

# Alamance County State of the County Health Report December 2008

## In this Report:

- Statistical Update
- Ongoing Public Health Work
- Priority Area Progress related to 2007 Community Health Assessment
  - Transportation
  - Substance Abuse
  - Chronic Disease
- Emerging Issue

## Alamance County Demographics- At a Glance

Below you will find the 2007 data of demographics for Alamance County and the state of NC, according to US Census and the State Center for Health Statistics. Alamance County consists of nine municipalities. Burlington is the most populated city in the County, and Graham is the County's second most populated. Alamance County is unique in that it shares two towns with neighboring counties. Gibsonville is shared with Guilford County to the west and Mebane is shared with Orange County to the East.

Demographics	Alamance County	North Carolina
Population	145,360	9,061,032
White	72%	71%
African American	18%	22%
Hispanic/Latino	11 %	7%
Asian	1%	2%
American Indian	0.4%	1%
Other Ethnicity	8%	4%
Median Household Income	\$41,502	\$44,670
Mean Household Income	\$53,888	\$60,672
Per Capita Income	\$21,904	\$24,307
Persons Below Poverty	13%	14%
Persons without Health Insurance (2005)	19%	17%
Children Living in Poverty (under 18yrs old)	19%	20%
Households that Received Food Stamps	5,033	317,134
Unemployed	5%	7%
Students Eligible for Free & Reduced School Lunch	45%	48%

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*This SOTCH Report will be disseminated directly to the Alamance County Board of Health, Healthy Alamance Board of Directors, Alamance County United Way, Alamance County Community Council Members, Alamance County Libraries, Alamance Burlington Schools, and Alamance Regional Medical Center. The information compiled in this report will be posted on the Alamance County Website, [www.alamance-nc.com](http://www.alamance-nc.com) and the Healthy Alamance Website [www.healthyalamance.com](http://www.healthyalamance.com). A press release will be issued to all local media summarizing the contents of this report. To obtain more information about this SOTCH please contact Alamance County Health Department (336) 227-0101. To become involved with the local initiatives please contact Healthy Alamance (336) 513-5590. Your time in reading this important report is appreciated.*

## Morbidity-Communicable Disease

An infectious (also known as communicable) disease is capable of being transmitted from one person or species to another. Communicable diseases are often spread through direct contact with an individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual has contaminated.

Since the 2007 Community Health Assessment many of Alamance County's communicable disease rates have changed according to the latest trend data from the North Carolina State Center for Health Statistics.

Communicable Disease Rates per 100,000 population (2002-2006)	North Carolina	Alamance County
AIDS Rates	12.4	8.3
Gonorrhea	182.0	161.6
Primary & Secondary Syphilis	2.8	2.2

Alamance County's five year AIDS rates have slightly decreased since 2001-2005 to 2002-2006 from 9.1 per 100,000 to 8.3 per 100,000 in 2002-2006. However, HIV disease rates for Alamance County have increased to 15.4 per 100,000 in 2007 compared to 12.1 in 2006, while North Carolina's rate is 21.9 in 2007 decreasing from 23.3 in 2006.

Gonorrhea Incidence Rates for Alamance County and North Carolina have continued to see a slight decline. While Alamance County's total rate of 161.6 per 100,000 is lower than the state total rate of 182.0 per 100,000, the minority rate is higher at 600.4 per 100,000 compared to the state rate of 585.0 however; Alamance County's minority incidence rate has significantly decreased from a rate of 630.0 in 2001-2005.

The total incidence of syphilis in Alamance County remains steady at 2.2 per 100,000 in 2002-2006 while the state rate declined from 3.2 per 100,000 in 2001-2005 to 2.8 per 100,000 in 2002-2006. Overall syphilis rates in Alamance County continue to be lower than the State rates. The incidence of syphilis among minorities has dropped from 9.8 in 2001-2005 to 9.0 per 100,000 in 2002-2006, however this remains higher than the state minority rate of 7.6 per 100,000.

