



DEPARTMENT OF HEALTH
& HUMAN SERVICES
DHHS

GASTON COUNTY STATE OF THE COUNTY HEALTH REPORT

2017



Overview

The Gaston County Department of Health and Human Services (DHHS) is a consolidated health and human services agency which delivers services previously provided by the Gaston County Health Department, Gaston County Department of Social Services, and ACCESS Transportation.

Vision

Enhancing the quality of life of Gaston County by caring for, protecting, and empowering the community to live healthy lives in a healthy environment.

Mission

By promoting economic and educational wellbeing, Gaston County is building a foundation for a safe, healthy, and prosperous community. When in need, our public and private sectors respond with a full complement of accessible and integrated services to help restore and advance self-sufficiency and health.

Introduction

This State of the County's Health (SOTCH) Report is a summary of activities undertaken by DHHS in 2017 two years after completing the 2015 Community Health Assessment.

(<http://www.gastongov.com/docs/default-source/health-and-human-services-files/gaston-cha-2015-v6.pdf?sfvrsn=4>)

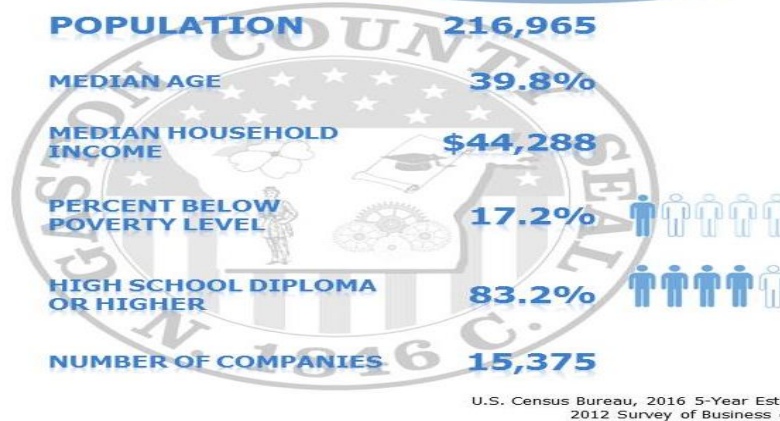
The SOTCH informs community and agency stakeholders on the county's current health issues and the progress we are making in fulfilling our public health priorities. The Gaston County DHHS Board selected the following health priorities for 2015-2020. They selected these priorities by reviewing combined data from the 2015 Gaston County Quality of Life Survey, strategic planning data from the community, and data from NC State Center for Health Statistics.

This report includes:

- Gaston County At-A-Glance
- An Overview of our public health priorities
- Progress made on our public health priorities
- Trends for each public health priority
- Mortality
- Emerging issues
- New initiatives

Please contact Stephen Eaton, Public Health Division Director at stephen.eaton@gastongov.com or 704/853-5271 if you have questions or suggestions for new programs and initiatives.

Gaston County Quick Facts



Population

In 2016, the total population of Gaston County was 216,965: 112,310 (51.8%) females and 104,655 (48.2%) males. Twenty-Three percent of the population is under 18 years and 15.5% are 65 years and older. In 2012 – 2016, about 80% of people reporting one race alone were White; 17.5% were Black or African American; 1.8% were Asian; 0.5% were American Indians and Alaska Native; no Native Hawaiians and Other Pacific Islanders were reported; and 2.7% reported some other race. In addition, 2.0% reported two or more races and 6.8% were Hispanic.

Households and Families

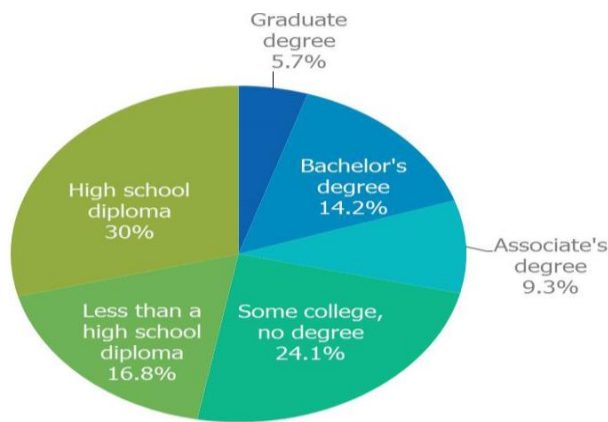
In 2012-2016, Gaston County had 79,949 households and an average of 2.6 persons per household. Household includes all people living in a housing unit. Sixty-eight percent of households are family households and 32.4% are nonfamily households. Among family households, 47.5% are married-couple family and 15% are female headed.

