

Community Assessment 2007

*Working Together to Improve the Health and
Well Being of Alamance County.*



Alamance County

Presented by the
2007 Community Assessment Task Force
under the joint leadership of

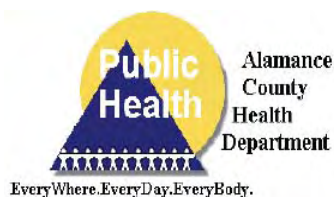


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Acknowledgements

Agency	Role
Alamance Community College	Key Informant
	Assistance in preparing focus groups
	Editing the Community Assessment document
	Member of Community Assessment Planning Team
Alamance Community College - ESL class	Focus group facilitators
Alamance County Chamber of Commerce	Provided data on demographic characteristics
	Key informant
Alamance County Community Services Agency	Provided data related to basic needs
Alamance County Department of Social Services	Key informant
	Assistance with social needs data
	Provided data on strengthening families, basic needs, and literacy
Alamance County Dispute Settlement and Youth Services	Provided data on family needs, mediation, and conflict resolution
Alamance County Health Department	Management and coordination of Community Assessment
	Leadership with health assessment
	Assisted in coordination of the Community Assessment Planning Team
	Lead GIS efforts, GIS training, and organized community member survey
	Assisted in facilitation of focus groups
	Provided financial support for Community Assessment
	Key informant
	Provided volunteers for community member interviews

Agency	Role
Alamance County Meals on Wheels	Provided data related to elderly issues
Alamance County Office	Key informant
Alamance County Parks and Recreation	Provided data related to recreation
Alamance County Sheriff's Office	Key informant
Alamance County Transportation Authority	Provided data related to basic needs and public transit feasibility study
Alamance ElderCare	Provided data related to elderly issues
Alamance Partnership for Children	Key informant
	Key informant
Alamance Plaza	Co-chair of the elderly needs division
Alamance Regional Medical Center	Key Informant
	Assistance with trainings for survey collection
Alamance Regional Medical Center and Healthy Alamance	Provided financial support for Community Assessment
Alamance-Burlington School System	Provided data throughout social assessment
	Member of Community Assessment Planning Team
	Editing the Community Assessment document
	Provided preparation for focus group assistance
	Key informant
Alamance-Caswell Medical Society	Key informant
Alamance-Caswell-Rockingham Local Management Entity	Key informant
	Provided data related to mental health and substance abuse

Agency	Role
AlaMAP	Provided narrative for chapter section
Allied Churches	Provided assistance with social assessment and with the homelessness assessment
Burlington Fire Department	Key informant
Burlington Police Department	Key informant
Community Representative	Key informant
Consultant - Mental Health	Provided data related to mental health issues
Consumer Credit Counseling	Provided data on family needs and economic self-sufficiency
Crossroads: Sexual Assault Response & Resource Center	Provided data on strengthening families and sexual assault
Elon University, Sociology and Anthropology Department	Provided support with focus group analysis
Elon University, Department of Political Science and Public Administration	Provided support with community member survey development
Elon University	Provided volunteers for community member interviews
	Key informant
Employment Security Commission	Provided data on basic needs, workforce, transportation
Exchange Club Family Center	Assistance with focus group and facilitation
Family Abuse Services	Provided data on basic needs and about the battered women's shelter
Hayden-Harman Foundation	Provided focus group facilitator training
	Provided financial support for Community Assessment
	Assistance in preparing survey training days
Healthy Alamance	Led coordination of the Community Assessment Planning Team
	Management and coordination of Community Assessment
	Assisted in facilitation of focus groups

Agency	Role
HomeCare Providers	Provided assistance with elderly data
Kernodle Senior Center	Provided place for focus group and assisted with focus group facilitation
North Carolina House of Representatives	Key informant
North Carolina Senate	Key informant
Public Health Regional Surveillance Team 5	Support and technical assistance with GIS technology and GPS units
The Salvation Army	Provided basic needs data
Twin Lakes Community	Co-chair of the elderly needs division
University of North Carolina-Greensboro, Geography Department	Support and technical assistance with GIS technology and GPS units
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United Way of Alamance County	Management and coordination of Community Assessment
	Provided financial support for Community Assessment
	Management and coordination of Community Assessment
	Leadership with social assessment
Weed and Seed, Burlington Police Department	Member of Community Assessment Planning Team
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	Member of Community Assessment Planning Team
	Provided data on family needs and economic self-sufficiency
Christmas Cheer of Alamance County	Provided data on basic needs section

Executive Summary

COMMUNITY OVERVIEW

Alamance County is in the central region of North Carolina and is conveniently located between two metropolitan areas, the Research Triangle to the east and the Triad to the west. The population has grown about four percent since the 2006 Census, and there are approximately 142,661 people living in Alamance County. Whites comprise 72.5% of the total population, African Americans 18.4%, and Latinos 10.1%.

Alamance County has many assets that help provide for the quality of life and health of its residents. LabCorp (Laboratory Corporation of America) is the largest private employer in the county and Alamance-Burlington School System is the largest public employer. In 2004, the county averaged 6.2% unemployment rate, while the state showed 6.0%. Elon University is also within Alamance County, a nationally recognized four-year liberal arts college and Alamance Community College, which offers a variety of educational and training programs for more than 18,000 students.

HEALTH

Environmental Health: Alamance County residents recognize the importance of a healthy environment. Environmental Health provides a necessary and useful link between chemical, biological, and physical factors of the environment and the actions, attitudes, and behaviors of people within the environment.

Monitoring of outdoor air has shown an increase in the amount of small particles formed from motor vehicle emissions and other fuel-burning activities. Levels of outdoor air pollution in Alamance County are higher than the North Carolina average and approaching the Environmental Protection Agencies' maximum level. Programs addressing outdoor air pollution, and indoor air hazards, like tobacco smoke in restaurants and homes with children are also having a positive impact.

Through enforcement of state laws and rules, the onsite wastewater section protects public health by preventing water-borne diseases. Permitting and inspections of food and lodging establishments and institutions protects citizens from food-borne diseases.

Cancer: For the past four years cancer has been the second leading cause of death, both in the county and the state. It has recently moved to the number one spot. Cancer deaths have a slightly higher rate for the county than the state at 23.3% and 23.2%, respectively. While the death rate is similar to the state, the incidence rate is 10% higher than the state incidence rate. Among all cancers, those that affect Alamance County residents most are lung, prostate, breast, and colon cancers. All of the aforementioned cancers, except for colon cancer, have a higher mortality rate in the county than the state as a whole.

Heart Disease and Stroke: Heart disease and stroke are both diseases of the circulatory system. Men are at a higher risk for both of these diseases compared to women and minorities who are at a higher risk compared to whites. Both of these diseases are linked to lifestyle habits, such as poor diets and lack of physical activity, as well as family history and genetic factors.

Diabetes: Diabetes rates in North Carolina and the nation have shown an overall increasing trend, but there is a downward trend in Alamance County since 2004. Although the county

trend has been staying stable, the deaths due to diabetes are higher for Alamance County than the state, at 34.6 and 26.0 per 100,000, respectively. Among diabetics in Alamance County, 84% are overweight or obese, 78% report eating less than 5 fruits/vegetables per day, and 71% do not meet physical activity recommendations. These causes of diabetes can help county health resources think about potential programming goals when considering diabetes.

Unintentional Injuries: The county has a slightly higher rate of unintentional injuries (not motor vehicle related) compared to the state, at 26.5% versus 26% per 100,000, respectively. These deaths include boating accidents, falls, drownings, and choking. The trend for deaths due to unintentional injury has increased since 1999 at both the state and county level.

Motor vehicle injuries: Between 2001-2005 motor vehicle injuries were the leading cause of death for Alamance County residents ages 20-39. At this same period of time, they were the second leading cause of death for children under 20 years old. The motor vehicle injury death rate is slightly lower in the county as compared to the state. Also, in 2006, motor vehicle injuries was the tenth leading cause of death in Alamance County, killing 21 people.

Alzheimer's Disease: As Americans continue to live longer, Alzheimer's disease is becoming a more prominent issue affecting many families. In 2006, it was the fifth leading cause of death for Alamance County residents (3.9%) and the sixth leading cause of death for North Carolinians (3.0%). This is partly due to the slightly older population in the county than the state. Over the age of 65, at every five year age increment the number of people with the disease doubles. There were 53 Alzheimer's disease-related deaths in 2006.

Infectious Disease: The overall incidence rate for gonorrhea, syphilis, HIV/AIDS, and tuberculosis are all lower for Alamance County as they compare to the state rates. All of these infectious diseases had a lower rate in 2005 than in most of the ten years prior, with the exception of HIV/AIDS. In Alamance County, the current incidence rate of infectious diseases is significantly higher among minorities than the total rate.

Chronic Lower Respiratory Disease: It is the fourth leading cause of death among both Alamance County and state residents. Chronic lower respiratory disease includes Chronic Obstructive Pulmonary Disease (COPD), emphysema, and chronic bronchitis. It was the cause of 5.4% of deaths in both Alamance County and the state. Yet, the county has higher rates than the state for those who die from COPD over the age of 65. Minorities have a lower death rate than whites and females have a lower death rate than males related to chronic lower respiratory disease.

Maternal and Child Health: The term maternal and child health refer to pregnancies, prenatal care, adolescent pregnancies, childbirth outcomes, and other child health issues. There is a slightly higher percentage of women in Alamance County who do not receive prenatal care compared to the state at 19.1% and 16.5%, respectively. There has also been a declining trend over the past ten years of pregnant women who receive prenatal care in the first trimester in Alamance County. While there has been a declining trend in number of pregnant women who smoke, it is still a slightly higher percentage in Alamance County (14.2%) than the state (12.9%). Alamance County's overall teen pregnancy rate has been higher than the state rate since 2000. These statistics put women at higher risks for having children who are either low birth weight (LBW) or preterm births, which are both leading causes of infant mortality. Alamance County has a higher percentage of LBW babies, compared to both the state average and the national average. African American women are at a higher risk for having LBW babies than their white counterparts. The increasing infant mortality rate, rate of women not receiving

prenatal care, and the rate of LBW babies indicates the importance of this issue in Alamance County.

Health Prevention and Promotion: Early detection of disease is a form of “secondary prevention” by reducing the overall harm done and improving the ability to be more proactive. Screenings for colorectal, prostate, breast cancers, diabetes and cholesterol in Alamance County are mostly on par with North Carolina rates. The percentage of adults who have been screened for HIV in Alamance County (40.9%) is lower than the state (43.7%) average.

The rate of North Carolina adults who are obese has nearly doubled since 1990. Obesity is linked to poor diet, lack of physical activity, medical conditions and medications, smoking and age and genetic factors. Obesity is linked to many of the leading causes of death, such as increasing one’s risk for cancer, heart disease, stroke, and diabetes. Health promotion encourages healthy behaviors in Alamance County residents through programs such as “Eat Smart, Move More.”

SOCIAL

Basic Needs: According to the NC Justice Center, a family with one adult and one child must earn \$30,012 annually, and a family of two adults and two children must earn \$48,348, annually, to make ends meet in Alamance County. In 2005, 63% of Alamance County households had **incomes** of less than \$49,999 per year, 28% had less than \$29,999 and 10% had incomes of less than \$10,000. More than half of Alamance County households do not earn enough money to pay for their basic needs.

Thirty-one percent of owners with mortgages, 12% of owners without mortgages, and 47% of renters in Alamance County spent 30% or more of household income on **housing**. The number of foreclosures in Alamance County has risen from 93 in 1993 to 1,149 in 2007, an increase of 660%. According to the NC Division on Aging, 82.5% of Alamance County residents over the age of 65 are homeowners. There are 104 households without complete plumbing in Alamance County where a person 60 years of age or older lives. In Alamance County, 42.1 out of 1,000 people over 65 live in a nursing home; 39.7 out of 1,000 live in an adult care home. Rent and mortgage assistance is provided on a limited basis by the Department of Social Services and/or some nonprofit organizations in Alamance County. For example, in 2006 Alamance County Community Services Agency had 276 requests for rent/mortgage payment assistance. Sixty-six, or 23.9% of those requests were fulfilled. The average monthly income of clients requesting assistance was \$903.60 per month. Low-income housing is available through local housing authorities in Graham and Burlington. Other alternatives for housing are targeted toward special populations.

Between January 2003 and December 2006, 2,723 people were displaced from their jobs due to closings and layoffs. Alamance County’s **unemployment** rate averaged 5.5% in 2006, compared to a statewide figure of 4.8%. 3,866 people were unemployed and actively seeking work in Alamance County in 2006, up from 2,197 people in 2000. The NC Budget & Tax Center states the Alamance County area is expected to add 56,208 jobs between 2004 and 2014. Many of the jobs expected to add the most positions offer low wages, few benefits and little upward mobility. A total of 11,956, or 20%, of Alamance County residents filed for an Earned Income Tax Credit in 2003 indicating that many working poor live in the local community.

More than 400 high school students **dropped out** of the Alamance-Burlington School System (ABSS) during the 2005-06 school year. Statewide, more than 22,000 students dropped out of high school in 2006, the highest number in six years. Over sixty-six percent of Alamance-Burlington’s ninth graders earn a diploma within four years, according to the NC State Board of Education. This is slightly lower than the state rate of 68.1%. The **graduation rate** for

Caucasian students is 73.9% locally and 73.6% statewide. The rate for African-American students is 58.1% locally compared to 60% for the state. The local rate for Latinos is 43.3% versus 51.8% for the state. The graduation rate is 44.8% for ABSS low-income students and compared to 55.3% for state rate. Twenty-nine percent of Alamance County residents over the age of 25 have earned an Associate's Degree or higher. The average earnings of someone with an associate degree are \$26,722 or 112.1% more than someone without a high school diploma or GED, and 35.6% more than a student with a high school diploma or GED (Source: Alamance Community College). For persons earning a Bachelor's Degree, average earnings increase to \$52,200.

Results of the 1998 edition of "Literacy in North Carolina" project that 51% of individuals in Alamance County perform at the lowest levels of **literacy**. This is the most current data available.

Based on the number of families and individuals who seek assistance with **food** through non-profit agencies and other resources, hunger continues to be a major issue in Alamance County. Contributing factors may include a change from the nuclear families to more non-traditional households, emergency or crisis situations, and unemployment or underemployment. The number of people receiving food stamps increased from 4,405 in fiscal year 2005-2006 to 5,036 in fiscal year 2006-2007. Forty-six percent of Alamance Burlington School System students are eligible for free and reduced-price lunch. In Alamance County, there are 942 persons over age of 60 who receive food stamps. Some seniors receive as few as \$10 a month in food stamps. A recent survey, conducted by Alamance County Meals On Wheels, noted that of the 400 clients they serve each day, almost 50% save half or more of their noon-time meal to eat at dinner or on the weekend.

Transportation remains a critical issue in Alamance County especially for people that cannot travel independently and those who do not own automobiles. As part of the Public Transit Feasibility Study, representatives of 19 major employers and agencies completed surveys. These respondents ranked "beginning public transportation" as the most important transportation priority. The transportation priority rated second-highest was "improving transportation services for the elderly and persons with disabilities."

The poverty rate in Alamance County for 2004 was 11.8%, compared to a state rate of 13.8%. For more than 16,000 people in the county, **financial assistance** may make the difference in their ability to maintain fiscal stability. From November 2006 to October 2007, 3,282 individuals or families received financial or housing assistance from Alamance County Community Services Agency. Of those, 12% were elderly. The majority of requests (75%) were for assistance with energy bills. Emergency assistance is offered by the Alamance County Department of Social Services through Title IV-A for very specific occurrences. Disaster relief for fire victims is also available through the American Red Cross. In 2006, there were 44 house fires in the City of Burlington and 53 house fires in the rest of the county. Direct financial assistance in the amount of \$20,000 was disbursed to 152 individuals who were "burned out of their homes." Other local agencies that provide financial and emergency assistance include the Salvation Army, Allied Churches, El Centro Comunidad, and Loaves and Fishes.

Mental Health: Mental health reform is under way in North Carolina with the goals of improving access to cost-effective care, choice in treatment, and system accountability. Under the state reform plan, area mental health programs have become local management entities (LMEs), separating management and clinical functions. Many services once provided directly by area programs are being offered by community-based providers contracting with the LMEs.

The number of **adults** who receive publicly-funded mental health services from Alamance-Caswell-Rockingham LME is equal to the state average of 22 of every 1,000. The number of adults who receive publicly-funded developmental disability services from the Alamance-Caswell-Rockingham LME is equal to the state average of three of every 1,000. The

number of adults who receive publicly-funded substance abuse services from the Alamance – Caswell –Rockingham LME is equal to the state average of seven of every 1,000.

Thirty of every 1,000 **children and adolescents** receive publicly-funded mental health services from Alamance–Caswell –Rockingham LME, which is below the state average. Approximately four out of every 1,000 children and adolescents receive publicly-funded developmental disability services from Alamance–Caswell–Rockingham LME, which is below the state average. Approximately eight of every 1,000 children and adolescents received publicly-funded substance abuse services from Alamance-Caswell–Rockingham LME, which is above the state average.

Major depression occurs in about 15% of the population **over age 65**, more than double the rate of the younger population at 5-8% of the general population. It is estimated that 13.8% of Alamance County's population is over age 65 with the fastest growing segment over age 85. Using these national averages, approximately 2,700 adults over age 65 experience depression in Alamance County, but only a small percentage (10%) seeks professional help. The data also tell us that depression for nursing home residents can reach as high as 25%.

The Alamance-Caswell-Rockingham LME reported approximately 18 out of 10,000 were **hospitalized** for one to seven days and approximately nine out of 10,000 were hospitalized for eight to 30 days. The report continues, "Almost 90% of NC's admissions to state psychiatric hospitals in 2006-07 were for stays of 30 days or less."

Financial Security: Many families in the community rely on a dual income family structure. With a 60% divorce rate in Alamance County, more and more families are suddenly faced with a reduction or loss of **financial** support due to separation, divorce, disability or death of their spouse. In examining local data from 2000-2006, Alamance County concerns are clearly evidenced with foreclosures growing by 46% (491 in 2000 to 718 in 2006) and bankruptcy filings have grown by 163% (254 in 2000 to 669 in 2006). A number of community agencies provide budget counseling to assist families with self-sufficiency, avoiding bankruptcy and foreclosures, and asset accumulation.

Continuing education and life skills training contribute to financial security. Continuing education serves nearly 15,000 students in Alamance County per year. Alamance Community College is the primary provider of education for adults. Elon University is the third largest private university in North Carolina. Elon offers over 45 fields of study for students.

Currently in Alamance County, 13.8% of the population is over the age of 65 and 15.8% are between 50 and 64 years old. The **elderly** population in Alamance County is rapidly growing. The county and state average for seniors 65 years old or older is 13.9% and 12%, respectively. One of the most vulnerable groups of older adults includes the individuals who are "in the gap". These individuals have more than \$817 in monthly income (the current Medicaid-eligibility limit which is anticipated to increase to \$851 on April 1, 2008), but not enough to privately pay for some basic necessities. It is estimated that this gap is where the majority of Alamance County citizens will find themselves as they age and retire.

Judicial Services and Assistance: Total index **crime** for 2006 was 6,494 offenses, an increase from 6,241 in 2005. Of the crimes listed in the 2006 total, 9% were aggravated assault, 22% were burglary and 61% were larceny. Juvenile arrests in Alamance County totaled 1,040 in 2006 compared to 980 in 2005. Of the 2006 juvenile arrests, 29% were related to alcohol or drugs, 21% were for assaults, and 16% were for larceny.

Almost two out of every three marriages end in divorce in Alamance County. **Family law** includes the area of law related to separation, divorce, child custody, alimony, adoptions and guardianships. Unlike criminal law, where indigent clients may be assigned a free attorney, family law is civil with costs being paid by each party in the case. From July 2007 to December 2007, 51 out of 181 (29%) of the displaced homemakers receiving services from Women's

Resource Center needed legal services, resources and/or information. Options for access include Legal Aid of North Carolina or mediation.

“North Carolina law requires that both parents support their children until they are 18 or complete high school...even if the parents have never been married.” (Family Law in North Carolina, 5th Edition, June 2007) In Alamance County, the child support program is administered by the Department of Social Services. In 2006, 526 new child support orders were established. There were 4,055 child support cases in court.

Guardian ad Litem services are available to make independent recommendations to the court for services, which focus on the needs of each child. The Guardian ad Litem advocates for a permanent and safe home for every child within the shortest time possible.

Education/Prevention: Prevention services are available through the Student Support Services Department of the Alamance-Burlington School System. They assist schools in identifying and helping students who experience difficulties academically, emotionally and socially. Parenting classes are available through the Exchange Club’s Family Center of Alamance. Also, child-serving agencies in Alamance County are presently in the process of cultural change focused on becoming more “family-centered.” Families are being engaged as partners with agency personnel in developing and implementing service plans for themselves and their children. Parent Partners are parents who have successfully navigated a child-serving system (e.g. have had their children removed by Social Services and have made the necessary changes to have custody returned) and will work directly with parents who are entering one of these systems.

The availability of quality **child care** is an important component of any community. In 2003, Alamance County had 10,076 children under five years old (North Carolina Division of Child Development website). Of these, 2,805 children in Alamance County, or 28%, were cared for in licensed day care facilities. In February 2007, 1,265 children were receiving subsidized day care. It is estimated that there are 5,989 children eligible for this service.

Residents of Alamance County have a variety of public and private options to choose from when it comes to **recreational activities**. The Alamance County Recreation and Parks Department manages several parks and recreation centers. In addition, Burlington, Gibsonville, Graham, Haw River, and Mebane all have their own departments of recreation and parks. All together, there are nearly 30 parks and recreational facilities throughout the county.

Youth: According to the U.S. Census Bureau’s, Alamance County’s **youth population**, those under the age of 19, is 36,686. According to the Alamance-Burlington School System (ABSS) 2007 Information Guide, over the past five years enrollment has increased by 949 students or almost five percent. The Alamance-Burlington School System ranks as the 16th largest school district in North Carolina. More than 300 teachers, therapists and teacher assistants serve 3,275 students with disabilities in the Alamance-Burlington School System. In addition, over 224 preschool students with **disabilities** receive services through the district’s pre-kindergarten disabilities program. Title I is the largest single federal investment in education and provides money to schools nationwide to improve educational outcomes for students at risk of educational failure. For the school year 2006-2007, Alamance-Burlington School System received three million dollars in federal Title I funds. Several after-school programs offer mentoring and tutoring services. In addition, there are seven private schools and three charter schools in Alamance County.

