelby
- Cleveland County Chamber
- Cleveland County Health Department



200 South Post Rd. Shelby, NC 28152
980-484-5100

Banner 3'x6" posted on fences at manned waste collection sites and various county facilities.

We want to hear from you!



**TAKE THE 2023 COMMUNITY HEALTH ASSESSMENT:
SEPTEMBER 1ST - SEPTEMBER 30TH**

SCAN THE QR CODE OR VISIT

[HTTPS://WWW.SURVEYMONKEY.COM/R/CLEVELANDCOUNTY2023HEALTHASSESSMENT](https://www.surveymonkey.com/r/clevelandcounty2023healthassessment)



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FOR THE CHANCE
TO WIN AN AMAZON
GIFT CARD**

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Printed and posted throughout CCHD/DSS facility in all waiting rooms.

While you wait....

TAKE THE 2023 COMMUNITY HEALTH ASSESSMENT:

SCAN THE QR CODE OR VISIT:

[HTTPS://WWW.SURVEYMONKEY.COM/R/CLEVELANDCOUNTY2023HEALTHASSESSMENT](https://www.surveymonkey.com/r/clevelandcounty2023healthassessment)



**COMPLETE A SURVEY
FOR THE CHANCE TO
WIN AN AMAZON
GIFT CARD**



Focus Group Compilation

2023 Community Health Assessment for Cleveland County

Six focus groups were conducted during September and October 2023 with a total of 69 participants. Each focus group was asked a series of questions regarding the quality of life in Cleveland County and encouraged to respond from their unique individual perspectives. A facilitator asked the questions while a recorder compiled the responses. Each participant also completed a demographic survey and was asked specific questions about factors making Cleveland County a “Healthy Community”, about problems impacting health in our community and about their sources of health information. The information below was compiled directly from the notes submitted by the focus group recorders.

- 1. Cleveland County is a good place to live. (Consider your well-being, participation in community life, availability of social associations and support networks, etc.).*
 - a. How long have you lived in Cleveland County? Less than 5 years, 5-10 years, 10-20 years, all your life?*
 - b. Are you and your family members planning to stay in the county? Yes or No – Why or why not?*

After carefully considering all factors, there was an overall consensus that Cleveland County is a good place to live. The majority of the focus group members were either born and raised in Cleveland County or have been here for 10 plus years—with the longest number of years being 56 years. There seemed to be a reoccurring theme of lack of community involvement/community life amongst all groups. They feel as though there is little to nothing to do or participate in in order to gain that sense of community that they feel was so much more accessible and attainable years ago. This then sparked a conversation about accountability from one group member in particular. This member stated that “in order to gain a sense of community the individual has to actually put in the time and effort to find these things and be a part of them because there are in fact many things in Cleveland County that they can participate in if they really wanted to.” Overall, everyone feels that Cleveland County is a good place to live—it’s a small town with good people and is generally considered safe, depending on where you live in the county.

All of the focus group members themselves stated they would remain in Cleveland County forever, but their kids, grandkids, and other family members have all left or plan to do so as soon as the opportunity arises. They all touched on the fact there is not much room for growth in Cleveland County. A few of the things that were common in all groups when this part of the question was asked were: low working wages, lack of job opportunities, no entertainment, and no economic gain. Once kids go off to college they never come back—mostly because they say there are more opportunities elsewhere.

Main Points:

- **Good place to live**
- **Good for retired people**
- **Younger generations move away due to lack of opportunities**
- **Most have lived in Cleveland County all their lives**
- **Good community**

- 2. There is good healthcare in Cleveland County. (Consider access, cost, availability, quality and options for healthcare of all kinds – primary care, specialty care like prenatal care or cardiology, cancer care, vision and dental care).*

There are some options for primary care here in Cleveland County, but there are little to no options for specialty care. A lot of the focus group members said they travel to Gastonia for primary care and specialty care due to the lack of availability here—too long of a wait for an appointment, not accepting new patients, and cost. One member also brought up the fact that services for people with Medicare are either hard to find or they have many underlying fees, which places a financial burden on the patient. Overall, most people feel that if they need a service, they can either find it in Cleveland County or be referred to an appropriate place.

