

Community Assessment

2011

*Alliance for Health in Cleveland County, Inc.
Cleveland County Health Department
Cleveland County HealthCare System
United Way of Cleveland County, Inc.*

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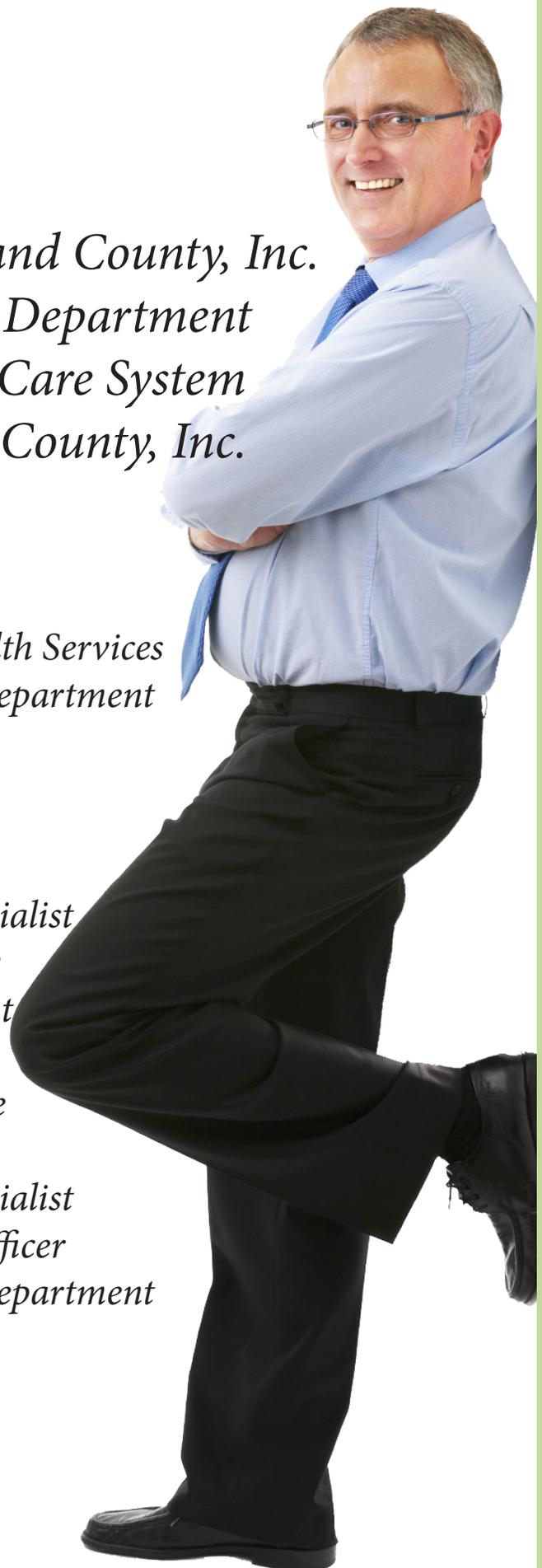
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EXECUTIVE SUMMARY

Four collaborative partners:

- Alliance for Health in Cleveland County, Inc.
- Cleveland County Health Department
- Cleveland County HealthCare System
- United Way of Cleveland County, Inc.

Resource documents:

- Community Health Assessment Guide Book
- Prevention for the Health of North Carolina: Prevention Action Plan
- Healthy North Carolina 2020: A Better State of Health

Methodology included:

- Community survey in electronic and hard copy format
- Listening sessions throughout the county
- Secondary data from local, state and federal sources

Priority focus areas identified for action:

- Substance Abuse
- Sexually Transmitted Disease and Unintended Pregnancy
- Physical Activity and Nutrition
- Priorities adopted by Cleveland County Board of Health and Board of Directors for the Alliance for Health in Cleveland County

Health disparities identified for action:

- Cardiovascular disease
- Cerebrovascular disease
- Diabetes mellitus
- Unintentional motor vehicle injuries
- Teen pregnancy
- Sexually transmitted disease

Next Steps for action:

- Distribution of community assessment
- Presentations to community about assessment findings
- Development of health community action plans

Why Conduct a Community Assessment?

- What are the strengths of our community?
- What concerns do county residents have?
- What resources are needed to address these concerns?

The 2011 assessment is the first conducted as a requirement of the Affordable Care Act.



Cleveland County has traditionally planned for health and human service needs based upon data collected within the county and compared to regional and state data. The first comprehensive Needs Assessment was conducted by United Way of Cleveland County in 1985 using a survey mailed to county residents. Results from this survey were used by United Way leaders to develop a community planning process resulting in the development of new programs and services as well as expansion of existing programs to meet emerging needs. The process was successful and led to additional community-wide assessments conducted in 1989, 1993, 1999, 2002 and 2007 with collaborative community partners. These assessments have extended leadership reliance on data to make decisions on the allocation of resources for program support as well as development of responses to emerging issues.

The 2011 Community Assessment has been undertaken in response to requirements imposed upon the Cleveland County Health Department and its partners, the Alliance for Health in Cleveland County, the Cleveland County HealthCare System and the United Way of Cleveland County, to conduct a community assessment on a regular basis to receive or maintain accreditation by state or federal agencies. A good community assessment allows leaders to answer four basic questions about their community: (1) “What are the strengths of our community?” (2) “What concerns do county residents have?” (3) What are the emerging issues in our community?” and (4) “What other resources are needed to address these concerns?”

The 2011 assessment is the first conducted with a response to new regulations imposed upon healthcare facilities by the Affordable Care Act passed by Congress and signed into law by the President in March 2010 and the first to be conducted by the Cleveland County Health Department as a part of the agency re-accreditation process for 2012-13. The 2011 assessment was conducted following guidelines published by the Office of Healthy Carolinians/Health Education, Division of Public Health, North Carolina Department of Health and Human Services. Participants in the assessment process deliberated at length in choosing the survey template provided in the Community Health Assessment Guide Book and compared the survey to those previously conducted in order to develop trends in survey responses. Participants also included quality of life questions in order to measure Cleveland County resident satisfaction with institutions and leadership in the county. Additional questions were included to measure emergency preparedness among residents as well as questions drawn from the Behavior Risk Factor Surveillance System in order to make specific comparisons to data presented in the annual report of County Health Rankings. Readers are cautioned to remember that survey responses are self-reported and reflect the perceptions of the respondents. Those perceptions may be affected by the respondent's personal situation regarding education, employment, health, politics or faith issues. Survey data should be reviewed beside secondary data from local, state or federal sources in order to present a balanced picture of the issue or topic under consideration.



Methodology

- Input on the assessment came from all corners of the county
- Core Committee Members began meeting in early 2011
- Listening sessions were used along with surveys

We're taking a comprehensive approach to addressing community issues in order to affect positive outcomes.

Oversight for the 2011 Community Assessment was provided by a Core Committee composed of individuals from across Cleveland County with expertise in survey development and data collection. Membership included:

- Irwin M. Allen, Director of Environmental Health Services, Cleveland County Health Department
- Edward Bailes, Interim County Manager, Cleveland County
- Melanie Beier, Wellness Director, Dover Foundation YMCA
- Robert Blackburn, Ed.D., North Carolina Association of Local Boards of Health and Governor's Task Force on Healthy Carolinians
- Amanda Bouttamy, Director of Nursing, Cleveland County Health Department
- Margie Christopher, Executive Director, Children's Homes of Cleveland County
- Deborah Clapper, Network Director, Carolina Community Health Partnership serving Cleveland, Rutherford counties, Community Care of North Carolina
- Kim Clemmons, Health Coordinator, Cleveland County Head Start Program
- Nelson Connor, Customer Service, Pathways Local Management Entity
- Bob Davis, Executive Director, Transportation Administration of Cleveland County
- Henry Earle, Health Education Specialist-Minority Health, Cleveland County Health Department
- Karen Ellis, Director, Cleveland County Department of Social Services
- Johanna Gillespie, Executive Director, Child Care Connections of Cleveland County
- Judy Hawkins, Safe Kids Coalition of Cleveland County, Community Volunteer
- William Hooker, Chief Executive Officer, United Way of Cleveland County
- Richard Hooker, Executive Director, Cleveland County Business Development Center and Cleveland County Board of Education
- Anzie Horn, Director, Care Solutions
- Rebecca Johnson, Cleveland County Department of Social Services
- Deborah Jolly, Human Resources Director, City of Shelby
- Dotty Leatherwood, Executive Director, Cleveland County HealthCare Foundation
- Joe Lord, Director of Cleveland County Emergency Management Services
- Joan Mabry, Safe Kids Coalition of Cleveland County, Center for Lifelong Learning, Cleveland Regional Medical Center
- Bill McCarter, Planning Director, Cleveland County
- Zeppora McClain, Associate Director, Cleveland County Partnership for Children
- Robert Miller, Chair, Minority Health Council and Cleveland County Board of Health
- DeShay Oliver, Health Education Specialist-CODAP Services, Cleveland County Health Department
- Charles Reed, Greater Cleveland County Baptist Association
- Greg Traywick, Director, Cleveland County Office, NC Cooperative Extension Service
- Dorothea Wyant, Health Director, Cleveland County Health Department
- Sherry Yocum, Preparedness Coordinator, Cleveland County Health Department

Support for the assessment process was provided by members of the Board of Health for Cleveland County serving in calendar years 2010 and 2011:

Michael Alexander, O.D.

- Gina Ayscue, R.N.
- Robert Blackburn, Ed.D.*
- Ronald Hawkins, County Commissioner
- Charles S. Hayek, M.D., Shelby Children's Clinic
- Jackson Hunt, D.D.S.W
- Kendalyn Lutz-Craver, D.D.S.
- William L. Marsh, R.Ph.
- Robert L. Miller*
- Steve Rackley, P.E.
- Elizabeth H. Shipley, R.N.
- Theresa Taylor, D.V. M.

Additional oversight was provided by members of the Board of Directors for the Alliance for Health in Cleveland County, Inc., the county's certified Healthy Carolinians Partnership. These individuals served during calendar years 2010 and 2011:

- Nancy Abasiekong, Cleveland County Office, NC Cooperative Extension
- Ted Alexander, City of Shelby
- Susan Borders, Minority Health Council
- Marcie Campbell, Planning Office, City of Kings Mountain
- Deborah Clapper, Network Administrator, CCCP
- Nelson Connor, Pathways LME*
- Cameron Corder, Chief Executive Office, Cleveland County Family YMCA
- Sheri DeShazo, Kings Mountain Hospital
- Karen Ellis, Cleveland County Department of Social Services*
- Stephanie Herndon, City of Shelby, Police Department
- Richard Hooker, Jr., Cleveland County Business Development Corporation*
- William Hooker, United Way of Cleveland County*
- Dr. Linda Hopper, Cleveland County Schools
- Dotty Leatherwood, Cleveland County HealthCare Foundation*
- Bill McCullough, Retired, Cleveland County Schools
- Alan Norman, Sheriff, Cleveland County
- Elizabeth Pack, Gardner-Webb University
- Brenda Page, First National Bank
- Vickie Tessener, Cleveland County Chamber
- Rev. William Thompson, St. Peter Missionary Baptist Church
- Rev. Wade Wallace, Green Bethel Baptist Church
- Sherley Ward, Director, Community Investment, CMC-University Hospital
- Dorothea Wyant, Health Director, Cleveland County*

* indicates responsibility on the core committee conducting the community assessment.

Staff support for the 2011 assessment was provided by the employees of the Health Education/Health Promotion/CODAP Services unit of the Cleveland County Health Department: Henry Earle, Dana Hamrick, Katie Jones, Joyce King, Tyler McDaniel, Vonn McGee and DeShay Oliver. These staff members reviewed questions, researched data and assisted in facilitating listening sessions to support the community assessment process.

Administrative support for the Core Committee was provided by Nancy Gamble who documented the work of the committee over the twelve month process.

Core Committee members began meeting in 2011 to review the process and results of the 2007 assessment process. The resulting document, *Cleveland County 2007: What Makes A Healthy Community?*, presented the results of the process which included a community-based survey, a key informant survey, a listing of community assets and presentation of data collected from secondary sources. The section on community assets was included in response to criticism of previous surveys as being too needs-based. The assets listing was developed to measure perception about the factors that make Cleveland County a good place to live. The community-based survey was composed of a series of “community” issues defined as factors affecting all of Cleveland County and a series of “household” issues defined as directly affecting the respondent or a member of the household in the previous twelve months as well as a set of demographic questions designed to profile respondents. The community-based survey was conducted on-site at Cleveland Mall in January 2008 and was also posted on the Cleveland County Health Department web site. A total of 276 individuals completed the community survey. The key informant survey was composed of the identified asset listing, the identical set of “community” issues and a set of demographic questions to profile the respondents. 465 surveys were mailed to a list of key informants and 135 surveys were returned by the deadline reflecting a 29.6% response rate. Information from the survey responses was compiled and compared to secondary data reflective of issues in Cleveland County. The final report was released in February 2008 to the public.



Upon reviewing the process and results of the 2007 assessment, members of the Core Committee chose to structure the 2011 assessment in a different manner. Early in committee meetings, members relied upon three documents to guide their work: the Community Health Assessment Guide Book, the North Carolina Institute of Medicine’s Prevention for the Health of North Carolina: Prevention Action Plan published in October 2009 and Healthy North Carolina 2020: A Better State of Health published in January 2011.

Committee members agreed to use the survey provided in the Community Health Assessment Guide Book as the starting point for the 2011 assessment. Members carefully read the document, compared it to previous surveys used in Cleveland County, and spent a considerable amount of time tailoring the survey to meet local needs. Sherry Yocum, Preparedness Coordinator for the Cleveland County Health Department, led members in a lengthy discussion about the scope of proposed questions and the formatting of those questions regarding individual preparedness levels in the county. Members also specifically included questions included in the Behavior Risk Factor Surveillance System surveys in order to compare Cleveland County responses to regional and state responses for two reasons. First, including these questions will allow leaders to more appropriately respond to the County Health Rankings now published annually which use BRFSS responses in calculating the rankings. Second, using BRFSS questions allow leaders to more accurately measure responses to health status, physical activity and nutrition issues which are critical to health planning for the future. Once committee members committed to a final survey format, planning ensured for the delivery of the survey in the county.

Core committee members agreed to use both electronic and paper versions of the survey in order to penetrate multiple segments of the population in Cleveland County. First, members agreed to use SurveyMonkey as the primary delivery channel for the electronic survey. SurveyMonkey was selected because of the reasonable cost, ease in formatting and ability to segment survey responses for selected populations and targeted questions. A timely response time to obtain the results was also a primary factor in this choice. Henry Earle, Health Education Specialist in the Cleveland County Health Department, was the key staff member in working with SurveyMonkey to format the survey and obtain the results for review. In addition, committee members agreed to offer incentives to individuals who completed the survey. Gas cards in the amounts of \$250, \$200 and \$150 were selected as the incentives for this process and obtained from a local petroleum distributor. The incentives were available to individuals regardless of the format chosen for submission of a survey.

The electronic survey was posted on the web site for the Cleveland County Health Department, the Wiki site for employees of Cleveland County and the public web site for Cleveland County as well as the web sites for Cleveland Regional Medical Center and Kings Mountain Hospital. Members of the Core Committee also facilitated distribution of the survey electronically to email distribution lists under their supervision. The electronic survey was distributed to county commissioners, county department heads, members of the Board of Health, department heads and council members for the City of Shelby, members of the Mayor's Task Force on Homelessness, members of the Planning and Zoning Board for Cleveland County, members of the Board of Adjustment, members of the boards for the Alliance for Health, Cleveland County Partnership for Children, Child Care Connections, Cleveland County Chamber, Broad River Greenway, Historic Shelby Foundation, Historic Preservation Commission and the Kings Mountain Gateway Trail. Additional electronic copies were distributed to members of the Substance Abuse Prevention Coalition, the Eat Smart Move More Coalition of Cleveland County, the Minority Health Council, Safe Kids Coalition of Cleveland County, Cleveland County Health Department Management Team and ACCES (Accessing Cleveland County Elder Services).



Hard copies of the survey were distributed throughout the county at the following sites: Mauney Memorial Library, the Patrick Senior Center, Kings Mountain Hospital and the Kings Mountain YMCA in the city of Kings Mountain, the Ruby Hunt YMCA in Boiling Springs, the Spangler Memorial Library in Lawndale and multiple sites in the Shelby area consisting of the Cleveland County Health Department, Cleveland Regional Medical Center main desk and surgical waiting area, Dover Foundation YMCA, Cleveland Memorial Library, CLECO Primary Care Clinic and the Neal Senior Center. The committee members chose not to translate the entire survey into Spanish but offered interpreter services to Hispanic-Latino individuals who wished to complete the survey. Additional paper copies were delivered to the Head Start office for distribution to parents of children enrolled in that program as well as to members of the Cleveland County Chapter of the NAACP in order to reach into the African-American community. Paper copies of the survey included an instructional letter to potential respondents; copies of the paper surveys were returned directly to the Health Department or collected by staff members weekly at the designated distribution sites. Upon collection of the paper surveys, the answers were entered into the SurveyMonkey data base for inclusion in overall survey results. Staff members of the Health Education/Health Promotion/CODAP Services unit were responsible for the data entry. 1015 individuals began the survey with 845 surveys actually completed and entered in the data base for analysis. This represents a return rate of 83.3%.

Committee members acknowledged that a survey alone might not fully represent all segments of the population in Cleveland County and agreed to include a series of listening sessions with targeted audiences in order to gain a broader perspective on the issues facing the county. Sites for the listening sessions were chosen to penetrate segments of the population at higher risk for health issues and who potentially were less likely to respond to a survey in any format. The listening sessions were facilitated by volunteers from the Core Committee and recorded by staff members from the Health Education/Health Promotion/CODAP Services unit. The sessions were held with the following groups:

- The Minority Health Council of Cleveland County;
- Senior Adults at the Patrick Center in Kings Mountain;
- Participants in the Nurse Family Partnership Program serving high-risk, low-income, first time mothers;
- Individuals participating in a parenting group sponsored by Children's Homes of Cleveland County;
- Individuals participating in the Grandparents Raising Grandchildren/Kinship Support Group of Cleveland County;
- Members of the Cleveland County Family Home Care Association providing licensed and regulated child care in a home setting; and
- Random community members who congregate regularly at a local Bojangles restaurant who evidenced a keen interest in issues in Cleveland County.

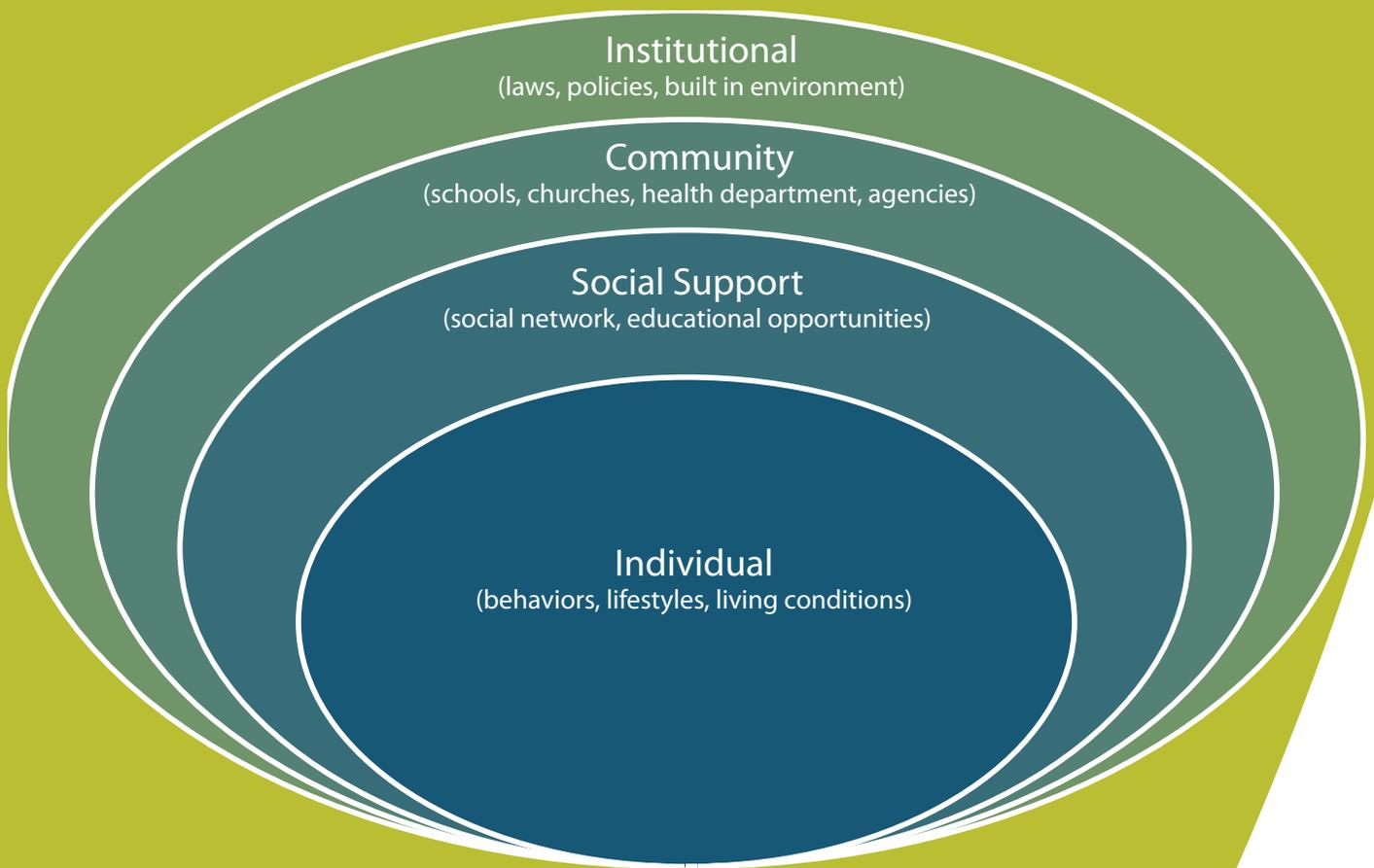


Individuals who participated in these listening sessions were offered small incentives consisting of Subway, Wal-Mart or Bojangles gift cards. All sessions included the following questions drawn from the Community Health Assessment Guide Book:

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in this community? What are some causes of these problems?
3. What keeps people in this community from being healthy? Cost of medical visits? Cost of medicine? Lack of health insurance? Availability of information? Challenges of having healthy habits, such as the cost of healthy foods?
4. What could be done to solve these problems?
5. Is there any group not receiving enough health care? If so, why?
6. Is there anything else you would like to add, or that you think would be helpful for us to know?

Participant responses were recorded and included as part of the information gathered from the community.

A summary of survey results was presented to members of the Core Committee in November for review prior to engaging in setting priorities for addressing issues in the county. At that time secondary data regarding county demographics and other socioeconomic and educational information was presented for review. Members of the Health Education/Health Promotion/CODAP Services staff assisted in gathering secondary data from multiple sources for comparison to survey perceptions prior to setting priorities. Committee members agreed to frame the priority-setting process using the 13 focus areas established for Healthy North Carolina 2020. Borrowing from the Guilford County assessment, members reviewed the socio-ecological model and the priority setting questions used in that assessment to guide their selection of five priority areas for Cleveland County. The model reflects a comprehensive approach to addressing community issues in order to affect positive outcomes.



The following criteria were used to choose priority issues for Cleveland County:

- Consider the magnitude of the problem – How widespread is it in the county? How many people are affected?
- Consider the severity of the problem – how does it impact the health of the community?
- Are there significant racial or geographic disparities associated with this problem?
- Has there been previous work done in this problem area? Consider the successes/ barriers encountered locally.
- Is there institutional commitment to address the problem?
- Are there community organizations that could address the problem?
- Are there multi-level and/or evidence-based interventions available to address the problem?



Particular consideration was given to addressing prior work done in these focus areas, the potential for current or new community partners and the availability of evidence-based interventions to address the objectives under each focus area.

Members of the Core Committee each selected their top five priorities from among the 13 focus areas of NC Healthy People 2020. The votes were weighted and tabulated (first priority given 5 points, fifth priority given 1 point, points added) with the following results in rank order with their scores:

1. Substance Abuse - 61
2. Sexually Transmitted Diseases/Unintended Pregnancy - 52
3. Physical Activity and Nutrition – 49
4. Chronic Disease – 44
5. Social Determinants of Health – 44
6. Mental Health – 34
7. Oral Health – 22
8. Injury and Violence – 18
9. Cross-cutting – 15
10. Maternal and Infant Health – 11
11. Tobacco Use – 10
12. Infectious Disease/Foodborne Illness - 10
13. Environmental Health – 1

The priorities were presented for their approval to the Board of Directors of the Alliance for Health and the Board of Health for Cleveland County at their respective meetings on January 12, 2012. The top three priorities will be the focus of attention for the Cleveland County Health Department and the Alliance for Health 2011-2015. Both boards approved these priorities unanimously and will include them in their strategic planning for 2012-15. Work is currently underway to select strategies under each focus area. Core Committee members will meet again in March to evaluate the survey as well as the process used to produce the 2011 Community Assessment.



Cleveland County

A Community Profile

- Cleveland County is within 75 miles of Asheville, Charlotte, and Greenville, SC.
- Cleveland County has 98,078 residents.
- Cleveland County is a designated Tier 1 county.

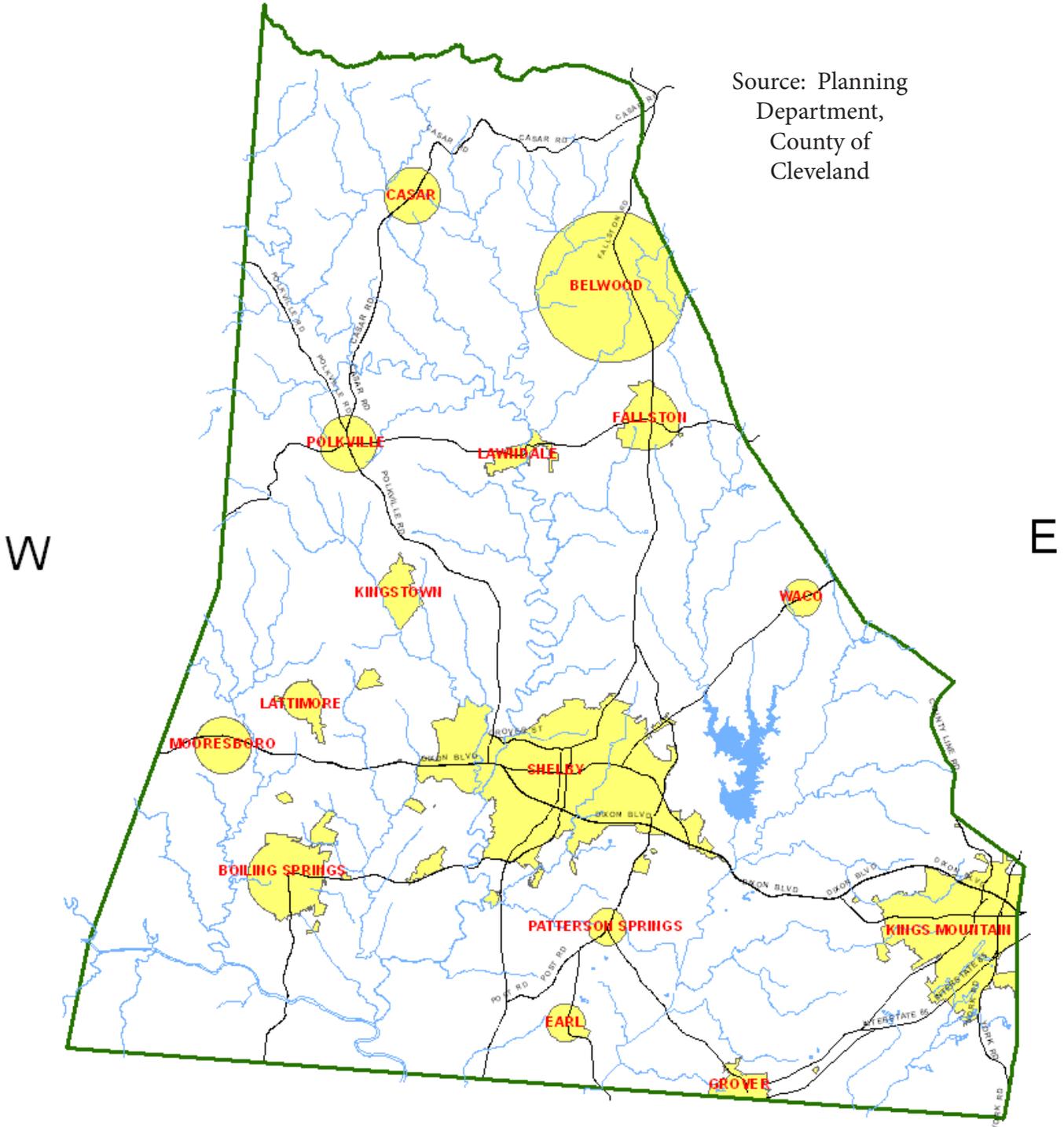
Cleveland County is also ranked as one of the top ten best small markets by Southern Business and Development magazine according to the Charlotte Regional Partnership.

Cleveland County, North Carolina lies on the southwestern border of the state approximately 42 miles west of Charlotte, 75 miles east of Asheville and within easy driving distance of the Spartanburg-Greenville, South Carolina corridor. The county covers 465 square miles of territory and lies within easy access of four interstate highways: I-85 and I-77 running north and south as well as I-40 and I-26 running east and west. The county lies in the rolling Piedmont area of North Carolina in the foothills of the Blue Ridge Mountains. Shelby serves as the county seat followed by Kings Mountain as the second largest municipality. Thirteen smaller municipalities are also a part of the county: the towns of Belwood, Boiling Springs, Casar, Earl, Fallston, Grover, Kingstown, Lattimore, Lawndale, Mooresboro, Patterson Springs, Polkville and Waco.

Cleveland County was formed in 1841 from the existing counties of Rutherford and Lincoln. Because of the role the area played in the Revolutionary War at the Battle of Kings Mountain, the county was named for a Revolutionary War hero, Color Benjamin Cleveland, the city of Shelby was named for Color Isaac Shelby and the major streets in Shelby were named for other war heroes Lafayette, Marion, Warren, DeKalb, Sumter, Morgan and Graham. The former Cleveland County Court House, located on the square in downtown Shelby, once served as a museum to document the county's history and by late 2012-early 2013 will be renovated to serve as the Earl Scroggs Center celebrating the role of music in the history of the foothills and mountains of North Carolina.