Latino Population: The **English as a Second Language (ESL)** school population in ABSS has grown from 192 students in 1992 to 3,370 in 2006. Within this number, 2,344 students, or 70%, are limited English proficient (LEP). Alamance Community College offers

ESL classes as well. In 2005-2006, 953 people participated in ESL classes at Alamance Community College.

A 2006 report by the University of North Carolina at Chapel Hill reported that between 1995 and 2005 Latinos accounted for 35.1% of the state's overall **work force** increase, with the construction industry absorbing most of the increase. In those ten years, the Latino work force increased by 241,602, with workers filling one in three jobs created in the state. In Alamance County, there were 4,265 Latino workers in 2000, according to census figures.

The study also found that between 1995 and 2005 the percentage of Latinos who were **self-employed** in North Carolina increased by 426%, while non-Latino self-employment grew 9.8%. This is a large area of economic growth in the state. Approximately 4,636 Latino entrepreneurs started professional and business services while more than 4,284 worked in the construction industry. These two areas combined made up more than 76% of the Latino self-employment growth. In Alamance County, it is estimated that there are about 50 Latino-owned businesses.

According to Tony Laws, Burlington's Director of Burlington **Recreation** and Parks states that, "I see a lot of Latinos using our parks. Picnic shelters, the City Park playground, and the Mebane Street walking track are the most popular spots. Latinos account for roughly 25% of the increase (of overall traffic in parks.)" (Times-News, September 1, 2007, Robert Boyer, "Parks Look to Help Immigrants Feel Part of the Community")

Victim Assistance/Community Violence: In 2005, Family Abuse Services, which provides services to **domestic violence** survivors, housed 115 women and children, the equivalent of 869 shelter nights. For 2006, they sheltered 136 women and children, the equivalent of 687 shelter nights. Family Abuse Services received 432 crisis calls in 2005 and 448 crisis calls in 2006. The number of clients increased between 2005 and 2006.

Sexual violence is a serious problem that affects millions of people every year. Its victims are at increased risk of being abused again. The National Violence Against Women Survey (NVAWS) found that only one in five adult women (19%) reported their rapes to police (Excerpt from CDC, 2006). Thus, the 31 police reported rapes in Alamance County for 2005 indicates that 162 were likely assaulted, based on the rate of underreporting. National data also estimates that one in five women and one in 33 males will be sexually assaulted in their lifetime. It is generally believed that one in four girls and one in six boys will be abused before age 18. The average age at which children are sexually abused is between seven and 13. In 2006, CrossRoads served nearly 240 children, which surpasses the number of DSS substantiated cases. Overall **child abuse** reports increased from 1,583 in 2005-2006 to 1,790 in 2006-2007.

In 2006, Alamance County had a substantiation rate of 21% for adult protective services visits, which is slightly higher than the state average of 18%. Alamance County has experienced a 100% increase in disabled and **elder abuse**, neglect and exploitation cases over the past 5 years. According to the NC Division of Social Services Adult Protective Services Report, the total number of reports accepted for evaluation in Alamance County increased from 37 in Fiscal Year 2001-2002 to 126 in fiscal year 2005-2006. The numbers decreased somewhat for fiscal year 2006-2007, with the Alamance County Department of Social Services accepting 75 reports of elder abuse for evaluation. Of those, 39 were confirmed mistreatment, 32 were confirmed neglect and 6 were exploitation.

Incidents of violence per 1,000 students has decreased from 7.35 in fiscal year ending 2001 to 6.2 in fiscal year ending 2006. **Juvenile arrests** in Alamance County totaled 1,040 in 2006 compared to 980 in 2005. Of the 2006 arrests, 29% were related to alcohol or drugs, 21% were for assaults, and 16% were for larceny. The North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP) partners with Juvenile Crime Prevention Councils (JCPC) in each county to motivate community leaders locally and statewide to reduce and prevent juvenile crime. Alamance County JCPC Board Members are appointed by the

Alamance County Board of Commissioners and meet monthly. The meetings are open to the public and all business is considered public information. DJJDP allocates approximately 23 million dollars to these councils annually. Funding is used to subsidize local programs and services.

Family Abuse Services' Visitation Center provides a program of **monitored exchanges** and **supervised visitation**. The Visitation Center's mission is to provide healthy and safe relationships with parents and their children by providing a safe environment, free from family conflict. Monitored exchange is supervision of the transfer of the child from one parent to the other. Supervised visitation is the supervision of visits between non-custodial parents and children when a history of domestic violence, child abuse, or other harmful behavior is present, alleged or undergoing investigation. Supervised visitation provides an opportunity for parents to maintain contact with their children in a safe and neutral setting. Monitored Exchange and Supervised Visitation is provided at the Visitation Center, which is a partnership of Family Abuse Services, Healthy Alamance, Burlington Police Department and Department of Social Services. The Visitation Center is also a member of the Supervised Visitation Network.

Emerging Issues

The emerging issues that have surfaced from conducting the assessment and compiling this document are those issues that came up in the survey portion, the focus groups, the key informant interviews, and the secondary data. Many issues that are still of concern were also evident in the last assessment completed in 2003. The three social and health issues that surfaced through this assessment process include:

Social (1) Transportation (2) Economy (3) Community Violence

Health (1) Chronic Disease (2) Tobacco (3) Access to Healthcare

Alamance County has a lot to be proud of, as well as things that do need attention. This assessment provides insights and facts about the community for professionals working in their perspective fields and citizens living in our neighborhoods. The document is a priceless tool because it uncovers how our county feels about important issues as it also serves to educate the county with reliable data and resources. This assessment was a process completed by the community and will be utilized by many health and social organizations, human service agencies, civic, faith, education, and community groups, along with businesses to strategize plans for future projects or when seeking partners and resources for new initiatives. It is the hope of those that gave their time, talents, and resources in the production of this assessment that this document be consulted and reviewed throughout the next four years.

To become involved with community work related to the social assessment of this document please contact the United Way of Alamance County. The United Way of Alamance County, as an organization of donors and volunteers, exists to provide opportunities to the community to address its human service needs. They strive to identify those needs, to educate the community, and to acquire, organize, and allocate resources in a manner that ensures accountability and maximum effectiveness. Community Council, an affiliate of the United Way of Alamance County, was organized in 1939 to coordinate human services in Alamance County. The Council – which is a great asset to those dedicated to the quality of life of Alamance County residents - serves as a networking opportunity, an educational forum, and a planning organization. Council members are professionals, volunteers, and interested community members involved in social services, recreation, education, health, government, and civic and religious organizations.

To become involved with community work related to the health assessment of this document please contact Healthy Alamance. Healthy Alamance is part of the state-wide network, Healthy Carolinians. Locally, Healthy Alamance leads various coalitions committed to identified health issues where activities are designed to improve access to, and increase awareness of preventive health services for all those in Alamance County, and eliminate health inequities among the underserved populations. Healthy Alamance works with community partners to promote healthy living, prevent and/or manage disease, and improve the availability of information and resources to better serve Alamance County residents. Every four years the Healthy Alamance coalition members work to update and develop Community Health Action Plans detailing the strategies to best address priority issues. Members of the coalition, through their respective agencies, disseminate information, foster collaboration, combine resources,

implement programs, evaluate efforts, and identify additional needs. Currently Healthy Alamance is directing efforts toward chronic disease, specifically diabetes, cancer, and heart disease. This is done through health promotion activities to reduce chronic disease as well as by chronic disease management to assist those with chronic disease. In past years efforts were put toward issues such as: access to healthcare, child abuse, substance abuse, asthma, and obesity. The programs that were established are still in existence today.

The Alamance County Health Department works hand and hand with Healthy Alamance to complete a health assessment every four years and works actively with the community coalitions to address health issues.

The contents of the Community Assessment will be disseminated to the community via listservs, the Healthy Alamance, Health Department, and United Way websites, DVD's, facilitated meetings, and a community forum scheduled for late March, 2008.

Community Health and Social Assessment Process

There were four different methods of compiling data for this report:

- surveying county residents
- conducting focus groups about key issues
- compiling secondary data from existing resources
- consulting with key informants about what they feel are pressing issues

These were done in sequential order— going from the broad community to individuals – in order to recognize gaps in services along with the perceived and actual needs in Alamance County.

The Alamance County Community Assessment for 2007 includes both social and health concerns, which means that there were many partnerships and agencies that were involved in the process.



Surveys

The survey process was the most innovative, using Geographic Information System (GIS) technology as the surveying tool. The survey that was used for the assessment is comprised of questions from various local agencies and focused on questions that could not be answered through existing secondary data, such as the Behavioral Risk Factors Surveillance Survey (BRFSS), US Census Bureau, or the North Carolina State Center for Health Statistics (SCHS). The questionnaire had 50 questions and took approximately 20 minutes. Each interviewee was given a \$2 bill as an incentive for their participation.

The GIS program randomly generated 210 points within the Alamance County limits that would be the basis for obtaining a statistically significant cross-section of data that would represent the county as a whole. Along with gathering informational data, the GIS technology allowed us to geographically map where matters are being voiced in the community and finding potential correlations between service locations and concerns. The survey was uploaded onto GPS (Global Positioning System) handheld devices, and community volunteers were trained in using the handheld devices. Over five Saturdays, starting in October, 2006 through March, 2007, 82 volunteers, mostly Alamance County residents, knocked on doors throughout Alamance County using the handheld devices to administer face-to-face surveys. The surveys were also translated into Spanish for those households where Spanish may be the first language. The GIS surveying tool helped to reduce the amount of bias through generating random points, potentially reaching all populations equally.

To see more about the surveying techniques used and the specific questions that were asked, please refer to the “Survey Statistics” section in the Appendix.



Focus Groups

The Community Assessment Team conducted seven focus groups with residents of Alamance County. Focus groups helped us to learn about opinions, beliefs, and attitudes through group discussion and qualitative data. The cohort groups were chosen based on populations in the county that may have further information about issues that were apparent in the survey data. The seven groups were either recruited from existing groups or volunteered randomly:

- Professionals in their 20s
- High school teenagers
- Parents of teenagers
- Latinos
- Unemployed
- Parenting/Pregnant teenagers and
- Seniors (Those over 65 years old)

The purpose of conducting these seven focus groups was to hone in on issues that were significant in the survey data. To read more about the methodology, questions, and purpose of the focus groups, please refer to the “Focus Groups” section in the Appendix.

Secondary Data

In order to learn more about specific factors affecting the welfare and quality of life of Alamance County residents, several readily available data sources were consulted. For information on the economic, social, and environmental climate in the county, the 2005 US Census was heavily relied upon. Data synthesized from many other state and local agencies was used to supplement census data when necessary. Data were not always updated as regularly, and in those cases, the most recent statistics that were most recent and relevant were used.

The primary source of health data for this report is the North Carolina State Center for Health Statistics (NC SCHS). The NC SCHS compiles incidence, prevalence, and mortality data, as well as some health and social resource data into County Data Books, the most recent of which was published in 2005. Social data used a variety of sources as there are a wide range of topics. Additional agencies were consulted in order to fill in the gaps in information obtained from the County Data Books.

The Behavioral Risk Factor Surveillance System (BRFSS) is also a primary source within the SCHS that constitutes a majority of the secondary data in this document. It is a random telephone survey of state residents aged 18 and older in households with telephones. The BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three United States territories. The North Carolina Division of Public Health has participated in the BRFSS since 1987 and Alamance County has

participated since 2004. Through BRFSS statistics, information is collected in a routine, standardized manner at the state and county level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes, and injuries. As stated above, questions that seemed relevant to Alamance County that are not asked in the BRFSS were asked in the survey stage of the community assessment.

To see a list of Alamance County, North Carolina, and United States references used in this assessment, please refer to the “References” section in the Appendix.



Key Informant Interviews

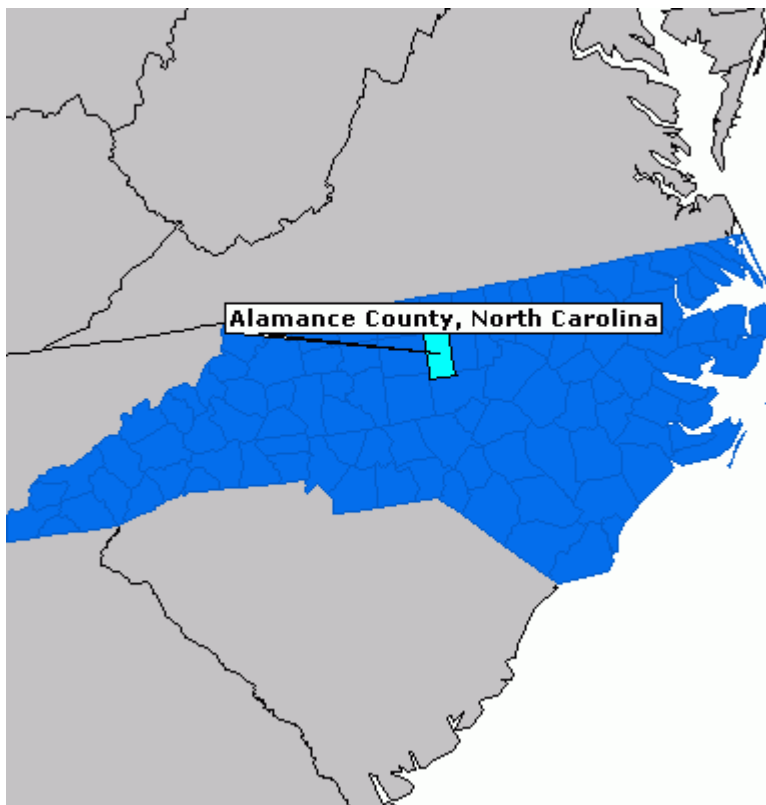
The Community Assessment Team conducted interviews with 17 community leaders. Similar to focus groups, key informant interviews are qualitative in-depth interviews with those that make decisions, are well-connected, or have a lot of first-hand knowledge about the community. In most cases these interviews were conducted face-to-face but in some cases they were by telephone or email for sake of convenience. Questions for key informants were targeted at naming strengths and challenges faced in the county, how the key informants find information in their respective field, and listing potential steps that can be taken to enhance and strengthen the health and quality of life in Alamance County.

To learn more about how key informant interviews were conducted, questions asked, and responses, see the “Key Informant Interviews” section in the Appendix.

History, Location, and Geography

Alamance County was formed in early 1849 and is centrally located in the Piedmont region of North Carolina. According to legend, the word “Alamance” was a local Native American word used to describe the blue mud that was found at the bottom of the creeks. European Americans came into the region following the Native American trading routes that later served as the basis for the highway system. Alamance County was also a notable site for many battles during the American Revolution. Textiles have long been one of the county's major industries.

Alamance County is located between two metropolitan areas, the Research Triangle to the east and the Piedmont Triad to the west. It is 150 miles east of the Appalachian Mountains, 200 miles west of the Atlantic Ocean, 30 miles south of the Virginia border, and 130 miles north of the South Carolina border.



The largest portion of Alamance County's western border is shared with Guilford County, and to a small degree Rockingham and Randolph counties. To the north, the County is bordered by Caswell County, to the east by Orange County, and to the south and east by Chatham County.

Alamance County consists of nine municipalities. Burlington is the most populated city in the County, and Graham is the County seat. 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.

It is easy to access the county by interstate highway. Interstates 85 and 40, as well as US Highway 70, bisect the county almost equally into northern and southern portions. The highway connects Orange County on the east to Guilford County and on the west by way of Mebane, Graham and Burlington. Interstate 40 provides residents with access to the Piedmont Triad International Airport, located 35 minutes west in Greensboro, and the Raleigh/Durham International Airport, located 45 minutes to the east. The county is served by Norfolk Southern Railway, and is a major stop on the Amtrak Passenger Railway System. Bus lines offering passenger services are Carolina Trailways and Greyhound.



Nine key informants stated that Location is Alamance County's biggest strength.

Source: 2007 Community Assessment Key Informant Interviews

The County land area is 428 square miles, with an elevation of 656 feet above sea level, and approximately 70 percent of the County's population lives in urban areas. Areas of urban development lie predominantly in a small central area of the County along Interstate 40, while the northern and southern areas of the County are primarily rural.

Alamance County lies in a warm temperate climatic zone and enjoys mild year-round weather conditions. Average annual rainfall is approximately 45 inches, while average annual frozen precipitation is four inches.



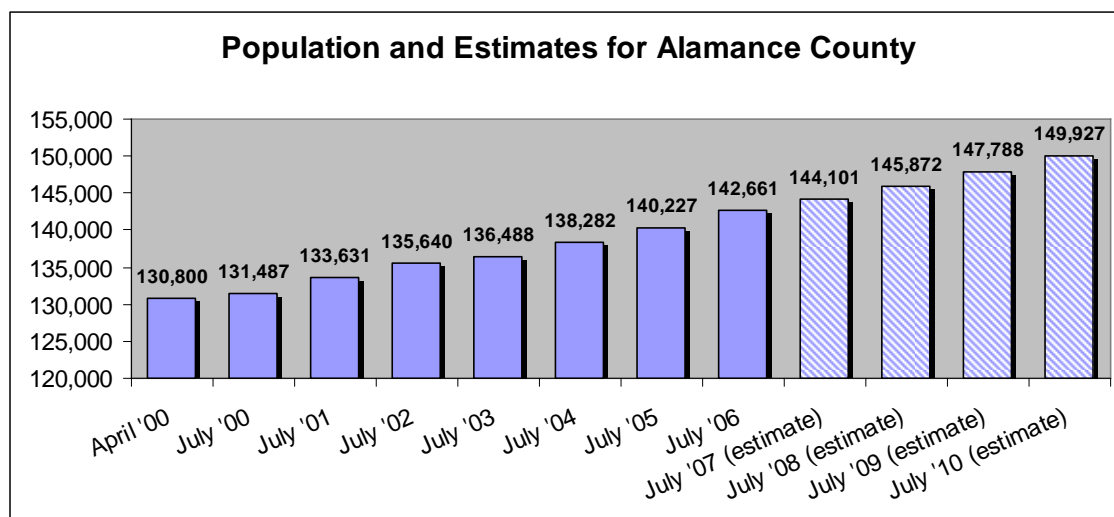
Demographic Characteristics

Population Characteristics
Political Environment
Education
Economy/Poverty Level

Population Characteristics

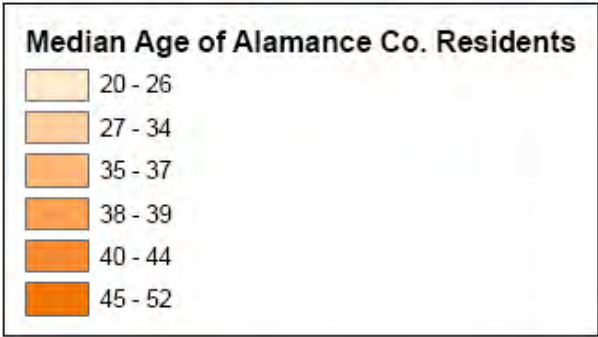
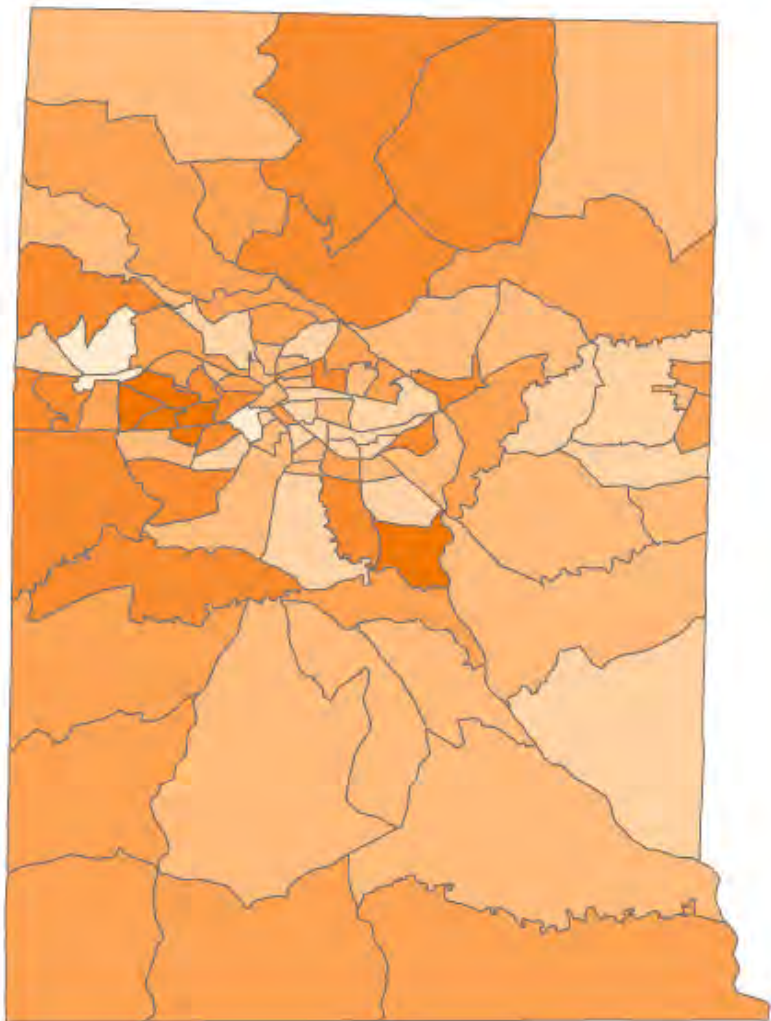
According to the figures in the 2005 US Census and the State Center for Health Statistics (SCHS):

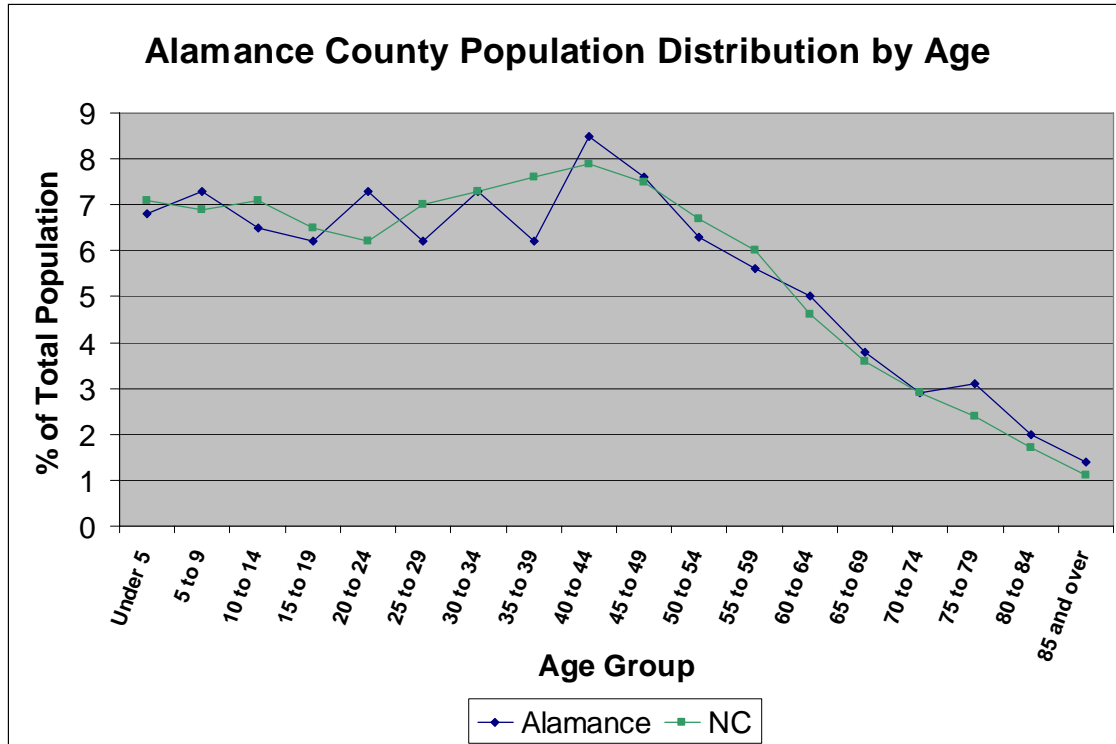
- Alamance County has a population of approximately 142,661 persons, with a population density of 341 persons per square mile.
- The Alamance County population has grown by more than 9% from April, 2000 to July, 2006.
- According to the US Census, it is projected to increase by 12.8% between 2000 and 2010, growing to 149,927.