Nativity and Foreign Born

In 2012-2016, 94.8% of Gaston County residents were natives of the United States and 5.2% were foreign born. Sixty-nine percent of natives were born in North Carolina. Thirty-nine percent of foreign born residents naturalized as U.S citizens and 91.4% of them entered the country prior to 2010.

Educational Attainment

In 2012-2016, among residents 25 years and over, 30% had only a high school diploma or GED, 19.9% had a bachelor's degree or higher, 16.8% have no high school diploma, 24.1% have some college with no degree and 9.3% have associate degree. In 2016, 48,440 Gaston county residents 3 years and over were enrolled in school or preschool. This includes 2,053 children in nursery and preschool, 2,763 children in kindergarten, 32,824 children in first through twelfth grade and 10,800 students in college or graduate school.



Educational Attainment, Gaston County, U.S Census Bureau 5-year estimates, 2012-2016

Income

The median household income in 2016 was \$44,288. Fifteen percent of households had incomes below \$15,000 and 5.1% had income of \$150,000 and over. While 74.6% of households had income earnings, 16.7% had retirement income other than social security, and 34.7% received social security with an average income of \$17,727. Two percent of residents received public cash assistance income.

Poverty

In 2012 – 2016 about 17% residents lived in poverty. A quarter (25%) of children under 18 years and 10% of residents 65 years and older were below the poverty level. About 13% of all families, and 34% of families with a single mother household, had incomes below poverty level. Nineteen percent of females lived in poverty compared to 15% males.

Public Health Priorities

The Gaston County DHHS Board selected the following priorities for 2015-2020

1. Integration Of Mental Health Resources
Focus: All Gaston County residents
2. Childhood Obesity
Focus: All Gaston County residents
3. Improved Family Functioning
Focus: All Gaston County residents
4. Senior Livability and Support
Focus: All Gaston County residents age 65 and over

Priority One: Integration of Mental Health Resources

DHHS has adopted the whole person model to improve and maintain residents' health. The public health and social service divisions work to incorporate mental health services into physical health and social services delivery to improve the physical, social and mental health of residents.

Our Progress This Year:

Some programs in this area include the *Substance Treatment & Rehabilitation (STAR) program* and hosting a *Qualified Professional in Substance Abuse from Phoenix Counseling*.

- In 2017, the STAR program, a comprehensive program for pregnant women who use drugs and would like to have a healthy pregnancy, won the GlaxoSmithKline Foundation Child Health Recognition Award as an innovative and collaborative program which is improving the health of mothers and their babies in Gaston County. DHHS continued to provide medical care and information on substance use, withdrawal symptoms, nutrition, post-partum contraceptive options, and healthy relationships. DHHS collaborated with Gaston Family Health Services to extend clinical services to mothers who need Medication-Assisted Treatment. A 2017 report from a Caromont Regional Medical Center Neonatologist has shown diagnoses of neonatal abstinence syndrome decreased by 30.5% from 36 cases in 2014 to 25 cases in 2016.
- *Substance Abuse with Phoenix Counseling*: DHHS continued to offer onsite counseling at the domestic violence shelter and connect clients suffering from addiction to qualified professions for treatment. This includes clients from foster homes, in-home services, Work First, and Food and Nutrition Services. In 2017, Phoenix Counseling Center screened 11 individuals out of 27 individuals referred from Work First, 15 out of 22 individuals referred through Child Protective Services, and 68 out of 161 individuals referred from Food and Nutrition Services.

Trends: Table 1 demonstrates that the number of clients served in a community-based program for services that include mental health, developmental disabilities and alcohol abuse increased by 34% from 2011 to 2016 (8,739 to 11,817). These numbers include admissions during that year and multiple admissions for the same client are counted multiple times.