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Source: Planning
Department,
County of
Cleveland



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Cleveland County, North Carolina

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DEMOGRAPHICS

The county's total population in 2010 was 98,078 according to the 2010 Census with 37,679 households represented. This represents a change in the population from 2000 of only 1.9% with the 2000 population documented as 96,287. The state of North Carolina, however, showed an 18.5% increase in population from 2000 (8,048,313) to 2010 (9,535,483). The county's population is projected to grow to 100,417 by 2015 according to data from the North Carolina Department of Commerce. Cleveland County's population is 48% male and 52% female for all age groups. The percentage changes dramatically in the 65 years and older age group with 42% male and 58% female.

The median age in Cleveland County in 2010 was 40.3 years. Data from census figures indicates the following age comparisons:

Age Group	% of population 2000	% of population 2007	% of population 2011
0 - 14 years	21%	20%	19%
15 - 24 years	13%	12%	14%
25 - 64 years	53%	54%	52%
65 years +	13%	14%	15%

Analysis of this population breakdown reveals a slight decline in the youngest population segment and a slight increase in the number of individuals 65 and over residing in the county. Further analysis of population data shows that 54% of the 25 to 64 year age group is comprised of individuals 45 to 64 years of age, representing the “baby boomers” who are moving closer to their retirement years and who may represent a population segment with potential to an impact on community services.

Racial data reveals a slight decline in the Caucasian/White population and a slight increase in individuals who identify themselves as being of two or more races or as “other.”

Race	% of population 2000	% of population 2007	% of population 2011
Caucasian	77%	78%	75.6%
Black/African-American	21%	21%	20.7%
Two or more races	0%	1%	1.5%
Other	2%	3%	2.2%

“Other” includes American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander and some other race as identified by the individual. Cleveland County’s Caucasian/white population is higher than that of North Carolina which reported 68.5% as white in the 2010 census.

Individuals identifying themselves as Hispanic/Latino did not reveal a significant increase, rising from 2% in 2000 and 2007 to 2.8% in 2010 according to the US Census Bureau. This represents 2,746 individuals in the population. Additional individuals may have identified themselves as being of two or more races or as “other” in response to census inquiries. In contrast, North Carolina data reveals a Hispanic/Latino population of 8.4% in the 2010 census.

BUSINESS AND INDUSTRY DATA

From the 1800s to the 1960s, Cleveland County was primarily an agricultural economy based on wheat, sweet potatoes, oats and cotton. Cotton was a major crop and at the height of cotton production, there were 25 textile plants in the county. Dairy products were also important to the county's economy with more than 125 dairies in operation and 400 farmers producing milk for the dairies. By the 1960s other manufacturing firms had located to the county with over 100 firms producing goods in the county. By 1980 manufacturing plants were even more diversified with more distribution centers and small businesses becoming critical to the county's prosperity. Currently in Cleveland County are manufacturers of truck cabs, transmissions, aircraft tires, electric motors, production equipment and specialized textiles.

County leaders are committed to attracting new industry partners. Since 1997, three new industrial parks have been developed and are served with water, sewer and fiber optic infrastructure. The county also maintains an inventory of over 2.8 million square feet of Class A industrial space ready for occupancy. The cities of Kings Mountain and Shelby are ranked by Site Selection Magazine as two of the top 100 small cities for corporate location. Cleveland County is also ranked as one of the top ten best small markets by Southern Business and Development magazine according to the Charlotte Regional Partnership. Current employers in the county include:

1000+ employees	500-999 employees	250-499 employees	100-249 employees
Cleveland County Schools	County of Cleveland	Hanesbrands, Inc.	Cochran Enterprises
Cleveland County HealthCare System	Gardner-Webb University	White Oak Manor, Inc.	Cleveland Vocational Industries
Wal-Mart Associates, Inc.	Select Peo, Inc.	Eaton Corporation	FAS Controls, Inc.
	PPG Industries	City of Shelby	Patrick Yarn Mill
	Baldor Electric Company	Cleveland Community College	
		Ingles Markets, Inc.	
		Shelby Personnel Services	
		Curtiss Wright Flight Systems	
		Parker Hannifin Corporation	
		Cleveland County Family YMCA	
		Firestone Fibers & Textiles	
		NC Department of Transportation	

SOCIO-ECONOMIC DATA

Unemployment figures for the county mirror the economic changes faced in the 21st century. While unemployment averaged 5% in the 1990s, the county has experienced declines in unemployment that mirrors national figures:

Year	Annual Unemployment Average
2000	5.0
2001	9.3
2002	10.1
2003	8.7
2004	7.5
2005	7.0
2006	6.3
2007	6.0
2008	8.3
2009	15.3
2010	13.6

Unemployment continues to be a concern in 2011 as revealed by the following monthly data compiled by the North Carolina Employment Security Commission:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
12.4%	12.1%	11.7%	11.2%	11.3%	12.1%	11.9%	12.0%	11.4%	11.0%	10.6%	11%

Both the county and the state of North Carolina have higher unemployment rates than the national rate. Continued unemployment affects individual's ability to obtain/maintain health insurance and has the potential to negatively impact access to health services in the county.

The North Carolina Department of Commerce annually ranks the counties in North Carolina based on economic well-being and assigns a tier designation. The 40 most economically distressed counties are designated as Tier 1 counties; this ranking is incorporated into various state programs to encourage economic activity in these less prosperous areas of the state. Cleveland County is currently designated as a Tier 1 county based on the current economic situation of the county. Besides the high unemployment rate, additional data underscores the economic distress in the county. For example, one measure of economic distress is the number of foreclosures in an area.

Year	# of Foreclosures
2007	771
2008	722
2009	779

Another measure highlighting the economic status of county residents is median disposable income for households. According to the 2010 census, the median household income in Cleveland County was \$38,208; in comparison median household income for North Carolina was \$45,570. Household disposable income in the county in 2000 was \$35,294 and had risen to \$42,642; data for 2010 sets household disposable income as \$35,029 according to the North Carolina Department of Commerce which represents a decline in disposable income and affects a household's ability to function.

Per capita income in the county has also fluctuated according to overall economic conditions. In 2000 per capita income was \$17,395. In 2005, it was \$26,104 and current data reveals per capita income in 2010 as \$20,156, again according to figures from the North Carolina Department of Commerce. In comparison, per capita income for North Carolina was \$24,745.

2010 census data reveals that 19.4% of all residents of Cleveland County live below federal poverty guidelines compared to 15.5% for North Carolina and 13.8% for the total United States. This number rises to 28.6% in households with related children under 18 years of age. The poverty rate is higher for female-headed households with 41.6% of those households living at or below the poverty level; the figure increases to 57.2% of female-headed households with related children under 18 years of age.

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According to data collected by the Cleveland County Department of Social Services, further evidence of economic distress is shown by the following:

Category of Assistance	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12:
# individuals eligible for Medicaid	18,925	19,599	21,093	21,415	21,746
# individuals receiving food assistance	14,862	17,272	20,458	23,452	24,371
# individuals and families – crisis assistance	1,501	2,668	2,462	2,926	1,460

Data provided by Cleveland County Schools regarding the number/percentage of students eligible for free/reduced lunch also reflects economic distress in the county:

Free/Reduced Lunch Eligibility	2007-08	2008-09	2009-10	2010-11
# students	8244	8976	9196	9153
% of students	50.3%	55.2%	57.9%	58.6%

Economic distress in the county also impacts the ability of families to care for their family members. Specifically, reports of child maltreatment/neglect and elder maltreatment/neglect are impacted by stress created when a family unit struggles economically. Data from the Department of Social Services reveals the following about Cleveland County:

Factor	2007-08	2008-09	2009-10	2010-11	2011-12
# reports child maltreatment/neglect	1,491	1,374	1,454	1,381	515*
# substantiated reports child maltreatment/neglect	166	106	231	219	71*
# reports of elder maltreatment/neglect	127	165	125	151	55*
#substantiated reports of elder maltreatment/neglect	55	119	72	59	16*
# children in Department of Social Services custody	199	208	216	224	208*

*Reflects data July-December, 2011

EDUCATIONAL ATTAINMENT

An outstanding array of educational opportunities is available to residents of Cleveland County. The county is home to the 23rd largest school district in North Carolina serving over 15,000 students in 29 facilities. There are 16 elementary schools, two intermediate schools, four middle and four high schools in the county. A school for special needs students, an alternative school for students dealing with behavioral issues and an Early College High School on the campus of Cleveland Community College are also available to students. School-based health centers funded collaboratively by the school system, the Cleveland County Health Department and the Cleveland County HealthCare System are available at all four middle and four high schools; elementary schools and other sites are served by certified school nurses provided by the Cleveland County Health Department. During 2009-10 88% (22 of 25 eligible schools) achieved growth in the state's accountability program while 76% (22 of 29 schools) made Adequate Yearly Progress in the federal No Child Left Behind accountability program.

Also available to residents are two institutions of higher learning: Cleveland Community College and Gardner-Webb University. Ambassador Bible College delivers a specialized curriculum to interested individuals. Cleveland Community College was founded in 1965 and is part of the nationally recognized North Carolina Community College System. This institution serves over 10,000 students annually in curriculum and continuing education programs. Several industries partner with the college to provide focused industrial training programs for potential or existing employees. The college also provides training to professionals and volunteers charged with public safety.

Gardner-Webb University is an established Christian university located in Boiling Springs, North Carolina. The university offers associate, bachelor, master and doctoral degree programs as well as certificate courses for non-degree seeking individuals. Nearly 80% of the full-time faculty members hold doctoral degrees in their chosen disciplines and the faculty-student ration is 1:13 ensuring small classes and personal attention for students.

Younger children are included in educational offerings in Cleveland County. There are 72 licensed and regulated child care facilities in the county offering programs for pre-school students as well as after-school care. 7.2% or 7,056 individuals of the total population of the county is five years of age or under. This percentage mirrors that of North Carolina which has 6.6% of the total population five years of age or under. 1,871 children ages 0-12 are served by these child care facilities with 906 or 48% receiving subsidized care. An additional 412 children are on the waiting list for child care subsidies. Two agencies serve the families of preschool children. The Cleveland County Partnership for Children oversees programs funded by the Smart Start initiative and provides administrative oversight for the NC-Pre-K program formerly known as More at Four. Child Care Connections of Cleveland County serves as a resource and referral site for providers and parents and maintains a data base of available training opportunities for child care providers and a listing of licensed and regulated facilities for parents seeking child care. Head Start services are provided through Cleveland County Schools and are administered by the Office of School Readiness.

Data provided by the Cleveland County School system in December 2011 reveals the following information:

Category	07/08	08/09	09/10	10/11
# students enrolled	16,382	16,256	15,893	15,626
# American Indian students enrolled	28	26	21	23
# Asian students enrolled	144	151	145	126
# Black students enrolled	4,521	4,397	4,299	4,038
# Hispanic students enrolled	479	502	508	688
# Multi-racial students enrolled	428	492	500	715
# White student enrolled	10,782	10,688	10,420	10,036
# students graduating	882	954	933	1001
Graduation Rates	67.9	66.0	71.8	73.2
# students who dropped out – grades 7-12	392	336	266	258

The 2010 average SAT score for the county was 1,450 compared to the state average score of 1,485.

Cleveland County is fortunate to have an active “Close the Gap” Committee working to decrease the educational achievement gap between white and minority students for fifteen years. This committee sponsors an annual education summit to keep the community informed about progress in meeting achievement goals, challenges to the schools and recruitment of volunteer support for minority students in the schools. The committee has also worked to diversify the faculty and staff of the school system to reflect the racial/ethnic makeup of the population of the county.

Additional data provided by the 2010 Census regarding the educational status of individuals ages 25 and older documents the following:

Population 25 and older	65,690
Less than 9th grade	7.3%
9th-12th grade, no diploma	13.7%
High School Diploma/Equivalency	34.0%
Some College	21.0%
Associate’s Degree	8.1%
Bachelor’s Degree	10.7%
Graduate or Professional Degree	5.2%

Educational status affects an individual’s ability to understand and manage identified health issues and is one of the social determinants of health.

ENVIRONMENTAL FACTORS

Cleveland County is fortunate to have a strong Environmental Health Unit within the Cleveland County Health Department to provide oversight for food and lodging establishments regarding sanitation issues and to provide a comprehensive wastewater and well inspection program. In regard to food and lodging activities in Cleveland County, the EH unit collected the following data:

Activity	2007-08	2008-09	2009-10	2010-11
Inspections	1,455	1,428	1,381	1,360
Visits	483	630	814	589
Permits Revoked or Suspended	4	10	6	3
Complaints investigated	113	180	179	123
Consultative contacts	1,389	1,508	1,416	1,577
Lead Investigations	1	2	0	0

Additional information regarding wastewater systems and well inspections was also provided for review:

Activity	2007-08	2008-09	2009-10	2020-2011
Waste Water Field Activities	1,282	508	1571	1056
Sewage Complaints	92	43	120	85
On-Site Waste Water Consultations	6,220	2108	4719	3677
Well Site Evaluations	94	68	41	14
Well Site Consultative Visits	156	92	121	106
Well Complaints	8	1	2	1
Well Consultative Contacts	601	439	562	438

Air quality in Cleveland County is generally considered to be good. The Cleveland County Asthma Coalition provides air quality flags to schools, child care facilities, businesses, parks and recreation facilities, and public buildings that will fly the flags on a daily basis to indicate air quality in the county. This is especially critical for individuals with asthma or any other chronic respiratory condition. Daily air quality notices are received from the North Carolina Division of Air Quality for the Charlotte Region and flags are flown according to the Air Quality Index for the day. The Air Quality Index denotes the following levels:

GREEN:

the air quality is “good” and considered healthy for everyone. Outdoor activities are permitted for all students.

YELLOW:

the air outside is “moderate” and is unhealthy for extremely sensitive children and adults (people with respiratory diseases such as asthma or heart disease are considered sensitive). Severe asthmatics and those people with respiratory or heart disease should limit outdoor exposure and avoid prolonged exertion such as running.

ORANGE:

the air outside is “unhealthy for sensitive people”. Sensitive individuals should limit prolonged exertion and alternative indoor activities should be made available.

RED:

the air outside is “unhealthy” for everyone. On red days, sensitive individuals should avoid outdoor activities and alternative indoor activities should be made available for all students.

The Cleveland County Asthma Coalition also provides a program to limit vehicle emissions called “Turn Off Your Engine.” This program encourages county residents to limit idling vehicles especially at schools and child care facilities. The program is supported by signs available from the coalition as well as brochures explaining the potential for air pollution from idling vehicles. For additional information on the air quality flags or the anti-idling program, please go to

www.nowheezecclevelandcounty.com.

HEALTH FACTORS

Cleveland County is fortunate to have good healthcare facilities located in the county. Cleveland Regional Medical Center and Kings Mountain Hospital are part of the Cleveland County HealthCare System, a part of the broader Carolinas HealthCare System headquartered in Charlotte, North Carolina. Cleveland Regional (CRMC) is a fully accredited medical center with a Level III Trauma Center and is located in the city of Shelby. Kings Mountain Hospital serves residents in the eastern part of the county and recently underwent renovations resulting in a 30% increase in previous size. The Cleveland County HealthCare System also operates Cleveland Pines Nursing Center, Healthy@Home home health agency, Hospice and Palliative Care of Cleveland County and Crawley Memorial Hospital in Boiling Springs. The Cleveland County Health Department is a full-service health department providing the ten essential services of public health. The Alliance for Health in Cleveland County, Inc. serves as the county's certified Healthy Carolinians Partnership focusing on education and prevention outreach in the community. The Life Enrichment Center provides adult day care programming in Shelby and Kings Mountain for older adults as well as adults with physical and mental disabilities. Care Solutions, affiliated with the Cleveland County HealthCare System, provides caremanagement services for older adults and adults with disabilities through a network of care managers. CLECO Primary Care Network provides four primary care clinics throughout the county and in Cherryville. The Carolinas Community Health Partnership is housed at the Cleveland County Health Department and is part of the Community Care of North Carolina network. The local network serves recipients of Medicaid in both Cleveland and Rutherford counties. Additional information on these programs and services may be found in the Resource Guide in the Appendices of this document.



Cleveland County is served by a variety of health professionals as documented by the Sheps Center for Health Services Research, UNC-Chapel Hill. Contrasting data is presented for two years:



Category	2006	2010
Certified Nurse Midwives	3	3
Chiropractors	9	11
Dental Hygienists	60	65
Dentists	30	33
Licensed Practical Nurses	282	279
Nurse Practitioners	28	32
Optometrists	10	7
Pharmacists	61	71
Physical Therapist Assistants	23	26
Physical Therapists	34	41
Physician Assistants	16	24
Physicians	172	168
Podiatrists	3	3
Primary Care Physicians	82	82
Psychological Associates	7	8
Psychologists	2	2
Registered Nurses	841	962
Respiratory Therapists	37	34

Five-year cumulative data tables provide insight into changes in the health status of Cleveland County residents. A comparison of the ten leading causes of death from 2001-2005 and from 2005-2009 in Cleveland County and in North Carolina represents the first step in tracking health issues among residents of the county. This information is based upon unadjusted death rates per 100,000 population over a five-year period and the source for this information is the North Carolina State Center for Health Statistics. Additional indicators relevant to Cleveland County include age-adjusted heart disease death rates, age-adjusted stroke rates, age-adjusted cancer death rates, age-adjusted diabetes death rates, resident teen pregnancies ages 15-19, resident live births classified as low birthweight and infant mortality rates.

Ten Leading Causes of Death 2001-2005 – all ages:

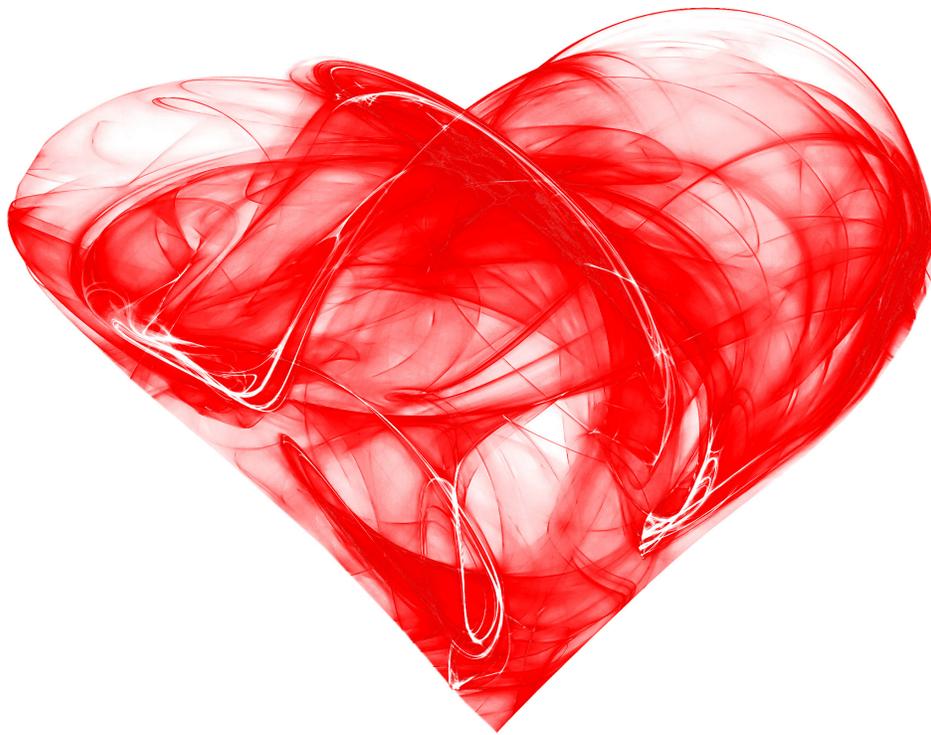
Cause of Death- Cleveland County	# of Deaths	Death Rate	Rank	Cause of Death- North Carolina	# of Deaths	Death Rate
Diseases of the heart	1,148	291.7	1	Diseases of the heart	91,056	215.9
Cancer-all sites	1,054	216.8	2	Cancer- all sites	81,428	193.1
Cerebrovascular disease	318	65.4	3	Cerebrovascular disease	25,615	60.7
Chronic lower respiratory disease	228	46.9	4	Chronic lower respiratory disease	18,800	44.6
Diabetes Mellitus	169	34.8	5	Diabetes Mellitus	11,273	26.7
Alzheimer's Disease	165	33.9	6	Other unintentional injuries	10,670	25.3
Other unintentional injuries	158	32.5	7	Alzheimer's Disease	10,486	24.9
Motor vehicle injuries	102	21.0	8	Pneumonia and Influenza	9,163	21.7
Nephritis, nephritic syndrome and nephrosis	92	18.7	9	Motor vehicle injuries	8,188	19.4
Pneumonia and Influenza	91	18.7	10	Nephritis, nephritic syndrome and nephrosis	7,161	17.0
Total Deaths	5,001	1028.7		Total Deaths	362,315	859.2

Ten Leading Causes of Death 2005-2009 – all ages:

Cause of Death- Cleveland County	# of Deaths	Death Rate	Rank	Cause of Death- North Carolina	# of Deaths	Death Rate
Diseases of the heart	1,277	262.0	1	Diseases of the heart	86,920	192.2
Cancer-all sites	1,093	224.2	2	Cancer- all sites	86,246	190.7
Cerebrovascular disease	314	64.2	3	Cerebrovascular disease	22,600	50.0
Chronic lower respiratory disease	289	59.3	4	Chronic lower respiratory disease	21,228	46.9
Other unintentional injuries	204	41.8	5	Other unintentional injuries	12,896	28.5
Alzheimer's Disease	199	40.8	6	Alzheimer's Disease	12,386	27.4
Pneumonia and Influenza	144	29.5	7	Diabetes Mellitus	10,906	24.1
Diabetes Mellitus	143	29.3	8	Pneumonia and Influenza	8,632	19.1
Motor Vehicle Injuries	103	21.1	9	Nephritis, nephritic syndrome, nephrosis	8,449	18.7
Septicemia	102	20.9	10	Motor Vehicle Injuries	8,027	17.8
Total Deaths	5,259	1078.8		Total Deaths	378,603	837.2

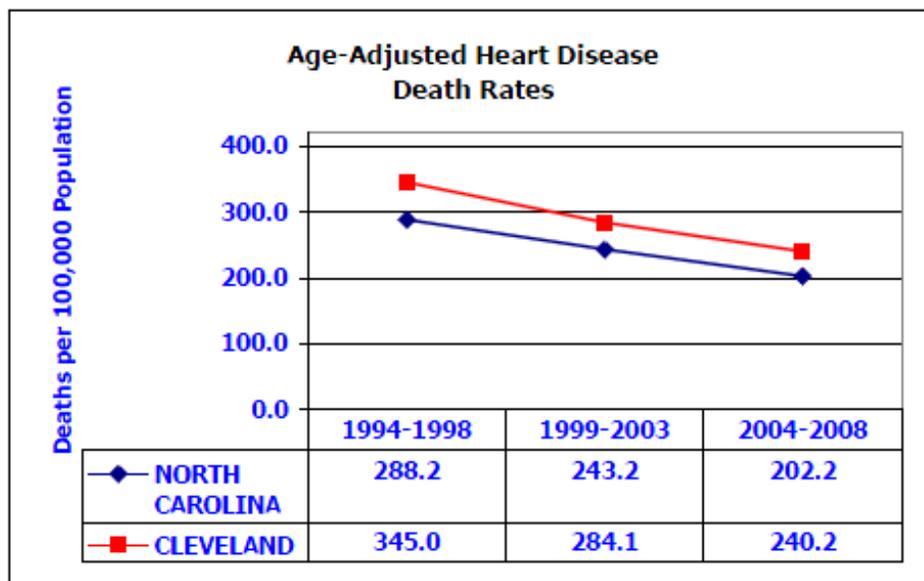
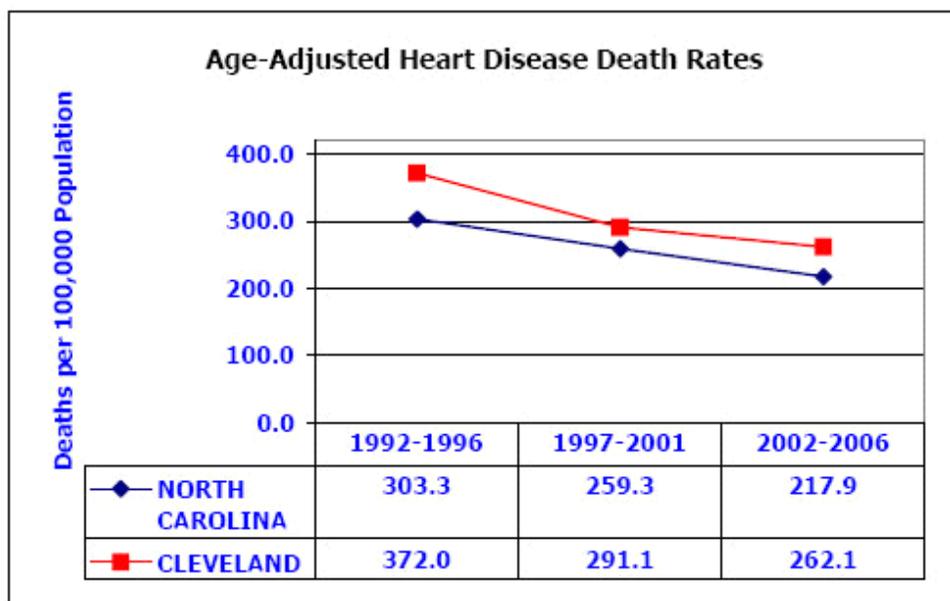
Analysis of this shows a decrease in the death rates for diseases of the heart and diabetes mellitus in Cleveland County as well as a very small decrease for cerebrovascular disease (stroke). Significant time and efforts have been dedicated to programming to address these concerns; the Search Your Heart and Power to End Stroke programs sponsored by the American Heart Association, special events relating to heart health sponsored by the Cleveland County HealthCare System and grant funded programs focusing on expanded diabetes services especially in the minority population. Additional emphasis on physical activity and nutrition programming to support the prevention of these chronic diseases may also play a role in the decreases in death rates.

However, increases are noted for cancer at all sites, chronic lower respiratory diseases, Alzheimer's disease, pneumonia and influenza, unintentional injuries and motor vehicle injuries. Potentially the aging population of Cleveland County may account for the increases in chronic lower respiratory diseases, pneumonia and influenza and Alzheimer's disease. Part of the data to explain other unintentional injuries results from increases in unintentional poisonings due to abuse and misuse of prescription drugs and over-the counter medications in the county.