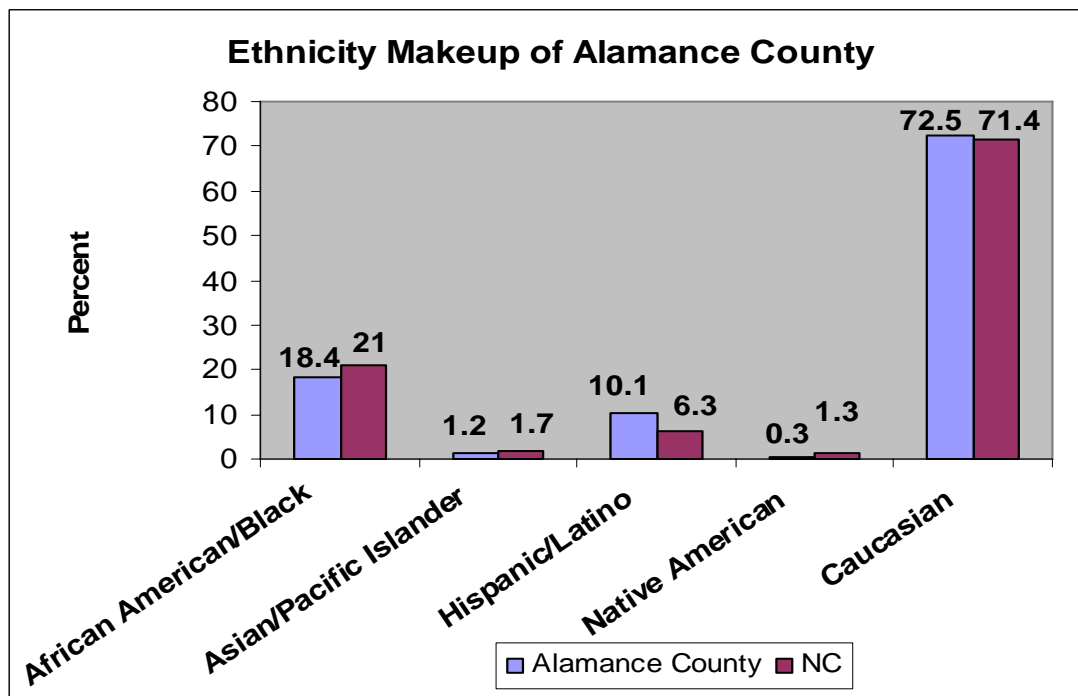
- The age distribution of Alamance County differs from the state age distribution. Alamance County has a smaller proportion of adults of working age and slightly larger population of retired adults than the state average.
- The median age of Alamance County is 36.7 years and the median age for the state is 36.2 years.
- 26.8% of the county residents are under age 18.
- 13.2% of the county residents are over age 65.
- There are 61,039 households in the county averaging 2.47 persons per household.

Median Age of Alamance County Residents

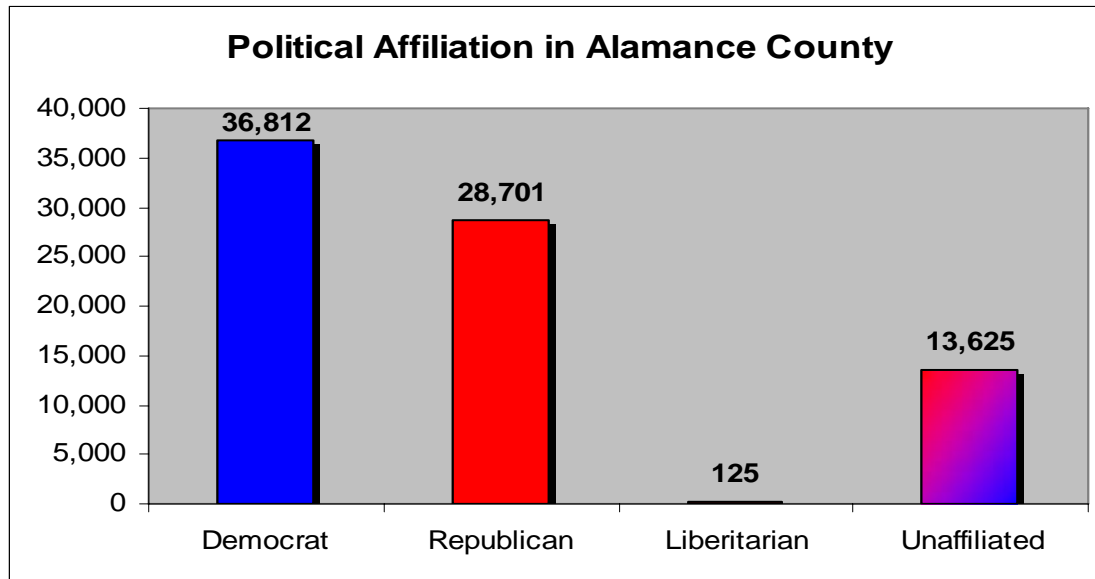




Alamance County has a lower proportion of African Americans and Asians than the state, yet the county has a 60% greater proportion of Latinos than the state.



Political Environment



Alamance County 2005 Registration Statistics -<http://quickfacts.census.gov/qfd/states/37/37001.html>

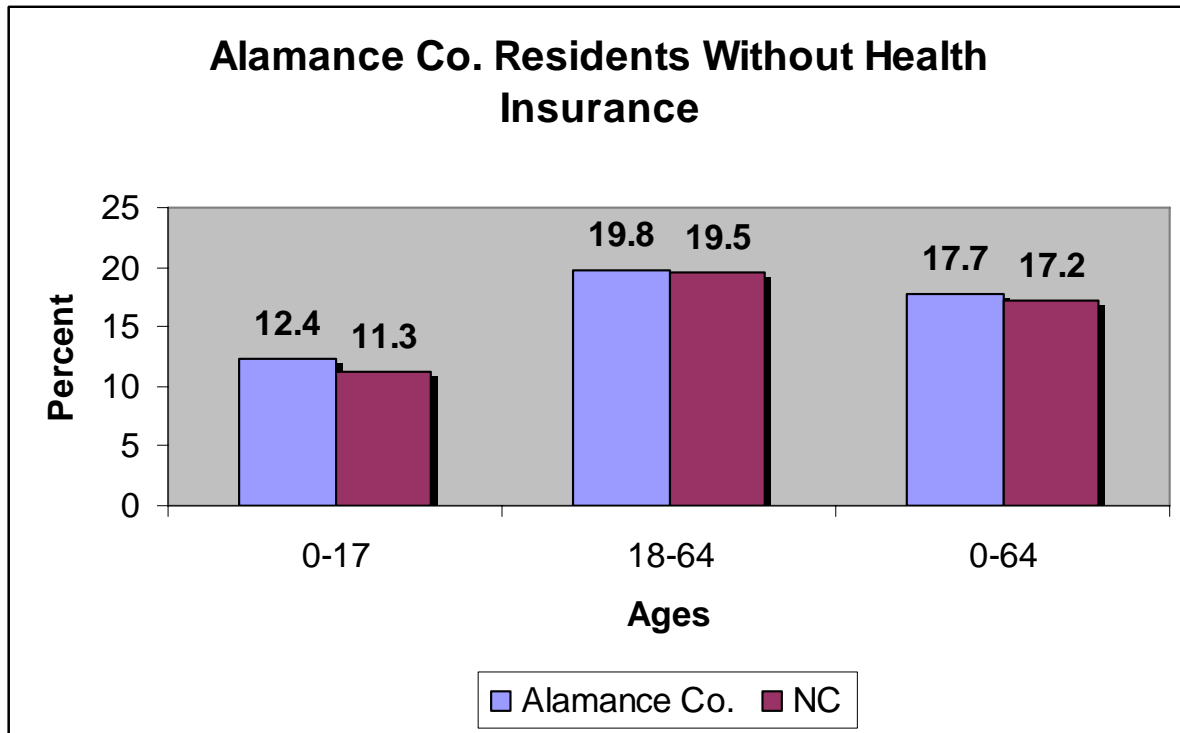
Education

- 23.5% of Alamance County adults aged 25 and older does not have a high school diploma. 57.3% are high school graduates, and 19.2% have received postsecondary degrees.
- Regarding employment status, it is estimated that 66% of residents over 16 years old are in the labor force, which mirrors the state's percentage of 66.6%.

Economy/Poverty Level

- In 2004, the county averaged 6.2% unemployment rate, while the state showed 6.0%.
- Children living in poverty is estimated at 15.2%, which is almost four percent lower than the state average at 19.1% in 2003 (www.ncchild.org).
- Families with children that receive food stamp assistance is 12% for the county and 18.2% for the state (www.ncchild.org, 2004).
- The 2005 mean family income for Alamance County is \$56,074, which is 12% below the state average family income of \$63,402

Alamance County's 2005 rate of uninsured was 17.7%, ranking it the 40th county in the state for uninsured. The state has a slightly lower rate of uninsured at 17.2%.

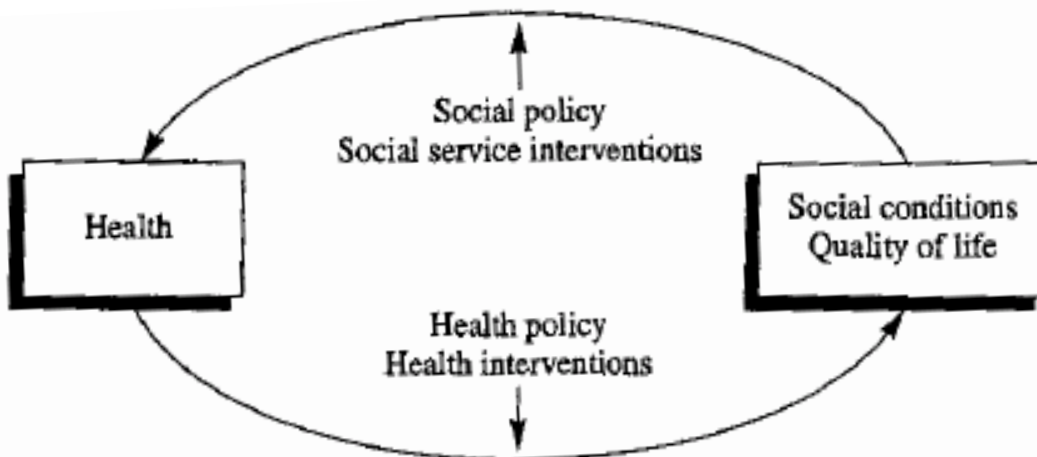


SCHS: 2005 Census Bureau's Current Population Surveys: Alamance County

How to Use this Assessment

According to the North Carolina Healthy Carolinians website: “A community assessment is a process by which community members gain an understanding of the health, concerns, and [quality of life] systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. A community assessment usually culminates in a report or a presentation that includes information about the health of the community as it is today and about the community’s capacity to improve the lives of residents. A community health assessment can provide the basis for discussion and action.”

This assessment is meant to capture statistics, attitudes, beliefs, and the overall environment – physical, cultural, economical, and political – of Alamance County. It is important to recognize that there is a reciprocal relationship between the health and social conditions in a community, as shown in the diagram below by Green and Kreuter in *Health Promotion Planning: An Educational and Ecological Approach* (1999). Alamance County is no different, which is why this assessment is not solely concentrated on health or social issues, but rather shows that they both play key roles in shaping the county.



The Community Assessment can be utilized in various ways. This assessment can help grant writers find statistics quickly. It can also help inform agencies and individuals about the current situation in a specific area of interest. Attitudes and beliefs of residents (i.e. surveys and focus groups) can drive community level changes just as easily as policies and policy makers (i.e. key informant interviews and secondary data).

As you use this assessment keep in mind: “Health problems influence quality of life at the same time that quality of life affects health...Health workers can effectively address this aspect of the reciprocal relationship only in cooperation with social workers, recreation professionals, law enforcement, and those in other sectors who shape social policy and social service programs.” (Green and Kreuter, 1999)

Health Assessment

Environmental Health and Physical Context

Overview
Water Quality
Air Quality
Solid Waste
Rabies
Food Protection

Overview

Our environment is a dynamic and important determinant of health for Alamance County's citizens. Changes in air, land, and water quality have direct and indirect impacts on human health. Baseline data collection and research demonstrates interconnectedness among environmental health and a range of community factors (see Figure1).

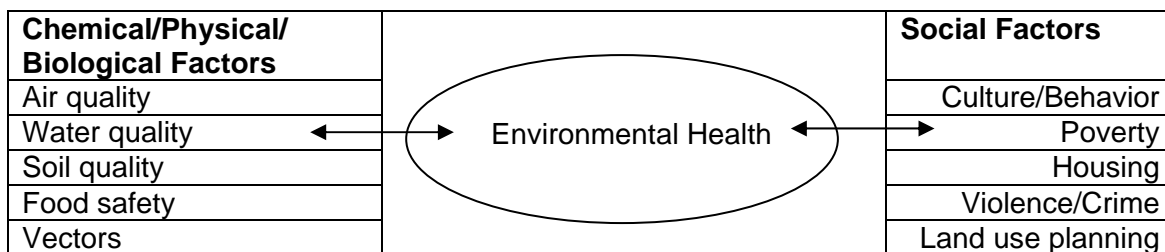


Figure 1. Environmental health relates health and social issues. Adapted from: *New Mexico Community Environmental Health Assessment Toolbox*. 2004. Southern Area Health Education Center and New Mexico Department of Public Health Environmental Epidemiology Bureau.

The Alamance County Area Chamber of Commerce, www.choosealamancenc.com, describes Alamance County as “an emerging corridor of commerce where two major Interstates 85 and 40 links two of the fastest growing and most talked-about metro areas on the East Coast.” The Alamance area (including Alamance, Caswell, Davidson, Durham, Forsyth, Guilford, Orange, Person, Randolph, Rockingham and Wake Counties) population grew by 9.1% or by 211,031 people from 2000 to 2005. Along with the positive effects of economic development, there are negative impacts of growth, including loss of open spaces, more automobile miles driven, more water use, and more waste deposited to the environment.

Reflecting statewide trends in land use, rural and suburban areas in Alamance County are changing. In the rural areas, farms are becoming subdivisions with larger homes, smaller lots, and paved roads. In the suburban areas, commercial developments are expanding from stores on the corner to strip malls, apartment buildings are becoming more numerous, and more roads with more lanes are being built.

During the assessment period, environmental health concerns have received increased or renewed attention, especially ways human activities affect the safety of food, drinking water, air, and possible disparities in environmental risks in certain populations. Comments provided throughout the assessment process touched on the negative perceived impact of rapid development across the county on air and water quality. Local citizens identified solid waste issues throughout the county and expressed concerns about environmental risks to children's health. Each resident has a role in preventing disease and promoting healthful environments for everyone.

Water Quality

Alamance County contains a portion of the Haw River and Deep River watersheds. The county lies within the Cape Fear River Basin, the longest in the state stretching over 9,000 square miles from the Piedmont to the coast. The Haw River, headwaters of the Cape Fear, is moderately impaired and ranks below the national and state average of watersheds for health, as measured by the United States Environmental Protection Agency (EPA). Nine percent of surface waters here have reported problems and 25 water bodies were considered impaired at the most recent assessment in 2004. Source: North Carolina Department of Environment and Natural Resources (DENR) and United States Environmental Protection Agency's "Surf Your Watershed: Alamance County" (<http://cfpub.epa.gov/surf/locate/index.cfm>).

Data from the DENR and EPA reveals that the main stressors to surface and ground waters in Alamance County are from nonpoint sources. Nonpoint pollutants include sediment runoff from improperly managed agricultural, construction, or logging sites, as well as excess fertilizers, herbicides, insecticides, oil, grease, toxic chemicals, and bacteria and nutrients from livestock, pet wastes, and faulty septic systems Source: NCDENR, Division of Water Quality, NonPoint Pollution Program, <http://h2o.enr.state.nc.us/nps/>.

According to the North Carolina Department of Environment and Natural Resources, Division of Water Quality, there are 110 active community water systems in Alamance County, ranging in size from large (the City of Burlington serves more than 56,000 people) to very small (for example, mobile home parks serving 25 people or more). These public water supplies rely on surface water or groundwater, or a combination of the two. Federal and state agencies regulate public water supplies and enforce national guidelines for drinking water quality in Alamance County. During the assessment period, public water supplies maintained compliance with these standards (Source: United States Environmental Protection Agency, Safe Drinking Water Information System, last updated April 27, 2007, <http://h2o.enr.state.nc.us/nps/WQData.htm>).

Besides these regulated community water systems, many county households, businesses, and shared facilities rely on well water. Local environmental health specialists enforce "Alamance County Board of Health Regulations Governing the Construction, Repair, and Abandonment of Wells," as well as collect samples and provide technical assistance to homeowners. Environmental Health also conducts surveillance of water quality in public and private well water, including free bacteriological, chemical, and nitrate samples for all new wells.



Forty-eight percent of households reported that they are on well water. Seventy one percent of homeowners with private wells have had their well water tested.

Source: 2007 Community Assessment Household Survey

Almost 1,700 new wells were inspected in a four-year period from 2003-2006, and approximately 1/3 of new wells were sampled for water quality. The majority of water samples were for bacteria, with more than 3,000 bacteriological samples collected upon request at new

and existing residences, schools, and restaurants (Source: Environmental Health summary report calendar year 2001-2006).

From 2003-2006, almost 1/3 (29.8%) of bacteriological samples were positive for total coliform, and three percent were positive for fecal coliform (Figure 2 and Figure 3). In investigating contamination problems, the department conducts well camera inspections at the homeowner's request to check for leaks in the casing or improperly sealed wells, as well as, other well construction problems that may be present. Positive samples for coliform indicate bacterial contamination, which may cause gastrointestinal illness. In a 2002 study in West End communities, University of North Carolina at Chapel Hill researchers noted there is a particularly high vulnerability of groundwater contamination in rural areas of lower socio-economic status and minority populations that also have failing on-site sewage treatment systems (Source: WERA report accessed June 4, 2007 from <http://www.wera-nc.org/>). There were 320 permitted repairs of on-site septic systems completed from 2003-2006 (Source: Alamance County Environmental Health summary report). Maintenance of septic systems includes having the tanks pumped every 3-5 years depending on water use. Approximately 2/3 of surveyed respondents self-reported having their septic tanks pumped at least once every five years.

