

# Gaston County 2012 Community Health Assessment Report

January 2013

Revised February 2014

Prepared by:

The Gaston County Health Department in collaboration  
with CaroMont Health, Gaston Together, and the United  
Way of Gaston County

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## ***Executive Summary***

For many, the Community Health Assessment (CHA) is an important public health tool. Individuals and organizations in the community rely on CHA data for program planning, grant writing, and advocacy activities. They also use these data to secure the big picture of the state of health in Gaston County. The Gaston County Health Department uses the CHA for each of these purposes and to inform its work in Assessment, Policy Development, and Assurance – the three core functions of public health practice.

This CHA is also required by the Gaston County Health Department to maintain its state accreditation. More importantly, however, it is a process that allows us to a) review and update community health priorities, b) advocate for emerging health issues discovered through our assessment, c) engage groups and individuals to improve community health, and d) forge meaningful collaborations with organizations such as Caromont Health – our local hospital, Gaston Family Health Services, the United Way of Gaston County, Gaston Together, local Police Departments, the Gaston County Schools, and municipal governments in our county... to improve the wellbeing of county residents.

## **Highlights of Findings**

- The rate of families in poverty is growing, and African Americans experience more poverty disparity – where 31.6% are in poverty versus 17.7% of whites
- The crime rate decreased 25% between 2002 and 2011
- Births to teen mothers occurred primarily in the Hunter Huss, Ashbrook and Bessemer City high school districts
- The rate of low-birth weight African American babies was 55% higher than the White rate
- One in four adults are current smokers (25.2%), three of four adults are overweight or obese (74.7%), one of five report having diabetes (18%), and almost half have high cholesterol (46%).
- Heart disease and cancer are the leading causes of death for men and women, and African American men have much higher death rates from prostate cancer than men of any other race.
- The Quality of Life survey, administered to over 3,000 county residents, provides insights into their priorities on health and youth issues. The top three health issues were: Obesity, Illegal Drug Use, and Teen Pregnancy. The top three youth issues were: Increasing the high school graduation rate, Stopping physical, sexual and emotional abuse of youth, and Helping high school students plan their careers.
- Other results from the Quality of Life survey include:
  - 22% of general community residents versus only 7% of low-income residents feel they are in excellent health.
  - Ten times the number of low-income respondents said they could not get needed prescriptions as compared to community leaders.
  - Most respondents wanted to see more sidewalks (69%) and parks / recreation facilities (68%) in their communities.

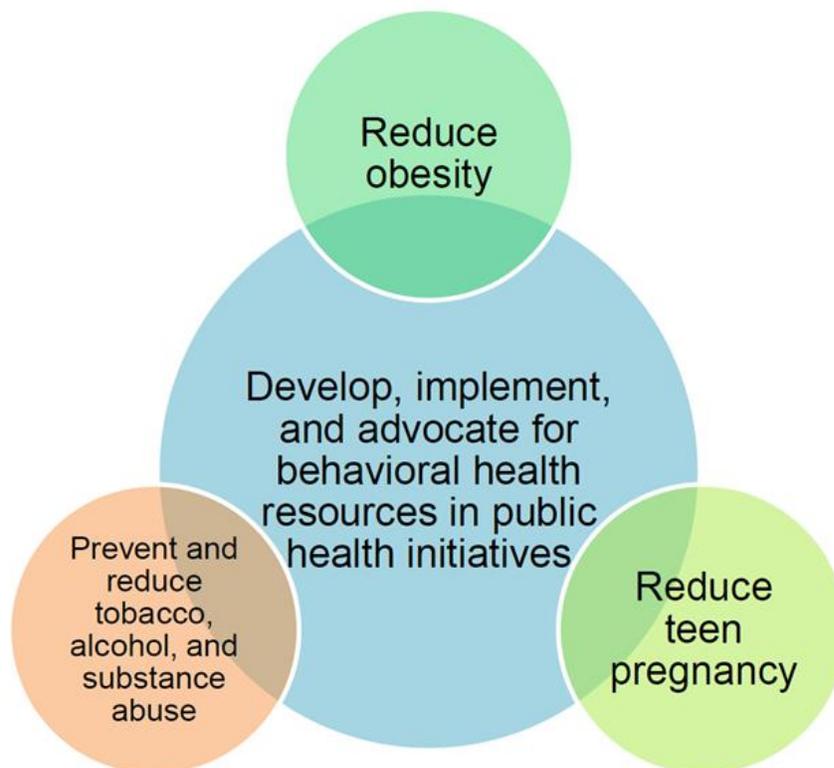
## Priority Areas

In 2011, the Gaston County Board of Health was presented with this Community Health Assessment and, following its review, engaged in priority-setting deliberations.

The Board determined the priorities it set from the **2008 Community Health Assessment** were of continuing importance and required more work and on-going attention. The priority areas of Reducing Obesity, Reducing Teen Pregnancy, and Preventing and Reducing Tobacco, Alcohol, and Substance Abuse were selected as priorities for the period 2012-15. In addition, the Board voted to add a new priority which recognized the role of emotional and mental health in addressing preventable and chronic illnesses.

The Gaston County Board of Health selected the following priorities for 2012-2015 based upon the **2012 Community Health Assessment**:

1. Reduce the incidence of obesity by increasing programming to promote physical activity and improved nutritional practices.
2. Reduce the incidence of teen pregnancy.
3. Prevent and reduce the incidence of tobacco use and alcohol and substance abuse.
4. Develop, implement, and advocate for the integration of behavioral health resources into public health initiatives.



## Section One: Introduction

The Gaston County Health Department prepared the **2012 GASTON COUNTY COMMUNITY HEALTH ASSESSMENT REPORT** (CHA) in collaboration with CaroMont Health, parent company of Gaston Memorial Hospital; Gaston Together, which staffs the Gaston Community Healthcare Commission; and the United Way of Gaston County.

By providing financial and technical support, CaroMont is meeting new Internal Revenue Service requirements established by the Patient Protection and Affordable Care Act. This analysis also helps CaroMont meet its corporate goal of improving community health status.

Gaston Together manages community initiatives to “address our county's most pressing needs through collaboration, facilitation, promotion and the anticipation of possibilities.” Its programs include the Gaston Community Healthcare Commission, a Healthy Carolinians Partnership, which develops and conducts programs to improve the health of county residents. While the North Carolina Division of Public Health recently ended the Healthy Carolinians Program, Gaston Together is sustaining its taskforce because of its critical role in promoting community health.

The United Way of Gaston County provided financial support for this project and will use the 2012 QUALITY OF LIFE SURVEY REPORT – being written by Gaston Together with data from the Community Health Assessment – to set community priorities and guide its funding allocations.

The Gaston County Health Department prepared this report to meet accreditation requirements set for local health departments by the North Carolina Division of Public Health. As presented in Chapter 8, the Gaston County Board of Health used this report to set priorities that will be further developed through strategic planning in spring 2013.

A substantial portion of the data presented in this report is from the **Gaston County Quality of Life Survey, 2012**, through which more than 3,000 county residents gave their opinions on medical, health, and quality of life issues in our community. The **2012 GASTON COUNTY COMMUNITY HEALTH ASSESSMENT REPORT** presents the responses to medical and health questions. The companion **2012 QUALITY OF LIFE SURVEY REPORT** will be prepared by Gaston Together, and will present all survey responses.

The Gaston County Health Department, CaroMont Health, Gaston Together, and the United Way of Gaston County together intend for public, private, and nonprofit organizations to use data from both reports for strategic planning, program planning, and to prepare grant applications. To promote their use, these agencies will present both reports at workshops, meetings, and on agency websites to encourage community stakeholders to use them to enhance the wellbeing of Gaston County and its residents.

## Section Two: Methodology

### Survey Development

At three meetings in November and December 2011, the Gaston County Health Department, CaroMont Health, Gaston Together, the United Way of Gaston County and representatives of stakeholder organizations, updated the survey instrument used for the 2004 and 2008 CHA, to secure community opinions on health and quality of life issues in Gaston County. The members of this Quality of Life/Community Health Assessment Survey Committee were:

**CaroMont Health**

Olena Scarboro, Andrea Serra\*

**Gaston County Health Department**

Brad Biggers\*, William Gross\*, Abby Newton

**Carrie E. and Lena V. Glenn Foundation**

Barbara Voorhees

**Gaston County Police Department**

Joseph Ramey

**Cherryville Family YMCA**

Jyma Atwell

**Gaston County Schools**

Dorothy Lodge

**City of Belmont**

Adrian Miller

**Gaston Emergency Medical Services**

Mark Lamphiear

**City of Bessemer City**

Kevin Krouse

**Gaston Family Health Services**

Veronica J. Feduniec

**City of Gastonia**

Michelle Nance, Jason Thompson

**Gaston Together**

Donna Lockett\*

**Community Foundation of Gaston County**

Ernest Sumner

**NC Cooperative Extension Service**

David Fogarty

**Gaston County Department of Social Services**

Keith Moon

**Partners Behavioral Health Management**

Selenna Moss

**Gaston County Government**

Jan Winters

**PSNC Energy**

Don Harris

\*Project Staff

**United Way of Gaston County**

Deborah Ally

The Committee's task was to review the *2008 Quality of Life Survey* and develop a survey of essential and understandable questions in an easy-to-follow format. After its review, the group:

- Eliminated questions from the 2008 survey. Respondents have consistently answered yes to these questions, for example, conservation of historic buildings and sites, opportunities for people to make friends, and promote student success in school as community priorities.
- Re-worded questions to make them easier to answer. For example, they changed, *Teach money management skills to youth, such as shopping and saving* to *Teach money management skills to youth, such as budgeting and saving*. In response to the question *Are you and your family able to get this service?* they changed *Care for depression, anxiety, and mental health* to *Mental health, including depression*. And, they changed a lead-in question from *Our community needs to more to ...to The following health issues are a problem in Gaston County*.
- Added questions to probe emerging community concerns. For example: The group added *Prescription drug abuse and Illegal drug abuse* to the list of answers for health issues that are a problem in the county.

The committee made the greatest number of changes to the survey format, making the questions easier to follow and to answer. As a result, the 2012 survey is a page and a half shorter than the 2008 survey. At the same time, most of the questions are the same, or similar, to those in the 2004 and 2008 surveys, enabling us to present response trends. The **Gaston County Quality of Life Survey, 2012** (Survey) is on pages 66-71 (Appendix A).

Health department employees tested drafts of the revised Survey, providing suggestions to improve wording and formatting. The health department also purchased software to enable photocopiers to serve as “bubble scanners,” or to read the circles respondents shade in when answering questions. This resource greatly simplified our tabulating of survey responses.

### ***Survey Implementation***

With the approval of the Quality of Life/Community Health Assessment Survey Committee, the Gaston County Health Department (GCHD) administered the Survey. As recommended by the North Carolina Division of Public Health, we used a convenience sample, or surveyed conveniently accessible individuals; while this method does not rise to the rigor of electoral polling, this method has generated consistent results over three iterations. To obtain a comprehensive picture of opinion in the county, we conducted the survey with diverse groups: (1) community leaders, (2) community residents, (3) high school juniors, and (4) persons living in low-income neighborhoods. The first three groups were surveyed in 2004 and 2008 and the fourth was added in 2008.

### ***Community Leaders***

We used SurveyMonkey.com, an online questionnaire software service, to administer the Survey to community leaders. For this portion of the Survey’s administration, (1) staff emailed the Survey to eligible individuals; (2) respondents completed the Survey from their own computers; and, (3) staff received tabulated Survey results using SurveyMonkey.com’s web-based analytical software. GCHD emailed the survey to elected officials, governing board members, and senior staff from 47 organizations that provided email addresses; eight of these organizations forwarded the Survey to their board members and senior staff. The following lists all participating groups:

- Alliance for Children and Youth
- American Red Cross
- ARC of Gaston County
- Belmont Abbey College
- Bessemer City Area Crisis Center
- Bessemer City Chamber of Commerce
- Boys and Girls Clubs of Greater Gaston
- Cancer Services of Gaston County
- CaroMont Health
- Cherryville Area Ministries & Thrift Shop
- Cherryville Chamber of Commerce
- City of Belmont
- City of Bessemer City
- City of Cherryville
- City of Gastonia
- City of Kings Mountain
- City of Lowell
- City of Mount Holly
- Community Foundation of Gaston County
- Dallas Christian Ministry
- Family Service
- Flynn Fellowship Home
- Gaston College
- Gaston Community Healthcare Commission
- Gaston County Board of Health
- Gaston County Economic Development Commission
- Gaston County Family YMCA
- Gaston County Government
- Gaston County Schools
- Gaston Family Health Services
- Gaston Hospice
- Gaston Literacy Council
- Gaston Regional Chamber
- Gaston Together
- Girl Scouts, Peaks to Piedmont
- Carrie E. and Lena V. Glenn Foundation
- Heart Society of Gaston County
- Montcross Chamber of Commerce
- Partnership for Children of Lincoln and Gaston Counties
- Pathways (now Partners Behavioral Health Management)
- Serving Our Community with Kindness in Springwood
- Town of Cramerton
- Town of Dallas
- Town of High Shoals
- Town of McAdenville
- Town of Ranlo
- Town of Stanley
- United Way of Gaston County

In total, 299 of 956 community leaders (31.3%) completed the Survey. We received an additional 20 surveys that were partially completed surveys. Those responses are included in this dataset, but not the response rate.

### ***Community Residents***

GCHD mailed paper copies of the Survey to a random sample of 4,024 community residents. Our goal was to secure 600 responses, to yield a response rate of 16.7% with a confidence interval of  $\pm 2.7\%$  at the 95% confidence level. GCHD asked each of the county's 14 municipal governments, except for the Town of Dellview, to provide randomly generated mailing labels for occupied apartments and houses from their utility files. Our strategy was to survey a more diverse group of county residents than we did in 2008, when we only used mailing labels for homeowners, which we obtained from the Gaston County Tax Office.

In instances when we could not secure addresses from municipal utility files we used addresses from the County GIS (Geographic Information System) database, which tracks house and apartment numbers without regard to occupancy. We obtained addresses from eight municipalities and used addresses from the County GIS database for the other six municipalities and for unincorporated areas of the county. Staff randomly selected addresses from these files and prepared the number of mailing labels required to match the proportion of county residents living in these areas (Table 1).

We mailed the Surveys on May 4 and 7, 2012, with a cover letter that asked recipients to return their completed surveys to GCHD in an enclosed self-addressed and stamped envelope (SASE) by May 23. It also said the Survey would take about 20 minutes to complete, all answers would be anonymous, the results would help community organizations, and we gave the name and phone number of a health department employee to answer their questions about the Survey.

Table 1. 2012 Quality of Life Survey Distribution

<b>Geographic Area</b>	<b>Population</b>	<b>Surveys Sent</b>	<b>Projected Responses</b>	<b>Percent of Residents</b>
Belmont	10,076	195	33	1.94%
Bessemer City	5,340	103	17	1.93%
Cherryville	5,760	112	19	1.94%
Cramerton	4,165	81	14	1.94%
Dallas	4,488	87	15	1.94%
Dellview	13	4	1	30.77%
Gastonia	71,741	1,382	230	1.93%
High Shoals	696	30	5	4.31%
Kings Mountain	10,296	200	33	1.94%
Lowell	3,526	68	11	1.93%
McAdenville	651	30	5	4.61%
Mount Holly	13,656	265	44	1.94%
Ranlo	3,434	67	11	1.95%
Spencer Mountain	37	8	1	21.62%
Stanley	3,556	69	12	1.94%
Unincorporated Areas	68,651	1,323	220	1.93%
<b>Total</b>	<b>206,086</b>	<b>4,024</b>	<b>671</b>	<b>1.95%</b>

Two weeks after the submission deadline we had 409 (10.2%) completed Surveys, which fell significantly below our target of 600. The post office also returned 427 (10%) surveys, which could not be delivered for a variety of reasons, including inaccurate addresses, and vacant houses and apartments.

GCHD removed the unused surveys and SASEs from the returned envelopes and staff health educators gave the Survey to clients in the health department's WIC (Women, Infants & Children) clinic, laboratory, and at the satellite Highland Health Center. They also gave surveys to staff at the county Department of Social Services, to child care workers attending a Sudden Infant Death Syndrome training, to coaches in the Girls on the Run program, at two Gastonia Grizzlies (minor league baseball) games, a Fourth-of-July celebration in Gastonia, the Highland Festival in Gastonia, and the Juneteenth celebration in Belmont. These activities secured another 84 completed surveys, for a total of 493 (12.3%), which still fell below our target.

GCHD then arranged for CaroMont Health to survey its employees at Gaston Memorial Hospital, and at its medical practices, long-term care facility, and ambulatory diagnostic centers. They emailed the SurveyMonkey.com link to 3,659 individuals – excluding senior managers and physicians, who had been surveyed as community leaders – which constitute a diverse population by race, education, income, and municipality of residence. Within eight days, we received 630 completed surveys from CaroMont employees living in Gaston County.

In total, the random survey of community residents generated 1,123 responses. Using the original 4,024 mailed questionnaires as our Survey population, we secured a response rate of 27.9% with a confidence interval of  $\pm 2.5\%$ .

### ***High School Juniors***

The Gaston County Schools arranged for juniors at nine high schools to take the Survey at school. This activity generated 1,399 completed surveys.

### ***Persons Living in Low-Income Neighborhoods***

GCHD contracted with the North Carolina Institute for Public Health for technical assistance and equipment to conduct a Rapid Needs Assessment in communities with large numbers of low-income residents. Our goal was to secure opinions from individuals who, because of lower income, were likely to be uninsured, underinsured, or publicly insured, and therefore challenged to obtain health services, which would put them at increased risk for poor health status.

GCHD used Census data to select the 11 block groups with the greatest percentage of residents living below the poverty level. Over three days, 26 two-person teams administered the survey in the City of Belmont, City of Bessemer City, Town of Cherryville, City of Gastonia, Town of Dallas, City of Mt. Holly, Town of Stanley, and unincorporated parts of Gaston County.

Each team was assigned a handheld computer, on which satellite maps directed them to randomly selected houses where they described the survey to residents, administered the survey to interested persons, and recorded the responses on the computers. At the health department, the Institute specialist downloaded and tabulated all survey responses on a laptop computer. GCHD staff administered 193 of 231 targeted surveys (83.5%) which, because it was greater than 80%, is statistically valid. Surveyors attributed not reaching their goal because many individuals were not home, surveyors were reluctant – despite being trained – to approach people they did not know, and a high number of individuals refused to take the survey. In this last group, surveyors told of people who expressed mistrust of public officials, and expressed skepticism about the surveyors and how the Survey results would be used.

The cooperation rate – which is generally what people consider when they think about “response rates” – is the proportion of households where contact is made with eligible participants and an interview is conducted. Our cooperation rate was 58.6%. Rates below 60% may indicate a potential for bias in the results but they do not necessarily mean bias exists. The contact rate is the total number of completed interviews divided by the total number of homes where contact was attempted. Typical rate for this type of survey is 20-40%; our contact rate was 31.6%.

Through the Rapid Needs Assessment, GCHD (1) identified neighborhoods where low-income residents reside; (2) surveyed individuals who are likely to need health services; (3) administered the Quality of Life Survey to a statistically valid sample of individuals; (4) secured completed surveys from persons who may have limited literacy skills; and, (5) quickly gathered and processed survey findings.

### **Summary**

A total of 3,015 persons completed the Survey: (1) 1,399 from high school juniors (46.4%); (2) 1,104 from community residents (36.6%); (3) 319 from community leaders (10.6%); and, (4) 193 from persons living in low-income neighborhoods (6.4%).

Table 2 presents the number and percent of responses from each of these groups by respondents' reported municipality of residence. In most cases, the percentage of total responses from each municipality exceeded the actual percentage of individuals residing in those communities. The significant exception was "unincorporated areas," to which 32.9% of community surveys were mailed, but which had a response rate of 0.2%. We attribute this to respondents who checked the municipalities closest to their homes, even though the survey offered the answer option: "I don't live inside any city or town limits".

Table 2. 2012 Quality of Life Survey Responses by Municipality

Area	Population		Community		Low-Income		Leaders		Students		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Belmont	10,076	4.9%	73	7.5%	10	5.2%	28	9.6%	121	9.5%	232	8.5%
Bessemer City	5,340	2.6%	28	2.9%	18	9.3%	7	2.4%	94	7.4%	147	5.4%
Cherryville	5,760	2.8%	31	3.2%	18	9.3%	19	6.5%	102	8.0%	170	6.2%
Cramerton	4,165	2.0%	21	2.2%		0.0%	12	4.1%	26	2.0%	59	2.2%
Dallas	4,488	2.2%	56	5.8%	17	8.8%	7	2.4%	58	4.6%	138	5.1%
Dellview	13	0.0%	1	0.1%	8	4.1%	1	0.3%		0.0%	10	0.4%
Gastonia	71,741	34.8%	377	38.9%	86	44.6%	131	44.7%	517	40.6%	1,111	40.7%
High Shoals	696	0.3%	5	0.5%	0	0.0%	1	0.3%	3	0.2%	9	0.3%
Kings Mountain	10,296	5.0%	17	1.8%	0	0.0%	3	1.0%	16	1.3%	36	1.3%
Lowell	3,526	1.7%	19	2.0%	0	0.0%	3	1.0%	22	1.7%	44	1.6%
McAdenville	651	0.3%	6	0.6%	0	0.0%	3	1.0%	4	0.3%	13	0.5%
Mount Holly	13,656	6.6%	57	5.9%	18	9.3%	12	4.1%	157	12.3%	244	8.9%
Ranlo	3,434	1.7%	12	1.2%	0	0.0%	2	0.7%	21	1.6%	35	1.3%
Spencer Mountain	37	0.0%	0	0.0%	0	0.0%	1	0.3%	2	0.2%	3	0.1%
Stanley	3,556	1.7%	32	3.3%	18	9.3%	6	2.0%	65	5.1%	121	4.4%
Unincorporated Areas/Other	68,651	33.3%	233	24.1%	0	0.0%	57	19.5%	65	5.1%	355	13.0%
<b>Total</b>	<b>206,086</b>	<b>100%</b>	<b>968*</b>	<b>100%</b>	<b>193</b>	<b>100%</b>	<b>293*</b>	<b>100%</b>	<b>1273*</b>	<b>100%</b>	<b>2727*</b>	<b>100%</b>

\* Total number does not sum to total surveys received, as no response or blank responses were excluded from analysis.

Figures 1 to 6 present demographics for survey respondents compared to the county population:

**Age Distribution (Figure 1):** When compared with the general population, there were more community respondents in the 30-39, 40-49, 50-59, and 60-69 age groups and fewer in the 15-19, 20-29, and 70+ age groups. The low income group was especially underrepresented in the 30-39 and 40-49 age groups. As would be expected, community leaders were mostly in the 40-49 and 50-59 age groups.

**Gender Distribution (Figure 2):** The gender distribution for the overall respondent groups was not representative of the county population, where most respondents were female (67.8%), whereas the county gender distribution is 48% female and 52% male. Community leaders were majority male (55%), and community respondents were more than three-quarters female (77%) and low income respondents were 56% female.

**Racial Distribution (Figure 3):** Whites represent 75.5% of the county population; a greater percentage of community members (82.8%), and leaders (90.1%), were White compared to the

county percentage. While fewer than the 15.1% of the county's African American community members and leaders responded to the survey, this cohort was overrepresented among low income (25.7%) and student respondents (15.3%).

**Marital Status (Figure 4):** The percentage of married leaders and community respondents was far greater than the county rate, and the percentage of separated, divorced, and widowed low income respondents was substantially higher than that of the county.

**Household Income (Figure 5):** The bulk of respondents were in the \$50,000 - \$74,999 and \$75,000 to \$124,000 range. Low income respondents most frequently had incomes below \$20,000, and a large percentage of community leaders were in the \$75,000 to \$124,000, and \$125,000+ groups.

Figure 6 illustrates that the vast majority of respondents in the community, low income respondents, and leaders have lived in Gaston County for more than 20 years; students have typically lived in the county for 16-19 years.

Community respondents were typically: between 50 and 59 years of age (49.1%); women (77.3%); White (82.8%); married (63.7%); had household incomes between \$50,000 and \$124,999 (47.1%); and, lived in Gaston County for more than 20 years (63.4%).

Low income respondents were typically: between ages 50-69 (37.5%); women (56.0%); White (69.1%) compared to 25.7% African American; married (34.9%); had household incomes less than \$20,000 (44.5%); and lived in Gaston County for more than 20 years (71.4%).

Leaders were typically: between 40 and 59 years of age (82.4%); males (54.5%) compared to 45.5% of females; White (90.1%) compared to 7.1% of African Americans; married (83.8%); had household incomes between \$75,000 - \$124,999 (36.6%) and \$125,000 +(40.4%); and, lived in Gaston County for more than 20 years (65.3%).

Students were typically: evenly distributed in gender (49.5% female and 50.5% male) White (64.6%) compared to 15.3% African American; and, 52.9% have lived in Gaston County for 16-19 years.

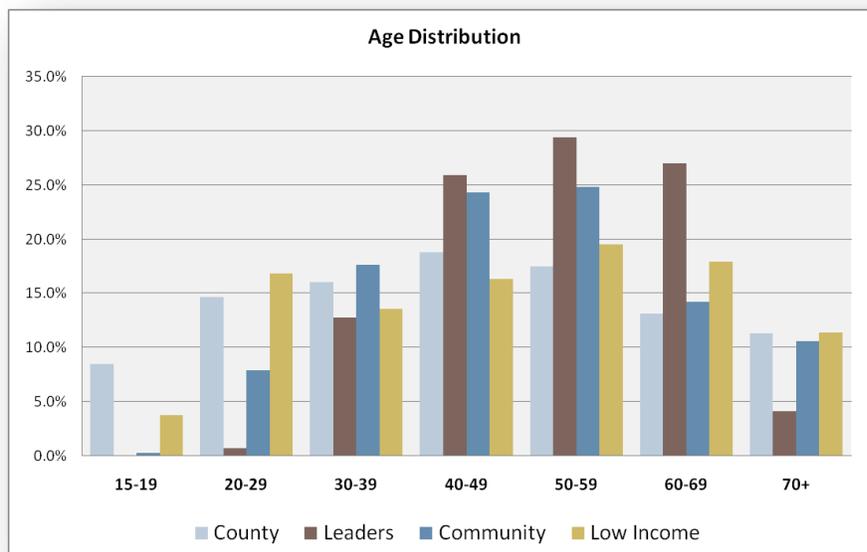


Figure 1

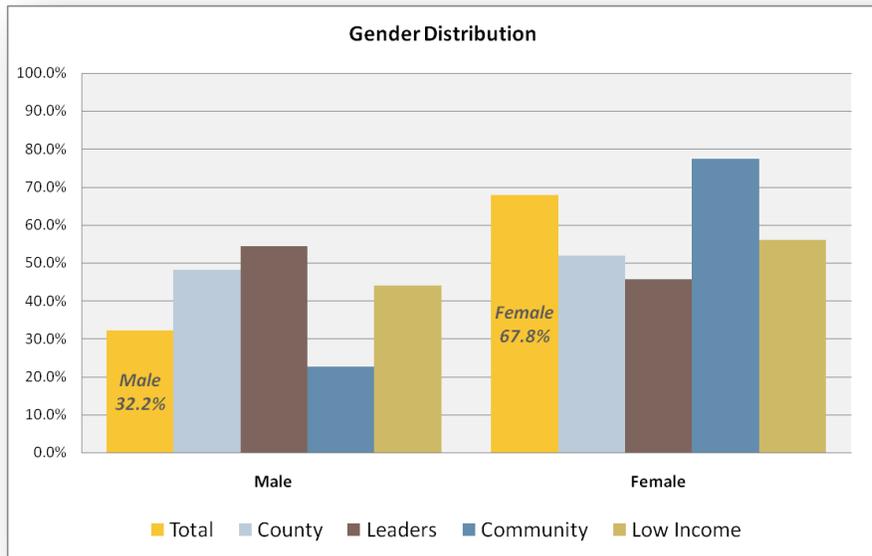


Figure 2

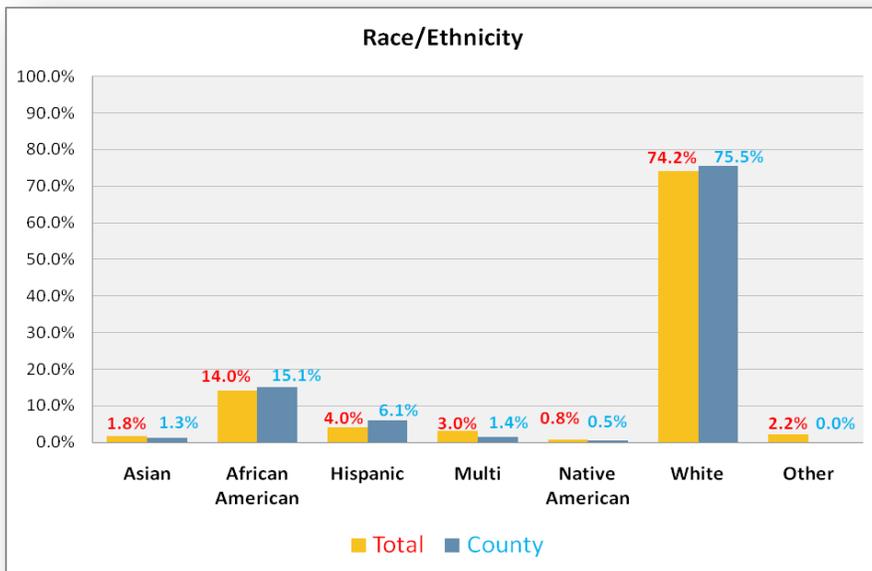


Figure 3

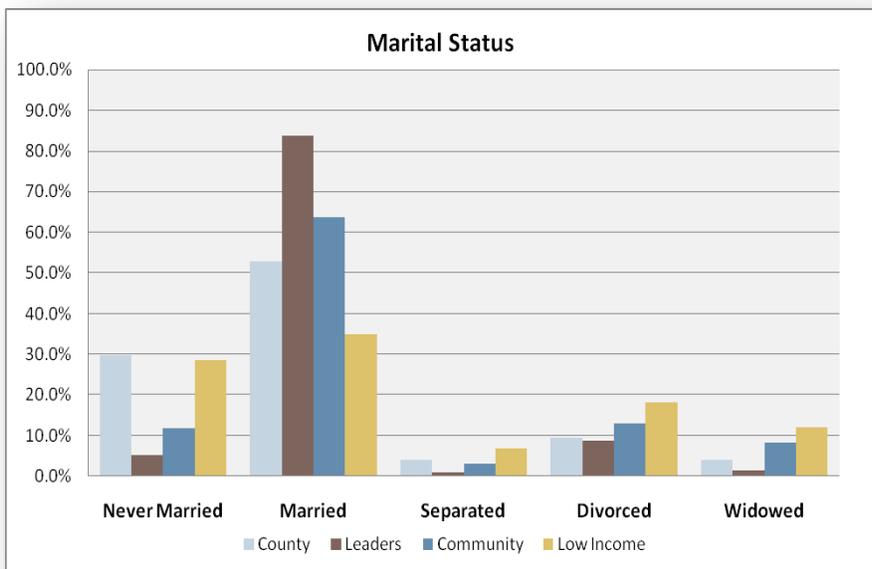


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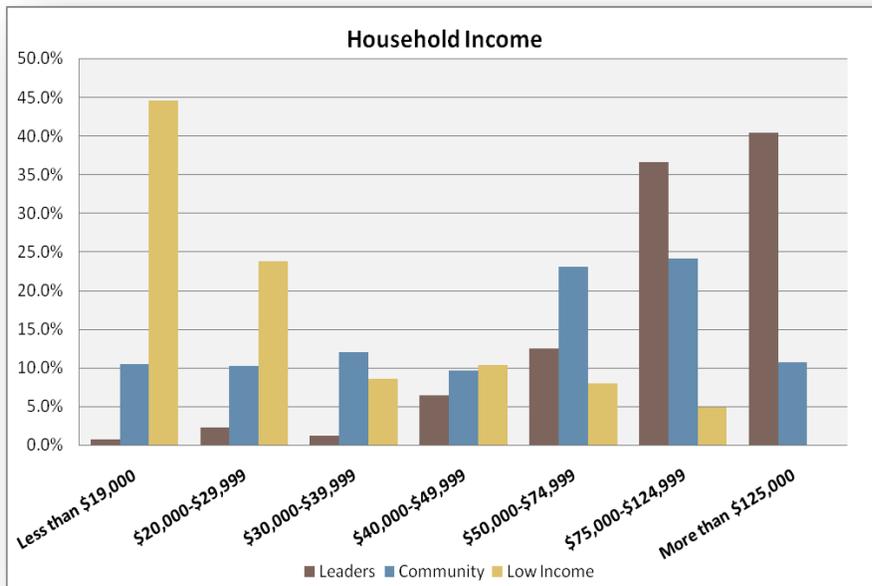


Figure 5

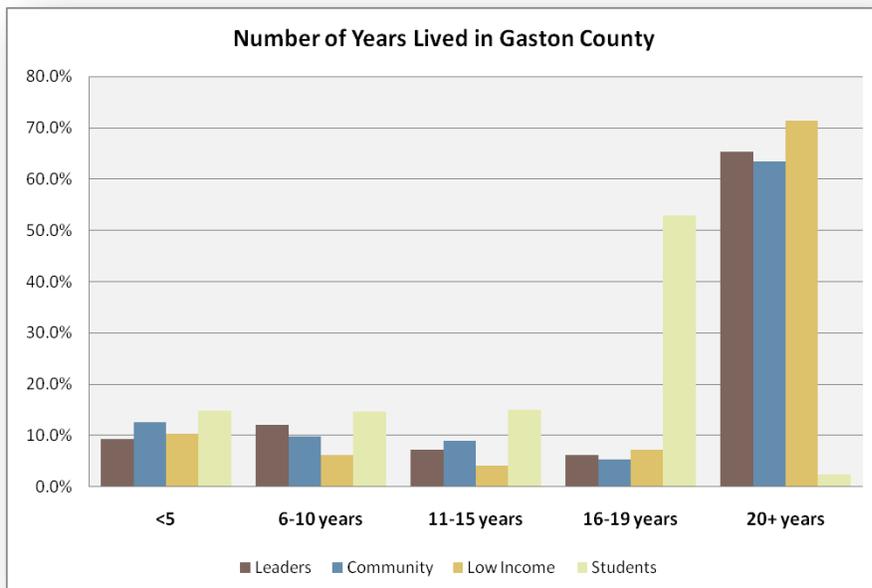


Figure 6

# Gaston County Community Health Assessment Priority Assessment Tracts and Randomized Survey Points (n=193)

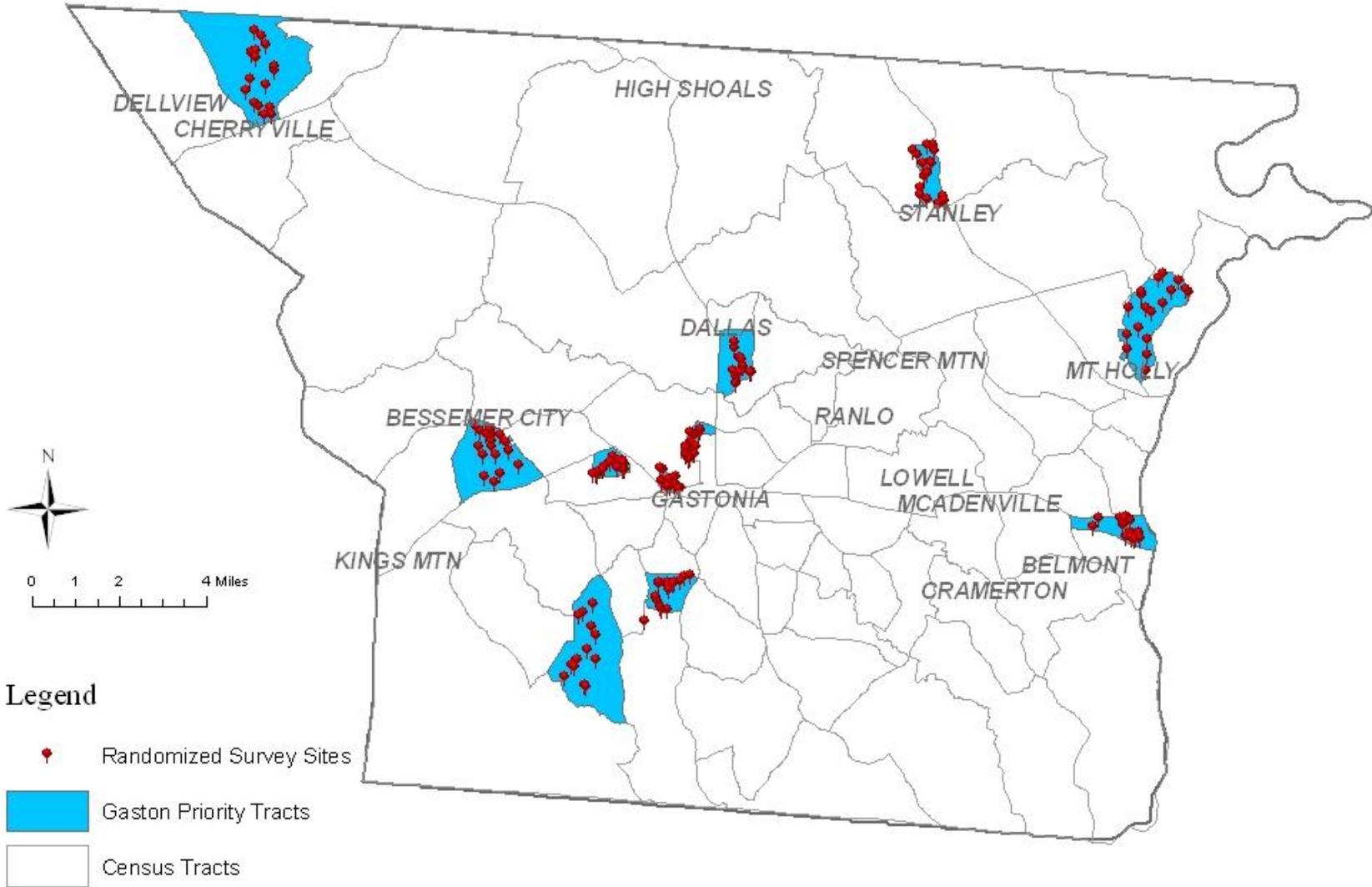


Figure 7. 2012 Randomized Survey Points *Image created by Data Services, Gaston County Health Department*

## Section Three: A Picture of Gaston County

**G**aston County, located in the south-central Piedmont of North Carolina (Figure 8), with Mecklenburg County (Charlotte) to the east, Lincoln County to the north, and Cleveland County to the west. In the mid-to-late 1800s, textiles became Gaston County's dominant industry, with many families living and working in mill villages. But, over the past three decades, tens of thousands of textile workers have lost jobs to automation, and mills that have closed and others that relocated outside the U.S. There are currently efforts within Gaston County to improve literacy, graduation rates, and to establish a qualified workforce.