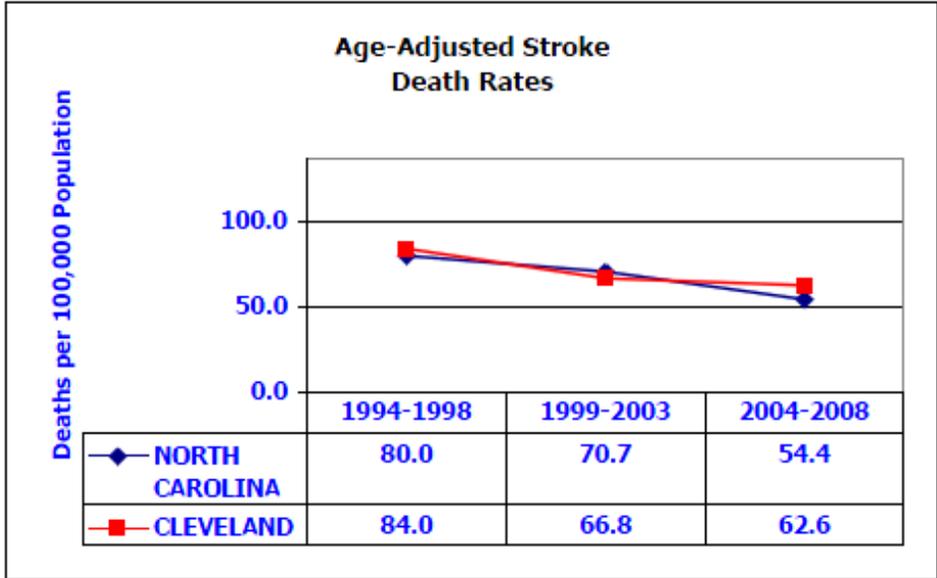
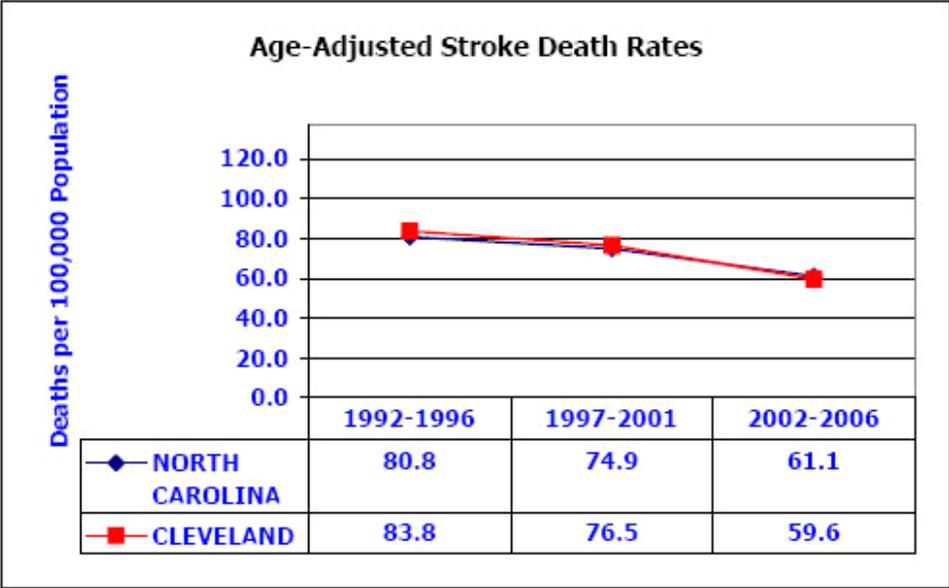
Heart Disease

- Continues to be the leading cause of death in Cleveland County
- Significant decrease in death rate documented by indicator data
- 37.3% of survey respondents reported having high blood pressure
- 36.4% of survey respondents reported having high cholesterol
- 5.4% of survey respondents reported having heart disease or angina
- Multiple programs and services in Cleveland County focus on education about and prevention of heart disease



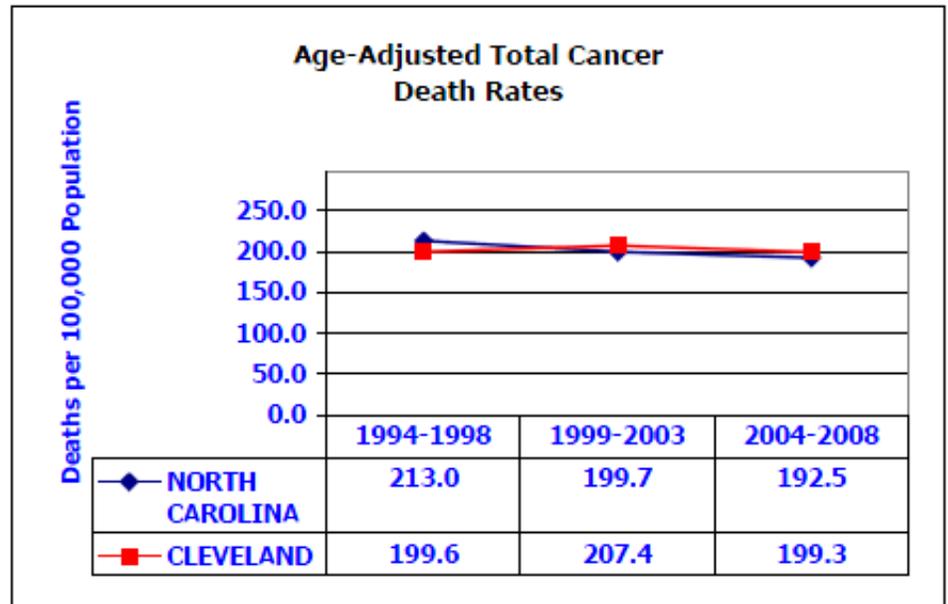
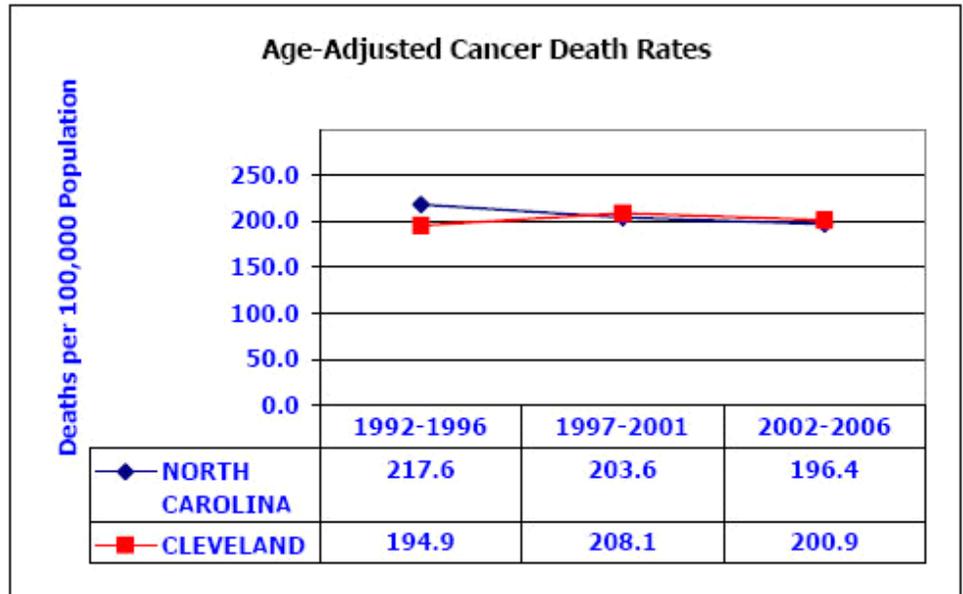
Cerebrovascular Disease or Stroke

- Third leading cause of death in Cleveland County
- Slight decrease in death rate documented by indicator data
- Significantly higher death rate in African-American population
- Power to End Stroke program sponsored by American Heart Association targets minority population for education about and prevention of stroke

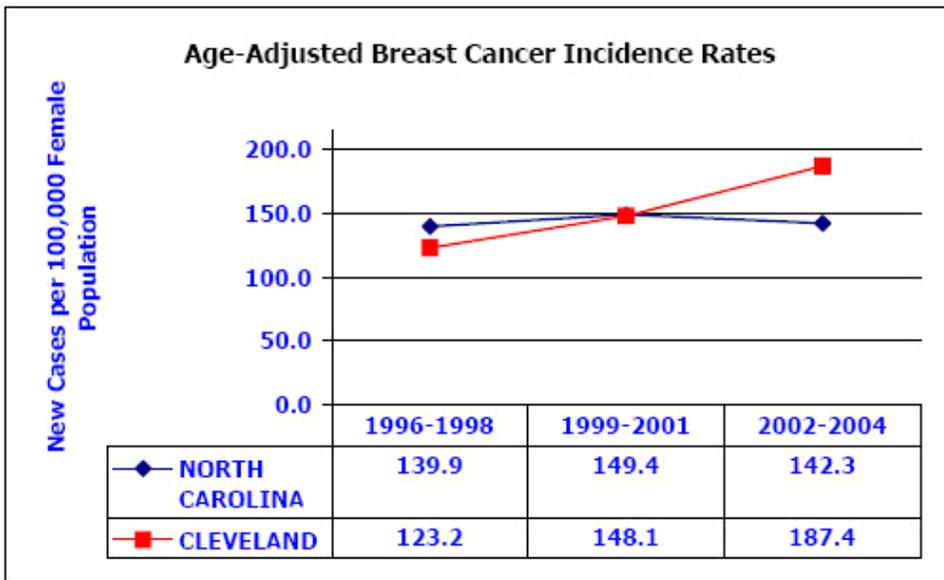


Cancer

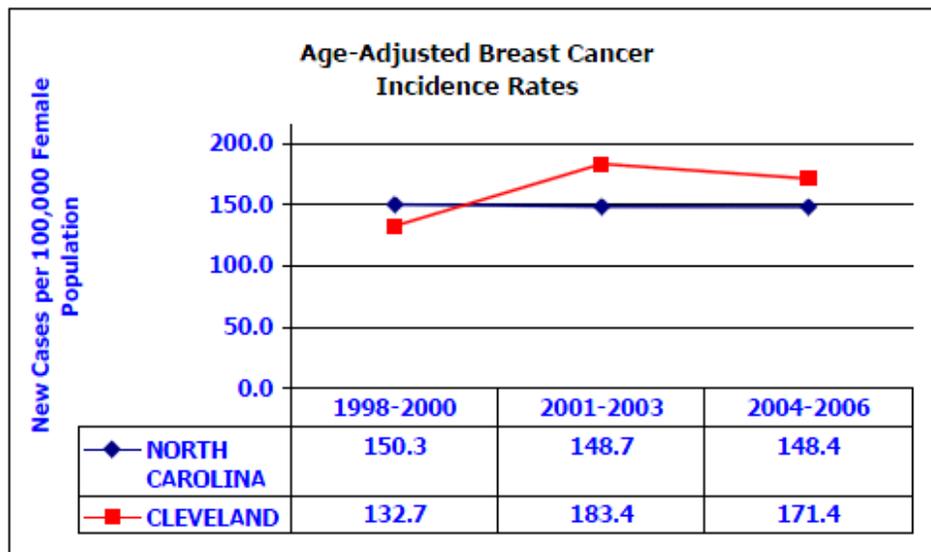
- Second leading cause of death in Cleveland County
- 8.5% of survey respondents reported having cancer of some form
- Significantly higher death rates for all forms of cancer among Caucasian/white population
- Data suggests that minority population waits longer to obtain diagnosis – potential for fewer treatment options occurs
- Significant support for Relay for Life across Cleveland County to educate residents about cancer



Cancer

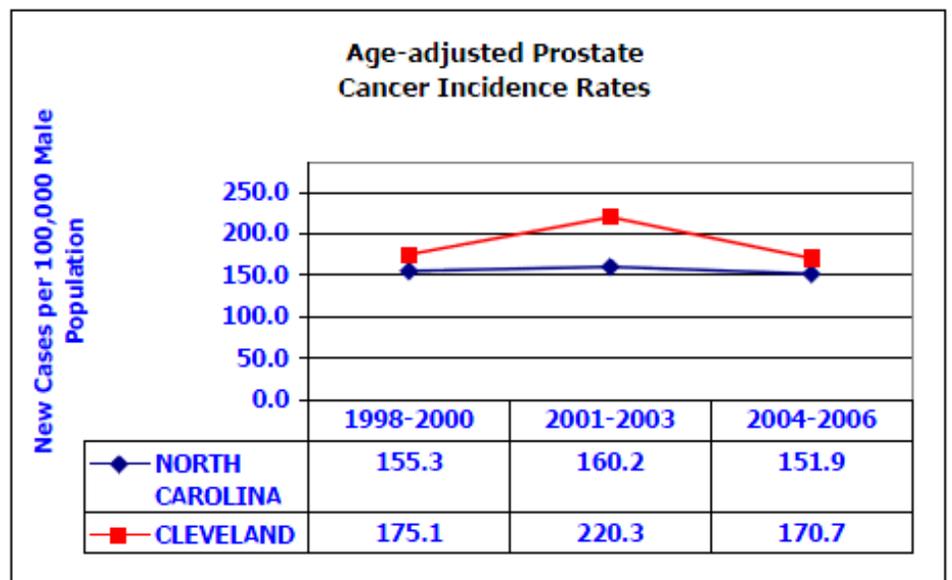
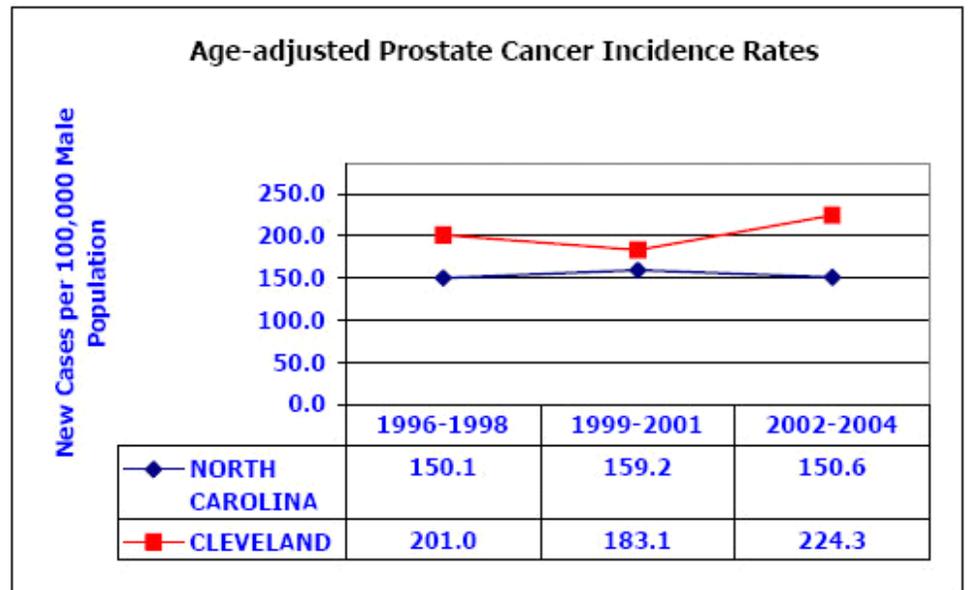


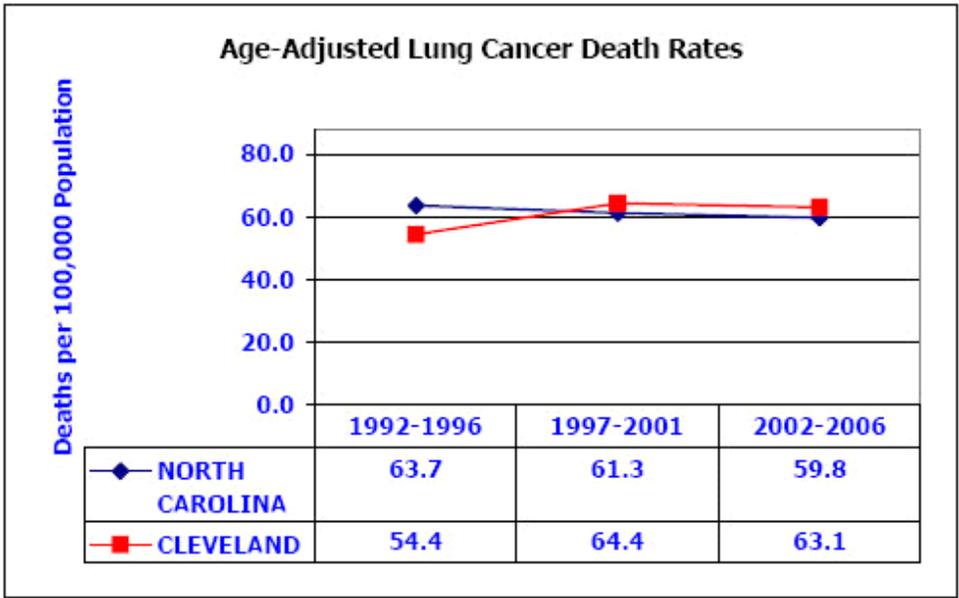
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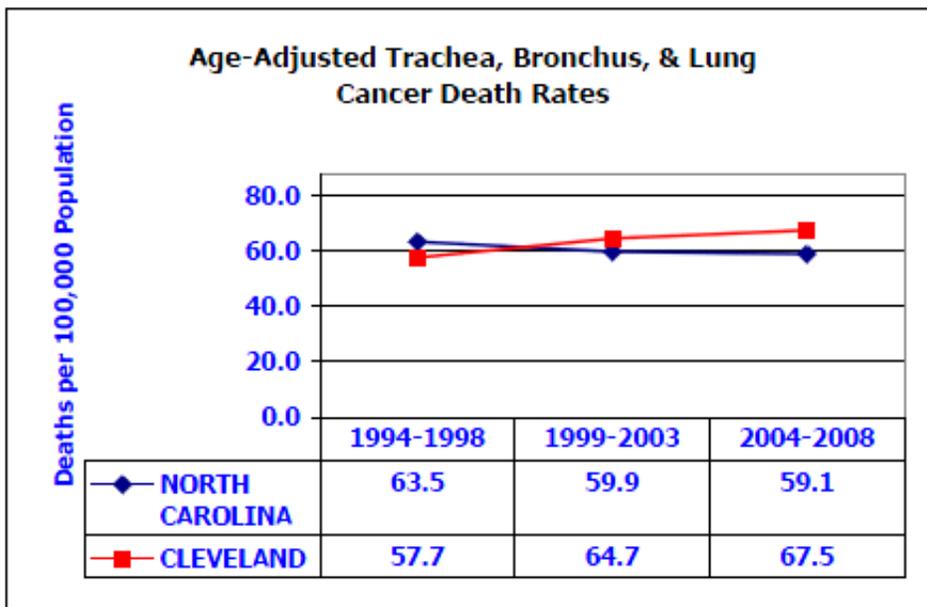
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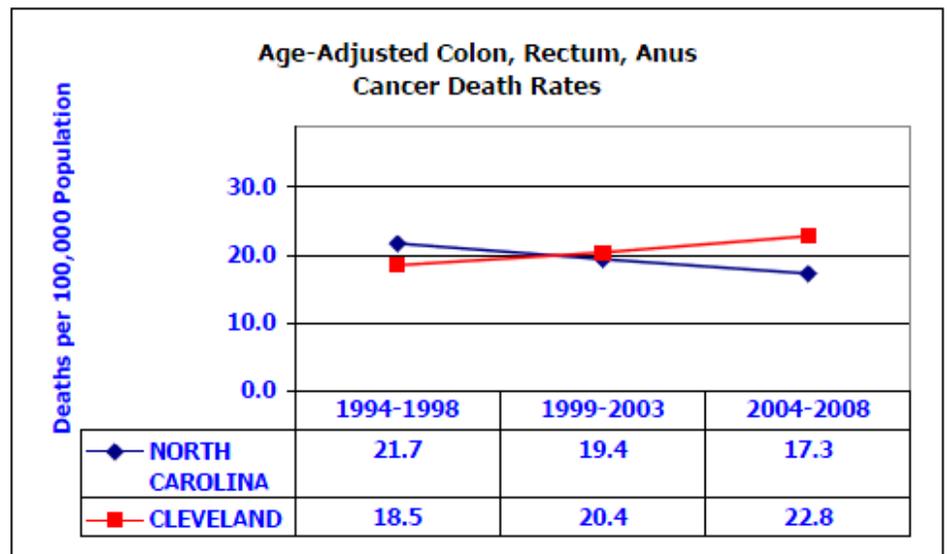
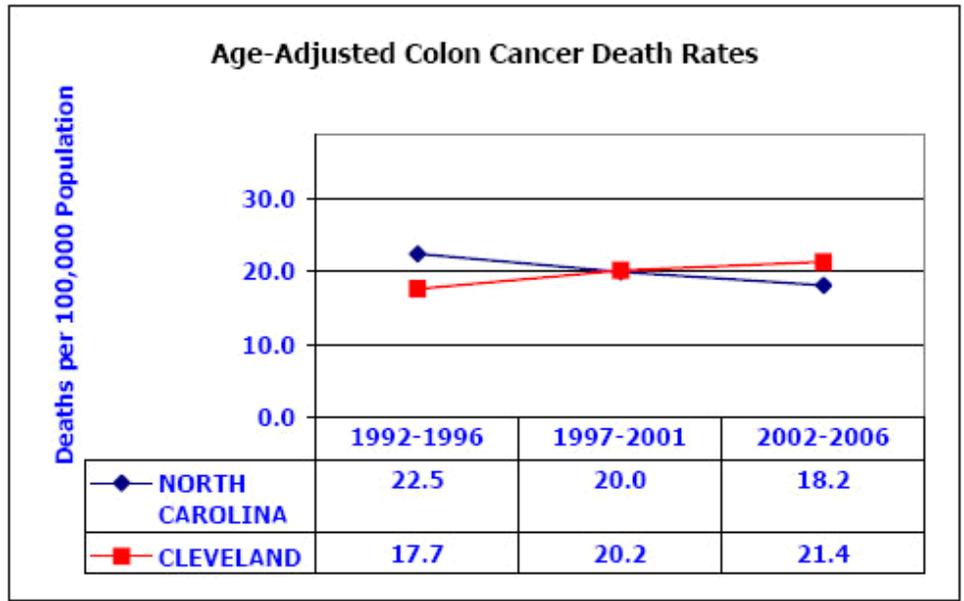
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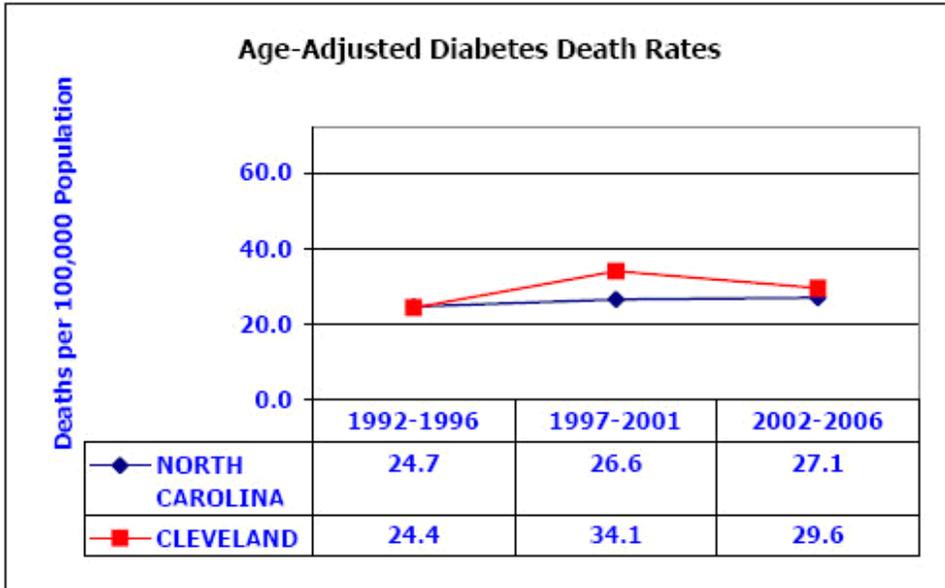
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Cancer

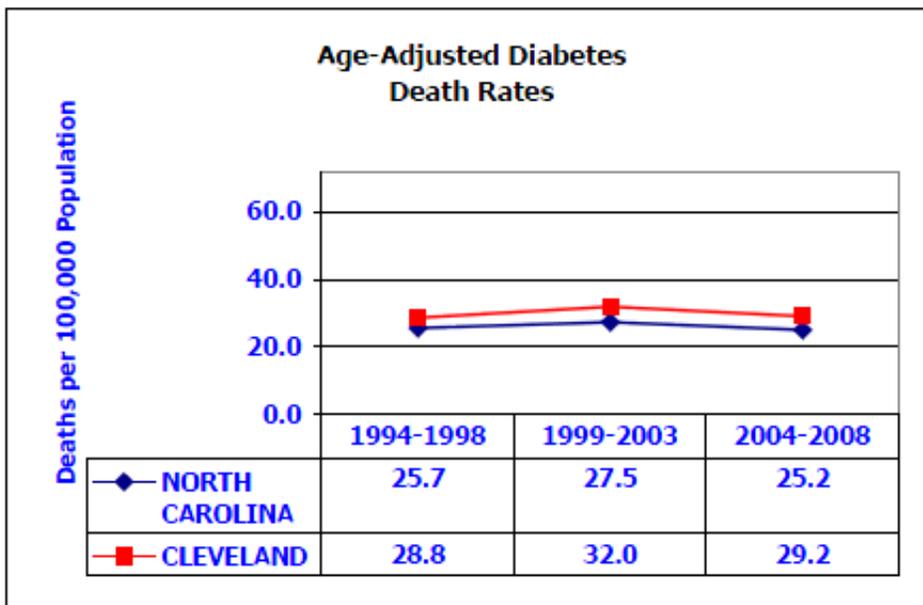
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- Significant support for Relay for Life across Cleveland County to educate residents about cancer





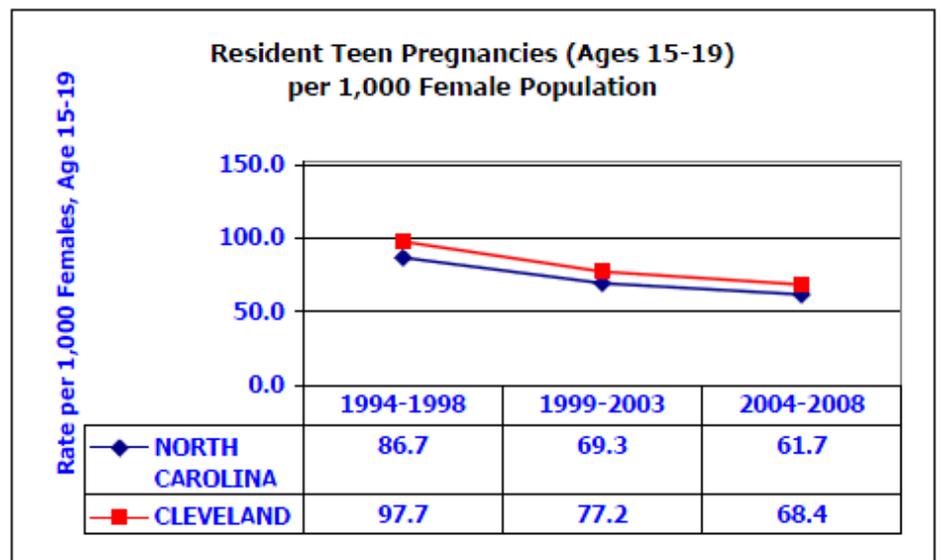
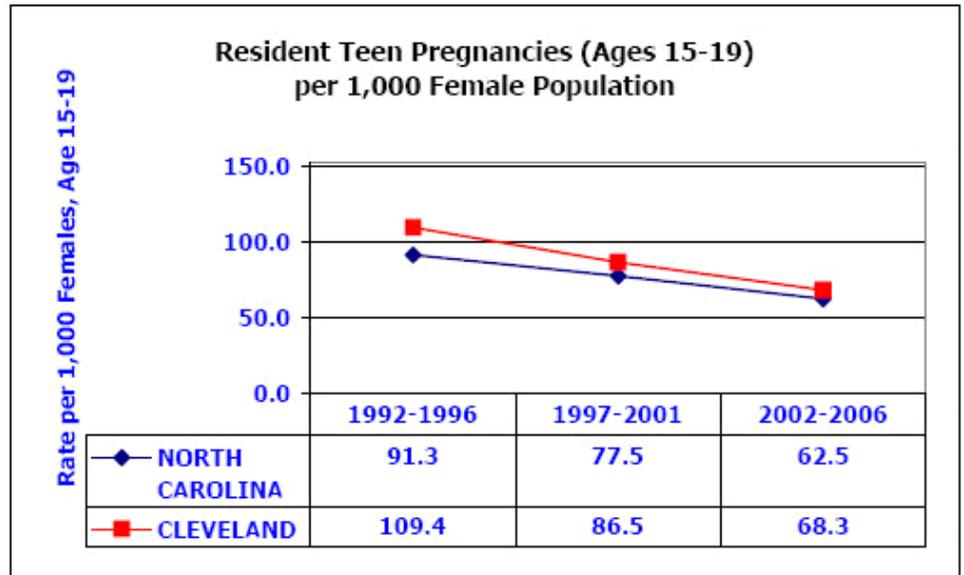
Diabetes

- Eighth leading cause of death in Cleveland County
- Significant reduction from 2001-2005 when it was fifth leading cause of death
- 9.6% of survey respondents reported having Type II diabetes
- Significantly higher death rates in African-American population, especially among males
- Recent programming specifically targeted African-Americans in Cleveland County with funding supported by the Office of Minority Health
- Related to both heart disease and stroke incidents in the county

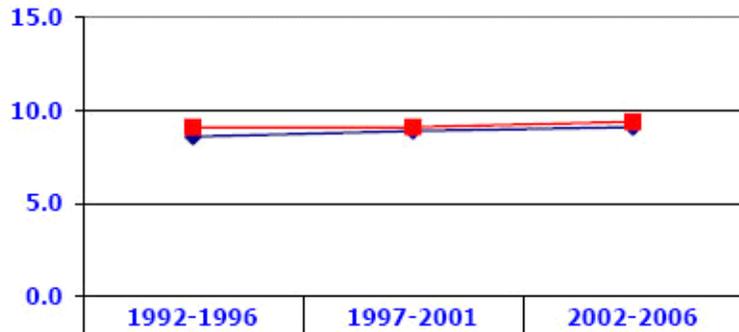


Teen Pregnancy

- Identified as priority issue in 2007 assessment
- Identified as second highest priority issue in 2011 assessment
- Subject of Board of Health Task Force; report issued in June 2010
- Teen Pregnancy Prevention Coalition working on strategies to address issue
- Rate per 1000 girls ages 15-19 dropped to 56.2 in 2010; was 63.8 in 2009
- Rate for minority teens per 1000 girls ages 15 – 19 is 88.2 in 2010; was 97.4 in 2009
- 19.4% of survey respondents indicated residents need more information about teen pregnancy prevention
- 58.9% of survey respondents indicated that children and youth need more information about teen pregnancy prevention



Percentage of Resident Live Births Classified As Low Birthweight (2,500 grams/5 lbs 8 ozs or less)

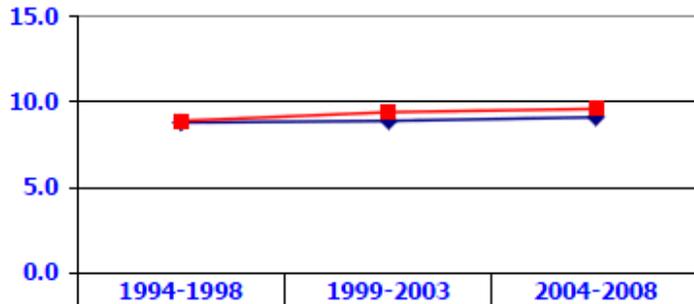


	1992-1996	1997-2001	2002-2006
—◆— NORTH CAROLINA	8.6	8.9	9.1
—■— CLEVELAND	9.1	9.1	9.4

Low Birthweight babies/Infant Mortality

- Reductions in infant mortality and low birth weight babies dependent upon good prenatal care
- Initiatives from Community Care of North Carolina programs designed to establish pregnancy medical homes and care coordination for high-risk infants
- Nurse Family Partnership address education during prenatal care to reduce risk of low birth weight babies and infant mortality

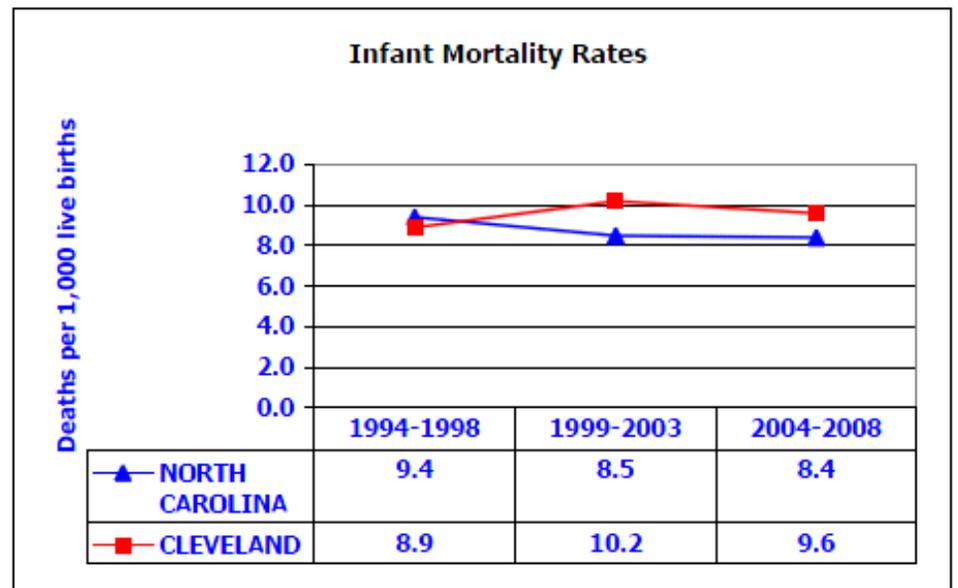
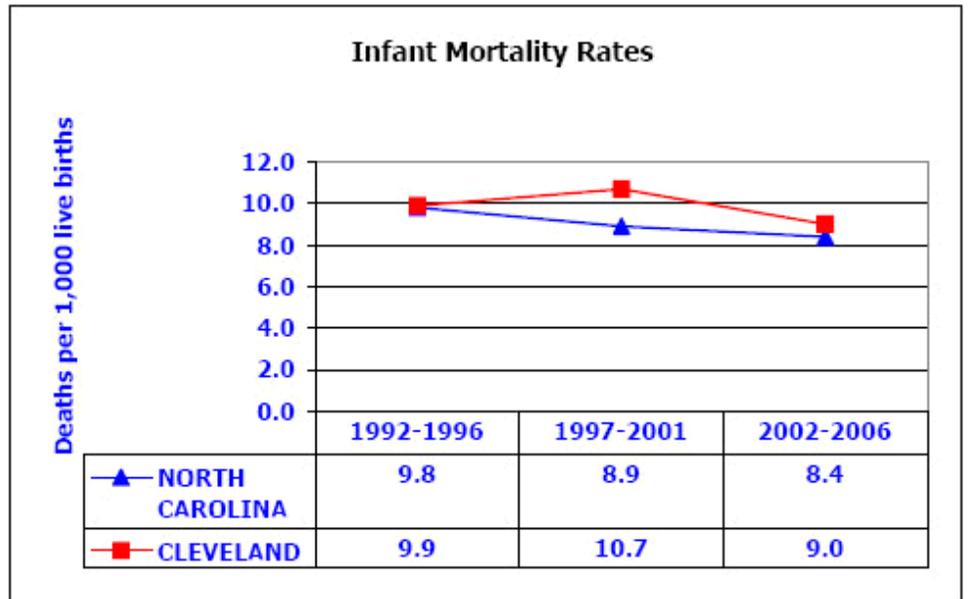
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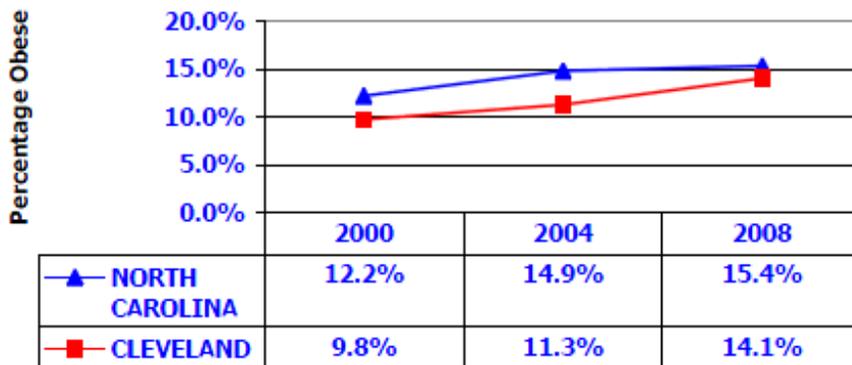
	1994-1998	1999-2003	2004-2008
—◆— NORTH CAROLINA	8.8	8.9	9.1
—■— CLEVELAND	8.9	9.4	9.6