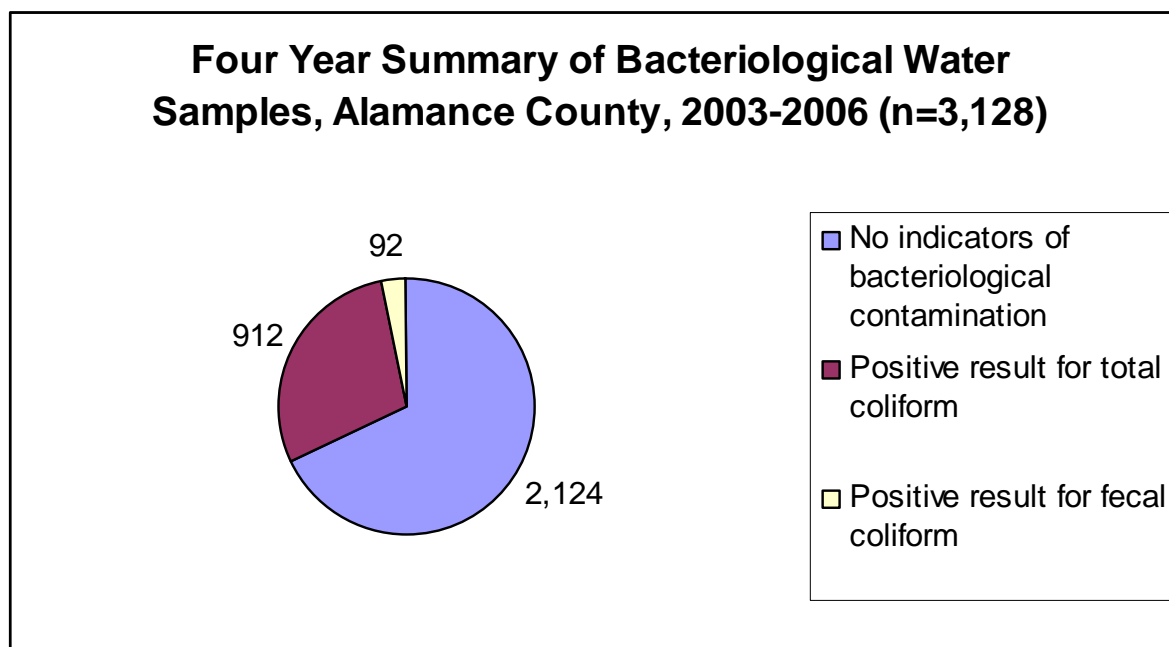
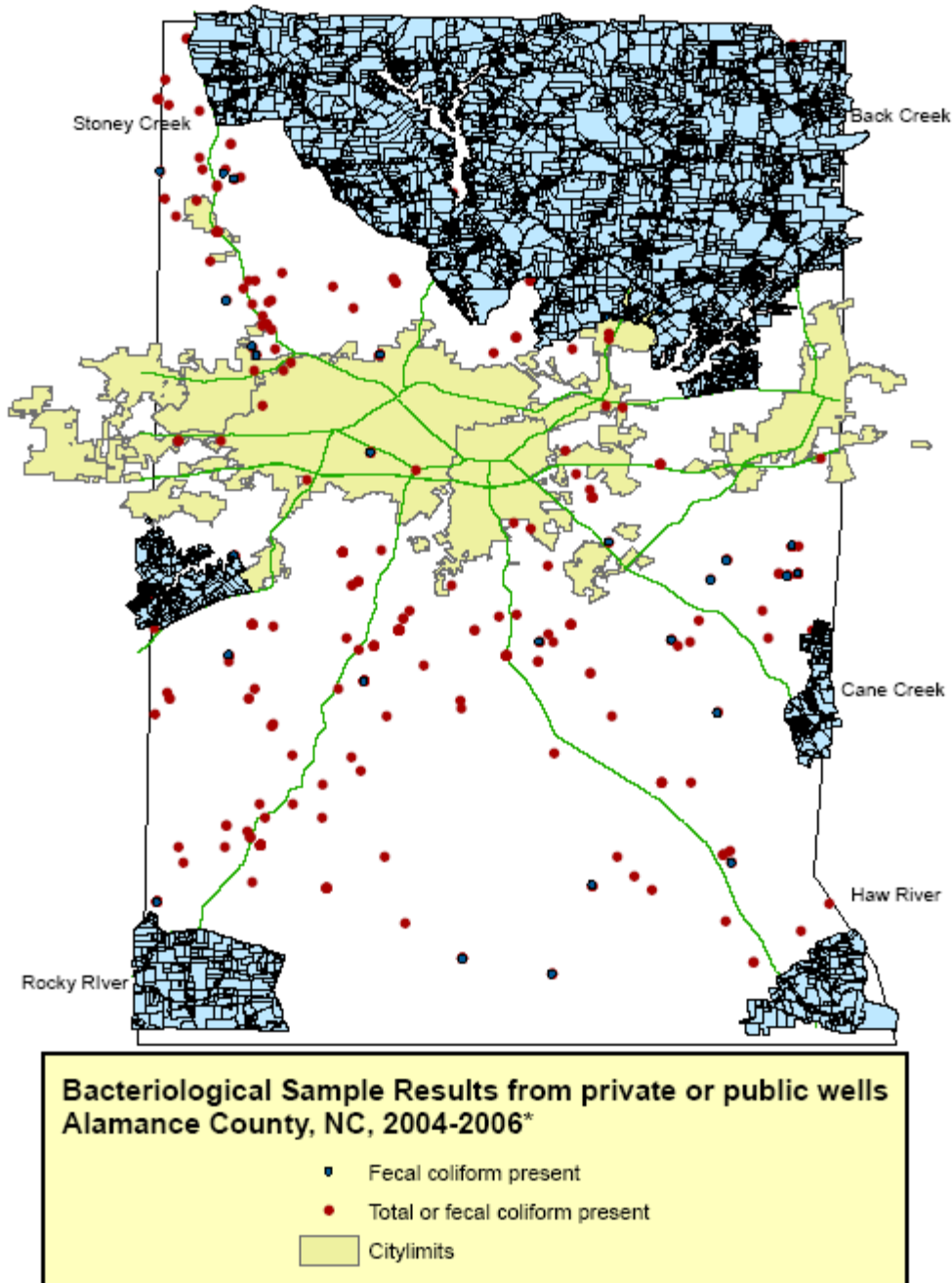


Figure 2. Bacteriological water sample results. Total coliform is not a health threat in itself; it is used to indicate whether other potentially harmful bacteria may be present in water. Fecal coliform only come from human and animal fecal waste.

Positive bacteriological sample results, wells in Alamance County, NC, 2004-2006 (n=597)



Water is not examined for pathogenic bacteria, which are difficult to isolate from water. Instead, samples are examined for the coliform group of bacteria, which are indicators of fecal contamination.

Source: North Carolina State Laboratory of Public Health, Environmental Microbiology Unit. Alamance County Samples.

Figure 3. Positive bacteriological sample results, wells in Alamance County, NC.

Environmental Health also sampled well water for nitrates during this assessment period. Nitrates are naturally occurring in small amounts in the soil, however too much nitrogen from fertilizer and animal waste cause concern for human and environmental health. Nitrates in drinking water may keep blood from carrying enough oxygen. Babies under six months old are especially vulnerable, but anyone can be affected (Source: North Carolina Department of Health and Human Services, Occupational and Environmental Epidemiology Branch. Undated pamphlet "Is Your Well Water Safe?" www.dhhs.state.nc.us). There were 940 nitrate samples collected between 2004-2006. Of these, none exceeded maximum contaminant level goals set by the EPA for nitrate or nitrite in drinking water. Sources: North Carolina State Laboratory of Public Health, Alamance County Organic Water Sample Results 2004-2006, accessed May 25 from <http://slph.state.nc.us/default.asp>, and US EPA Ground Water and Drinking Water "Consumer Fact Sheet: Nitrates/Nitrites," accessed June 6, 2007 from http://www.epa.gov/safewater/contaminants/dw_contamfs/nitrates.html).

Of the 59 samples taken for pesticide contamination from 2004-2006, none had detectable levels when tested on 15 criteria pesticides (Sources: North Carolina State Laboratory of Public Health, Alamance County organic water sample results 2004-2006 accessed May 30, 2007 from <http://slph.state.nc.us/default.asp>)

Alamance County works with state agencies to identify and monitor groundwater contamination incidents, such as leaking underground storage tanks. Environmental Health has inspected abandoned wells in areas of known petroleum contamination and continues to resample wells with suspected contamination every three months in accordance with recommendations from the North Carolina Department of Health and Human Services.



Two key informants stated that Sewage and Soil Issues are major health concerns in Alamance County.

Source: 2007 Community Assessment Key Informant Interviews

Discharges that enter surface water through a well-defined point of discharge, such as a pipe, ditch, or other well-defined location are point sources of pollution. Facilities including municipal and industrial water treatment plants are required to obtain a National Pollution Discharge Elimination System (NPDES) Permit. There are 116 permits to discharge wastewater into rivers in Alamance County. Primary pollutants from point source discharges are oxygen-consuming wastes, nutrients, color, and toxic substances like chlorine, ammonia, and metals (Source: United States Environmental Protection Agency. Enviromapper May 25, 2007, NCDENR Envirofacts data warehouse http://oaspub.epa.gov/enviro/ef_home2.maps).

There are 44 Alamance County facilities listed in toxic release inventory, including air emissions, water surface discharges, and releases to land. (Source: US Environmental Protection Agency. Toxic Release Inventory, http://oaspub.epa.gov/enviro/fii_master.fii_retrieve?county_name=Alamance&state_code=NC&all_programs=YES&program_search=1&report=1&page_no=1&output_sql_switch=TRUE&database_type=TRIS).

There are local and regional citizen groups active in protecting water quality for human and ecological health. The Haw River Assembly hosts regular and special events and releases publications to educate citizens about the recreational, scenic, and ecological importance of the river, including a Haw River Watch Project and a Stream Steward Project that involves grassroots monitoring of watershed health (<http://www.hawriver.org>).

Air Quality

Alamance County's air quality has a direct impact on everyone's respiratory health. Pollution was a health concern for 15 respondents to the household surveys. Polluted air makes breathing difficult and irritates eyes, triggers asthma attacks, and may cause cancer, cataracts, and premature death. According to the US Environmental Protection Agency (EPA), failure to meet air quality standards is associated with increases in emergency room visits and hospital admissions for heart and lung disease. Economic impacts of air pollution include lost days of work and school and several billion dollars of agricultural crop losses in the U.S. each year. Source: <http://www.epa.gov/Region7/programs/artd/air/quality/health.htm>.

The Clean Air Act establishes standards for pollution levels to protect human health and the environment. There are 125 facilities, like chemical plants, factories, and gas stations in Alamance County that produce and release more than 40 regulated air pollutants. Alamance County is part of a large airshed in the Southeastern United States, with prevailing winds from the southwest. Air pollutants may be deposited hundreds of miles from the source. Source: US Environmental Protection Agency. Aerometric Information Retrieval System (AIRS), accessed June 1, 2007 from www.epa.gov/air/data/geosel.html.

In addition to these stationary sources, criteria air pollutants are directly emitted from mobile sources, like cars, trucks, and planes, and must meet National Ambient Air Quality Standards. Locally, two pollutants that cause the most concern are ozone and particulate matter. According to the North Carolina Department of Environment and Natural Resources, ozone levels have risen statewide in recent years due to increased traffic, industry, and warmer weather (Source: NCENR. <http://www.enr.state.nc.us/>). Ozone levels vary depending on the season, the time of day, and the locale. The primary constituent of smog, ozone forms when nitrogen oxides and volatile organic compounds are emitted into the air from gasoline vapors, chemical solvents, and fuel combustion. Children, the elderly, and people with respiratory diseases or compromised immune systems are particularly susceptible to the effects of ozone, but otherwise healthy people are also affected. As noted in the demographic section, more than one in ten Alamance County residents is elderly (13.1%) and one in four are children (24.2%), so that nearly four in ten Alamance County residents are considered a sensitive population for ozone pollution. Several household respondents commented on congested areas and suggested a shared transportation system.



One quarter of household survey respondents self-report having burned their trash in the past year.

Source: 2007 Community Assessment Household Survey

Closely related to ozone is particulate matter (PM_{2.5} or PM₁₀). Fine particles, PM_{2.5}, are formed in the air when gases from burning fuels react with sunlight and water vapor. These small particles are responsible for adverse health effects because of their ability to reach the lower regions of the respiratory tract. According to the Clean Air Task Force, a nationwide advocacy group, the lifetime cancer risk from diesel soot in Alamance County exceeds the risk of all other air toxics tracked by EPA combined. This risk of one case in 4,420 people, is 226 times greater than EPA's acceptable cancer level of one case in a million. Source: Clean Air Task Force <http://www.catf.us>.

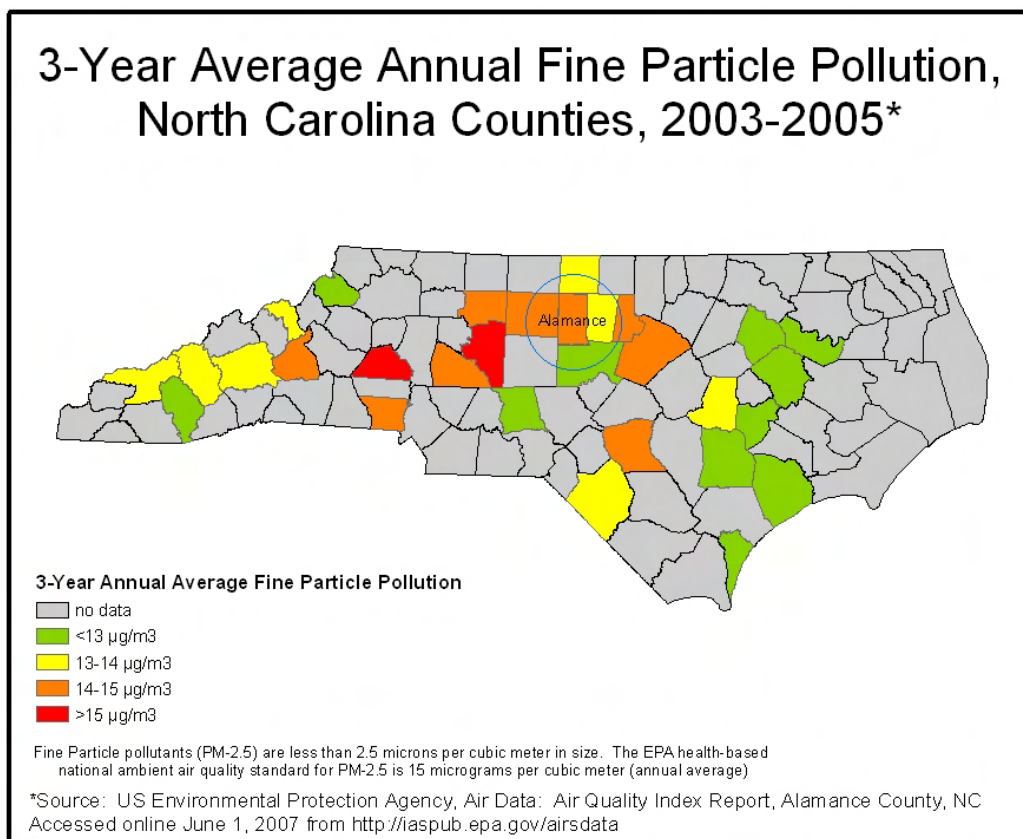


Figure 4. This map shows Alamance County is among the higher counties in the state for reported average annual fine particle pollution. The most recent three-year average is approaching the EPA maximum level. Data source: EPA Air Data: Air Quality Index Report Alamance County, NC, accessed June 5, 2007 from <http://iaspub.epa.gov/airsdata/adaqs.aqi?geotype=co&geocode=37001&geoinfo=%3Fco%7E37001%7EAlamance+Co%2C+North+Carolina&year=2004&sumtype=co&fld=gname&fld=gcode&fld=stabbr&fld=regnrpp=25>

Representatives from the school system, the regional medical center, and the health department have established an Alamance County Child Asthma Coalition. The coalition identified targets for education about air quality and promotes voluntary initiatives to improve air quality, like reducing idling time of school buses.

Solid Waste

Solid waste generated per capita in Alamance County increased by 32% from 1991-2005, reflecting increased population, single use and disposable products, residential and commercial construction, and a change in practices from unregulated disposal sites throughout the county to centralized drop-off and pick-up services. The county's solid waste ordinance requires proper and timely disposal of solid waste and prohibits waste from outside Alamance County. Construction waste, generated by commercial and residential construction and demolition activities, and commercial and industrial waste, generated from businesses, represent the largest proportion of waste generated (74%), with the remaining 26% residential household waste. An estimated 40% of the waste generated from businesses is cardboard and paper.

Alamance County Health Department responds to complaints related to illegal solid waste disposal. When violations of state or local solid waste regulations are found, clean up and other remedies may be required including legal actions. During the five-year period from January 1, 2002 through December 31, 2006, health department staff made over 3,400 contacts with individuals related to illegal solid waste issues.

Alamance County led the way in requiring separation of cardboard and paper from other wastes with a mandatory recyclables ordinance in 1992. Since that time, the market for some targeted recyclables such as green glass and some plastics has declined, so the ordinance was amended to require fewer waste diverted from the waste stream. The county waste management plan involves removing metals and appliances, scrap tires, and yard waste for recycling, and final disposal of waste in properly designed, constructed, and managed landfills. The Alamance County landfill participates in a freon recovery program supported by a state of North Carolina white goods grant. By this process, they are able to continue to remove freon from approximately 100 units a month, even after the market for recycling freon was not locally available.

In 2002, the county began to host an annual hazardous waste collection day. The program has attracted more than 2,000 county households to properly dispose of hazardous wastes, and its importance was confirmed by the results of the household surveys, which showed that at least a third dispose of hazardous chemicals in the garbage, two out of ten some other way, and another two out of ten don't know how they dispose of hazardous wastes. Last year, more than 54,000 pounds of paint were turned in on one day. On average, since 2002, landfill data reports 56,000 pounds of collected paints. Also, the amount of solid, liquid, and aerosol pesticides collected has increased steadily, and 1,150 pounds were collected at the most recent event.

Most citizens either have curbside trash pickup or carry their trash to the landfill or other approved disposal sites. Also, many participate in the household hazardous waste collection day each year. However, as the survey and other information indicate, many still dispose of waste in an unapproved manner that is detrimental to the environment and public health.



Twenty-four percent of Alamance County residents reported burning trash in the past year, which contributes to air pollution.

Source: 2007 Community Assessment Household Survey

Rabies

No person in North Carolina has died from rabies since the 1950s. In 1997, Alamance County documented its first rabies case in a terrestrial animal since the 50s. Since 1997, more than 80 cases have been documented with most cases being raccoons.

North Carolina reported 7,519 animal rabies cases from 1990 through 2006. However, it is important to note that dogs and cats are not normally tested if they bite someone, but they are quarantined for 10 days and observed for symptoms of rabies. If they do show signs or symptoms of rabies they are then tested. Wild animals are normally only tested if they expose a person or an unvaccinated dog or cat. It is safe to say that the total number of rabid animals reported from testing is only a small fraction of the total number of animals that actually contract rabies.

According to the recently released 2006 North Carolina Rabies Report, "Vaccinating pets against rabies is the single most important public health measure to protect against rabies". The full report can be found at: <http://www.epi.state.nc.us/epi/rabies/pdf/2006NCRabiesReport.pdf>.



Eighty-two percent of dog owners reported that their dogs are up-to-date on rabies vaccinations.

Source: 2007 Community Assessment Household Survey

In an effort to promote vaccination and increase access to rabies vaccine, the Alamance County Health Department along with local veterinarians sponsor several low cost vaccination clinics each year. The Health Department, along with the media, schools, animal control, veterinarians and others, work together to remind citizens of the dangers of rabies and preventative measures. The Health Department plans to increase the percentage of domestic animals that are vaccinated against rabies by working with animal control agencies to establish a database of vaccinated animals, which will help target animal owners that are not vaccinating their pets according to the law. However, information obtained during the assessment process indicates that 81% of the people that own dogs or cats vaccinate them against rabies.

Health Department staff reviews all animal bites reported by animal control personnel, veterinarians, physicians and from other sources. From 2001-2006, 1,166 reports were reviewed with 218 bites occurring during 2006.

The total number of potential exposures to bats and to potential non-bite exposures from other animals in Alamance County is unknown. However, 140 people were treated with post-exposure rabies prophylaxis at Alamance Regional Medical Center during 2006.

According to the Centers for Disease Control and Prevention, most of the recent human rabies cases in the United States have been caused by rabies virus from bats. According to the North Carolina Division of Public Health, two out of 39, or about 5%, of the bats tested for rabies from Alamance County tested positive and 40 out of 1,103 or about 3.6%, of the bats tested for rabies from all North Carolina counties tested positive.

2006 Bats Tested for Rabies in North Carolina and Number Testing Positive

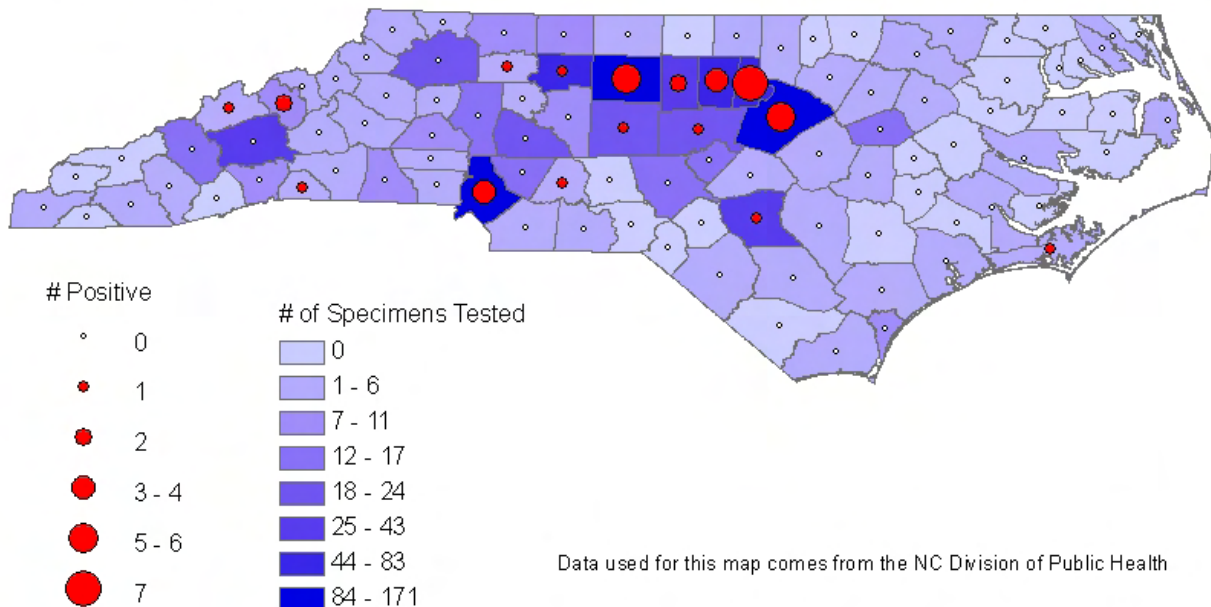


Figure 5. Bat Testing for Rabies in North Carolina.

Food Protection

From 2001-2005 there were more than 16,000 cases of foodborne illness reported in North Carolina. During 2005 in North Carolina, there were more than 3,000 reported cases of foodborne illness. It is estimated that the total cost of foodborne illness in North Carolina in 2005 was greater than \$5.6 million. There were 180 reported cases of foodborne illness in Alamance County during 2003-2006. This includes notifiable diseases as *Campylobacter*, *E. Coli* 0157:h7, *Ehlichiosis*, Foodborne (other), Hepatitis A, *Salmonella*, and *Shigella*. (Source: Reported cases of notifiable diseases, Alamance County, NC Revised 6/5/2007). While none of these cases spread, there were investigations and recommendations to food service providers for food handling and storage to protect the public and prevent disease. Also during this assessment period, the epidemiology team investigated an outbreak of the norovirus at an assisted living facility with 44 cases and one death.

Environmental Health works with local foodservice establishments to enforce rules and educate the establishments about food sanitation and safety. Approximately 9,000 inspections were conducted during the four-year assessment period. In addition, Alamance County staff participated in tabletop exercises in collaboration with the North Carolina Food Safety and Defense Task Force to help prepare for accidental or deliberate attacks on the food chain. They also provide education for individual restaurants upon request and collaborate with Alamance County Cooperative Extension to teach Servsafe™, a 12-plus hour food safety education and training program to local food service facility operators several times each year.