Main Points:

- **Not taking new patients**
- **Too long of wait for an appointment**
- **Insurance/cost**
- **Not enough providers**

- 3. There are good mental health and substance abuse services in Cleveland County. (Consider access, cost, availability, quality and options for both adults and/or children).*

The vast majority of group members disagreed with this statement. They all felt that there was a huge discrepancy between mental health services being provided and the mental health services actually needed in Cleveland County. Many people said that there are services in surrounding areas, but the availability, distance, and cost were all factors in the lack of services being utilized by those who need it. They also spoke about the lack of knowledge concerning the mental health services that are available in Cleveland County—they don't know where to go for more information or how to get referred to those services. The biggest issue facing community members when it comes to mental health services is the stigma associated with it, many of them expressed how seeking help is viewed as a negative thing, so many times they unfortunately choose not to seek help at all. Lastly, the lack of confidentiality—one member said “this is a small town where everyone knows everybody, so confidentiality is a huge issue and that's why a lot of us go out of the county or don't go at all.”

As for substance abuse services in Cleveland County, the members said that there is a plethora of them available. They feel confident that they can access these services or that they know where or who to go to if they were ever in need of said services.

Main Points:

- **Stigma**
- **Confidentiality**
- **Insurance/cost**
- **Distance**

- 4. Cleveland County is a good place to raise children. (Consider quality of schools, safety of schools, childcare programs, after-school and summer programs and places to play).*

Some of the shared comments for this statement were: Cleveland County is a good place to raise kids to a certain extent. There is a really good school system in place for the most part, but access to childcare before

school age is very limited due to space, cost, and waiting lists. There are little to no extracurricular activities for children to participate in outside of school associated things. In order to find entertainment for children you have to travel to Gastonia or Charlotte because Cleveland County does not have anything for them. Overall, Cleveland County is a good place to raise children because it is a close-knit community that is quiet and safe.

Main Points:

- **Cleveland County is a good place to raise children as far as safety and trust, but lacks things for children to do—not enough activities, not enough programs, few facilities, etc.**
 - **Good school system**
5. *Cleveland County is a good place to grow old. (Consider elder-friendly housing, transportation access for medical services, church participation and/or shopping, elder care options including day programs, social support for elderly persons living alone, safety issues for elder persons).*

Almost half of those who responded yes to this question almost immediately. A lot of the members stated that Cleveland County is a great place to retire and grow old, which most of them have done or plan to do. They talked a lot about the services offered for elderly people—senior centers, transportation, social support, and other things available to make the elderly population feel safe, comfortable, and secure. On the flip side of that, the other half of the group say growing old in Cleveland County can be hard to do if you have no family and friend support. They also touched on the fact that there may be resources available, but they are unaware of how to get access to them—especially transportation as it can be limited due to certain qualifications, scheduling, and/or costs associated with it.

Main Points:

- **Yes—peaceful and quiet**
 - **Need more resources for transportation**
 - **Senior Centers are very beneficial (many activities and events)**
6. *There is economic opportunity in Cleveland County. (Consider locally-owned and operated businesses, jobs with career growth potential, job training opportunities, reasonable commutes, and adequate wages).*

Overwhelmingly, all respondents answered this question negatively, reporting that they believe wages are inadequate in Cleveland County, and most of them stated that they either work multiple jobs or travel outside of Cleveland County in order to be paid adequately. A few people also shared that they feel that opportunities in Cleveland County are based on who you know instead of how qualified you are for the job—they referred to this as the “good old boy system.”

Main Points:

- **Low wages---people have to work 2 or 3 jobs to make ends meet**
 - **Not enough “good jobs” available**
 - **Wages and Cost of Living do not correlate**
7. *There is affordable housing in Cleveland County that meets the needs of county residents. (Consider cost of housing, availability to rent or own, quality of housing, location in the county, deposits and other funding requirements). How do you define affordable?*

A lot of laughs and loud no's echoed through the room when asking this question to the selected focus groups. Overall, everyone agreed that no, housing in Cleveland County is not affordable. There was mention of the growing homeless population throughout the county, and how people have to work multiple jobs just to afford their rent or mortgage in order to keep from being homeless. They also touched on homeownership and how buying a house in this market is close to impossible—everything is expensive and poorly made. The average cost of rent is \$1,200 a month for a single-family home/apartment—which is barely what some people make a month, so people have to choose between somewhere to stay and having food on the table for their family.