Low Birthweight babies/Infant Mortality

- Reductions in infant mortality and low birth weight babies dependent upon good prenatal care
- Initiatives from Community Care of North Carolina programs designed to establish pregnancy medical homes and care coordination for high-risk infants
- Nurse Family Partnership address education during prenatal care to reduce risk of low birth weight babies and infant mortality



**Prevalence of Obesity in Children
Ages 2-4 Years**

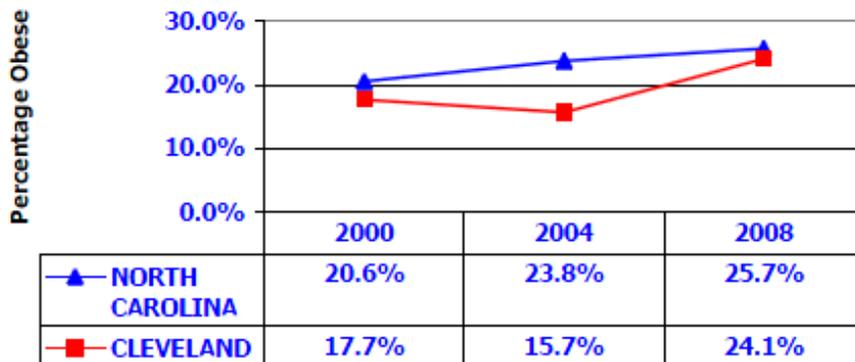


* Based on NC-NPASS data

Overweight/Obesity

- Focus of education/prevention efforts since 2003
- Board of Health Task Force established in 2003 to develop strategies to address issue
- Top priority issue in 2007 assessment
- Third ranked priority issue in 2011 assessment
- Affects chronic disease prevention and management, especially heart disease and diabetes

**Prevalence of Obesity in Children
Ages 5-11 Years**



* Based on NC-NPASS data

Mental Health/Substance Abuse/Developmental Disabilities

- Pathways LME will be transitioning into Partners Behavioral Health Management in 2012
- Began the initiative “When Not to Keep a Secret”
- In 2012 the Pride Student survey will be administered

Pathways Local Management Entity based in Gastonia, North Carolina serves as the primary access point for mental health, substance abuse and developmental disabilities services for Gaston, Lincoln and Cleveland counties. As an LME, Pathways is responsible for oversight of service delivery through contract providers for consumers in these three service areas. Funding for these services comes from a variety of federal, state and local programs. Service delivery data are presented below and all data was provided by Pathways staff in December 2011.

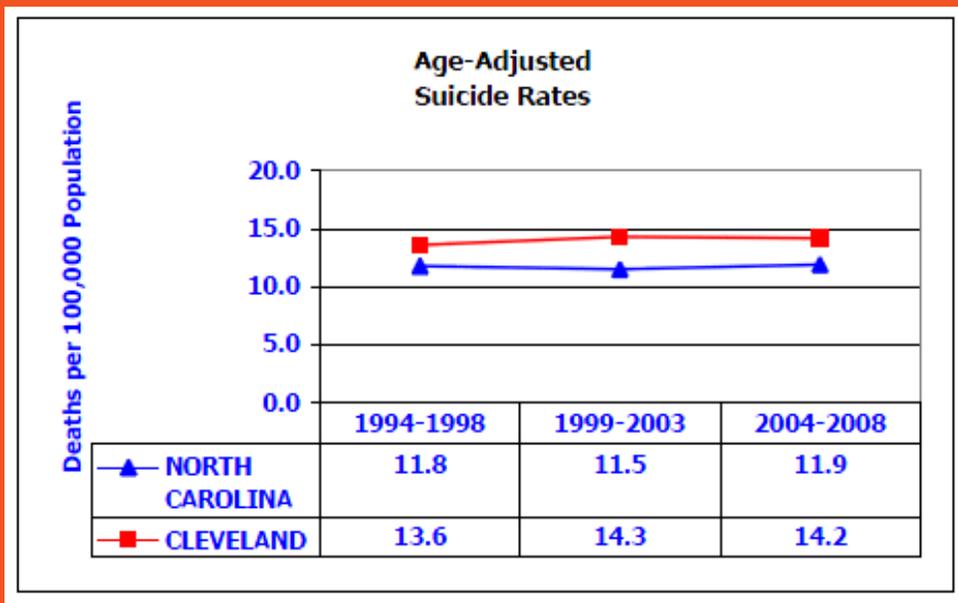
Delivery of these services will undergo a significant change as Pathways LME transitions to serve an eight-county area under a Medicaid waiver process known as a 1915 (b) (c) waiver. Effective July 1, 2012, Pathways LME will merge with similar programs in Catawba, Burke, Iredell, Yadkin and Surry counties into an entity known as partners Behavioral Health Management (Partners BHM) to manage publicly-funded behavioral health services. This entity will serve eight contiguous counties with a combine population of 906,479 individuals. Currently 140,767 of these individuals ages 3 and above are eligible to receive Medicaid funded services. The entity will serve as a managed-care organization and will be responsible for management of \$40,839,297 state service dollars, \$4,589,965 in county service dollars and over \$300,000,000 in Medicaid service dollars. Some of the advantages of the merged program include:

- Local management of Medicaid services;
- Ability to apply cost savings to targeted program expansions;
- Ability to improve accountability of system and focus more on improved consumer outcomes
- Predictability of Medicaid expenditures; and
- Ability to combine public dollars to best support services within the system.



While merger of the eight counties will become effective in July 2012, service delivery under the new system will officially “go live” as a waiver site on January 1, 2013.

In reviewing data about mental health services, leaders at Pathways became alarmed about the suicide rates in the three counties and subsequently launched a three-county initiative entitled When Not to Keep a Secret. The initiative is designed to provide resources to help prevent suicide and get help for other situations such as sexual assault, domestic violence, neglect, self injury and bullying. The initiative is supported by a comprehensive web site www.WhenNotToKeepASecret.com.



Among survey respondents, 28.7% reported suffering from depression/anxiety. An additional question asked if stress, depression and problems with emotions affected a respondent’s overall mental health with 55.9% replying that they were not affected and 26.9% replying that it affected their lives between 1 and 4 days during a 30 day period.

Substance abuse was selected as the top priority issue for consideration in the 2011 assessment process. However, fewer than 1% of survey respondents indicated any issues with alcohol addiction (0.9%) and drug addiction (0.4%).

Cleveland County has been fortunate to have support for a student drug use survey conducted every three years since 1996 with the most recent results documented below. The survey will be updated in March 2012 and will include additional questions on the use of synthetic marijuana and specific prescription drugs.

Public Schools of Cleveland County

Gateway Drug Use Comparison Charts

By Percentage of Students

	Grade 6			Grade 9			Grade 12		
Drug Category	2006	2009	2007-08 National	2006	2009	2007-08 National	2006	2009	2007-08 National
Tobacco (30 days)	4.8	2.2	3.5	20.1	20.7	17.8	27.5	26	29.8
Tobacco (past year)	19.8	5.8	7.7	50.7	31.8	28.3	54.3	41	44.1
Alcohol (30 days)	6.1	2.2	4.6	26.8	18.1	22.2	36.2	30.4	40.3
Alcohol (past year)	18.8	10.1	15.9	52	45.1	47.8	64.8	61.7	66.5
Marijuana (30 days)	2.4	0.6	2.1	19.6	14.9	12.3	22.4	17.7	20.3
Marijuana (past year)	4.6	1.6	3.3	29	24.2	18.9	34.9	28.9	32

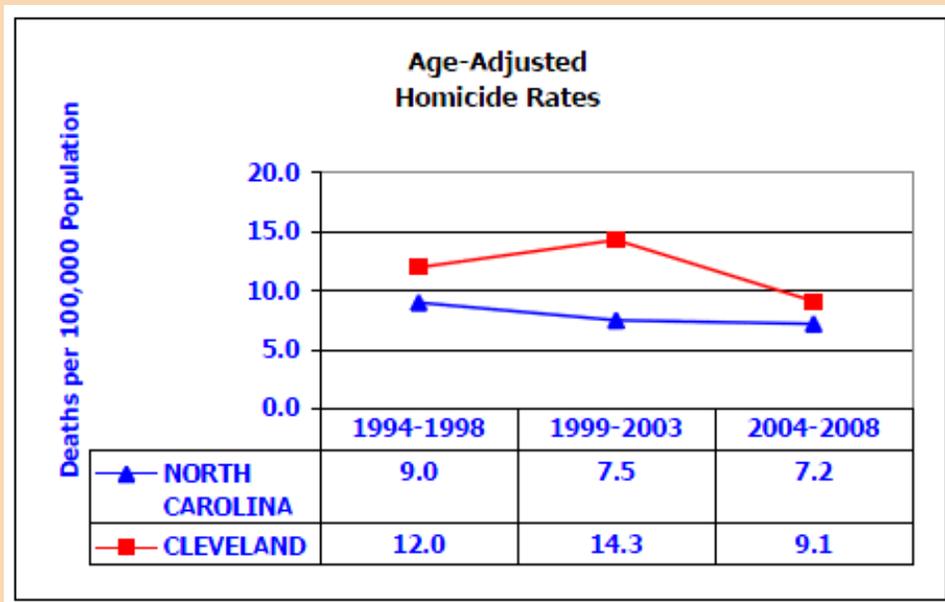


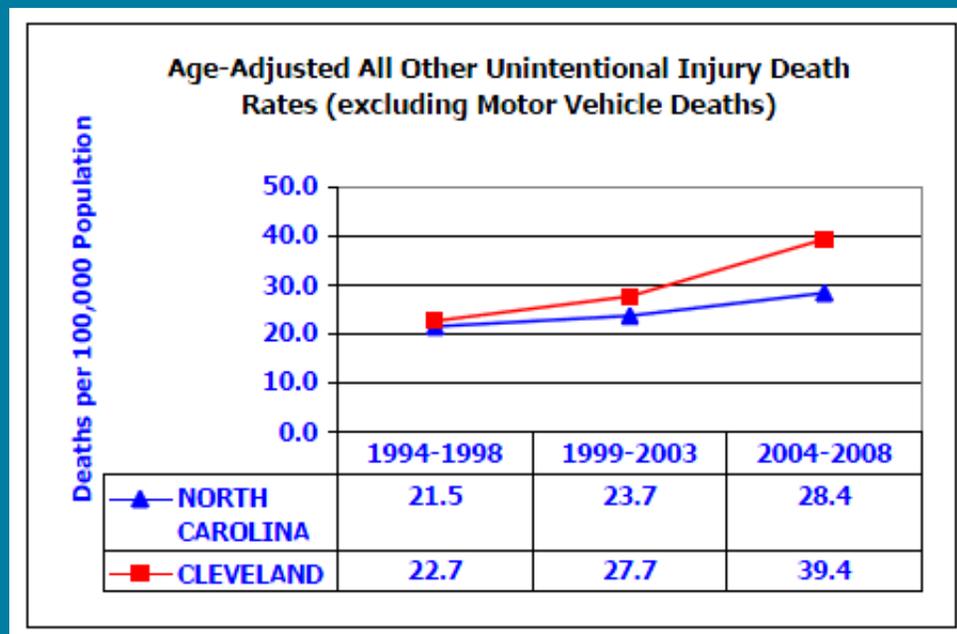
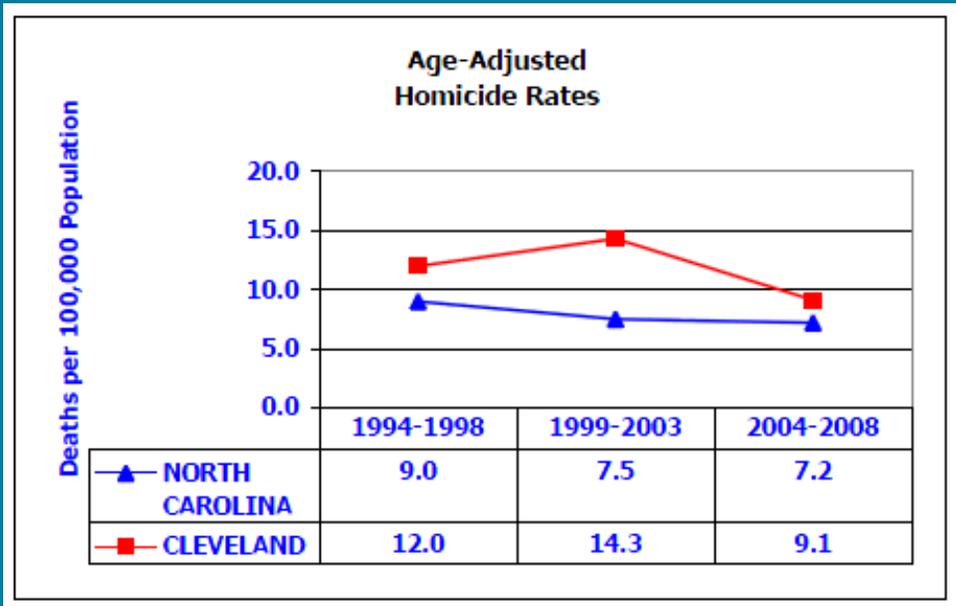
Quality of Life

Over 70% of Cleveland County residents agree that Cleveland County is a safe place to live.

Cleveland County is generally considered a good place to live and raise children. 61.7% of survey respondents indicated that it is a good place to raise children, 58.3% stated it was a good place to grow old, 71% agreed that it was a safe place to live. Data from the North Carolina Department of Justice suggests that this is true based on reductions in the crime index rate figured per 100,000 population.

- The index rate for violent crime was 508.2 in 2001 and 249.8 in 2010.
- The index rate for property crime was 5,162.1 in 2001 and 3,113.2 in 2010.
- The index rate for murder was 12.5 in 2001 and 1.0 in 2010.





A listing of health and wellness resources affecting quality of life in Cleveland County is found in the Appendices of this document.

Community Survey/ Listening Sessions - Results 2011

- 845 residents of Cleveland County participated in the community assessment survey.
- Residents want more information about weight management, physical activity, and nutrition.
- Most county residents get health information from their physicians or from the Internet.

The 2011 community assessment survey was developed by the Core Committee using a survey format included in the Community Health Assessment Guide Book. The survey was conducted in both electronic and paper formats described in the Methodology section of this document. 1015 individuals began the survey and 845 completed the entire survey format for a return rate of 83.3%. A copy of the survey with answers is included in the Appendices of this document. Several of the questions included an option for the respondent to write in an issue or response not included in the options for answers. While these are not included in the Appendix, the responses are available from the Health Education unit staff at the Cleveland County Health Department.

Key demographic from survey respondents included the following:

- 34.7% of respondents are from the 28150 zip code; 24.7% are from the 28152 zip code; both codes represent Shelby; 16.1% are from the 28086 zip code representing Kings Mountain;
- Respondents are clustered in three age groups – 22.1% were 35-44 years of age; 24.7% were 45-54 years of age; 24.5% were 55-64 years of age;
- 73.7% of respondents are female; 26.3% are male; 153 individuals skipped answering this question;
- 71.8% of respondents are married;
- 82.5% of respondents described themselves as white/Caucasian and 14.6% as black/African-American; less than 1% identified as Hispanic/Latino;
- 71.2% of respondents employed full-time; 3% are unemployed;
- 85.3% of respondents have a health care provider in Cleveland County;
- 16.8% of respondents have received some form of public assistance in the past twelve months;
- 97.8% of respondents use a personal vehicle as their primary form of transportation;
- 15.9% of respondents have some college/no degree, 27% have a bachelor's degree, 24.8% indicated having a graduate or professional degree;
- 81.1% of respondents have lived in Cleveland County more than ten years;
- Total household income was reported as \$35,000-\$49,999 for 18% of respondents, as \$50,000-\$74,999 for 23.4% of respondents and \$75,000-\$99,999 for 18.3% of respondents; and
- 76.2% of respondents have access to the Internet at work and 86.2% have access at home.

This demographic description of survey respondents indicates that these individuals are clustered in the two major municipalities in the county, overwhelmingly female, overwhelming white/Caucasian, are employed, better educated and have higher incomes than demographic information about county residents indicated. For that reason, the Core Committee chose to include listening sessions focusing on specific population targets to provide additional information for the assessment.

The survey began with ten general questions to measure resident perception about the quality of life in Cleveland County. On eight of ten topics, residents agreed or strongly agreed with the statements:

- Good healthcare in the county
- A good place to raise children
- A good place to grow old
- A safe place to live
- Services are available to help people in crisis
- Good recreational opportunities are available
- Good educational opportunities exist
- Good healthcare facilities are available.

Respondents disagreed or strongly disagreed on the statement “Good employment opportunities exist in Cleveland County”. This response is reflective of the economic distress of the past decade in the county.

Responses to the statement “Cleveland County has effective community leaders” provoked a range of responses:

6.8% strongly agreed, 43.7% agreed, 28.0% had no opinion, 16.4% disagreed and 5.1% strongly disagreed.

984 individuals responded to this statement. This range of response is probably influenced by the political climate in the state and nation today.

When asked to identify the three issues most affecting the quality of life in Cleveland County today, respondents indicated that low income/poverty was their first concern followed by substance abuse, dropping out of school, lack of or inadequate health insurance, property crime, mental health issues, and neglect and abuse of children. Data from the county profile support the selection of these issues.

Survey respondents were also asked to indicate services needing improvement in the community and the overwhelming response was availability of employment at 60.6%. Higher paying employment, activities for teens and affordable health services followed as needing improvement.

Respondents were asked to indicate health behaviors about which more information was needed in the community. Weight management, physical activity/fitness and nutrition/eating well topped with list followed by substance abuse prevention, pregnancy prevention and child care/parenting. These choices are reflected in the health priority areas identified for the county.

A question to determine the source of health-related information was included in the survey to assist health care providers in more effectively reaching residents with accurate and timely health information. 30.7% of respondents indicated that they receive most of their information from a doctor or nurse followed by the Internet as a source of information for 28.6% of respondents.

Finally, respondents were asked about health topics for which children and youth in the county need more information.

Drug abuse (illegal drugs) topped this list followed by pregnancy prevention, sexually transmitted diseases, drug abuse (prescription medications), alcohol abuse, tobacco products/use, exercise/physical activity, bullying and nutrition. Again, these choices reflect the health priorities identified by this assessment process.



PERSONAL HEALTH STATUS

A series of questions on personal health status comprised the next section of the survey. Respondents were asked to describe their personal health status with the following responses: 10.3% as excellent, 37.6% as very good, 47.0% as good with 4.6% describing their health status as poor or very poor. Respondents were asked about health conditions identified by a health professional with the top responses including high blood pressure, high cholesterol, overweight/obesity, depression/anxiety, and arthritis.

Several questions were drawn from the Behavior Risk Factor Surveillance System to offer a comparison to state and regional data and to enable health leaders to respond to issues raised annually by the County Health Rankings developed by the University of Wisconsin Population Health Institute. Respondents were asked:

Thinking about your physical health, for how many days during the past 30 days was your physical health not good?

- 60.0% no days
- 25.9% 1 to 4 days
- 4.6% 5 – 9 days
- 2.1% 10-15 days
- 4.9% more than 15 days

Thinking about your mental health, for how many days during the past 30 days was your mental health not good?

- 55.9% no days
- 26.9% 1-4 days
- 6.6% 5 – 9 days
- 3.5% 10 – 15 days
- 5.1% more than 15 days

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities?

- 35.5% 1 – 2 days
- 29.8% 3 – 4 days
- 11.3% 5 – 6 days
- 5.4% every day
- 13.2% never

Regional BRFSS data indicated that 12.6% of respondents to that survey described their health as fair and 4.1% as poor. Regional survey respondents also reported 6.4 days with poor physical health and 5.2 days with poor mental health.

Responses to questions on physical activity and nutrition are included in the section on selected health priorities for Cleveland County.

Good news emerged from the survey in regard to the use of cigarettes and/or smokeless tobacco products. 85.4% of respondents indicated that did not use either category of tobacco products. Only 11.6% of respondents indicated that they smoked and 2.7% indicated the use of smokeless tobacco products. Doctors were the most frequent choice of places to go for information about tobacco cessation.

Additional personal health status questions focused on flu vaccines, food-borne illnesses, drinking water sources, wastewater treatment, recycling, and animal control issues pertinent to public health services offered by the Cleveland County Health Department. Results included:

56.4% of respondents had a seasonal flu vaccine in the past twelve months;

Respondents who did not have a flu vaccine indicated a fear of getting the flu from the vaccine as their reason;

Only 3.6% of respondents indicated a diagnosis of a food-borne illness confirmed by a medical professional in the past twelve months;

69.0% of respondents get their drinking water through a municipal water system;

Most respondents use municipal sewer or private septic systems;

65.2% of respondents recycle with 88.5% using county recycling centers;

62.6% of respondents who own pets have current rabies vaccinations for those pets; and

78.9% of pet owners responding have spayed or neutered their pets.

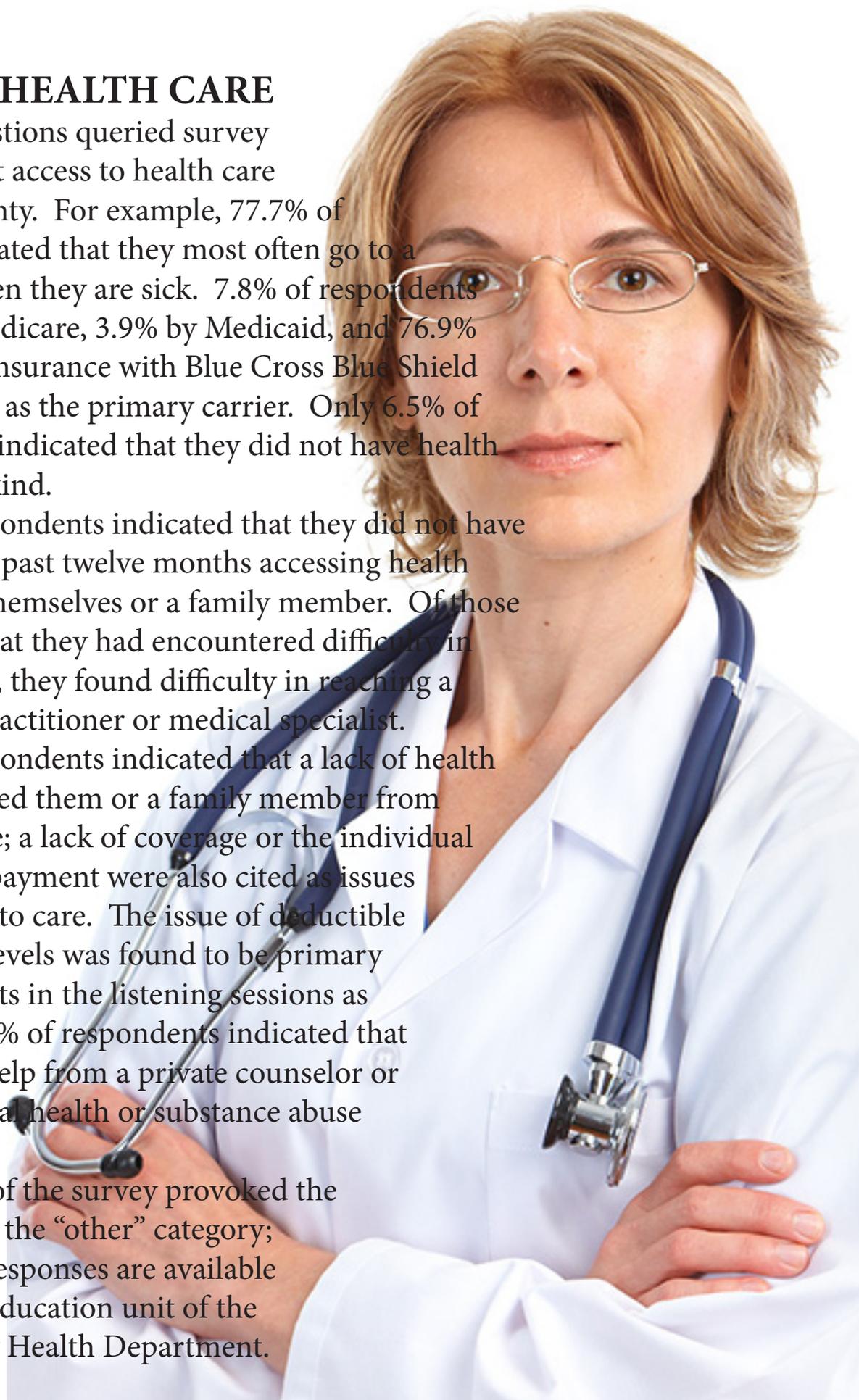
ACCESS TO HEALTH CARE

Multiple questions queried survey respondents about access to health care in Cleveland County. For example, 77.7% of respondents indicated that they most often go to a doctor's office when they are sick. 7.8% of respondents are covered by Medicare, 3.9% by Medicaid, and 76.9% by some form of insurance with Blue Cross Blue Shield of North Carolina as the primary carrier. Only 6.5% of those responding indicated that they did not have health insurance of any kind.

84.4% of respondents indicated that they did not have any trouble in the past twelve months accessing health care services for themselves or a family member. Of those who responded that they had encountered difficulty in accessing services, they found difficulty in reaching a dentist, general practitioner or medical specialist.

35.8% of respondents indicated that a lack of health insurance prevented them or a family member from getting health care; a lack of coverage or the individual deductible or co-payment were also cited as issues preventing access to care. The issue of deductible and co-payment levels was found to be primary among respondents in the listening sessions as well. Finally, 29.3% of respondents indicated that they would seek help from a private counselor or therapist for mental health or substance abuse issues.

This section of the survey provoked the most responses in the "other" category; those individual responses are available from the Health Education unit of the Cleveland County Health Department.



EMERGENCY PREPAREDNESS

Questions in this section of the survey were designed to identify an individual's readiness to cope with an emergency (an unexpected, serious occurrence or situation urgently requiring prompt attention) or disaster (a situation that overwhelms the affected community and may require outside assistance such as an ice storm or tornado).

Respondents were asked about working smoke and/or carbon monoxide detectors in their households. 44.8% have smoke detectors only, 1.4% have carbon monoxide detectors only, 47.9% have both and 5% have neither form of detection.

Emergency supply kits may include water, non-perishable food, necessary prescriptions, first aid supplies, flashlights and batteries, blankets, pet supplies, etc. 40.7% of respondents indicated that they have such a supply kit in their household; 57.3% do not have such a kit. Only 22.7% of respondents have a 3-day supply of water for their households and 76.1% do not. However, more households have a 3-day supply of non-perishable food (59.7%). Respondents indicated that 62.8% of their households have a 3-day supply of prescription medicine and/or special medical supplies.

Emergency preparedness coordinators were interested in the main channels of communication available in an emergency in the county. 54.3% of respondents indicated that they would get information from television, 13.2% from the Internet and 12.7% from radio. 5.8% indicated cellular provider systems as a source of information.

Last, respondents were asked if they would evacuate in the event of a large-scale disaster or emergency in the county with 82.4% indicating that they would evacuate. Respondents were also asked if they chose NOT to evacuate, what would be their main reason for this choice. Concern about leaving property behind was the major response at 22.8% followed by concern about family safety at 13.1% and concern about leaving pets at 12.9%.

These responses will assist emergency preparedness planners in more effectively planning for community responses to declared emergencies or disasters in Cleveland County.

LISTENING SESSIONS

Seven listening sessions involving over 100 participants were conducted with targeted populations during October and November 2011 as a part of the assessment to reach high risk segments of the population who may not have responded to either the electronic or paper formats of the survey. Using the following questions, facilitators and recorders from the Core Committee found commonality in the discussions generated in these sessions:

1. What do people in this community do to stay healthy? How do people get information about health?
2. In this group's opinion, what are the serious health problems in this community? What are some causes of these problems?
3. What keeps people in this community from being healthy? Cost of medical visits? Cost of medicine? Lack of health insurance? Availability of information? Challenges of having healthy habits, such as the cost of healthy foods?
4. What could be done to solve these problems?
5. Is there any group not receiving enough health care? If so, why?
6. Is there anything else you would like to add, or that you think would be helpful for us to know?

To stay health, physical activity, good nutrition, and preventive care were common answers. A positive mental attitude and refraining from use of tobacco, alcohol and other drugs were included in their responses. Most participants cited their physician or other health professionals as primary sources for information but many participants also included the Internet as a primary information source. Web M.D. was most often cited for information; other participants indicated that they simply "googled" a health topic and scrolled through the listings to find information.