Gaston County, North Carolina

Figure 8

### Geography

The location of municipalities and townships in Gaston County is shown in Figure 9. In 2010, approximately 66.2% of the population lived in the county's 14 municipalities (excluding Dellview) and 33.8% in unincorporated areas, or areas outside those municipalities (Table 3). Between 2000 and 2010, the U.S. Census showed considerable growth in the three largest municipalities: 8.2% in the City of Gastonia, 15.7% in the City of Belmont, and 42.0% in the City of Mount Holly; at the same time, the total county population grew 8.3%. The largest growth was in the Town of Ranlo (56.2%), City of Mount Holly (42.0%), City of Lowell (32.5%), and the Town of Dallas (31.9%).

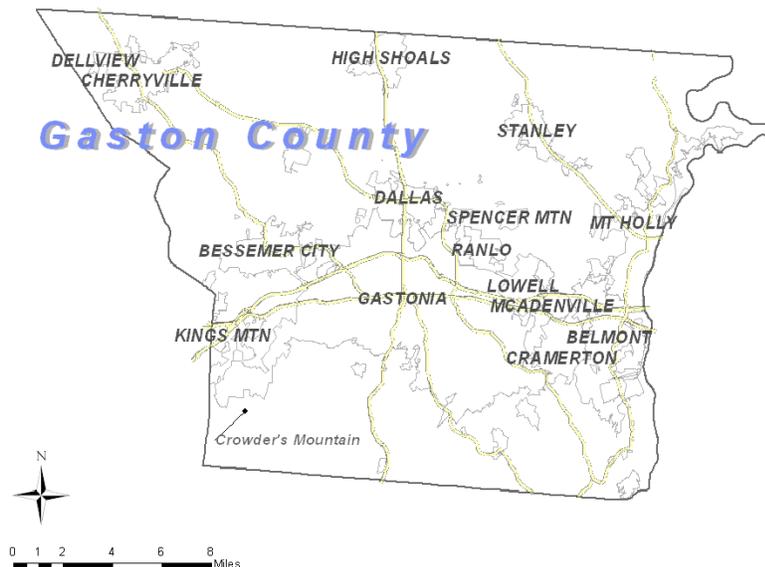


Figure 9. Gaston County Municipalities

Image created by Data Services, Gaston County Health Department

## Demographics

The 2010 US Census shows Gaston County has a population of 206,086, making it the eighth most populous of North Carolina's 100 counties.

### Gaston County's population is:

- 48.4% male
- 51.6% female
- 26.5% 0-19 years old
- 32.7% 20-44 years old
- 27.5% 45-64 years old
- 13.2% over 65 years old

These population values have not changed significantly since 2008 (Table 4). Further, the percentage of Gaston County residents, by age and gender, is similar to those for North Carolina as is the median age, which is 38.9 for Gaston and 37.4 for the state. The median age for Gaston County is projected to increase to 40 by 2016. Life expectancy has increased 4.9% for males and 0.8% for females between 1989 and 2009; where on average, males are expected to live to age 72.4 and females to 78 (Source: Institute for Health Metrics and Evaluation).

Table 3

	Census 2000	Census 2010	Percent Change
North Carolina	8,049,313	9,535,483	18.5%
Gaston County	190,365	206,086	8.3%
City of Belmont	8,705	10,076	15.7%
City of Bessemer City	5,119	5,340	4.3%
City of Cherryville	5,361	5,760	7.4%
Town of Cramerton	2,976	3,105	4.3%
Town of Dallas	3,402	4,488	31.9%
City of Gastonia	66,277	71,741	8.2%
Town of High Shoals	729	696	-4.5%
City of King's Mountain	9,693	10,296	6.2%
City of Lowell	2,662	3,526	32.5%
Town of McAdenville	619	651	5.2%
City of Mount Holly	9,618	13,656	42.0%
Town of Randle	2,198	3,434	56.2%
Town of Spencer Mountain	51	37	-27.5%
Town of Stanley	3,053	3,556	16.5%

Source: US Census Bureau, 2010 Census

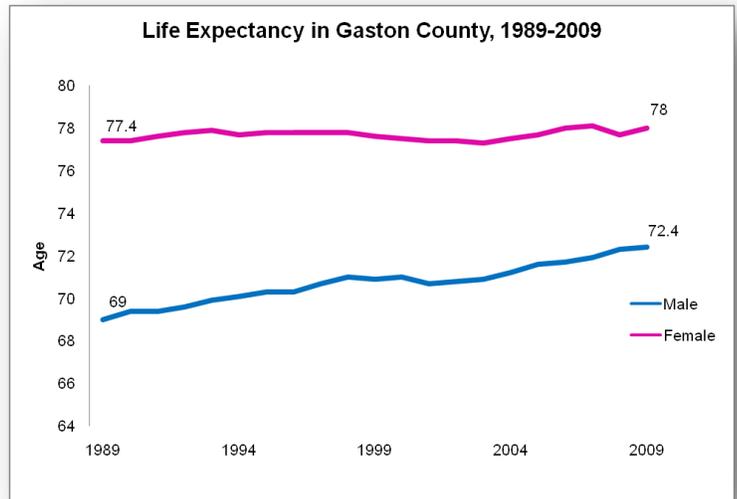


Figure 10. Data from NC SCHS Life Expectancy Tables <http://www.schs.state.nc.us/schs/data/lifexpectancy/>

Table 4

	Males	Females	Ages 0-19	Ages 20-44	Ages 45-64	Age 65+
North Carolina	4,645,492 (48.7%)	4,889,991 (51.3%)	2,558,680 (26.8%)	3,235,317 (33.9%)	2,507,407 (26.3%)	1,234,079 (12.9%)
Gaston County	99,718 (48.4%)	106,368 (51.6%)	54,715 (26.5%)	67,375 (32.7%)	56,702 (27.5%)	27,294 (13.2%)

Source: US Census Bureau, 2010 Census

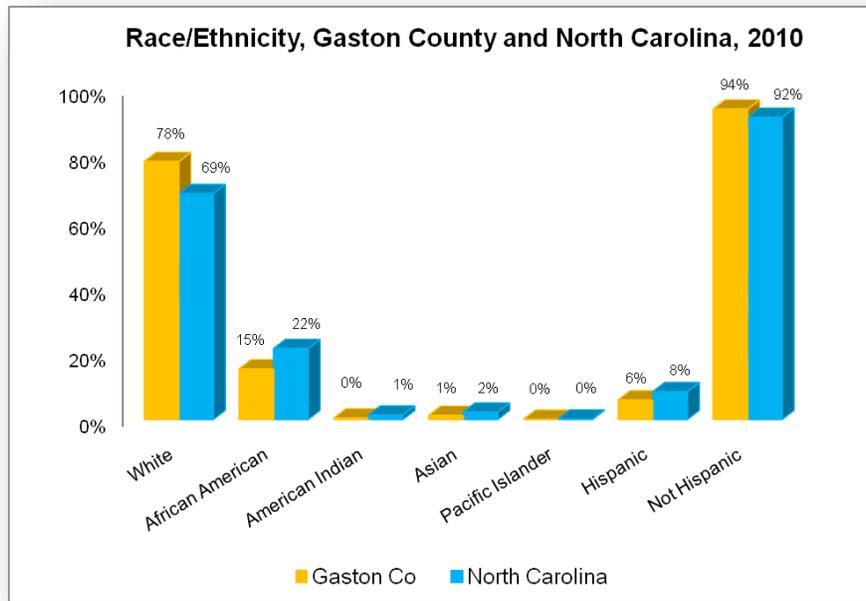


Figure 11. Data from US Census Bureau, 2010 Census

The 2010 Census estimates show 78.2% of county residents are White, 15.3% are African American, and 5.9% are Hispanic or Latino (Figure 11). Between 2006 and 2010, the county's Latino population modestly increased 18.4%, from 10,306 to 12,201, growing from 5.2% to 5.9% of the population. The largest percentage of Gaston County

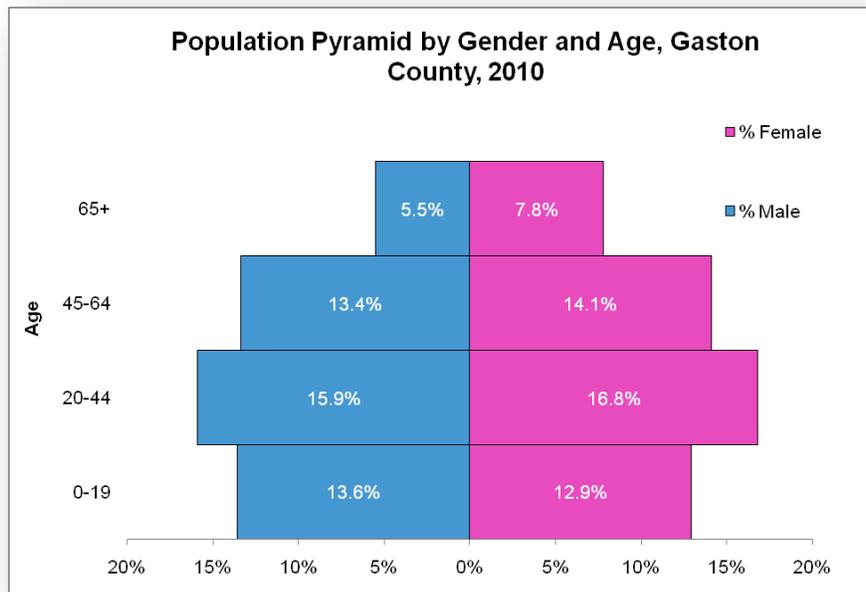


Figure 12. Data from US Census Bureau, 2010 Census

residents are between the ages of 20 and 44, with females slightly more represented in this age group. There are also more females in all age groups over 19 years of age (Figure 12).

### Economics

The county's median household income of \$53,366 has risen 15% since 2000, and almost 30% since 2007 (Source: NC Department of Commerce). However in 2010, the percentage

of Gaston County families living below the poverty level was significant: 16.9% of all families; 24.9% of all families with related children under age 18; and, 46.7% of all families with mothers, but no husbands present, with related children under age 18 (Source: Census 2010). Each of these indicators is higher than reported in the 2008 Community Health Assessment (Figure 13).

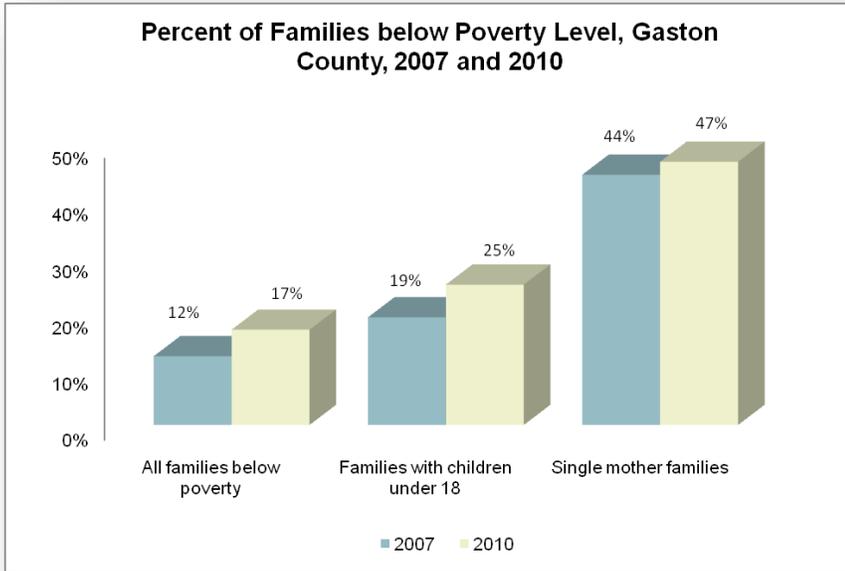


Figure 13. Data from US Census Bureau, 2010 Census

In the first quarter of 2012, Gaston County’s unemployment rate was 10.5%; for the year 2011, it was 11.6%. The current rate is 2.2 percentage points higher than the statewide rate of 9.4%.

Among African Americans, there is a 31.6% poverty rate in Gaston County as compared to 17.7% among Whites. Among Whites, the poverty rates are roughly equal at 9% male and 8.7% female. However among African Americans, females bear the poverty burden where 10.4% of males live below poverty as compared to 21.2% of females (Table 5).

### Education

In 2010, Gaston County lagged North Carolina in several key educational measures:

- 77.9% of county residents over age 25 were high school graduates or higher vs. 84.7% for the state
- 16.9% had a bachelor’s degree or higher vs. 26.5% for the state

At the same time:

- 28.8% were high school graduates vs. 27.7% for the state
- 9.4% attained associate’s degrees vs. 8.6% for the state
- Percentage attaining a bachelor’s degree or higher rose from 16.9% in 2010 to 18.1% in 2012

Table 5

Percent Below Poverty Level by Gender and Race, Gaston County, 2010

<b>African American</b>	
Male	10.4%
Female	21.2%
<b>Total</b>	<b>31.6%</b>
<b>White</b>	
Male	9.0%
Female	8.7%
<b>Total</b>	<b>17.7%</b>
<b>All Gaston County Residents</b>	
White	13.7%
African American	4.8%
<b>Total</b>	<b>16.9%</b>
<i>Source: US Census Bureau, 2010 Census</i>	

Table 6

Educational Attainment in Persons Over 25, Gaston County, 2010

Grade Level	Gaston County	North Carolina
Less than 9th grade	7.5%	5.6%
9th to 12th grade, no diploma	12.6%	9.6%
High school graduate (or equivalent)	28.8%	27.7%
Some college, no degree	24.8%	22.0%
Associate's degree	9.4%	8.6%
Bachelor's degree	12.1%	17.8%
Graduate or professional degree	4.8%	8.7%
<b>High school graduate or higher</b>	<b>79.9%</b>	<b>84.7%</b>
<b>Bachelor's degree or higher</b>	<b>16.9%</b>	<b>26.5%</b>

Source: US Census Bureau, 2010 Census

The Gaston County Schools is the ninth largest school district in the state and is the county's largest employer. In 2012, it had 55 schools, an increase from 53 in 2008, and an enrollment of 31,619. The system is composed of:

- 30 elementary schools
- 2 intermediate schools
- 11 middle schools
- 10 high schools
- 1 special needs school, and
- 1 alternative school

Further, the graduation rate increased by 10.7% since 2006, and by 2011, 75.4% of students who entered high school graduated from high school (Figure 14).

Gaston County has one four-year college (Belmont Abbey College), a two-year community college (Gaston College), as well as a host of public and private colleges and universities in the Charlotte region.

Among county residents over age 16, the five leading industries of employment are: (1) educational services, health care, and social assistance; (2) manufacturing; (3) retail trade; (4) arts, entertainment and recreation; and, (5) professional, scientific, and management.

This ranking reflects a significant shift from the days when textile manufacturing was the county's leading industry; it also reflects a shift, over the past three years, from construction and warehousing as leading employers to arts and entertainment, and professional and scientific employment.

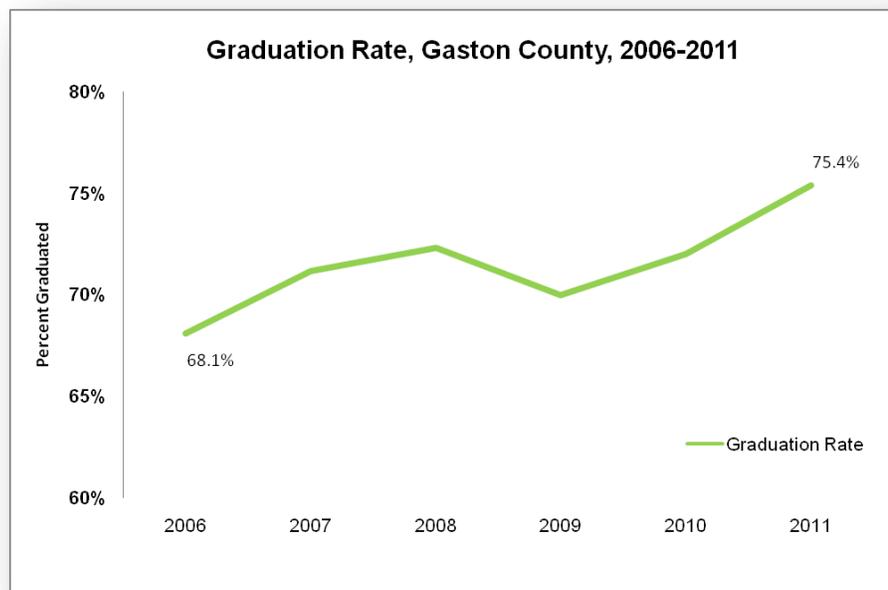


Figure 14. Data from [www.gaston.k12.nc.us](http://www.gaston.k12.nc.us) 2011-2012 Fast Facts  
<http://www.gaston.k12.nc.us/parents/Documents/FastFacts.pdf>

## Crime

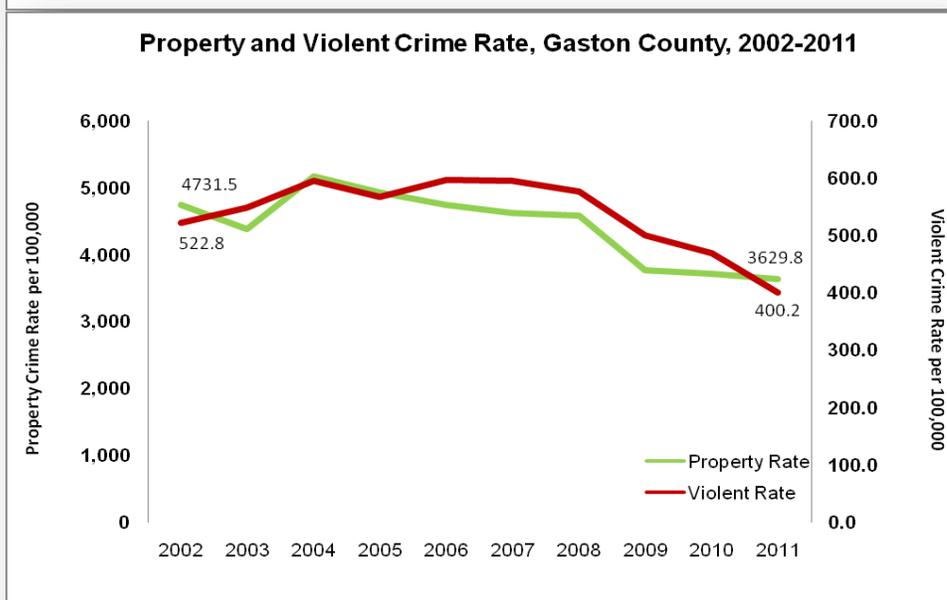
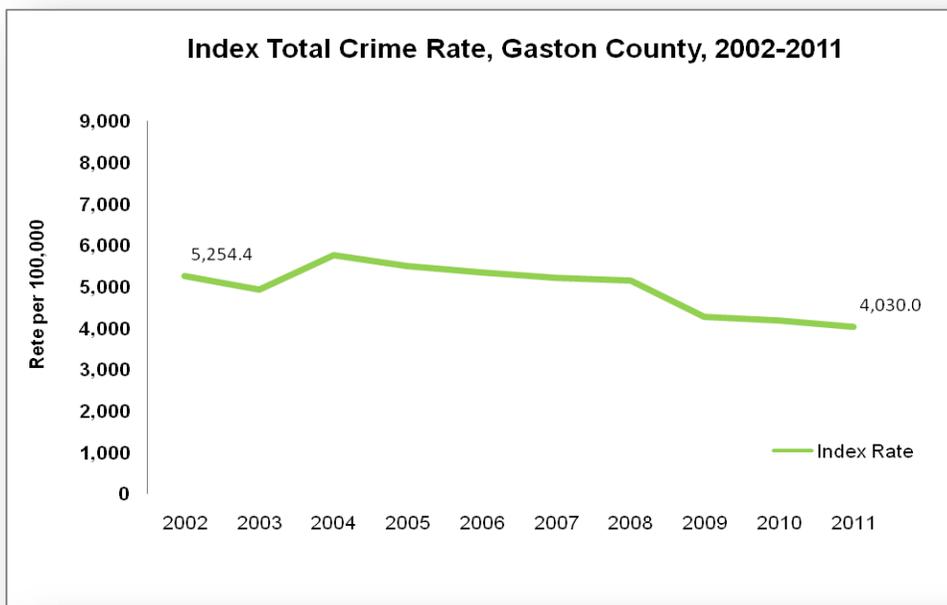
The North Carolina Department of Justice (NCDOJ) provides annual crime statistics as reported by local police jurisdictions. The number of violent and property crimes are combined to create the Index Crime Rate: violent crimes include murder, rape, robbery, and aggravated assault and property crimes are burglary, larceny, and motor vehicle theft.

The overall Index Crime Rate for Gaston County has decreased by 25% since 2002 (Figure 15). This trend is also seen with individual Property and Violent crime rates, which both decreased 23% over the last 10 years (Figure 16). Between 2010 and 2011, the violent crime rate

decreased 15% (469.5 violent crimes/100,000 in 2010 to 400.2/100,000 in 2011). Property crime also declined by 2% – in 2010, there were 3,705 property crimes per 100,000 persons and in 2011 there were 3,629.8 per 100,000.

From 2010-2011, the Gaston County Police Department, who primarily cover the unincorporated areas of Gaston County, reported an Index Crime Rate of 3,213. In the same period, crimes reported to the Gaston County Police decreased 12%. This includes a 64% decrease in rape, a 20% drop in aggravated assault, and a 16% decline in burglary.

From 2010-2011, the Gastonia Police Department, who covers Gaston County’s largest city - Gastonia - reported a Total Crime Index of 9,814. Between 2010 and 2011, crimes reported to the Gastonia Police department decreased 3%. This includes a 22% decrease in aggravated assault, and a 24% reduction in motor vehicle theft. However, rape was reported to be 71% higher, which reflects an increase from 21 cases in 2010 to 36 in 2011.



Figures 15 and 16. Data from [crimereporting.ncdoj.gov](http://crimereporting.ncdoj.gov), 2011 Annual Report

## Section Four: Health Data

### Pregnancies/Live Birth Data

From 2006-2010, Gaston County residents had 13,696 live births and a live birth rate of 13.4 per 1,000 population. The live birth rate in North Carolina during this period was 13.8.

In 2011, women in Gaston County, ages 15-44, had 2,869 pregnancies, 2,567 live births, and 284 abortions. In 2011, African American adults had a higher pregnancy rate than Whites (80.3 vs. 64.9), and the county had higher pregnancy rates for total, White, and minority women when compared with 2007. In 2011, the African American abortion rate was two and a half times that of Whites (13.0 per vs. 5.1). These rates have dropped significantly from 2010, where African Americans had an abortion rate of 20.7 and the White rate was 7.8; though this still represents a 2.5 fold difference between the groups (Table 7).

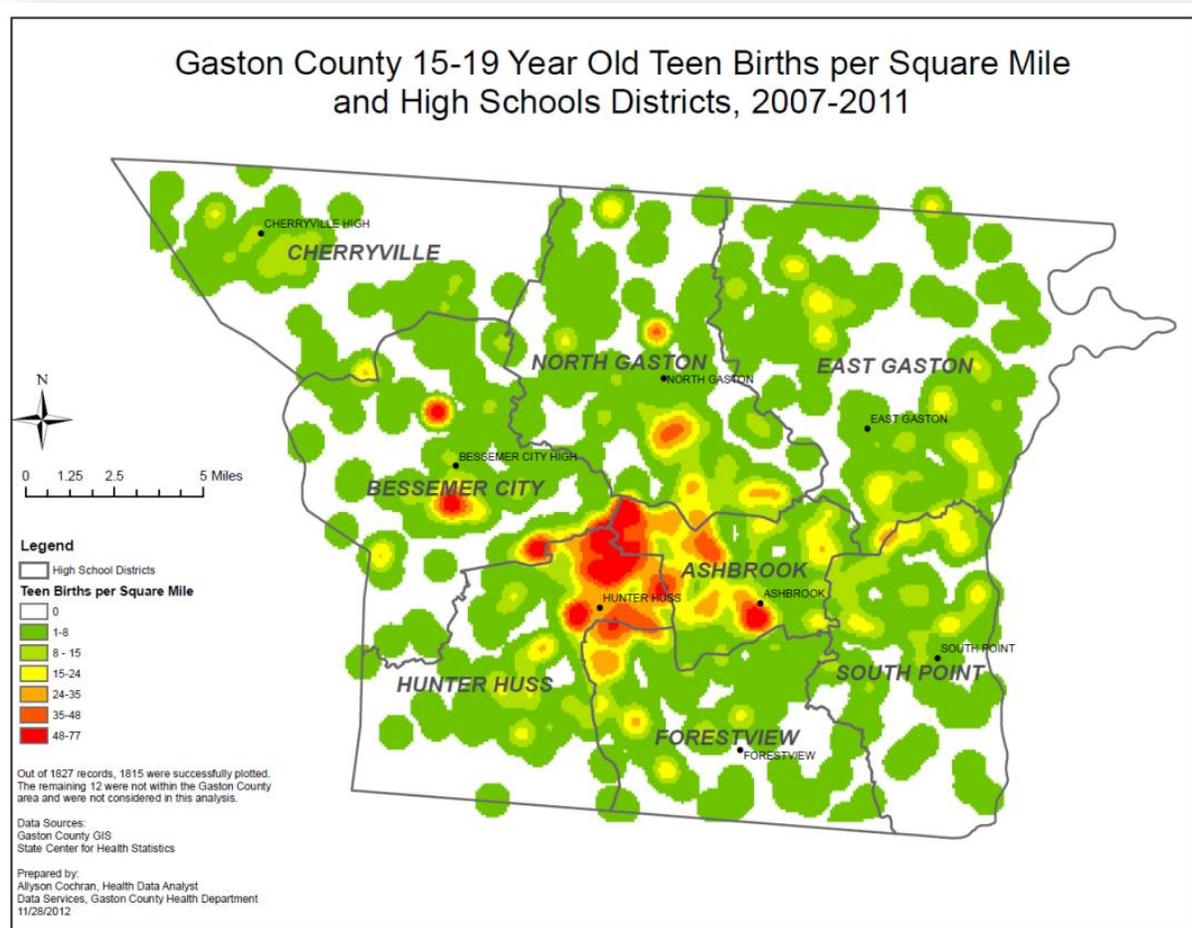


Figure 17. Gaston County Teen Pregnancies  
*Image created by Data Services, Gaston County Health Department*

In 2011, there were 290 total teenage pregnancies (15-19 years old) in Gaston County. Between 2007-2011, there were 1,827 births to women ages 15-19 years old, with most occurring in the Hunter Huss, Ashbrook, and Bessemer City high school districts, in the cities of Gastonia and Bessemer City (Figure 17).

In 2011, 235 (9.2%) babies born to Gaston County residents had low birth weights (less than 2,500 grams). While about the same rate for North Carolina, Gaston County's rate of low birth weight African American babies was 55% higher than White babies – 13.2 vs. 8.5. The Healthy People 2020 Objective for low weight births is 7.8% (Source: HealthyPeople.gov).

In 2011, 20.6% of births in Gaston County were to mothers who smoked while pregnant, while 10.9% of pregnant women in North Carolina smoked. The percent of women who smoked during pregnancy was substantially higher among Whites (25.7%) as compared to African American (12.5%) and Hispanic (3.7%) mothers.

Table 7. Teen (15-19 years) Pregnancy, Birth, Abortion, 2007 and 2011, Rates per 1,000

Indicator	2007		2011	
	Gaston County	North Carolina	Gaston County	North Carolina
Births	64.9	48.4	43.9	34.8
Pregnancies	76.9	63.0	48.8	43.8
Abortions	11.6	14.3	4.5	8.7

Source: NC SCHS

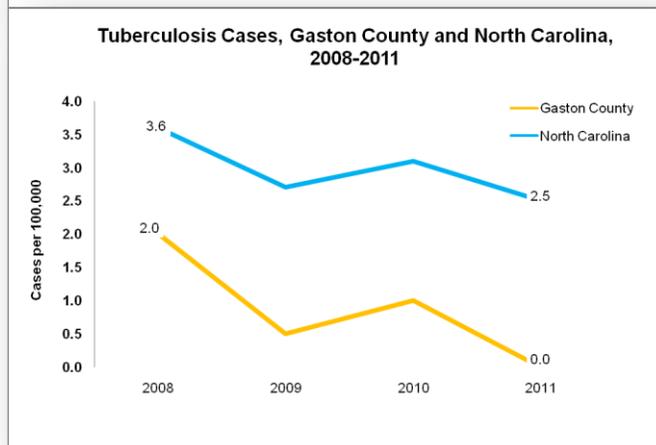
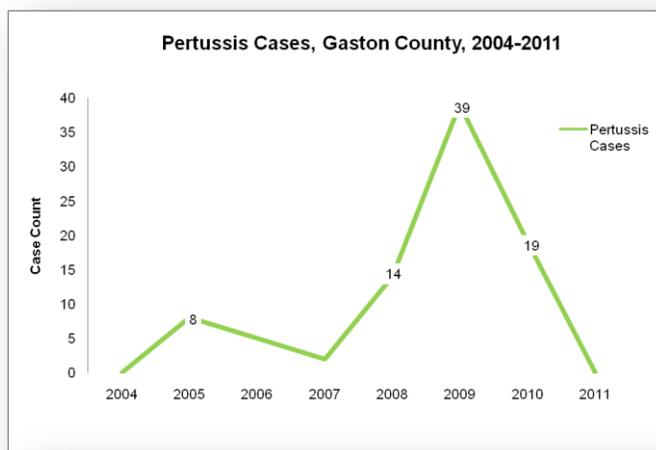
## Morbidity Data

### Communicable Disease

Frequently, Chlamydia and Gonorrhea, commonly reported sexually transmitted infections, present without symptoms in males and females. However, when untreated, they can cause pelvic inflammatory disease in women, which can impact their ability to have children (Source: Centers for Disease Control).