Main Points:

- **Expensive rent**
- **Housing market way up**
- **Inadequate wages can't support expensive housing rates**
- **Understanding that affordable does not mean free**
- **Affordable housing options aren't always safe or suitable**

8. *Cleveland County is a safe place to live. (Consider personal and group safety in the home, workplace, schools, playgrounds, parks, malls, businesses, public events like festivals). Has anyone here been personally impacted by gun violence? Do you know anyone who has been personally impacted by gun violence?*

A lot of the group members feel that Cleveland County is much safer than Mecklenburg and Gaston County, however, they were very reminiscent of past times when they were able to go to sleep with their doors unlocked or didn't have to worry about being robbed, shot at, or approached by strangers. Many of the older members said that times have changed as it relates to safety in Cleveland County, and that they now feel they need a gun or some type of protection in order to feel safe in today's society. They noted that safety is an issue everywhere and that no one place is safer than the next. Overall, though, they feel safe in their homes.

Mostly everyone knew of someone or were personally impacted by gun violence.

Main Points:

- **Gun violence**
- **Crime rates**
- **Drugs leading to increase in crime rates and violence**

9. *There are networks of support for individuals and families during times of stress and need. (Consider social support available in the county to address basic needs like food, clothing and housing, support groups, faith community outreach, helping agencies, knowledge about such support networks, knowing where to ask for help). Are you aware that there is a Community Resource Guide published by the health department on an annual basis?*

Main Points:

- **Churches, Sororities, and Community groups**
- **Good network for food insecurity—churches and food pantries work together - probably needs to be promoted more**

- **Transportation still a major issue – TACC qualifies people, REACH bus runs three times a week**
 - **Need more information to the public about services**
 - **Disconnected from youth—service and community**
10. *Individuals and groups have the opportunity to contribute to and participate in the decision-making processes at all levels in the county. (Consider development of leadership skills, access to positions of responsibility and leadership, making your voices heard about issues and concerns, ability to volunteer to shape decision-making in the county).*

Main Points:

- **Lack of leadership and representation for black people**
- **Leadership is disconnected from community needs**
- **Who you know matters**
- **Lack of participation by community members—results in negative comments—no accountability**
- **Most people feel like no matter what they say or how much they show up they are still never heard**

Each participant was allowed to choose either a Papa John’s pizza gift card or a Dollar Tree gift card in the amount of \$25.00. Each focus group was also provided a light lunch or supper as a thank you for their participation.

Comparison – Survey vs Focus Group Responses

What do you think are the three most important factors making Cleveland County a Healthy Community?

Survey – 2,094 respondents	Focus Group- 69 participants
Factor	Factor
Access to affordable health care	Access to affordable health care
Good jobs and healthy economy	Affordable housing
Access to healthy food	Good jobs and a healthy economy
Affordable housing	Racial equity
Access to affordable health insurance	Access to affordable health insurance
Access to mental/behavioral health care*	Good place to raise children
Religious/spiritual values	Access to healthy food
Safe neighborhoods	Safe neighborhoods
Good schools	Transportation options
Good place to raise children	Healthy behaviors/lifestyle choices
Healthy behaviors/lifestyle choices	Religious/spiritual values
Recreational opportunities	Community leadership
Clean environment	Good schools
Racial equity	Clean environment
Transportation options	Recreational opportunities
Community centers for all ages	Arts and cultural events
Community leadership	Community centers for all ages
Low level of child abuse	Low level of child abuse
Arts and cultural events	Low adult death/disease rates
Low adult death/disease rates	Other
Other	*accidentally omitted from focus group listing

What do you think are the three most important problems impacting health in our community?