Health Status of County Residents

Overview
Hospitalizations
Perception of Own Health

Overview

The term “disease burden” is a concept used by public health professionals in an attempt to describe the size of a health problem in a particular community, whether that community is geographic, such as a city or county, or demographic, such as the elderly or women. Disease burden can be measured in different ways, typically using cost, numbers of people with a particular health issue, and the numbers of people who die from a specific cause. In this assessment, the disease burden is also described by reporting on the opinions of Alamance County residents about their own health status. Knowledge of the disease burden within a community can help determine where investment in health should be targeted.

The table below compares Alamance County’s rates of hospitalization, average days stay and cost for multiple health concerns with state averages. Overall, Alamance County residents have only a slightly higher rate of hospitalization (110.2 discharges per 1,000 people) compared to the state’s average (108.9 per 1000 people) and a significantly lower average charge per case (\$16,422 for Alamance compared with the \$17,859 state average).

Hospitalizations

INPATIENT HOSPITALIZATION AND CHARGES, Alamance County and North Carolina, 2005							
DIAGNOSTIC CATEGORY	TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
INFECTIOUS & PARASITIC DISEASES - Alamance NC	435	3.1	7.1	22.3	\$9,236,477	\$2,984	\$21,233
	28,171	3.2	6.9	22.5	\$623,039,199	\$3,190	\$22,122
-- Septicemia Alamance NC	218	1.6	9.3	14.7	\$6,396,349	\$3,149	\$29,341
	14,254	1.6	8.5	14.0	\$409,157,057	\$3,368	\$28,715
-- AIDS Alamance NC	35	0.3	6.2	1.6	\$693,716	\$3,182	\$19,820
	2,011	0.2	8.0	1.9	\$51,608,993	\$3,189	\$25,663
MALIGNANT NEOPLASMS Alamance NC	612	4.4	7.3	32.2	\$15,437,129	\$3,464	\$25,224
	34,016	3.9	7.1	27.7	\$897,992,364	\$3,734	\$26,403
-- Colon, Rectum, Anus Alamance NC	89	0.6	7.7	4.9	\$1,910,979	\$2,798	\$21,472
	4,382	0.5	8.6	4.3	\$136,930,378	\$3,630	\$31,263
-- Trachea, Bronchus, Lung Alamance NC	89	0.6	7.4	4.7	\$2,102,325	\$3,210	\$23,622
	4,799	0.6	7.6	4.2	\$127,365,291	\$3,494	\$26,540
-- Female Breast Alamance NC	17	0.1	1.8	0.2	\$142,304	\$4,590	\$8,371
	1,830	0.2	2.8	0.6	\$25,271,647	\$4,898	\$13,810
-- Prostate Alamance NC	38	0.3	3.5	1.0	\$577,652	\$4,376	\$15,201
	2,586	0.3	3.2	1.0	\$44,885,429	\$5,429	\$17,364

INPATIENT HOSPITALIZATION AND CHARGES, Alamance County and North Carolina, 2005

DIAGNOSTIC CATEGORY		TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
BENIGN, UNCERTAIN & OTHER NEOPLASMS	Alamance	220	1.6	3.9	6.3	\$3,199,103	\$3,686	\$14,541
	NC	11,827	1.4	3.8	5.2	\$204,286,075	\$4,557	\$17,276
ENDOCRINE, METABOLIC & NUTRIT. DISEASES	Alamance	541	3.9	4.6	18.0	\$6,477,373	\$2,597	\$11,973
	NC	37,959	4.4	4.5	19.9	\$515,002,039	\$2,986	\$13,570
-- Diabetes	Alamance	210	1.5	5.1	7.8	\$2,945,773	\$2,740	\$14,027
	NC	15,528	1.8	5.2	9.2	\$224,887,685	\$2,804	\$14,486
BLOOD & HEMOPOETIC TISSUE DISEASES	Alamance	175	1.3	5.6	7.0	\$2,784,733	\$2,865	\$15,913
	NC	11,405	1.3	4.5	5.9	\$163,809,576	\$3,190	\$14,367
NERVOUS SYSTEM & SENSE ORGAN DISEASES	Alamance	157	1.1	5.1	5.8	\$2,492,441	\$3,123	\$15,875
	NC	12,790	1.5	5.7	8.4	\$230,050,640	\$3,145	\$17,988
CARDIOVASCULAR & CIRCULATORY DISEASES	Alamance	2,990	21.6	4.9	106.1	\$67,377,284	\$4,583	\$22,542
	NC	164,525	18.9	4.9	93.2	\$4,202,367,231	\$5,192	\$25,546
-- Heart Disease	Alamance	2,078	15.0	4.8	71.6	\$51,315,984	\$5,174	\$24,707
	NC	113,302	13.1	4.7	62.0	\$3,135,623,449	\$5,829	\$27,678
-- Cerebrovascular Disease	Alamance	535	3.9	5.4	20.8	\$9,096,333	\$3,162	\$17,002
	NC	27,543	3.2	5.3	16.7	\$535,240,264	\$3,690	\$19,434
RESPIRATORY DISEASES	Alamance	1,467	10.6	6.1	64.8	\$25,161,618	\$2,802	\$17,152
	NC	96,808	11.2	5.9	66.3	\$1,715,933,813	\$2,981	\$17,726
-- Pneumonia/Influenza	Alamance	459	3.3	4.8	16.0	\$5,184,262	\$2,337	\$11,295
	NC	35,885	4.1	5.6	23.2	\$541,376,653	\$2,688	\$15,088
-- Chronic Obstructive Pulmonary Disease	Alamance	370	2.7	4.3	11.6	\$3,609,400	\$2,246	\$9,755
	NC	30,235	3.5	4.5	15.5	\$347,088,113	\$2,572	\$11,480
DIGESTIVE SYSTEM DISEASES	Alamance	1,549	11.2	5.1	57.2	\$21,124,996	\$2,664	\$13,638
	NC	91,574	10.5	5.0	53.2	\$1,606,171,882	\$3,480	\$17,542
-- Chronic Liver Disease/Cirrhosis	Alamance	68	0.5	6.7	3.3	\$993,478	\$2,169	\$14,610
	NC	2,753	0.3	6.6	2.1	\$63,734,052	\$3,516	\$23,151
GENITOURINARY DISEASES	Alamance	689	5.0	4.1	20.6	\$8,281,972	\$2,908	\$12,020
	NC	46,248	5.3	4.2	22.3	\$621,378,025	\$3,202	\$13,438
-- Nephritis, Nephrosis, Nephrotic Syndrome	Alamance	134	1.0	6.4	6.2	\$2,168,878	\$2,537	\$16,186
	NC	10,029	1.2	6.6	7.6	\$190,321,066	\$2,885	\$18,979
PREGNANCY & CHILDBIRTH	Alamance	2,032	14.7	2.6	38.7	\$11,432,006	\$2,133	\$5,626
	NC	128,279	14.8	2.6	39.2	\$840,554,861	\$2,473	\$6,553
SKIN & SUBCUTANEOUS TISSUE DISEASES	Alamance	192	1.4	5.7	7.9	\$2,239,846	\$2,051	\$11,666
	NC	15,207	1.8	5.8	10.2	\$202,899,274	\$2,287	\$13,345
MUSCULOSKELETAL SYSTEM DISEASES	Alamance	1,006	7.3	4.1	29.8	\$24,117,997	\$5,833	\$23,974
	NC	52,410	6.0	4.1	24.5	\$1,460,699,118	\$6,866	\$27,872
-- Arthropathies and Related Disorders	Alamance	468	3.4	4.4	14.7	\$11,774,952	\$5,783	\$25,160
	NC	23,913	2.8	4.1	11.2	\$675,644,365	\$6,948	\$28,254
CONGENITAL MALFORMATIONS	Alamance	44	0.3	5.9	1.9	\$1,435,224	\$5,563	\$32,619

INPATIENT HOSPITALIZATION AND CHARGES, Alamance County and North Carolina, 2005

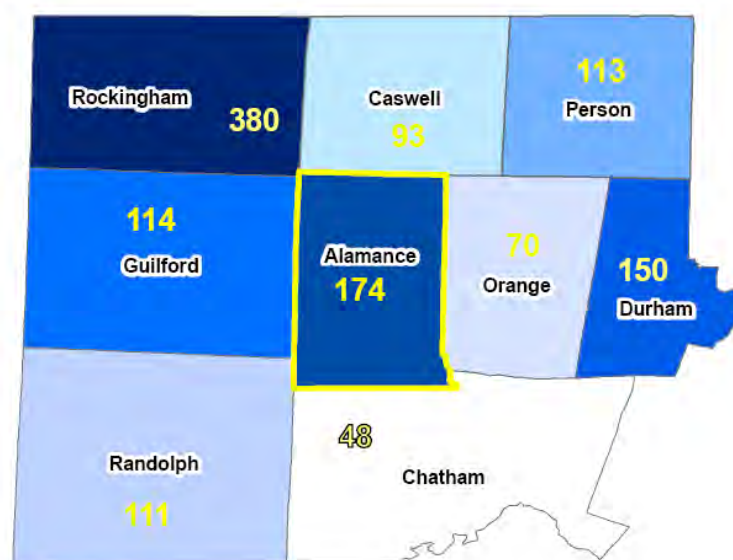
DIAGNOSTIC CATEGORY		TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
	NC	3,112	0.4	6.9	2.5	\$131,868,037	\$6,110	\$42,388
PERINATAL COMPLICATIONS	Alamance	86	0.6	7.7	4.8	\$1,518,161	\$2,297	\$17,653
	NC	4,275	0.5	11.1	5.5	\$118,809,707	\$2,502	\$27,792
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	Alamance	791	5.7	2.8	16.1	\$6,603,049	\$2,962	\$8,348
	NC	57,527	6.6	2.9	19.1	\$590,289,950	\$3,551	\$10,263
INJURIES & POISONING	Alamance	1,260	9.1	6.0	54.5	\$29,818,847	\$3,946	\$23,666
	NC	73,651	8.5	5.7	48.6	\$1,825,133,085	\$4,321	\$24,785
OTHER DIAGNOSES (INCL. MENTAL DISORDERS)	Alamance	1,022	7.4	8.3	61.3	\$11,968,796	\$1,410	\$11,711
	NC	75,447	8.7	7.8	67.8	\$927,309,935	\$1,575	\$12,300
ALL CONDITIONS	Alamance	15,268	110.2	5.0	555.1	\$250,707,052	\$3,259	\$16,422
	NC	945,231	108.9	5.0	542.0	\$16,877,564,811	\$3,586	\$17,859
Source: NC State Center for Health Statistics, 2005 data in the NC County Health Data Book, 2007								

Looking specifically at rates of hospitalization for childhood asthma (ages 0-14), the map below reveals that Alamance County's children are hospitalized for asthma at a higher rate than all of the surrounding counties, with the exception of Rockingham.

2005 Hospital Discharges: Primary Diagnosis of Asthma, Ages 0 - 14

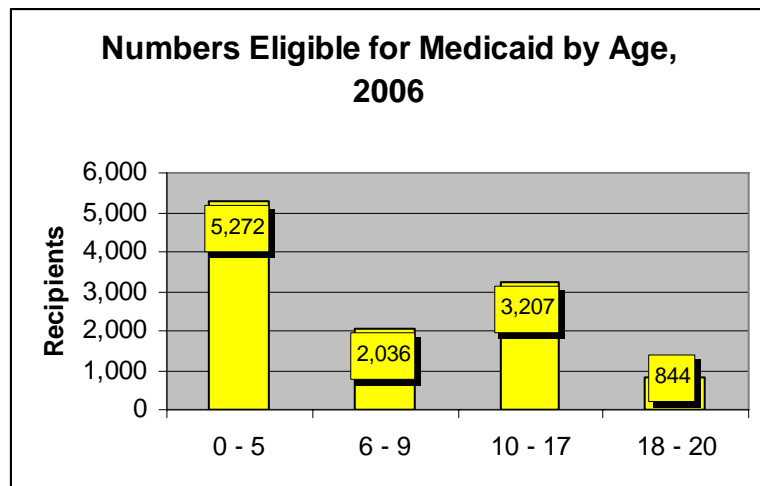
Rates per 100,000 Residents

Source: NC State Center for Health Statistics



Rates of hospitalization can be used as a general indicator of the number of people dealing with a specific illness, but it is a rough estimate. Lower hospitalization rates can mean lower incidence of a disease, but could also demonstrate improvements in out-patient management or reflect barriers to hospital care, such as cost or lack of insurance. It is important that other information is considered, such as Medicaid usage, disability rates and people's perceptions of their own health, in describing the disease burden.

Medicaid Usage: Approximately 20% of the Alamance County population is eligible for Medicaid, the public health insurance program for people of limited income. The vast majority of them are children. Altogether, there are approximately 26,000 Alamance County residents who



Source: NC Medicaid Paid Claims Data, 2007

are eligible for Medicaid. The average cost per recipient in 2006 was slightly lower for Alamance County Medicaid recipients (\$4,637) than the state average of \$4,881 per recipient.

Looking specifically at the 2,194 recipients of mental health services through Medicaid, the same trend holds true. The average cost per Alamance recipient, \$4,364, was approximately \$1,000 less than the state average, \$5,302. These costs do not include services for substance abuse or the developmentally disabled.

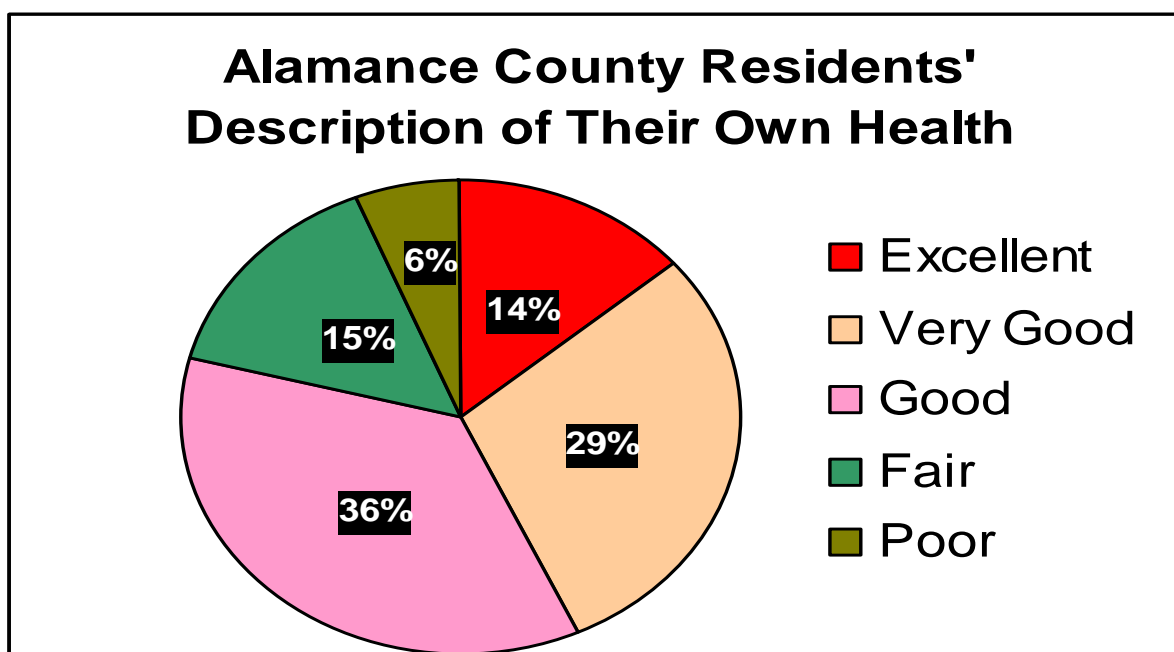
However, Alamance County Medicaid average costs (\$3,704) are higher for emergency services for non-citizens than the state average (\$3,254). There were 430 recipients of emergency services for non-citizens in the 2006 fiscal year.

Disability Rates: Because disability can be defined in multiple ways, and the social stigma sometimes associated with certain disabilities, it can be difficult to pinpoint an exact number of people experiencing disabilities. According to the 2005 Behavioral Risk Factor Surveillance Survey, 27% of Alamance County residents report a mild, moderate or severe disability. This rate is higher for women (30% reporting disability) than for men (24%) and about the same for minorities. People with a high school education or less have a higher rate of disability (32%) than those with higher education (22%). This disparity is also reflected in unequal rates by income; those earning less than \$50,000 per year are far more likely to report a disability (36%) than those earning \$50,000 or more (10%). Not surprisingly, older residents (33% of those 45 or older) are more likely to report disability than younger residents (22% for those 18 – 44).

A lower percentage of people, about 18%, reported having a disability in the 2007 Community Health Assessment survey. Of those, almost one-third said that they needed help with the activities of daily living, such as eating, bathing, dressing, and using the toilet. About 37% of those with disabilities have a caregiver who lives in the home, such as a relative, and most (86%) report that they are in charge of managing their own money. The spatial distribution of disability, based on the GIS survey results seem to say that disabilities are evenly distributed throughout the county, both in the urban and rural areas.

Perceptions of Own Health

People's perceptions of their own health are an important measure of disease burden and overall wellness. The 2005 Behavioral Risk Factor Surveillance Survey reports that Alamance County residents have a positive attitude towards life, with 92% reporting feeling either satisfied or very satisfied with their lives. However, over one in four Alamance residents (26%) report having had three or more days per month when their physical health is not good, which is higher than the state average of 22%. Alamance County women (18%) are more likely than men (9%) to report having eight days or more of poor physical health per month.



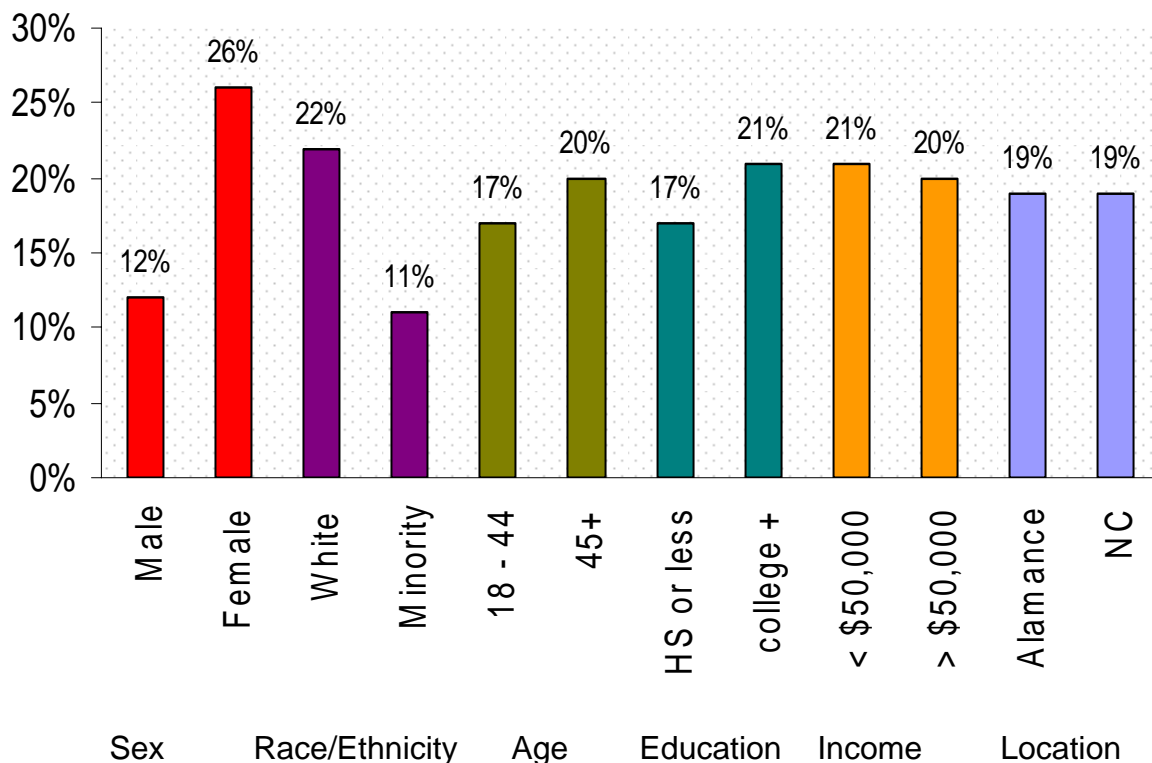
NC Behavioral Risk Factor Surveillance Survey, 2005

Household income appears to be another important factor in physical health; only three percent of people with incomes over \$50,000 reported eight or more bad days per month, while 17% of those with lower incomes experience eight or more days of poor physical health per month.

When asked to describe their own mental health, including stress, depression and problems with emotions, over three-quarters of Alamance County residents reported either none or very few days of poor mental health in the past month. As with physical health, women in Alamance County are more likely to report more days of poor mental health. Over one in four Alamance County women report three or more days per month when their mental health was not good; the rate for men is one in six. Looking at age groups and mental health, it appears that adults over 45 are more likely to report no days of bad mental health (75% versus 61% for 18-44 year olds) but also more likely to report bad mental health every day (nine percent versus five percent for 18-44 year olds).

The burden of disease is felt on a personal level when poor physical or mental health limits an individual's ability to do the professional, family and personal activities that are their usual routine. The graph below illustrates the numbers of people who feel that their health concerns are limiting their ability to maintain their usual activities.

Percent Reporting Some Days in the Past Month that Poor Physical or Mental Health Kept Them from Usual Activities, 2006



Leading Causes of Death

Overview

Leading Causes of Death by Race/Ethnicity

Leading Causes of Death by Age

Leading Causes of Death by Gender

Gender Disparities

Overview

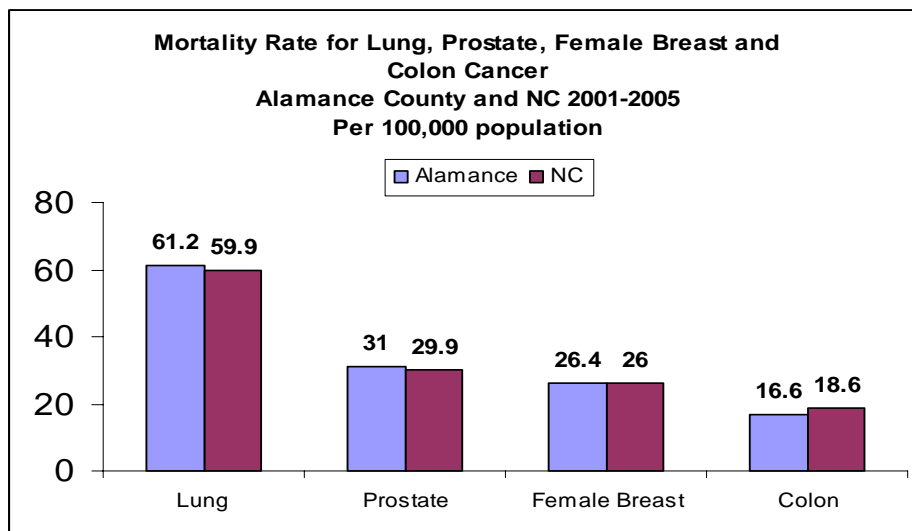
The leading causes of death in Alamance County (2006) are similar to those in counties across the state and nation: Cancer is the leading cause of deaths, heart disease deaths accounted for 22% of deaths and stroke accounted for 7.4%. More than half of the deaths in the county were from one of these three causes.