In 2011, North Carolina had 53,854 cases of Chlamydia, or a rate of 564.8 cases per 100,000. Most occurred in females ages 20-24, and in African Americans. In 2011, Gaston County had 1,435 cases for a rate of 696.3 per 100,000 – which is over twice the rate in 2007, and about 20% higher than the state rate.

In 2011, North Carolina had 17,158 cases of Gonorrhea, for a rate of 179.9 cases per 100,000. Gaston County had a similar rate to North Carolina, with 173.2 cases per 100,000 persons. Our county rate has remained



Figures 18 and 19. Data from Gaston County Health Department, Communicable Disease

stable over the past five years, at around 170 cases per 100,000.

The N.C. State Center for Health Statistics tracks rates of HIV, AIDS, and HIV disease (HIV and AIDS cases combined) for all counties. As of December 2011, 500 Gaston County residents had HIV disease. Gaston County had lower HIV disease rates than the state in 2010 and 2011; while its three-year average rate is lower than the state (16.1/100,000 versus 16.4/100,000), the county still ranks 19th in North Carolina for HIV disease.

From 2008-2012, the most common non-sexually transmitted communicable disease in Gaston County was Salmonella infection, followed by Campylobacter and Pertussis (whooping cough). Pertussis is a vaccine-preventable disease that can cause violent coughing, and is most deadly in infants (Source: Centers for Disease Control). In Gaston County, Pertussis rates have varied greatly, with a large spike occurring in 2009 (Figure 18). These numbers can be explained by several factors including: the cyclical nature of Pertussis outbreaks, the new vaccine may not be as effective as the older version, and the long-term effectiveness of the vaccine may have been overestimated (Source: Why Do Pertussis Vaccines Fail? Cherry, *Pediatrics*, 2012; 129:5 968-970).

The rate of tuberculosis in Gaston County has been steadily declining, and remains lower than the North Carolina rate (Figure 19). The Centers for Disease Control's Healthy People 2020 goal of 1.0 case per 100,000 was met by Gaston County in 2008-2011 (0 cases in 2011); however North Carolina as a whole did not attain this goal (2.5 cases per 100,000)

### **Cancer**

Cancer is a group of diseases caused by cells that grow uncontrollably and invade other tissues and organs. If untreated, it can cause serious illness and death (Source: American Cancer Society, 2012).

According to the North Carolina Central Cancer Registry, the 2006-2010 age-adjusted, overall cancer rate in Gaston County was higher than that of the state (506.5 versus 498.1 cases/100,000). The highest rates in Gaston County were for prostate cancer, followed by breast, lung, and colon cancers; when compared to the state, Gaston County had higher rates of these cancers except for prostate and breast cancer; for prostate cancer it was 147.6 cases per 100,000 compared to 153.7 for the state and 146.8/100,000 versus the state breast cancer rate of 155.9/100,000.

While the Healthy People 2020 objective of 160.6 deaths from cancer per 100,000 was not attained in Gaston County from 2007-2011 (193.4 deaths/100,000), our rate fell 1.5% during this period which, according to National Cancer Institute guidelines, is a significant decline.

The North Carolina State Center for Health Statistics projects Gaston County will have 1,205 total cases of cancer in 2012 with 432 resulting in death. They also predict most cases will be cancer of the breast, and most deaths will be caused by cancer of the lungs.

The Behavioral Risk Factor Surveillance System (BRFSS) is a random survey of state residents, 18 and older, in households with telephones. Using the BRFSS, the North Carolina Division of Public Health collects data on a variety of health behaviors associated with leading causes of death and disability; data on Gaston County provides insights into local health needs, behavioral trends, and use of available health resources.

According to the 2011 (BRFSS) survey, Gaston County adults reported having higher rates of all cancers than North Carolina residents (7.4% versus 6.5%), with more than half reported by

women. Gaston County has more current smokers than the state (25.2% vs. 21.8%) and more residents who smoke everyday (18.4% vs. 15.6%) which may explain the difference in mortality (62.8 versus 54.1 deaths/100,000). Another possible explanation is that more Gaston County residents report having been long-term smokers when compared to the entire state, as 48.1% of Gaston County residents, above 46.6% State residents said they smoked at least 100 cigarettes in their entire lives.

**Obesity**

The 2011 BRFSS reports three out of four (74.7%) of Gaston County residents are either overweight or obese. Of these, 31% are obese (defined as an individual having a body mass index of greater than 30). In contrast, 65.1% of North Carolina state residents are overweight or obese. The issue of overweight and obesity is complicated, as many factors are associated with its prevalence including physical activity and eating habits. More than half (55.0%) of Gaston County residents report not meeting the recommended aerobic exercise recommendations from the Centers for Disease Control and one-third of residents reported not doing any type of physical activity at all. More alarming, 91.4% of county residents did not consume five or more servings of fruits or vegetables per day, as compared to 86.3% of all North Carolina residents.

Women and children in Gaston County are also affected by obesity. In 2011, 53% of women were overweight or obese upon pregnancy with a higher incidence of obesity and overweight among African Americans (62.7%) and Hispanics (53%) compared to White women (51.3%). According to the March of Dimes, overweight or obese women are at higher risk for miscarriage, stillbirth, diabetes, and complications during delivery. Their babies are also at higher risk for birth defects (including neural tube defects), preterm birth, and obesity later in life.

**Mortality Data**

The five leading causes of death in Gaston County are shown on Table 8. While this ranking has not changed in the two reporting periods, deaths from lower respiratory disease and unintentional injury have increased, while number of deaths from stroke has decreased.

Table 8. Gaston County leading causes of death, reporting periods 2002-2006 and 2007-2011.

2002-2006 Leading Causes of Death	2007-2011 Leading Causes of Death
Heart disease: 2,399 deaths	Heart disease: 2,396 deaths
All Cancers: 2,118 deaths	All Cancers: 2,189 deaths
Chronic lower respiratory disease: 614 deaths	Chronic lower respiratory disease: 769 deaths
Stroke: 541 deaths	Stroke: 466 deaths
Unintentional injury: 350 deaths	Unintentional injury: 405 deaths

Source: NC SCHS

The overall death rate in Gaston County was 20% higher than the state, and for the following diseases, the incidence was at least 20% greater in Gaston County: chronic lower respiratory disease (37%); unintentional injury (26%); and, heart disease (20%). In 2011, Gaston County also had a higher rate of AIDS cases (16.0 vs. 8.7) and AIDS deaths than the state (4.6 vs. 3.9); as of 2011, meaning neither jurisdiction reached the Healthy People 2020 goal of 3.3 HIV deaths per 100,000.

The highest rate of cancer deaths were due to cancer of the: trachea, bronchus, and lung; prostate; female breast; and, colon, rectum, anus.

The five leading causes of death for men and women in Gaston County (2007-2011) is presented in Table 9 and the five leading causes of death for Whites and African Americans (2007-2011) is in Table 10.

Table 9. Gaston County leading causes of death, 2007-2011, by sex. Rates per 100,000

Men	Women
Heart Disease – 286.2	Heart Disease – 171.7
Cancer – 238.3	Cancer – 164.9
Other Ischemic Heart Disease – 138.1	Other Ischemic Heart Disease – 71.2
Trachea, Bronchus, Lung Cancer – 81.3	Chronic Lower Respiratory Disease – 63.8
Chronic Lower Respiratory Disease – 80.8	Trachea, Bronchus, Lung Cancer – 50.6

Source: NC SCHS

Table 10. Gaston County leading causes of death, 2007-2011, by race. Rates per 100,000

White, Non-Hispanic	African American
Heart Disease – 223.3	Heart Disease – 220.0
Cancer – 196.4	Cancer – 194.7
Other Ischemic Heart Disease – 101.2	Other Ischemic Heart Disease – 94.0
Chronic Lower Respiratory Disease – 75.4	Prostate – 60.5
Trachea, Bronchus, Lung Cancer – 64.8	Trachea, Bronchus, Lung Cancer – 59.0

Source: NC SCHS

The leading causes of infant mortality in 2011 were due to prematurity and low birth weight, followed by congenital malformations, deformations and chromosomal abnormalities, and illnesses. The highest rate of prematurity was among African American infants, followed by Hispanic infants. In contrast, the highest rates of death from malformations occurred among Hispanic and White infants.

Deaths due to risky behaviors – injury, driving, and suicide – dominate the 20-39 year old cohort. In the age 40-64 cohort, cancer and heart disease become more prominent, and may be due to such unhealthy behaviors as smoking, poor nutrition, and lack of exercise. From 65-84, most deaths are attributed to the combination of aging, biology and unhealthy lifestyles – for example, cancer, heart disease, chronic lower respiratory disease, stroke, and influenza.

Unintentional Injuries as a cause of death, describes deaths due to unintentional non-motor vehicle injuries, for example bicycle injuries, accidental poisoning, and drowning.

### Health Resources Data

According to the UNC Sheps Center for Health Services Research, Gaston County had a lower rate of active physicians, dentists, registered nurses, nurse practitioners, and physician assistants than the state in 2011 (Figure 20). The county lags the state by 21% in

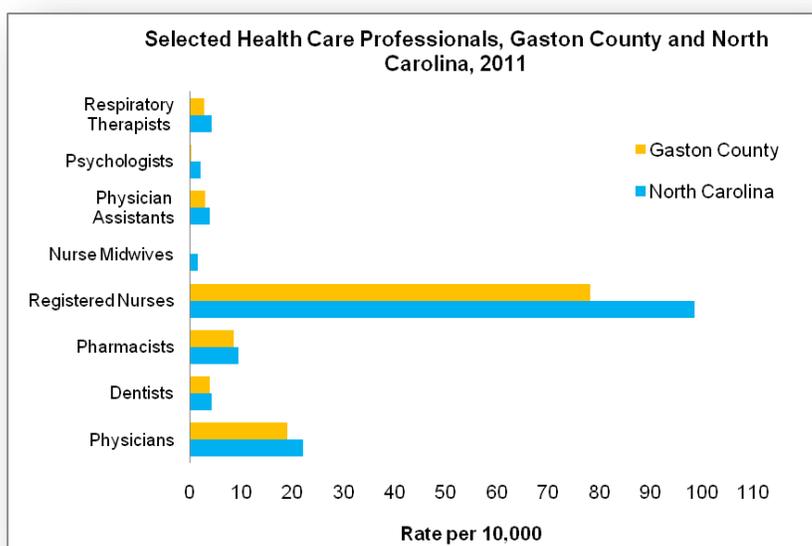


Figure 20. Data from the N.C. Health Professions Data System (UNC Sheps Center)

its number of active registered nurses.

Gaston County has a strong infrastructure of health care resources. The Gaston County Health Department, a North Carolina accredited health department, offers disease prevention, disease treatment, health promotion, and environmental services. Its clinics provide family planning, prenatal care, limited gynecology, well and sick pediatric care, immunizations, and diagnoses and treatments for sexually transmitted diseases. It also provides nutrition services, including WIC, and health education programs to prevent teen pregnancy, improve health resources in pre-schools, and promote smoking cessation, physical activity, and good nutritional practices. Its environmental programs include food and lodging inspections, and it manages well water and septic system installations and repairs. The health department also has several satellites: Summit Midwifery and High-Risk Obstetrics, the Highland Health Center, and Teen Wellness Centers in Bessemer City, Cherryville, and Gastonia's Highland community.

Gaston Memorial Hospital, the county's sole hospital, is a not-for-profit facility with 435 licensed beds. Its hospital and ancillary services include the Birthplace, CaroMont Cancer Center, CaroMont Heart Center, Emergency Services, Imaging Services, Neurosciences, Advanced Spine Care, Psychiatric Services, Rehabilitation and Sports Medicine, Sleep Center, Special Care Units, Surgical Services, the CaroMont Wound and Diabetes Center, and the Robin Johnson Hospice House.

Gaston Family Health Services, Inc. (GFHS) is Gaston County's sole Federally Qualified Community Health Center. With the exception of prenatal and pediatric care, it provides a full-range of primary care services, and such additional programs as behavioral health services, a pharmacy, the Gaston Diabetes Center, and dental clinics. GFHS and the health department jointly operate a primary health center in the Highland Community, which consistently produces some of Gaston County's poorest health status indicators. It also operates Community Health Partners, Gaston County's Medicaid Managed Care agency and Health Net Gaston, a system that secures local physicians to provide complimentary medical care to uninsured adults.

The Gaston Community Healthcare Commission, the county's Healthy Carolinians Task Force, is a leader in the area of health promotion and disease prevention. It is composed of seven workgroups: the Gaston County Fitness and Nutrition Council, the Adolescent Sexual Health Task Force, Cancer Outreach Initiative, Workplace Wellness, Community Wellness (mental health focus), Parish Nursing, and Safe Kids workgroups. In its support of regular physical activity, the Commission also advocates for greenways and the Carolina Thread Trail.

Gaston County offers several greenways. In Gastonia, there are the Catawba-Avon Creek, the Highland Rail Trail Connector, and the Rankin Lake Circle greenways. Around the county are the Riverside Greenway in Cramerton, the Catawba River Greenway in Mount Holly, the Spencer Mountain Blueway. Additionally, each municipality in the county has parks and recreation programs. For more information, please visit <http://www.carolinathreadtrail.org/local-connections/gaston-county-nc/>.

### **Behavioral Risk Factor Surveillance System**

The rates of reported diagnoses for the State's leading causes of death are consistently higher among Gaston County residents. Gaston County has higher reported rates of heart disease, cancer, and lower respiratory disease from 2007 to 2011. Notably, Gaston County has much higher rates of pneumonia and influenza (77% higher than the state), and septicemia (58%

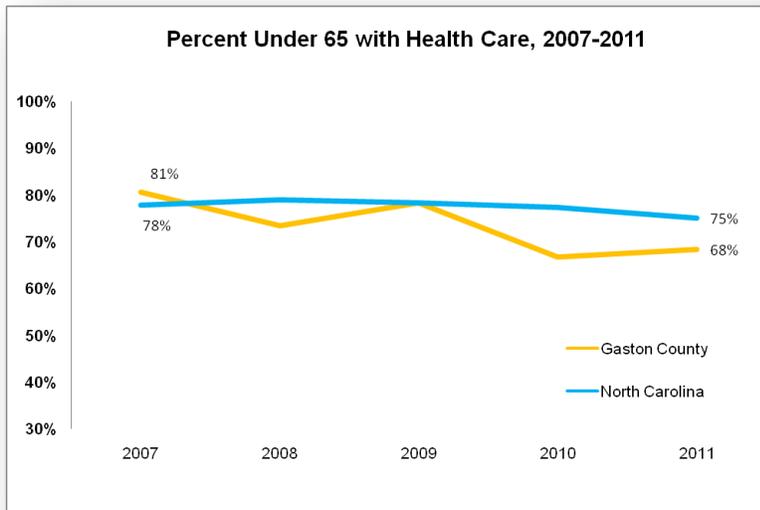


Figure 21. Data from the 2011 Annual BRFSS

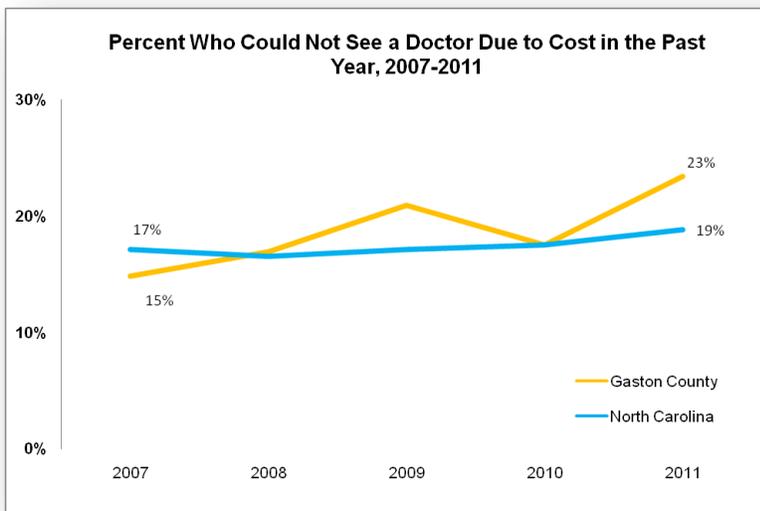


Figure 22. Data from the 2011 Annual BRFSS

Gaston County experienced more than a 58% increase in the number of persons who, because of cost, could not secure needed health care in the preceding 12 months. This significant increase may reflect the impact of the economic recession on access to health care (Figure 22).

A long-term measure of health care access is found in responses to the question: *About how long has it been since you last visited a doctor for a routine checkup?* In 2011, 71.9% of Gaston County and 72.7% of state residents stated they received routine checkups in the past year. These measures for access to health care and preventive health utilization have remained steady since 2007 (Figure 23), and may be due to a steady supply of health resources in Gaston County: new physicians and medical practices, expanded hours at Gaston Family Health Services, and new urgent care centers.

higher than the state), although it reports lower rates of stroke and homicide. These health outcomes go hand-in-hand with various risk factors. These risk factors are annually assessed with the Behavioral Risk Factor Surveillance System (BRFSS) survey.

As previously stated, BRFSS is a random survey of state residents that collects data on a variety of health behaviors associated with leading causes of death and disability. The following data pertain to Gaston County and helps to provide insights into local health needs, behavioral trends, and use of available health resources.

Figure 21 shows a slight drop in the percentage of Gaston County residents, younger than 65, with health insurance coverage, between 2007 and 2011. Where Gaston County had a 15.1% drop in reported insurance coverage the state dropped 3.6% in the same period.

### Health Services

Between 2007 and 2011,

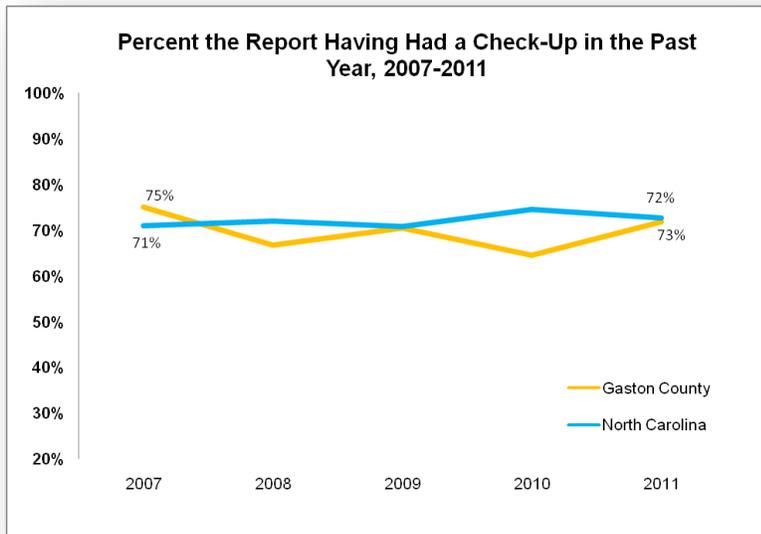


Figure 23. Data from the 2011 Annual BRFSS

**BRFSS Indicators**

The following presents data on the incidence of disease and disease-related behaviors, which are leading causes of illness, physical limitations, and death in Gaston County. For example,

Figure 24 shows Gaston County and the state of North Carolina have experienced an increase in the incidence of diabetes between 2007 and 2011, with a sharp increase among Gaston County residents in 2011. At the same time, there has been a 20% decrease in the number of Gaston County residents living with diabetes who have taken a diabetes management course.

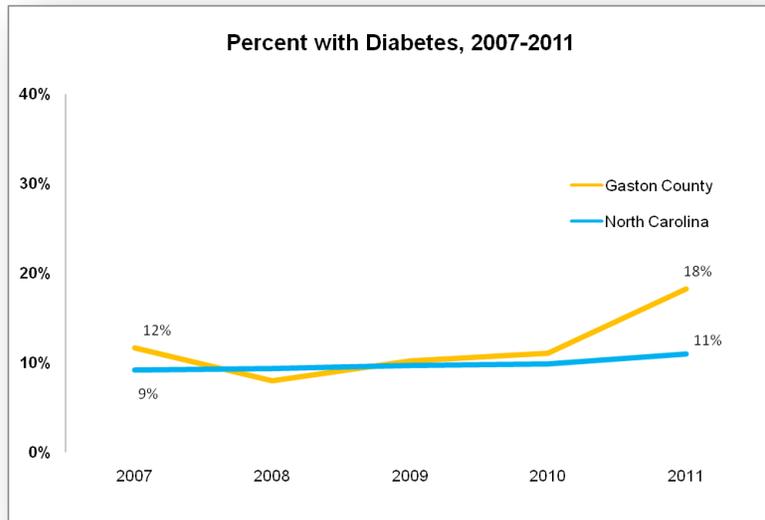


Figure 24. Data from the 2011 Annual BRFSS

There are over 15,000 Gaston

County residents with diabetes, which will lead to the deaths of 1,000 of these individuals. Further, the costs of diabetes to Gaston County are substantial, where \$98.5 million dollars were spent in 2009 on care for this disease (Source: Robert Wood Johnson Foundation, [www.countyhealthcalculator.org](http://www.countyhealthcalculator.org)). Education and income are closely tied with diabetes prevention and cost reduction. According to the Robert Wood Johnson Foundation, a 10% increase in adults with some college education and a 7% increase in individuals with incomes that are double the poverty level would prevent 151 deaths, 1,400 cases of diabetes, and \$9.1 million dollars in diabetes-related care in Gaston County (Source: [www.countyhealthcalculator.org](http://www.countyhealthcalculator.org)).

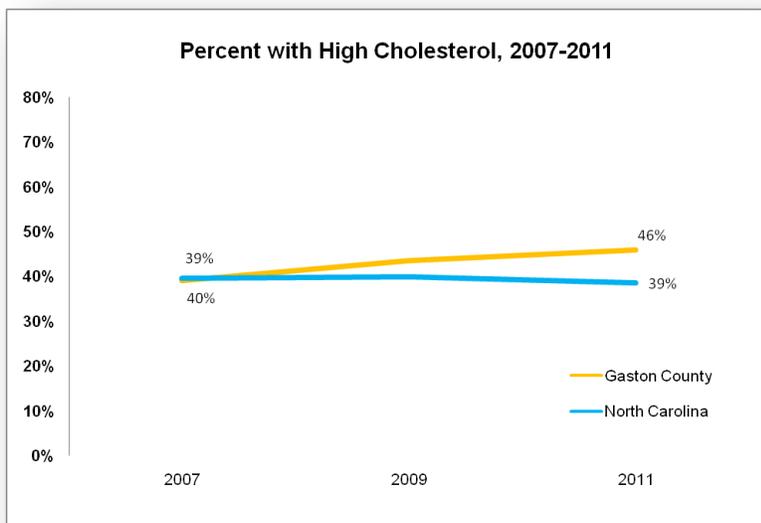


Figure 25. Data from the 2011 Annual BRFSS

state residents (81.4%). Because cholesterol testing is typically conducted during clinical visits, these data support the observation that a large percentage of county residents have been to the doctor for routine checkups in the past year (71.9%). The result of this testing shows over the past four years, the incidence of high cholesterol has been increasing among Gaston County residents (Figure 25) while state levels remain steady.

Diabetes education is another factor that would reduce these disease consequences, but 48% of individuals living with diabetes have not received comprehensive diabetes education – which teaches about physical activity, nutrition, and self-care – to help them avoid disease complications and reduce their need for medications.

High cholesterol is a leading risk factor for heart disease and stroke. More Gaston County residents were tested for cholesterol in the past 12 months (82.3%) than

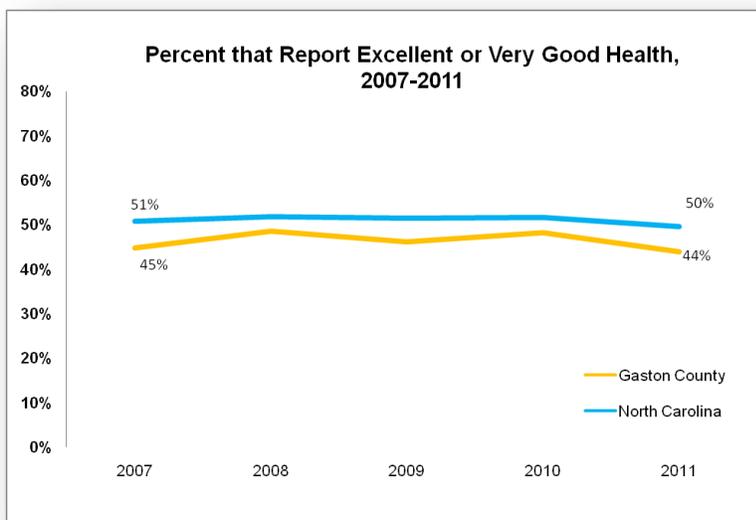


Figure 26. Data from the 2011 Annual BRFSS

Overall, 43.9% of Gaston County residents reported their general health as *Excellent* or *Very Good*, which is lower than the overall state percentage of 49.5% (Figure 26).

Depression is a key measure of mental and emotional health associated with the ability to achieve life satisfaction and self-sufficiency. BRFSS data show 21.0% of Gaston County's residents have ever reported depression, which is 3.5% higher than North Carolina.

Similarly, 32.9% of county respondents report having had poor mental health (stress, depression, emotional problems) on any days in the past month, which is comparable to the North Carolina rate of 32.7%.

Body Mass Index (BMI), a measure of an individual's height relative to their weight, is computed by gender and is used to determine if individuals have healthy weights. BMI is significant

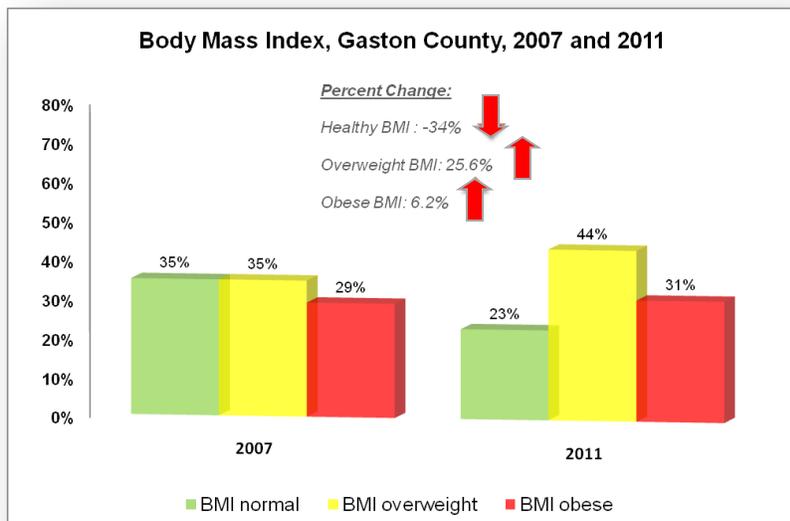


Figure 27. Data from the 2011 Annual BRFSS

because an individual's height-weight ratio is strongly associated with the onset of heart disease, stroke, diabetes, and some cancers.

Between 2007 and 2011 (Figure 27), there was a 34% decrease in the number of Gaston County adults who reported healthy BMIs, a 25.6% increase in persons who were overweight, and a 6.2% increase in obese county residents.

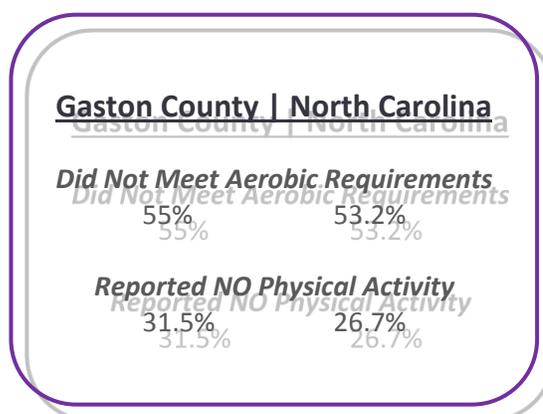
According to the 2009 NC-NPASS survey, more children in Gaston County, ages 2 -18, are overweight

when compared to the state (17.2% vs. 16.2%) but the combined overweight and obesity rates of children in Gaston County is less than the state as a whole (30.4% vs. 34.2%).

While individuals have considerable control over their eating habits, the environment in which they live and consume foods and beverages also has a strong influence. More than 80% of county residents reported they were *Very Likely* or *Somewhat Likely* to choose healthy foods if available when they dine outside their homes at restaurants, houses of worship, and the homes of others. This rate is more than 10% higher than the state rate of 69.6%; a far larger number of statewide respondents stated *Very Likely*, potentially reflecting a stronger intent to eat healthfully when compared to Gaston County residents.

Physical activity, or movement that increases heart rate and includes lifting and stretching, is another important factor in achieving and maintaining a healthy weight. It can be obtained through intentional exercise and through such daily activities as walking to run errands, cleaning the house, raking the lawn, or washing the car.

When Gaston County residents were asked if they had participated in exercise intentionally or through daily activities, 68.5% said they had, as compared to 73.3% of all North Carolina residents. Gaston County's rate is a slight drop from 2010 (70.7%), and is 4% lower than five years ago. Exercise describes intentional physical exertion for developing and maintaining good physical fitness; it includes running, competitive athletics, hiking, and swimming. While it differs from physical activity, both pursuits are important to achieving and sustaining good physical and emotional wellbeing.



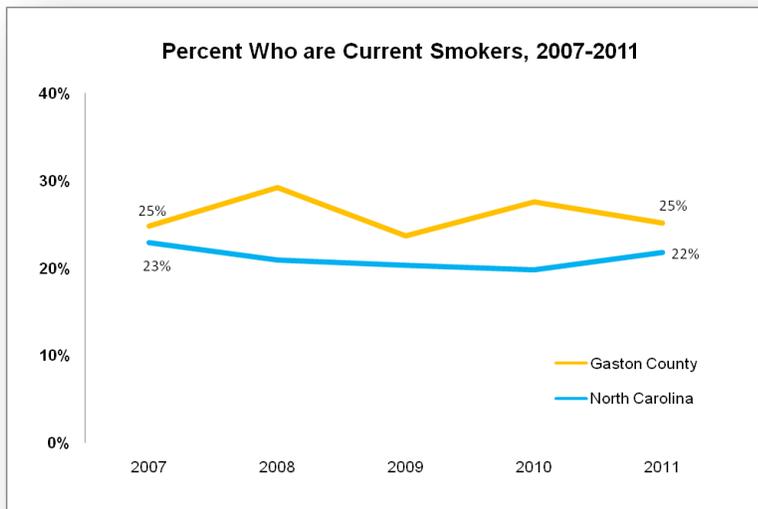


Figure 28. Data from the 2011 Annual BRFSS

In 2011, more than half of Gaston County residents (55.0%) reported not meeting the recommended aerobic requirements, as defined by the Centers for Disease Control.

Another significant health risk is cigarette smoking, which increases the likelihood of respiratory diseases, heart disease, cancer, and stroke. While the percentage of current smokers in Gaston County has fluctuated in recent years, the county has consistently had more current smokers than the state (25.2%

versus 21.8%) (Figure 28). More residents also report smoking everyday (18.4% versus 15.6%) and more have smoked over their lifetimes as compared to the state (48.1% versus 46.6%).

The use of cigarettes in public settings has been increasingly restricted because of legislation based on the documented harmful effects of secondhand smoke to non-smokers. Secondhand smoke is tobacco smoke that is exhaled by smokers (mainstream smoke) and is produced by burning tobacco products (sidestream smoke). The movement to prevent exposure to secondhand smoke is driven by its content of upwards of 4,000 chemical compounds, including many that are poisonous and carcinogenic.

Gaston County residents report significantly lower exposure to secondhand smoke in the workplace when compared to the state; only 1.6% report being exposed 1 to 6 days a week while almost 5% report the same exposure across the state. However, residents report higher sustained rates of exposure at home, where 15.5% are exposed all days of the week compared to 10.7% for the state.



In January 2010, North Carolina implemented legislation that required restaurants and bars to go smoke-free. According to the 2010 BRFSS survey, Gaston County residents strongly agree other places should be smoke-free including grocery stores (82.1%), indoor workplaces (79.7%), convenience stores (77.5%), and indoor recreational facilities (68.6%).

A related measure of intent to limit the use of tobacco products is support for additional taxes on tobacco products. Nationwide, increased tobacco taxes have decreased the use of tobacco products, particularly among youth. Where the national average is a tax of \$1.42 per pack of cigarettes, it is currently only \$0.45 in North Carolina. In 2011, Gaston County residents expressed divergent opinions as 56.5% stated their support for a tobacco tax of one dollar and 28.5% supported no tobacco tax. Support for tobacco taxes has increased significantly since 2007, rising from 35% in 2007 to 56.5% of those supporting taxes in 2011, for a 65% increase over five years (BRFSS).

## Healthy People 2020

Healthy People is a science-based, 10-year, multi-agency initiative that provides goals, measurable objectives, and benchmarks in order to:

- Increase public awareness and understanding of the determinants of health, disease, and disability
- Provide measurable objectives and goals that are applicable at the national, State, and local levels
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

(Source: www.HealthyPeople.gov)

Table 11 outlines 11 selected objectives out of over 600 which are provided by the 2020 installation of the Healthy People initiative. Gaston County is meeting the national goals in the areas of teen pregnancy, tuberculosis, infant mortality, and suicide. However, we appear to be falling behind in the areas of low birth weight babies, death from HIV, obesity, smoking, and deaths from heart disease and cancer.