## Mortality

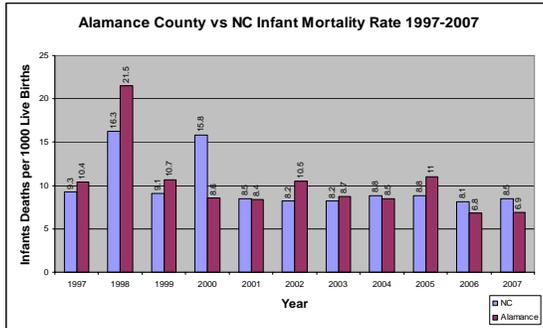
Rank	ALAMANCE / Total Deaths
1	Cancer – All sites / 313
2	Heart Disease / 296
3	Cerebrovascular disease (stroke) / 100
4	Chronic lower respiratory disease / 73
5	Alzheimer's disease / 53
6	Other Unintentional injuries / 40
6 (t)	Diabetes mellitus / 40
8	Nephritis, nephrotic syndrome, & nephrosis / 37
9	Pneumonia & influenza / 22
10	Motor vehicle injuries / 21

The most recent data available from the North Carolina State Center for Health Statistics (2006) reveals that the leading causes of death in Alamance County are similar to those in counties across the state and nation: Cancer is the leading cause of deaths, heart disease accounted for 22% of deaths and stroke accounted for 7.4%. More than half of the deaths in the county were from one of these three causes. The rates for 2007 should be available in January 2009 and can be accessed at <http://www.schs.state.nc.us/SCHS/>

Source: State Center for Health Statistics

## Infant Mortality

Infant mortality is defined as a death that occurs before the infant's first birthday. Alamance County's infant mortality rate for 2007 was 6.9 infant deaths per 1,000 live births. This marks the second year that Alamance County has achieved an infant mortality rate significantly lower than the previous five years. In addition, this is the second consecutive year that the county rate is lower than the state rate (8.5 infant deaths per 1,000 live births). In 2007, the county reported 14 infant deaths. The state of North Carolina reported a total of 1,107 infant deaths in 2007.



Source: State Center for Health Statistics

The white infant mortality rate for Alamance County increased from 3.9 deaths per 1,000 live births in 2006 to 5.1 deaths for 1,000 live births in 2007. The infant mortality rate among minorities decreased significantly from 17.9 deaths per 1,000 live births in 2006 to 13.4 deaths per 1,000 live births in 2007. In Alamance County, the minority infant mortality rate is more than two times greater than the white infant mortality rate.

### Targeted Infant Mortality Reduction Grant (TIMR):

In 2007, the Alamance County Health Department was awarded approximately \$147,000 from the NC Division of Public Health to carry out infant mortality reduction activities.

With these funds, the health department created the Health Education for You, Ladies program (HEY Ladies), a preconception/interconception health education program for women visiting the health department. Alamance County understands that about 50% of pregnancies are unplanned, therefore women's health and health behaviors prior to pregnancy and throughout her entire life are just as important as her health during pregnancy. HEY Ladies addresses health behaviors prior to a pregnancy by providing unique one-on-one health education utilizing motivational interviewing. In the program's first 11 months, over 580 women have received health education on subjects including nutrition, physical activity, smoking cessation, multivitamin use, contraception, and pregnancy planning.

### Minority Infant Mortality Reduction Grant (MIMR):

In July of 2008, the Alamance County Health Department was awarded approximately \$100,000 from the NC Division of Public Health, Health Beginnings program, to carry out a two year initiative to improve infant mortality among minority groups.

With these funds, the health department, along with numerous community partners, plans to initiate a community program within an impoverished residential area. Understanding that pregnancy outcomes are a product of health across the lifespan, not only health during pregnancy, the project aims to improve the health of community members by offering needed educational services as well as improve the physical and emotional environments of the residential area, such as introducing walking tracks and improving social networks among residents. Implementation of this project is planned for Fall 2008.

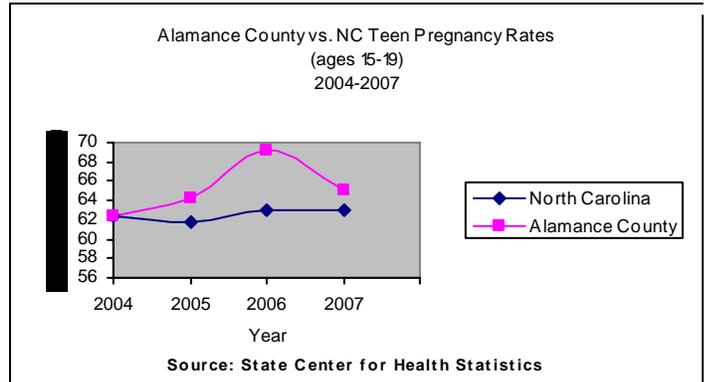
## Teen Pregnancy

The Alamance County teen pregnancy rate significantly decreased in 2007 to 65.1 pregnancies per 1,000 girls aged 15-19 compared to 69.2 in 2006. Though the rate has decreased in Alamance County, it still remains higher than the state rate of 63.0 in 2007 and 63.1 in 2006.

Although we have made strides to reduce the teen pregnancy rate in Alamance County, much remains to be done. There were 14 pregnancies among girls ages 10-14 in 2007 compared to five in 2006. This is a reminder that teen pregnancy is still a present risk for our children.