The most serious health problems indicated were related to overweight and obesity, especially in regard to the high rates of Type II diabetes among these participants. Poor diets, lack of exercise, reliance on fast food, finding excuses not to exercise, safety concerns for exercise and concerns about foods served in school cafeterias were included as causes of these problems. Most participants agreed that they knew what to do to prevent serious health problems but stated that cost, access, and apathy often drove their health decision-making process. Most participants agreed that they were more careful about the health of their family members, especially children and elders, than they were about their own personal health status.

Factors keeping people from being healthy included the cost of more nutritious or healthy foods, lack of access to full-service supermarkets, cost of medications, cost of visits to the physicians and other health professionals, substance abuse especially in regard to abuse of prescription medication, lack of places for physical activity, lack of knowledge about good nutrition and lack of knowledge about health resources in the county. The high cost of private health insurance was a major topic of discussion in almost every group. When individuals did have insurance, they cited high deductibles and high co-payments as factors that prevented them from seeking care. Some of these individuals indicated that they obtained physical exams as part of preventive coverage but if/when chronic medical conditions requiring further visits or medications were diagnosed, they simply went home and ignored them. One individual stated that she could not purchase blood pressure medication because until she met a \$4500



individual deductible, her insurance plan would not cover the cost of the medication. Other individuals stated that sometimes their choices were to pay the rent or utility bill OR purchase medication; rent and utilities won out every time.

To solve these problems, participants in these sessions offered few solutions. Some participants noted that perhaps changes in insurance coverage to reduce deductibles or co-payments might be solutions. Other participants suggested expansion of government-sponsored health care coverage to a broader segment of the population. Few attainable suggestions were generated with most individuals relying on federal and state leadership to solve this issue.

Participants were asked if any population group did not receive enough health care. Most responded that children and senior adults seem to be taken care of by Medicaid and Medicare. They cited the 24-64 age group, individuals who are unemployed, individuals responsible for the care of younger or older family members and single females as those most likely to not receive health care. Most agreed that women – mothers, wives, daughters, sisters – most often made decisions regarding health care for their families but were less likely to take care of themselves. Again, few solutions were offered in response to this issue.

Most participants offered few suggestions in response to the last question. They responded that preventive care was really important but are frustrated by trying to respond to health care issues that may be identified as part of preventive care. They responded that good nutrition and adequate exercise are critical to good health but are frustrated by what they perceive as higher costs associated with healthy foods and options for physical activity. They know that it is important to seek information about health issues but are overwhelmed by the variety of sources and find it difficult to sift through information to determine what is most accurate and reliable for their particular concern. They know about making good choices in health care but are frustrated by their inability to seek care due to financial, transportation, or child care barriers.

These listening sessions provided insight into populations especially impacted by the economic distress in the county. As leadership in the county responds to the results of this community assessment, it will be critical to include their concerns in planning activities to reduce, delay or prevent circumstances that negatively impact life in this community.



Identified Health Priorities



- The Core Committee determined health priorities for the next strategic session.
- Two questions were used in determining these priorities: What is the issue and is there a natural champion to tackle the issue.

What is the issue? Is it real or perceived?

IDENTIFIED HEALTH PRIORITIES

Using the framework established by the NC Healthy People 2020 focus areas, the Core Committee consider the results of the survey and listening sessions as well as data compiled in the community profile from secondary sources to establish health priorities for Cleveland County. Criteria suggested in the Guilford County assessment were tailored for use in the local process and included:

- Consider the magnitude of the problem – How widespread is it in the county? How many people are affected?
- Consider the severity of the problem – how does it impact the health of the community?
- Are there significant racial or geographic disparities associated with this problem?
- Has there been previous work done in this problem area? Consider the successes/barriers encountered locally.
- Is there institutional commitment to address the problem?
- Are there community organizations that could address the problem?
- Are there multi-level and/or evidence-based interventions available to address the problem?

Of particular importance to Core Committee members was the question of community organizations that could address the identified issues. The Alliance for Health has long relied upon two questions in determining actions on health issues for the county. First, what is the issue? Is it real or is it perceived? Is it current because of media coverage or is there a real problem? Once the first question was answered, the next step was to determine who's the boss. Is there a natural "champion" for this issue in the community? Perhaps someone in an agency or organization was working on one part of the identified issue and could expand their work. If that were the case, Alliance leaders contacted these "champions" and engaged them in discussions about potentially broadening their scope of work to include the identified issues. If there were not natural "champions" in the community, only then would new coalitions or task forces be established to address the issues to ensure accountability and cost effectiveness and to minimize the potential for duplication of services.

With these criteria in mind, the Core Committee through a weighted selection process established priority focus areas for attention over the next strategic planning time frame in the county:

- Substance Abuse
- Sexually Transmitted Diseases/Unintended Pregnancy
- Physical Activity and Nutrition
- Chronic Disease
- Social Determinants of Health
- Mental Health
- Oral Health
- Injury and Violence
- Cross-cutting
- Maternal and Infant Health
- Tobacco Use
- Infectious Disease/Foodborne Illness
- Environmental Health

The top three focus areas will be addressed through the combined efforts of the Cleveland County Health Department, the Cleveland County HealthCare System and the Alliance for Health in Cleveland County with its sponsored coalitions. Chronic disease will be addressed by continuing initiatives focused on cardiovascular disease and diabetes. Addressing the social determinants of health will require a collaborative community effort involving multiple agencies and systems throughout the county. The new Partners Behavioral Health Management entity will play a leadership role in addressing mental health issues. The Safe Kids Coalition and law enforcement agencies in the county have the capacity to address injury and violence. The remaining issues will be reviewed and addressed by various units of the Cleveland County Health Department and their community partners.

SUBSTANCE ABUSE

Substance abuse emerged as the top priority health issue for consideration in the 2011 assessment. Members of the Core Committee based their selection on results from the 2009 Student Drug Use Survey as well as information provided by staff from the CODAP Services (Community Organization for Drug Abuse Prevention) unit of the Cleveland County Health Department and from members of the Substance Abuse Prevention Coalition. Objectives for consideration under this area include:

- Reduce the percentage of high school students who had alcohol on one or more of the past thirty days.
- Reduce the percentage of traffic crashes that are alcohol-related.
- Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past thirty days.

A summary of gateway drug use was included in the Community Profile for Cleveland County. Additional support for substance abuse as a priority is provided by a summary driving while impaired arrests by Cleveland County law enforcement agencies as well as information provided by the North Carolina Highway Patrol regarding alcohol and drug related traffic crashes in Cleveland County.

Law Enforcement – DWI Arrests	2007	2008	2009	2010
City of Shelby Police	293	229	153	135
Kings Mountain Police	64	65	74	62
Boiling Springs Police	23	20	15	26
Cleveland County Sheriff	245	244	187	153
Highway Patrol	460	328	461	378
TOTAL	1,085	886	890	754

In 2011 the Cleveland County Sheriff’s Office reported 211 arrests for DWI by November; in that same time frame the Highway Patrol reported 361 arrests for DWI.

Year	Total #	Property Damage	Injury Involved	Fatalities
2007	110	46	59	5
2008	89	41	47	1
2009	91	42	47	2
2010	101	46	55	0
Jan-Nov 2011	95	44	48	3

Source: North Carolina Highway Patrol, Alcohol and Drug-Related Motor Vehicle Crashes in Cleveland County, North Carolina

CODAP Services currently provides alcohol and drug education/prevention programs to students enrolled in Cleveland County Schools and to the community upon request. Trained staff members provide evidence-based curricula to 8th grade students enrolled in the Cleveland County Schools. CODAP staff members also provide the SOBIR Program (Student Options Begin with Intervention and Recovery) as an alternative to suspension for violations of the schools' substance abuse policies. SOBIR services were provided to 58 middle and high school students in 2010-11. CODAP staff also oversee the implementation of the PRIDE Student Drug Use Survey scheduled for delivery in March 2012 with the results used for program planning and adaptation to meet emerging issues in the area of substance abuse.

The Substance Abuse Prevention Coalition is collaborative sponsored by the CODAP Services unit, Pathways Local Management Entity and the Alliance for Health and meets monthly to address emerging substance abuse issues in the community. Among past efforts led by the SAPC are student institutes on flavored malt beverages, student led campaigns address laws regarding the legal purchase of alcohol, community awareness programs designed to educate the community about emerging drug trends such as synthetic marijuana and synthetic cocaine, and collaborative campaigns regarding the abuse and misuse of over-the-counter medications such as cough syrup and of prescription medications. One outstanding success has been a series of events known as Operation Medicine Drop programs. These events are held multiple times during the year at various sites throughout the county and offer the opportunity to dispose of medications in a proper manner. The Substance Abuse Prevention Coalition is planning a new student led initiative to produce public service announcements regarding student drug use in 2012-13.

Additional concern about the abuse and misuse of prescription drugs, especially opioids, has been voiced by the staff of the Carolinas Community Care Partnership housed in the Cleveland County Health Department. This network, part of the Community Care of North Carolina program, has provided training and materials to health care professionals in the community on prescription drug misuse and abuse. In spring 2012 the network will partner with the Substance Abuse Prevention Coalition, the Alliance for Health, the Cleveland County Health Department and the Cleveland County HealthCare System to explore the development of Project Lazarus in Cleveland County. Because of this emphasis on prescription drug misuse and abuse, Core Committee members have chosen to include an objective relating to the reduction of the unintentional poisoning mortality rate under the substance abuse priority area.

SEXUALLY TRANSMITTED DISEASE AND UNINTENDED PREGNANCY

Sexually transmitted disease and unintended pregnancy have long-lasting effects on an individual's health status and lead to high personal, educational, economic and social costs in later life. The Core Committee chose this focus area as the 2nd health priority for Cleveland County to address in the coming years. Objectives under this priority include:

- Decrease the percentage of pregnancies that are unintended.
- Reduce the percentage of positive results among individuals aged 15 to 24 tested for Chlamydia.
- Reduce the rate of new HIV infection diagnoses per 100,000 population.

The Board of Health for Cleveland County actually began this process in 2009 with the appointment of a Task Force on Teen Pregnancy Prevention in the county. The Task Force issued a report in June 2010 with recommendations for work in five areas: school-based programs, community-based programs, adolescent health services, parent education and community awareness/media campaign. Subsequently, the Alliance for Health created the Teen Pregnancy Prevention Coalition to address and implement selected recommendations of the Task Force. Data collected from state and local sources continues to identify this issue as important to the future of Cleveland County residents.

Sexually transmitted diseases, not showing a significant increase in numbers, continue to be a major health concern in Cleveland County as demonstrated by the following data:

Diagnosis	2008 - # of cases	2009 - # of cases	2010 - # of cases
Chlamydia	356	402	407
Gonorrhea	174	126	156
Syphilis	4	3	3
HIV Disease	12	15	12

While a health disparity exists in a higher percentage of the cases for all three years affecting the minority community, of even greater concern is data from 2010 showing that 82% of all cases of Chlamydia occurred in individuals ages 10 – 24 and 48% of all cases of Gonorrhea occurred in individuals ages 10 – 24. Health care leaders are hopeful that the new comprehensive health and safety reproductive curriculum taught in the 7th, 8th and 9th grades will begin to educate youth in Cleveland County about sexually transmitted diseases and reduce these numbers among younger individuals. However, work remains to educate young people ages 20-24 who are not normally reached through public education about the dangers of sexually transmitted disease.

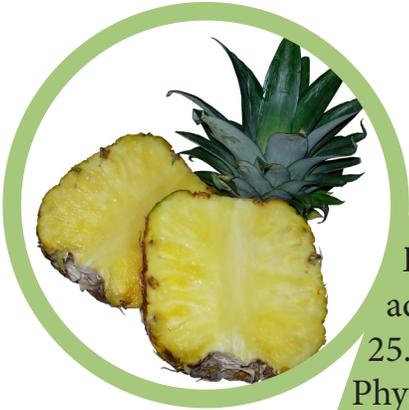
Data on teen pregnancy compiled by the Adolescent Pregnancy Prevention Campaign of North Carolina reveals the following about teen pregnancies in North Carolina and in Cleveland County:

Factor	2007	2008	2009	2010
NC total pregnancies ages 15-19	19,615	19,398	18,142	15,957
CC total pregnancies ages 15-19	63.0	58.6	56.0	49.7
NC pregnancy rate per 1,000	263	244	245	201
CC pregnancy rate per 1,000	71.8	64.6	63.8	56.2

While Cleveland County has experienced a decline in the number and rate of pregnancies among girls ages 15-19, local rates are still higher than those for North Carolina as a whole. Additionally, of the number of pregnancies in the county, repeat pregnancies in this age group continue to be a concern: 80 in 2007, 77 in 2008, 96 in 2009 and 57 in 2010. A health disparity also exists between Caucasian/white girls and African-Americans with the rates almost double that in the African-American population.

Implementation of the comprehensive reproductive health and safety curriculum in the schools and the institution of the Nurse-Family Partnership program in Cleveland County have provided health care leaders with two strategies to address the issue of sexually transmitted disease and unintended pregnancy. However, more work to educate the community about the cost of this issue for all residents of Cleveland County remains to be done and will be a challenge in this time of decreased resources for programming.

PHYSICAL ACTIVITY AND NUTRITION



Physical activity and nutrition are factors affecting the prevention and treatment of chronic disease as well as management of overweight/obesity in individuals. Survey results from the 201 Behavior Risk Factor Surveillance System indicate that 63.2% of adults in the Piedmont region have a body mass index greater than 25.0 which classifies them as overweight or obese. Data from the Physical Activity and Nutrition Branch of the North Carolina Division of Public Health in 2009 indicated that 14.5% of children in Cleveland County ages 2 – 18 were overweight and 23.3% were classified as obese. This prevalence of overweight and obesity among county residents of all ages led the Core Committee to identify physical activity and nutrition as the 3rd health priority for action. Objectives under this priority include:

- Increase the percentage of high school students who are neither overweight nor obese.
- Increase the percentage of adults getting the recommended amount of physical activity.
- Increase the percentage of adults who consume five or more servings of fruits and vegetables per day.

Data supporting the need to address this area were revealed in the 2011 community survey. For example, when survey respondents were asked how often during a normal week did they engage in physical activity lasting at least 30 minutes, 35.5% responded 1 to 2 days, 29.8% responded 3 to 4 days, 11.3% responded 5 -6 days and only 5.4% responded every day. 13.2% of survey respondents indicated that they never got 30 minutes of physical activity on a daily basis. Respondents indicated that they most often engaged in physical activity at home (68.8%) followed by walking routes/trails/tracks at 31.7%. When asked about the reasons affecting the ability to engage in physical activity on a regular basis, 43.0% responded that they didn't have enough time to exercise followed by 29.9% stating that they were too tired to exercise. These same adult respondents then indicated that they spent at least one to four hours daily in front of the television, computer or other electronic device (41.8%) with 34.7% spending five to nine hours in "screen time." Respondents also indicated that they ate five or more servings of fruits or vegetables daily at least three to four days each week (35.4%) with only 11.0% indicating that they ate the "five or more" on a daily basis.

Additional data supporting the need for physical activity and improved nutrition for children and youth is derived from the initial results of the Eat Smart Move More Community Grant awarded to Cleveland County in 2010 for a youth physical activity study in the county. The target population was children ages 9-14 who completed a survey about the amount and type of physical activity they engaged in on a daily basis with a random sample asked to wear an accelerometer for seven days to measure the amount and intensity of the wearer's physical activity. Data from 2010 indicate that these students spent an average of 28 minutes daily in moderate to vigorous physical activity compared to an average sedentary time daily of 285.2 minutes. According to the Centers for disease Control and Prevention, children and adolescents should have at least 60 minutes of physical activity daily. Sedentary time did not include time sleeping at night. Figures for Cleveland County youth are comparable to those of all participants state-wide who registered 30 minutes daily of moderate to vigorous physical activity and 286 minutes daily of sedentary time. As a part of the survey, the youth were asked to identify things that kept them from being physically active. Their responses included the following statements: 28% stated that they didn't like to sweat, 23% said that bad weather kept them from being active, 21% said they didn't have time to engage in physical activity and 20% stated that they were too tired to engage in physical activity. The same issues were identified by other participants in the

study across the state. Finally, the Cleveland County participants revealed that they watched television an average of 3.3 hours per day and played video or computer games 2.85 hours per day. The figures were slightly higher for boys than girls. This finding is reflected in the 2011 community assessment survey when adults were asked on the average, how many hours do the children in their homes spend in front of the television, computer or other electronic device outside of school hours. 35.4% of respondents indicated that children in their homes spend at least one to four hours daily as "screen time." Data from the 200910 Child Health Assessment and Monitoring program for Cleveland County's Piedmont region indicated that a minimum of 25% of children ages 2-17 years of age were overweight or obese. In the same survey, parents were asked if physicians or other health professionals had told them that their child was overweight during the past year and 93.9% responded "No." 17.6% of parents responding to this survey indicated more than two hours were spent daily watching television in their homes and 33.1% indicated that the children in their homes ate only one serving of vegetables daily. In contrast, 32.9% indicated that children in their homes drank sweetened beverages two or more times daily.

Leaders in Cleveland County have been concerned about the increase in overweight and obesity especially among children since 2003 when the Board of Health convened a Task Force on Childhood Obesity to submit recommendations for action. The county received a grant from the North Carolina Health and Wellness Trust Fund in 2004 to institute the Fit Together initiative working in child care facilities, elementary schools, work sites and faith communities and to institute a social marketing plan to inform residents about this issue. This was followed by the award of an ACHIEVE (Action Communities for Health, Innovation and EnVironmental ChangE) grant from the National Association of Chronic Disease Directors and Y-USA. This award, one of ten national grants, supported a team of leaders in addressing physical activity, nutrition and chronic disease management through environmental and policy changes. The ACHIEVE leadership team transitioned into the Eat Smart Move More Coalition for Cleveland County which continues to serve today to address physical activity and nutrition emerging issues in the community. The ESMM Coalition will be a collaborative partner in moving forward to address the challenges presented by this focus area.





Health Disparities in Cleveland County

- **Health Disparities are inequalities in health that exist between white and racial/ethnic minorities**
- **Cleveland County has the Minority Health Council as a designated leader in identifying and addressing health disparities in the county**
- **Six areas of health disparities have been identified for additional attention**

Council members provide thoughtful and incisive leadership in identifying and raising awareness about health issues.

Health disparities as defined by the North Carolina Office of Minority Health and Health Disparities are “significant differences or inequalities in health that exist between white and racial/ethnic minorities.” Health equity is defined as “the reduction of differences in health outcomes related to social inequalities and economic disadvantage.” The Office of Minority Health has identified three issues requiring understanding in order to address disparities in the health care system:

- Key barriers to equitable access to high quality care;
- Specific needs of health-disadvantaged populations; and
- Gaps in available services for these populations.

In addition, leaders in the Office of Minority Health have identified activities that must be included in a comprehensive strategy to reach health equity in a community:

- Reducing barriers to equitable access;
- Targeting interventions to improve the health of the poorest generally as part of community/local initiatives;
- Providing primary care as a key enabler of health equity;
- Enhancing community participation and engagement in health care planning; and
- Placing more emphasis on health promotion, chronic care and preventive programs especially for the most disadvantaged.

Cleveland County is fortunate to have the Minority Health Council of Cleveland County as a designated leader in identifying and addressing health disparities in the county. This Council was developed by the leadership of the Alliance for Health in 2002 and will celebrate its tenth year of service in 2012. Collaborative sponsorship is provided by the Alliance, the Cleveland County Health Department and the Cleveland County HealthCare System. Membership is open to any member of the minority community in the county and currently is predominantly composed of African-American members. The Council annually develops a strategic plan based upon information provided either from the Community Assessment or the State of the Community Health report. Based upon the strategic plan, speakers from the health care community share emerging issues with Council members who then communicate this information into the minority community. The Council also sponsors an annual Minority Health Conference on a topic selected by the members as a priority issue. Previous conferences have focused on cardiovascular disease, diabetes, overweight and obesity, physical activity and nutrition and teen pregnancy.

Council members provide thoughtful and incisive leadership in identifying and raising awareness about health issues even when the issue may create tension in the community. For example, members of the Council are currently studying options to educate the minority community about sexually transmitted disease even though this issue may generate a degree of controversy.

As a result of this assessment six areas of health disparities have been identified in Cleveland County for additional attention:

- The death rate from cardiovascular disease is 289.9 per 100,000 for African-American males and 202.8 per 100,000 for African-American females compared to a rate of 284.4 per 100,000 for white males and 164.0 per 100,000 for white females;
- The death rate from cerebrovascular disease is 81.0 per 100,00 for African-American males and 74.9 per 100,00 for African-American females compared to a rate of 48.7 per 100,00 for white males and 48.1 per 100,000 for white females;
- The death rate from diabetes mellitus is 80.2 per 100,000 for African-American males and 37.9 per 100,000 for African-American females compared to a rate of 21.9 per 100,000 for white males and 18.2 per 100,000 for white females;
- The death rate from unintentional motor vehicle injuries is 39.8 per 100,000 for African-American males compared to a rate of 27.4 per 100,000 for white males;
- The pregnancy rate for girls ages 15-19 is 88.2 per 1000 for African-American females compared to 43.9 per 1000 for white girls in the same age group; data reveals similar comparisons for 2009 (African-American rate 97.4, white rate 52.8), for 2008 (African-American rate 103.8, white rate 51.0) and for 2007 (African-American rate 108.9, white rate 59.0); and
- The sexually transmitted disease rate for Chlamydia, Gonorrhea and HIV higher for African-Americans than whites or Hispanics –
 - 2010, 81% of Gonorrhea and 55% of Chlamydia
 - 2009, 69% of Gonorrhea and 58% of Chlamydia
 - 2008, 72.4% of Gonorrhea and 51.7% of Chlamydia.

While the members of the Minority Health Council may take a lead role in educating the minority community about these disparities it is the responsibility of health care providers in the community to research, develop and implement initiatives and interventions to address the issues.



Peer County Comparisons

Pender

Rockingham

Rowan

Data Point	Cleveland	Rockingham	Rowan	Pender
Total Population	98,078	93,643	138,428	52,217
Population < 18	24.1%	22.2%	23.8%	22.8%
Population > 65	15.2%	16.2%	14.4%	12.9%
% Male	47.9%	48.2%	49.4%	48.7%
% Female	52.1%	51.8%	50.6%	51.3%
% White	75.6%	75.7%	76.5%	76.1%
% Black/ African- American	20.7%	18.9%	16.2%	17.8%
% Hispanic/ Latino	2.8%	5.5%	7.7%	6.1%
% high school graduates, over 25	78.9%	75.6%	78.9%	82.7%
% Bachelor's degree or higher	15.9%	12.5%	16.4%	16.5%
Per capita income	\$18,978	\$20,284	\$21,779	\$21,952
Median household income	\$38,304	\$36,104	\$42,787	\$43,261
% at/below poverty level	17.5%	14.9%	16.7%	18.1%
2010 Total Teen Pregnancy Rate	56.2 per 1000 Ages 15-19	58.3 per 1000 Ages 15-19	53.9 per 1000 Ages 15-19	50.1 per 1000 Ages 15-19
2011 NC Commerce Tier Designation	Tier 1	Tier 1	Tier 2	Tier 3

Source: Quickfacts, US Census 2010, Tier Designation NC Department of Commerce used to identify economically distressed counties, Pregnancy rate from Adolescent Pregnancy Prevention Campaign of NC

Ten Leading Causes of Death 2005-2009

Cleveland	Rockingham	Rowan	Pender
Diseases of the heart	Diseases of the heart	Diseases of the heart	Cancer – all sites
Cancer – all sites	Cancer – all sites	Cancer – all sites	Diseases of the heart
Cerebrovascular disease	Chronic lower respiratory diseases	Cerebrovascular disease	Cerebrovascular disease
Chronic lower respiratory diseases	Cerebrovascular disease	Chronic lower respiratory diseases	Chronic lower respiratory diseases
Other unintentional injuries	Other unintentional injuries	Alzheimer’s disease	Diabetes mellitus
Alzheimer’s disease	Pneumonia & influenza	Other unintentional injuries	Motor vehicle injuries
Pneumonia & influenza	Diabetes mellitus	Pneumonia & influenza	Other unintentional injuries
Diabetes mellitus	Nephritis, nephritic syndrome, & nephrosis	Diabetes mellitus	Nephritis, nephritic syndrome, & nephrosis
Motor vehicle injuries	Motor vehicle injuries	Motor vehicle injuries	Suicide
Septicemia	Alzheimer’s disease	Nephritis, nephritic syndrome, & nephrosis	Alzheimer’s disease

Source: NC State Center for Health Statistics, 2011 County Data Book



Summary

What makes a healthy community? This is a question that leaders from an array of organizations, agencies, and programs across Cleveland County struggle to answer on a daily basis. For some individuals it is a matter of physical health – the diagnosis and treatment of disease. For others, prevention and education take center stage with the argument being “pay me now or pay me later”. Some individuals focus on mental and emotional health while others lend their efforts to building a healthy economy, a strong educational system and a positive quality of life. Actually, all of these are facets of a healthy community – physical, mental, emotional, economic, educational, spiritual - the list is endless.

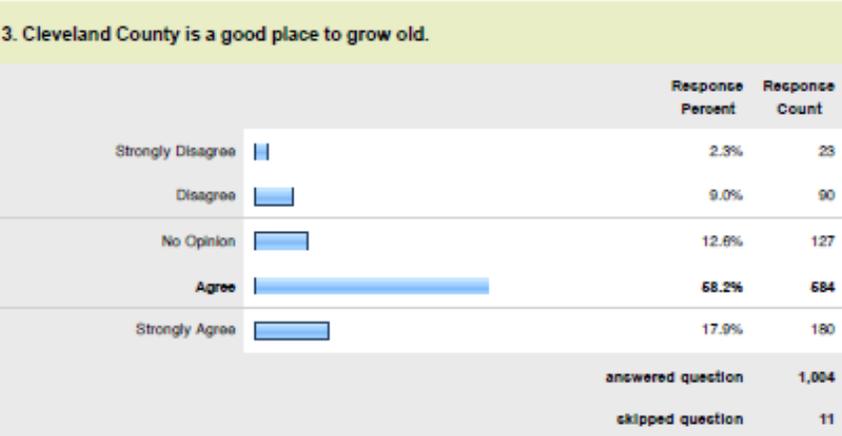
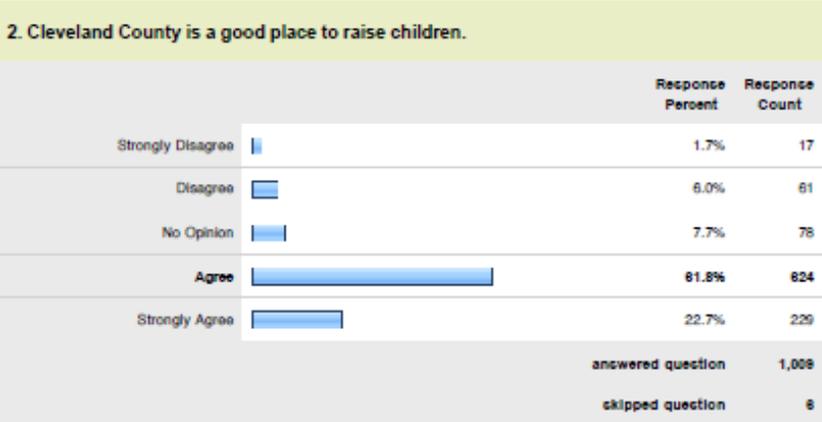
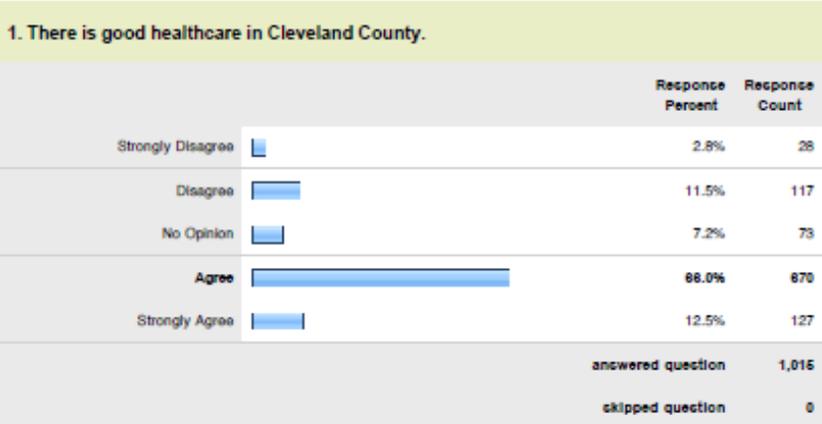
Part of the assessment process is asking residents of Cleveland County about their perceptions of issues in this community. Each respondent, whether in the survey or in a listening session, voiced their perceptions about the components of a healthy community. Some of the information that the respondents contributed to this assessment is very positive and some of it is not so flattering. The readers must bear in mind that these individuals responded from their particular frame of reference. Data collected from secondary sources is included in the Community Profile to offer a counterbalance to perceptions gleaned from survey responses.

A good community assessment often creates more questions than it answers and this assessment is no exception. This document is an assessment; it does not provide solutions to issues or easy answers but is intended as a first step to identify issues, assess options and develop strategies for meeting objectives. Now the work rests with individuals in leadership positions to review information, prioritize resources and move ahead so that all residents of Cleveland County have the opportunity to live in a healthy community.

Thanks go to the members of the Core Committee who provided oversight for the process, the residents of Cleveland County who responded to the surveys and the individuals who provided editorial assistance in writing and formatting this document.

Persons with disabilities. If you require assistance as described in the Americans with Disabilities Act (ADA), please notify us of your needs when you request a service or program. Participation in Health Department Services is without regard to race, color, national origin, religion, sex, age or disability.

*Appendix A:
2011 Community Survey
With
Results*



5. Cleveland County is a safe place to live.

	Response Percent	Response Count
Strongly Disagree	1.8%	18
Disagree	10.8%	106
No Opinion	9.8%	96
Agree	71.0%	708
Strongly Agree	7.0%	70
answered question		888
skipped question		18

6. Services to help people in crisis are available in Cleveland County.

	Response Percent	Response Count
Strongly Disagree	3.1%	31
Disagree	15.4%	153
No Opinion	13.7%	136
Agree	68.0%	688
Strongly Agree	8.9%	88
answered question		884
skipped question		21

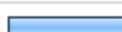
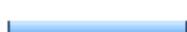
7. Good recreational opportunities are available in Cleveland County.