Table 11. Healthy People 2020 Objectives Compared to Gaston County, 2011

Indicator	Healthy People 2020 Objective	Gaston County	
Teen Pregnancy 15-17	36.2 pregnancies per 1,000	21.2	✓
Teen Pregnancy 18-19	105.9 pregnancies per 1,000	94.6	✓
Low birth weight babies	7.8% of live births	9.2%	✗
HIV mortality	3.3 HIV deaths per 100,000	4.6	✗
Tuberculosis	1.0 case per 100,000	0	✓
Obesity	30.5% of adults	31%	✗
Infant mortality	6.0 infant deaths per 1,000 live births	5.1	✓
Heart disease mortality	100.8 deaths per 100,000 population	225.6	✗
Cancer mortality	160.6 deaths per 100,000 population	192.4	✗
Suicide	10.2 suicides per 100,000 population	13.0	✓
Current smoker	12% of adults	25%	✗

Source: NC SCHS and HealthyPeople.gov

These indicators can tell us where our community is achieving success, and where we still have areas of improvement. These concrete measures are a good way to track our community's health, and also a springboard to implementation of concrete proposals and programs. Like Healthy People 2020, the **2012 Community Health Assessment** in and of itself is a method of assessment which leads to setting priorities and developing action plans to better the health of the residents of Gaston County.

## Section Five: County Health Rankings

The Robert Wood Johnson Foundation, the University of Wisconsin's Population Health Institute, and Community Catalyst created the County Health Rankings project. This project provides accurate visualizations of county health indicators – including life expectancy, graduation rates, income, and teen pregnancy – describes how each indicator is used, and calculates overall county health rankings (Figure 29).

Data are derived from reliable, public sources – including the Behavioral Risk Factor Surveillance System (BRFSS), the National Center for Health Statistics (NCHS), the US Census' American Community Survey (ACS), and the Federal Bureau of Investigation (FBI) – to provide a thoughtful and fairly reliable picture of a community's overall health.

According to the County Health Rankings Project, Gaston County fares better than the state of North Carolina in the following categories:

- Adult obesity
- Excessive drinking behaviors
- Chlamydia infections
- Ratio of primary care physicians to residents
- High school graduation rate
- HIV prevalence rate
- Ratio of mental health providers to residents
- Illiteracy rate

Neither our state nor Gaston County achieved the national benchmarks for any category evaluated by the project.

Gaston County's overall health outcomes rank is 76 out of 100, ranking it in the bottom half in all categories (i.e., 50% of the counties in North Carolina rank higher than Gaston County) except health behaviors, which is only slightly better with a rank of 45.

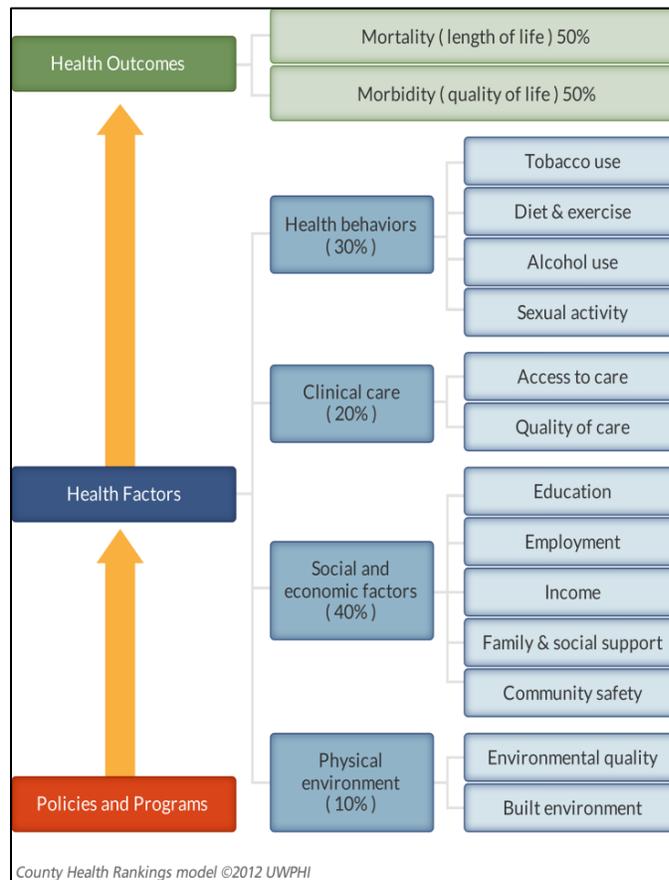


Figure 29. Image courtesy Countyhealthrankings.org, Data and Methods

Figure 29 also illustrates factors that influence the health outcomes. Specifically, they are healthy behaviors including tobacco use, diet and exercise, alcohol use, and sexual activity; clinical care which includes access to and quality of care; social and economic factors including education, employment, income, family and social support, and community safety; and, the physical environment which includes environmental quality and the built environment.

While the following County Health Rankings are used nationally, the data on this table (Figure 30) are from the eight year period 2002 to 2010. With this in mind, these data are of greatest value when considered as a snapshot of overall county health. For example, while this table says Gaston's rate of adult obesity is lower than the rate for North Carolina, the following table – developed by GCHD with more current data – illustrates that Gaston County lags the state in adult obesity.

 <b>County Health Rankings Project Results, Gaston County</b>										
	Gaston County	National Benchmark	North Carolina	Rank of 100		Gaston County	National Benchmark	North Carolina	Rank of 100	
<b>Health Outcomes</b>					<b>76</b>	<b>CLINICAL CARE CONTINUED</b>				
<b>MORTALITY</b>					<b>74</b>	<b>Preventable hospital stays</b>				
Premature death	9,604	5,466	7,961		Diabetic screening	69	49	64		
<b>MORBIDITY</b>					<b>69</b>	<b>Mammography screening</b>				
Poor or fair health	21%	10%	18%		<b>SOCIAL &amp; ECONOMIC FACTORS</b>					
Poor physical health days in the past 30 days	4.3	2.6	3.6		High school graduation	79%		78%		
Poor mental health days	4.2	2.3	3.4		Some college	56%	68%	61%		
Low birthweight	9.4%	6.0%	9.1%		Unemployment	12.20%	5.40%	10.60%		
<b>Health Factors</b>					<b>65</b>	<b>Children in poverty</b>				
<b>HEALTH BEHAVIORS</b>					<b>45</b>	<b>Percent adults w/out social support</b>				
Adult smoking	27%	14%	22%		Children in single-parent households	28%	13%	25%		
Adult obesity BMI >=30	26%	25%	29%		Violent crime rate per 100,000	23%	14%	21%		
Physical inactivity	29%	21%	25%		<b>PHYSICAL ENVIRONMENT</b>					
Excessive drinking	12%	8%	13%		Air pollution-particulate matter days	35%	20%	34%		
Motor vehicle crash death rate	18	12	19		Air pollution-ozone days	1	0	1		
Chlamydia infections per 100,000	344	84	445		Recreational facilities per 100,000	4	0	6		
Teen birth rate per 1,000 females	62	22	50		Percent w/ limited access to grocery stores	10	16	11		
<b>CLINICAL CARE</b>					<b>56</b>	<b>Percent of restaurants that are fast food</b>				
Uninsured	19%	11%	18%		55%	25%	49%			
Primary care physicians	1,083:1	631:1	859:1		Note: Blank values reflect unreliable or missing data					
					Source: Countyhealthrankings.org					

Figure 30. Each smiling face icon indicates where Gaston County is healthier than the state.  
Data from Countyhealthrankings.org

# How Healthy is Gaston County?

## About This Document

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

**Key** → Positive Trend → Negative Trend → No Discernible Trend Board of Health Priority Indicator

Chronic Disease	Previous Year (2010 unless otherwise noted)		Most Recent Year (2011 unless otherwise noted)		Grade	5-year trend (Gaston)
	Gaston	NC	Gaston	NC		
Cancer Rate <sup>1</sup>	494.5 <sup>08</sup>	488.2 <sup>08</sup>	502.7 <sup>09</sup>	496.8 <sup>09</sup>	C	<span style="color: yellow;">→</span>
Heart Disease Deaths <sup>1</sup>	234.9	179.2	225.6	175.6	C	<span style="color: yellow;">→</span>
Diabetes	11.0%	9.8%	18.2%	10.9%	C-	<span style="color: red;">→</span>
Lung Disease Deaths <sup>1</sup>	164.5	122.6	203.3	122.5	D	<span style="color: red;">→</span>
Overweight/Obese	58.0%	65.3%	74.7%	65.1%	C	<span style="color: red;">→</span>
Disability	40.8%	32.9%	35.4%	25.0%	D+	<span style="color: yellow;">→</span>

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

Child Health	Previous Year (2010 unless otherwise noted)		Most Recent Year (2011 unless otherwise noted)		Grade	5-year trend (Gaston)
	Gaston	NC	Gaston	NC		
Infant Deaths <sup>1</sup>	8.1	7.0	5.1	7.2	B	<span style="color: green;">→</span>
Child Deaths <sup>2</sup>	63.0	57.4	38.8	57.3	B	<span style="color: green;">→</span>
Uninsured Children	8.6% <sup>09</sup>	8.7% <sup>09</sup>	10.3% <sup>10</sup>	11.3% <sup>10</sup>	B+	<span style="color: red;">→</span>
Free/Reduced Lunch Children Eligible for Medicaid	58.9% <sup>10-11</sup>	53.9% <sup>10-11</sup>	59.9% <sup>11-12</sup>	56.0% <sup>11-12</sup>	D+	<span style="color: red;">→</span>
	47.8% <sup>09</sup>	42.7% <sup>09</sup>	42.0% <sup>10</sup>	34.6% <sup>10</sup>	D-	<span style="color: red;">→</span>

<sup>1</sup> per 1,000 live births  
<sup>2</sup> per 100,000 children 0-17 years

Lifestyle Behaviors	Previous Year (2009)		Most Recent Year (2011)		Grade	5-year trend (Gaston)
	Gaston	NC	Gaston	NC		
Recommended amount of physical activity	45.2%	46.4%	45.0%	46.8%	C	<span style="color: green;">→</span>
Consumption of healthy foods	18.5%	20.6%	8.6%	13.7%	F	<span style="color: red;">→</span>

Environmental Health	Previous Year (2010)		Most Recent Year (2011)		Grade	5-year trend (Gaston)
	Gaston	Mecklenburg	Gaston	Mecklenburg		
Unhealthy air quality days for sensitive groups	0	14	0	17	A+	<span style="color: green;">→</span>

Women's Health	Previous Year (2010 unless otherwise noted)		Most Recent Year (2011 unless otherwise noted)		Grade	5-year trend (Gaston)
	Gaston	NC	Gaston	NC		
Teen Birth Rate <sup>1</sup>	48.5	38.3	48.8	43.8	C	<span style="color: green;">→</span>
New mothers who are breastfeeding	15.3%	22.8%	21.5%	23.2%	A-	<span style="color: green;">→</span>
Medicaid Births	60.3% <sup>08</sup>	52.6% <sup>08</sup>	66.2% <sup>09</sup>	57.3% <sup>09</sup>	D-	<span style="color: red;">→</span>
Pap smears	84.2% <sup>08</sup>	86.9% <sup>08</sup>	72.7% <sup>10</sup>	84.0% <sup>10</sup>	D-	<span style="color: red;">→</span>
Mammograms	77.4%	78.5%	76.3% <sup>10</sup>	77.1% <sup>10</sup>	C-	<span style="color: red;">→</span>
Low Birth Weight	9.7%	9.1%	9.2%	9.1%	C+	<span style="color: green;">→</span>
Adequate prenatal care	87.8%	95.7%	91.4%	89.8%	C-	<span style="color: green;">→</span>

<sup>1</sup> per 1,000 live births to girls 10-19

Behavioral Health	Previous Year (2010 unless otherwise noted)		Most Recent Year (2011 unless otherwise noted)		Grade	5-year trend (Gaston)
	Gaston	NC	Gaston	NC		
Poor mental health	24.6%	23.2%	24.2%	24.9%	C	<span style="color: yellow;">→</span>
Smoking	27.6%	19.8%	25.2%	21.8%	C-	<span style="color: yellow;">→</span>
Suicide rate <sup>1</sup>	15.0	12.2	13.0	12.4	C	<span style="color: green;">→</span>
Heavy drinking	3.6%	3.5%	5.4%	5.6%	B-	<span style="color: red;">→</span>

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

Socioeconomic	Previous Year (2010 unless otherwise noted)		Most Recent Year (2011 unless otherwise noted)		Grade	5-year trend (Gaston)
	Gaston	NC	Gaston	NC		
Median Household Income	\$39,054	\$43,326	\$40,674	\$43,916	C	<span style="color: yellow;">→</span>
Finished high school	79.9%	84.7%	83.0%	84.7%	B-	<span style="color: green;">→</span>
Finished bachelor's degree	16.9%	26.5%	18.5%	26.9%	D+	<span style="color: green;">→</span>
School dropout rate	3.0% <sup>09-10</sup>	2.6% <sup>09-10</sup>	3.1% <sup>10-11</sup>	2.3% <sup>10-11</sup>	C	<span style="color: green;">→</span>
Unemployment rate	12.2%	10.6%	11.3%	10.4%	C-	<span style="color: yellow;">→</span>
Percent of children in single-parent households	36.6%	36.6%	39.4%	37.1%	C-	<span style="color: red;">→</span>
Uninsured	19.2%	16.8%	18.3%	16.3%	B+	<span style="color: green;">→</span>
Families living in poverty	16.9%	13.3%	13.3%	13.2%	C+	<span style="color: green;">→</span>

Communicable Disease	Previous Year (2010)		Most Recent Year (2011)		Grade	5-year trend (Gaston)
	Gaston	NC	Gaston	NC		
Pneumonia/Influenza Deaths <sup>1</sup>	25.7	17.7	29.9	16.7	D-	<span style="color: red;">→</span>
HIV Rate <sup>2</sup>	14.8	15.9	15.5	16.4	B-	<span style="color: red;">→</span>
Chlamydia <sup>2</sup>	427.0	449.5	696.3	564.8	C+	<span style="color: red;">→</span>
Gonorrhea <sup>2</sup>	162.1	150.9	173.2	179.9	B+	<span style="color: yellow;">→</span>
Syphilis <sup>3</sup>	2.4	7.7	3.9	8.1	A-	<span style="color: green;">→</span>

<sup>1</sup> deaths per 100,000 residents  
<sup>2</sup> new cases per 100,000 residents  
<sup>3</sup> new "locally syphilis" cases per 100,000 residents

## About the Data

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

Figure 31. Gaston County Annual Report Card.

In addition to the County Health Rankings analysis, the Gaston County Health Department conducts an annual assessment of our local state of health. Figure 31 shows the trend and assigned grade of each health outcome or risk factor.

The trend lines give a five-year look at each indicator, and may be positive or negative depending on the nature of the measure. The grades are based on Gaston County's health measures in previous years. These numbers are essential to helping Gaston County become a healthy community.

When analyzing these numbers, some areas stand out as needing special attention. These areas form the basis for Gaston County's public health priorities. These priorities are:

- Reducing Obesity and Increasing Physical Activity and Good Nutrition
- Reducing Tobacco Use and Substance Abuse
- Reducing Teen Pregnancy

## Section Six: Environmental Health Assessment

**E**nvironmental health describes quality of life factors that are determined by physical, chemical, biological, social, and psychological factors in the natural environment. Key dimensions of Gaston County's environmental health are air quality, water quality, lead hazards, and the built environment.

*The GCHD Environmental Health Services Division is tasked to protect the residents of Gaston County by ensuring food and water supplies are safe and the environment is properly managed. Their services include food and lodging inspections, complaint investigations, responding to food-borne outbreaks, epidemiology, emergency preparedness, on-site wastewater inspections, well water inspections, vector control, and inspecting tattooing facilities. This section addresses Air Quality, Water Quality, Food and Lodging, Lead Testing, and the Built Environment.*

### **Air Quality**

Air quality is affected by vehicle traffic, industry, and geography – both inside and outside the county. The Air Quality Index (AQI) is a measure of the quality of outdoor air, which measures concentrations of ozone, particulates, carbon monoxide, nitrogen dioxide, and sulfur dioxide. While our region is successfully reducing levels of many air pollutants, concentrations of ozone and particulate matter are still significant problems.

#### **Ozone**

There are beneficial and harmful types of ozone. Good ozone occurs naturally in the earth's upper atmosphere – six to 30 miles above the earth's surface – where it forms a protective layer that shields us from the sun's harmful ultraviolet rays. Chemicals that destroy this ozone led the federal government to phase out the production and use of ozone-depleting substances.

Bad ozone is a harmful air pollutant and a major component of smog. It is found near the ground and is formed when chemicals – emitted from automobiles, refineries, power plants, industrial boilers, chemical plants, dry cleaners, solvents and paints – react in the presence of sunlight. Typically, it is formed in the atmosphere when ultraviolet radiation and high temperatures cause chemical reactions among volatile organic compounds and nitrogen oxides. These ozone levels are typically highest during warmer times of the day and year.

This form of ozone contributes to asthma, lung infections, cell inflammation, and shortness of breath. In Gaston County and our region, the growing population and the increasing number of vehicle miles traveled contribute to higher ozone levels. Because ozone levels in the area around Mecklenburg County have consistently been 15% above federal compliance levels over the last 20 years, the U.S. Environmental Protection Agency (EPA) designated our region, including Gaston County, an ozone “non-attainment” area in February 2012 (Figure 32). This designation indicates the air quality in our area does not meet national standards.

Particle pollution, or "particulate matter," is a mixture of liquid droplets and such solids as dust, dirt, soot, and smoke. Some solids are emitted directly into the air by factories, power plants, vehicles, construction activity, and fires, while others are formed when pollutants react in the atmosphere. Particulate matter is categorized by size: particles with diameters less than 10 micrometers – smaller than the width of a human hair – can enter the lungs and cause serious health problems.

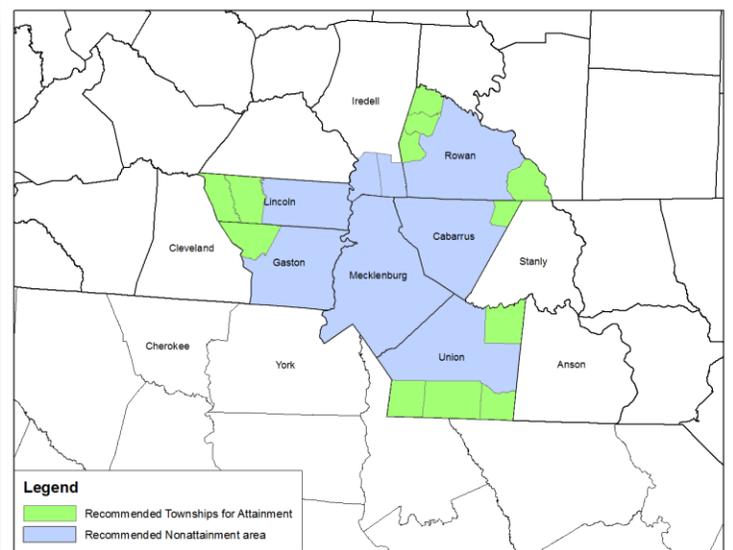


Figure 32. Image courtesy [www.epa.gov](http://www.epa.gov) Amended Recommendation on Boundaries for the 2008 8-Hour Ozone Standard, 9/29/2012

While we are located in the region called the Charlotte-Gastonia-Salisbury Combined Statistical Area, Gaston County does not have ozone monitors within its borders; the closest monitor is in Crouse, in neighboring Lincoln County.

### **Emissions**

In 2010, Gaston County had annual point source emissions of 6,774 tons and 477 tons of nitrogen oxides and volatile organic compounds (VOCs). Two Duke Energy electric utility plants generate emissions that can contribute to these numbers – they are subject to nitrogen oxide regulations, the Clean Air Interstate Rule (CAIR), and the N.C. Clean Smokestacks Act. Gaston County also has two major sources for nitrogen oxides and no major point sources for VOCs. Sources of nitrogen oxide are Duke Energy’s Allen and Riverbend Steam Plants and vehicles. Gaston County has a vehicle emission inspection and maintenance program and low-sulfur gasoline is required statewide. Combined federal and state control programs address these emissions.

### **Traffic and Commuting Patterns**

In 2010, Gaston County had an average of 5.7 million daily vehicle miles traveled (VMT), as it was home to 5% of daily commuters who drive to Mecklenburg County for work, making it 4<sup>th</sup> among counties whose residents commute to Mecklenburg. Projections estimate 17.2% population growth between 2010 and 2020 in counties whose residents commute to Mecklenburg County, which is expected to increase VMT by approximately 7.5 million by 2015 and 9.1 million by 2025.

(Source: *State of North Carolina’s Amended Recommendation on Boundaries for the 2008 8-Hour Ozone Standard*, February 29, 2012. The North Carolina Department of Environment and Natural Resources)

The Air Quality Index (AQI) is a daily report of air quality and health problems we may experience in a few hours or days after breathing polluted air.

The AQI employs a scale that runs from 0 to 300: the higher the AQI value, the greater the concentration of air pollution and the greater the threat to health. An AQI value of 100 generally corresponds to the national air quality standard for a pollutant; typically, AQI values below 100 are satisfactory but

measures above 100 will cause adverse health effects – initially for sensitive people, and then for larger numbers of people as AQI values increase. Figure 33 shows Gaston County's Average AQI as compared to North Carolina and the U.S. While the AQI declined significantly in all locations since 2007

Gaston County has consistently had a greater AQI than the state and nation for the past decade.

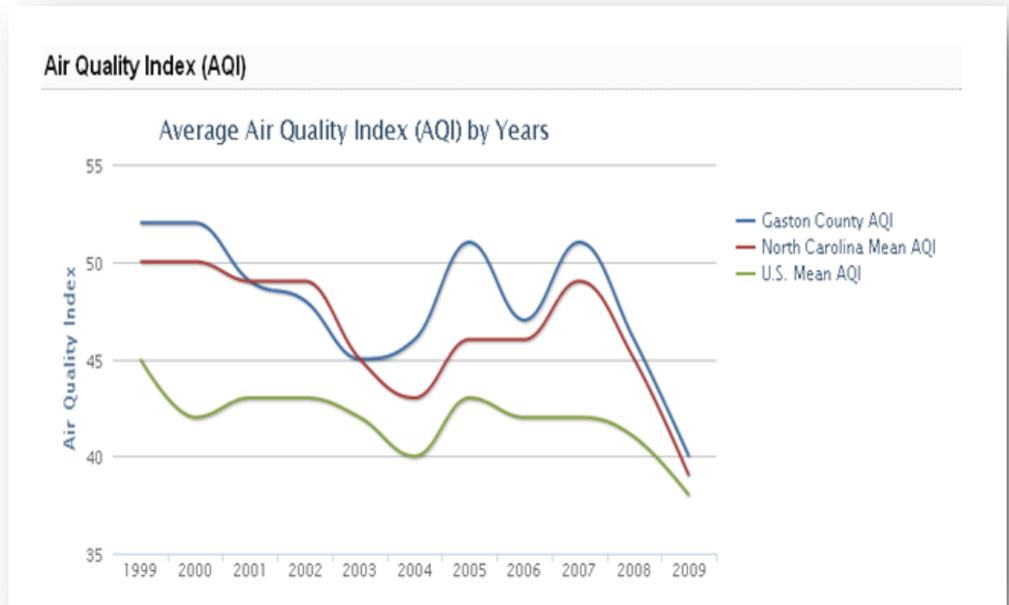


Figure 33. Image courtesy [www.usa.com](http://www.usa.com) with data sourced from the Air Quality Database, Environmental Protection Agency

Table 10 describes the numerical values and corresponding “colors” used to convey AQI. In Gaston County, this information is disseminated through radio, television, newspapers, over the Internet, through electronic and digital alerts, and via roadside signs.

Table 10

Air Quality (AQI) Values	Level of Health Concern	Color
0-50	Good air quality, no health risks expected	Green
51-100	Moderate. Unusually sensitive people may be affected	Yellow
101-150	Unhealthy for sensitive groups such as children, active adults, and those with asthma or heart disease.	Orange
151-200	Unhealthy air quality for everyone, avoid prolonged outdoor activity	Red
201-300	Very unhealthy, everyone should avoid outdoor activity	Purple
301-500	Hazardous, everyone may experience serious health effects	Maroon

Figure 34 shows the number of days in the Charlotte statistical area where AQI levels caused health concerns.

Two groups working to improve air quality in the 15-county Charlotte Region – which includes Gaston County and counties in North and South Carolina – are the Carolinas Clean Air Coalition (CCAC) and the Sustainable Environment for Quality of Life (SEQL) project. CCAC is a community collaboration that works to restore clean and safe air through coalition building, public policy advocacy, and community outreach. The SEQL project uses EPA funding to engage elected officials, local governments, business and industry groups, economic development groups, and environmental stakeholders to address environmental issues.

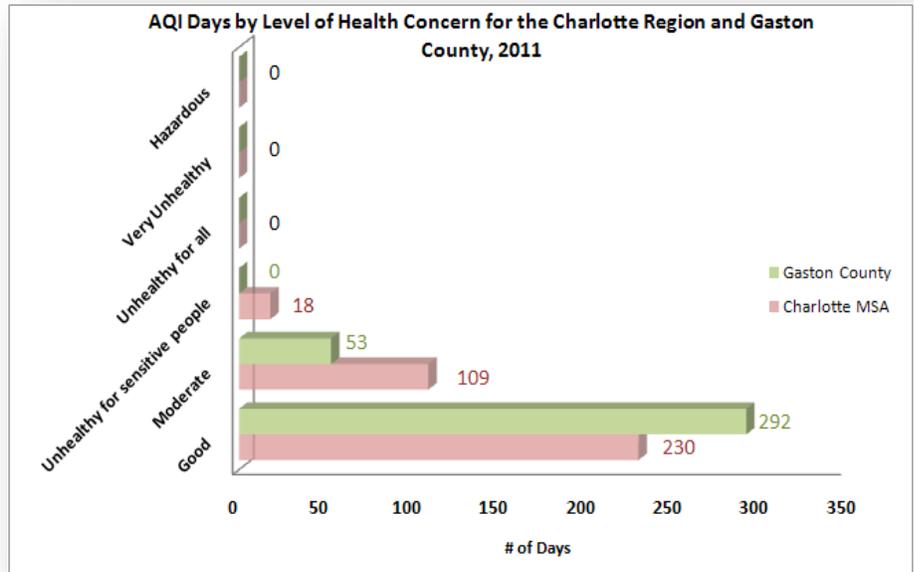


Figure 34. Data from [www.epa.gov/airdata](http://www.epa.gov/airdata) Air Quality Index Report

### Water Quality

Surface water describes fresh flowing water (rivers, streams and creeks) and fresh standing waters (lakes, ponds and reservoirs). Flowing waters in Gaston County are part of the Catawba Watershed and include the Upper Catawba River and the South Fork of the Catawba River. These waters are consumed by humans, used in industry, a source of food, used for recreation and transportation, and are sites for disposed manufacturing byproducts and treated sewage.

According to EPA and State of North Carolina data (1998), only 4% of the county's surface water is impaired or threatened, making it among the "cleanest/best counties" in the U.S. Of affected rivers, streams, and creeks, the leading pollutants and stressors are: pathogens (31%), sediments (22%), mercury (9%), and metals (3%) (Source: [http://scorecard.goodguide.com/env-releases/water/cwa-county.tcl?fips\\_county\\_code=37071#ranking](http://scorecard.goodguide.com/env-releases/water/cwa-county.tcl?fips_county_code=37071#ranking)).

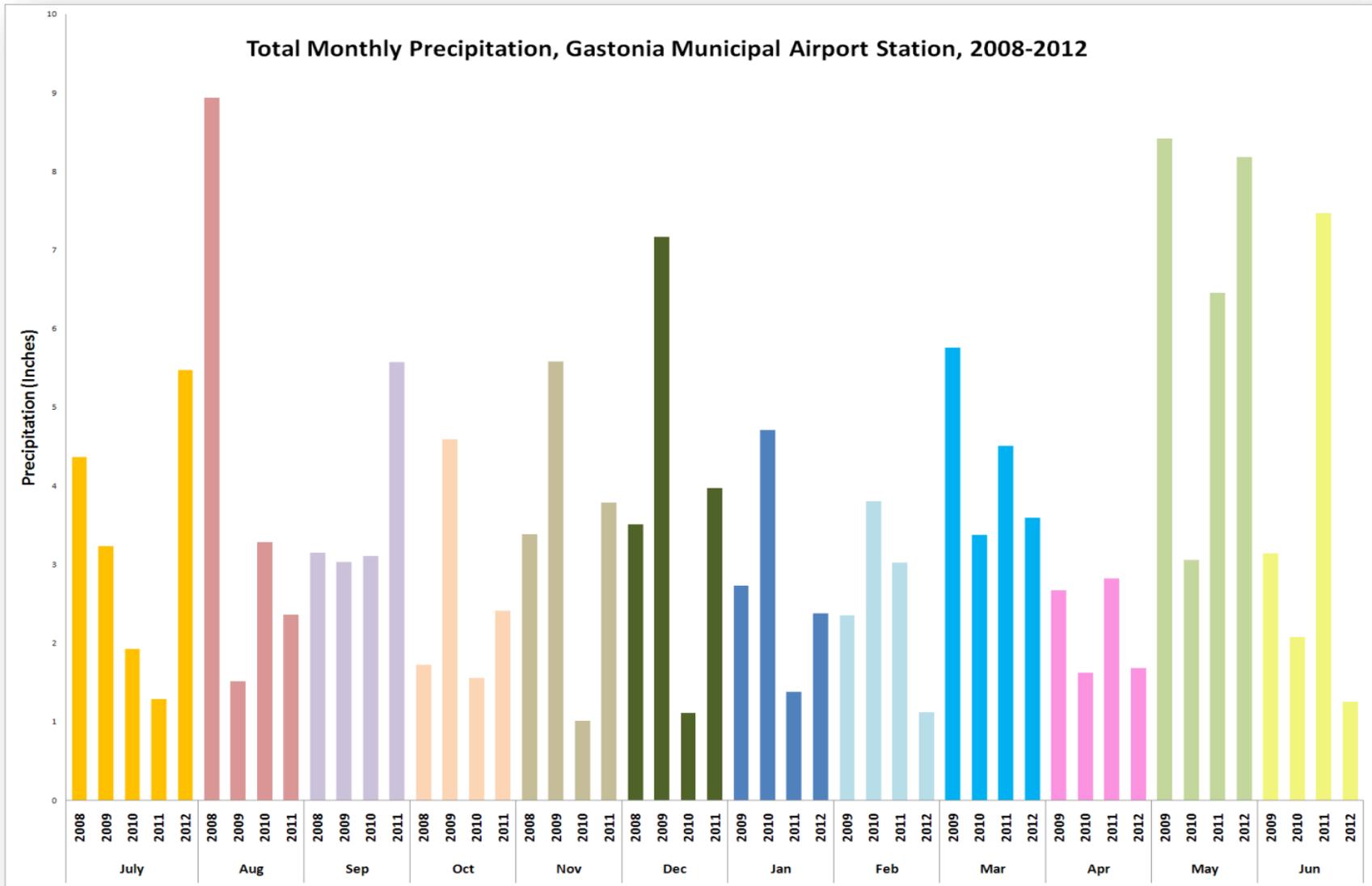


Figure 35. Data from State Climate Office of North Carolina, CRONOS Database

Pathogens, such as bacteria, viruses and protozoa, can enter water through inadequately treated sewage, storm water drains, septic systems, runoff from livestock pens, and sewage from boats. Regulatory agencies usually measure indicator bacteria, because it is impossible to test waters for all disease-causing organisms. The presence of bacteria like E. coli suggests the possible presence of untreated sewage and dangerous organisms.

Sedimentation occurs when soil particles enter water from eroding land or agricultural production. Because of the high clay content of North Carolina soil, most rivers naturally have high sediment loads after rainfalls. Sedimentation is considered a pollutant when it exceeds this natural level, as it can clog and abrade fish gills, suffocate fish eggs and aquatic insect larvae, or reduce water clarity which can interfere with recreational activities. Nutrients and chemicals that attach to sediment particles on land may enter waters, where they can detach and become soluble (Source: [http://scorecard.goodguide.com/env-releases/def/cwa\\_cause\\_class\\_def.html#sed](http://scorecard.goodguide.com/env-releases/def/cwa_cause_class_def.html#sed))

These problems are mainly caused by non-point sources, or when rainfall or snowmelt picks up chemicals, biological agents and sediments and carries them to surface and ground waters. These pollutants include agricultural and residential fertilizers, herbicides and insecticides; oil, grease, and toxic chemicals from urban run-off and energy production; sediment from construction sites, crop and forestlands; and, bacteria and nutrients from livestock, pet wastes and faulty septic systems (Source: [http://scorecard.goodguide.com/env-releases/def/cwa\\_source\\_class\\_def.html#nonpt\\_src](http://scorecard.goodguide.com/env-releases/def/cwa_source_class_def.html#nonpt_src)).

According to the State Climate Office, Gaston County's rainfall fluctuates substantially between months and years (Figures 35 and 36). From 2009-2012, the month of May appeared to have the highest mean amount of rainfall. In 2010, there was less rainfall overall, corresponding with moderate drought conditions (Source: [www.ncdrought.org](http://www.ncdrought.org)). In the past three years, the greatest overall rainfall was in 2009.

Gaston County has had two major water-related events in the past two years: the Duke Energy Hydro Relicensing effort for the Catawba-Watauga system, and the request by the cities of Concord and Kannapolis for an interbasin transfer request. North Carolina's population is projected to increase 52% by the year 2030, which is expected to create an estimated statewide increase in demand for water from 1,611 to 2,185 million gallons a day (Source: <http://gastonqnc.org/waterqualitysubcommittee.htm>).