Survey – 2,085 respondents	Focus Groups – 69 participants
Problem	Problem
Alcohol, drug or medication misuse	Alcohol, drug or medication misuse
Chronic diseases (cancer, diabetes, high blood pressure, heart disease, asthma, etc.)	Chronic diseases (cancer, diabetes, high blood pressure, heart disease, asthma, etc.)
Access to mental/behavioral health care	Lack of employment opportunities
Lack of health insurance	Discrimination/racism
Inadequate housing opportunities	Access to mental/behavioral health care
Child abuse and neglect	Lack of health insurance
Aging issues (arthritis, hearing or vision loss, etc.)	Aging issues (arthritis, hearing or vision loss, etc.)
Crime rates (violent or property crime)	Domestic/sexual violence
Lack of employment opportunities	Inadequate housing opportunities
Lack of providers	Child abuse and neglect
Discrimination/racism	Lack of healthcare providers
Access to dental care	Access to dental care
Tobacco use	Crime rates (violent or property crime)
Domestic/sexual violence	Tobacco use
Sexually transmitted infections	Infectious diseases such as hepatitis and TB
Infant deaths	Sexually transmitted infections
Infectious diseases such as hepatitis and TB	Infant deaths
Other	Other - lack of honest healthcare; provider attitudes

Where do you get most of your health-related information? Please check all that apply.

Survey – 2,094 respondents	Focus Groups – 69 participants
Doctor/nurse	Friends and family
Websites	Doctor/nurse
Friends and family	Media outlets (newspapers, radio, TV)
Media outlets (newspapers, radio, TV)	Social media
Social media	Print materials (flyers, brochures, etc.)
Health Department*	Pharmacist
Pharmacist	Seminars/workshops/classes
Hospital	Websites
Print materials (flyers, brochures, etc.)	Church officials
Work site programs	Work site programs
Seminars/workshops/classes	Hospital
Church officials	School officials
School officials	Telephone helplines
Telephone helplines	Other – Minority Health Council

2023 FOCUS GROUP SURVEY DEMOGRAPHICS

Measure	2023 Cleveland County Focus Groups
Total Responses	70
Do you live or work in Cleveland County? Yes No	95.71% 4.29%
What is your zip code? 28150 28152 28086 28073 28090 28054 28021 28012 28114 28645 Unanswered	23 17 19 1 1 1 3 1 1 1 1 2
AGE 18 - 24 years 25 – 34 years 35 – 44 years 45 – 54 years 55 – 64 years 65 – 74 years 75 + years	0% 4.29% 5.71% 12.86% 30.00% 25.71% 21.43%
GENDER Male Female Other Prefer not to say	23.19% 76.81% 0 0
MARITAL STATUS Married Separated Divorced Single/Never Married Widowed	45.71% 0 24.29% 17.14% 12.86%

Unmarried	0
Other	0
Do you own or rent your home?	
Own	68.1%
Rent	23.19%
Multi-Family Household	0
Not applicable	5.80%
Other	2.90%
Are you head of household?	
Yes	75.71%
No	24.29%
How many adults age 18 and older live in your household?	
1-2	84.29%
3-5	15.71%
6+	0
How many children age 17 and under live in your household?	
None	75.36%
1-2	18.84%
3-5	5.80%
6+	0
RACE/ETHNICITY	
White/Caucasian	10.00%
Black/African-American	88.57%
American Indian/Alaska Native	0
Hispanic/Latino	0
Asian/Asian American	0
Native Hawaiian/Pacific Islander	0
Bi-racial	0
Multi-racial	1.43%
Other	0
Are you of Hispanic or Latino origin?	
Yes	0
No	100.00%
Which language is most spoken in your home?	
English	98.57%
Spanish	1.43%

EDUCATIONAL STATUS	
Less than 9 th grade	0
9 th – 12 th grade, no diploma	2.86%
High school graduate or GED	24.29%
Some college, no degree	11.43%
Associate degree	17.14%
Bachelor degree	21.43%
Graduate or professional school	18.57%
Vocational training	1.43%
Other	2.86%
EMPLOYMENT STATUS	
Employed full-time	29.41%
Employed part-time	5.88%
Employed with several part-time jobs	1.47%
Self-employed	8.82%
Student	0
Retired	42.65%
Homemaker	0
Active military	0
Disabled	5.88%
Unemployed less than one year	2.94%
Unemployed more than one year	1.47%
Other	1.47%
Is anyone in your household employed outside of Cleveland County?	
Yes	17.65%
No	82.35%
COMBINED HOUSEHOLD INCOME	
Less than \$10,000	7.35%
\$10,000 - \$14,999	4.41%
\$15,000 - \$24,999	10.29%
\$25,000 - \$34,999	8.82%
\$35,000 - \$49,999	20.59%
\$50,000 - \$74,999	8.82%
\$75,000 - \$99,999	8.82%
\$100,000 or more	8.82%
Prefer not to say	22.06%