Table1. Gaston County residents served in Mental Health Facilities, 2010 - 2016

	2010	2011	2012	2013	2014	2015	2016
Area mental health programs	8,347	8,739	7,728	5,804	7,771	10,320	11,817
NC Alcohol and Drug Treatment Centers	103	126	120	64	41	27	29
State Mental Health Development Centers	35	39	33	37	35	35	33
State Psychiatric Hospitals	30	23	6	5	19	25	33

Source: Log Into NC (LINC), State Agency Data, Department of Health and Human Services.

There was a 25.9% increase in the Gaston County suicide rate compared to a 3% increase in North Carolina from 2012 to 2016. This is an indication that DHHS should continue to develop programs that support the physical, social and mental health of residents (Table 2).

Table 2. Suicide Rates for Gaston County and North Carolina residents, 2012-2016

	2012	2013	2014	2015	2016
North Carolina	13.1	12.9	13.5	14.0	13.5
Gaston	13.9	12.9	17.5	19.2	17.5

Source: NC Center for Health Statistics *Note: Rate per 100,000

Priority Two: Childhood obesity

DHHS works with community stakeholders to create and improve environments, policies, and programs that support healthy nutrition and physical activity to prevent childhood obesity, death, and decrease healthcare costs.

Progress This Year

- DHHS organized two successful "*Let Me Run!*" seasons with the highest ever participation in fall 2017 with 143 participants. Twelve teams participated in each season. The program inspires boys through the power of

running and encourages them to live active lifestyles, be courageous, and build healthy relationships. DHHS hosted several coaches' trainings and trained 27 coaches in four training sessions in 2017.

- *Improved Access to Healthy Food:* DHHS continued to partner with the Gastonia Farmer's Market to accept SNAP/EBT. Home Harvest, a local non-profit, continues to sell produce at Social Services, Public Health, and Highland Health Center locations. Staff embarked on a *corner store redesign* initiative and worked with two corner stores to sell healthier items, and to place healthier items at the front of the store. Staff conducted surveys with 47 customers who shop at the corner stores and provided feedback to store owners to guide them in their redesign of their stores.
- The *WIC program* provided food and nutritional education and assistance to an average of 4,345 eligible participants per month. Participants redeemed food instruments with a cash value of about \$3,458,823.92 from July 2016 – June 2017. *Breastfeeding Peer Counselors* provided support to improve breastfeeding initiation and duration among low income mothers and served 115 clients per month. Registered dietitians provided nutrition counseling through *Medical Nutrition Therapy* to about 10 pediatric patients per month. These programs will help improve children's nutrition and reduce the risk of childhood obesity.

Trends

Among children seen through North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers in 2015, about 14% of Gaston County children 2-18 are overweight and an additional 13% are obese. However, about 98% of these children were between the ages 2-4 years (Table 3).

Table 3. Prevalence of Obesity, Overweight, Healthy Weight and Underweight in Children, Gaston County and North Children								
Children 2 -4, 2014-2015								
	<i>Underweight</i>		<i>Healthy Weight</i>		<i>Overweight</i>		<i>Obese</i>	
	2014	2015	2014	2015	2014	2015	2014	2015
North Carolina	4.2%	4.5%	66.1%	66.5	15.5%	15.0	14.2%	14.0%
Gaston	3%	3.2%	68.4%	70.0%	15.1%	14.1%	13.5%	12.7%
Children 2-18 , 2015								
North Carolina	5.7%		65.1%		14.6%		14.6%	
Gaston County	3.2%		69.8%		14.0%		13.0%	
Source: North Carolina Public Health and Epidemiology Surveillance System (NC PedNESS) and Eat Smart Move More								

In 2017, all Gaston County middle and high schools participated in the North Carolina Youth Risk Behavioral Surveillance Survey (YRBSS). DHHS will review and report weight, nutrition, and physical activity data when it becomes available.

Priority Three: Improved Family Functioning

DHHS and community partners work to improve families' wellbeing by providing opportunities for families to have access to preventive, diagnostic, and treatment health services. DHHS works to improve the health of children and families for better social and economic outcomes.