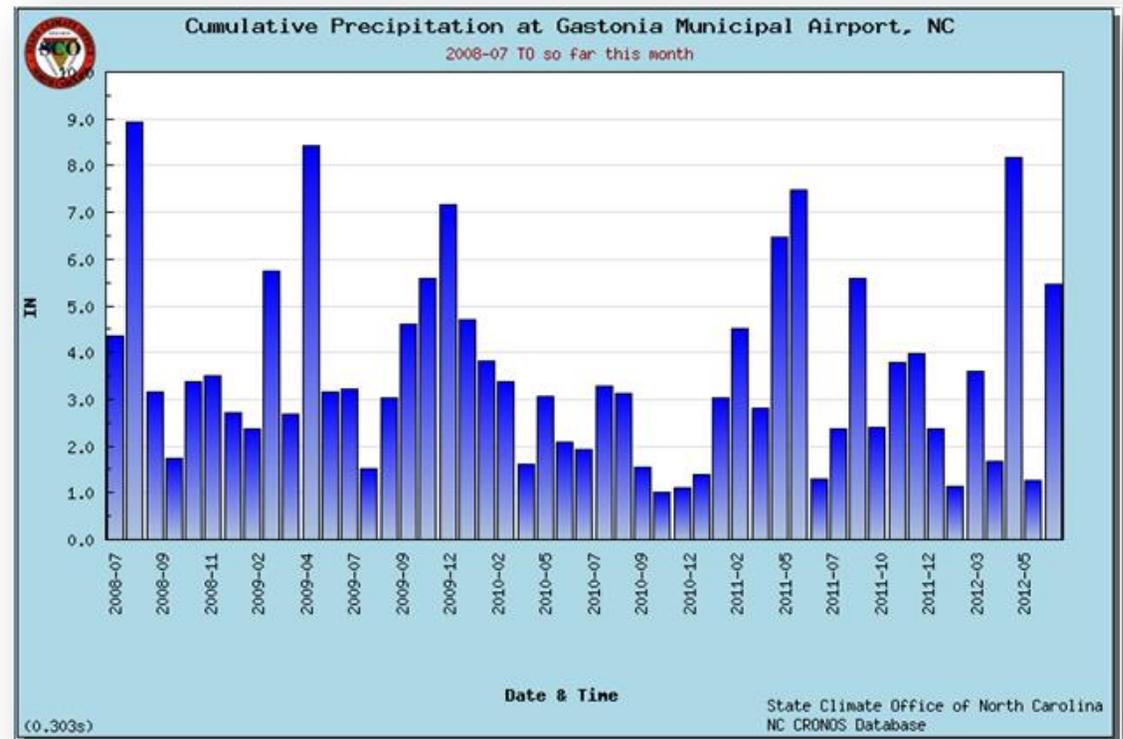


Figure 36. Source: State Climate Office of North Carolina, CRONOS Database

The Quality of Natural Resources Committee represents Gaston County on the Centralina Council of Governments' Regional Stormwater Partnership, which educates Gaston County residents on how to keep pollutants out of stormwater, for example, by not overusing herbicides and pesticides on lawns, picking up pet waste, and not dumping household chemicals into storm drains. Other achievements include a project with the N.C. Department of Environment and Natural Resources to monitor, classify, and rate the impaired status of 17 streams.

Well and septic systems are widely found in Gaston County. Of its estimated 40,000 wells, which supply water to households and businesses, 165 are community water systems that serve multiple dwellings. GCHD is responsible for approving the location of wells and issuing required well permits, per state standards.

Because Gaston County has had less than average rainfall over the past several years (Figure 36), the level of available groundwater, or the water drawn by wells, has dropped approximately two and one-half feet. In spite of these circumstances, well users have had a steady supply of water because local wells are drilled an average of 120 feet, which is sufficient to draw needed water from bedrock.

In 2011, GCHD environmental health specialists sampled water from 476 wells for bacteria and inorganic chemicals, issued 84 well construction permits, conducted 106 new well grouting inspections, and made 1,113 well-related field calls.

These environmental health specialists also ensure septic systems are built and working properly. They examine soil, topography, landscape position, soil wetness, soil depth, and barriers to assure septic systems are properly located. They also issue permits to developers to install, construct, and operate new septic systems and investigate complaints about sewage odor and septic system problems; as necessary, they issue notices of violation.

In 2011, staff in the GCHD on-site wastewater program made 814 site visits, issued 250 permits for new septic systems, provided 224 verifications for homeowners to obtain building permits for room additions, and investigated 148 complaints.

### **Food and Lodging**

GCHD Food and Lodging staff issue permits to and monitor area eating establishments, including restaurants, school cafeterias, mobile food units, pushcarts, and businesses that sell food that must be stored, cooked, served or held at specific temperatures. The program also issues permits and inspects hotels and other temporary lodging facilities, child care centers, nursing homes, tattoo artists, meat markets, and public swimming pools. Staff also works with contractors and owners of restaurants that are under construction to ensure floor plans, equipment, construction materials, lighting and plumbing meet public health regulations.

In 2011, GCHD staff conducted quarterly inspections of 1,184 facilities for a total of 3,084 inspections. Staff investigated 145 complaints and made 3,623 consultative visits. Gaston County was the largest county in North Carolina to achieve a 100% inspection rate.

### **Lead Testing**

GCHD administers the Childhood Lead Poisoning Prevention Program, which provides blood lead testing and medical case management to children under age six with elevated blood lead levels. The target population is children who reside in homes built before 1978, the last year

lead-based paints were allowed in the U.S. From July 2011 to June 2012, only one child had confirmed lead poisoning, which is defined as 20 micrograms of lead per deciliter, or greater, on two consecutive tests within six-months.

### **Built Environment**

In addition to the natural environment, community health is influenced by exposure to toxins in the built environment.

A prime example is secondhand tobacco smoke in restaurants. Secondhand smoke emits more than 4,000 chemical compounds, of which many are poisonous and can cause cancer. When individuals are exposed to secondhand smoke in restaurants, they are essentially captive to the effects of these cancer-causing compounds. On January 2, 2010, North Carolina enacted the Smoke-Free Restaurants and Bars Law, which bans smoking in almost all restaurants, and bars, and in at least 80% of guest rooms in establishments like hotels. GCHD Environmental Health Services is tasked with investigating complaints and potential violations of this law. These complaints and violations are received via the [SmokeFree.NC.gov](http://SmokeFree.NC.gov) website under the Complaint Form: Reporting Violation(s) link.

The Gaston County Schools have adopted smoke-free campuses. This policy reinforces classroom lessons on good health practices, prevents exposure to secondhand smoke, and helps build a community standard to discourage youth and adults from engaging in our nation's leading cause of preventable death and disability.

The built environment is also the focus of policy and environmental changes adopted by businesses, governments, and organizations to promote strong fitness and nutrition practices. Such policies could include offering fitness breaks, selling healthy foods in vending machines, and requiring healthy food options at potluck dinners in houses of worship. Environmental changes might include building and expanding greenways and sidewalks, establishing farmers markets to sell locally grown produce, and encouraging the opening of full-service grocery stores in neighborhoods with limited access to fresh and healthy foods.

Member agencies of the Gaston County Fitness and Nutrition Council, a group of the Gaston Community Healthcare Commission, engage in these activities. By offering individually oriented fitness and nutrition programs and promoting policy and environmental changes, it provides options for adopting healthy lifestyles. Greenways are Gaston County's most visible "built environment" program in support of improved fitness; the Avon-Catawba Greenway in Gastonia is slated for expansion, the Highland Rail Trail and a trail at Rankin Lake are now complete in the City of Gastonia; and other municipalities are building and planning greenways. These resources enable individuals to engage in regular physical activity – walking, running, cycling, roller skating – and create new community understandings about the importance of physical well-being.

## Section Seven: Quality of Life Survey

**T**he **Gaston County Quality of Life Survey, 2012** (Survey) was conducted to assess the opinions of Gaston County residents regarding their personal health, concerns about their communities, and how organizations in Gaston County can help improve its quality of life.

To get a comprehensive picture of these opinions, four diverse groups were surveyed: community leaders, community residents, high school students, and persons living in low-income areas throughout the county.

A variety of methods were employed to adequately survey these groups. Community leaders were surveyed via an online questionnaire service; community residents completed surveys either on paper or online; high school students completed a paper copy of the Survey; and, randomly selected residents of low-income areas were surveyed in person using hand-held computers.

Survey responses were tabulated by respondent groups – leaders, community residents, students, low-income – and also by high school district. These two groupings allow for both a social and geographic perspective of the responses.

The following data and analyses are intended to be a summary only and do not fully represent the entirety of the Survey results. As such, inquiries and requests from the public about specific topics are encouraged. Survey responses can be aggregated by respondent group, high school district, or zip code.

Finally, in an effort to reduce paper waste, detailed Survey data are available on the Internet at [www.gastonpublichealth.org](http://www.gastonpublichealth.org). Please use the following citation when referencing this document:

Gaston County Health Department, (2012). 2012 Gaston County Community Health Assessment Report. Available from website: [www.gastonpublichealth.org](http://www.gastonpublichealth.org)

### Demographics

Sixty-five percent of adults who completed the survey have lived in Gaston County for 20 or more years.

GCHD employed several approaches to distribute the Quality of Life Survey to assure responses adequately represented the demographics of county residents. As described under methodology, it distributed the Survey to four respondent groups: Community, Residents of Low Income Communities, Community Leaders, and Students (high school juniors). Figure 37 presents the percentage of Survey respondents by age and respondent group, except for students, with the gray bar representing the age distribution of

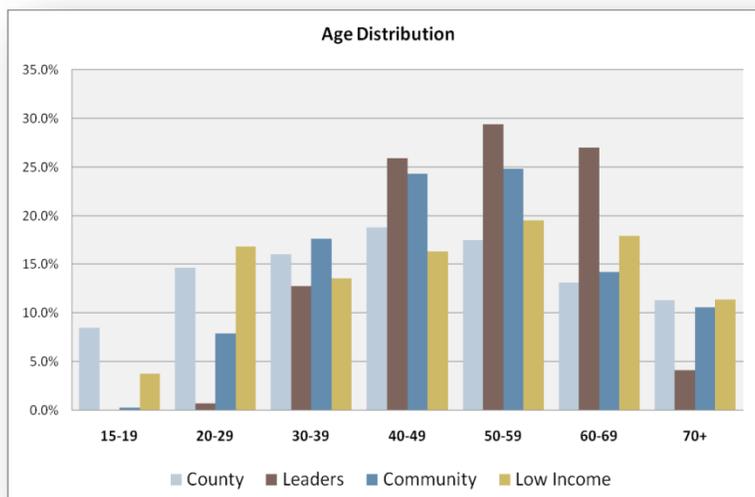


Figure 37.

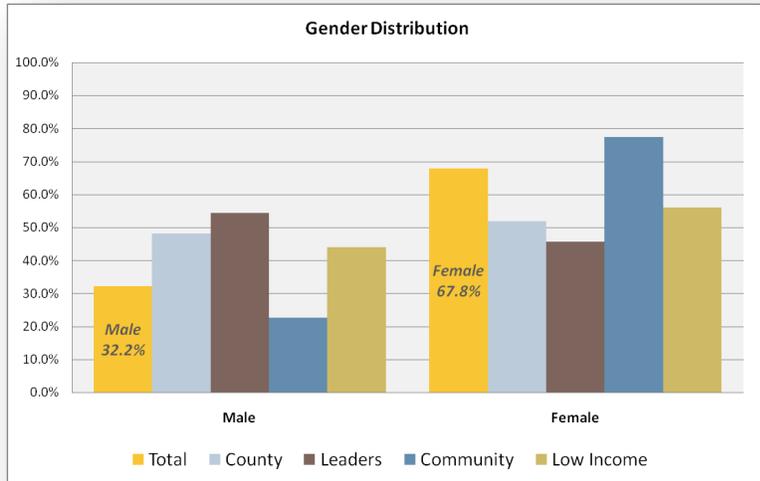


Figure 38.

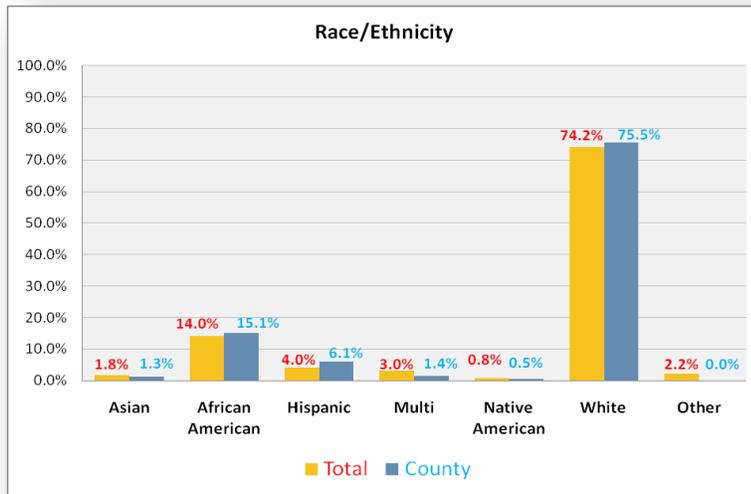
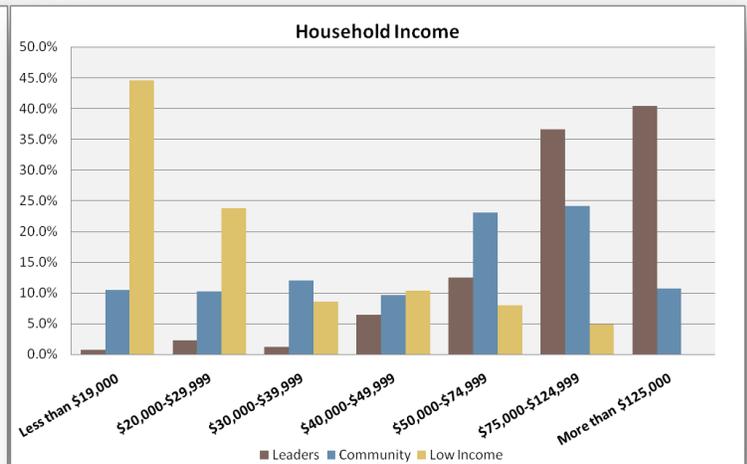
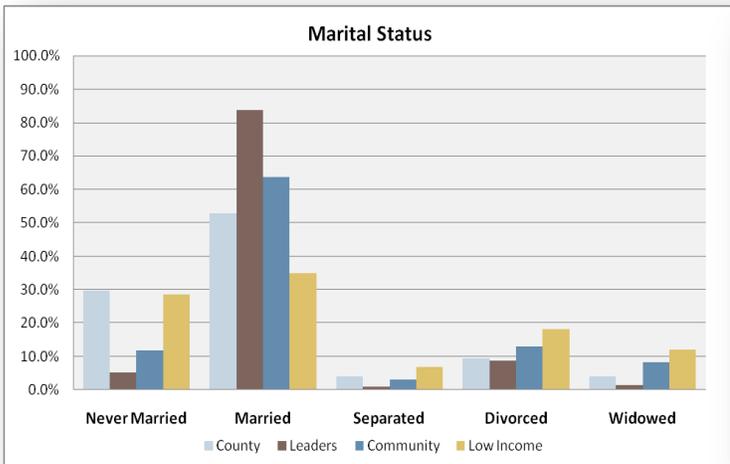


Figure 39.

all county residents, as derived from the 2010 Census. Survey respondents approximated the number of county residents between ages 30 and 49, and among individuals over 70. It underrepresented the number of county residents in the 15-19, and 20-29 age groups and overrepresented persons ages 50-59, and 60-69. By gender, the percentage of female respondents was 15% higher than the 52% of county residents who are women, and males were underrepresented by almost 16% (Figure 38).

The total percentage of survey respondents by ethnic origin (Figure 39) was almost exactly the same as the county population. Most respondents were married, with a higher-than-county rate of married respondents among responding leaders (Figure 40). Household income was also assessed, and as seen in Figure 41,

77% of the leaders group reported an income of \$75,000 or higher, whereas almost 70% of those in the low-income neighborhoods stated they made less than \$29,999 per year.



Figures 40 and 41.

## Survey Findings

GCHD used a percentage method to determine responses and rankings to the Quality of Life Survey. Affirmative responses were calculated by calculating the percentage of *Agree* or *Strongly Agree* responses to each question.

In 2012, the ten leading community health problems for all Survey respondents were: (1) obesity; (2) illegal drug use; (3) teen pregnancy; (4) alcohol abuse; (5) lack prescription drug use; (6) high blood pressure; (7) diabetes; (8) heart disease; (9) mental health; and, (10) cancer.

Table 12. Ranked Health Issues, 2012 and 2008 Comparison, All Respondents

Rank	2012	2008
1	Obesity	Obesity
2	Illegal drug use	Alcohol and substance abuse
3	Teen pregnancy	Teen pregnancy
4	Alcohol abuse	Motor vehicle accidents
5	Prescription drug use	Lack of health care for the uninsured
6	High blood pressure	High blood pressure
7	Diabetes	Mental illness, including depression
8	Heart disease	Diabetes
9	Mental health	Learning and developmental problems
10	Cancer	Cancer

The Youth Issues section of the Survey asked about academic, employment, social, and health issues. The top five issues reported by all survey respondents were: (1) increasing the high school graduation rate, (2) stopping physical, sexual, and emotional abuse of youth by their families, (3) helping high school students plan their careers, (4) teaching money management skills, and (5) stopping crime committed by youth.

Among high school juniors, the top five priorities were: (1) creating job opportunities for teens, (2) increasing the high school graduation rate, (3) stopping physical, sexual, emotional abuse of youth by their families, (4) helping high school students plan their careers, and (5) reducing the risk of HIV and sexually transmitted diseases. These findings emphasize the importance of economic and employment issues for youth, and are likely tied to our ongoing economic recession (Table 13).



Community leaders have also had changing priorities over the past eight years, although they tend to cite the same community health issues of: overweight/obesity, alcohol and substance abuse, and high blood pressure. While diabetes was a main health concern among leaders in 2004, it was not a top five ranking in 2008 and was ranked fourth in 2012. Teen pregnancy was a top priority in both 2008 and 2012. Finally, there is strong consistency among leaders' top priorities in 2004, 2008, and 2012.

Health and safety priorities ranked by high school juniors' changed more than the other respondent groups over the three surveys. Their consistent issues are overweight/obesity and alcohol and substance abuse. In 2004, they cited sexually transmitted diseases and high blood pressure – the only time high school juniors ranked these issues appear as top priorities in the three surveys. Diabetes appears in 2004 and 2008, but was not considered a high-ranking issue in 2012. In 2008, teens cited motor vehicle accidents and mental illness as a concern, along with teen pregnancy, which was ranked first by this group in 2008 and 2012.

Overall, these responses reveal a consistent concern with overweight/obesity, alcohol and substance abuse, high blood pressure, and teen pregnancy. These responses also reflect the county's growing understanding of the overlapping relationship between obesity, diabetes and high blood pressure ... and their risk factors.

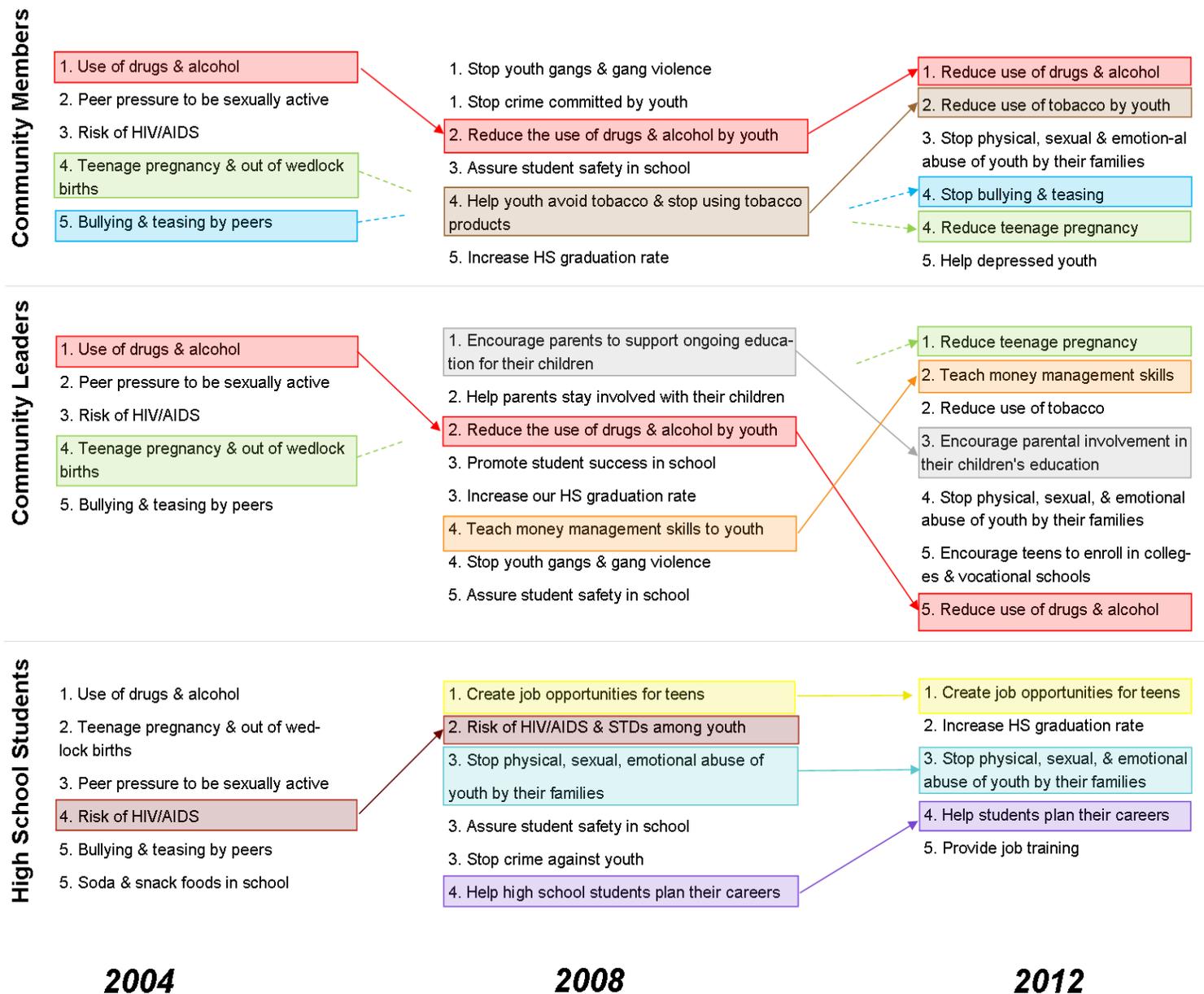


Figure 43. Responses to the YOUTH ISSUES section of the Survey, by respondent group, 2004, 2008, and 2012.

\* Dotted lines indicate an issue ranked in the top five in 2004, not in 2008, and reappeared in 2012

The top five ranked responses to the youth issues section of the Survey are presented in Figure 43. They are shown by respondent group (community members, community leaders, and high school students) and year of the Survey, 2004, 2008, and 2012.

Consistently, community respondents have cited their concerns about youth using drugs and alcohol. At the same time, there have been shifts, for example, the overall concern in 2004 was sexual activity, in 2008 it was violence and safety, and in 2012 was substance abuse and violence. While teen pregnancy was a high priority in 2004, it was not a top five issue in 2008, but was ranked fourth in 2012. And, 2012 was the first year helping depressed youth was cited by this survey group.

Community leaders have also had changing priorities over the past eight years. In 2004 their top five priorities focused on youth using drugs and alcohol, sexual activity and its consequences, and bullying and teasing. In 2008 they were most concerned with parental involvement, use of drugs and alcohol, academics, and safety. In 2012, teen pregnancy and college and vocational schools were ranked top-five priorities for the first time. Leaders' concerns with money management, college, and vocational schools in 2012 may be influenced by our current economic challenges and they may see teen pregnancy as an economic issue that can hinder teen parents from fulfilling their educational and employment potential.

Health and safety priorities ranked by high school juniors' changed significantly over the three Surveys. In 2004, they cited drugs and alcohol, teen pregnancy, and bullying and teasing – the only year these issues appear as top priorities. In 2008, teens focused on jobs and careers, HIV/AIDS and STDs, and health and emotional safety. Preventing abuse of youth by their families was the only top priority stated in 2012 that did not address jobs, careers, and academics, suggesting teens are anxious about finding jobs now and in the future.

The overall view of issues facing Gaston County youth appear to be influenced by the economic recession of 2008. There appears to be a shift towards concerns with finances, education, and job opportunities. Another potential impact of the recession is the emergence of concerns about domestic/familial abuse among students who completed the Survey, as poverty and low economic circumstances are strongly predictive of child maltreatment (Source: Sedlak, A.J., Mettenburg, J., et al. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families).

Table 13. Top Ten Ranked Youth Issues by Survey Group

Rank	All respondents (n=3,015)	Community (n=1,104)	Low Income (n=193)	Leaders (n=319)	HS Juniors (n=1,399)
1	Increase our high school graduation rate (80.3%)	Increase our high school graduation rate (87.0%)	Create job opportunities for teens (97.9%)	Reduce teenage pregnancy (93.4%)	Create job opportunities for teens (73.8%)
2	Stop physical, sexual, and emotional abuse of youth by their families (79.7%)	Stop youth gangs and gang violence (86.9%)	Stop crime against youth (97.4%)	Teach money management skills (89.7%)	Increase our high school graduation rate (71.6%)
3	Help high school students plan their careers (79.1%)	Teach money management skills (86.1%)	Provide job training for youth (97.4%)	Reduce the use of tobacco by youth (89.7%)	Stop physical, sexual, and emotional abuse of youth by their families (71.0%)
4	Teach money management skills (78.4%)	Reduce the use of drugs and alcohol by youth (86.0%)	Reduce teenage pregnancy (97.4%)	Encourage parental involvement in their children's education (89.3%)	Help high school students plan their careers (71.0%)
5	Stop crime committed by youth (77.5%)	Reduce the use of tobacco by youth (85.3%)	Teach money management skills (96.9%)	Stop physical, sexual, and emotional abuse of youth by their families (89.0%)	Reduce the risk of HIV and sexually transmitted diseases (69.5%)
6	Stop crime against youth (77.4%)	Stop physical, sexual, and emotional abuse of youth by their families (85.1%)	Reduce the risk of HIV and sexually transmitted diseases (96.9%)	Encourage teens to enroll in colleges and vocational schools (88.7%)	Provide job training for youth (68.8%)
7	Create job opportunities for teens (77.4%)	Encourage parental involvement in their children's education (85.0%)	Stop crime committed by youth (96.4%)	Reduce the use of drugs and alcohol by youth (88.7%)	Stop bullying and teasing among youth (68.7%)
8	Reduce teenage pregnancy (77.4%)	Encourage teens to enroll in colleges and vocational schools (84.4%)	Stop physical, sexual, and emotional abuse of youth by their families (96.4%)	Increase our high school graduation rate (87.8%)	Stop crime against youth (68.4%)
9	Reduce the risk of HIV and sexually transmitted diseases (77.3%)	Help high school students plan their careers (84.1%)	Help high school students plan their careers (96.4%)	Stop crime committed by youth (86.8%)	Help depressed youth (68.3%)
10	Encourage teens to enroll in colleges and vocational schools (77.1%)	Stop crime committed by youth (84.1%)	Encourage parental involvement in their children's education (96.4%)	Help high school students plan their careers (86.8%)	Prevent motor vehicle accidents (67.7%)

When examined for health-related topics, the leading health-related issues were: (1) reduce teenage pregnancy; (2) reduce the risk of HIV and sexually transmitted diseases; (3) help depressed youth; (4) reduce the use of tobacco by youth; and, (5) increase physical activity programs.

The Survey also asked about health problems in our community; Table 14 shows the top five rankings by respondent group. It is interesting to note a general consensus among the

respondent groups concerning obesity, substance abuse, and high blood pressure, but only students and community leaders saw teen pregnancy as the leading problem. Further, obesity was an issue for three of the four groups, but respondents in low-income neighborhoods did not consider it a top issue. Rather, they noted health issues that create more immediate community and family demands, such as drug and alcohol abuse, and mental health troubles. This may reflect intent to deal with these direct issues, or the lack of resources to address these health problems.

Table 14. Top Five Ranked Community Health Problems by Survey Group

Rank	All respondents	Community	Low Income	Leaders	HS Juniors
1	Obesity (74.3%)	Obesity (80.4%)	Illegal drug use (94.8%)	Obesity (84.6%)	Teen pregnancy (66.3%)
2	Illegal drug use (72.4%)	Illegal drug use (79.7%)	Alcohol abuse (89.6%)	Illegal drug use (83.7%)	Obesity (65.3%)
3	Teen pregnancy (70.0%)	Prescription drug use (77.4%)	Prescription drug use (88.6%)	Teen pregnancy (77.1%)	Illegal drug use (60.9%)
4	Alcohol abuse (68.5%)	Alcohol abuse (75.2%)	High blood pressure (87.6%)	Diabetes (74.3%)	Alcohol abuse (59.5%)
5	Prescription drug use (68.3%)	High blood pressure (73.8%)	Mental health (87.6%)	High blood pressure (74.3%)	Prescription drug use (57.3%)

When responses about community health problems were tabulated by high school district, two issues became apparent: substance abuse (drug, alcohol, and prescription), and obesity, though in each district the order in which these issues appeared was different (Table 15).

Nonetheless, there is general consensus, both within respondent groups and high school districts, that substance abuse, obesity, and teen pregnancy are significant health issues among Gaston County residents.

Table 15. Top Ranked Community Health Problems by High School District

Rank	Ashbrook	Bessemer City	Cherryville	East Gaston	Forestview	Hunter Huss	North Gaston	South Point
1	Illegal drug use (83.4%)	Illegal drug use (85.6%)	Illegal drug use (83.9%)	Illegal drug use (82.1%)	Illegal drug use (83.3%)	Illegal drug use (85.5%)	Illegal drug use (85.7%)	Illegal drug use (83.9%)
2	Obesity (83.1%)	Obesity (83.8%)	Obesity (82.3%)	Obesity (82.0%)	Obesity (82.6%)	Obesity (83.2%)	Obesity (84.2%)	Obesity (81.7%)
3	Alcohol abuse (77.0%)	Alcohol abuse (78.8%)	Prescription drug use (78.2%)	Alcohol abuse (76.6%)	Prescription drug use (77.3%)	Alcohol abuse (79.1%)	Alcohol abuse (79.5%)	Alcohol abuse (77.4%)
4	Prescription drug use (76.3%)	Prescription drug use (78.8%)	Alcohol abuse (77.6%)	Prescription drug use (76.2%)	Alcohol abuse (76.8%)	Prescription drug use (78.4%)	Prescription drug use (79.2%)	Prescription drug use (77.4%)
5	High blood pressure (76.1%)	High blood pressure (76.7%)	Teen pregnancy (75.7%)	Teen pregnancy (74.7%)	Teen pregnancy (74.7%)	High blood pressure (76.9%)	High blood pressure (76.9%)	Teen pregnancy (74.5%)



The Survey also asked about respondents' health insurance. A review of total responses found 90.7% of respondents reported having adequate health insurance, which includes private insurance, Medicare, and Medicaid. However, almost 10% said they were uninsured, which is 3% more than reported in 2008. Community members (77.1%) and leaders (87.2%) were the groups with the greatest private insurance coverage, while only 35% of residents in low-income neighborhoods reported having a form of private insurance.

When health insurance was considered by high school district, the largest percentages of privately insured respondents were in the South Point, Forestview, and North Gaston districts. Conversely, the largest number who reported having no insurance lived in the Hunter Huss, Bessemer City, and East Gaston districts (Figure 44).

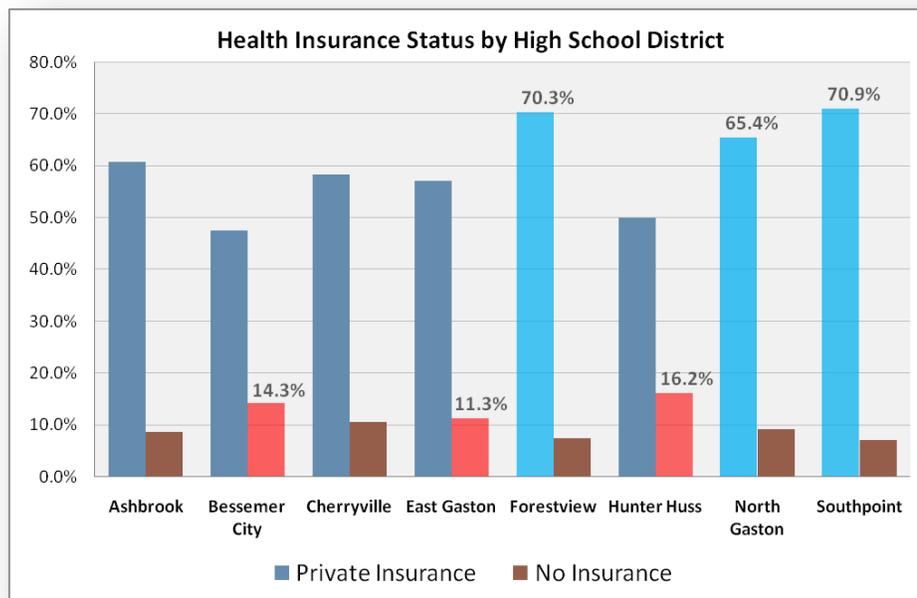


Figure 44.