Rank	ALAMANCE / Total Deaths	Rank	NC / Total Deaths
1	Cancer – All sites / 313	1	Cancer / 17,267
2	Heart Disease / 296	2	Heart Disease / 17,189
3	Cerebrovascular disease (stroke) / 100	3	Cerebrovascular disease / 4,551
4	Chronic lower respiratory disease / 73	4	Chronic lower respiratory diseases / 4,004
5	Alzheimer's disease / 53	5	Other Unintentional injuries / 2,425
6	Other Unintentional injuries / 40	6	Alzheimer's disease / 2,258
6 (t)	Diabetes mellitus / 40	7	Diabetes mellitus / 2,230
8	Nephritis, nephrotic syndrome, & nephrosis / 37	8	Pneumonia & influenza / 1,699
9	Pneumonia & influenza / 22	9	Motor vehicle injuries / 1,666
10	Motor vehicle injuries / 21	10	Nephritis, nephrotic syndrome, & nephrosis / 1,631

Source: NC State Center for Health Statistics

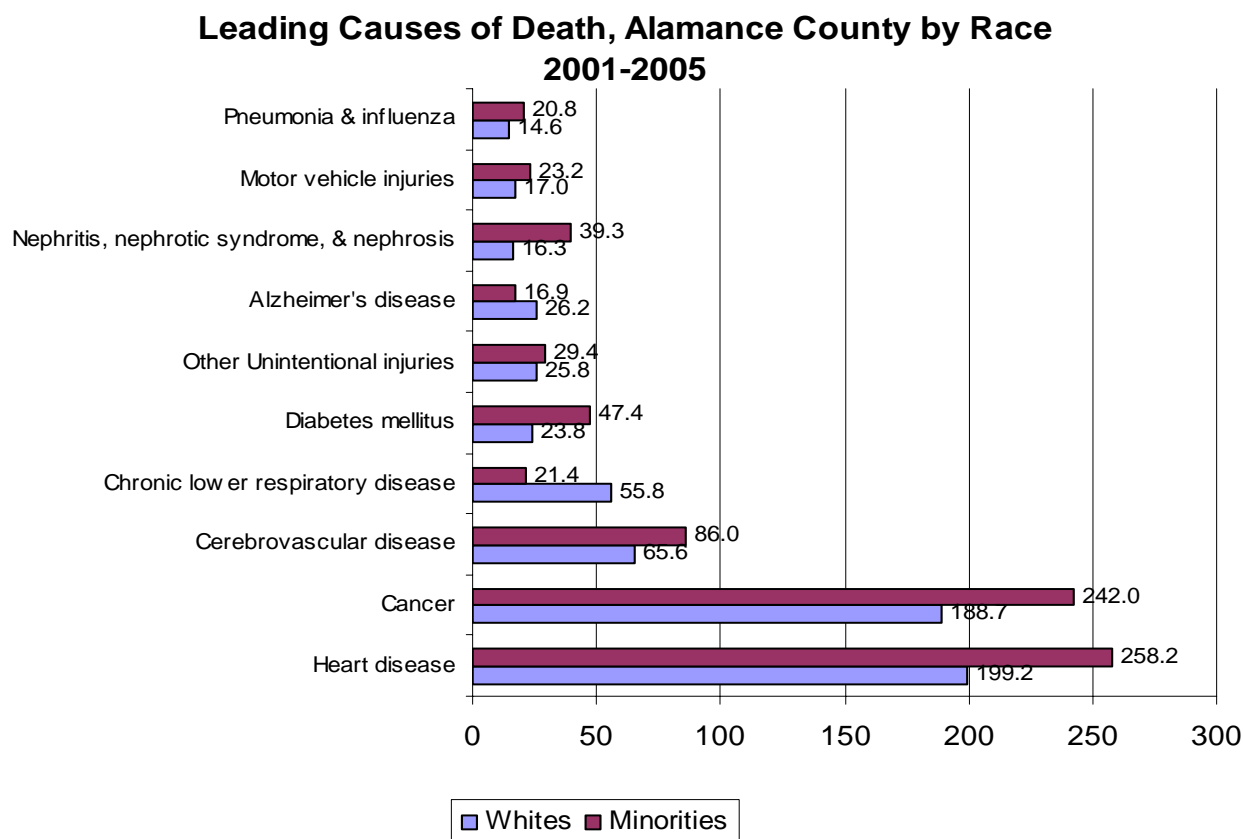
Mortality rate for four types of cancer would appear on a list of major causes of death even if graphed separately, rather than lumped with all cancers:

- Lung cancer has the highest death rate, 61.2% (Alamance), 59.9% (NC)
- Prostate cancer, 31.0% (Alamance), 29.9% (NC)
- Female breast cancer, 26.4% (Alamance), 26.0% (NC)
- Colon cancer, 16.6% (Alamance), 18.6% (NC)



Leading Causes of Death by Race-Ethnicity

For most diseases, death rates for minorities exceed the rate for whites. Minorities are much more likely to die from all causes of death except for Alzheimer's disease and chronic lower respiratory disease. This health disparity especially exists among heart disease, cancer, stroke, and diabetes.



Source: NC State Center for Health Statistics

- Heart disease and cancer (overall) are the top two causes of death for both whites and minorities, but the death rates are higher for minorities.
- Diabetes and kidney diseases (often related to diabetes) are much more prominent causes of death for minorities than for whites, as is prostate cancer.
- COPD (a type of chronic lower respiratory disease) is the only chronic disease with a noticeably higher death rate for whites than minorities



Four Focus Groups (Seniors, Professionals in Their 20s, Parenting/Pregnant Teens and Latinos) chose Drunk Driving as an important issue in the county.

Two Focus Groups (Parents of Teenagers and High School Teens) chose Heart Disease as an important issue in the county.

Source: 2007 Community Assessment Focus Group

Leading Causes of Death by Age

The graph below shows the 10 leading causes of death (from top to bottom in each column) for each age group (moving from youngest in the left column to the oldest toward the right, with the far right column for all persons, regardless of age.) Color-coded cells assist in seeing how a given disease ranks across the range of age groups; causes shown in white are not repeated.

Alamance County Leading Causes of Death by Age, Deaths in 2001-2005

Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	Age 85+	All Ages
1	Conditions originating in the perinatal period	Motor Vehicle Injuries	Cancer	Cancer	Heart Disease	Heart disease
2	Motor vehicle accident injuries	Suicide	Heart disease	Heart Disease	Cerebrovascular disease	Cancer
3	**	Other Unintentional Injuries	Diabetes mellitus	Chronic lower respiratory diseases	Cancer	Cerebrovascular disease
4	**	**	Other Unintentional Injuries	Cerebrovascular disease	Alzheimer's disease	Chronic lower respiratory disease
5	**	**	Cerebrovascular disease	Diabetes mellitus	Chronic lower respiratory diseases	Diabetes mellitus
6	**	**	Motor Vehicle Injuries	Alzheimer's disease	Pneumonia & influenza	Other Unintentional injuries
7	**	**	Chronic liver disease and cirrhosis	Nephritis, nephrotic syndrome, & nephrosis	Other Unintentional injuries	Alzheimer's disease
8	**	**	Chronic lower respiratory diseases	Other Unintentional injuries	Nephritis, nephrotic syndrome, & nephrosis	Nephritis, nephrotic syndrome, & nephrosis
9	**	**	Nephritis, nephrotic syndrome, & nephrosis	Pneumonia & influenza	Pneumonitis due to solids & liquids	Motor vehicle injuries
10	**	**	Suicide	Parkinson's disease	Diabetes mellitus	Pneumonia & influenza

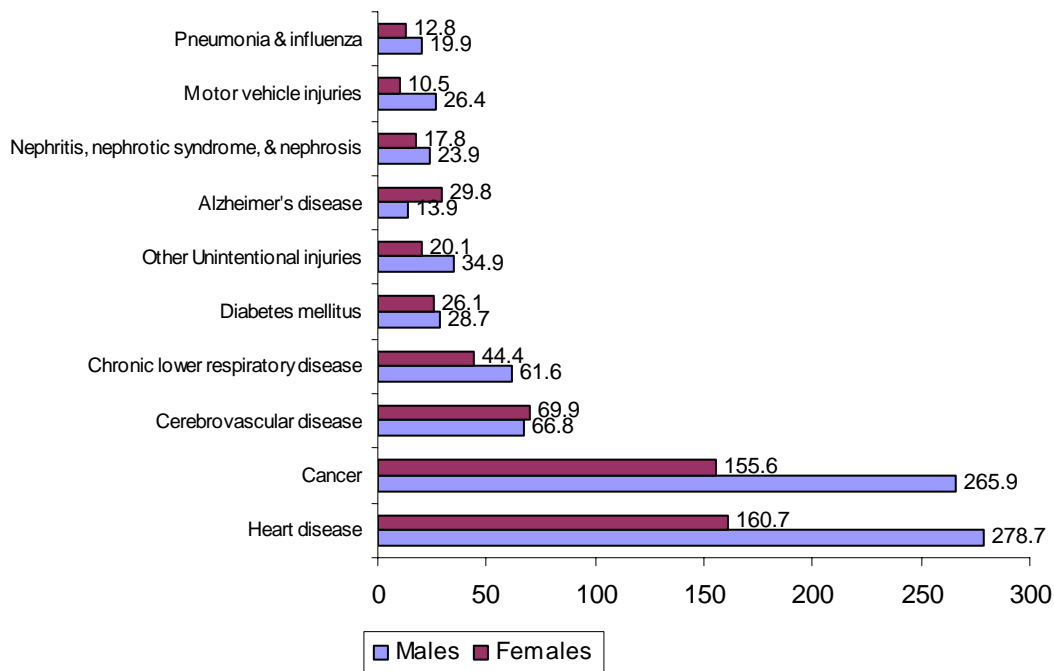
** 20 or fewer death occurred; therefore causes not ranked

Source: NC State Center for Health Statistics County Data Book, 2007

Leading Causes of Death by Gender

There are some differences in mortality rates between males and females in Alamance County. For all deaths combined, males have an almost 50% higher mortality rate than females.

Leading Causes of Death, Alamance County by Sex 2001-2005



Source: NC State Center for Health Statistics

Gender Disparities

- **Heart disease** – the male mortality rate is 73% higher than the female rate.
- **Total Cancer** – the male mortality rate is 71% higher than the female rate.
- **Chronic lower respiratory disease** – the male mortality rate is 39% higher than the female rate.
- **Other unintentional injuries** – the male mortality rate due to other unintentional injuries is 74% higher than the female rate.
- **Motor vehicle injuries** – The male mortality rate due to motor vehicle injuries is 2.4 times the rate for females.
- **Alzheimer's disease** – The female mortality rate due to Alzheimer's disease is more than twice the male rate.
- **Cerebrovascular disease** – The female death rate is slightly higher than the male death rate.

Cancer

Overview
Breast Cancer
Prostate Cancer
Lung Cancer
Colon and Rectal Cancer
Melanoma

Overview

According to the American Cancer Society, cancer is the group of diseases characterized by the uncontrollable growth and spread of abnormal body cells. If the disease remains unchecked it can result in death. Cancer is the second leading cause of death in America, exceeded only by heart disease. Every year, cancer is diagnosed in more than a million people. Risk factors for cancer can include a person's age, sex, and family medical history. Others are linked to cancer-causing factors in the environment. Still others are related to lifestyle choices such as tobacco and alcohol use, diet, and sun exposure.

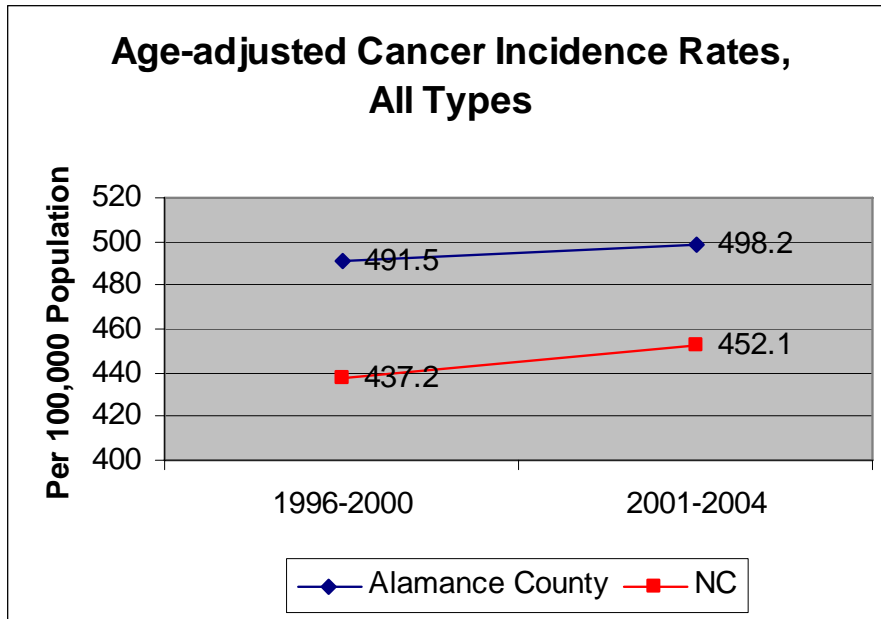
The number of new cancer cases can be reduced substantially, and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving optimal weight, improving nutrition, and avoiding sun exposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible to all Americans is also essential for reducing the high rates of cancer and cancer deaths. Cancers that can be prevented or detected earlier by screening account for about half of all cancer cases in the United States (www.cdc.gov).

For all types of cancers combined, there were 3,634 newly diagnosed cases in Alamance County for the period between 2001 and 2004. Cancer incidence has increased in both Alamance County and the state of North Carolina. The most recently reported incidence rate is higher than the rate for the State as a whole. The total incidence rate in Alamance County is 10% higher than the state rate for the time period of 2000-2004, 498.2 compared to 452.1.



Cancer was identified as the number one most important health issue to Alamance County residents.

Source: 2007 Community Assessment Household Survey



Source: NC State Center for Health Statistics

- Cancer incidence has increased in both Alamance County and North Carolina.
- The total incidence rate in Alamance County is 10 percent higher than the state rate for the time period of 2000-2004, 498.2 compared to 452.1

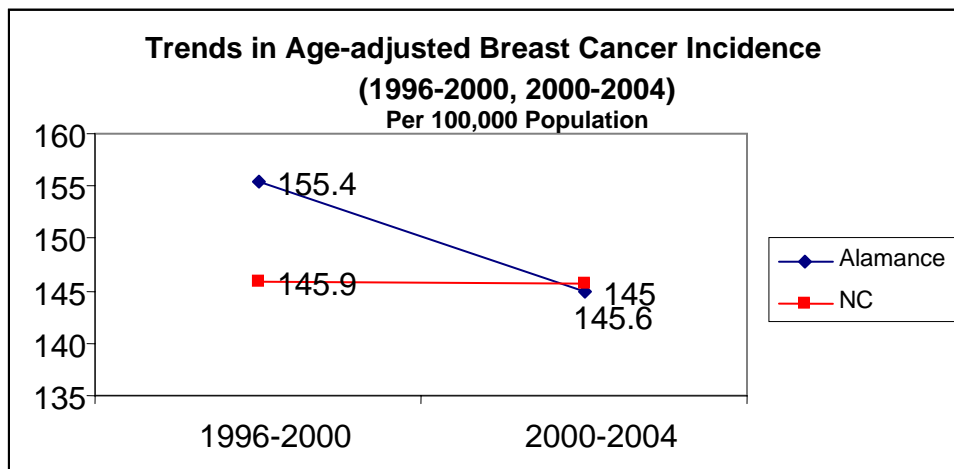


The Seniors Focus Group chose Cancer as an important issue in Alamance County.

Source: 2007 Community Assessment Focus Group

Breast Cancer

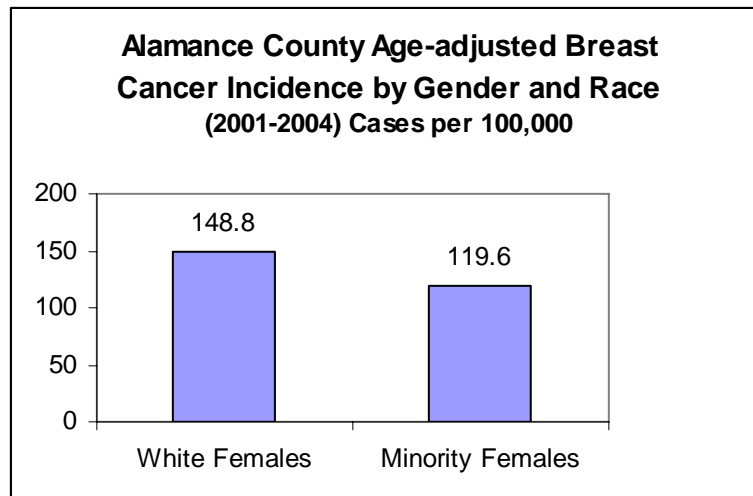
Breast cancer is a malignant (cancerous) tumor that starts from cells in the breast. The disease occurs mostly in women, but men can get breast cancer, too. From 2000-2004 breast cancer was the most commonly diagnosed cancer in Alamance County, with 580 new cases diagnosed. This computes to an incidence rate of 145.0 cases per 100,000, which is slightly lower than the rate for North Carolina (145.6 per 100,000 population).



Source: NC State Center for Health Statistics

Since 1996, the State's breast cancer incidence rate has remained fairly constant, while Alamance County's rate has decreased by 7%.

- In Alamance County, breast cancer incidence is 24% higher among white women than minority women.
- There were 487 new cases of breast cancer during 2001-2004 in Alamance County white women, and 87 new cases of breast cancer in minority women during 2001-2004.



Source: NC State Central Cancer Registry, 2007

Risk factors for breast cancer include:

- a personal or family history of breast cancer
- a biopsy-confirmed hyperplasia
- a long menstrual history (menstrual periods that started early and ended late in life)
- obesity after menopause
- recent use of oral contraceptive or post-menopausal estrogens and progestin
- not having children or having a first child after age 30
- consumption of alcoholic beverages



Eighty-six percent of women over the age of 40 reported that they have had a mammogram.

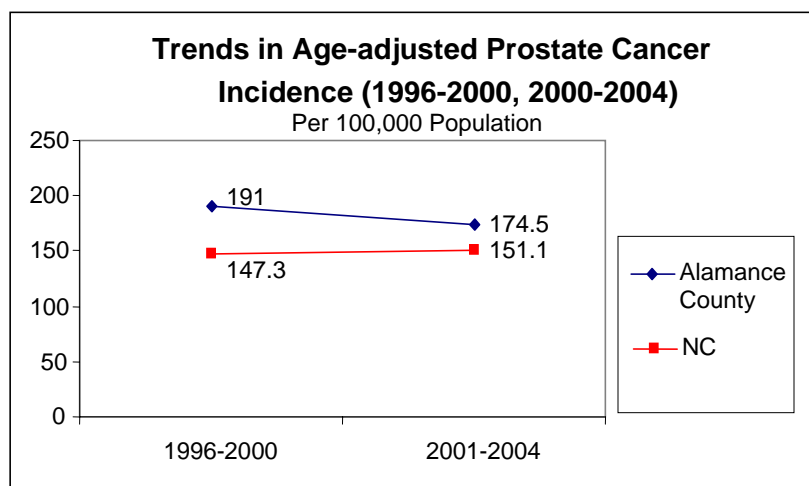
Source: 2007 Community Assessment Household Survey

Prostate Cancer

The prostate is a gland found only in men. The prostate is about the size of a walnut. It is just below the bladder and in front of the rectum. The tube that carries urine (the urethra) runs through the prostate. The prostate contains cells that make some of the seminal fluid. This fluid protects and nourishes the sperm.

Male hormones cause the prostate gland to develop in the fetus. The prostate keeps on growing as a boy grows to manhood. If male hormone levels are low, the prostate gland will not grow to full size. In older men, though, the part of the prostate around the urethra often keeps on growing. This causes BPH (benign prostatic hyperplasia) which can result in problems with urinating. Although there are several cell types in the prostate, nearly all prostate cancers start in the gland cells. This kind of cancer is known as adenocarcinoma (America Cancer Society, www.cancer.org).

Risk factors for developing prostate cancer include: older age, race (prostate cancer is more common among African American men than whites), nationality (prostate cancer is more common in North America than in other countries), family history, diet (high red meat and high fat diet), and lack of exercise.



Source: NC State Center for Health Statistics

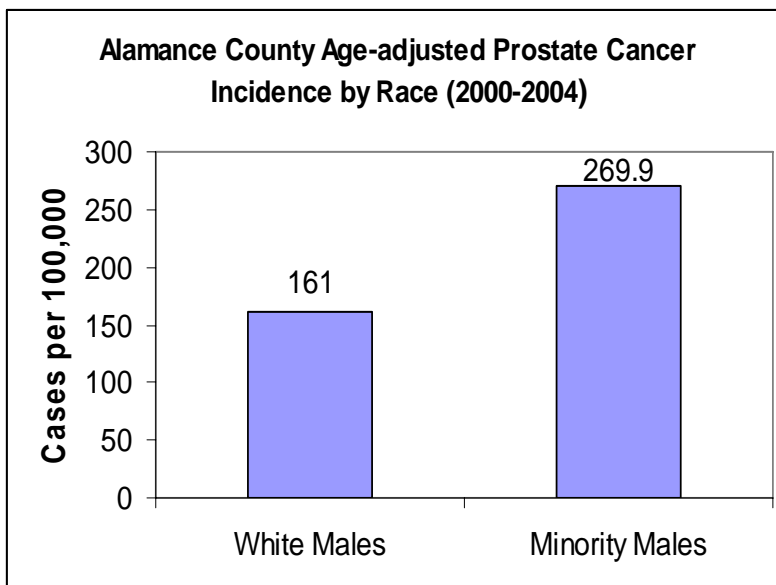
- During 2000-2004 prostate cancer was ranked as the second most commonly diagnosed cancer in Alamance County.
- Between these years, 544 cases of prostate cancer were reported countywide, making the age-adjusted incidence rate 15% higher for Alamance County than for the state as a whole.
- Since 1996, prostate cancer incidence has decreased in Alamance County, although the incidence rate in Alamance County has remained much higher than the state rate.