Progress is being made to reduce teen pregnancy in Alamance County through re-researched based programs. Since 2003, the Alamance County Health Department has implemented the Teen Outreach Program (TOP). TOP is a comprehensive life skills program designed to reduce risk factors that can lead to teen pregnancy, violence, gang involvement, and other anti-social behaviors.

In 2007, the Alamance County Health Department, in partnership with the school system and our local Juvenile Crime Prevention Council (JCPC), was able to expand TOP from one middle school into two additional middle schools. JCPC grant funds support an additional full-time Health Educator and allow us to increase the number of students served from approximately 120 to 400 students per year. TOP is one of the few youth development initiatives with more than a decade of experience and documented evidence of significant outcomes. A rigorous on-going evaluation of TOP has shown that the program can and does have a positive impact on the lives of young people.



## Air Quality

The Healthy Alamance Child Asthma Coalition has been keeping the community informed about the quality of air they breathe. With funding from the Alamance-Caswell Medical Alliance, a color-coded flag flies at all seven middle schools, Environmental Health, Alamance Burlington School Systems main office, The Village of Brookwood, and Alamance Regional Medical Center to alert the community whether or not the air is considered healthy for them to breathe. An air quality flag was raised for the first time in May 2007 in observance of Asthma and Allergy Awareness Month and Clean Air Month.

The flags, colored green, yellow, orange, and red, correspond to the colors of the Air Quality Index (AQI) and advise the community what air quality has been forecasted for the day. A green flag indicates that the air quality is "good", yellow indicates "moderate", orange is "unhealthy for sensitive groups" and red is "unhealthy".

Sensitive groups might include people with asthma or other respiratory illnesses. Each school and business knows which flag to fly through e-mail notification of the air quality forecast for the proceeding day from the North Carolina Department of Environment and Natural Resources.

The Health Department is also concerned about Indoor Air Quality. Currently, the Environmental Health Section of the Alamance County Health Department provides Indoor Air Quality consultation to the citizens of Alamance County. Since 2007, Alamance County Environmental Health has conducted more than 25 indoor air quality assessments in schools, daycare centers, and private residents providing valuable information on potential indoor air quality hazards. Environmental Health also has actively disseminated information on indoor air quality to residents that have expressed interest.

## Transportation

Due to emerging issues (Transportation, Economy, and Access to Healthcare) that were uncovered during the 2007 community assessment, a Transportation Task Force was formed in March 2008. Alamance County residents, leaders, and stakeholders all felt that the lack of public transportation in Alamance County contributed to community members being unable to access services and/or unable to get to work in an affordable manner due to the rising costs of fuel. The efforts of the Transportation Task Force have been organized under Alamance County Community Council, a program of our local United Way. The Chair person for this group is Patrick Harman, of the Hayden-Harman Charitable Foundation. Healthy Alamance has taken an active role in participating in these efforts along with other members from Community Council such as Alamance Community College, Elon University, Women's Resource Center, Alamance Burlington School System, Family Abuse Services, and Alamance County Transportation Authority.

Since the inception of this collaborative group, monthly meetings have taken place, a timeline and action plan have been created, and many objectives have already been completed.

Brief snapshots of these efforts include the following:

- Presentations were made about the start of the Transportation Task Force to community groups such as Community Council, Healthy Alamance Chronic Disease Coalition, and local churches – June 2008
- Hosted a Public Transportation Forum on July 17<sup>th</sup> 2008 with speakers from URS and PART
- Transportation Task Force presented to Graham City Council on July 1<sup>st</sup> 2008
- Studied the history of public transportation in Alamance County – August 2008
- Took key stakeholders and local officials of Alamance County on site visits to Hickory, NC and Wilson, NC to learn about their public transportation systems – August 2008
- A public transportation opinion poll was taken, 100 residents completed it; where 97% were in favor of having a public transportation system, 45.5% lived in Burlington, and 90% worked in Alamance County – July/August 2008
- Representatives from DOT, PART, and the Transportation Task Force presented to Burlington City Council members on September 2<sup>nd</sup> 2008
- Ongoing articles and news stories have been featured in local newspapers and television

The major goals of the Transportation Task Force are to (1) harness and build public support for fixed-route public transit, (2) provide opportunities for supporters and local officials to learn how best to implement a fixed route system and ultimately (3) implement a fixed route transportation system in Alamance County. The Transportation Task Force plans to meet from March 2008 through June of 2009. By February 2009, a report of recommendations and best practices of implementing a fixed route system will be presented. The Hayden-Harman Foundation has pledged \$50,000 a year for three years toward a local public transportation system in Alamance County.