Responses to questions about ability to secure health and related services are presented in Table 16 and are summarized below. When reviewing these data, please note the percentage of respondents who do not use listed services. The following are the most significant findings:

- 95.5% of community respondents reported having access to a personal doctor, while only 77% of respondents from low-income neighborhoods said the same;
- One-quarter of respondents from low-income areas reported not having access to dental care, which is nearly 16% higher than the total response rate of 9%;
- High-school juniors were the largest group (10%) reporting they could not secure health care for pregnant women;
- Community (5.2%) and residents of low-income communities (6.3%) reported having the greatest difficulty securing health care for the elderly;
- 10.2% of high school juniors and 12% of low-income respondents reported they were unable to obtain cancer treatment services;
- High school juniors (10.8%) and low-income respondents (15.1%) reported they were least able to obtain mental health care, as compared to leaders (2.5%);
- 11% of high school juniors and low-income respondents reported they were unable to obtain care for learning and developmental disabilities;
- High school juniors reported they could not obtain drug and/or alcohol treatment at twice the rate of any other respondent group (12.4%);
- 13.5% of low-income respondents said they could not get needed prescription medications. This figure is two times greater than total respondents (6%) and almost 10 times greater than leaders;
- High school juniors (10%) and low-income respondents (10.4%) reported they could not secure services for physical disabilities;
- 80.1% of all survey respondents reported they can obtain hospital services and 77.5% reported they can obtain emergency department services;
- 25.8% of low-income respondents reported they cannot obtain services from a medical specialist, as compared to 8.3% for community respondents and 1.7% of leaders;
- 8.3% of low-income respondents report not being able to secure hospice care, which is 4% lower than reported in 2008;
- In 2008, 14.9% of low-income respondents reported they did not have access to spiritual care for health problems; in 2012 this figure dropped to 8.3%; and,
- A large majority of leaders felt they had access to health education programs (73.6%), though 19% felt these programs were not applicable to them. In the low-income group, only 48.9% felt they had access to these programs while 37% felt they were not applicable to them.

Table 16. Access to Health Resources by Respondent Group

Service	Are you able to get the service you need?					
	Response	Community	Low-Income	Leaders	High School	All Respondents
Personal doctor	Yes	95.5%	77.0%	99.7%	79.4%	87.4%
	No	3.9%	20.4%	0.0%	6.0%	5.6%
	N/A	0.6%	2.6%	0.3%	14.7%	7.1%
Medical specialist	Yes	84.9%	63.7%	97.3%	65.7%	76.1%
	No	8.3%	25.8%	1.7%	10.5%	9.8%
	N/A	6.8%	10.5%	1.0%	23.8%	14.1%
Health care for infants and children	Yes	42.3%	32.3%	46.0%	51.7%	46.3%
	No	3.3%	3.6%	1.8%	8.3%	5.4%
	N/A	54.4%	62.5%	52.3%	40.1%	48.3%
Health care for pregnant women	Yes	28.3%	18.2%	30.4%	45.0%	35.3%
	No	2.5%	5.2%	1.8%	9.7%	5.9%
	N/A	69.2%	76.0%	67.9%	45.8%	58.8%
Health care for the elderly	Yes	34.1%	34.4%	39.9%	44.8%	39.5%
	No	5.2%	6.3%	1.8%	9.1%	6.7%
	N/A	60.7%	58.9%	58.4%	46.6%	53.8%
Cancer screening services	Yes	70.6%	53.6%	79.7%	46.4%	59.3%
	No	6.0%	13.5%	1.4%	10.7%	8.2%
	N/A	23.4%	32.3%	18.9%	43.4%	32.5%
Cancer treatment services	Yes	47.2%	29.2%	49.5%	44.8%	45.0%
	No	4.8%	12.0%	1.8%	10.2%	7.5%
	N/A	48.0%	57.8%	48.8%	45.1%	47.5%
Dental care	Yes	84.8%	64.6%	93.8%	77.5%	81.0%
	No	10.9%	24.5%	3.8%	6.1%	9.0%
	N/A	4.3%	10.4%	2.4%	16.3%	10.0%
Mental health, including depression	Yes	47.7%	50.5%	50.0%	48.9%	48.7%
	No	6.9%	15.1%	2.5%	10.8%	8.8%
	N/A	45.4%	33.3%	47.5%	40.3%	42.4%
Learning and developmental problems	Yes	21.2%	25.0%	26.6%	45.0%	33.0%
	No	7.0%	11.5%	3.2%	11.1%	8.8%
	N/A	71.8%	63.0%	70.2%	43.8%	58.2%
Care for alcohol abuse	Yes	19.5%	21.9%	25.2%	40.3%	29.9%
	No	4.5%	7.8%	2.8%	12.0%	8.0%
	N/A	75.9%	69.8%	71.3%	47.5%	62.1%
Care for drug abuse	Yes	19.1%	23.4%	24.1%	39.9%	29.6%
	No	5.0%	6.8%	3.2%	12.8%	8.5%
	N/A	76.0%	68.8%	72.0%	47.1%	61.9%

Services for physical disabilities	Yes	23.6%	35.4%	29.4%	45.0%	35.0%
	No	5.8%	10.4%	3.2%	10.0%	7.8%
	N/A	70.6%	53.6%	67.0%	44.6%	57.2%
Hospital services	Yes	87.2%	81.8%	92.7%	71.1%	80.1%
	No	3.9%	6.8%	1.4%	7.1%	5.3%
	N/A	9.0%	10.9%	5.9%	21.8%	14.6%
ER services	Yes	86.2%	80.2%	89.2%	67.1%	77.5%
	No	4.5%	5.2%	3.1%	7.3%	5.7%
	N/A	9.4%	14.1%	7.3%	25.5%	16.8%
Needed prescription medications	Yes	91.4%	68.8%	96.2%	70.9%	81.3%
	No	4.2%	13.5%	1.4%	7.4%	6.0%
	N/A	4.3%	12.0%	2.8%	21.7%	12.6%
Hospice care	Yes	26.6%	18.8%	33.5%	45.0%	35.2%
	No	3.4%	8.3%	0.7%	8.8%	6.0%
	N/A	70.0%	71.4%	65.8%	46.2%	58.8%
Long-term care	Yes	19.8%	17.2%	28.8%	40.8%	30.3%
	No	7.4%	10.9%	8.2%	11.6%	9.7%
	N/A	72.7%	68.2%	62.3%	47.5%	59.9%
Spiritual care	Yes	45.3%	42.2%	59.2%	41.7%	45.1%
	No	7.4%	8.3%	8.5%	10.8%	9.2%
	N/A	47.3%	45.8%	32.4%	47.1%	45.7%
Health education programs	Yes	60.6%	48.9%	73.6%	50.7%	56.7%
	No	7.4%	14.3%	7.5%	11.0%	9.5%
	N/A	32.0%	36.8%	18.9%	38.2%	33.8%

Some responses by the high school respondent group may seem counterintuitive – for example the 45.0% who responded “yes” to being able to obtain hospice care – however, it is important to remember the survey asked “*Are you and your family able to get this service?*” As a result, it is possible answers from this group reflect the experiences of their extended families.

Table 17 shows the reasons respondents feel they are unable to secure health services. Among all respondents the most frequently cited reason was lack of health insurance (11.8%), with low-income members citing stating this most often (21.9%). In the 2008 Quality of Life Survey, the greatest barrier was *Not Able to Pay for Care* and community members were the most affected group. In 2012, low-income respondents most often faced a lack of health insurance, an inability to pay for care, challenging distances from home to services, and difficulty finding services.

Table 17. Barriers to Access to Health Services by Survey Group

	All Respondents	Community	Low-Income	Leaders	High School
Lack of health insurance	11.8%	11.6%	21.9%	3.8%	11.0%
Not able to pay for care	11.1%	4.9%	18.5%	5.5%	14.9%
No one to watch my children	2.7%	0.9%	3.1%	0.8%	4.3%
Services are not available	4.7%	4.2%	3.4%	4.2%	5.6%
The distance from my home is too far	3.8%	2.2%	6.8%	0.8%	4.9%
Difficulty finding services	4.8%	4.8%	6.5%	5.1%	4.3%
Difficulty making appointments	4.4%	3.8%	4.8%	0.8%	5.5%
Too sick to leave the house	2.3%	0.9%	2.7%	0.4%	3.7%
Not applicable	54.5%	66.7%	32.2%	78.4%	45.8%

Table 18 presents responses to the question, “Where do you usually go when you are sick or need health care?” The most common response was “my personal doctor,” (70.7%) followed by “the emergency room” (25.4%), and “an urgent care center” (20.6%). In 2008 the Survey found leading responses of: *personal doctor* (83.9%), *pharmacy* (43.9%), and *the hospital emergency room* (38.9%). Please note: the 2012 version did not ask about pharmacy services.

Table 18. Sick Care Resources by Survey Group

	All Respondents	Community	Low-Income	Leaders	High School
My personal doctor	70.7%	74.1%	69.9%	90.0%	63.7%
An emergency room/department	25.4%	23.2%	49.7%	14.7%	26.2%
An urgent care center	20.6%	17.3%	14.0%	21.6%	23.8%
Gaston County Health Department	7.5%	4.3%	13.0%	1.6%	10.6%
An alternative provider	6.7%	6.4%	5.7%	10.7%	6.1%
I don't seek care when I am sick	7.1%	4.1%	3.6%	2.8%	10.9%

In 2012, Survey respondents were asked, “Would you say in general your health is...” and were given responses ranging from *Excellent* to *Poor*. Table 19 shows each group’s perceived state of health, with most reporting their health as *Very Good*, with the exception of the majority of low-income respondents who stated their health was *Good*. The next highest category for low-income respondents was a *Fair*, where all other respondent groups stated *Good* as their second choice. Finally, the percentage of low-income group respondents who stated *Poor* was four times greater than the next highest group (7.3% vs. 1.7%). Those living in low-income areas see

themselves as having the poorest general health which confirms the generally-established relationship between poverty and insufficient health insurance, and related difficulties in securing well-person exams, care from specialists, and obtaining medications.

Table 19. Perception of Health by Survey Group

	All respondents	Community	Low-Income	Leaders	High School
Excellent	22.3%	16.8%	7.3%	20.7%	28.9%
Very good	38.2%	40.7%	19.3%	56.7%	34.9%
Good	29.5%	31.1%	43.8%	21.3%	28.2%
Fair	8.1%	9.9%	22.4%	1.3%	6.3%
Poor	1.8%	1.5%	7.3%	0.0%	1.7%

Because a person's readiness to change is a key factor in improving individual health, the Survey assessed Gaston County's residents' interest in changing unhealthy lifestyles. As described in Table 20, most respondents state they have either recently changed an unhealthy habit, or are healthy and do not need to make changes. While it is important to acknowledge these answers, it is also difficult to reconcile them with the large number of county residents who have poor health status. Individuals in the low-income group were more likely to say they are planning to change and were less likely to report a recent change in an unhealthy habit.

Table 20. Readiness to Change by Survey Group

	All respondents	Community	Low-Income	Leaders	High School
Not ready to change my unhealthy habits	7.0%	2.5%	9.8%	2.4%	11.0%
I am planning to change in the next month	11.0%	10.8%	17.5%	7.9%	11.0%
I am planning to change in the next 2-6 months	14.5%	15.8%	17.5%	14.0%	13.2%
I have recently changed an unhealthy habit	30.7%	41.4%	30.1%	41.8%	20.3%
I am healthy and don't need to change	36.7%	29.6%	25.1%	33.9%	44.3%

The Quality of Life Survey also addressed natural and built environments. Sixty nine percent of all respondents support improved water quality and 64.1% support improved air quality, a drop of 9% from 2008. Low-income respondents had the greatest percentage of affirmative responses for these topics, which stands in stark contrast to the 2008 Survey, where leaders had the highest percentage of affirmative responses. It is unclear whether this is an aberration or if there have been environmental, social, or economic changes in low-income neighborhoods.

As seen in Table 21, a majority of all respondents support improving the built environment by:

- (1) walking trails and bike paths (63.4%);
- (2) sidewalks (69.3%);
- (3) parks and recreation facilities (67.6%); and
- (4) the promotion and sales of locally grown fruits and vegetables (63.5%).

Community leaders were the strongest supporters of the first three items, while persons with low incomes most strongly supported promoting and selling locally grown fruits and vegetables (80.8%). Collectively, these four issues suggest our county seeks to engage in more physical activity and eat healthier and lower cost foods.

Table 21. Built Environment Issues by Survey Group

	All respondents	Community	Low-Income	Leaders	High School
Walking and biking trails	63.4%	63.8%	74.6%	67.7%	60.6%
Sidewalks	69.3%	70.0%	78.2%	72.4%	66.7%
Parks and recreation	67.6%	68.6%	74.6%	73.0%	64.6%
Promotion and sale of locally grown products	63.5%	75.9%	80.8%	71.2%	49.7%

Finally, the top three community development needs by high school district are listed below (Table 22). Education and job creation dominate the list with lower-income districts placing higher priority on creating more jobs.

Table 22. Top Three Ranked Community Development Needs by High School District

Rank	Ashbrook	Bessemer City	Cherryville	East Gaston	Forestview	Hunter Huss	North Gaston	South Point
1	Quality of K-12 education (83.0%)	Small business development (84.3%)	Small business development (84.0%)	Quality of K-12 education (81.1%)	Quality of K-12 education (81.6%)	Small business development (83.3%)	Small business development (84.7%)	Promoting higher education (84.7%)
2	Small business development (81.9%)	Quality of K-12 education (84.2%)	Quality of K-12 education (83.7%)	Roads (80.1%)	Small business development (80.3%)	Quality of K-12 education (83.2%)	Quality of K-12 education (83.7%)	Quality of K-12 education (82.8%)
3	Promoting higher education (80.8%)	Promoting higher education (82.5%)	Promoting higher education (82.1%)	Small business development (79.1%)	Promoting higher education (79.3%)	Recruitment of manufacturing (81.5%)	Promoting higher education (82.7%)	Small business development (81.9%)

## Section Eight: Health Resources Inventory

**A**ccess to health resources is vital to maintaining the health of our community. The following describes these resources in Gaston County:

- The Gaston County Health Department offers disease prevention, disease treatment, health promotion, and environmental services. Its clinics provide family planning, prenatal care, limited gynecology, well and sick pediatric care, immunizations, and diagnoses and treatments for sexually transmitted diseases. It also provides nutrition services, including WIC, and health education programs to prevent teen pregnancy, improve health resources in pre-schools, and promote smoking cessation, physical activity, and good nutritional practices.
- Gaston Memorial Hospital, the county's sole hospital, is a not-for-profit facility with 435 licensed beds. Its core and ancillary services include the Birthplace, CaroMont Cancer Center, CaroMont Heart Center, Emergency Services, Imaging Services, Neurosciences, Advanced Spine Care, Psychiatric Services, Rehabilitation and Sports Medicine, Sleep Center, Special Care Units, Surgical Services, the CaroMont Wound and Diabetes Center, and the Robin Johnson Hospice House.
- Gaston Family Health Services, Inc. (GFHS) is Gaston County's only Federally Qualified Community Health Center. With the exception of prenatal and pediatric care, it provides a full-range of primary care services, and such additional programs as behavioral health, a pharmacy, the Gaston Diabetes Center, and dental clinics. GFHS and the health department jointly operate a primary health center in the Highland Community, which consistently has some of Gaston County's poorest health status indicators. GFHS also operates Community Health Partners, Gaston County's Medicaid Managed Care agency and Health Net Gaston, which secures access to affordable healthcare for low-income, uninsured county residents with chronic medical conditions.
- The Gaston Community Healthcare Commission, the county's Healthy Carolinians Task Force, is a leader in the area of health promotion and disease prevention. It is composed of the: Gaston County Fitness and Nutrition Council, the Adolescent Sexual Health Task Force, Cancer Outreach Initiative, and the Workplace Wellness, Community Wellness (mental health), Parish Nursing, and Safe Kids workgroups. In its support of regular physical activity, the Commission also advocates for greenways.

*This section provides a brief overview of health resources in Gaston County and is intended to be used with the Health Services Directory for Gaston County (Appendix B) which provides a more detailed listing of specific services. Additionally, this section was compiled using the 2012 Gaston County Quality of Life Survey (Survey) whose results appear in Section Seven, as well as data from the UNC Sheps Center for Health Services Research.*

*The Survey of Gaston County residents included questions on access to health care resources (Table 16) and barriers that prevent residents from getting the care they need.*

### **Health Facilities and Health Providers Inventory**

- **Hospitals:** As stated above, Gaston Memorial Hospital is a full-service facility. Gaston County residents feel it adequately serves their needs as 80.1% of all Survey respondents, 87.2% of community members, and 81.8% of low income respondents said they had access to hospital services.

- **Nursing or adult care homes:** There are 26 of these facilities across the county. According to the Survey, there is a clear need for nursing home access, as only 39.5% of all respondents felt they could access health care for the elderly.
- **Mental health facilities:** Public mental health, substance abuse, and developmental disability services are managed by Partners Behavioral Health Management. The availability of this integrated network may explain why only 8.8% of respondents felt they did not have access to mental health services.
- **Community health centers:** Gaston Family Health Services offers medical and dental care at six Gaston County locations.
- **Emergency medical services:** Most members of the community report having access to emergency medical services (77.5%). Emergency medicine is provided at Gaston Memorial Hospital and less acute care is available at three urgent care centers in the City of Gastonia.
- **Home health and hospice care:** These services are provided through seven home health agencies and Hospice of Gaston County, a practice of CaroMont Health, the corporation that owns Gaston Memorial Hospital. Only 18.8% of low-income Survey respondents agreed they could access hospice care, as compared to 35.2% of all respondents.
- **School health services:** These services are provided by 19 school health nurses who serve 55 public schools and some 32,000 students, for a nurse to student ratio of 1:1,700.
- **Medical and health transportation:** Services are provided by three entities:
  - Gaston Emergency Medical Services (GEMS), a county department which provides ambulance, paramedic, and quick response team services to the entire county. Additionally, there are seven rescue squad teams under contract with the county to provide rescue services to residents.
  - Stanley Civil Defense Rescue, a grant-based organization, which provides emergency transportation services in the Stanley, NC area.
  - ACCESS, a county service that provides low-income county residents with transportation to medical appointments and human service agencies.
- **Dental care providers:** Gaston County has 129 private and public practice dentists. Gaston Family Health Services has two dental practices that deliver care to uninsured and under-insured families. Even so, only 64.6% of low income Survey respondents felt they could access dental services. This stands in stark contrast to the 84.8% of community responders, and 93.8% of leaders who said they can get needed dental services.
- **Free clinics and pharmacies:** Gaston Family Health Services (see community health centers) provides services on a sliding-fee scale that slides to \$20 and their Medication Assistance Program helps low-income patients secure free medications from drug manufacturers.
- **Recreational facilities and fitness centers:** The municipalities of Gastonia, Belmont, Bessemer City, Cherryville, Cramerton, Dallas, High Shoals, Mt. Holly, Stanley, and Gaston County provide recreational facilities – including parks, baseball and soccer fields, swimming pools, basketball courts, tennis courts, and greenways. In addition the county is served by private fitness facilities and five branches of the YMCA.
- **Pharmacy services:** There are 58 pharmacies in the county.
- **Ancillary services:** CaroMont Health has full-scale radiology and laboratory practices and the community is also served by several private reference laboratories.
- **Foundations:** The Community Foundation of Gaston County, the Gaston Memorial Hospital Foundation, and the Carrie E. and Lena V. Glenn Foundation have funded community health initiatives.
- **Medical facilities:** There are approximately 140 medical providers in Gaston County. CaroMont operates 12 family practices; three internal medicine practices, and, specialty practices for breast surgery, cardiac care, critical care, digestive diseases, endocrinology, general surgery, hand surgery, hospitalist, infectious disease, neurology, obstetrics and

gynecology, pathology, perinatal care, plastic surgery, preoperative care, psychiatry, radiology, rheumatology, and wound care. In addition, several dozen private practices provide allergy, bariatric medicine, family medicine, dermatology, gastroenterology, hematology and oncology, and internal medicine. According to the UNC Sheps Center for Health Services Research, Gaston County had a lower rate of active physicians, dentists, registered nurses, nurse practitioners, and physician assistants than the state in 2011. However, most members of the community reported having access to a personal doctor (87.4%) and hospital services (80.1%). Further, only 4.7% of respondents cited unavailable services as a reason they could not access health care. So, despite our lower rates of medical practitioners, compared to the state, Gaston County is largely able to meet the health and medical care needs of its residents.

- **Medical and health equipment suppliers:** There are 23 medical equipment suppliers in Gaston County.
- **Renal dialysis centers:** There are five renal dialysis centers in Gaston County.
- **Health care for jail inmates:** These health services are provided by a specialized medical practice under contract to the Gaston County Jail.
- **Linkage and referral patterns with medical and health facilities outside the county:** Gaston County is contiguous with Mecklenburg County where Carolinas Medical Center and Presbyterian Hospital provide a full range of primary and specialty care services within 40 minutes of Gaston Memorial Hospital. These services include heart surgery, orthopedic surgery, and subspecialty care. As required, Gaston Memorial Hospital airlifts patients to these facilities for intensive treatments.
- **Health promotion and prevention programs:** The Gaston County Health Department, CaroMont Health, and voluntary health agencies – such as Cancer Services, the Alliance for Children and Youth, and the Heart Society of Gaston County – provide a wide range of health promotion programs, including education, screenings, nutrition, and immunization services. These programs focus on preventing disease and providing early disease treatment. The current priorities of the Gaston Community Healthcare Commission is to reduce the incidence of overweight and obesity; it is working closely with the health department, CaroMont Health, the Gaston County Schools, Gaston Family Health Services, and the Cooperative Extension Service to develop a multi-sector obesity prevention and treatment program. In addition to the 11 on-going health education programs provided by the health department – which include nutrition services, teen pregnancy prevention, smoking cessation, and promotion of physical activity – the community also has access to programs provided by the American Red Cross, the American Heart Association, and Susan G. Komen for the Cure, to name a few. While more than half of Quality of Life Survey respondents felt they had adequate access to health education programming (56.7%), responses ranged from 73% of leaders to 48.9%, of low-income group members.
- **Chiropractic services:** There are 21 chiropractic practices in Gaston County.
- **Maternal and child care:** These services are provided by private physicians and by the Gaston County Health Department, which delivered 54% of babies in the Gaston County in 2012. It provides prenatal care in two obstetric clinics and at its Summit Midwifery and High-Risk Obstetrics satellite. It also provides pediatric care at the main health department facility and the Highland Health Center. The Quality of Life Survey suggests a continuing need for these services as 46.3% of all Survey respondents felt they had access to health care for infants and children.

#### ***Health-related Supportive Services Inventory***

- **Chambers of Commerce:** The Gaston Regional Chamber of Commerce serves the entire county. Smaller municipal chambers of commerce are in Bessemer City, Cherryville, Mount Holly, and the Belmont-Montcross Area.

- **Child care providers:** Gaston County has more than 130 licensed child care providers, which include day care centers and child care homes.
- **Economic Development Office:** The Gaston County Economic Development Commission, and the aforementioned chambers of commerce, promote economic development in Gaston County. Gaston County Travel and Tourism promotes and helps visitors find tourist attractions in Gaston County.
- **Head Start programs:** Gaston County has five head start centers, four in Gastonia and one in Cherryville.
- **Law enforcement agencies:** Municipalities in Gaston County with their own police departments are Belmont, Cherryville, Cramerton, Dallas, Gastonia, Kings Mountain, Lowell, McAdenville, Mount Holly, Ranlo, and Stanley. Gaston County also has a Sheriff's office and its County Police Department serves unincorporated areas of the county, the City of Bessemer City, and the towns of High Shoals and Spencer Mountain.
- **Media:** Gaston County has one daily newspaper, *The Gaston Gazette*, and *The Charlotte Observer* has significant circulation in Gaston County. *The Cherryville Eagle* and *The Banner-News*, which covers Mount Holly and Belmont, are weekly newspapers. There are no television stations save local cable access channels; the county is served by the Charlotte affiliates of ABC (WSOC), CBS (WBTV), NBC (WCNC), Fox (WCCB), and News 14. Gaston County hosts several AM radio stations including the station at Gaston College, WSGE. Charlotte's NPR affiliate, WFAE, and other Charlotte-based talk stations also serve Gaston County.
- **Places of worship:** There are more than 300 houses of worship in Gaston County, including churches from a wide-range of denominations, a mosque, and a synagogue. With this large number of churches, it is surprising that less than half (45.1%) of Survey respondents felt they had access to "spiritual care for health problems". This could be a reflection of houses of worship not adequately addressing the health needs of their congregants, or an opportunity for health care providers to address community health issues.

At the same time, a number of churches in the county offer Parish Nurse Programs to add a spiritual dimension to health care. First Presbyterian Church, First United Methodist Church, First ARP Church, and Myers Memorial Church in Gastonia have paid parish nurses who serve the health and related needs of congregants and members of the community-at-large. Gaston Memorial Hospital also manages the Faith and Health Ministry, which coordinates with volunteer nurses and lay persons at the following churches ...Agape Lutheran, Antioch Lutheran, Bethlehem, Crossroads Community, East Belmont Baptist, Ebenezer United Methodist, First Baptist Gastonia, First Wesleyan Bessemer City, First United Methodist Dallas, First United Methodist Mt. Holly, Hull's Grove Baptist, Lucia Baptist, Mt. Calvary Baptist, Mt. Zion Baptist, Neely's Grove AME Zion, New Covenant United Methodist, Shady Grove Baptist, Southminster Presbyterian, St. Luke's Episcopal, and St. Mark's Episcopal Church. The Parish Nurse programs are also known as Faith Community Nurse Programs.

## Section Nine: Community Health Priorities and Next Steps

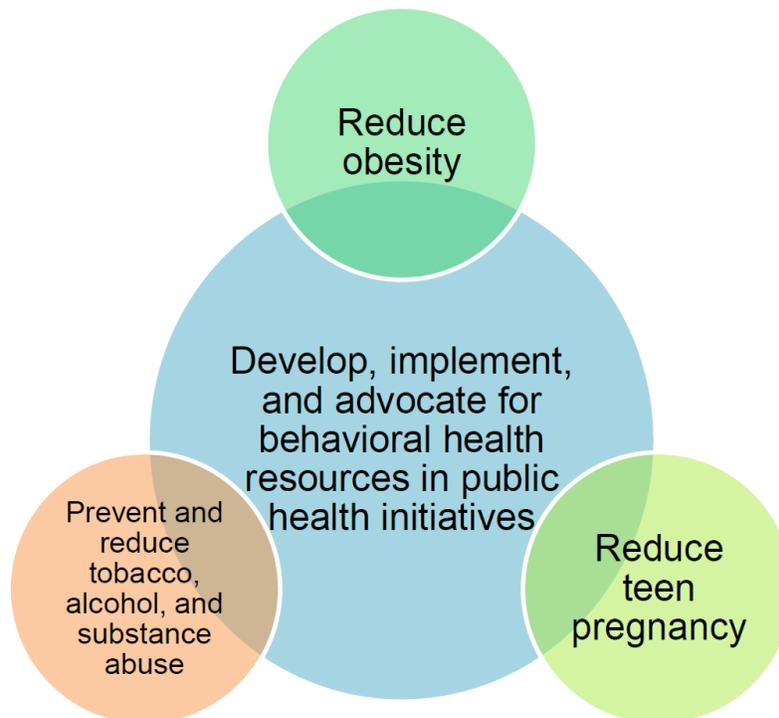
### Board of Health

At its meeting of January 14, 2013, the Gaston County Board of Health was presented with a draft of the Gaston County Community Health Assessment Report. Following its review of the leading causes of mortality, morbidity, risk factors, and Quality of Life Survey results for Gaston County, the board engaged in an extensive conversation regarding the meaning of this data.

In noting the priorities they set for the 2008 Community Health Assessment Report continue to be our leading health needs, they acknowledged these issues will require continued and strong work to reduce the incidence of their harmful effects. At the same time, they expressed their commitment to this task and to making the needed investments to assure GCHD provides the staffing, community leadership, and focus to work with the many other organizations that influence the health and well being of our county's residents.

The Board selected the following health priorities for the period 2012-2015:

5. Reduce the incidence of obesity by increasing programming to promote physical activity and improved nutritional practices.
6. Reduce the incidence of teen pregnancy.
7. Prevent and reduce the incidence of tobacco use and alcohol and substance abuse.
8. Develop, implement, and advocate for the integration of behavioral health resources into public health initiatives.



While the first three priorities are based on concepts that were adopted in the 2008 Community Health Assessment, the fourth is a new strategy that embraces the critical role of emotional and mental health in preventing and treating preventable and chronic illnesses.

***Next Steps***

To achieve this priority, GCHD will begin by entering discussions with Partners Behavioral Health Management, CaroMont Health, and Gaston Family Health Services to define strategies we can employ in working with health department patients and in community-based programs and initiatives.

**Gaston Community Healthcare Commission Priorities**

On November 13, 2012, the Board of Directors of the Gaston Community Healthcare Commission – Gaston County’s Healthy Carolinian Task Force – adopted obesity as its primary program focus. This decision was based on a recommendation from a group of community leaders – the Executive Director of the Commission, the Chief Executive Officer of CaroMont Health, the Executive Director of Gaston Family Health Services, and the Health Director of the Gaston County Health Department – who, over a series of meetings discussed how they could collaborate to improve Gaston County’s declining health measures, as issued by the University of Wisconsin (Section 5). Their core recommendation was for the Healthcare Commission to narrow its programmatic focus to promote the prevention and treatment of obesity in Gaston County.

***Next Steps***

The Gaston Community Healthcare Commission is now actively making the transition from seven workgroups that focus on behavioral health, child safety, fitness and nutrition, workplace wellness, adolescent sexual health, and cancer awareness ... to workgroups that will plan, conduct, encourage others to conduct, and evaluate obesity-related programs for high-need populations and geographic areas. The Gaston Community Healthcare Commission expects to complete this transition by summer 2013.

# Section Ten: Appendix

## Appendix A. Gaston County Quality of Life Survey, Paper-based, Pages 1-6, 2012

### Gaston County Quality of Life Survey, 2012

Thank you for taking the time to complete this survey. Please fill in the bubbles that best tell us your opinions about the following health and community topics. Bubbles should be filled in completely using a pencil or black pen.

Example: ○ ○ ● ○

Please describe how much you agree or disagree with the following statements about community resources by choosing the response that reflects your opinion.

#### Our community needs to do more to improve...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	I Don't Know
Water quality in our rivers and streams	○	○	○	○	○	○
Air quality	○	○	○	○	○	○
Walking trails and bike paths	○	○	○	○	○	○
Sidewalks	○	○	○	○	○	○
Parks and recreation facilities	○	○	○	○	○	○
Cultural and arts events	○	○	○	○	○	○
The general appearance of the community in which I live	○	○	○	○	○	○
Law enforcement	○	○	○	○	○	○
Promotion and sales of locally grown fruits and vegetables	○	○	○	○	○	○
How we encourage residents to work on county problems	○	○	○	○	○	○
Roads	○	○	○	○	○	○
Public transportation	○	○	○	○	○	○
How we promote the importance of education after high school	○	○	○	○	○	○
Small business development	○	○	○	○	○	○
Recruitment of manufacturing and high-tech employers	○	○	○	○	○	○
Promotion of tourism	○	○	○	○	○	○
Affordable housing	○	○	○	○	○	○
The quality of K-12 education	○	○	○	○	○	○
Opportunities for family activities	○	○	○	○	○	○
Affordable and high quality child care	○	○	○	○	○	○
Community resources for the elderly	○	○	○	○	○	○
Personal and family safety	○	○	○	○	○	○
The involvement of churches, synagogues, mosques, and other houses of worship in county problems	○	○	○	○	○	○

What do you like best about living in Gaston County?

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How do you prefer to get information about your community? Select all that apply.

- Printed materials, such as flyers and brochures
- Through seminars, workshops, and classes
- Through your house of worship
- Newspapers
- The Internet
- Television
- Radio
- Social media such as Facebook or Twitter
- Email

Please describe how much you agree or disagree with the following statements about youth issues by choosing the response that reflects your opinion.

**Our community needs to do more to...**

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	I Don't Know
Build good student-teacher relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build good parent-teacher relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get mentors for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assure student safety in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop youth gangs and gang violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop bullying and teasing among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop crime against youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop crime committed by youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop physical, sexual, and emotional abuse of youth by their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teach money management skills to youth, such as budgeting and saving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expose children to music and the arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase our high school graduation rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help high school students plan their careers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage parental involvement in their children's education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage teens to enroll in colleges and vocational schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support after-school and out-of-school programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide job training for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create job opportunities for teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the use of drugs and alcohol by youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the use of tobacco products by youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help youth improve their self image	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide youth with healthier food choices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent eating disorders, such as anorexia and bulimia, among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent obesity among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce teenage pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce sexual activity among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the risk of HIV/AIDS and sexually transmitted diseases among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify and help depressed youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct physical activity programs for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent motor vehicle accidents among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe how much you agree or disagree with the following statements about **community health** by choosing the response that reflects your opinion.

**The following health issues are a problem in Gaston County...**

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	I Don't Know
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning and developmental problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health, including depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight and obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Diseases, such as syphilis, gonorrhea and HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision and sight problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of health care for uninsured persons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you say in general your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

Are you ready to change your lifestyle to improve your health?

- I have unhealthy habits and I am not ready to change them
- I have unhealthy habits and I am planning to make a change this month
- I have unhealthy habits and I am planning to make a change in the next two to six months
- I have recently changed an unhealthy habit
- I am living a healthy lifestyle and do not need to make any changes

Please choose the type(s) of health insurance **you** currently have.

- Private insurance from my employer
- Private insurance I have purchased
- Medicare
- Medicaid
- I don't have health insurance

I feel this health insurance is adequate

Yes No

- 
- 
- 
- 
- 

Of the following health and medical services, are **you** able to get the services **you** need?

	Yes	No	NA
Personal doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care for infants and children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care for pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care for the elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health, including depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning and developmental problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for physical disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency department services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription medicines I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care (nursing homes and adult care facilities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual care for health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health education programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If **you and your family** are **not able** to get health and medical services, select all reasons why.

- Lack of health insurance
- Not able to pay for care
- No one to watch my children
- Services are not available
- The distance from my home to these services is too far
- Difficulty finding these services
- Difficulty making appointments
- Too sick to leave the house / homebound
- Not Applicable

In the past year, where have you gone when you were sick or needed health care? Please select all that apply.