	Response Percent	Response Count
Strongly Disagree	4.2%	42
Disagree	23.5%	233
No Opinion	10.1%	100
Agree	60.8%	604
Strongly Agree	11.2%	111
answered question		880
skipped question		26

8. Good educational opportunities exist in Cleveland County.

	Response Percent	Response Count
Strongly Disagree	1.7%	17
Disagree	9.8%	95
No Opinion	6.7%	66
Agree	66.7%	648
Strongly Agree	16.3%	161
answered question		888
skipped question		27

9. Cleveland County has effective community leaders.

		Response Percent	Response Count
Strongly Disagree		5.1%	50
Disagree		16.4%	162
No Opinion		28.0%	277
Agree		43.7%	432
Strongly Agree		6.8%	67
answered question			888
skipped question			27

10. Good healthcare facilities are available in Cleveland County.

		Response Percent	Response Count
Strongly Disagree		1.8%	18
Disagree		10.5%	103
No Opinion		8.7%	86
Agree		65.8%	648
Strongly Agree		13.2%	130
answered question			886
skipped question			30

11. In your opinion, which three issues listed below most affect the quality of life in Cleveland County? You may only choose THREE issues.

		Response Percent	Response Count
Pollution (air, land, water, smoking)		4.5%	44
Dropping Out of School		26.4%	256
Low Income/Poverty		68.7%	648
Homelessness		10.0%	97
Lack of or Inadequate Health Insurance		24.2%	235
Discrimination/Racism		9.0%	87
Lack of Community Leadership		14.0%	136
Access to Healthcare		12.8%	122
Neglect and Abuse of the Elderly		4.2%	41
Neglect and Abuse of Children		19.4%	188
Domestic Violence		7.8%	76
Violent Crime (murder, assault, etc.)		10.8%	105
Property Crime (theft, etc.)		21.7%	211
Rape/Sexual Assault		0.9%	9
Substance Abuse		37.2%	361
Mental Health Issues		19.5%	189
Other (please specify)		11.1%	108
		answered question	871
		skipped question	44

12. In your opinion, which three of the following services need the most improvement in your neighborhood or community? You may only choose THREE items.

		Response Percent	Response Count
Animal Control		5.2%	50
Better Recreational Facilities		12.2%	117
Child Care Options		4.6%	44
Activities for Families		15.0%	144
Services for Families		6.6%	63
Activities for Teens		22.9%	220
Services for Disabled Individuals		6.4%	61
Transportation Options		14.8%	142
Affordable Health Services		18.6%	179
Availability of Employment		60.8%	582
More Healthy Food Choices		8.8%	84
Higher Paying Employment		44.9%	431
More Affordable Housing		11.5%	110
Traffic Safety/Road Maintenance		9.7%	93
More Healthcare Providers		4.5%	43
Substance Abuse Services		9.8%	94
Mental Health Services		15.1%	145
Affordable Dental Services		10.6%	102
Vocational Training Opportunities		9.0%	86
Services for Dropouts		6.3%	60
Other (please specify)		3.1%	30
answered question			860

13. In your opinion, which three health behaviors do people in your community need more information about? You may only choose THREE behaviors

		Response Percent	Response Count
Nutrition/eating well		31.7%	299
Physical activity/fitness		24.2%	228
Weight management		34.8%	329
Preventive dental care		6.5%	61
Preventive medical care		13.1%	123
Safe driving skills		5.9%	56
Getting prenatal care		1.6%	15
Getting flu shots/vaccines		1.5%	14
Child care/parenting		17.6%	166
Preparing for disasters		7.2%	68
Quitting smoking		11.1%	105
Elder care		9.4%	89
Pregnancy prevention		19.4%	183
Substance abuse prevention		21.8%	205
Suicide prevention		2.5%	24
Mental health disorders		15.8%	149
Crime prevention		10.4%	98
Stress management		16.3%	154
Domestic violence prevention		9.0%	85
Anger management		9.8%	92
Sexual abuse prevention		3.7%	35
Prevention of sexually transmitted diseases		6.1%	57
Chronic disease management		9.2%	87
Caring for special needs individuals		9.1%	86
Using child safety seats		1.5%	14
Other (please specify)		1.4%	13
		answered question	842
		skipped question	73

14. Where do you get most of your health-related information? Please choose only ONE source.

		Response Percent	Response Count
Friends and family		10.2%	96
Hospital		3.0%	28
Doctor/nurse		38.6%	287
Health Department		5.0%	47
Pharmacist		1.5%	14
Telephone help lines		0.0%	0
Church officials		0.3%	3
Books/magazines		4.0%	38
Newspapers		2.9%	27
Internet		28.6%	269
School officials		0.4%	4
Television – commercial and local stations		2.8%	26
Print materials (brochures, flyers)		1.8%	17
Seminars/workshops/classes		2.4%	23
Work site		5.0%	47
Other (please specify)		1.5%	14
answered question			840
skipped question			75

15. What health topic would you like to learn more about? Please list all of your suggestions.

	Response Count
	513
answered question	513
skipped question	502

16. Which of the following health topics do you think that children and youth in the county need more information about? For this question, please check all that apply.

	Response Percent	Response Count
Dental hygiene	26.3%	245
Tobacco products/use	50.4%	470
Nutrition	47.1%	439
Sexually transmitted diseases	59.7%	557
Safe driving habits	39.7%	370
Eating disorders	27.2%	254
Asthma management	10.5%	98
Diabetes management	18.3%	171
Alcohol abuse	52.8%	493
Drug Abuse (Illegal drugs)	63.6%	602
Drug Abuse (Prescription medications)	52.8%	493
Drug Abuse (Over the counter medications)	47.2%	440
Suicide prevention	30.0%	280
Bullying	54.4%	508
Mental health disorders	22.9%	214
Exercise/physical activity	52.0%	485
Pregnancy prevention	59.1%	551
Flu shots/vaccinations	9.1%	85
Other (please specify)	3.0%	28
	answered question	833
	skipped question	82

17. Which of the following terms best describes your personal health status? Choose only one

	Response Percent	Response Count
Excellent	10.2%	95
Very Good	37.5%	348
Good	47.3%	438
Poor	4.4%	41
Very Poor	0.2%	2
Don't Know	0.4%	4
	answered question	828
	skipped question	88

18. Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions listed below?

	Yes	No	Don't Know	Response Count
Asthma	12.6% (116)	87.2% (800)	0.3% (3)	917
Depression/Anxiety	28.8% (264)	70.8% (648)	0.5% (5)	917
High Blood Pressure	37.5% (344)	62.3% (571)	0.5% (5)	917
High Cholesterol	36.4% (334)	63.6% (583)	0.3% (3)	917
Diabetes (Type I)	1.7% (16)	97.7% (896)	0.5% (5)	917
Diabetes (Type II)	9.8% (90)	88.8% (822)	0.5% (5)	917
Osteoporosis	6.7% (61)	92.9% (862)	0.4% (4)	917
Overweight/Obesity	35.8% (328)	64.2% (588)	0.2% (2)	917
Heart Disease/Angina	5.5% (50)	93.3% (860)	0.8% (7)	917
Cancer-Any Form	8.6% (79)	91.2% (838)	0.2% (2)	917
Emphysema/Bronchitis/COPD	4.5% (41)	95.5% (878)	0.2% (2)	917
Arthritis	21.4% (196)	78.2% (717)	0.4% (4)	917
Kidney Disease	1.5% (14)	98.3% (901)	0.3% (3)	917
Alcohol Addiction	0.9% (8)	99.0% (908)	0.1% (1)	917
Drug Addiction	0.4% (4)	99.6% (912)	0.1% (1)	917
Vision Impairment	37.6% (345)	62.4% (572)	0.4% (4)	917
Hearing Impairment	7.9% (72)	91.9% (843)	0.4% (4)	917
			answered question	917
			skipped question	88

19. Thinking about your physical health (which includes physical illness and injury), for how many days during the past 30 days was your physical health not good?

		Response Percent	Response Count
No Days		80.0%	648
1-4 Days		25.8%	236
5-9 Days		4.7%	43
10-15 Days		2.1%	19
More than 15 Days		5.0%	46
Don't Know/Not Sure		2.4%	22
answered question			816
skipped question			100

20. Thinking about your mental health (includes stress, depression and problems with emotions), for how many days during the past 30 days was your mental health not good?

		Response Percent	Response Count
No Days		66.8%	608
1-4 Days		26.9%	245
5-9 Days		6.6%	60
10-15 Days		3.5%	32
More than 15 Days		5.2%	47
Don't Know/Not Sure		2.0%	18
answered question			811
skipped question			104

21. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities such as driving, working around the house, going to work or participating in recreation?

		Response Percent	Response Count
No Days		78.1%	883
1-4 Days		14.8%	135
5-9 Days		3.5%	32
10-15 Days		1.6%	15
More than 15 Days		2.3%	21
Don't Know/Not Sure		1.6%	15
answered question			911
skipped question			104

22. During a normal week, how often do you exercise or engage in physical activity that lasts at least 30 minutes (outside the requirements of your regular job)?

		Response Percent	Response Count
1-2 Days		35.6%	324
3-4 Days		29.8%	271
5-6 Days		11.2%	102
Every Day		5.4%	49
Never		13.3%	121
Don't Know/Not Sure		4.7%	43
answered question			910
skipped question			105

23. Where do you go to engage in physical activity? Check all that apply.

		Response Percent	Response Count
YMCA		19.6%	178
Private Gym		10.8%	98
Park		13.9%	126
Home		68.8%	628
Public Recreation Center		4.4%	40
Church Facility		4.2%	38
Worksite		10.7%	97
Cleveland Mall		3.5%	32
Schools		3.7%	34
Walking Routes/Trails/Tracks		31.7%	288
Other (please specify)		7.9%	72
answered question			909
skipped question			108

24. What are the reasons that affect your ability to engage in physical activity on a regular basis? Check all that apply.

		Response Percent	Response Count
My job is physical or hard labor.		5.1%	46
Exercise is not important to me.		2.5%	23
I don't have access to a facility that has the things I need like a pool or a gym.		6.8%	62
I don't have enough time to exercise.		42.8%	388
I would need child care and I don't have it.		7.9%	72
I don't know how to find exercise partners.		4.7%	43
I don't like to exercise.		20.0%	181
I don't know how to get started on an exercise program.		5.7%	52
I'm depressed/anxious.		5.1%	46
I'm embarrassed about my current physical appearance.		10.0%	91
It costs too much to exercise.		14.2%	129
There is no safe place to exercise.		2.8%	25
I'm too tired to exercise.		30.0%	272
I'm physically disabled.		2.0%	18
I don't know.		12.7%	115
Other (please specify)		17.4%	158
		answered question	808
		skipped question	108

25. On an average, how many hours do you spend in front of the television, computer, or electronic devices each day? Please include time at work and time at home.

		Response Percent	Response Count
Less than 1 hour		5.2%	47
1-4 hours		41.7%	377
5-9 hours		34.8%	314
10-15 hours		14.0%	126
More than 16 hours		3.1%	28
No time at all		0.3%	3
Don't Know/Not Sure		0.9%	8
		answered question	803
		skipped question	112

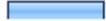
26. On an average, how many hours do the children in your home spend in front of the television, computer or electronic devices each day? Do not count school hours.

		Response Percent	Response Count
Less than 1 hour		9.6%	87
1-4 hours		35.3%	319
5-9 hours		5.6%	51
10-15 hours		1.0%	9
More than 16 hours		0.3%	3
No time at all		0.9%	8
Don't Know/Not Sure		1.2%	11
Not Applicable-No Children		48.0%	415
		answered question	803
		skipped question	112

27. How many days in the past week has your family cooked and eaten a meal at home?

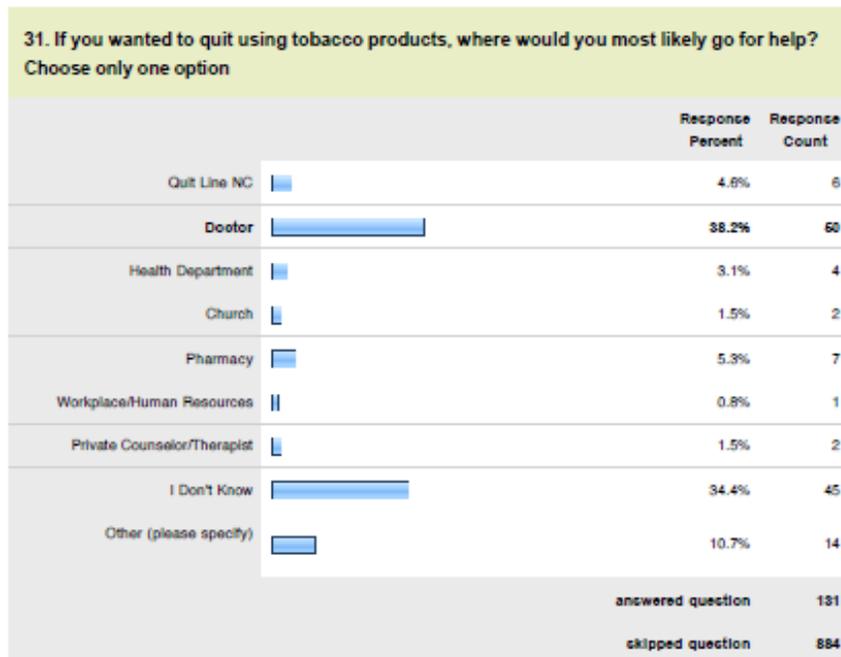
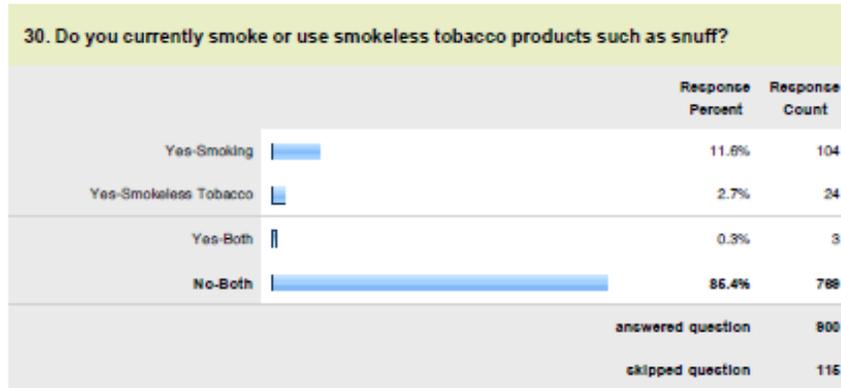
		Response Percent	Response Count
1-2 Days		14.5%	131
3-4 Days		38.3%	328
5-6 Days		26.7%	241
Every Day		18.6%	168
Not at All		3.1%	28
Don't Know/Not Sure		0.8%	7
		answered question	803
		skipped question	112

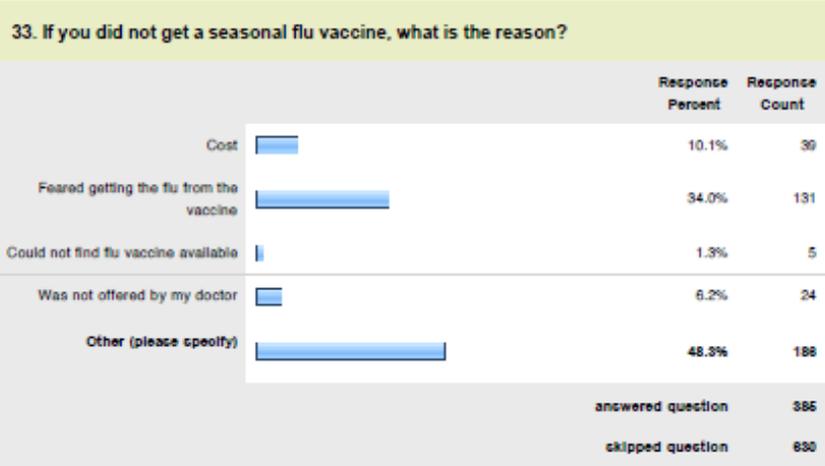
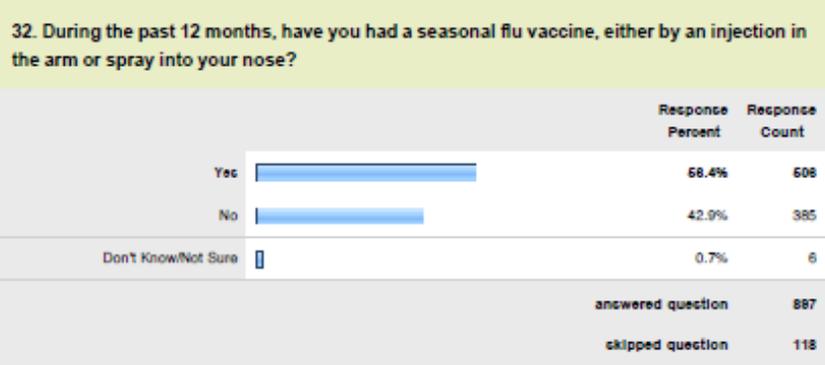
28. How many days a week do you eat five or more servings of fruits or vegetables (cooked or raw, fresh, frozen or canned)?

	Response Percent	Response Count
1-2 Days 	24.2%	218
3-4 Days 	36.8%	321
5-6 Days 	18.0%	162
Every Day 	11.0%	99
Not at All 	6.0%	54
Don't Know/Not Sure 	5.3%	48
answered question		802
skipped question		113

29. How many times in the past week have you eaten a meal away from home at a restaurant or food stand?

	Response Percent	Response Count
1-3 Times 	83.8%	675
4-6 Times 	24.1%	217
9-15 Times 	3.1%	28
16-21 Times 	0.6%	5
Not at All 	7.8%	70
Don't Know/Not Sure 	0.6%	5
answered question		800
skipped question		115





34. How many times in the past twelve months have you or a family member had a food-borne illness confirmed by a medical professional?

		Response Percent	Response Count
1-4 times		3.3%	30
5-8 times		0.2%	2
9 or more times		0.0%	0
Never		90.8%	814
Don't Know/Not Sure		5.6%	50
answered question			898
skipped question			118

35. For your drinking water supply, which of the following do you use?

		Response Percent	Response Count
Municipal Water System		68.8%	617
Private Well		12.2%	109
Bottled Water		35.6%	319
Don't Know/Not Sure		1.1%	10
Other (please specify)		4.7%	42
answered question			896
skipped question			120

36. Which of the following are you currently using?

		Response Percent	Response Count
Municipal Sewer System		45.8%	410
Private Septic System		48.7%	438
Outdoor Privy		0.2%	2
Don't Know/Not Sure		4.8%	43
Other (please specify)		0.4%	4
answered question			896
skipped question			120

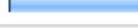
37. Does your household recycle any items (paper, plastics, glass, metals, electronics, etc.)?

		Response Percent	Response Count
Yes		66.3%	584
No		34.1%	305
Don't Know/Not Sure		0.7%	6
answered question			896
skipped question			120

38. Do you use the county recycling centers?

		Response Percent	Response Count
Yes		88.6%	617
No		10.4%	61
Don't Know/Not Sure		1.0%	6
answered question			684
skipped question			431

39. Do your pets have current rabies vaccinations?

		Response Percent	Response Count
Yes		62.6%	668
No		3.1%	28
Don't Know/Not Sure		1.3%	12
Not applicable		33.0%	294
answered question			882
skipped question			123

40. Are your pets spayed or neutered?

		Response Percent	Response Count
Yes		78.8%	471
No		20.1%	120
Don't Know/Not Sure		1.2%	7
answered question			688
skipped question			417

41. Where do you go most often when you are sick? Choose only one site.

		Response Percent	Response Count
Doctor's office		77.8%	688
Medical clinic such as CLECO		3.9%	34
Health Department		3.1%	27
Urgent care center		2.0%	18
Hospital		0.9%	8
Hospital emergency department		0.9%	8
Occupational health nurse/work site clinic		7.4%	65
Other (please specify)		4.1%	36
answered question			882
skipped question			133

42. What is your primary health insurance plan? This is the plan which pays the medical bills first or most of your medical bills for preventive care and acute care. Please choose only one.

		Response Percent	Response Count
The State Employee Health Plan		14.4%	127
Blue Cross and Blue Shield of North Carolina		38.8%	340
Private health insurance plan purchased from your employer		22.3%	196
Private health insurance plan purchased directly from an insurance company		1.5%	13
Medicare		8.0%	70
Medicaid		3.9%	34
Military insurance – Tricare, CHAMPUS or the Veterans' Administration		1.0%	9
Indian Health Service		0.0%	0
I don't have health insurance of any kind.		6.5%	57
Don't know/not sure		0.5%	4
Other Plan		3.4%	30
		answered question	880
		skipped question	136

43. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy or other facility?

		Response Percent	Response Count
Yes		15.5%	136
No		83.8%	738
Don't Know/Not Sure		0.7%	6
		answered question	880
		skipped question	136

44. If you did have problems accessing health care, what type of provider or facility did you or your family member have trouble accessing care from? Choose as many of these as you need to in order to describe your situation accurately.

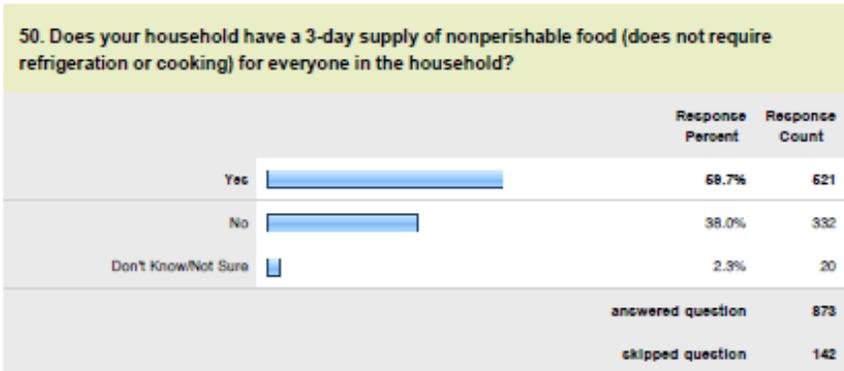
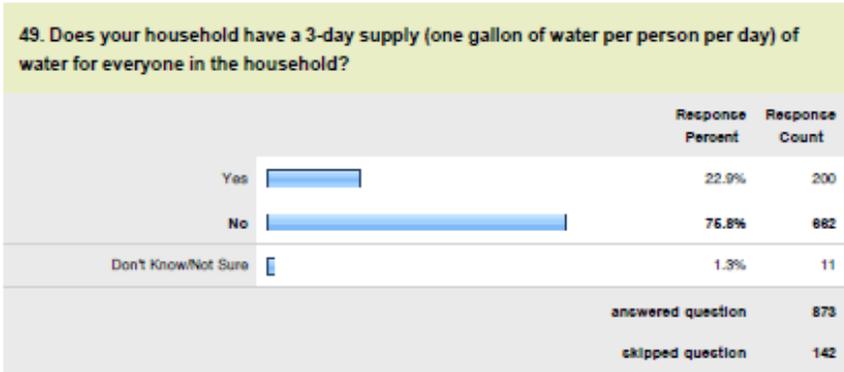
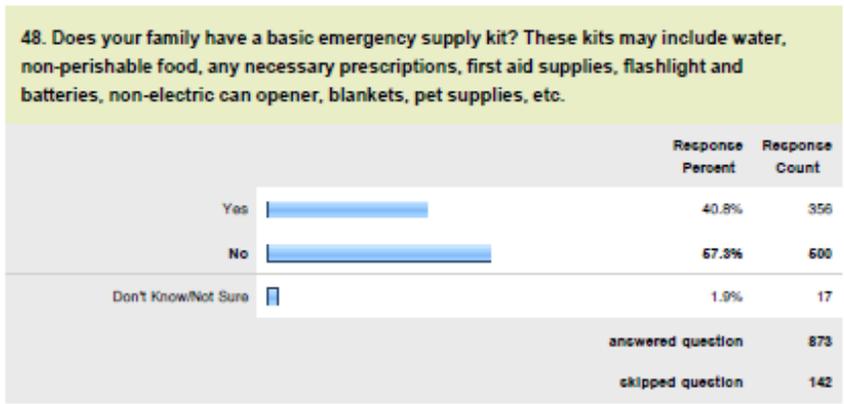
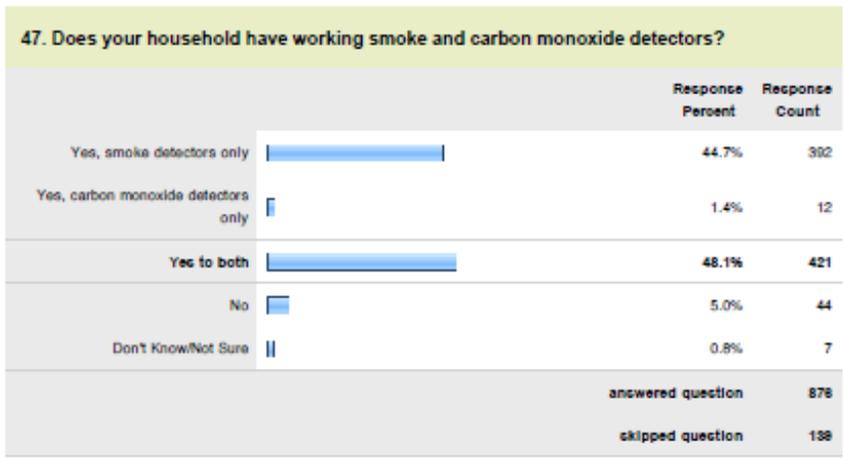
		Response Percent	Response Count
Dentist		38.2%	62
Health Department		5.9%	8
General practitioner		27.9%	38
Hospital		11.0%	15
Eye care/optometrist/ophthalmologist		9.6%	13
Urgent care center		4.4%	6
Pharmacy/prescriptions		12.5%	17
Medical Clinic		14.0%	19
Pediatrician		2.9%	4
Specialist		20.6%	28
OB/GYN		6.6%	9
Private counselor or therapist		6.6%	9
Public mental health		7.4%	10
Other (please specify)		7.4%	10
		answered question	138
		skipped question	879

45. Which of the following issues prevent you or your family member from getting the health care that you need? Choose as many of these as you need to in order to describe your situation accurately.

		Response Percent	Response Count
No health insurance		36.3%	48
Insurance didn't cover what I/we needed		33.1%	45
My/our share of the cost (deductible/co-pay) was too high		24.3%	33
Doctor would not take my/our insurance or Medicaid.		5.1%	7
Hospital would not take my/our insurance.		0.0%	0
Pharmacy would not take my/our insurance or Medicaid.		1.5%	2
Dentist would not take my/our insurance or Medicaid.		5.9%	8
No way to get to the service.		1.5%	2
Didn't know where to go.		2.9%	4
Couldn't get an appointment.		9.6%	13
The wait was too long.		14.7%	20
Other (please specify)		14.7%	20
answered question			138
skipped question			878

46. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, where would you refer them for help? Please choose only your first preference.

	Response Percent	Response Count
Private counselor or therapist	28.2%	268
Support group such as AA or Al-Anon	7.9%	69
School counselor	0.7%	6
Doctor	15.1%	132
Minister or church official	13.0%	114
Workplace human resources official	0.6%	5
Employee Assistance Program	13.0%	114
Don't know/not sure	16.5%	145
Other (please specify)	4.1%	36
	answered question	877
	skipped question	138



51. Does your household have a 3-day supply of prescription medication and any special medical supplies such as glucose test strips and oxygen for each person who requires these supplies?

	Response Percent	Response Count
Yes 	83.0%	648
No 	15.3%	133
Don't Know/Not Sure 	1.8%	16
Not Applicable 	20.0%	174
answered question		872
skipped question		143

52. What would be your main way of getting information from authorities in a large-scale disaster or emergency in the county? Please check only one.

	Response Percent	Response Count
Television 	64.1%	472
Radio 	12.8%	112
Internet 	13.2%	115
Print media such as newspaper 	0.5%	4
Social networking site such as Facebook or Twitter 	2.3%	20
Neighbors 	1.3%	11
Text messages from cellular provider systems 	5.7%	50
County-wide alarms from fire departments 	5.2%	45
Don't know/not sure 	4.9%	43
answered question		872
skipped question		143

53. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

	Response Percent	Response Count
Yes 	82.2%	717
No 	2.9%	25
Don't Know/Not Sure 	14.9%	130
answered question		872
skipped question		143

54. What would be the main reason you might choose to not evacuate from your home if asked to do so by public authorities? Please choose only one.