Fifty-nine percent of men over the age of 40 reported that they have had a prostate exam.

Source: 2007 Community Assessment Household Survey

- Minority men are diagnosed with prostate cancer at a rate that is 67% higher than the state rate for white men.
- The American Cancer Society reports that African American men are twice as likely to be diagnosed with prostate cancer as white men.
- Prostate cancer is the single most diagnosed non-skin cancer among African Americans (www.cdc.gov).



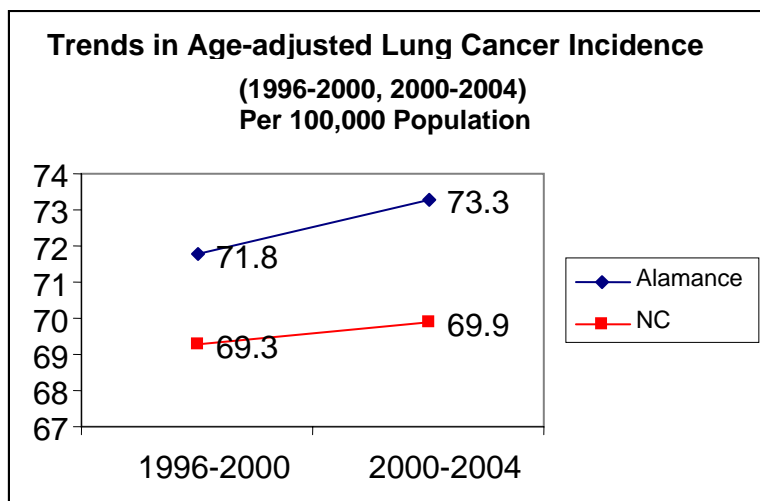
Source: NC Central Cancer Registry, 2007

Lung Cancer

Lung cancer often takes many years to develop. Once lung cancer occurs, cancer cells can break away and spread to other parts of the body in a process called metastasis. Lung cancer is a life-threatening disease because it often spreads in this way before it is found.

Risk factors for developing lung cancer include: smoking cigarettes or marijuana; exposure to arsenic, asbestos, radon, or cancer-causing agents in the workplace; radiation treatment to the lung; family history; diet; and air pollution.

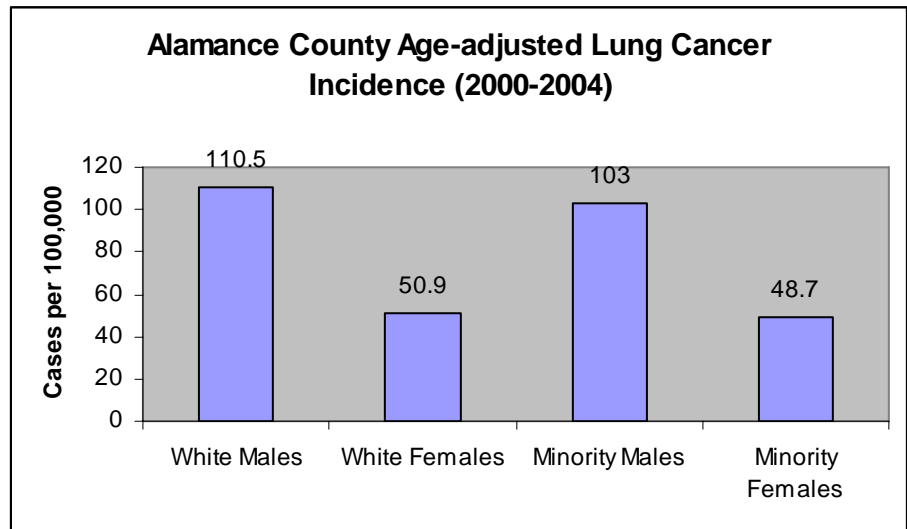
The best way to prevent lung cancer is to not smoke and to avoid people who do. A good diet with lots of fruits and vegetables may also help prevent lung cancer (America Cancer Society, www.cancer.org).



- Between 1996 and 2000, 540 cases of trachea, bronchus and lung cancer were diagnosed in Alamance County.
- Alamance County's incidence rate is higher than the state as a whole.
- The lung cancer incidence rate is on the rise both in Alamance County and North Carolina.

Source: NC State Center for Health Statistics

- Alamance County men are diagnosed with lung cancer at a rate that is more than twice the rate for women.
- Lung cancer incidence rates are similar based on gender.

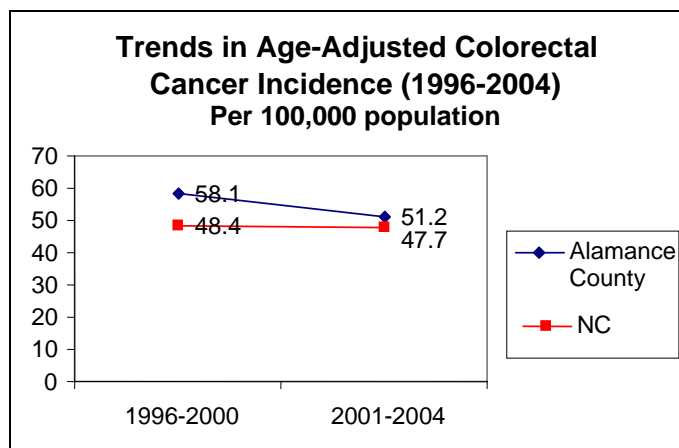


Source: NC Central Cancer Registry, 2007

Colon and Rectal Incidence

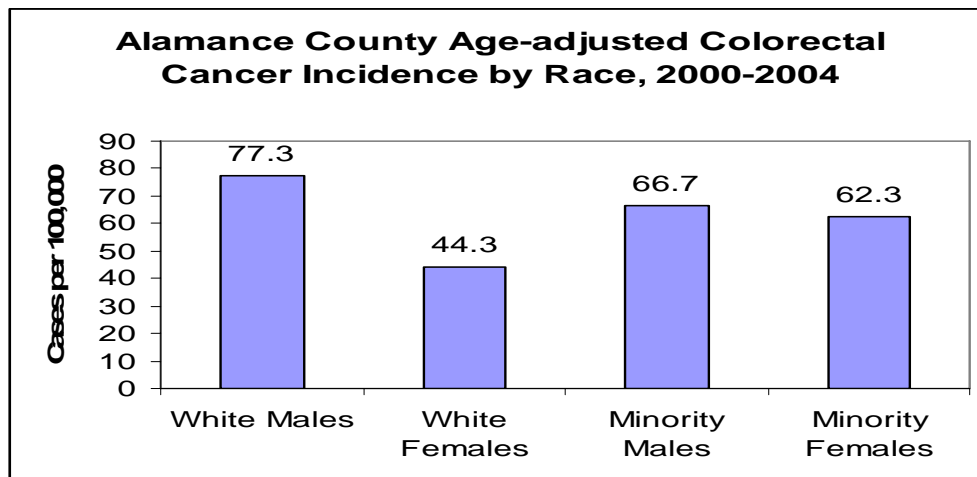
Colorectal cancer is a term used to refer to cancer that starts in the colon or rectum. Risk factors for developing colorectal cancer include: age (over 50), past incidence of colorectal cancer, history of polyps, history of bowel disease, family history of colorectal cancer, ethnic background, race, diet, lack of exercise, excess weight, smoking, alcohol use, and diabetes.

It is recommended that individuals at the age of 50 be screened for colorectal cancer on a yearly basis. When these cancers are found and treated early, they can often be cured. People can lower their risk of getting colorectal cancer by taking charge of the risk factors they can control, such as diet and exercise. It is important to eat plenty of fruits, vegetables, and whole grain foods and to limit intake of high-fat foods. Getting enough exercise is also important. The American Cancer Society recommends at least 30 minutes of physical activity for five or more days of the week. Forty-five to 60 minutes of exercise for five or more days of the week is even better (America Cancer Society, www.cancer.org).



Source: NC State Center for Health Statistics

- Cancers of the colon and rectum accounted for 378 new cancer diagnoses in Alameda County during 2000-2004.
- The local incidence rate for colon and rectal cancer exceeds the incidence rate for North Carolina as a whole by 4 percent.
- While the state colon cancer incidence rate has remained relatively constant since 1996, the county rate has decreased by 13 percent.



Source: NC Central Cancer Registry, 2007

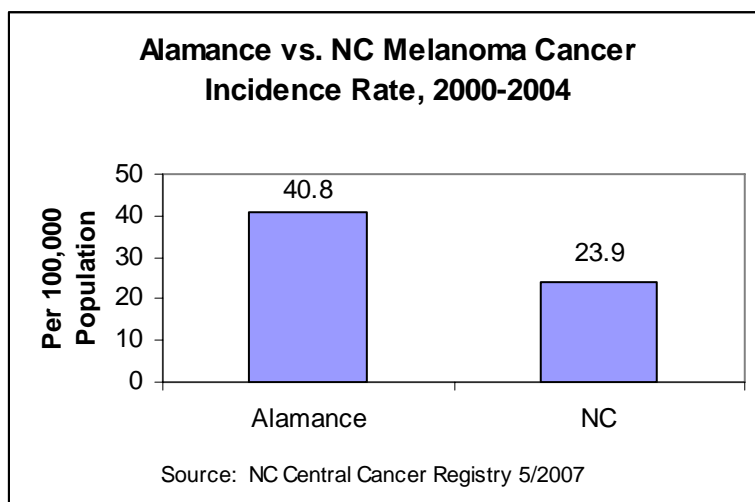
Sixty-five percent of men 45 or over in Alameda County said that their health professional recommended that they be tested for colon or rectal cancer.

Source: NC Behavioral Risk Factor Surveillance System, Alameda County 2005

Melanoma

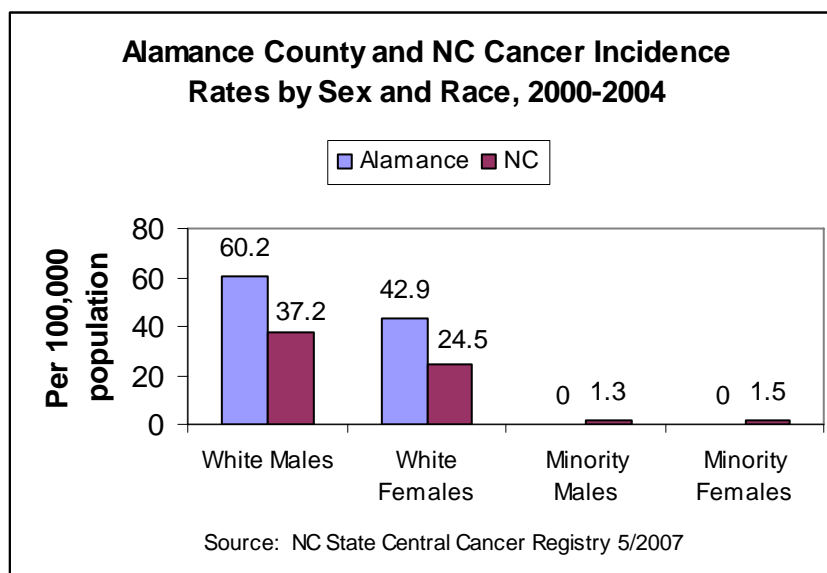
Melanoma is a cancer that begins in the melanocytes and spreads to other skin cells. Melanoma appears on the skin and looks like a new or changing mole. Cancer of the skin is the most common of all cancers, probably accounting for more than 50% of all cancers. Melanoma accounts for about three percent of skin cancer cases but causes a large majority of skin cancer deaths.

Melanoma tends to occur at a younger age than most cancers. Half of all melanomas are found in people under age 57. About one of every 30,000 females aged 15 to 19 will develop melanoma. For males of this age, the rate is about one of every 15,000.



- From 2000 to 2004, there were 293 new cases of melanoma in Alamance County for an incidence rate of 40.8%, compared to the state rate of 23.9%.
- Alamance County has a 70% higher incidence rate than for the state as a whole.

- White males experience a higher rate of melanoma than white females and minorities.
- The white male rate in Alamance County is 61% higher than the state's white male rate; the white female rate is 57% higher than the white female state's rate.



Risk factors for developing melanoma include: excessive exposure to UV radiation (sunlight or tanning beds), people with many and/or large moles, people with fair skin, people who suffer severe blistering sunburns (particularly in childhood or teenage years), family history of melanoma, people who have been treated with medicines that suppress the immune system, older people, and people with past incidence of melanoma. Men also have a higher rate of this cancer than women (www.cancer.org).

The best way to lower the risk of melanoma is to avoid too much exposure to the sun and other sources of ultraviolet light.

- 27% of Alamance County residents reported that they always protect their skin while outdoors with sunscreens, sunblocks, hats and protective clothing.
- 21% of Alamance County residents reported that they never protect their skin while outdoors.

Source: NC Behavioral Risk Factor Surveillance Survey, 2004

Heart Disease and Stroke

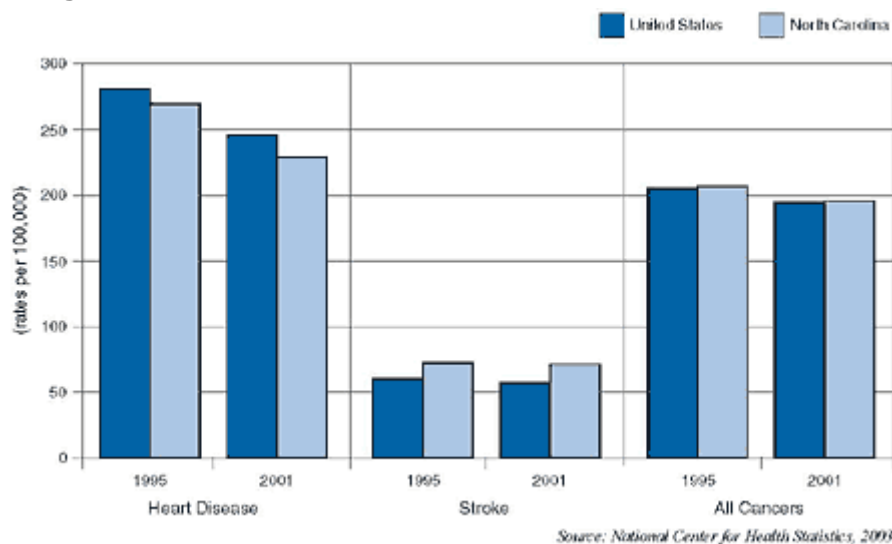
Heart disease and stroke are, respectively, the first and third leading causes of death in the United States, in North Carolina, as well as in Alamance County. They are the primary causes of cardiovascular disease death and are also major causes of disability, as reported by the Centers for Disease Control and Prevention.

Heart disease is a phrase that includes a number of more specific heart conditions. The most common heart disease in the United States is coronary heart disease, which can lead to a heart attack. Each year almost 700,000 people die of heart disease in the U.S. That is about 29% of all U.S. deaths.

A stroke takes place when the blood supply is blocked to an area of the brain or when a blood vessel in the brain bursts, both cause damage to the brain. A stroke is also sometimes called a brain attack. Among survivors, stroke can cause significant disability including paralysis as well as speech and emotional problems. Over 160,000 people die each year from stroke in the United States.

In North Carolina heart disease and stroke are two of the three leading causes of death; as the chart below shows North Carolina has consistent rates with the nation in regards to heart disease and stroke, falling closely below for heart disease deaths and closely above for stroke deaths.

The Leading Causes of Death United States and North Carolina, 1995 and 2001



Heart disease is the number one cause of death in Alamance County, NC. The age adjusted heart disease mortality by gender and race, per 100,000 deaths is below.

Age Adjusted Heart Disease Mortality Alamance County, NC

	1999-2001	1999-2003
Men	305.9	299
Women	182.6	177
Caucasians	226.6	219.4
Minorities	259.1	257.2

Source: State Center for Health Statistics

Alamance County has a projected population of over 144,000 for January, 2008; over 104,000 are Caucasian and approximately 40,000 come from minority groups. Since 27.5% of the population is of a minority race it would be appropriate to also discuss the health disparities at it relates to heart disease and stroke.

The higher incidence among minorities, coupled with their high mortality rate, demonstrates the role of race and ethnicity as a factor. While incidence rates have improved overall, the disparity between the two groups remains.

In order to compare state statistics to county data information was used from The Behavioral Risk Factor Surveillance System (BRFSS). Below are some responses from Alamance County residents in regards to heart disease and stroke.

History of any Cardiovascular Diseases (heart attack, coronary heart disease, or stroke)

	Total Responses	Yes	% Yes	No	% No
NC	17,137	1,945	8.7	15,192	91.3
Alamance	459	50	7.9	409	92.1
Male	146	22	9.5	124	90.5
Female	313	28	6.7	285	93.3
White	344	43	9.3	301	90.7
Other	112	7	4.8	105	95.2
45yrs old +	282	46	15.0	236	85.0

Source: BRFSS, 2005

Over ninety-two percent of Alamance County residents report that they do not have a history of cardiovascular disease; however, when asked to identify the symptoms of a heart attack or stroke the majority of participants could not correctly identify the symptoms.

Identified Heart Attack Symptoms Correctly

	Total Responses	Yes	No
NC	17,240	1,861	15,379
Alamance	463	44	419

Source: BRFSS, 2005

Identified Stroke Symptoms Correctly

	Total Responses	Yes	No
NC	17,237	2,979	14,258
Alamance	463	74	389

Source: BRFSS, 2005

When participants were asked if they had ever been told that they had a heart attack or stroke by a health professional the majority replied no (see the next two charts); therefore, the above two charts may be due to a lack of education in regards to these health issues.

Has Had a Heart Attack, according to Health Professional

	Total Responses	Yes	No
NC	17,216	969	16,247
Alamance	463	30	433

Source: BRFSS, 2005

Has Had a Stroke, according to Health Professional

	Total Responses	Yes	No
NC	17,228	648	16,580
Alamance	462	20	442

Source: BRFSS, 2005

Recently over 200 Alamance County residents were surveyed at random and information was collected on various issues, when asked the last time participants had been to a doctor for a routine checkup the following was reported.

	Number	Percentage
Within the past year	170	76%
1-2 yrs	22	10%
2-5 yrs	19	9%
Over 5 yrs	10	4%
I have never had a routine check-up	1	0%
Don't know/Not sure	1	0%
Total	223	

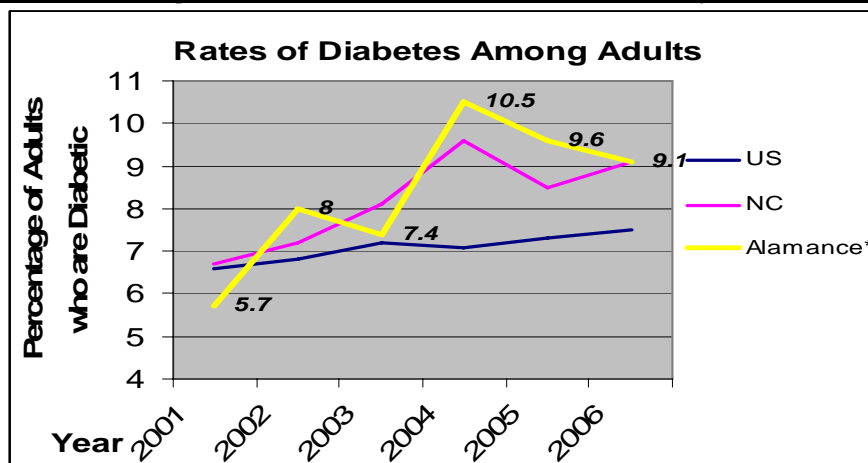
Seventy-six percent of participants have in fact received a routine check-up within the past year which would strengthen the reliability of the above BRFSS data that was collected. According to the CDC the risk of heart disease and stroke can be lowered by regularly seeing a doctor, prevent and control high blood cholesterol, prevent and control high blood pressure, prevent and control diabetes, no tobacco, moderate alcohol use, maintain a healthy weight, regular physical activity, diet and nutrition, and treat atria fibrillation.

Diabetes

Diabetes is a metabolic disorder caused by the inability of the pancreas to produce enough insulin to control blood sugar. For the last 20 years, diabetes rates in the United States have been steadily increasing; the Centers for Disease Control and Prevention term this change a “diabetes epidemic” (<http://www.cdc.gov/diabetes/pubs/general.htm#what>). About seven percent of the United States population has diabetes, and 11% of national health care expenditures (about \$92 billion in 2005) went to diabetes care (http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2005.pdf). Diabetes is the sixth leading cause of death in the United States, and is widely underreported as a cause of death. Diabetes is categorized into three types: *Type 1* (also known as insulin-dependent diabetes or juvenile diabetes), *Type 2* (also known as adult-onset diabetes) and *gestational* diabetes (diabetes occurring during pregnancy). *Prediabetes* occurs when a person’s blood sugar level is elevated, but not high enough to warrant a diabetes diagnosis. These individuals are at increased risk of developing diabetes, but can prevent or delay it.

About one in every 400 to 600 children and adolescents has Type 1 diabetes, and there are no known methods to prevent this type of diabetes (<http://www.cdc.gov/diabetes/faq/research.htm#4>). The vast majority (90-95%) of diagnosed cases of diabetes are Type 2. Risk factors for developing Type 2 diabetes are older age, obesity, family history of diabetes, lack of physical exercise and past history of gestational diabetes. An increasing number of children and young adults are being diagnosed with Type 2 diabetes, a consequence of increasing numbers of overweight, physically-inactive children. Uncontrolled diabetes can have serious physical consequences, including heart disease, stroke, high blood pressure, blindness, kidney damage (at times resulting in the need for dialysis) and amputations of the lower limbs. Type 2 diabetes can be prevented or delayed through a combination of medication and lifestyle changes including maintaining a healthy weight and at least moderate physical activity, such as walking 2 ½ hours per week.

Facts and Figures on Diabetes in Alamance County, NC and the US



Diabetes rates in Alamance County, North Carolina and the nation show an overall increasing trend, with some movement downward within Alamance County in the last several years.

Sources: NC State Center for Health Statistics and CDC. BRFSS data. * Rates for Alamance County by itself were not collected in 2001- 2003; these rates represent the Piedmont Carolina region.