Statement to Key Stakeholders regarding Priority Ballot Process

As part of our 2023 Community Health Assessment process for Cleveland County, we must select priorities to address in our future work. You are a key stakeholder in the county and we need your input as we move forward in planning to address priority health issues over the next three to four years.

We are using the health indicators established for the state in the Healthy North Carolina 2030 document. These indicators are closely related to measures found in the nationally-normed county health rankings published annually. The indicators were selected by committees and focus groups specifically for North Carolina and while the health department cannot address some of these indicators, we recognize their importance in focusing our work to improve health outcomes in the county.

Please review the attached document carefully which shows each indicator and definition. Consider the data snapshots which highlight the current information for the state and county. Please select your top five choices ranked in order of priority and return the information to me. You have several options to return your choices:

1. You may simply send me an email at anne.short@clevelandcountync.gov listing your priority selection.
2. You may fill in your priority selection on the last page of the ballot, scan the page and return it via email.
3. You may mail your priority selection to Anne Short, Cleveland County Health Department, 200 South Post Road, Shelby, NC 28152.
4. You may return your priority selection to the front desk of the health department where the check-in staff will collect it for processing.

All responses must be received **no later than close of business on Monday, January 22, 2024** for processing. When we receive your responses, we will compile the indicators in rank order using a weighted scale. We will then select at least two of these priorities as a focus for our work and develop community health improvement plans for each priority.

The final Community Health Assessment document will be published in April 2024 using the results from our community survey, information from focus groups and secondary data collected from local, state and national sources. This multi-step process will offer us a more comprehensive picture of health concerns among the residents of Cleveland County.

We appreciate your time and attention in participating in our priority setting and look forward to your participation in this priority ballot process. If you have any questions or concerns about the process, the ballot format or the data, please contact Anne Short via email or by telephone at 980-484-5112.

2023 Community Health Assessment – Priority Identification

Please carefully review the health indicators listed below. These factors have been selected as the *Healthy North Carolina 2030* indicators for focused work over the next ten years in order to improve the health of all North Carolinians. Consequently, five priorities will be selected as focus areas for work in Cleveland County specifically by partners across the county. Please review these indicators and select **five** that you think are most critical in improving the lives of Cleveland County residents in the coming decade.

<i>Health Indicator</i>	<i>Desired Result</i>	<i>NC Baseline</i>	<i>NC 2022 SHIP Report</i>	<i>NC 2030 Target</i>	<i>Cleveland County 2019 Status</i>	<i>Cleveland County Current Status</i>
Individuals below 200% FPL – Percent of individuals with incomes at or below 200% of the federal poverty level	Decrease the number of people living in poverty	36.8% (2013-17)	31.0% (2020)	27.0%	45.7% - 2013-17 American Community Survey	42.9% - 2017-21 American Community Survey 5-Year Estimates
Unemployment – Percent of population aged 16 and older who are unemployed but seeking work	Increase economic security	7.2% (2013-17)	6.6% (2020)	Reduce disparity ratio to 1.7 or lower	3.8% (2019) NC Department of Commerce	3.1% - November 2023, NC Department of Commerce
Short-Term Suspensions – Number of out-of-school suspensions in educational facilities for all grades per 10 students	Dismantle structural racism	1.39 (2017-18)	13.259 2020-21 Pandemic effect	.80	1.38 per ten students – NC Department of Public Instruction	3,587 total short-term suspensions, average of 2.78 days each – NCDPI 2021-22
Incarceration Rate – Incarceration in North Carolina prisons per 100,000 population	Dismantle structural racism	341 (2017)	163 (2020)	150	404-482 – NC Dept of Corrections	278/100,000 – 2020 NC Department of Public Safety