- My personal doctor/medical provider
- A hospital emergency department/emergency room
- An urgent care center
- The Gaston County Health Department
- An alternative medicine provider – like a chiropractor or homeopathic physician
- I don't seek care when I am sick

The next two questions ask about services offered at the Gaston County Health Department. (GCHD)

Please Choose One

Yes No

Have you received services at GCHD in the past four years?  Yes  No

GCHD is open Monday to Friday from 8am-5pm. Several services are open until 7pm on Mondays. Are these hours convenient for you?  Yes  No

What could GCHD do to make you more likely to use their services? Please select all that apply.

- |                                                          |                                                      |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> I don't usually need GCHD services | <input type="radio"/> Reduce wait times              |
| <input type="radio"/> Offer more evening hours           | <input type="radio"/> Hire better doctors and nurses |
| <input type="radio"/> Offer Saturday hours               | <input type="radio"/> Have friendlier staff          |
| <input type="radio"/> Open a branch closer to my home    | <input type="radio"/> Have cleaner clinics           |

Comments and suggestions:

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The following questions ask about you, your family, and where you live. These questions will tell us more about who is answering this survey. Your responses will be kept private.

How many years have you lived in Gaston County?

- Less than 5 years
- 6-10 years
- 11-15 years
- 16-19 years
- 20 or more years

What is your gender?

- Male
- Female

In which community do you live?

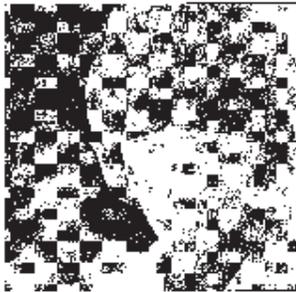
- In the City of Belmont
- In the City of Bessemer City
- In the City of Cherryville
- In the Town of Cramerton
- In the City of Dallas
- In the Town of Dellview
- In the City of Gastonia
- In the Town of High Shoals
- In the City of Kings Mountain
- In the City of Lowell
- In the Town of McAdenville
- In the City of Mount Holly
- In the Town of Ranlo
- In the Town of Spencer Mountain
- In the Town of Stanley
- I don't live inside any city or town limits

What is your zip code?

- |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 28006 | <input type="radio"/> 28034 | <input type="radio"/> 28092 |
| <input type="radio"/> 28012 | <input type="radio"/> 28052 | <input type="radio"/> 28098 |
| <input type="radio"/> 28016 | <input type="radio"/> 28054 | <input type="radio"/> 28101 |
| <input type="radio"/> 28021 | <input type="radio"/> 28056 | <input type="radio"/> 28120 |
| <input type="radio"/> 28032 | <input type="radio"/> 28080 | <input type="radio"/> 28164 |
| <input type="radio"/> 28033 | <input type="radio"/> 28086 |                             |



**Appendix B. Health Services Directory for Gaston County**



**Health Services Directory  
For  
Gaston County**





## American Cancer Society

**Phone Number:** (704) 552-6147  
1-800-277-2345  
**Fax Number:** (704) 552-6926  
**Location:** 6000 Fairview Rd.  
Suite 200  
Charlotte, NC 28210  
**Mailing Address:** same as above  
**Website:** [www.cancer.org](http://www.cancer.org)  
**Hours of Operation:** Monday - Friday 8:30 a.m. - 5:00 p.m.

### Description/Purpose of Agency:

The American Cancer Society is the nationwide community-based, voluntary, health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy, and service.

### Whom do you serve?

Cancer patients and their caregivers

### What services do you provide?

The American Cancer Society provides cancer patients with wigs, hats, turbans, scarves and prostheses. They also provide pamphlets and programs - both educational and fundraising.

### What can people expect when they contact you for help?

Individuals will receive any resources that the American Cancer Society can provide through available resources or referral.

### Additional Information:

American Cancer Society Hotline is 1-800-277-4914 or 1-800-ACS-2345. The website also provides numerous links to various resources and volunteer opportunities available to cancer patients and their family and friends.

-1-

## American Heart Association

**Phone Number:** (704) 208-5522  
**Fax Number:** (704) 374-0634  
**Location:** 222 S. Cabarrus St.  
Suite 203  
Charlotte, NC 28202  
**Mailing Address:** same as above  
**Website:** <http://www.americanheart.org>  
**Hours of Operation:** Monday - Friday 8:30 a.m. - 5:00 p.m.

### Description/Purpose of Agency:

The American Heart Association fights against heart disease and stroke through education, advocacy and fundraising.



### Whom do you serve?

The general public.

### What services do you provide?

This program provides information to prevent heart disease and stroke and additional information about healthy lifestyle activities. The American Heart Association has authored numerous pamphlets and publications and provides fundraising opportunities in our community.

### What can people expect when they contact you for help?

Individuals will receive information and resource tips.

### Additional information:

The website features news stories relevant to heart disease and stroke as well as resources links for help, education, and volunteer opportunities

## American Red Cross-Gaston County Chapter

**Phone Number:** (704) 864-2623  
**Fax Number:** (704) 864-7911  
**Location:** 190 S. Oakland Street  
Gastonia, NC 28052  
**Mailing Address:** same as above  
**Website:** <http://www.gastoncountyredcross.org>

-2-

**Hours of Operation:** Monday – Friday 9:00 a.m. – 5:00 p.m.

**Description/Purpose of Agency:**

The American Red Cross helps people prevent, prepare for and respond to emergencies efficiently.

**Whom do you serve?**

All residents of Gaston County.

**What services do you provide?**

The Gaston County Chapter of the American Red Cross provides the following services for individuals seeking them: Armed Forces Emergency Services, Disaster Services, Disaster Training Sessions, numerous blood drives, Family Caregiving, Workplace Training, Adult CPR, Infant and Child CPR, Community CPR, Standard First Aid, Babysitting Training, Basic First Aid (FA), Bloodborne Pathogens, Automated External Defibrillation (AED) Training, HA/CPR/AED Instructor Training, Pe: CPR and First Aid, Preventing Disease Transmission, HIV/AIDS education, Explorer Post, Glowu Around Troupe for youth, Lifeguard Training, and Water Safety.

They also have authored many brochures and pamphlets available to the public in both English and Spanish. These include such topics as Heat Wave, Tornadoes, Hurricanes, Fires, Earthquakes, and Tsunamis, etc. They also provide Emergency Preparedness Checklists and Family Disaster Plans.

**What can people expect when they contact you for help?**

Individuals who contact us for help can receive assistance in meeting their needs, whether the Red Cross provides it or if a referral to another agency or organization is needed. No one will be turned down due to the inability to pay.

**What do people have to provide to receive services?**

Information needs from people vary according to the service requested. Typically, information needed by the agency is name, address, and phone number.

**Additional Information:** We provide numerous volunteer opportunities to the public.

-3-

## Bessemer City Crisis Center

**Phone Number:** (704) 629-2147

**Fax Number:** (704) 629-3147

**Location:** U.S. N. 12<sup>th</sup> St.

Bessemer City, NC 28016

**Mailing Address:** PO Box 971

Bessemer City, NC 28016

**Hours of Operation:** Monday 8:30 a.m.-12:30 p.m.

Tuesday 1:00 p.m. - 4:00 p.m.

Wednesday 9:00 a.m.-2:00 p.m.

Thursday 9:30 a.m.-12:30 p.m.

Closed Friday

**Description/Purpose of Agency:**

We assist those in need of crisis assistance.

**Whom do you serve?**

Families and individuals with crisis situations that live in the Bessemer City area.

**What services do you provide?**

The Bessemer City Crisis Center provides resources for food, medicine, clothing and partial utility assistance.

**What can people expect when they contact you for help?**

People can expect assistance and consultation, and referrals to other agencies that cover Gaston County needs if B.C.C.C. is unable to assist them.

**What do people have to provide to receive services?**

They must show a clear statement of need.

## Bessemer City Health Care Center

**Phone Number:** (704) 629-3465

**Fax Number:** (704) 629-1355

**Location:** 119 W. Pennsylvania Ave.

Bessemer City, NC 28016

**Mailing Address:** same as above

**Website:** [www.gchas.info](http://www.gchas.info)

-1-

**Hours of Operation:** Monday - Friday 8:00 a.m. - 5:00 p.m.  
Closed for lunch 12:30 p.m. - 1:30 p.m.

**Description/Purpose of Agency:**

The Hesencia City Health Care Center is part of Gaston Family Health Services - a comprehensive, community sponsored, family-oriented provider of health, education and preventative care services for those who need healthcare in our community without regard to the ability to pay.

**Whom do you serve?**

Patients without insurance, with private insurance, or with Medicare or Medicaid.

**What services do you provide?**

We provide comprehensive family medical care with referrals to specialists as needed, behavioral and medication counseling, and medication assistance enrollment.

**What can people expect when they contact you for help?**

Appointments are available for anyone seeking a primary care provider.

**What do people have to provide to receive services?**

If you have no insurance, you qualify for sliding fee scale based on federal poverty guidelines. For this, you need to provide a proof of income.

**Cancer Services of Gaston County**

**Phone Number:** (704) 864-1371

**Fax Number:** (704) 866-1262

**Location:** 246 E. Garrison Blvd  
Gastonia, NC 28054

**Mailing Address:** same as above

**Website:** [www.gastoncancerservices.org](http://www.gastoncancerservices.org)

**Hours of Operation:** Monday - Friday 9:00 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**

Cancer Services of Gaston County encourages prevention and early

detection of cancer through education and accessible cancer screening services as well as providing information on regarding services and rehabilitation to cancer patients throughout Gaston County.

**Whom do you serve?**

Residents of Gaston County.

**What services do you provide?**

Cancer Services of Gaston County provides cancer education programs to all of Gaston County's 52 public schools as well as to other community organizations as requested. We also provide medication assistance and have a stockroom supply closet with supplies such as adult incontinence products and liquid nutritional supplements. We also have a warehouse from which we loan out medical equipment such as hospital beds, wheelchairs, walkers, canes, etc.

**What can people expect when they contact you for help?**

We work with each individual on a case-by-case basis and are glad to help in any way that we can.

**What do people have to provide to receive services?**

Each individual must provide proof that he or she lives in Gaston County and is currently being treated for cancer.

**Carolinas Poison Center**

**Phone Number:** 1-800-222-1222

**Location:** strictly a telephone service  
PO Box 32861

**Mailing Address:** Charlotte, NC 28232

**Website:** [www.ncpoisoncenter.org](http://www.ncpoisoncenter.org)

**Hours of Operation:** 24 hours, 7 days a week

**Description/Purpose of Agency:**

Carolinas Poison Center is an emergency telephone resource for poisoning information that is staffed 24 hours a day, seven days a week by registered nurses and pharmacists who are specialists in poison information. They are trained to provide diagnostic and treatment



advice to the public and healthcare professionals in regards to acute and chronic poisonings. Board-certified medical toxicologists back up these poison specialists

**Whom do you serve?**  
North Carolina residents.

**What services do you provide?**

The Carolina Poison Center assists with the diagnosis of unknown, suspected poisonings, recommends optimal patient management, determines the need for antidotal therapy, provides guidance on therapy endpoints and patient disposition, and provides in-patient consultation for patients at Carolina Medical Center. They also offer a variety of materials including brochures, magnets, phone stickers, and coloring books. They have developed a team-the trainer program called Caution Curriculum for children 6 to 5 years old. These materials are available online or by sending a request by mail.

**What can people expect when they contact you for help?**

They will reach a specialist trained in poison information and then directed or counseled depending on the circumstance.

**What do people have to provide to receive services?**

The caller must provide information on the patient's age, weight, medical history, type and time of exposure, symptoms, product information (have container available if source is known), and a telephone number.

**Additional information:**

Patients may be referred by physicians to the Medical Toxicology Clinic, which is held Tuesdays from 8:00-10:30 a.m. at Carolina Medical Center in Charlotte, NC. Appointments may be made by calling (704) 355-4212. Services are also available for independent medical examinations and worker's compensation patients.

### Community Health Partners

**Phone Number:** (704) 853-5069  
**Fax Number:** (704) 853-5239  
**Location:** 991 W. Hudson Blvd.  
Gastonia, NC 28052

7.

**Mailing Address:** same  
**Email Address:** cbrush@gfhs.info  
**Hours of Operation:** Monday - Friday 8:00 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**

The goal of CHP is to provide care management services to assure quality health care for eligible Carolina ACCESS recipients in a cost-effective manner.

**Whom do you serve?**

Carolina ACCESS enrollees in Gaston and Lincoln Counties with a medical home with a network practice

**What services do you provide?**

Our major initiative provides care management services to patients with chronic medical conditions such as: asthma, diabetes, congestive heart failure, COPD, etc. We also provide services to those using the emergency room, are hospitalized, are high cost, and/or pharmacy concerns.

**What can people expect when they contact you for help?**

Our staff works with Carolina ACCESS physician practices and recipients to identify patients at high risk (in one of the above initiatives). We then assess patient needs, contact the patient to identify resources, provide the patients and their families with education to deal with the problem(s) and make sure they are aware of the medical benefits. We also act as a patient advocate.

**Additional services include:** Community Health Partners works

closely with Health Check in dealing with emergency room utilization and preventative services (medical, vision, dental) appointments for children under age 21 in Gaston and Lincoln Counties. Through Early Intervention Services, staff works with patients in Gaston and Lincoln Counties to promote development screening and referral as needed to help families get services to build skills.

### Crisis Centers Available to Gaston County

Crisis Centers provide assistance and services to help individuals in their self-sufficiency. There are Crisis Centers located throughout Gaston County.



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**Crisis Assistance Ministry**

Phone Number: 704 862-7500 Hours of Operation: 8 a.m. - 5 p.m.  
Mailing Address: 330 N. Marietta St. Gastonia, NC 28052

**Belmont Community Organization**

Phone Number: 704 825-4526 Hours of Operation: 9 a.m. - 1 p.m.  
Mailing Address: 91 E. Catawba St. Belmont, NC 28012

**Bessemer City Crisis Center**

Phone Number: 919 2147 Hours of Operation: 9 a.m. - 1:30 p.m.  
Mailing Address: 111 N. 12<sup>th</sup> St. Bessemer City, NC 28016

**Cherryville Area Ministries**

Phone Number: 704 435-3816 Hours of Operation: 10 a.m. - 4 p.m.  
Mailing Address: 21 N. Mountain St. Cherryville, NC 28021

**Cramerton Ministerial Relief Fund**

Phone Number: 704 824-4286 Hours of Operation: 9 a.m. - 2 p.m.  
Mailing Address: Life Church, 501 Grauer Mountain Rd.  
Cramerton, NC 28032

**S.O.C.K.S**

Phone Number: 704 877-8780 Hours of Operation: 9 a.m. - 1 p.m.  
Mailing Address: 20 Box 269 McAdenville, NC 28101

**Crisis Pregnancy Center**

<b>Phone Number:</b>	Gastonia: (704) 867-3706
	Lenoir: (704) 752-3384
<b>Fax Number:</b>	Gastonia: (704) 868-4656
	Lincolnton: (704) 732-3384
<b>Location:</b>	Gastonia: 807 Robinson Rd. Gastonia, NC 28056
	Belmont: 300 Hawthorne/Holly Rd. Belmont, NC 28012
	Lincolnton: 814 E. Main St. Lincolnton, NC 28092

Mailing Address: same as above  
Email Address: [spc@bellsouth.net](mailto:spc@bellsouth.net)  
Website: [www.pcgastonia.org](http://www.pcgastonia.org)

**Hours of Operation: Gastonia:**

Monday and Wednesday 8:30 a.m. - 5:00 p.m.  
Tuesday and Thursday 8:30 a.m. - 8:00 p.m.  
Friday 8:30 a.m. - 2:00 p.m.

**Belmont:**

Monday 1:00 p.m. - 4:00 p.m.  
Tuesday and Thursday 9:00 a.m. - 12:00 p.m.  
**Lincolnton:**  
Mon, Tues, and Thurs. 8:30 a.m. - 2:00 p.m.

**Description/Purpose of Agency:**

The Crisis Pregnancy Center of Gaston County, Inc. affirms the value of life by compassionately sharing the gospel of Jesus Christ and providing the services to those in need with the hope of changing lives.

**Whom do you serve?**

Women, men, and families affected by crisis pregnancy situations in the surrounding areas.

**What services do you provide?**

The Crisis Pregnancy Center provides pregnancy counseling, abstinence education, prenatal ultrasound, and various other medical services, adolescent parenting programs, and post-abortion counseling.



**What can people expect when they contact you for help?**

Fairness. All of our services are free of charge. Our policy is that clients have to wait 6 weeks before receiving more baby items, simply because we want to serve as much of the community in need as possible.

**What do people have to provide to receive services?**

Absolutely nothing. They just need to make an appointment to be seen.

**Department of Social Services**

Phone Number:  
Main DSS # (704) 862-7500  
Abuse Hotline (704) 862-7555

**What services do you provide?**  
 DSS provides numerous services including adult, allied, children and family, and economic services. Adult services enhance the well-being of adults, especially the disabled, the elderly and those who are neglected or exploited. Allied Services is responsible for the business activities of the agency, including the financial activities, budgeting, accounting and statistics, reporting which qualifies the county to receive reimbursements through various Federal, State and other sources. Children and Family Services provides services for the protection and well-being of children and their families, and Economic Services provides temporary financial and employment services to qualifying adults and children.

- **Adult Services:** Adult Services Intake, Adult Care Home Case Management Services, Adult Care Homes Licensure, Adult Placement Services, Adult Social Work Services, At-Risk Case Management Services, Congregate Meals, Community Alternatives Program for Disabled Adults, Day Care for Adults, Family Caregiver Support Program, Guardianship Services, Home Delivered Meals, In-Home Aide Services, Protective Services for Adults, Senior Community Service Employment Program, and Transportation Services
- **Allied Services:** Day Care for Children, Human Services Planning, and The Shelter of Gaston County, which provides emergency services for victims of Domestic Violence.
- **Children & Family Services:** Adoption services, Children & Family Services Intake, Foster Care for children, Foster Care Licensure, Home Investigations, Intensive Family Preservation Services, Intensive Reunification Services, LINKS, In-Home Aide Services, Problem Pregnancy, Protective Services for children, Psychological Services and Residential Contracts.
- **Economic Services:** Child Support, The Crisis Intervention Program, Emergency Assistance, Food Stamp Program, Fraud or Investigative/Prepayment Services, Low Income Energy Assistance Program, Managed Care Programs, Medicaid, Medicaid for Adults, Medicaid for Family and Children, Medicaid/Special Assistance, North Carolina Health Choice, Work First: Cash Assistance, Work First Employment Program, and the Gaston Workforce Investment Act.

(704) 862-7540  
 (704) 862-7540  
 (704) 825-5428  
 (704) 866-3677  
 (704) 862-7520  
 (704) 862-7515  
 (704) 862-7530  
 (704) 862-7510  
 (704) 862-7515  
 (704) 862-7540  
 (704) 862-7525  
 (704) 862-7575  
 (704) 852-6090

**Fax Numbers:**  
 Administration/Personnel  
 Adult Services  
 Child Day Care Services  
 Child Support  
 C&F Services #1  
 C&F Services #2  
 Food Stamps  
 Legal and Accounting  
 Medicaid Services  
 Work First

**Location:** 320 N. Marietta St.  
 Gastonia, NC 28053-1578  
**Mailing Address:** same as above  
**Website:** <http://www.co.gaston.nc.us/DSS>  
**Hours of Operation:** Monday - Friday 8:00 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**  
 We provide services responsive to the unique needs of Gaston County citizens through the coordination of federal, state, and local resources, resulting in the strengthening of families.

**Whom do you serve?**  
 Citizens of Gaston County who meet eligibility guidelines for state and federal programs.

**What can people expect when they contact you for help?**

The Gaston County Department of Social Services is an agency that is professionally responsible for our citizens' needs through daily caring our each and simultaneously acting as an advocate for those in need. We strive to be community-minded and community spirited. We abide by federal, state and county operating instructions in providing services. Citizens should and can expect to be treated fairly, professionally, and with the respect they deserve while visiting the DSS Facility.

**Fitness and Nutrition Council**

**Phone Number:** (704) 862-6134  
**Fax Number:** (704) 862-5307  
**FNC Line:** (704) 862-6120  
**Location:** Gaston County  
**Mailing Address:** 991 W. Hudson Blvd.  
Gastonia, NC 28052

**Email Address:** [average.papillon@doc.gaston.nc.us](mailto:average.papillon@doc.gaston.nc.us)

**Website:** <http://www.doc.gaston.nc.us/FitnessandNutrition>

**Hours of Operation:** Monday-Friday 8:00 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**

The Gaston Community Healthcare Commission, a Healthy

Carolinians Task Force, established the Fitness and

Nutrition Council in 1997. It works to prevent the

onset of chronic diseases such as heart disease,

cerebrovascular disease, diabetes, and cancer – by

encouraging community residents to engage in

regular physical activity and healthy nutritional

practices. Specifically, the Council increases

community awareness of existing program opportunities, helps create

new programs, and works to establish community standards for regular

physical activity and healthy eating.

**Whom do you serve?**

Gaston County residents.



**What services do you provide?**

The Fitness and Nutrition Council provides programs that focus on physical activity and nutrition.

**What can people expect when they contact you for help?**

They will receive information on increasing their physical activity and resources on healthy eating.

**What do people have to provide to receive services?**

There are no requirements. Services are free and we often ask program participants to complete program evaluations.

**Additional services/information includes:**

The mission of the Fitness and Nutrition Council is to enhance the quality of life of Gaston County residents by helping them to adopt sound physical activity and nutritional practices that contribute to physical, emotional, spiritual and social health.

**Gaston County Family YMCA**

**Phone Number:**

Central Family YMCA (704) 865-8551

Stowe Family YMCA (704) 862-9629

South Gaston Family YMCA (704) 865-2193

Cherryville Family YMCA (704) 445-9522

Karyae Park YMCA-Outdoor Family (704) 865-8551

**Fax Number:**

Central Family YMCA (704) 867-4781

Stowe Family YMCA (704) 822-0987

South Gaston Family YMCA (704) 864-9710

Cherryville Family YMCA (704) 455-8136

Karyae Park YMCA-Outdoor Family Center (704) 867-4781

**Location:**

Central Family YMCA

15 W. Franklin Blvd.

Gastonia, NC 28052

Stowe Family YMCA

196 YMCA Dr.

Jellicott, NC 28012

South Gaston Family YMCA

3210 Union Rd.

Gastonia, NC 28054

Cherryville Family YMCA

119 East Main St.

Cherryville, NC 28021

Karyae Park YMCA-Outdoor Family Center

108 Central Y Address

organization or we will refer persons to another agency where they can receive help.

**Additional services include:**  
Karyae Park YMCA Outdoor Family Center is a 52-acre park with the following amenities: a pavilion that can seat 300 persons, an enclosed multi-purpose area, a new playground area, basketball courts, a volleyball court, a 75 seat amphitheatre, 8 element ropes course, a pond, walking trails, outdoor picnic tables, and a full size soccer field. Typical group reservations have been for company group picnics, church picnics, family reunions, and school groups. Reservations are open to groups by calling the Central YMCA at (704) 865-8551.

### Gaston County Health Department

**Phone Number:** (704) 853-8563  
**Spanish:** (704) 853-5073  
**Fax Number:** (704) 853-5252  
**Location:** 991 W. Hudson Blvd.  
Gastonia, NC 28052  
**Mailing Address:** same as above, specify the Health Department  
**Website:** [www.gaston.ymca.us/healthdept/](http://www.gaston.ymca.us/healthdept/)  
**Hours of Operation:** Monday 8:00 a.m. - 7:00 p.m.  
Tuesday Friday 8:00 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**  
The purpose of the Gaston County Health Department is to protect and promote the health of all Gaston County residents through environmental, clinical, educational services, and programs.

**Whom do you serve?**  
We serve all Gaston County residents through programs designed to prevent the onset of epidemics and encourage healthy lifestyles. We provide clinical care to patients who have limited access to private health and medical services.

**What services do you provide?**  
We provide: breast and cervical cancer detection; child health clinic; communicable disease control; food handling inspection; family planning/birth control; health education services; HIV/AIDS testing;

**Mailing Address:** same as above  
**Website:** [www.gastorymca.org](http://www.gastorymca.org)

**Hours of Operation:**  
**Central:** Monday 5:30 a.m. - 9:30 p.m.  
Friday 5:00 a.m. - 9:00 p.m.  
Saturday 7:00 a.m. - 5:00 p.m.  
Sunday 1:30 p.m. - 5:00 p.m.  
**Stowe:** Monday 5:30 a.m. - 7:30 p.m.  
Saturday 7:00 a.m. - 5:00 p.m.  
Sunday 1:30 p.m. - 5:30 p.m.  
**South Gaston:** Monday 5:30 a.m. - 10:30 p.m.  
Friday 5:30 a.m. - 8:30 p.m.  
Saturday 8:00 a.m. - 4:30 p.m.  
Sunday 1:00 p.m. - 4:30 p.m.  
**Cherryville:** Monday - Friday 5:30 a.m. - 9:30 p.m.  
Friday 5:30 a.m. - 9:00 p.m.  
Saturday 7:30 a.m. - 5:00 p.m.  
Sunday 1:30 p.m. - 5:00 p.m.

Karyae Park YMCA Outdoor Family Center Available by reservation  
Call (704) 865-8551

**Description/Purpose of Agency:**  
We strive to put Christian Principles into practice through programs that build a healthy spirit, mind and body for all.

**Whom do you serve?**  
Primarily all persons in Gaston County in addition to all other persons desiring our services and programs.

**What services do you provide?**  
The following are core programs the YMCA offers: After school Child Care, Summer Camp, Youth and Adult sports leagues, Aquatics classes for all ages and water safety, fitness/wellness program, Teen Leadership Programs, Family Programs, Financial Assistance for programs and memberships and special events.

**What can people expect when they contact you for help?**  
People can expect that the YMCA will help those who contact our

immunizations; emergency services; rabies exposure treatment; sexually transmitted disease testing and treatment; shots for adults; tuberculosis control; vital records; well and septic system inspections; and the Welfare, Tobacco, and Children Programs (WIC).

**What can people expect when they contact you for help?**

Our staff meets all requests for information, treatment, or advice with strict confidentiality. We link each caller to the appropriate service area, where staff will provide needed information and make scheduled appointments. Our fees are based on the specific service delivered; our staff tolls callers if there is a charge for their needed services and they are computed.

### Gaston County Schools Health Services

**Phone Number:** (704) 866-6264

**Fax Number:** (704) 866-6194

**Location:** 366 W. Garrison Blvd.  
Gastonia, NC 28054

**Mailing Address:** same as above

**Email Address:** [sustn.hls@gscountyschools.k12.nc.us](mailto:sustn.hls@gscountyschools.k12.nc.us)

**Website:** <http://www.gaston.k12.nc.us/departments/health>

**Hours of Operation:** Monday – Friday 8:00 a.m. – 5:00 p.m.

**Description/Purpose of Department:**

We strive to eliminate or alleviate health-related barriers that are interfering with a student's ability to learn. In turn, this decreases school absences and actual dropout rates and increases academic performance. These health services work to ensure a safe, healthy and orderly school environment for our students and employees.

**Whom do you serve?**

Students and employees of Gaston County Schools.

**What services do you provide?**

The Gaston County Schools Health Services conducts periodic health assessments of students, develops health care plans for students with acute or chronic illnesses, they provide for emergency care of illness and injury through Crisis/Emergency Action Plans, and certifying staff by CPR/First Aid. They monitor prescribed treatments and administrator of medications to students, provide for staff training.

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conduct health promotion programs for school staff, and work with a multidisciplinary team and school staff to decrease absenteeism and the dropout rate to increase school performance.

The manager of Student Health Care develops, interprets and evaluates school health policies and procedures, ensures the policies and procedures adhere to laws and standards of school nursing practice. They monitor students' compliance with state immunization laws, monitors communicable disease, serve as a liaison and resource person between home, school and community/service organizations. They also coordinate health care in the schools for students with chronic health/wiping conditions.

They also provide an educator or counselor that interns student health needs to faculty and school staff. They make home visits, help students understand and adjust to changes and limitations, serve as a classroom resource to compliment the Health Curriculum. They teach the Family Life Component of the Health Curriculum at 5<sup>th</sup> and 6<sup>th</sup> grades, develop support groups and provide information for community resources. In addition, they support families in finding and using treatment services. They work with staff development to develop workshops and in service training for staff regarding health issues such as OSHA, Blood borne Pathogen Training Chronic illness, stress management, and employee health.

**What can people expect when they contact you for help?**

They can expect assistance and information regarding health issues as it relates to student health in the school environment.

### Gaston Diabetes Center

**Phone Number:** 704 874-9009 or 704 874-9010

**Fax Number:** 704 874-0065

**Location:** 111 E. Third Ave

Gastonia, NC 28052

**Mailing Address:** same as above

**Website:** [www.gdc.info](http://www.gdc.info)

**Hours of Operation:** Monday 7:00 a.m. – 5:00 p.m.



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**Description/Purpose of Agency:**

Our mission is to provide comprehensive assessment and educational programming to assist referred patients in developing the skills and resources to actively participate in their own care to prevent diabetes related complications and facilitate improvement of their health status.

People with diabetes need special skills to maintain their good health and prevent diabetes-related complications. We believe people with diabetes and their families can learn from these skills to actively participate in their own care. As a newly diagnosed patient, these classes will ease fears patients may have about diabetes. They will learn about the changes that they will need to make in order to stay in good health. For those who have been diagnosed in the past, these classes will provide a thorough review of diabetes and an update on the latest available treatments.

**Whom do you serve?**

All citizens of Gaston County and those with Gaston County Health Care Providers.

**What services do you provide?**

Diabetes Basic Class, Diabetes Self-Management Program, Nutrition Counseling and Insulin Counseling. Classes or individual sessions are available. The classes and counseling sessions are also available for the Spanish speaking population.

**What can people expect when they contact you for help?**

Patients can be referred by the Doctor, Nurse Practitioner, or Physician Assistant by asking for an appointment at Gaston Diabetes Center. The Health Care Provider will fax a referral. Patients can also call the Gaston Diabetes Center and we will complete a referral and fax to their Health Care Provider. Once we receive a referral, we will contact the patient and make an appointment.

**What do people have to provide to receive services?**

Most insurance companies, Medicare and Medicaid, will cover some or all the cost of services. Gaston Family Health Services offers a sliding fee scale for uninsured and/or underinsured patients. Household income and number of household members must be assessed to determine the fee.

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**Gaston Family Health Services**

**Phone Number:** (704) 853-5079

**Fax Number:** (704) 853-5269

**Location:** 991 West Hudson Blvd.

Gastonia, NC 28052-6430

same as above

[www.gfhs.info](http://www.gfhs.info)

**Hours of Operation:** Monday - Friday 8:00 a.m. - 7:00 p.m.  
Closed for lunch 12:30 p.m. - 1:30 p.m.

**Description/Purpose of Agency:**

Gaston Family Health Services is a comprehensive, community sponsored family-oriented provider of health, education and preventive care services for those who need help to move in our community without regard to the ability to pay.

**Whom do you serve?**

Patients without insurance, those with private insurance, or with Medicare or Medicaid.

**What services do you provide?**

Comprehensive family medical care with referrals to specialists as needed. AIDS;

HIV case management; asthma and

diabetes education; behavioral, medication and nutrition counseling, medication assistance enrollment; and a Professional Pharmacy.

**What can people expect when they contact you for help?**

Appointments are available for anyone seeking a primary care provider.

**What do people have to provide to receive services?**

If you have no insurance, you qualify for sliding fee scale based on federal poverty guidelines. For this, you need to provide a proof of income.

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## Gaston Hospice

**Phone Number:**

(704) 861-8405

**Fax Number:**

(704) 865-0590

**Location:**

258 E. Garrison Blvd.  
Gastonia, NC 28054  
PO Box 4984  
Gastonia, NC 28054

**Mailing Address:**

**Email Address:**

[gastonhospice@gastonia.net](mailto:gastonhospice@gastonia.net)

**Website:**

[www.GastonHospice.org](http://www.GastonHospice.org)

**Hours of Operation:**

Monday - Friday 8:30 a.m. - 5 p.m.

**On call services:**

24 hours/7 days a week

### **Description/Purpose of Agency:**

The mission of Gaston Hospice is to enhance the quality of life for patients and families and provide a caring system to deliver palliative, supportive and educational services as one approaches the end of life.

### **Whom do you serve?**

Hospice services are available to persons with any advanced, incurable illness whose physicians believe their life expectancy is six months or less.

### **What services do you provide?**

Services are provided by a team of professionals and volunteers that include:

- Nurse pain management and symptom control
- CNA (Certified Nursing Assistant) - assist with personal care
- Social worker - legal paperwork (Wills, Power Of Attorney, Do Not Resuscitate), family counseling, community resources
- Volunteer - family support and respite
- Chaplain - spiritual care
- Bereavement counselor - grief care after patient death (up to 13 months)

Services are provided in the patient's home. The full range of services is also available to persons whose home is a contracted facility -

nursing home, assisted living facility, convalescence care retirement community, group home.

### **What can people expect when they contact you for help?**

If they contact the Gaston Hospice office directly, someone will be glad to explain services and answer any questions.

### **What do people have to provide to receive services?**

Gaston Hospice must receive certification from a physician that a person has a prognosis of six months or less and that he will give medical orders.

### **Additional services/information includes:**

*New Home Counseling Center for Grief and Loss* - Individual counseling, grief education classes, support groups and grief assessment are available to anyone in the community who has experienced the loss of a loved one.

*Duressives* - This program of the Counseling Center provided grief counseling for children who have lost a loved one or whose loved one is dying.

*Camp Phoenix* - An overnight camp for grieving children.

*Advance Care Planning* - Individual or group education about the importance of advance directives (living will, health care power of attorney). Staff available to explain and clarify advance directives - appointments preferred.

*Kobin Johnson House* - A 12-bed inpatient hospice facility to provide hospice services to patients who, for various reasons, cannot be cared for in their current home. The facility is located on a 20-acre tract in Dallas, the geographical center of Gaston County.