	Response Percent	Response Count
Lack of transportation	1.3%	11
Lack of trust in public officials	4.4%	38
Concern about leaving property behind	22.9%	200
Concern about personal safety	4.0%	35
Concern about family safety	13.2%	115
Concern about leaving pets	13.0%	113
Concern about traffic	1.7%	15
Health problems	1.6%	14
Unable to walk	0.8%	7
Cost of evacuation	6.4%	56
Don't know/not sure	24.1%	210
Other (please specify)	6.7%	58
answered question		872
skipped question		143

55. What is the zip code for your household? Choose only ONE.

	Response Percent	Response Count
28017	2.3%	20
28089	0.2%	2
28090	8.2%	71
28020	2.1%	18
28114	2.3%	20
28021	3.6%	31
20038	0.1%	1
28136	0.9%	8
28042	0.9%	8
28160	34.8%	300
28152	24.6%	212
28073	3.1%	27
28086	16.0%	138
28180	0.2%	2
28038	0.6%	5
answered question		883
skipped question		162

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

	Response Percent	Response Count
18 - 24	3.5%	30
25 - 34	15.0%	129
35 - 44	22.0%	190
45 - 64	24.7%	213
55 - 64	24.6%	212
65 - 74	7.2%	62
74+	3.0%	26
answered question		882
skipped question		163

57. What is your gender?

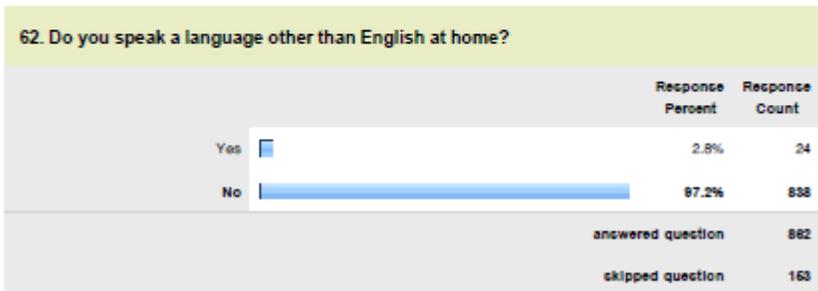
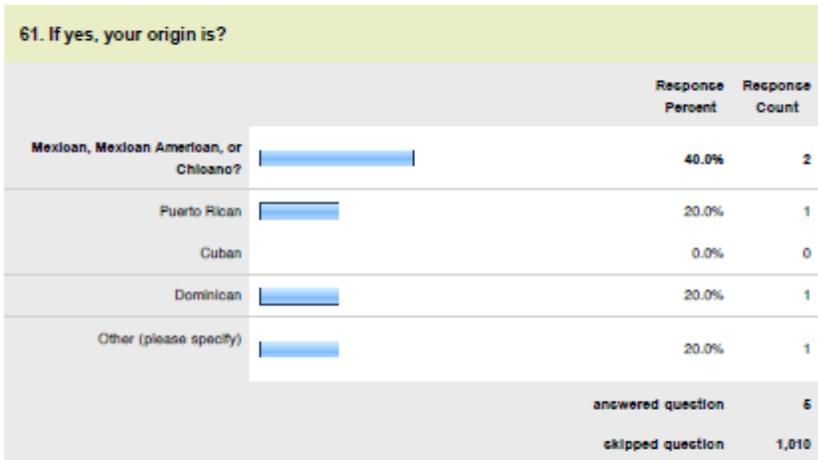
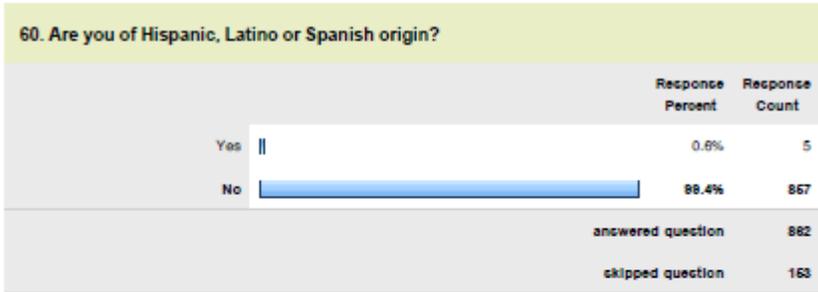
	Response Percent	Response Count
Male	26.3%	227
Female	73.7%	656
answered question		882
skipped question		163

58. What is your marital status?

		Response Percent	Response Count
Married		71.8%	620
Never Married/Single		10.8%	93
Separated		2.3%	20
Divorced		10.9%	94
Unmarried Partner		1.2%	10
Widowed		2.9%	25
		answered question	882
		skipped question	163

59. What do you consider your race?

		Response Percent	Response Count
American Indian/Alaskan Native		0.6%	5
White/Caucasian		82.6%	711
Black/African-American		14.6%	126
Asian Indian		0.0%	0
Asian -- Japanese, Chinese, Korean, Vietnamese, etc.		0.3%	3
Native Hawaiian/Pacific Islander		0.3%	3
Multi-racial		0.8%	7
Other (please specify)		0.8%	7
		answered question	882
		skipped question	163



63. If yes, what language do you speak at home?

	Response Count
	25
answered question	25
skipped question	880

64. What is your employment status? Check all that apply.

	Response Percent	Response Count
Employed full-time	71.1%	813
Student	6.5%	56
Employed part-time	10.1%	87
Homemaker	3.9%	34
Retired	10.9%	94
Self-employed	5.3%	46
Armed forces	0.0%	0
Unemployed for less than one year	1.0%	9
Unemployed for more than one year	2.0%	17
Disabled	1.9%	16
Other (please specify)	0.8%	7
answered question		882
skipped question		163

65. Are you or anyone else in your household employed outside Cleveland County?

	Response Percent	Response Count
Yes 	24.5%	211
No 	76.6%	861
	answered question	882
	skipped question	163

66. If yes, what county is the individual employed in?

	Response Count
	211
	answered question 211
	skipped question 804

67. Is your health care provider located in Cleveland County?

	Response Percent	Response Count
Yes 	86.4%	738
No 	14.6%	126
	answered question	882
	skipped question	163

68. If not in Cleveland County, what is the location?

	Response Count
	128
	answered question 128
	skipped question 887

69. In the past twelve months has anyone in your household received any form of public assistance such as SSI, food stamps, Work First, WIC, or Medicaid?

	Response Percent	Response Count
Yes 	16.7%	144
No 	82.8%	714
Don't Know/Not Sure 	0.3%	3
	answered question	881
	skipped question	164

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

		Response Percent	Response Count
Personal vehicle		97.8%	841
Family member vehicle		2.0%	17
Friend/neighbor vehicle		0.1%	1
TACC vans		0.0%	0
Church vehicle		0.0%	0
Agency/volunteer vehicle		0.0%	0
Taxi		0.1%	1
None		0.0%	0
Don't know/not sure		0.0%	0
Other (please specify)		0.0%	0
		answered question	880
		skipped question	166

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

		Response Percent	Response Count
Disabled		0.9%	8
No money for fuel		13.5%	116
No money for insurance		0.5%	4
Don't own a car/truck		0.8%	7
No driver's license		0.3%	3
No family/friend to help transport		0.2%	2
Don't qualify for TACC services		0.6%	5
Not applicable-have transportation		82.2%	708
Other (please specify)		2.8%	24
		answered question	868
		skipped question	168

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

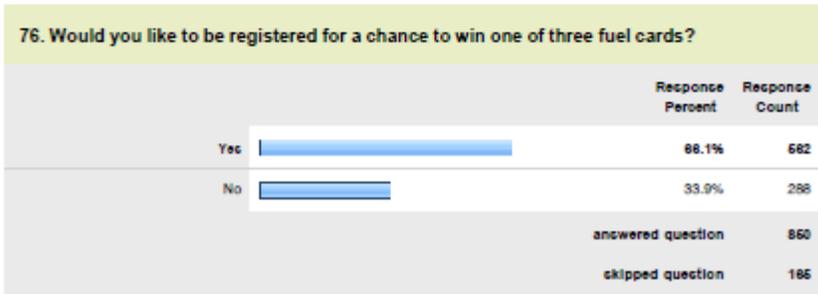
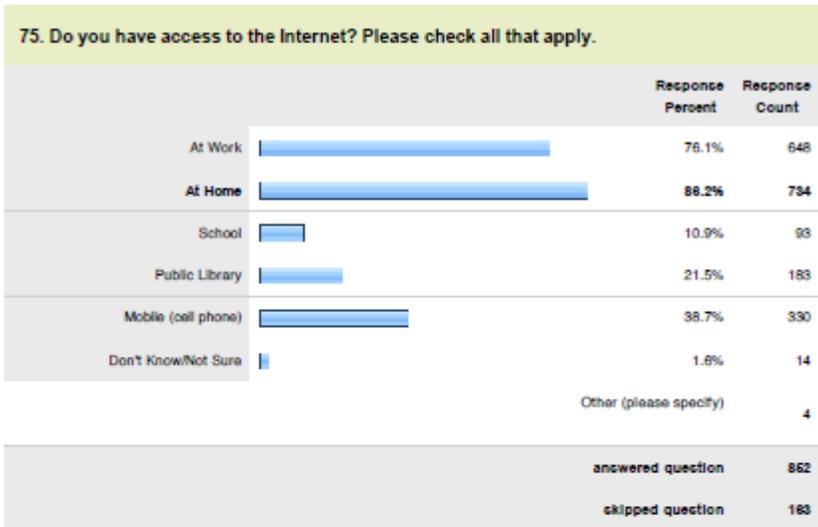
	Response Percent	Response Count
Less than 9th grade	0.3%	3
Some college/no degree	15.9%	136
9th – 12th grade, no diploma	1.9%	16
Bachelor degree	28.8%	231
High school graduate or GED equivalent	10.6%	91
Graduate or professional degree	24.8%	213
Associate Degree or vocational training	18.3%	157
Other (please specify)	1.3%	11
	answered question	868
	skipped question	167

73. How long have you lived in Cleveland County?

	Response Percent	Response Count
Less than 3 years	3.4%	29
Three to five years	5.2%	45
Six to ten years	7.7%	66
More than ten years	81.2%	687
Don't know/not sure	2.4%	21
	answered question	868
	skipped question	167

74. What was your total household income last year before taxes? Include earnings from jobs, unemployment insurance, pensions, public assistance, child support, etc.

	Response Percent	Response Count
Less than \$10,000	4.3%	37
\$10,000 to \$14,999	2.3%	20
\$15,000 to \$24,999	7.6%	65
\$25,000 to \$34,999	9.6%	82
\$35,000 to \$49,999	18.1%	154
\$50,000 to \$74,999	23.8%	201
\$75,000 to \$99,999	18.2%	155
\$100,000 to \$149,999	10.8%	92
\$150,000 to \$199,999	2.9%	25
\$200,000 or more	2.6%	22
	answered question	863
	skipped question	162



Appendix B:
Health and Wellness
Resource Guide for
Cleveland County

Adventure House

924 North Lafayette Street

Shelby, NC 28150

Phone: (704) 482-3370 Fax: (704) 482-3383

Email: adventureh@aol.com

Hours of Operation: Monday – Friday (8:00am- 4:30pm)



The Adventure House is a day rehabilitation program that provides services to adult residents of Cleveland County with mental illness, and helps them to regain the confidence and skills necessary to lead productive lives.

Services provided include:

- Employment programs
- Supported housing
- Work ordered day
- Supported education
- Social and recreational program
- Community support services
- Transportation

For more information about services provided, refer to www.adventurehouse.org

Alliance for Health in Cleveland County, Inc.

315 East Grover Street

Shelby, NC 28150

Phone: (704) 484-5112 Fax: (704) 484-5135

Email: Anne.short@clevelandcounty.com

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



The Alliance for Health in Cleveland County is the county's certified Healthy Carolinians partnership and functions as a community-based organization to identify and address emerging health issues in Cleveland County.

Mission Statement: The Alliance for Health will collaboratively organize, operate and fund a unified system of preventive health initiatives to improve community health.

Governed by a Board of Directors, the Alliance hosts five meetings annually with its partner members to engage in community dialogue about emerging health issues.

The Alliance works with five coalitions on a regular basis: the Minority Health Council, the Teen Pregnancy Prevention Task Force, the Cleveland County Asthma Coalition, the Substance Abuse Prevention Coalition and the Eat Smart Move More Coalition.

American Heart Association

Mid-Atlantic Affiliate
222 South Church Street, Suite 303
Charlotte, NC 28202
Phone: (704) 481-1012 Fax: (704) 481-1013
Email: aha.nsc.general@heart.org



Our mission statement is “Building healthier lives, free of cardiovascular disease and stroke”
We serve all Americans with educational and informational services as well as providing research, guidelines and courses.

Information is free – please visit the web site www.heart.org

Cleveland County programs include the Search Your Heart/Power to End Stroke programs offered in collaboration with the Alliance for Health in Cleveland County, Inc.

American Red Cross

1333 Fallstown Road Hwy 18 North
Shelby, NC 28150
Phone: (704) 487-8594 Fax: (704) 487-8595
Email: redcross@clevelandcountyredcross.org
Hours of Operation: Monday – Thursday (9:00am-5:00pm)
Friday (9:00am-12:00pm)



The Cleveland County Chapter of the American Red Cross is a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement. The organization provides relief to victims of disasters and helps people prevent, prepare for, and respond to emergencies.

Services provided include:

- Service to the armed forces
- Emergency Services
- Blood services
- Health & Safety Classes

For more information about services provided, refer to www.redcrosshelps.org/clevelandcounty

Broad River Greenway

PO Box 1015

Boiling Springs, NC 28017

Phone: (704) 434-2357 Fax: (704) 434-2358

Email: kduren@broadrivergreenway.com

Hours of Operation: Everyday (6:00am- 6:00pm EST)

(6:00am- 9:00pm DST (daylight savings time))



The Broad River Greenway is a 501c3 not-for-profit corporation dedicated to developing the passive recreation activities along the Broad River, creating exciting educational opportunities for the region, and preserving open space for the community.

Services provided include:

- Outdoor recreation- hiking, biking, horseback riding, and canoeing

For more information about services provided, refer to www.broadrivergreenway.com

Care Solutions

208 East Grover Street

Shelby, NC 28150

Phone: (704) 487-0968 Fax: (704) 487-4209

Email: jwrigh@carolinas.org

Hours of Operation: Monday- Friday (8:00am- 5:00pm)

Care Solutions is a care management service that helps older and disabled adults and their families who are coping with the challenges of aging and changes in functional abilities. Care Solutions helps caregivers identify needs and locate resources that are available based upon individual caregiving needs.

Services provided include:

- In-home assessments to identify needs
- Coordination of services
- Respite information and referrals
- Information, referral and assistance on community resources and aging issues

For more information about services provided, refer to www.caresolutions.org



Carolina Community Health Partnership

315 E Grover St.

Shelby, NC 28150

Phone: 704-484-5152 Fax: 704-669-3113

E-mail: nancy.hunt@clevelandcounty.com

Hours of Operation: Monday-Friday (8:00am-5:00pm)



Established in 1998, Community Care is a partnership between the NC Department of Health and Human Services and 14 independent networks covering all 100 NC counties. Community Care brings together 4,200 local doctors, as well as hospitals, health clinics, mental health agencies and other healthcare stakeholders to improve care and save money in the NC Medicaid system.

Clinical Improvement Initiatives:

- Chronic Care Management
 - Asthma Disease Management
 - Diabetes Disease Management
 - Aged, Blind, and Disabled
 - Congestive Heart Failure Disease Management
 - Emergency Room Utilization
 - Care Management of High Risk/high Cost Patients
 - Hypertension Initiative
 - Hospital Transition Initiative
 - Chronic Obstructive Pulmonary Disease (COPD) Initiative
- Medical Pain Initiative
- Health Check Initiative
- New Pilot Initiatives
 - Palliative Care
 - Behavioral Health Integration into Primary Care
 - Pregnancy Medical Home
 - Care Coordination for Children

Pharmacy Management Initiative:

- Generic Prescribing
- Implement Drug of Choice List (DOC)
- Encourage Provider's use of e-Prescribing
- Network Pharmacist Assisted Medication Reconciliation after hospital discharge
- Monitor patient adherence to medication plan

For more information about services provided, refer to www.communitycarenc.org

Carillon Assisted Living of Shelby

1550 Charles Road
Shelby, NC 28152

Phone: (704) 471-2828 Fax: (704) 471-2829

Email: alice.reynolds@carillonassistedliving.com

Hours of Operation: Monday- Friday (9:00am- 5:00pm)

Care staff available 24 hours a day



Carillon Assisted Living develops and operates assisted living communities for seniors who desire assistance and prefer not to live alone. They provide quality care for residents while seeking to enrich their physical, social and emotional well being.

Services provided include:

- Alzheimer's and Dementia care
- Three nutritious meals served daily in the dining room
- Medication Management
- Social, educational and devotional services
- Leisure and recreational activity program
- Local scheduled transportation
- Coordination with resident's personal physician
- Utilities (excluding telephone and cable tv)
- Housekeeping and personal laundry services

For more information about services provided, refer to www.carillonassistedliving.com

Child Care Connections of Cleveland County, Inc.

327-A Market Street
Shelby, NC 28192

Phone: (704) 487-7397 Fax: (704) 487-6220

Email: director@ccchildcareconnections.org

Hours of Operation: Monday- Friday (8:00am – 5:00pm)



Child Care Connections is a child care resource and referral service. It is a non-profit community-based organization funded in part by Smart Start through the Cleveland County Partnership for Children and the North Carolina Division of Child Development.

Services provided include:

- Free and confidential child care referrals to families which will assist them in their search for child care services for children birth to twelve years of age.
- Parent education on quality child care indicators
- Assist families in connecting with community resources to help meet each child's needs

For more information about services provided, refer to www.ccchildcareconnections.org

Children's Developmental Services Agency

1429 E Marion Street

Suite 5

Shelby, NC 28150

Phone: 704-480-5440 Fax: 704-480-5477

Email: Thomas.Mchee@ncmail.net

Hours of Operation: Monday-Friday (8:00am-5:00pm)



The infant toddler program for children 0-3 years of age provides services to children with special needs and support to their families.

Services provided include:

- Service Coordination
- Physical, occupational and speech-language therapies
- Family support
- Special instruction
- Assistive technology
- Other services

For more information about services provided, refer to <http://www.bearly.nc.gov/>.

Children's Homes of Cleveland County

425 C Cherryville Road

Shelby, NC 28150

Phone: (704) 484-2558 Fax: (704) 484-2042

Email: mcchcc@bellsouth.net

Hours of Operation: Monday, Wednesday – Friday (8:30am – 5:00pm)

Tuesday (8:30am – 7:30pm)

James Home & Aaron's House (24 hours/day, 7 days/week)



Children's Homes of Cleveland County is a community based, non-profit agency serving children and families with an array of services.

Services provided include:

- Residential care
- Supervised visitation
- Social services to families
- Adoptions
- Parenting classes
- Therapeutic services
- Co-parenting classes
- Stewards of children training

For more information about services provided, refer to www.chccinc.org

CLECO Primary Care Network



CLECO of Cherryville

600 West Church Street
Cherryville, NC 28021
Phone: (704) 435-4111
Fax: (704) 435-4113
Hours: M-F (8:00am – 5:00pm)

CLECO Primary Care- Upper Cleveland

5009 Fallston Road
Lawndale, NC 28090
Phone: (704) 538-8532
Fax: (704) 538-5802
Hours: M-F (8:00am – 5:00pm)

CLECO Medical Center of Shelby

808 Schenck Street
Shelby, NC 28150
Phone: (704) 480-9344
Fax: (704) 482-9958
Hours: M-F (8:00am – 7:00pm); Sat. (8:00am-12:00pm)

CLECO of Kings Mountain

812 West King Street
Kings Mountain, NC 28086
Phone: (704) 739-5456
Fax: (704) 739-5271
Hours: M-F (8:00am – 5:00pm)

CLECO Primary Care Network is a local community network of not-for-profit health care centers. Providing care for adults and children, the centers provide outpatient medical services, and when needed will arrange for hospital admissions.

Services provided include:

- Physical exams
- Sports/school physicals
- Pap and pelvic exams
- Wart/mole removal
- Treatment for illnesses and injuries
- Diabetes monitoring
- EKGs and lab work
- Allergy and flu shots

For more information about services provided, refer to www.clevelandregional.org

Cleveland County Abuse Prevention Council (APC)

407 W. Warren Street

Shelby, NC 28150

Phone: (704) 487-9325 Fax: (704) 487-9314

Hotline: (704) 481-0043 Shelter: (704) 481-1066

Email: crobertson@apcouncil.com

Hours of Operation: Monday – Friday (9:00am- 5:00pm)

Hotline and Shelter (24 hours/day, 7 days/week)

The Cleveland County Abuse Prevention Council, Inc. provides quality, confidential services to survivors of domestic violence, rape, sexual assault, homelessness, and homemaker displacement. They do so by providing safe shelter, advocacy, support services, and preventive education.

Services provided include:

- 24-hour Crisis Hotline
 - Safe shelter
 - Court advocacy
 - Professional counseling
 - Support groups
 - Career planning
 - Hospital accompaniment
 - Supportive housing
 - Comprehensive case management
 - New Choices

For more information about services provided, refer to www.apcouncil.wordpress.com

Cleveland County Asthma Coalition

315 East Grover Street

Shelby, NC 28150

Phone: 704-484-5195 Fax: 704-484-5112

Email: Pam.Ellwood@clevelandcounty.com



The mission of the Cleveland County Asthma Coalition is to increase community awareness of asthma in Cleveland County through a comprehensive public health approach.

The Coalition was founded in 2002 and will celebrate its tenth anniversary in 2012.

Activities of the coalition include:

- Air Quality Flag program available to sites throughout Cleveland County
- Anti-Idling campaign addressing air quality issues in the county
- Annual No-Wheeze Asthma Day Camp for youth diagnosed with asthma
- Nebulizer loaner program in collaboration with Medical Arts Pharmacy
- Asthma Resource and Referral line for community education – number above
- Asthma education for individuals and community groups
- Co-sponsorship of Healthy Kids Day to include an Asthma Expo

For more information, refer to www.nowheezecclevelandcounty.com

Cleveland County Department of Social Services (DSS)

130 South Post Road

Shelby, NC 28151

Phone: (704) 487-0661 Fax: (704) 484-1051

Hours of Operation: Monday- Friday (8:00am- 5:00pm)



From birth to death, families count on County Departments of Social Services for direct services that address issues of poverty, family violence and exploitation. County DSSs provide citizens with resources and services to maximize their well-being and self-determination. They aim to prevent abuse, neglect, and exploitation of vulnerable citizens- the poor, the children, the aged, the disabled and the sick - as well as, promote self-reliance and self-sufficiency for individuals and families.

Services provided include:

- Social work services
- Economic services programs
- Food and nutrition services
- Crisis intervention

For more information about services provided, refer to www.ncdhhs.gov/dss

Cleveland County Emergency Medical Services (EMS)

100 Justice Place Room 104A

Shelby, NC 28151

Phone: (704) 484-4984 Fax: (704) 484-4990

Email: ccemsjlord@yahoo.com

Hours of Operation: 24 hours/day, 7 days/week, 365 days/year



The mission of Cleveland County Emergency Medical Services (CCEMS) is to provide a superior patient care system which is compassionate and cost effective. To continuously strive to develop and incorporate advancements in pre-hospital care and knowledge to improve the quality of patient care.

Services provided include:

- Ambulance services
- Safety education classes
- Free blood pressure and blood glucose checks
- Flu clinic

For more information about services provided, refer to www.cncems.clevelandcounty.com

Cleveland County Guardian ad Litem Program

100 Justice Place

Shelby, NC 28150

Phone: (704) 484-4774, Ext. 2 Fax: (704) 480-5487

Email: betsy.sorrell@nccourts.org

Hours of Operation: Monday- Friday (8:00am- 5:00pm)



The Guardian ad Litem (GAL) is a trained community volunteer appointed by a district court judge to investigate and determine the needs of abused and neglected children who are petitioned into the court system by the Department of Social Services. The Guardian ad Litem makes independent recommendations to the court for services, which focus on the needs of the child and advocates for a permanent and safe home for every child within the shortest time possible.

Services provided include:

- Independent investigation and written report
- Considers the best interest of the child and what the child's wishes are
- The Attorney Advocate presents the volunteer's recommendations
- For more information about services provided, refer to www.clevelandcounty.com

Cleveland County HealthCare System

Cleveland County Regional Medical Center

201 E. Grover Street

Shelby, NC 28150

Phone: (980) 487-3000 Fax: (980) 487-3794

Email: patricia.aycock@carolinashealthcare.org

Hours of Operation: 24 hours/day, 7 days/week, 365 days/year (See website for program hours)

Cleveland County HealthCare System is committed to providing excellent care and service to all those we serve. Our staff strives daily to care for and fulfill patients' needs with compassion and respect.

Services provided include:

- Blumenthal Cancer Center
- Breastfeeding Support Group
- Mom to Mom Support Group
- Bridges Educational Program
- Cardiac Rehab
- Charity Care
- Cleveland County Safe Kids
- Daddy Boot Camp
- Diabetes Center/Support Group
- Early Bird Pregnancy Class
- Expectant Grandparents Class
- Healthy Hearts Support Group
- Infant/Child CPR
- Joint Academy
- Kangaroo Kapers
- Lifeline
- Medical Services/ Emergency
- Rehabilitation Services
- Safe Sitter
- Volunteer Services
- Wings Cancer Support Group
- Women's Life Center
- Wound Healing Center

Kings Mountain Hospital

706 W King Street

Kings Mountain, NC 28086

Phone: (980) 487-5000

Hours of Operation: 24 hours/day, 7 days/week, 365 days/year (See website for program hours)

Services provided include:

(Kings Mountain)

- Sanger Heart and Vascular Institute
- Diagnostic Services
- Emergency Department
- Pain Management Center
- Psychiatric/Adult Behavioral Health
- Radiology Services
- Rehabilitation Services
- Dental Care
- Skilled Nursing Center
- Pharmacy Services
- Speech Language Pathology
- Occupational Therapy
- Life Enhancement Activities
- Resident Council
- Psychiatric Services

Crawley Memorial Hospital

315 West College Avenue

Boiling Springs, NC 28017

Phone: (980) 487-1300

For more information about services provided, refer to www.clevelandregional.org

Cleveland County Health Department

315 East Grover Street

Shelby, NC 28150

Phone: (704) 484-5100

Hours of Operation: Monday- Friday (8:00am-5:00pm)

CLEVELAND COUNTY
HEALTH DEPARTMENT

General Clinic Services

Phone: (704) 484-5110

- Immunizations
- Tuberculin skin tests
- Communicable disease/STD clinic
- Sickle cell testing
- Professional counseling
- Pregnancy testing
- Foreign travel immunizations
- Eye Clinic
- Diabetes Clinic

Family Planning Unit Services

Phone: (704) 484-5140

- Contraception
- Initial and annual physicals
- Early diagnosis and treatment
- Referrals
- Postpartum services
- Pregnancy tests and counseling
- Infertility services
- Diabetes Clinic

Maternal Health Services

Phone: (704) 484-5150

- Medical care
- Screening test for genetic disorders
- Counseling
- Health education
- Nutrition & WIC
- Breastfeeding education and support
- Car seat program
- Referral to pregnancy care management

Child Health Services

Phone: (704) 484-5120

- Routine physicals
- Sports physicals
- Blood pressure screening
- Developmental screening
- Blood lead screen
- Vision and hearing screen

- Nutritional counseling
- Hemoglobin screen
- Immunizations

School Health Services

Phone: (704) 484-5211

- Immunizations
- Medication administration
- Lab tests, physicals
- Education
- Referrals

Dental Services

Phone: (704) 484-5260

- Preventative services
- Restorative services
- Emergency treatment
- Referrals
- Interpreters

Nurse Family Partnership

Phone: (704) 669-3152

- Referrals for healthcare, childcare, job training,
- Healthy pregnancy and healthy baby

For more information about services provided, refer to www.clevelandcounty.com/cchd

Cleveland County Partnership for Children

312 W. Marion Street

Shelby, NC 28150

Phone: (704) 480-5620 Fax: (704) 480-5625

Email: crtaylor@carolina.rr.com

Hours of Operation: Monday- Thursday (8:00am- 5:00pm)

Friday (8:00am- 12:00 pm)



The Cleveland County Partnership for Children is the administrative unit for the Smart Start initiative in Cleveland County.

Services provided include:

- Preschool classrooms
- Scholarships for child care
- Referrals
- Financial assistance for child care services
- Support for children with developmental delays and children with disabilities
- Support to provide immunizations and well child checks
- Activities for young children such as art, drama, and storytelling
- Dental education and services
- Parenting information

For more information about services provided, refer to www.ccchildcareconnections.org

Cleveland Rutherford Kidney Association

1017 N. Washington Street

Shelby, NC 28150

Phone: (704) 481-9535

Email: michellecrka@aol.com

Hours of Operation: Monday-Friday (9:00am- 5:00pm)

Cleveland Rutherford Kidney Association's mission is to identify and meet the needs of patients with kidney disease in Cleveland and Rutherford county of North Carolina.

Services provided include:

- Transportation
- Medication assistance
- Grocery assistance
- Stress management counseling
- Education
- Holiday assistance
- The Rainbow newsletter
- Patient/family support center; advocacy
- Organ and tissue donor program
- Post-transplant support
- Volunteer training

For more information about services provided, refer to www.freewebs.com/crkarainbow

Cleveland County Salvation Army

311 North Lafayette Street
Shelby, NC 28150

Phone: (704) 482-0375

Hours of Operation: Monday- Friday (10:00am – 12:00pm, 1:00pm – 2:00pm)



The Salvation Army is committed to doing the most good for the most people.

Services provided include:

- Emergency food
- Clothing
- Medication
- Housing referrals
- Utility assistance

For more information about services provided, refer to www.salvationarmyusa.org

Cleveland Physical Therapy Associates



335-B West College
Boiling Springs, NC 28152
Phone: (704) 434-8175 Fax: (704) 434-8176

110-9 W. King Street
Kings Mountain, NC 28086
Phone: (704) 739-5995 Fax: (704) 739-2442

1129 East Marion Street
Shelby, NC 28150
Phone: (704) 471-0001 Fax: (704) 471-0004

The mission of CPTA is to glorify and honor God by reaching out to people with the love of Jesus Christ. At CPTA, we strive to achieve this by providing exceptional care and by using our resources to promote healing in the lives of our associates, our patients, and our community.

Services provided include:

- Physical/Occupational Therapy
- Advanced Manual Therapy
- Post Surgical Rehab
- Aquatic Therapy
- Gait Lab/Orthotics
- Low back and Neck Pain
- TMJ/Headaches
- Therapeutic Exercise
- Functional Capacity Evaluations (FCEs)
- Wellness Center/Gym
- Sports Performance Training

For more information about services provided, refer to www.cpta-rx.com

Cleveland County YMCA

Dover Foundation YMCA

411 Cherryville Highway
Shelby, NC 28150

484-9622 Fax: (704) 669-3605 Phone: (704) 434-0441

Email: wlegrand@clevecoymca.org

Hours of Operation: Mon.-Thurs. (5am – 10pm)
Friday (5:00am – 9:00pm)
Saturday (8:00am – 6:00pm)
Sunday (1:00pm – 6:00pm)

Ruby C. Hunt YMCA

1322 Patrick Avenue
Boiling Springs, NC 28017 Phone: (704)

Fax: (704) 669-3650

Email: ccorder@clevecoymca.org

Hours of Operation: Mon.-Thurs. (5am-9pm)
Friday (5:00am-7:00pm)
Saturday (8:00am-3:00pm)
Sunday (1:00pm- 5:00pm)

Girls Club YMCA

821 West Warren Street
Shelby, NC 28150

Phone: (704) 482-8431

Email: cjohnson@clevecoymca.org

Hours of Operation: School Days (2:30pm – 6:00pm)
Teacher Workdays (7:30am – 5:30pm)
Holidays & Summer (7:30am – 5:30pm)

Gardner-Webb Student YMCA

PO Box 2272
Shelby, NC 28150

Phone: (704) 484-9622

Email: ccorder@clevecoymca.org

Hours of Operation: see website

Kings Mountain Family YMCA

211 North Cleveland Avenue
Kings Mountain, NC 28086

Phone: (704) 739-9631 Fax: (704) 669-3691

Email: hwilson@clevecoymca.org

Hours of Operation: Monday- Thursday (5:00am- 9:00pm)
Friday (5:00am-7:00pm)
Saturday (8:00am-3:00pm)
Sunday (2:00pm-5:00pm)



The YMCA is the nation's leading nonprofit committed to strengthening communities through youth development, healthy living and social responsibility.