<p>Adverse Childhood Experiences – Percent of children who have experienced two or more of the following: hard to get by on money; parent/guardian divorced or separated; parent/guardian died/parent/guardian served time in jail; saw or heard violence in the home; victim/witness of neighborhood violence; lived with anyone mentally ill, suicidal, or depressed;; lived with anyone with alcohol or drug problem; often treated unfairly due to race/ethnicity</p>	<p>Improve child well-being</p>	<p>23.6% (Reported in 2018 for 2015 data)</p>	<p>16.6% (Reported in 2021 for 2018 data)</p>	<p>18.0%</p>	<p>26.6% of 22,889 children – Benchmarks NC 2017</p>	<p>Proxy metric - % of disconnected youth, ages 16-19 neither in school nor working – 7.64% - 2017-21 American Community Survey</p>
<p>Third Grade Reading Proficiency – Percent of children reading at a proficient level or above based on third grade End of Grade exams</p>	<p>Improve third-grade reading proficiency</p>	<p>56.8% (2018-19)</p>	<p>45.1% (2020-21)</p>	<p>80.0%</p>	<p>57.5% Cleveland County Schools</p>	<p>57.5% - NC Institute of Medicine 2022 Data Sheet</p>

<p>Access to Exercise Opportunities – Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area</p>	<p>Increase physical activity</p>	<p>73% (Reported in 2019 for 2010-2019 data)</p>	<p>74% (Reported in 2021 for 2010-2019 data)</p>	<p>92%</p>	<p>53%</p>	<p>65%</p>
<p>Limited Access to Healthy Food - Percent of people who are low-income that are not in close proximity to a grocery store – metropolitan area more than one mile from a store, rural area more than 10 miles from a store</p>	<p>Improve access to healthy food</p>	<p>7% (2015)</p>	<p>7% (reported in 2021 for 2015 data – metric not updated annually)</p>	<p>5%</p>	<p>7%</p>	<p>6%</p>
<p>Severe Housing Problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities</p>	<p>Improve housing quality</p>	<p>16.1% (2011-15)</p>	<p>14.0% (Reported in 2021 for 2013-17 data)</p>	<p>14.0%</p>	<p>15%</p>	<p>14%</p>

Drug Overdose Deaths – Number of persons who die as a result of drug poisoning per 100,000 population – includes deaths of any intent: unintentional, suicide, homicide and undetermined – includes all medications and drugs	Decrease drug overdose deaths	20.4 (2018)	32.5 (2020)	18.0	15.2 (2014-18) NCDHHS, Division of Public Health	19.8 – NC Institute of Medicine 2022 Fact Sheet
Tobacco Use – Percent of youth and adults reporting current use of e-cigarettes, cigarettes, cigars, smokeless tobacco, pipes and/or hookah – youth and adults measured separately	Decrease tobacco use	Youth 19.8% (2017)	27.3% (2018)	9.0%	17.4% tobacco 36.3% e-cigarettes 2019 PRIDE Survey 12 grade students	15.1% tobacco 27.8% e-cigarettes 2023 PRIDE Student Drug Use Survey – 12 th grade students – annual use
		Adult 23.8% (2018)	22.6% (2020)	15.0%	21%	22%
Excessive Drinking – Percent of adults reporting binge or heavy drinking: binge (4+ women all ages/men age 65+ or 5+ men under age 65 drinks on one	Decrease excessive drinking	16.0% (2018)	15.6% (2020)	12.0%	16%	16%

occasion in the past 30 days; heavy drinking (8+ women all ages/men age 65+ or 15+ men under age 65 drinks per week in the past 30 days)						
Sugar-Sweetened Beverage Consumption – Percent of youth and adults reporting consumption of one or more sugar-sweetened beverages per day – includes non-diet soda, fruit drinks such as Kool-Aid and lemonade, sweet tea, and sports or energy drinks such as Gatorade and Red Bull	Reduce overweight and obesity	Youth 33.6% (2017)	30.1% (2019)	17.0%	Not available	Not available
		Adult 34.2% (2017)	35.4% (2019)	20.0%	30%	13.3% 2021 BRFSS 2022 Survey – Western North Carolina (534 responses)
HIV Diagnosis – Number of new HIV diagnosis per 100,000 population	Improve sexual health	13.9 (2018)	12.0 (2020)	6.0	8 (2018) NCDHHS	15 (2022) NCDHHS - eHARS reporting system July 2023
Teen Birth Rate – Number of births to girls aged 15-19 per 1,000 population	Improve sexual health	18.7 (2018)	17.3 (2020)	10.0	30.4 (2018) SHIFT NC	32.5 – NC Institute of Medicine 2022 Data Sheet