To become involved or seek further information, please email [transitsupporter@aol.com](mailto:transitsupporter@aol.com)

## Substance Abuse

The Healthy Alamance Substance Abuse Task Force (SATF) was formed in 1997 as a result of the Community Assessment. The task force has been meeting monthly since it was established because substance abuse has remained a top concern and priority during recent assessments. The success of the task force is a result of community partnerships and collaborations. Members have blended various resources to draw community attention to efforts addressing local substance abuse issues. Recently, two youth groups, ActUp and ACYAC (Alamance County Youth Advisory Council), began working with the taskforce. These youth groups address tobacco prevention and underage drinking, respectively.

To become involved, contact Laura Kruczynski, Tobacco Prevention Coordinator with the Alamance-Caswell-Rockingham Local Management Entity (LME) at [lkuczynski@acmhdds.org](mailto:lkuczynski@acmhdds.org)

### Alcohol Prevention

The SATF has been working to prevent underage drinking by providing environmental strategies that impact policy change, advocating for laws and procedures that limit access to alcohol to those under 21 years old, and providing education and awareness campaigns across the county. The coalition receives Prevent Underage Drinking (PUD) funds for many of these efforts. Some of main activities include Prom Promise, Red Ribbon Week, Alcohol Purchase Surveys, BARS (Be a Responsible Server) Trainings, and Shoulder Tap Exercises.

Most recently, in May 2008 the SATF was selected as one of eight counties to receive competitive funding by the N.C. General Assembly (a first in state history). This North Carolina Coalition Initiative (NCCI) funding has allowed the SATF to further build capacity in order to reduce substance abuse. As a result of this grant, the Elon Community Coalition (a subgroup of the SATF) was created in September 2008 to target a geographical area that includes Elon University, the town of Elon and Gibsonville, as well as surrounding urban and rural areas. Coalition members chose to continue to address underage drinking after local data showed that this was the drug of choice by youth and contributed to a large number of law enforcement calls and arrests. This subgroup represents a cross section of the target community and the larger coalition, SATF including faith based organizations, parents, local citizens, the school system and university, law enforcement, and health and human service organizations. Promoting responsible drinking through the 0-1-2 message is a goal of this subgroup (0-1-2 is defined as zero drinks if you are under 21, driving, or pregnant – no more than one standard drink per day for women – no more than two standard drinks per day for men). The group is aiming at identifying merchants, parents and others over the age of 21 as sources where youth acquire alcohol and developing a strategic plan that includes specific strategies to impact the problem.

To get involved, contact Karen Webb at [kwebb@bellsouth.net](mailto:kwebb@bellsouth.net)

## Tobacco Prevention

The SATF acts as an advisory board for the administration of the Alamance-Caswell-Rockingham LME's NC Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation Initiative Phase III grant. Phase III concludes in June 2009. A variety of tobacco prevention activities are conducted through this grant and the SATF, including youth empowerment, support for the Tobacco-Free Schools policy in the Alamance-Burlington School System, merchant education, the award-winning smoke-free restaurant campaign, and community education.



ActUp, is Alamance County's TRU group. TRU – Tobacco.Reality.Unfiltered – is a statewide youth movement promoting tobacco use prevention and cessation among young people. ActUp is composed of teens from four of the seven ABSS high schools and continues to expand its membership. The teens are trained in tobacco-related topics, from Tobacco 101 to Advocacy 101, and are actively involved in the planning and implementation of tobacco prevention programming in ABSS and across the county.

In June 2008, the ABSS Board of Education adopted a state-mandated 100% Tobacco-Free Schools policy, which went into effect August 1, 2008. The SATF and ActUp work to promote public knowledge of this policy and also work with ABSS to promote best practices to increase compliance with the policy. The LME promotes cessation resources available to students and staff from Quitline NC, in-school through Not-On-Tobacco classes for teens, and cessation classes for adults through Alamance Regional Medical Center (ARMC) and the Alamance County Health Department (ACHD).

The LME continues to work with the local Alcohol Law Enforcement (ALE) to ensure that tobacco and alcohol merchants are educated on the laws surrounding the sale of age-restricted products. In the spring of 2008, ActUp visited almost 20 local tobacco retailers to promote the Red Flag campaign, which encourages the careful checking of ID for age-restricted products, and to conduct StoreAlert surveys, in which tobacco ads are identified and counted within stores. Most of the stores surveyed received failing grades for StoreAlert because they had too many ads or ads that were too accessible to youth (i.e. child-level, near candy).