Progress This Year

- DHHS *Teen Parenting Program* continued to support mothers 19 and younger to delay future pregnancies, build good parenting skills, and encourage completion of high school and equivalent programs. Six clients participated in the "*Be Proud, Be Responsible, Be Protective*" program, an evidence based pregnancy prevention curriculum. Staff provided monthly home visits to 12 participants. Eight participants who attended "*College Palooza*" visited the University of North Carolina at Greensboro and Gaston College. In 2017, there were no subsequent pregnancies from participants. Staff continues to work with school personnel to help improve school attendance for the young mothers.
- In 2017, *Nurse Family Partnership (NFP)* staff supported 107 clients, recorded 1,374 home visits, and graduated 12 clients from the program. The team currently has 3 nurses with 74 families. NFP implemented

a “Telehealth” approach as a result of two nurses who served on the *Innovation Advisory Committee* with the National Service Office in Denver, Colorado. Nurses use “telehealth” to provide education and support to low income first time mothers who have returned to work or school and are unable to schedule home visits. “Telehealth” enables them get the services they need to take care of themselves and their children to improve their lives.

- DHHS embarked on the “*Foster Love Not Fear*” recruitment campaign. DHHS developed and secured ad space to show two short videos at a local movie theatre, disseminated 3 videos on Facebook, and printed 1,000 flyers and 400 posters. The goal is to increase the number of foster parents in Gaston County. DHHS received 96 foster home applications and 17 applicants completed the training through the Trauma Informed Partnering for Safety and Permanence-Model Approach To Partnerships in Parenting (TIPS-MAPP) and Deciding Together curriculums. Through this process the number of foster homes increased by 4 and remained steady with 48 foster homes in 2017.

Trends

Gaston County teen pregnancy rates for ages 15 -19 decreased by 14.3% compared to 6.95% for North Carolina from 2015 to 2016. Contrary to last year, teen pregnancy rates among African Americans decreased by 19% in Gaston County while it decreased by 7.5% among African Americans in North Carolina (Table 4).

Table 4. Gaston County Teen Pregnancy Rates by Race, Females Ages 15-19, 2013-2016

Years	Gaston			North Carolina		
	White	African American	Total	White	African American	Total
2013	35.3	40.2	37.5	24.7	49.2	35.2
2014	32.8	37.8	35.2	23.1	44	32.3
2015	27.3	43.6	32.9	21.3	41.1	30.2
2016	23.4	35.2	28.2	19.4	38.0	28.1

Source: N. C State Center for Health Statistics

Rate: Number of pregnancies per 1,000 women ages 15-19

Overall, the incidence rate of teen birth has reduced for both Gaston County and North Carolina. Gaston County and North Carolina continue to have the same total incidence rate for teen pregnancy among younger teens, ages 15-17 for 2012-2016 .The current rate of 15.2 is relatively low compared to 17.4 in 2011-2015 (Table 5).

Table 5. Five Year Pregnancy Rates for White, African American and Total Females Ages 15-17, Gaston County and North Carolina, 2011 -2015 and 2012-2016

Region	White		African American		Total	
	2011-2015	2012-2016	2011-2015	2012-2016	2011-2015	2012-2016
North Carolina	10.9	9.8	26.3	23.4	17.4	15.7
Gaston County	14.3	12.4	23.4	20.4	17.4	15.2

Source: N.C. State Center for Health Statistics

Definition: Pregnancy rate is the number of pregnancies per 1,000 women ages 15-17

Reported cases of child neglect decreased by 17.9% from 2015 to 2016 and the number of children under DHHS - Social Services responsibility increased by 3, to a total of 282 children in 2016. In 2016, 126 cases of child abuse or neglect were substantiated (Table 6).

Table 6. Substantiated Report of Children abused, neglected and under DSS Placement Responsibilities, Gaston County, 2011-2016

	2011	2012	2013	2014	2015	2016
Child Abuse	24	15	20	17	29	25
Child Neglect	89	85	46	101	117	96
Child Abuse and Neglect	6	10	6	13	7	5
Under DSS Placement Responsibility:	242	197	191	247	279	282

Source: Log Into NC (LINC)

Priority Four: Senior Livability and Support

As the number of Gaston County residents enter their senior years, DHHS works to support programs that improve the health of the aging population. These programs provide seniors with clinical and other related services they need to keep them active, healthy, and improve overall health outcomes.