Services provided include: (see individual campus websites for class schedules and programs)

- Health & Wellness
- Family Programs
- Aquatics
- Sports

For more information about services provided, refer to www.clevecoymca.org

Council on Aging/Neal Senior Center

100 T.R. Harris Drive

Shelby, NC 28150

Phone: (704) 482-3488 Fax: (704) 481-0151

Email: pputnam@agingcouncil.org

Hours of Operation: Monday- Friday (8:00am- 5:00pm)



The Council on Aging provides a program of services to Cleveland County residents 55 and above that promotes quality of life and independent living throughout the life span by maintaining the Senior Center as a focal point, promoting aging as a normal process and opening doors that improve the quality of life.

Services provided include:

- Home visits and assessment of needs
- Information referral and case management answer question and provides access to needed services available in Cleveland County
- Incontinent supplies and nutritional supplements
- Trained counselors provide insurance counseling- SHIIP (Seniors Health Insurance Information Program)
- Home delivered meals
- Medical Equipment
- Transportation for groceries and medical

For more information about services provided, please call.

Country Time Inn

602 Brevard Road

Kings Mountain, NC 28086

Phone: (704) 739-2760 Fax: (704) 739-4775

Hours of Operation: 24 hours/day, 7 days/week

The Country Time Inn is an assisted living care unit for Alzheimers & Dementia Residents.

Services provided include:

- 24 hour care
- Assisted Living
- Memory Care
- Respite Care

For more information about services provided, please call.

Crossroads Rescue Mission

206 Mt. Sinai Church Road

Shelby, NC 28152

Phone: (704) 484-8770 Fax: (704) 484-8768

Email: crm@crossroadsrescuemission.org

Hours of Operation: Monday – Saturday (8:00am- 9:00pm)

Crossroads Rescue Mission is a 45 bed, faith based, long-term residential recovery center for people with addictions.

Services provided include:

- Residential substance abuse program
- Educational resources

For more information about services provided, refer to www.crossroadsrescuemission.org



Eat Smart Move More Coalition of Cleveland County

315 E Grover St.

Shelby, NC 28150

Phone: 704-484-5138 Fax: 704-669-3123

E-mail: joyce.king@clevelandcounty.com

Hours of Operation: Monday-Friday (8:00am- 5:00pm)



The mission of the Eat Smart Move More Coalition of Cleveland County is to empower Cleveland County residents to prevent and reduce chronic diseases and related risk factors through environmental approaches that impact policies addressing lifestyle changes such as healthy eating, physical activity, and tobacco use.

Strategies:

- Create a Sustainable Infrastructure
- Advocate for Nutrition Environmental/Policy Changes
 - Faith-based nutrition policy changes
 - Community gardens
 - Mobile Farmers' Markets
 - Healthy meetings policies for workplaces
 - Healthy choice menu options at local restaurants
 - Healthy snack policies for after school programs
- Advocate for Physical Activity Environmental/Policy Changes
 - Physical activity policies for after school programs
 - Community walking routes with appropriate signage
 - Faith-based physical activity policy changes
 - Development of pedestrian-friendly plans for county municipalities
 - Support development of trails/greenways network across county
 - Worksite physical activity strategies
 - Community walking programs

Faith and Health Ministry of Greater Cleveland County

201 E Grover St.
Shelby, NC 28150

Phone: 704-487-4781 Fax: 704-487-4209

E-mail: linda.page@carolinashealthcare.org

Hours of Operation: Tuesdays 1:00pm-5:00pm, Wednesdays and Thursdays 9:00 am-5:00 pm by appointment.
Calling ahead is recommended.



The Faith and Health Ministry of Greater Cleveland County's purpose is to coordinate a volunteer ministry of nurses and lay persons who are interested in the connection between faith and health.

Services provided include:

- Assisting registered nurses, pastors and lay persons with forming health committees or teams within the church for the purpose of providing health education and disease prevention education
- Provide monthly meeting for faith community nurses and health team representatives to provide education, encouragement and networking
- Provide Healing Link meetings monthly.

For more information about services provided, refer to www.clevelandregional.org

First in Families of NC

Gaston/Cleveland Chapter

PO Box 550533

Gastonia, NC 28055

Phone: 704-689-6648

E-mail: lmaddox@fifnc.org

Hours of Operation: Monday-Friday (9:00am-5:00pm)



The mission of First in Families of NC Gaston/Cleveland Chapter is to empower people with developmental disabilities and their families, one family at a time, to strengthen their health, hope and home by embracing partnerships and bridging resources between communities and families.

For more information about services provided, refer to <http://www.fifnc.org>

Florence Crittenton Services of North Carolina

1300 Blythe Blvd.
Charlotte, NC 28203
Phone: (704) 372-4663
Email: kcaya@fcsnc.org



**Florence Crittenton Services
of North Carolina**
Health & hope for tomorrow's children

Florence Crittenton Services is one of the largest comprehensive residential programs for at-risk and pregnant girls and women in the United States. Established in 1903, our agency serves as a healthy alternative for at-risk and pregnant adolescents and women in North Carolina.

Services provided include:

- Housing/Financial assistance
- Counseling
- Medical and health care
- Education services and vocational training
- Spiritual enrichment
- Parenting support
- Early Child Development education
- Adoption support
- Mother-infant/non-pregnant residential foster care program

For more information about services provided, refer to www.fcsnc.org

Greater Cleveland County Baptist Association, Inc.

1175 Wyke Road
Shelby, NC 28150
Phone: (704) 481-9119 Fax: (704) 482-1107
Email: charles@gccba.org
Hours of Operation: Monday- Thursday (8:30am-5:00pm)
Friday (8:30am-12:00pm)



Organization that provides services to people in crisis and need in Cleveland County, NC

Services provided include:

- Counseling
- Emergency assistance for life-saving medications
- Rent
- Utilities
- Food
- Clothing

For more information about services provided, refer to www.gccba.org

Habitat for Humanity of Cleveland County

323 W. Grover St

Shelby, NC 28150

Phone: 704-482-6200 Fax: 704-482-2070

E-mail: edclevelandcohhf@carolina.rr.com

Hours of Operation: Tuesday-Friday (10:00am-6:00pm), Saturday (8:00am-noon)



HFH in Cleveland County is a locally run affiliate of Habitat for Humanity International, a nonprofit, ecumenical Christian housing organization. Habitat for Humanity works in partnership with people in need to build and renovate decent, affordable housing. The houses then are sold to those in need at no profit and with no interest charged.

For more information about services provided or to volunteer, refer to local.habitat.org/clevelandconc

Hospice Cleveland County

951 Wendover Heights Drive

Shelby, NC 28150

Phone: (704) 487-4677 Fax: (704) 481-8050

Email: patti.mcmurry@hospicecares.cc

Hours of Operation: 24 hours/day, 7 days/week



Hospice Cleveland County exists to provide high quality skilled compassionate care and support for individuals with a life-limiting illness, their families, and the community, regardless of their ability to pay.

Services provided include:

- Hospice Medical Director
- Nursing
- Social Worker
- Chaplain Services
- Hospice Aide
- Volunteer Services
- Grief Support

For more information about services provided, refer to www.hospicecares.cc

House of Mercy

21 McAuley Drive
Belmont, NC 28012

Administration

701 Mercy Drive

Belmont, NC 28012

Phone: (704) 825-8832 Fax: (704) 825-9976

Email: hse4mercy@aol.com

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



House of Mercy

The House of Mercy provides compassionate nursing care to persons living with advanced AIDS.

Services provided include:

- HIV case management
- Coordination of recreational and social activities
- Residential care
- Coordination of medical services
- Health education
- Nutritional services and meals

For more information about services provided, refer to www.thehouseofmercy.org

H. Lawrence Patrick Senior Center

909 E. King Street

Kings Mountain, NC 28086

Phone: (704) 734-0447 Fax: (704) 734-4477

Email: mthornburg@cityofkm.org

Hours of Operation: Monday – Friday (8:00am-5:00pm)



The H. Lawrence Patrick Senior Life and Conference Center is a non-profit public organization that provides services to persons 55 years of age and older. The center serves as a focal point on aging providing a broad range of ever changing services and programs that enhance the well-being and dignity of senior adults in the greater Kings Mountain area.

Services provided include:

- Health & wellness programs
- Information and referral service
- Educational opportunities
- Transportation services
- SHIP insurance counseling
- Loan out medical equipment
- Nutrition site and Meals on Wheels
- Annual Health Care Fair

For more information about services provided, refer to www.cityofkm.com/senior_0.asp

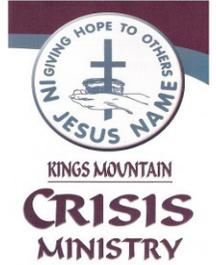
Kings Mountain Crisis Ministry

208 North Cleveland Ave.

Kings Mountain, NC 28086

Phone: (704) 739-7256

Hours of Operation: Monday, Wednesday-Friday (10:00am-2:00pm)
Tuesday (closed)



The Kings Mountain Crisis Center provides temporary assistance to families and individuals who live in the Kings Mountain and Grover areas of Cleveland County.

Services provided include:

- Clothing and food assistance
- Rent and utilities assistance
- Medicine

For more information about services provided, refer to www.kmcrisisministry.com

La Leche League of Cleveland County

Private residence- contact for location

Phone: (704) 538-9601 Helpline-24 hours: (877) 452-5324

Meetings: 1st Friday of the month (10:00am)



The mission of the La Leche League is to help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information, and education, and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

Services provided include:

- Local meetings
- Lending library
- Breastfeeding information
- 24-hour telephone help

For more information about services provided, refer to www.llusa.org

Life Enrichment Center



110 Life Enrichment Blvd.
Shelby, NC 28150

Phone: (704) 484-0405 Fax: (704) 484-0406

Hours of Operation: Monday- Friday (5:30am- 6:00pm)

222 Kings Mountain Blvd.

Kings Mountain, NC 28086

Phone: (704) 739-4858 Fax: (704) 739-2868

Life Enrichment Center Adult Day Care and Health Service is a private, not-for-profit organization doing “whatever it takes” to help families stay together in the home and community by providing a wide range of services during the day for adults of all ages.

Services provided include:

- Health Care
- Physical, speech, and occupational therapies
- Personal care
- Socialization
- Overnight respite
- Meaningful programs
- Veteran’s services

For more information about services provided, refer to www.lifeenrichmentcenter.org

Mental Health Association of Cleveland County

215 E. Warren Street

Shelby, NC

Phone: (704) 481-8637 Fax: (704) 481-1960

Email: mha@clevelandcountymha.org

Hours of Operation: Monday –Thursday (9:00am-2:00pm)



The Cleveland County Mental Health Association will create and promote education, advocacy and support for individuals and families affected by mental illness. We will work tirelessly to eliminate the stigma of mental illness and create an informed community of citizens who will defend and support the rights of those persons impacted by mental illness.

Services provided include:

- Effective information and referral
- Emergency Medication Fund
- Support Groups
- Community Outreach and Education
- Effective advocacy, training and workshops

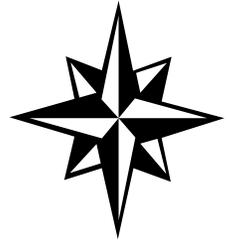
For more information about services provided, refer to www.clevelandcountymha.org

Minority Health Council of Cleveland County

315 East Grover Street

Shelby, NC 28150

Telephone: 704-484-5112 Fax: 704-484-5135



The Minority Health Council is sponsored by the Alliance for Health, the Cleveland County Health Department and the Cleveland County HealthCare System to identify and respond to identified health disparities in the county.

Membership is open to any member of the minority community in Cleveland County. The Council annually develops a strategic plan based upon information provided from the Community Assessment or State of the County Health report.

The Council also sponsors an annual Minority Health Conference focusing on a topic selected by its members.

Currently in its tenth year of operation, the Council is chaired by Mr. Robert Miller.

March of Dimes

Greater Piedmont Division

7506 E Independence Blvd. Suite 114

Charlotte, NC 28227

Phone: 704-377-2009 Fax: 704-377-0950

E-mail: ktbrennan@marchofdimes.com

Hours of Operation: Monday-Friday (9:00am-5:00pm)



The March of Dimes mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. We carry out this mission through research, community services, education and advocacy to save babies' lives.

Services/Programs provided include:

- March for Babies
- Bikers for Babies
- Helping Families Prepare for a Disaster
- Grand Rounds
- The March of Dimes North Carolina Preconception Health Campaign
- North Carolina Community Grants Program
- Breastfeeding Initiative

For more information about services provided, refer to <http://www.marchofdimes.com/northcarolina>

National Multiple Sclerosis Society Mid-Atlantic Chapter

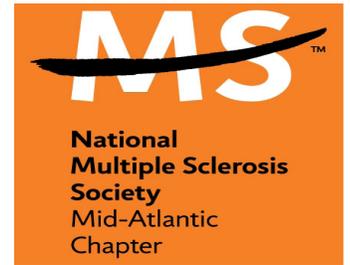
9801- I Southern Pine Blvd.

Charlotte, NC 28273

Phone: (704) 525-2955 Fax: (704) 527-0406

Email: NCP@NMSS.ORG

Hours of Operation: Monday- Friday (9:00am-5:00pm)



The Mid-Atlantic Chapter is dedicated to achieving a world free of MS. We help each person address the challenges of living with MS.

Services provided include:

- Educational materials and programs about MS
- Employment and financial counseling
- Support groups
- Financial assistance
- Supports national research to find a cure for MS
- For more information about services provided, refer to www.nationalmssociety.org

North Carolina Services for the Blind

130 South Post Road

Shelby, NC 28150

Phone: (704) 487-0661 Fax: (704) 480-5549

Email: lucyplyler@clevelandcounty.com



The North Carolina Division of Services for the Blind (DSB) has a long and rich history of services to the blind and visually impaired citizens of the State.

Services provided include:

- Assistance for eye examinations, glasses, treatments, surgeries, and eye medications
- Mobility instruction and equipment
- Training in self-help skills, techniques, and home management

For more information about services provided, refer to www.ncdhhs.gov/dsb/aboutus/index.htm

Nurse Family Partnership of Cleveland County

315 E Grover St

Shelby, NC 28150

Phone: 704-669-3152 Fax: 704-669-3155

Hours of Operation: Monday-Friday (8:00am-5:00pm)



Nurse-Family Partnership is an evidence-based, community health program that uses nurse home visits to help transform the lives of low income, first-time parents and their children. The Nurse Family Partnership is currently implemented in over 32 states across our country. NFP strives to help women have a healthy pregnancy and a healthy baby.

They can help you:

- Become a better parent.
- Build a strong network of support for you and your baby.
- Make your home a safe place for your baby to live and play.
- Get referrals for healthcare, childcare, job training and other support services available in your community.
- Find ways to continue your education and develop job skills.
- Set goals for your family's future and find ways to help you reach them.

For more information about services provided, refer to www.nursefamilypartnership.org.

Pathways Local Management Entity (LME)

901 S. New Hope Road

Gastonia, NC 28054

Phone: (704) 884-2501 Fax: (704) 854-4809

Email: webmaster@pathwayslme.org

Hours of Operation: Monday- Friday (9:00am-5:00pm)



Pathways Local Management Entity manages developmental disability, mental health and substance abuse services for the citizens of Cleveland, Gaston and Lincoln counties.

Services provided include:

- Intellectual and developmental disabilities
- Mental health
- Substance abuse
- Evaluation
- Psychiatric services
- Outpatient counseling/therapy
- Medication administration

For more information about services provided, refer to www.pathwayslme.org

Piedmont Family Services

824 Dekalb Street
Shelby, NC 28151

Phone: (704) 482-2460 Fax: (704) 487-5950

Email: piedmontfamilyse@bellsouth.net

Hours of Operation: Monday & Wednesday (8:30am-7:00pm)
Tuesday, Thursday, & Friday (8:30am- 5:00pm)
Saturday (By appointment)



Piedmont Family Services works with patients from adolescence onward providing individual, couples, family, and group therapy.

Services provided include:

- Individual psychotherapy
- Psychoanalysis
- Couples therapy
- Family therapy
- Group therapy
- Medication management

For more information about services provided, refer to www.piedmontfamilyservices.com

Pregnancy Resource Center of Cleveland County

232 S. Lafayette Street
Shelby, NC 28151

Phone: (704) 487-4357

Email: prccc@carolina.rr.com

Hours of Operation: Monday-Friday (9:00am-5:00pm)



The Pregnancy Resource Center provides services for women and families facing unplanned pregnancies through Godly education and by helping them with their spiritual, emotional, and maternal needs.

Services provided include:

- Free pregnancy tests,
- Free first and second trimester limited ultrasound,
- Information about pregnancy and sexually transmitted infections,
- Clothing and furnishings for mom and baby through the Solid Foundation program,
- Referrals for adoption, housing, medical assistance and community services,
- Volunteer peer counseling for women, men, and families.

For more information about services provided, refer to www.prccc.org

Safe Kids Coalition of Cleveland County

201 E Grover St

Shelby, NC 28150

Phone: 980-487-3826 Fax: 980-487-3399

E-mail: joan.mabry@carolinashealthcare.org

Hours of Operation: Hours vary according to activities and events



Every year in North Carolina, some 200 children die from accidental injuries and another 45,000 visit a doctor's office for treatment of such injuries. Safe Kids North Carolina works to prevent these injuries in children 14 and under through education and outreach.

Services provided include:

- Providing child safety information to parents and caregivers
- Advocating and promoting child passenger safety laws in NC
- Operation Medicine Drop
- Buckle Up Kids
- Fire Safety for Kids
- Buckle Bear

For more information about services provided, refer to www.ncsafekids.org

Substance Abuse Prevention Coalition

315 E Grover St

Shelby, NC 28150

Phone: 704-484-5199 Fax: 704-669-3123

E-mail: deshay.oliver@clevelandcounty.com

Hours of Operation: Monday-Friday (8:00am- 5:00pm)



The Cleveland County Substance Abuse Prevention Coalition's mission is to bring Cleveland County together for the common goal of reducing the use of alcohol, tobacco, and other drugs among the community through coordinated and committed efforts.

Services provided include:

- Inform the public about alcohol and other drug related issues
- Provide information and referral to community resources
- Identify community needs concerning alcohol and drug abuse and find ways to meet them through coordinated services
- Create home and school environments in which to raise healthy, drug-free kids
- Equip parents with the necessary skills and knowledge to help their children fight the temptation of alcohol and drug use
- Provide healthy and entertaining activities to participate in that exclude alcohol and other drug use
- Educate and empower youth to advocate for issues concerning alcohol and drug use

Summit Place of Kings Mountain

1001 Phifer Road

Kings Mountain, NC 28086

Phone: (704) 739-6772 Fax: (704) 739-6449



Summit Place of Kings Mountain is a warm, inviting community providing assisted care service for senior adults.

Services provided include:

- Assisted living
- Alzheimer's/ Memory /Care
- Apartment amenities
- Community amenities
- Social/physical activities
- Medication management
- Respite care and short term stays

For more information about services provided, refer to www.summitplaceofkingsmountain.com

Transportation Administration of Cleveland County, Inc. (TACC)

952 Airport Road

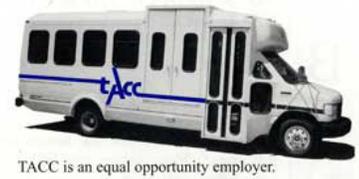
Shelby, NC 28150

Phone: (704) 482-6465 Fax: (704) 484-6954

Cleveland County Transit: (704) 482-2311

Email: tacc2@bellsouth.net

Hours of Operation: Monday- Friday (6:00am- 6:00pm)



TACC is a non-profit agency that coordinates and provides rural and general public transportation for all of Cleveland County.

Services provided include:

- Provides transportation services to all citizens of Cleveland County

For more information about services provided, refer to www.tacc.cc

Teen Pregnancy Prevention Coalition

315 East Grover Street

Shelby, NC 28150

Phone: 704-484-5112 Fax: 704-484-5135

Email: anne.short@clevelandcounty.com

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

The Teen Pregnancy Prevention Coalition is collaboratively sponsored by the Alliance for Health in Cleveland County and the Cleveland County Health Department to address the issue of teen pregnancy in the county.

The Coalition meets monthly and is charged with reviewing, researching, developing and implementing programs in five target areas: school-based, community-based, adolescent health services, parent education and community awareness. Membership is open to the public.



UCAN Inc. (Upper Cleveland County Area Needs)

The Bliss Center

230 East Main Street

Lawndale, NC 28090

Phone: (704) 538-8417 Fax: (704) 538-0089

Email Address: ucan@carolina.rr.com

Hours of Operation: Monday-Friday (9:00am-12:00pm)

UCAN serves all citizens in Upper Cleveland County

Services provided include:

- Financial assistance for power, water, rent, and life-saving medication
- Food
- Clothing assistance

For more information about services provided, please call or email.

United Way of Cleveland County

132 West Graham Street

Shelby, NC 28150

Phone: (704) 482-7344 Fax: (704) 482-9662

Hours of Operation: Monday- Friday (8:00am-5:00pm)



The United Way of Cleveland County remains a local, independent, not-for-profit organization, governed by volunteers from our community whose mission is to enhance the organized capacity of Cleveland County citizens to assist and care for one another through volunteer and professional leadership and action.

Services provided include:

- funds local health and human service agencies
- offers information and referral services which links people in need with appropriate resources

For more information about services provided, refer to www.uwclevco.org

County Fitness Centers – Source: Shelby Star, January 2012

Dover Foundation YMCA
411 Cherryville Road
Shelby, NC 28150
(704) 484-9622

Ruby C. Hunt YMCA
1322 Patrick Avenue
Boiling Springs, NC 28017
(704) 434-0441

Kings Mountain Family YMCA
211 North Cleveland Avenue
Kings Mountain, NC 28086
(704) 739-9631

Planet Fitness
1659 East Dixon Boulevard
Shelby, NC 28150
(704) 600-6550

Shelby City Park
850 West Sumter Street
Shelby, NC 28150
(704)-484-6811

State Parks

Crowder's Mountain State Park
522 Park Office Lane
Kings Mountain, NC 28086
(704) 853-5375

South Mountain State Park
3001 South Mountain Park Avenue
Connelly Springs, NC 28612
(828) 433-4772

Too Much Information...

A good community assessment identifies factors that affect the health of a population. It is a “systematic collection, assembly, analysis, and dissemination of information about the health of a community” according to the Community Assessment Guide Book. While every effort was made to include as much data as possible to present a clear and accurate picture of Cleveland County, the principal author of the document in reviewing the “dummy book” noted that several critical points of data had been omitted. Therefore, this addendum is included to make this assessment more complete in defining Cleveland County’s assets and resources as well as current and emerging issues needing more attention. As a reader, if you require more detailed information, you may contact the Health Education unit of the Cleveland County Health Department at 704-484-5112 for assistance.



Socio-Economic Data

Health insurance coverage is considered a critical factor in an individual's ability to access health care. Without coverage, individuals are less likely to seek preventive care or treatment for a chronic condition at an earlier stage when treatment may be of shorter duration and less costly. Without coverage, an individual is more like to obtain basic or emergency health care from more expensive sources like the Emergency Departments of hospitals than seeking care through a physician's office.

The 2010 Census American Fact Finder Survey has published the following data about types of health insurance coverage by age in Cleveland County using a population estimate of 98,050 (slightly under the actual population reported of 98,078)

Cleveland County	Population Estimate	% of Population
Under 18 years of age:	23,038	23.5%
With private health insurance only	10,749	46.7%
With public coverage only	10,678	46.3%
With both public and private coverage	1,088	4.7%
No health insurance coverage	523	2.3%
18 to 34 years of age	20,338	20.7%
With private health insurance only	9,525	46.8%
With public coverage only	3,820	18.8%
With both public and private coverage	475	2.3%
No health insurance coverage	6,518	32.1%
35 to 64 years of age	39,889	40.7%
With private health insurance only	24,850	62.3%
With public coverage only	5,231	13.1%
With both public and private coverage	2,187	5.5%
No health insurance coverage	7,621	19.1%
65 years of age and older	14,785	15.1%
With private health insurance only	170	1.1%
With public coverage only	6,447	43.6%
With both public and private coverage	8,168	55.3%
No health insurance coverage	0	-

Additional information about health insurance coverage is found in the 2010 Behavior Risk Factor Surveillance System results for the region which includes Cleveland County. 7,005 individuals in the Piedmont region were asked "do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare?" 81.8% replied positively while 18.2% of total responders stated that they had no coverage at all. Of this total response, 10.1% fell into the 18 to 34 years age group, 25% of whom stated that they had no coverage. 56.7% of the total responders were ages 35 to 64 years old and 14.5% reported having no health insurance coverage.

Children under 18 years of age have been well-served by Medicaid and the State Child Health Insurance Program (Health Choice in North Carolina). Individuals 65 and older have been well-served by Medicare, especially those individuals with Medicare supplemental plans. The gap in coverage lies in two age groups: 18 to 34 years of age composed of young people just graduating and beginning their working lives and in 35 to 64 years of age composed of individuals. These individuals without health insurance may not be able to afford the premiums for private coverage, may not qualify for public coverage or may have lost coverage due to unemployment. This age group is especially vulnerable due to the prevalence of chronic health conditions such as heart disease and diabetes which need good disease management in order to remain active productive citizens. In the younger age group, part of those who lack coverage may now be covered under the Affordable Care Act which allows young people to remain on their parents' policies until a later age. However, the fact remains that this issue of health insurance continues to impact access to care whether due to premium cost, high deductibles, high co-payments or total lack of coverage.

Quality of Life

Juvenile crime data play a role in defining a community's quality of life. Data from the North Carolina Department of Juvenile Justice and Delinquency Prevention's 2010 County Data Book reveals the following about Cleveland County:

Juvenile Population Ages 6 – 17	23,433
Violent Class A – E Complaints Received	15
Serious Class F – I Complaints Received	109
Minor class 1 – 3 Complaints Received	288
Total Delinquent Complaints	412
Total Complaints	489

The undisciplined rate among youth ages 6 to 17 was 4.80 per 1000 youth and the delinquent rate among youth ages 6 to 15 was 31.48 per 1000 youth. This is in contrast to the state rate for undisciplined youth ages 6 to 17 as 2.94 per 1000 and for delinquent youth ages 6 to 15 as 27.55 per 1000 youth. In 2010 three males were sent to Youth Development Center; one of these youth was African-American.

In contrast, the 2007 County Data Book revealed that the undisciplined rate among youth ages 6 – 17 was 2.54 per 1000 youth and the delinquent rate among youth ages 6 to 15 was 43.92 per 1000 youth. This was a contrast to the state rate for undisciplined youth of 3.25 per 1000 ages 6 to 17 and for delinquent youth ages 6 to 15 of 34.08 per 1000 youth.

Juvenile Justice and law enforcement officials in the county are concerned about juvenile delinquency and work with various programs in the county through the local Juvenile Justice and Crime Prevention Council.

Quality of life also includes residents' access to facilities for physical activity. Information on fitness centers in the county is included in the Health and Wellness Resource Guide in Appendix B. However, it should be noted that Cleveland County residents have access to two state parks: Crowder's Mountain State Park and South Mountain State Park. Additionally, walking trails of one, two and three miles in length designed to encourage all residents to walk are identified in both the City of Shelby and City of Kings Mountain using the green Eat Smart Move More signage. Both the Gateway Trail originating in Kings Mountain and the Broad River Greenway are part of the Carolina Thread Trail project encompassing fifteen counties in Piedmont North and South Carolina.

Cleveland County also boasts an annual walking contest, the Step One Challenge, which encourages residents to form teams of three to six individuals and put on their walking shoes for a six week period. Normally held in the spring of each year, in 2012 the contest will move to the fall to include more individuals from the school system and to provide opportunities to participate in cooler weather!

Personal Health Status

Several questions on the 2011 survey were drawn from 2010 Behavior Risk Factor Surveillance System in order to document a comparison from county-level to regional data. The assessment results are included in the body of the report. More detailed results from the regional BRFSS data are summarized below for comparison purposes:

1. Would you say that in general your health is . . . ?
6,998 total respondents in the Piedmont region including Cleveland County
 - 20.6% described their personal health status as excellent;
 - 33.3% described their personal health status as very good;
 - 30.0 described their personal health status as good;
 - 11.4% compared their personal health status as fair; and
 - 4.7% compared their personal health status as poor.
2. Thinking about your physical health, for how many days during the past 30 days was your physical health not good?
6,888 total respondents in the Piedmont region including Cleveland County
 - 69.8% reported no days as not good;
 - 9.5% reported 1 to 2 days as not good;
 - 8.5% reported 3 to 7 days as not good;
 - 6.1% reported 8 to 29 days as not good; and
 - 6.1% reported 30 days as not good.
3. Thinking about your mental health, for how many days during the past 30 days was your mental health not good?
6,920 total respondents in the Piedmont region including Cleveland County
 - 68.1% reported no days as not good;
 - 8.0% reported 1 to 2 days as not good;
 - 10.3% reported 3 to 7 days as not good;
 - 7.5% reported 8 to 29 days as not good; and
 - 6.0% reported 30 days as not good.
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities?
6,958 total respondents in the Piedmont region including Cleveland County
 - 82.0% reported no days were impacted;
 - 5.1% reported 1 to 2 days as being impacted;
 - 4.9% reported 3 to 7 days as being impacted;
 - 4.8% reported 8 to 29 days as being impacted: and
 - 3.2% reported that poor physical or mental health impacted 30 days.

Substance Abuse

One of the factors identified as a substance abuse issue is unintentional poisonings due to abuse and misuse of over-the-counter, prescription and illicit drugs. In 1999, the number of unintentional poisoning deaths in North Carolina was 279; by 2010 the number of deaths was 947. In 2007 North Carolina had an unintentional poisoning rate that was about 3% higher than that of the United States. According to figures provided by the North Carolina Injury and Violence Prevention Branch, Division of Public Health, Cleveland County documented 63 deaths from unintentional poisoning resulting in a rate of 16.0 per 100,000 population. Additional information reveals the primary cause of death due to unintentional poisoning in North Carolina resulted from the following substances:

Substance	# Deaths-NC
Non-opioid analgesics	10
Anti-epileptic and sedative-hypnotics	28
Narcotics and hallucinogens	613
Drugs acting on the autonomic nervous system	2
Other/unspecified drugs	201
Alcohol	72
Organic solvents	1
Other gases	12
Other/unspecified chemicals	8

*Source: NC State Center for Health Statistics, Vital Statistics-Death, 2010
Analysis by Injury Epidemiology and Surveillance Unit*

Data from NC DETECT, January-June, 2010 on the causes of unintentional poisoning based on 6,828 Emergency Department visits statewide reveal that drugs (over-the-counter, prescription and illicit drugs) were mentioned in 61% of ED visits due to unintentional poisoning. The most frequently cited drugs in those visits included benzodiazepines, other opioids, aromatic analgesics, cardiovascular agents, hormone substitutes, antidepressants, other sedatives/hypnotics, CNS stimulants, systemic agents and smooth/skeletal muscle agents.