In October 2008, the NC Council of Community Programs announced that the Healthy Alamance Smoke-Free Restaurant Campaign will receive its Excellence Award for Prevention/Outreach and Wellness in December. The campaign, which started in 2001, has resulted in an increase in smoke-free restaurants in the county from 56.5% in September 2007 to 64.2% in September 2008. Healthy Alamance, the ACHD, and the LME collaborate on this effort in the community.

To get involved with ActUp, contact [AlamanceTRU@gmail.com](mailto:AlamanceTRU@gmail.com). For more information on the SATF, please contact Healthy Alamance.

Quit Now NC!  
1-800-QUIT-NOW  
[www.quitnownc.org](http://www.quitnownc.org)

## Chronic Disease

The Healthy Alamance Chronic Disease Coalition continues to be active since established because chronic disease remains a top priority. It was formed to encourage disease prevention and reduce health disparities related to Heart Disease/Stroke, Cancer, and Diabetes. The coalition is composed of volunteers, health professionals, community members, faith based representatives, school system staff, local business owners, and Chairperson, Glenda Linens (ACHD). There are three sub groups tackling areas such as: policy, media, and programs. A brief overview of recent efforts includes:

- Working with Alamance Regional Medical Center (ARMC) on adopting a 100% tobacco free policy. ARMC's went into effect in February 2008.
- Working with local business owners to make their restaurant smoke free. We are currently at 64% of all restaurants with smoke free policies in place.
- Public awareness campaign to increase prostate cancer screening took place during summer 2007 featuring billboards, mailings, and a keynote address by nationally acclaimed author, Stedman Graham. Free screening held in fall 2007 had a number of 325+ attending. Ongoing efforts continue each fall.
- Alamance & Graham Downtown Walking programs have been ongoing for 6-week s fall/spring, resulting in over 100 participants. As part of the FIT Community Grant assisting with Graham Walks and local support from the City of Graham, Bill Cooke Park now has a new walking track.
- Alamance on the Move, a 6-month walking competition with over 560 walkers from April-Sept 2007; 250,000+ miles were walked resulting in a new walking track being installed at Morgan Place Park .
- Being Healthy Counts to HIM – continues to be implemented through a lay health advisor model at local African American churches in order to address the issues of diabetes. During the 2007/2008 season a research student from NC State University has conducted an assessment on the program. Program results will be available in 2009.
- Received a second FIT Community Grant (7/2008) in partnership with City of Burlington and East-brooke Apts. to address disparities and access to physical activity.
- ABSS Programs to add physical activity to the classroom and promote good nutrition.
- Eat Smart Move More Weight Less Programs for County Employees.
- We continue to promote wellness through programming at child care centers and industries.

Chronic Disease Death Rate per 100,000	Alamance County Rate 2002-2006	North Carolina Rate 2002-2006
Total Cancer Death Rate	200.9	196.4
Heart Disease Death Rate	205.4	217.9
Diabetes Death Rate	27.7	29.1

Each of the rates listed above have decreased when compared to 2001-2005 trend data.
Diabetes death rates for Alamance County have been decreasing since 2004. In 2004 the rate was 30.7 per 100,000 and in 2006 it is 25.4; however, there was a steady rise between 2002 and 2004.
Cancer morbidity in Alamance County remains higher then the state rate; however, we have decreased from a rate of 542.4 per 100,000 in 2001 to 523.2 in 2005.
Heart Disease deaths have decreased to a rate of 186.5 per 100,000 in 2006 from 195.1 in 2005.
According to 2006 BRFSS data, 62% of Alamance County adults are over weight or obese.

For more information on the Chronic Disease Coalition, please contact Healthy Alamance.

## Emerging Issue

On January 1, 2008, a state administrative rule added requirements for one booster dose of Tdap (tetanus/diphtheria/pertussis) vaccine to be given to adolescents who will be entering 6<sup>th</sup> grade in public schools on or after August 1, 2008, if five or more years have passed since the last dose of tetanus/diphtheria toxoid. The rule also includes individuals attending private, home-school and non-traditional schools who are 12 years old on or after August 1, 2008, if five years or more have passed since the last dose of tetanus/diphtheria toxoid.

This immunization requirement was in response to the increased number of pertussis cases, also known as whooping cough, across North Carolina, with six cases reported in Alamance County since 2003. Emerging from the additional vaccine requirements was an increase in demand of the Tdap vaccine, which placed a higher demand on the Health Department to meet the immunization needs of our community. In response, the Health Department worked diligently holding four special walk-in clinics for this purpose in September to meet the September 23<sup>rd</sup> deadline to prevent students being suspended from school.



Alamance County Health Department  
319 North Graham-Hopedale Road  
Burlington, NC 27217