Progress This Year

DHHS operates *Meals on Wheels* to provide nutritious meals to homebound participants and offered health programs at congregate meal sites to help improve their health at home.

- DHHS continued to operate *Meals on the Wheels*, and developed a partnership with Bethlehem Church to add 100 additional volunteers to serve unmet needs in other parts of the county. This innovative approach won a Social Services Institute Best Practice Award for Community Collaboration. DHHS has implemented two frozen meals routes since June 2016 and served an additional 25 homebound seniors.
- DHHS provided Chronic Disease Self-Management curriculum, an Evidence Based Program, in 6 sites since 2015. This curriculum provides seniors the skills they need to manage diseases to prevent future debilitations and improve health. DHHS submitted a grant for Administration for Community Living's Alzheimer's disease Initiative to implement two evidence-based programs in the adult daycare. This will provide education to seniors who live with or have high risk of getting dementia and their caregivers in the adult daycare.

Trends:

About 40% of adults 65 years and older in Gaston County have some form of disability and 25% are below 150% of the poverty level. In 2016, household annual income for the aging population was \$19,940 and 15% of them were in the labor force (Table 7).

Table 7. Population 65 Years and over, Gaston County, 2011 - 2016

	2011	2012	2013	2014	2015	2016
Population	26,872	27,554	28,464	29,556	30,648	31,8000
Household Income in the past 12 months	16,575	17,022	17,666	18,259	19,036	19,940
In Labor Force	15.4%	15.3%	14.6%	14.5%	14.2%	15.4%
Poverty Below 150 Percent of the Poverty Line	25.7%	25.6%	26.4%	25.8%	24.8%	24.2%
With Any Disability	*	41.1%	41.5%	41.4%	40.3%	40.1%

Source: American Community Survey 5 Year Estimates

* No data reported

The adjusted mortality rate for Alzheimer's for Gaston County increased from 38.1 in 2007-2011 to 50.2 in 2012-2016, an increase of 31.8% (Table 8)

Table 8. Age – Adjusted Mortality Death Rate for Alzheimer's, Gaston County, 2007-2011 and 2012-2016

	2007-2011	2012 - 2016
North Carolina	29.0	31.9
Gaston County	38.1	50.2

Source: N.C State Center for Health Statistics

*Note: Unadjusted Death Rates per 100,000

Morbidity

The incidence rate for breast cancer in Gaston County in 2010-2014 was 153.0, slightly lower than 158.4 in North Carolina. The rate for lung cancer was 87.5 in Gaston County and 70.0 in North Carolina. The rate for colon cancer was 44.9 and 110.4 for prostate cancer in Gaston County. The rate for all cancer combined in Gaston County was 502.7 higher than 480.4 in North Carolina (Table 9).

Table 9. Incidence Rates by Cancer Sites, Gaston County and North Carolina, 2010-2014		
Cancer Site	Gaston County	North Carolina
Colon/Rectum	44.9	37.7
Lung/Bronchus	87.5	70.0
Female Breast	153.0	158.4
Prostate	110.4	125.0
All Cancer	502.7	480.4
Source: N.C State Center for Health Statistics, NC Central Cancer Registry Rates per 100,000 population		

Chlamydia continued to record a high incidence rate with a 9% increase from 2015 to 2016. However, the incidence rate for syphilis increased by 667% from 2012 to 2016 and incidence rate of HIV among adult and adolescents decreased by 30.6% from 2012 - 2016. The incidence rate for gonorrhea also increased by 56.6% from 2015 to 2016 (Table 10). In 2017, 254 Gaston County residents completed the *Making Proud Choices curriculum* at 27 group sessions. The curriculum provides comprehensive, evidence-based education to teenagers ages 12 to 19 to prevent pregnancy and reduce the spread of sexually transmitted diseases.