## Gaston Memorial Hospital/CaroMont Health

**Phone Number:**

(704) 834-2000

(704) 735-8333 - Lineation Number

**Location:** 2375 Court Dr.  
Gastonia, NC 28054  
[www.gastoniahealthcare.org](http://www.gastoniahealthcare.org)  
**Hours of Operation:** 24 hours, 7 days a week

**Description/Purpose of Agency:**

Gastonia Memorial is a not-for-profit, enterprise that strives to provide excellent general health care and acute health care services to patients and their families.

**Whom do you serve?**  
Residents and visitors of Gaston and surrounding counties.

**What services do you provide?**

Gastonia Memorial caters to many needs through services including The Birthplace, The Comprehensive Cancer Center, CareMount Heart Center, Emergency Services, Imaging Services, Neurosciences, The Pain Center, Psychiatric Services, Rehab and Sports Medicine, The Sleep Center, Special Care Units, Surgical Services, and CareMount Wound and Diabetes Centers.

**What can people expect when they contact you for help?**

By phone, the caller will reach the front desk and then is transferred to their needed extension. If it is an emergency, call 911.

**Additional services include:**

Numerous support groups are available for patients and family members who are struggling with specific ailments or issues. More information is available online.

**Gastonia Emergency Medical System (GEMS)**

**Phone Number:** Emergency: 911  
Business: (704) 866-3312  
**Fax Number:** (704) 866-3203  
**Location:** 615 North Highland St.  
Gastonia, NC 28053-1578

**Mailing Address:** PO Box 1578  
Gastonia, NC 28053-1578

**Email Address:**

**EMS Director:** mark.bamphrewn@gaston.nc.us  
**Asst. Director:** je.l.waldrep@ecm.gaston.nc.us  
**Training Coordinator:** elyde.cantrell@ecm.gaston.nc.us  
**Quality Improvement Coordinator:** steve.skipp@ecm.gaston.nc.us  
**Website:** <http://www.ecm.gaston.nc.us/GEMSHP>

**Hours of Operation:** 24 hours, 7 days a week.  
Wheelchair vans by appointment only:  
Monday – Friday

**Description/Purpose of Agency:**

The mission of the Gaston County Emergency Medical Services is to preserve and enhance the quality of life for the residents and visitors of Gaston County by providing timely, superior-quality, cost-effective, field medical care and transportation as well as collaborative public safety preparedness and operations, including comprehensive rescue response, support, and public education.

**Whom do you serve?**

The residents and visitors of Gaston County.

**What services do you provide?**

GEMS provides Emergency Medical services, response at the Advanced Life Support level and wheelchair transport.

**What can people expect when they contact you for help?**

People will find an immediate response by a highly trained and experienced team of Paramedics who will utilize state-of-the-art vehicles and equipment.

**Additional services include:**

We also offer Specialized Rescue Services (Trench, Confined Space, and Collapse), heavy rescue services, and specialized teams (Search and Rescue, SCUBA, Swiftwater rescue, Traction Medics, Bomb Medics, Bike Medics, Honor Guard). GEMS is a Certified Advanced EMS Institutional Institution.

## GFHS General Dental Clinic of Gaston County

**Phone Number:** (704) 853-5191  
**Location:** 991 W. Hudson Blvd.  
 Gastonia, NC 28052  
**Mailing Address:** same as above  
**Website:** [www.gfhs.info](http://www.gfhs.info)  
**Hours of Operation:**  
 Monday 8:00 a.m. - 5:00 p.m.  
 Tues - Wed 8:00 a.m. - 7:00 p.m.  
 Thurs - Fri 8:00 a.m. - 5:00 p.m.  
 Closed for lunch 12:00 - 1:00 p.m.

### Description/Purpose of Agency:

The Dental Clinic of Gaston County is part of Gaston Family Health Services - a comprehensive, community sponsored family-centered provider of health, education and preventive care services for those who need healthcare in our community without regard to the ability to pay.



### Whom do you serve?

Patients without insurance, those with private insurance, or with Medicare or Medicaid.

### What services do you provide?

We provide family dental care including cleaning, filling, pulling teeth and dental education.

### What can people expect when they contact you for help?

Appointments are available for anyone seeking primary dental care.

### What do people have to provide to receive services?

If you have no insurance, you qualify for sliding fee scale based on federal poverty guidelines. For this, you need to provide a proof of income.

## GFHS Pediatric Dentistry

**Phone Number:** (704) 853-5459  
**Fax Number:** (704) 853-5455  
**Location:** 2511 American Blvd.,  
 Gastonia, NC 28053  
**Mailing Address:** 991 West Hudson Boulevard  
 Gastonia, NC 28052  
**Website:** [www.gfhs.info](http://www.gfhs.info)  
**Hours of Operation:** Monday - Friday 8:00 a.m. - 5:00 p.m.  
 Closed for lunch 12:00 p.m. - 1:00 p.m.

### Description/Purpose of Agency:

GFHS Pediatric Dentistry is a part of Gaston Family Health Services - a comprehensive, community sponsored family-centered provider of health, education and preventive care services for those who need healthcare in our community without regard to the ability to pay.

### Whom do you serve?

Patients 13 and under without insurance, those with private insurance, or with Medicaid.

### What services do you provide?

We provide pediatric dental care, including cleaning, filling, pulling teeth, surgery as needed and dental education.

### What can people expect when they contact you for help?

Appointments are available for anyone seeking primary dental care for their child.

### What do people have to provide to receive services?

Patients must be 13 years of age and under. If you have no insurance, you qualify for sliding fee scale based on federal poverty guidelines. For this, you need to provide a proof of income.

## HealthNet Gaston

**Phone Number:** (704) 857-6408  
**Fax Number:** (704) 857-6110

**Location:** 703 South Mariana Street  
Gastonia, NC 28052

**Mailing address:** same as above

**Hours of Operation:** Monday – Friday 8:00 a.m. – 5:00 p.m.

**Description/Purpose of Agency:**

HeartCare Gaston (HNG) is a program designed to provide comprehensive health care to low-income, uninsured Gaston County residents.

**Who do you serve?**

Gaston County residents, 18 and older who are uninsured and at or below 100% of federal poverty level and who have a chronic condition such as diabetes, asthma, COPD or congestive heart failure that would benefit from our services.

**What services do you provide?**

HNG provides a medical home for each member, laboratory, diagnostic and other hospital services, medication assistance and health coaching to better manage chronic health.

**What can people expect when they contact you for help?**

HNG has a systematic screening system that assures that each enrollee meets our financial, residential and uninsured eligibility. Enrollment is by appointment only.

**What do people have to provide to receive services?**

Proof of residence, medical insurance information, medical condition information and annual or monthly income verification.

### Heart Society of Gaston County

**Phone Number:** (704) 865-1214

**Fax Number:** (704) 865-7342

**Location:** 1201 E. Garrison Blvd.

Gastonia, NC 28052

**Mailing Address:** same as above

**Website:** [www.gaston2go.org/heart](http://www.gaston2go.org/heart)

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**Hours of Operation:** Monday – Friday 9:00 a.m. – 5:00 p.m.

**Description/Purpose of Agency:**

The mission of the Heart Society of Gaston County is to increase awareness of cardiac disease; to promote heart healthy lifestyles, and to provide services to heart patients in Gaston County.

**Who do you serve?**

Gaston County

**What services do you provide?**

The Heart Society of Gaston County provides cholesterol and blood pressure screenings, some medication assistance, and cardiovascular health education.

**What can people expect when they contact you for help?**

Depends on the circumstance.

### Highland Health Center

**Phone number:** 704 874-3360

**Location:** 609 North Highland Street  
Gastonia, NC 28052

**Mailing Address:** 991 West Hudson Boulevard  
Gastonia, NC 28052

**Email Address:** [info@highlandhealthcenter.org](mailto:info@highlandhealthcenter.org)

**Website:** [www.highlandhealthcenter.org](http://www.highlandhealthcenter.org)

**Hours of Operation:** 8 a.m. to 7 p.m. Monday to Friday.

We make appointments and provide urgent care (walk-in visits).

**Description/Purpose of Agency:** The Highland Health Center

provides high quality medical care to people who do not have family doctors. It is run by the Gaston County Health Department and Gaston Family Health Services, which work to prevent disease and promote good health in Gaston County.

**Who do you serve:** The Highland Health Center is open to all

members of our community and surrounding areas.

**What services do you provide:**

- Physicals, shots, walk-baby, and adult exams;

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- Treatments for patients who are sick and care for their long-term illnesses, like diabetes;
- Medical care for pregnant women and delivery services for their babies;
- On-site x-ray services; and,
- Pharmacy, medication assistance, counseling, and health education programs.

**What can people expect when they contact you for help:** Our patients can expect to receive high-quality services from our care staff of board certified physicians, experienced physician assistants, nurses, practitioners, and nurses.

**What do people have to provide to receive services:** When people call for appointments, we ask for their address, phone numbers, and about their health insurance. The Center sees patients with private insurance, Medicaid, Medicare, HealthChoice, and those who do not have insurance. Charges for patients without insurance are based on what they are able to pay. Discounts on some services require proof of income. If you have questions please call us at 704/874-3360.

**Additional services/Information:** Until the Highland Health Center opens on North Highland Street in June 2010, our staff is seeing patients at 111 East Third Avenue, Gastonia. Please call 704 874-3360 for an appointment.

**Holy Angels, Inc.**

**Phone Number:** (704) 825-4161  
**Fax Number:** (704) 825-0559  
**Location:** 6600 Wilkinson Blvd.  
 Belmont, NC 28012  
**Mailing Address:** PO Box 710  
 Belmont, NC 28012  
**Email Address:** info@holyangelsnc.org  
**Website:** http://www.holyangelsnc.org  
**Hours of Operation:** Monday – Friday, 9 a.m. – 6 p.m.  
 24 hours/7 days a week for residents

**Description/Purpose of Agency:**

Holy Angels offers residential and developmental services and programs for children and adults with varying degrees of mental retardation who may also have multiple disabilities. We provide children and adults with dignified and empowering opportunities for living.

**Whom do you serve?**

Holy Angels provides round-the-clock care for children and adults who are medically fragile with severe/untreated mental retardation and physical disabilities.

**What services do you provide?**

The residents participate in holistic and innovative programs, which include: medical services, special education, physical therapy, speech, music, horticulture and creative arts therapies, recreation and opportunities for spiritual growth. All residents participate in innovative education and active treatment, assisting each resident to reach his or her greatest potential.



**Programs include:** Morrow Center (Specialized Community Residential Center) for children; five ICF/MR group homes (Interassociate Care Facility for the Mentally Retarded); four community group homes (for adults with mild/moderate mental retardation); Great Adventures Club for adults with various mental retardation; Chertubs Café & Candy Bouquets (vocational program for adults with mental retardation); Little Angels Child Development Center (on-site day care); Horticulture and Creative Arts programs for all residents and Camp Hope (recreational facility located on the South Fork River – handicapped accessible).

**What can people expect when they contact you?**

Individuals contacting Holy Angels will be directed to the appropriate program director at Holy Angels based on the information they need.

**What do people have to provide to receive services?**

A appointment will be made with Holy Angels' Director of Social Work for a tour and overview of the application process.

**Additional services include:**

Volunteering opportunities, giving opportunities, employment opportunities with excellent benefits

**Medicaid**

See Department of Social Services for information

**Medicare**

Phone Number: 1-800-583-2236

**Description/Purpose of Agency:**

This 800 number listed above puts an individual in contact with an authorized service. The service has many different options and it is available in Spanish. Some of the options include customer service, frequently asked questions about Medicare, general information about Medicare and information regarding the status of claims.

**Whom do you serve?**

An individual who has questions concerning their Medicare status.

**Pathways**

Phone Number:

1-800-884-2301

Print Desk:

1-800-808-5898

Fax Number:

(704) 884-2578

Location:

301 S. New Hope Rd,  
Gastonia, NC 28054

Mailing Address:

907 S. New Hope Rd,  
Gastonia, NC 28054

Website:

[www.pathwaysusa.org](http://www.pathwaysusa.org)

Hours of Operation:

Monday - Friday  
8:00 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**

Pathways will be the leader in the management, development and coordination of mental health, developmental disabilities, and substance abuse services through collaborative efforts and in honor of

public policy implementation in our local communities. Pathways will create a system that facilitates independence, promotes wellness, encourages personal responsibility, and advocates for community integration.

**Whom do you serve?** We oversee the service delivery system of private providers who serve consumers of Mental Health, Developmental Disability and Substance Abuse services in Gaston, Lincoln and Cleveland counties.

**What services do you provide?** Pathways directly provides Crisis Emergency Services and Screening, Triage and Referral services.

**What can people expect when they contact you for help?**

- a. To be screened, triaged and referred, as appropriate
- b. To appropriate for services, to be given a choice of providers who can serve the consumers' needs.
- c. Extensive knowledge of mental health, developmental disabilities, and substance abuse.

**The Shelter of Gaston County**

Phone Number:

(704) 810-6495

(704) 810 6492

24 hour crisis line: (704) 852-6000

(704) 852-6004

330 North Marietta St.

Gastonia, NC 28052

same as above

Website: [www.co.gaston.nc.us](http://www.co.gaston.nc.us) - Department: Shelter

Hours of Operation: Monday - Friday 8:00 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**

The shelter strives to decrease the incidence of domestic violence in our community by offering temporary shelter and resource services to the women and children of Gaston County who are victims of domestic violence. Of particular interest is the safety, both physical and psychological, of our residents and the continued education of our community toward domestic violence.

**Whom do you serve?**  
Gaston County residents.

**What services do you provide?**

The Shelter of Gaston County provides a safe, emergency residence where victims can live in times of crisis. They also provide counseling, court advocacy, information and referral, direct services, support group meetings for women and children, a child's program, transportation to appointments, and a strong support system through the Shelter staff.

**What can people expect when they contact you for help?**

If they need it, they will be provided with a place to stay and the services provided by the shelter. If the shelter is full, they will seek out other safe accommodations.

**Additional information:**

We have a home visit program for our clients after they leave our Shelter and we are on call from 8:00 a.m. - 5:00 p.m. to assist victims of domestic violence who are in the emergency room.

### United Way of Gaston County

**Phone Number:** (704) 864-4354

**Fax Number:** (704) 864-9464

**Location:** 200 W. Franklin Blvd

Gastonia, NC 28052

**Mailing Address:** PO Box 2597

Gastonia, NC 28053

**E-mail Address:** [info@unitedwayofgaston.org](mailto:info@unitedwayofgaston.org)

**Website:** [www.unitedwayofgaston.org](http://www.unitedwayofgaston.org)

**Hours of Operation:** Monday - Friday 8:30 am - 5:00 pm

Closed 1:00 pm - 2:00 pm

**Description/Purpose of Agency:**

The mission of the United Way of Gaston County is to unite our community to help and care for one another. Their vision is to build a stronger community where people can realize their full potential.

**What services do you provide?**

We provide funding to 26 agencies and over 50 programs that serve Gaston County. We also have volunteers that assist with numerous programs within the United Way of Gaston County and their Partner agencies.

**Additional services include:**

2-1-1 is an information and referral line that you can access for childcare, senior services, counseling and support groups, health services, vocational information and much more. This free, confidential multi lingual line is available 24 hours a day a week 76 access, dial 2-1-1 from landlines and 1-888-892-1162 from cell phones. For online resources, visit [www.m211.org](http://www.m211.org).

### Veterans Services

**Phone Number:** (704) 866-3939

**Fax Number:** (704) 852-6048

**Location:** 965 Roberts Dr.

Gastonia, NC 28054

**Mailing Address:** same as above

**Website:** <http://www.co.gastonia.nc.us/veterans>

**Hours of Operation:** Monday - Friday 8:30 a.m. - 5:00 p.m.

**Description/Purpose of Agency:**

The Veterans Services Office assists veterans, their families and their dependents in processing, presenting and establishing claims and obtaining benefits to which they are entitled under Federal, State, and local law.

**Whom do you serve?**

Veterans

**What services do you provide?**

The Veterans Services Office provides veterans with the North Carolina Division of Veterans Affairs State Scholarships, helps with hospital affairs and bills, assists with the completion of GI Loans, handles compensation and pension claims, and finds insurance opportunities for veterans in need. They provide educational assistance (also available to wives, widows, and children of veterans who are eligible) and on-the-job training. They help with appeals,

review of discharges, and obtaining Dental Treatment. They also assist veterans in obtaining license plates, wheelchairs, other prostheses, hunting and fishing licenses for severely disabled, clothing allowances, special inquiries about non-receipt of checks, and incorrect addresses.

**What can people expect when they contact you for help?**  
They will be directed based on their needs.

**Additional Information:**  
Contact the Veterans Service Office for the complete list of services or for more information.

## **Hotlines**

AIDS Hotline	1 800 342-2437
Alcohol Abuse Addiction Helpline	704 865 1561
Cocaine Anonymous	1 800 315-6120
Disability Advocacy	1 800 772-1213
Eye Care Project	1 800 222-3937
Families Anonymous	1 800 736-9805
Gamblers Anonymous	1 877 718-5543
Marijuana Anonymous	1 800 766-6779
Nat'l Domestic Violence Hotline	1 800 799-7223
Nat'l Health Info System	1 800 336 4797
Nat'l Institute for Drug Abuse	1 800 336-1797
Nat'l STD Hotline	1 800 227-8922
Runaway Hotline	1 800 786-2929
United Way Information and Referral	211
Veterans Administration	1 800 827-1000

# Peer County Comparison

## Addendum

According to the University of North Carolina at Charlotte’s Urban Institute, Cabarrus, Catawba, Davidson, and Iredell Counties are peer counties to Gaston County because they:

- Have similarly-sized populations
- Have similar economic and social histories as former mill communities
- Are geographically near each other and are in the same region of North Carolina
- Have a similar mix of rural and urban population areas
- Have similar health status measures

In addition, the Urban Institute selected these counties as peers through a region-wide collaborative process, so there is widespread agreement and investment in this list.

## Poverty

Gaston County has the highest levels of poverty among families, families with children, and single mother households, as compared to its peer counties (Figure 1, U.S. Census Bureau). Especially alarming are the rates of single mother households compared to its peers; Gaston County’s rates of poverty among single mothers compared to the next highest county, Davidson is more than 13 percentage points higher (46.7%, 33.3%).

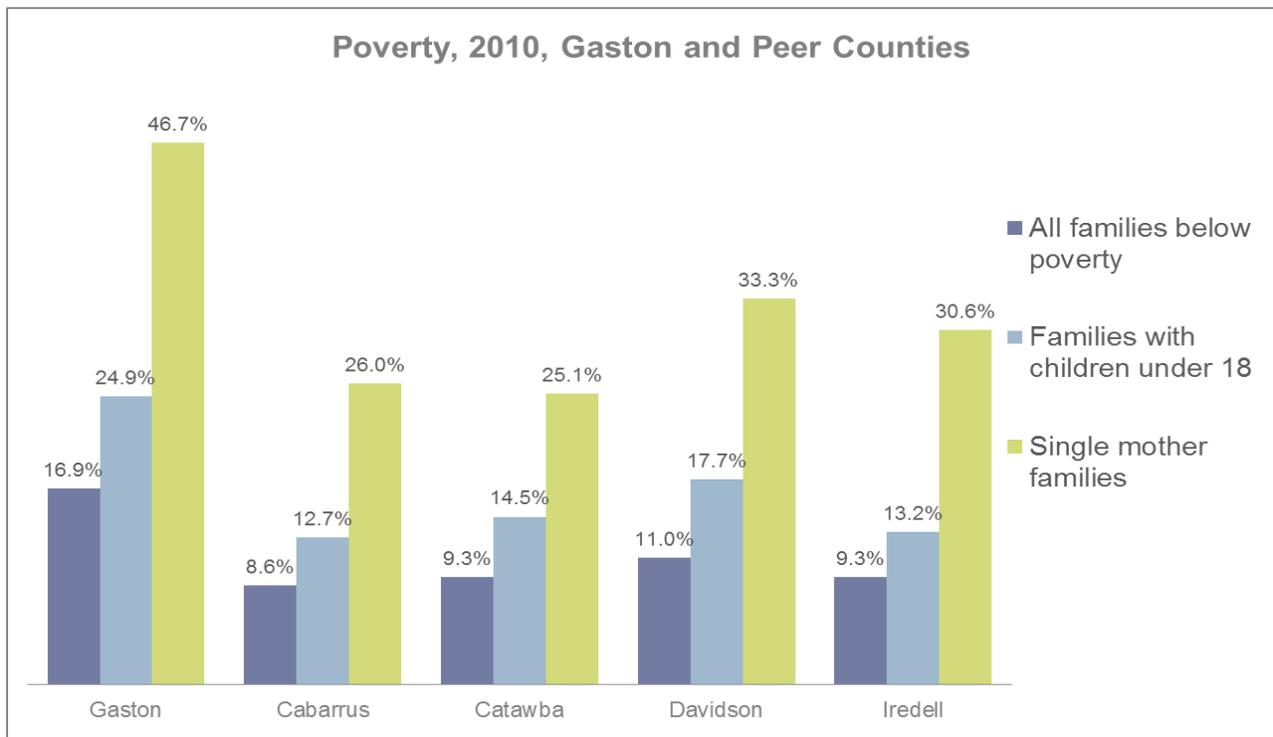


Figure 1. Poverty, Gaston and Peer Counties, U.S. Census Bureau

## Life Expectancy

Life expectancy is an overall mortality measure that is frequently used to describe the health status of a population. One advantage to using life expectancy is it is standardized, allowing for comparisons over time, and between different populations and ages. Further, life expectancy is generally easy to understand (*Life expectancy: complex measures of the length and the health related quality of life*. Egidi, V., Daniele Spizzichino, D., University of Rome, Italian National Institute of Statistics, Rome).

Gaston County has lower overall life expectancy than its peer counties (Figure 2). The next lowest counties, Davidson and Catawba, have one more year of life expectancy compared to an average Gaston County resident. An average resident of Cabarrus County can expect to live 2.2 years longer than a resident of Gaston County.

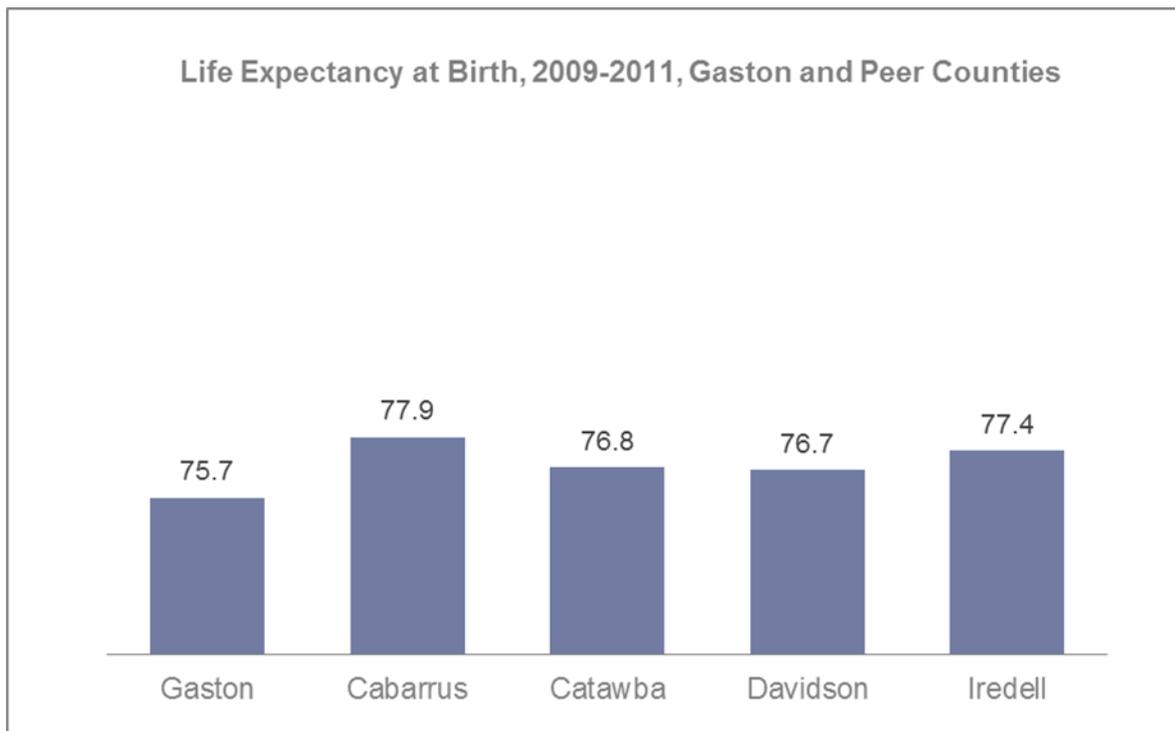


Figure 2. Life Expectancy, Gaston and Peer Counties, NCSCHS

## Behavioral Risk Factor Surveillance System

Health outcomes go hand-in-hand with various risk factors. These risk factors are annually assessed with the Behavioral Risk Factor Surveillance System (BRFSS) survey.

BRFSS is a random survey of adults that collects data on a variety of health behaviors associated with leading causes of death and disability. The following data pertain to Gaston County and its peers, and helps to provide insights into local health needs, behavioral trends, and use of available health resources.

Table 1 shows selected BRFSS questions, and compares the results to Gaston County's peers. Gaston County has higher rates of diabetes (18.2%), lack of health insurance (31.6%), and overweight and obesity (74.7%) compared to the other counties. About 23% of Gaston County residents did not visit a doctor in the past year because they found the cost to be too prohibitive. This is the second highest rate among the peer counties, where only Catawba County ranked higher (27.0%).

Table 1. Selected BRFSS Indicators, Gaston and Peer Counties, 2011

	Gaston	Cabarrus	Catawba	Davidson	Iredell
Diabetes	18.2%	7.9%	16.2%	14.3%	7.1%
Current Smoker	25.2%	20.1%	29.1%	28.8%	15.9%
High Cholesterol	46.0%	33.9%	36.6%	46.7%	42.7%
Doctor Visit Cost Prohibitive	23.4%	12.7%	27.0%	20.8%	20.1%
No Health Insurance (Under 65 yrs)	31.6%	18.4%	28.8%	29.4%	26.6%
Overweight or Obese	74.7%	61.4%	58.5%	72.4%	63.0%

### Obesity

The 2011 BRFSS reports three out of four (74.7%) Gaston County residents are either overweight or obese. Of these, 31% are obese (defined as an individual having a body mass index of greater than 30). In contrast, 65.1% of North Carolina state residents are overweight or obese. Three of Gaston's peer county's rates are lower than the Gaston and state rate (Cabarrus, 61.4%; Catawba, 58.5%; and Iredell, 63.0%), and the remaining peer county – Davidson – is lower than Gaston's rate as well.

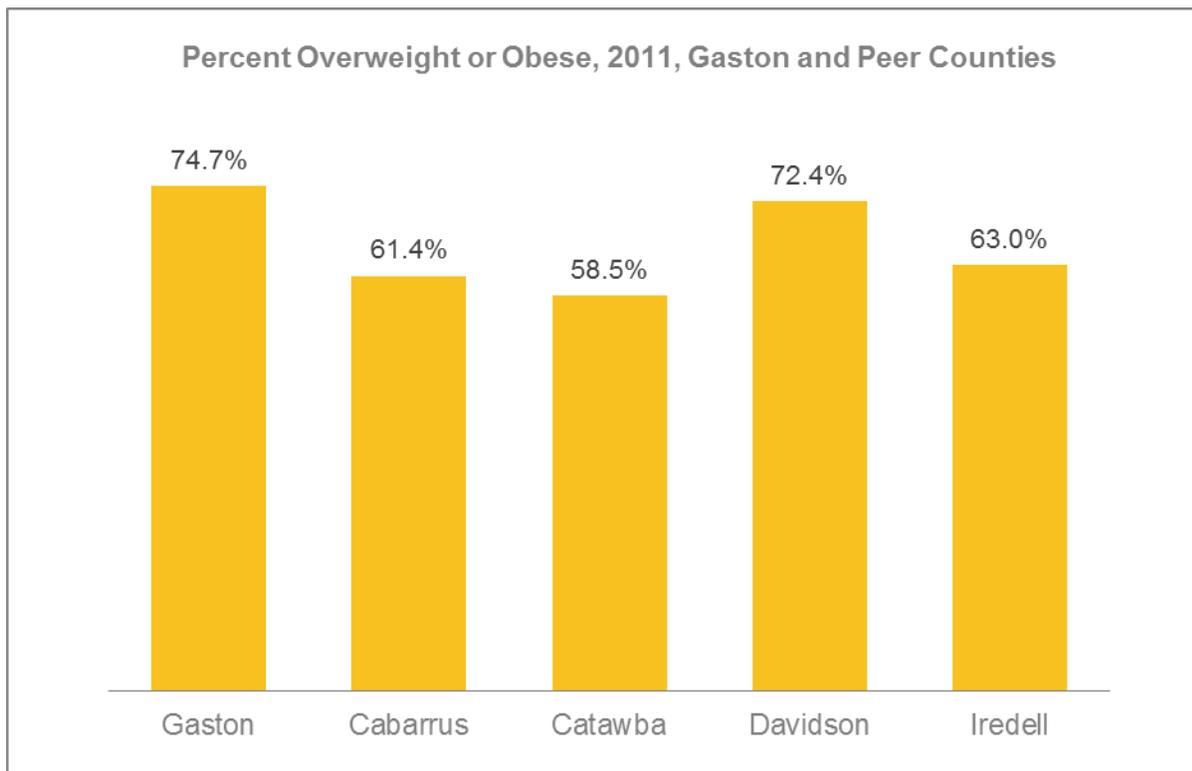


Figure 3. Overweight and Obesity, Gaston and Peer Counties, BRFSS

The issue of overweight and obesity is complicated, as many factors are associated with its prevalence including physical activity and eating habits. More than half (55.0%) of Gaston County residents report not meeting the recommended aerobic exercise recommendations from the Centers for Disease Control and one-third of residents reported not doing any type of physical activity at all.

## Mortality Data

The three leading causes of death (LCDs) in Gaston County and its peers are shown on Table 2. While this ranking has not changed in the two reporting periods, the rankings between the peer counties slightly differs. For example, for Gaston, Davidson, and Iredell counties, the leading cause of death is heart disease, as compared to Cabarrus and Catawba counties where the leading cause of death is from cancer. Gaston ranks higher in mortality for heart disease, cancer, and chronic lower respiratory disease – all three LCDs – which is no surprise as the overall mortality rate for Gaston County is much higher than its peer counties – 40 deaths per population higher than its next highest peer, Davidson.

Table 2. Mortality Rates, 2007-2011, Gaston and Peer Counties

	Gaston	Cabarrus	Catawba	Davidson	Iredell
Total Deaths, all causes	994.5	771.6	947.4	953.9	858.4
Heart Disease	232.3	161.5	196.9	227.1	201.2
Cancer - All Sites	212.3	169.2	208.3	207.6	190.7
Chronic lower respiratory diseases	74.6	50.2	70.8	68.2	57.6

Rate per 100,000 population, NC SCHS

## Healthy People 2020

Healthy People is a science-based, 10-year, multi-agency initiative that provides goals, measurable objectives, and benchmarks to:

- Increase public awareness and understanding of the determinants of health, disease, and disability
- Provide measurable objectives and goals that are applicable at the national, State, and local levels
- Engage multiple sectors to take action to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

(Source: [www.HealthyPeople.gov](http://www.HealthyPeople.gov))

Table 3 outlines 10 selected objectives out of over 600 which are provided by the 2020 installation of the Healthy People initiative. Gaston County is meeting the national goals in the areas of teen pregnancy, tuberculosis, and infant mortality. However, we appear to be falling

behind in the areas of low birth weight babies, death from HIV, obesity, smoking, suicide, and deaths from heart disease and cancer.

Gaston’s peer counties are also represented in Table 3. All counties, including Gaston, are not meeting the heart disease and cancer mortality, suicide, low birth weight babies, and smoking reduction goals. Only Cabarrus and Iredell counties are doing better than the Healthy People obesity objective (22%, 29%). Gaston fares better than its peer counties in tuberculosis case rates, where in 2011 Gaston saw zero cases per 100,000 population as compared to the next lowest rate in Iredell County (0.6 / 100,000).

These indicators can tell us where our community is achieving success, and where we still have areas of improvement, especially when compared to our neighboring counties. These concrete measures are a good way to track our community’s health, and also a springboard to implement specific programs. Like Healthy People 2020, the **2012 Community Health Assessment** is a method of assessment which leads to setting priorities and developing action plans to better the health of the residents of Gaston County.

Table 3. Healthy People 2020 Objectives, Gaston and Peer Counties, 2011

Indicator	Healthy People 2020 Objective	Gaston	Met?	Cabarrus	Met?	Catawba	Met?	Davidson	Met?	Iredell	Met?
Teen Pregnancy 15-17	36.2 pregnancies per 1,000	21.2	✓	17.9	✓	29.2	✓	18.2	✓	20.4	✓
Teen Pregnancy 18-19	105.9 pregnancies per 1,000	94.6	✓	80.5	✓	88.8	✓	92.7	✓	77.1	✓
Low birth weight babies	7.8 percent of live births	9.8%	✗	8.9%	✗	9.0%	✗	9.6%	✗	9.0%	✗
Tuberculosis	1.0 case per 100,000	0	✓	1.1	✗	1.3	✗	1.8	✗	0.6	✓
Obesity	30.5 percent of adults	31%	✗	22%	✓	32%	✗	34%	✗	29%	✓
Infant mortality	6.0 infant deaths per 1,000 live births	5.1	✓	4.4	✓	5.1	✓	5.2	✓	4.6	✓
Heart disease mortality	100.8 deaths per 100,000 population	225.6	✗	146	✗	199.1	✗	227.4	✗	184.9	✗
Cancer mortality	160.6 deaths per 100,000 population	222.7	✗	167.5	✗	199.1	✗	210.8	✗	191.7	✗
Suicide	10.2 suicides per 100,000 population	13	✗	11.6	✗	13	✗	14.1	✗	18	✗
Current smoker	12.0 percent of adults	25%	✗	20%	✗	29%	✗	29%	✗	16%	✗

Sources: NC SCHS and BRFSS