Uninsured – Population under age 65 without health insurance	Decrease the uninsured population	13% (2017)	12.9% (2020)	8%	15%	11.4% - 2017-2021 American Community Survey
Primary Care Workforce – Primary care workforce as a ratio of the number of full-time equivalent primary care clinicians to county populations – includes physicians, nurse practitioners, physician assistants, and certified nurse midwives; provider location defined by primary practice location on licensure information	Increase the primary care workforce	62 (2017)	59 (2019)	25% decrease for counties above ratio	1 provider:2,020 residents	1 provider:2,150 residents
Early Prenatal Care – Percent of women who receive pregnancy related health care services during the first trimester of a pregnancy	Improve birth outcomes	68.0% (2018)	73.1% (2020)	80.0%	64.1% (2018) County Health Data Book	81.0% (2021) – 2022 County Health Data Book
Suicide Rate – Age-adjusted number of deaths attributable to self-harm per	Improve access and treatment for mental health needs	13.8 (2018)	13.3 (2020)	11.1	19.5 (2017) Vital Statistics	18.2 (2020) Vital Statistics

100,000 population						
Infant Mortality – Rate of infant deaths per 1,000 live births – deaths are counted if they occur within the first year	Decrease infant mortality	6.8 (2018)	6.9 (2020)	6.0	9.5 (2018) State Center for Health Statistics	7.7 (2021) NCDHHS Baby Book 2022
		Black/White Disparity Ratio 2.4	Black/White Disparity Ratio 2.7	Black/White Disparity Ratio 1.5	Black/White Disparity Ratio 2.07 (2018) State Center for Health Statistics	Black/White Disparity Ratio 1.58 (2021) NC State Center for Health Statistics
Life Expectancy – Average number of years of life remaining for persons who have attained a given age	Increase life expectancy	77.6 (2018)	76.4 (2020)	82.0	74.6	73.8

Local data from 2019 and 2023 County Health Rankings unless otherwise noted

PLEASE SELECT YOUR TOP FIVE PRIORITIES TO BE ADDRESSED IN CLEVELAND COUNTY. Please consider changes from the 2019 data to the present as well as any emerging trends or issues in making your selection. Your input is important as the identified priorities will impact our work over the next three years in our efforts to make Cleveland County a healthier place to live. Thank you for your time and participation in this important effort!

Priority One:

Priority Two:

Priority Three:

Priority Four:

Priority Five:

Ballots are due back to Anne Short at anne.short@clevelandcountync.gov by simply listing your top five priorities. You may also return the ballot electronically or return this page only by fax at 980-484-5365 or by mail to 200 South Post Road, Shelby, NC 28152 **no later than Monday, January 22, 2024**. Thank you for your help in selecting health priorities for Cleveland County.

**Priority Ballot Results Weighted Priorities
2023 Community Health Assessment – Cleveland County**

2019 Ranking	2023 Ranking	Indicator	Weighted 2023 Score
1	1	Individuals Living at or below 200% Federal Poverty Level	147
2	2	Adverse Childhood Experiences	120
5	3	Severe Housing Problems	105
4	4	Teen Birth Rate	88
6	5	Third Grade Reading Proficiency	76
12	6	Drug Overdose Deaths	74
7	7	Limited Access to Healthy Food	72
15	8	Suicide Rate	56
8	9	Primary Care Workforce	52
3	10	Tobacco Use	49
11	11	Unemployment	45
14	12	Access to Exercise Opportunities	29
10	13	Uninsured	23
16	14	Sugar-Sweetened Beverage Consumption	19
21	15	Excessive Drinking	18
17	15	HIV Diagnosis	18
13	17	Infant Mortality	17
20	18	Life Expectancy	16
9	19	Early Prenatal Care	11
19	20	Short-Term Suspensions	7
18	21	Incarceration Rate	6