Table 10. Incidence Rate of Communicable Disease, Gaston County, 2011-2016					
Communicable Diseases	2012	2013	2014	2015	2016
Syphilis	2.4	3.3	4.3	10.8	18.4
Chlamydia	518.0	516.3	553.3	540.9	589.5
Gonorrhea	116.3	145.6	133.6	140.1	219.4
HIV Disease (Adults and adolescent)	15.0	15.4	10.8	16.2	10.4
Source: NC Center for Health Statistics, North Carolina Disease Surveillance System (NC EDSS) Rates per 100,000 population					

Mortality

In 2012-2016, the death rate for all causes of disease was 1,055.9 compared to 994.5 from the preceding five – year period of 2007 -2011. Alzheimer’s disease was the fourth leading cause of death with a rate of 53.3 in 2012-2016 even though it was not on the list for the top five leading causes of death in 2007-2011. Cancer was the leading cause of death followed by heart disease, chronic lower respiratory disease, and stroke in 2012 - 2016. Death rates decreased by 8.6% for heart disease and increased by 3.9% for cancer, 11% for chronic disease, and 12.4% for stroke from 2007-2011 to 2012-2016 (Table 11).

Table 11. Rates for Leading Causes of Death, All Gaston County Residents, 2007- 2011 and 2012-2016			
2007-2011		2012-2016	
Disease	Rates	Disease	Rates
Heart Disease	232.3	All Cancer	220.4
All Cancer	212.3	Heart Disease	212.3
Chronic lower respiratory disease	74.6	Chronic lower respiratory disease	82.8
Stroke	45.2	Alzheimer’s	53.3
Other Unintentional injuries	39.3	Stroke	50.8
Total Death from all causes	994.5	Total Death from all causes	1055.9
Source: N.C State Center for Health Statistics *Note: Unadjusted Death Rates per 100,000			

A comparison of the leading causes of death by race to the general population for 2012-2016 shows white males disproportionately die from other unintentional injuries, females irrespective of their race are more likely to die from Alzheimer's and African-Americans are more likely to die from diabetes than whites. White females are more likely to die from chronic respiratory disease compared to African- American females (Table 12).

Table 12. Leading Causes of Death by Race, Gender and Age-Adjusted Death Rates, Gaston County 2012-2016			
White , Non-Hispanic		African American, non-Hispanic	
Males	Females	Males	Females
Heart Disease:247.2	Cancer:157.4	Heart Disease: 279.7	Cancer: 153.4
Cancer:235.8	Heart Disease: 148.0	Cancer:274.5	Heart Disease: 146.7
Resp. Disease ¹ :83.0	Rep. Disease ¹ :76.1	Stroke: 73.8	Alzheimer's ³ : 50.2
Injuries ² :65.9	³ Alzheimer's: 57.8	Resp. Disease ¹ : 54.0	Stroke:47.2
Stroke:46.8	Stroke: 42.5	Diabetes: 51.5	Diabetes: 40.8
¹ Chronic Lower Respiratory Diseases ² All Other Unintentional Injuries (non-MVA) ³ Alzheimer's Disease			
*Note: Unadjusted Death Rates per 100,000 Source: N.C State Center for Health Statistics			

In 2012-2016 the cancer death rate in Gaston County was 186.7, slightly high than North Carolina which was 166.5. The cancer rates for colon/rectum, lung/bronchus and pancreas exceeded the rates for North Carolina (Table 13).

Table 13: Age-Adjusted Leading Causes of death by Cancer Site, Gaston County and North Carolina 2012-2016		
Cancer Site	Gaston County	North Carolina
Trachea/ Lung/ Bronchus	61.1	47.5
Female Breast	18.0	20.9
Prostate	14.4	20.1
Colon/Rectum/Anus	17.1	14.0
Pancreas	12.1	11.0
All Cancers	186.7	166.5
Source: N.C State Center for Health Statistics *Note: Rates per 100,000		

In 2012-2016, the infant mortality rate in Gaston County was 7.8 compared to 7.2 in North Carolina. Infant mortality among African Americans in Gaston County was 16.6 and 13.0 for North Carolina. These numbers are disproportionately higher compared to other racial groups. Gaston County continues to develop programs to help improve the health of low income pregnant and first time mothers, and teen mothers and their babies (Table 14).

Table 14. Infant (<1 Year) Death Rates by Race, Gaston County , 2012-2016		
Race/ Ethnicity	Gaston	North Carolina
White, non-Hispanic	6.0	5.4
African American, non -Hispanic	16.6	13.0
Other non -Hispanic	No Data	6.2
Hispanic	No Data	5.1
Total	7.8	7.2
Source: N.C State Center for Health Statistics *Note: Rates per 1,000 live births		

Emerging Issues

DHHS staff served on the *Gaston Controlled Substances Coalition* in 2017. The coalition works with professional experts and community leaders to ensure the adoption of safe opioid prescribing practices, comprehensive treatment, and community education to prevent opioid addiction. In 2017, the committee ran advertisements at Regal Franking Square Stadium to educate moviegoers about the dangers of prescription opiates. Ads ran approximately 70 times per day when 74% of moviegoers are seated. The committee partnered with CaroMont Regional Medical Center to run a Rx (Prescription) Awareness and a *Don't Die* advertisement in all patient

waiting rooms and on two digital road signs. They printed the Center for Disease Control's (CDC) Rx Awareness advertisement on 24,000 bags which are being distributed at Harris Tether to educate people with prescription opiates about the risk of overdose. Staff printed education about the Good Samaritan Law and Naloxone on 250 lunch boxes and 250 hand sanitizers to distribute to syringe exchange participants with the Olive Branch Ministry to empower people who use illicit opiates to use naloxone and call 911 in case of overdose.

DHHS- Environmental Health's Healthy Wells program began in 2015 and has scanned 8,000 private drinking water well permits in a database and geocoded 98% of them. Through this emerging program, students from the University of North Carolina at Charlotte (UNCC) visited 1,051 homes with private wells, provided residents with educational materials, and collected 298 water samples for testing.

In 2017 the Children's Advocacy Center (CAC) completed 254 forensic interviews of alleged victims of sexual or physical abuse. The center established a framework for coordinated victim advocacy response at CaroMont Regional Medical Center. The Center provided onsite behavioral health serves and implemented onsite medical services with three trained medical providers. It partnered with Gaston County schools to provide *Play it Safe* program, a child appropriate body safety programs in all third grade classrooms in Gaston County schools.

New Initiatives:

Power of Produce Club (POP): DHHS coordinated 13 POP sessions for children ages 5-12 years at the Gastonia Farmer's Market. DHHS staff marketed the club to elementary schools in Gaston County and 187 participants attended at least one session. Staff educated them about the importance of the different fruits and vegetables, while offering fun activities.

DHHS staff recruited four schools to participate in the 2017 walkability event. This program increased awareness about the importance of active living. Students who participated in the walk to school events received incentives from NC's Active Routes to School program. As part of the event, DHHS staff worked with planners to highlight four new routes of *Walkability Wins* in Dallas, Gastonia, and Mt. Holly to showcase areas with new sidewalks and walking trails.

Gaston County Food Policy Council: DHHS organized Farmers' Market Week events at Gastonia, Cherryville and Mt. Holy Farmer's Markets in August 2017 and "NC Crunch" events with apple tasting at three elementary schools to promote local produce and North Carolina apples in October 2017.

Tobacco Free Gaston: DHHS provided assistance to Bessemer City to adopt the most progressive tobacco ordinance in the State, is supporting Cherryville to develop a similar policy, and assisting the local baseball team, the Gastonia Grizzlies, to update their tobacco policy. DHHS hosted a teacher training day for middle and high school health and physical education teachers to introduce comprehensive, evidence-based and age-appropriate tobacco prevention curricula resources available for immediate implementation. Staff organized *Taking Down Tobacco* education sessions for groups of youth in the community.

Distribution of SOTCH report:

In 2017, DHHS used several methods to disseminate the report to stakeholders and residents. Staff posted the 2016 SOTCH on the DHHS website and provided copies to Gaston County Libraries. The DHHS director presented the data to stakeholders at a Gaston County Healthcare Coalition meeting and the public health division director presented the data to the Board of Health members and all public health staff at an annual training event. Staff distributed copies to all stakeholders on the 2019 CHA Advisory Board.