70 responses from key stakeholders in 2024, 65 responses in 2019

Priority 1 = 5 points, 2 = 4 points, 3 = 3 points, 4 = 2 points and 5 = 1 point

Same ranking for Individuals Living at or Below 200% Federal Poverty Level, Adverse Childhood Experiences, Teen Birth Rate, Limited Access to Healthy Food, Unemployment

Moved up in ranking: Severe Housing Problems, Drug Overdose Deaths, Suicide Rate, Access to Exercise Opportunities, Sugar-Sweetened Beverage Consumption, Excessive Drinking, HIV Diagnosis, Life Expectancy

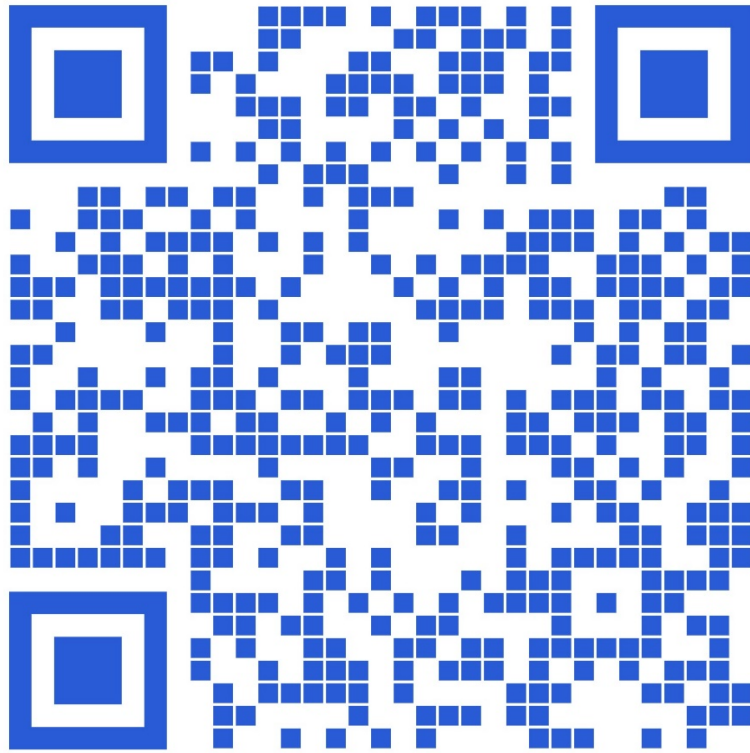
Dropped in ranking: Third Grade Reading Proficiency, Primary Care Workforce, Tobacco Use, Uninsured, Infant Mortality, Early Prenatal Care, Short-Term Suspensions, Incarceration Rate

Available Resources – Cleveland County

The *Cleveland County Resource Guide* is published annually each summer by the Health Education Unit of the Cleveland County Health Department. The most recent publication released in August 2024 included the following information:

Nutrition	Food Assistance Food Pantries Hot Meal Programs Farmers' Markets Community Gardens
Physical Activity	Local Trails Regional Parks Burns School District opportunities Crest School District opportunities Shelby School District opportunities Kings Mountain School District opportunities Community Buildings and independent schools
Pharmacy Programs	Cleveland County Health Department Pharmacy Access Meds – CCHD Pharmacy Medication Assistance Program – CCHD Pharmacy NC MedAssist Non-Profit Pharmacy
Transportation	Adult Medicaid Program Transportation Administration of Cleveland County Cleveland County Transit REACH
Primary Care Resources	Primary Care Clinic Care for Cleveland CCHD Atrium Health – Cleveland and Kings Mountain Atrium Health Care Everywhere Mobile Unit Community Virtual Primary Care – Atrium Caromont Health Kintegra Health Urgent Care Centers Private Providers Dental Care Providers Vision Care Providers Mental Health and Substance Use Providers Crisis Line Resources Suicide Prevention Medication Take Back Boxes

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