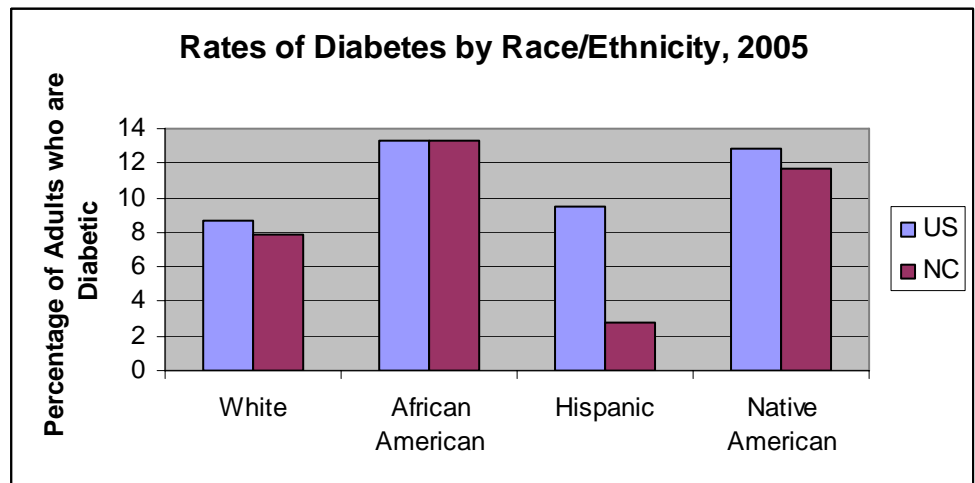
One in three Alamance County residents chose diabetes as one of the county's top health concerns.

Source: 2007 Community Assessment Household Survey

"New evidence shows that approximately 54 million people in the United States have pre-diabetes. Coupled with the nearly 21 million who already have diabetes, this places almost 25 percent of our population at risk for further complications and suffering."
Julie Gerberding,
MD, MPH

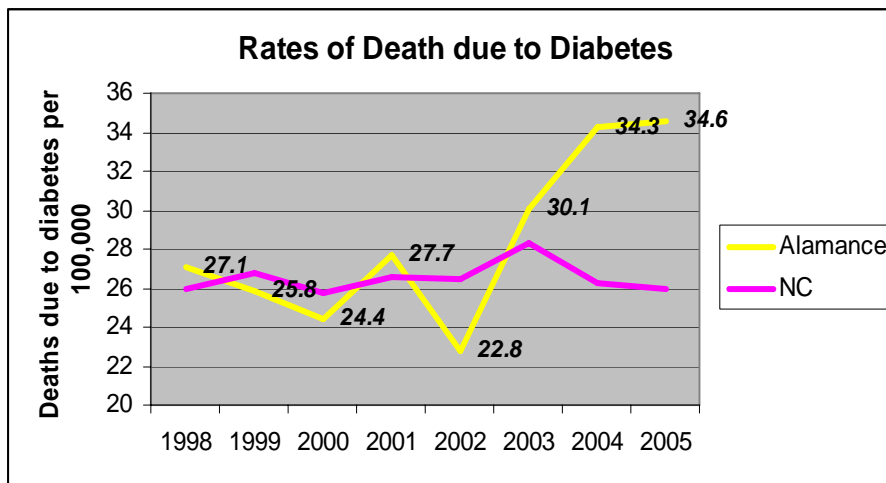
Director, Centers for Disease Control and Prevention

Such trends have prompted predictions that rates of diabetes could double by 2050. The lifetime risk for diabetes for people born in the United States in 2000 was one in three for all Americans, but just one in two for Hispanic females. Two out of every five African Americans and Hispanics are expected to develop diabetes over their lifetimes.



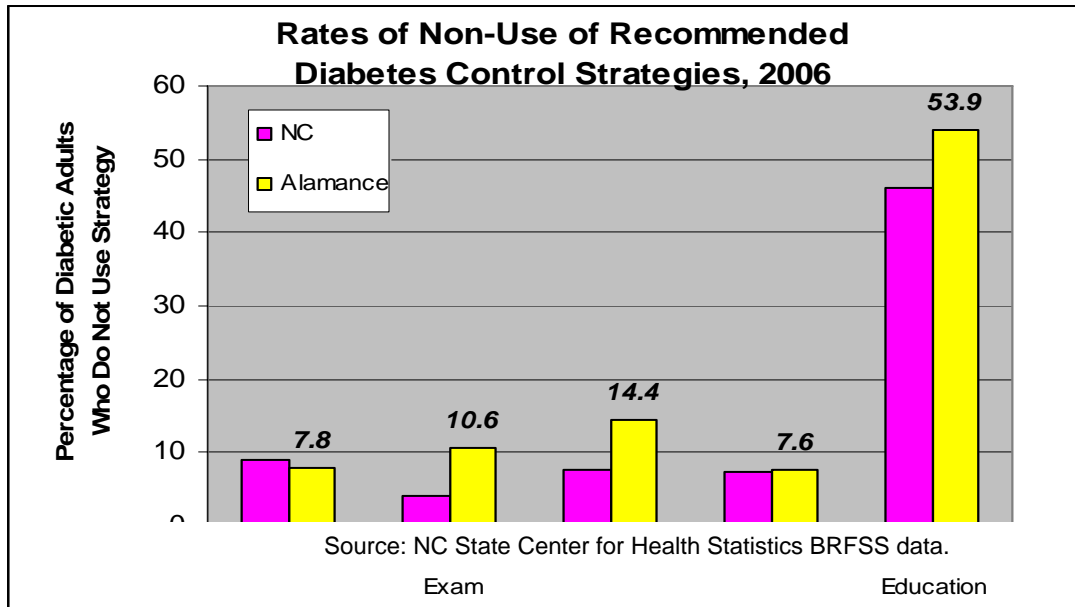
<http://www.cdc.gov/nccdphp/publications/aag/pdf/diabetes.pdf>

Sample sizes for data collected in Alamance County are not large enough to reliably analyze by race and ethnicity. In 2006, the most current data available, the rate for diabetes among white people in Alamance County was 9.1%, and 7.6% for all other racial and ethnic groups combined.



Source: NC State Center for Health Statistics BRFSS data.

Analyzing trends in mortality statistics over time, the statewide rate has remained relatively stable at 26 per 100,000, while Alamance County's diabetes-related mortality rate has increased.



To control diabetes and prevent death and other health consequences of diabetes, the American Diabetes Association recommends several strategies: an A1C glucose test performed by a health care provider at least twice a year, regular examinations of the feet and the eyes, self-monitoring of blood glucose (SMBG), and diabetes education classes. The figure below compares the percentage of diabetic adults in Alamance County and statewide who have *not* used these diabetes control strategies. This graph reveals that Alamance County falls below statewide averages in its residents' use of most recommended diabetes control measures, which may contribute to Alamance County's above-average diabetes mortality. It also reveals that the majority of Alamance County adult residents with diabetes do not participate in diabetes education classes.

Other recommended strategies, such as maintaining a healthy weight and physical activity, not only lessen the consequences of diabetes among those with the condition, but help prevent or delay the diagnosis of diabetes in the population at risk.

A 2003 study by the NC Diabetes Prevention and Control Program estimated the numbers of diabetic adults in Alamance County who were at risk of complications due to lifestyle or socioeconomic factors.

Among Alamance County Adult Diabetics in 2003		
Lifestyle/Socio-economic Factor	Percentage	Estimated Number
Overweight or Obese	84%	7,310
Less than 5 Fruit/Vegetables per day	78%	6,790
Did not meet physical activity recommendations	71%	6,180
Current smoker	19%	1,630
Could not buy test strips/medicines due to low income	11%	970

Source: NC Diabetes Prevention and Control Branch



Three key informants stated that obesity - which is linked with Type 2 diabetes - was a major health concern in Alamance County.

Source: 2007 Community Assessment Key Informant Interviews

Excess weight, poor nutrition and physical activity among most Alamance County diabetics puts them at risk of serious and expensive complications. In the United States, diabetics have an average medical expenditure of \$13,243 (in 2002), over five times greater than the cost for a person without diabetes. In 2006, 6.7% of diabetic adults in Alamance County reported having had a hospitalization or emergency visit due to diabetes within the past year. Between 1990 and 2002, Alamance County residents' hospitalization rates due to diabetes (principal cause) increased 13%, and the cost of the care provided increased 53%, to \$7,429,000, in 2002. The table illustrates costs associated with specific complications of diabetes.

Among Alamance County Adult Diabetics in 2002		
Hospitalization Conditions	Discharges	Costs
Cardiovascular Disease	792	\$12,947,800
Renal dialysis/transplantation	155	\$2,728,800
Lower Limb Amputation	41	\$801,800

Source: NC Diabetes Prevention and Control Branch

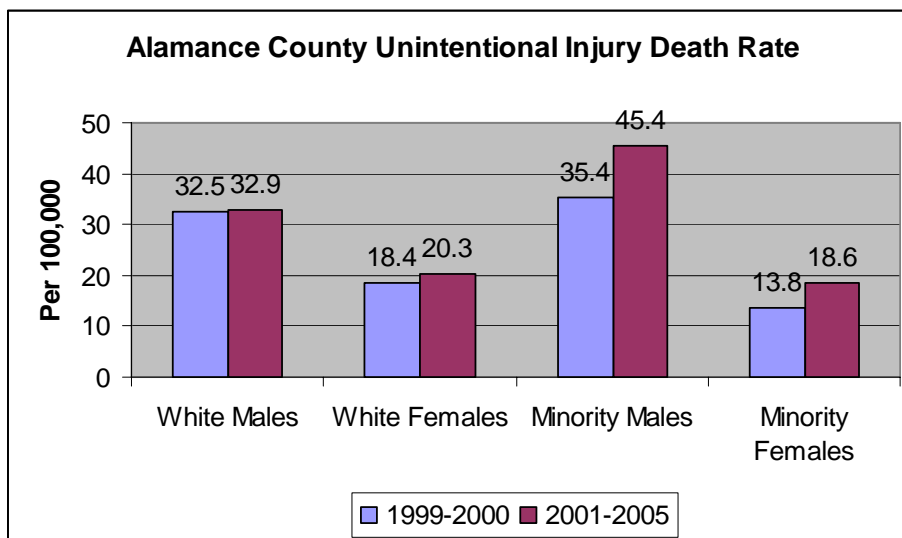
Injuries

Unintentional Injuries
Motor Vehicle Injuries
Injuries in Infants and Children

Unintentional Injuries

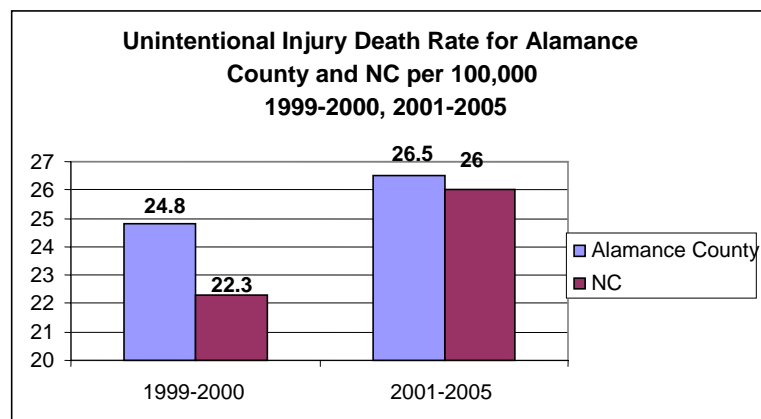
Unintentional non-motor vehicle injuries are harms done that are unplanned or not intended to happen. Unintentional injuries occur as a result of accidents, falls, poisonings, drownings, burns, choking, firearms, and suffocation.

Between 2001 and 2005, there were 10,670 deaths due to unintentional non-motor vehicle injuries in North Carolina. Alamance County recorded 192 of the deaths, making unintentional non-motor injuries the fifth leading cause of death to county residents. The mortality rate for all unintentional injuries, including motor vehicle injuries, is slightly higher in Alamance County than for the state at 26.5 deaths per 100,000 versus 26 deaths per 100,000.



- Males experience more deaths due to unintentional injuries.
- A disparity exists among minority males who die from unintentional injuries in Alamance County.

- Alamance County has a higher rate of deaths due to unintentional injuries than North Carolina as a whole. The death rate for unintentional injuries in Alamance County has increased by seven percent from 1999-2002 to 2001-2005.
- In 2005 alone, unintentional injuries claimed the lives of 56 people in Alamance County and 2,448 in North Carolina.





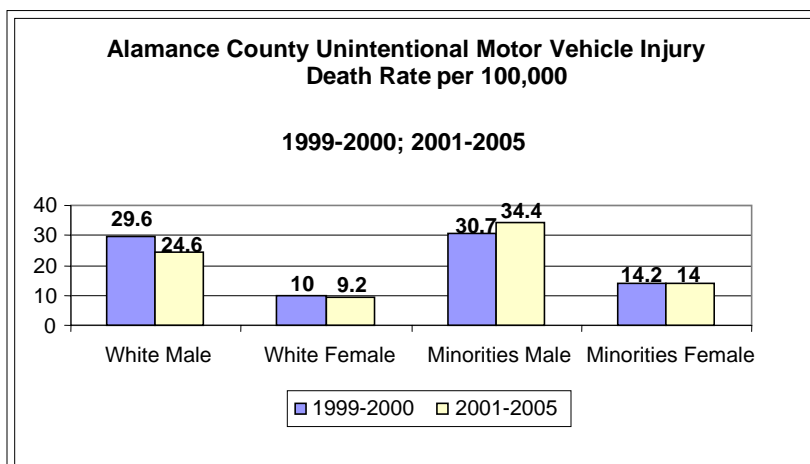
Two key informants stated injuries are a major health concern among citizens of Alamance County.

Source: 2007 Community Assessment Key Informant Interviews

Motor Vehicle Injuries

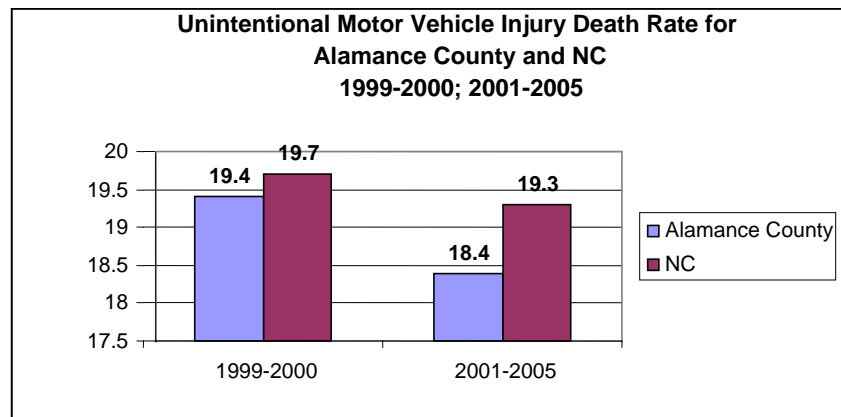
Between 2001-2005 motor vehicle injuries were the leading cause of death for Alamance County residents ages 20-39. During the same period of time, motor vehicle injuries were the second leading cause of death for children under 20 years old.

Motor vehicle deaths are usually the result of driving while impaired, failure to wear a seat belt, inexperienced teen drivers, and older adults with decreased motor functions or physical impairments. Motor vehicle accidents caused eight deaths for adolescents between the ages of 0-19 in Alamance County between 2001-2005 and 147 total deaths for all ages.



- White and minority male deaths are higher due to unintentional motor vehicle injuries than their female counterparts.

- Motor vehicle deaths in Alamance County are slightly lower than the state mortality rate. This equates to 18.4 deaths per 100,000 versus the state rate of 19.3 deaths per 100,000.



The Center for Disease Control and Prevention recommends the following actions to prevent motor vehicle injuries and deaths:

- Laws requiring the use of child safety seats
- Distribution and education programs for child safety seats
- Safety belt laws
- Primary seat belt enforcement laws (allowing a police officer to stop a vehicle solely for an observed seat belt law violation)
- Increased enforcement at specific locations and times to target violations of safety belt laws
- Lowering the illegal blood alcohol content for adult drivers to 0.08%, which is the current law
- Maintaining the minimum legal drinking age at 21 years old
- Sobriety checkpoints
- Education and enforcement campaigns to promote use of child safety seats
- A lower legal blood alcohol content for young or inexperienced drivers

Injuries in Infants and Children

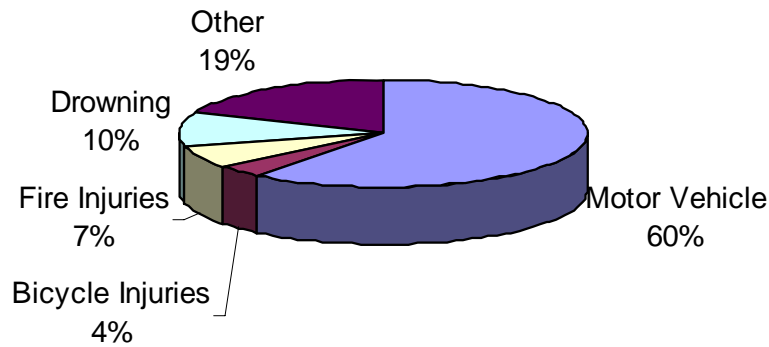
Injury is the leading cause of death for children in Alamance County and in North Carolina. Every year in North Carolina more than 200 children under the age of 15 die, approximately 3,200 are admitted to hospitals, and over 45,000 receive other medical care as a result of injuries. This means that in a typical year one out of every 34 children in North Carolina experiences an injury that results in death and medical care (Injuries to North Carolina Children and the Role of SAFE KIDS, www.iprc.unc.edu/pages/ncsafekids/).

Cause of Death 1996-2000	North Carolina	Alamance County
Motor Vehicle	912	10
Bicycle Injuries	59	2
Fire Injuries	98	0
Drowning	158	2
Other	279	4

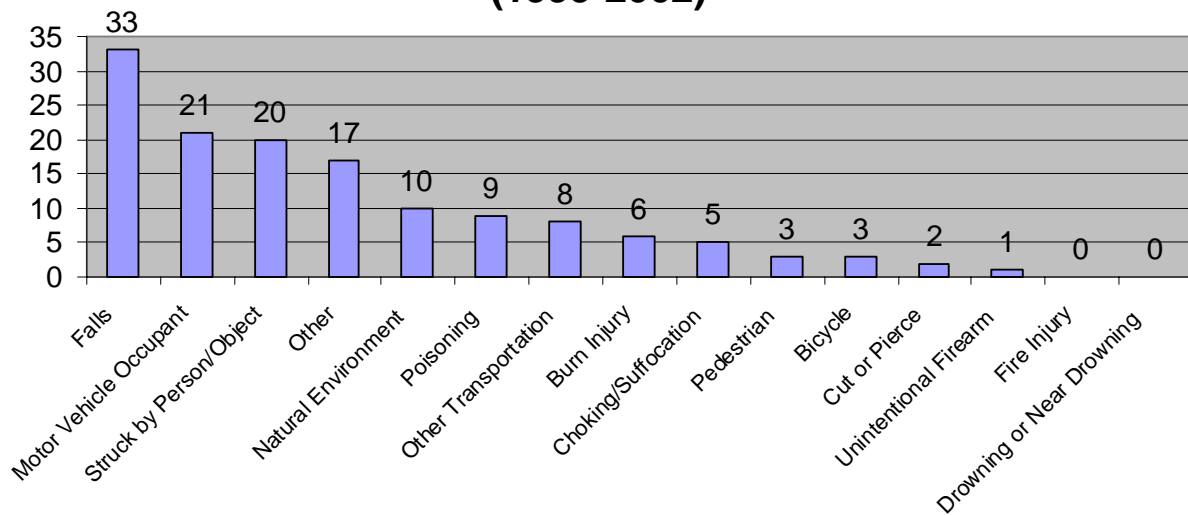
This is the most up to date data on injuries for infants and children

- Between 1996-2000, there were 1,506 injury deaths among North Carolina children under the age of 15.
- During this same time period, 18 children under the age of 15 died from injuries in Alamance County.
- The leading causes of unintentional injury in children age 0-14 in both North Carolina and Alamance County was being a motor vehicle occupant during a collision.

Infant and Childhood Deaths due to Injury in North Carolina, 1996-2000



Number of Hospitalizations in Alamance County ages 0-14 due to Injuries (1999-2002)



- A total of six unintentional injury deaths occurred to children ages 0-14 during 1999-2002, for a total rate of 5.61 per 100,000 in Alamance County. The rate of unintentional injury deaths to children ages 0-14 during 1999-2002 for North Carolina was 9.87.
- There were 138 unintentional injury hospitalizations to children ages 0-14 during 1999-2002, for a rate of 129.12 per 100,000 in Alamance County. The rate of unintentional injury deaths to children ages 0-14 during 1999-2002 for North Carolina was 174.44.
- Falls are the leading cause of hospitalization among children in Alamance County and in North Carolina.

Injury Type	# of Hospitalizations in Alamance County ages 0-14, 1999-2002	# of Deaths in Alamance County ages 0-14, 1999-2002
Motor Vehicle Occupant	21	2
Pedestrian	3	1
Bicycle	3	1
Drowning & Near Drowning	0	1
Fire Injury	0	0
Falls	33	0
Poisoning	9	1
Choking/Suffocation	5	0
Unintentional Firearm	1	0
Burn Injury	6	0
Natural Environment (extreme heat or cold)	10	0
Other Transportation	8	0
Struck by Person/Object	20	0
Cut or Pierce	2	0
Other	17	0
Total	138	6

Source: UNC Injury Prevention Research Center



Only 35% of parents said that their child wore a bike helmet every time they rode a bike during the past year.

Source: 2007 Community Assessment Household Survey

Safe Kids

The National SAFE KIDS Campaign is a 17-year-old national unintentional childhood injury prevention initiative. The NSKC provides support to state and local SAFE KIDS coalitions and chapters in order to educate adults and children, provide safety devices to families in need, and pass or strengthen laws to protect children ages 14 and under. One of the goals of the NC SAFE KIDS Coalition is to form partnerships with business and government entities to provide support for a SAFE KIDS presence in all North Carolina counties. Currently, there is a SAFE KIDS presence in 46 counties and on one Native American reservation.

Alamance County has had a SAFE KIDS coalition since 2001, which is led by the Burlington Fire Department and has representation from Burlington Police Department, Health Department, Alamance Regional Medical Center, Healthy Alamance, Alamance County Sheriff's Department, Mebane Fire Department, Alamance County Recreation, City of Burlington Recreation, Graham Fire Department, and American Red Cross. The areas of injury addressed by the coalition are fire safety, water safety, child passenger safety, sports and recreational safety, bike safety and poisoning.

Infectious Diseases

Overview
Gonorrhea
Syphilis
HIV/AIDS
Tuberculosis

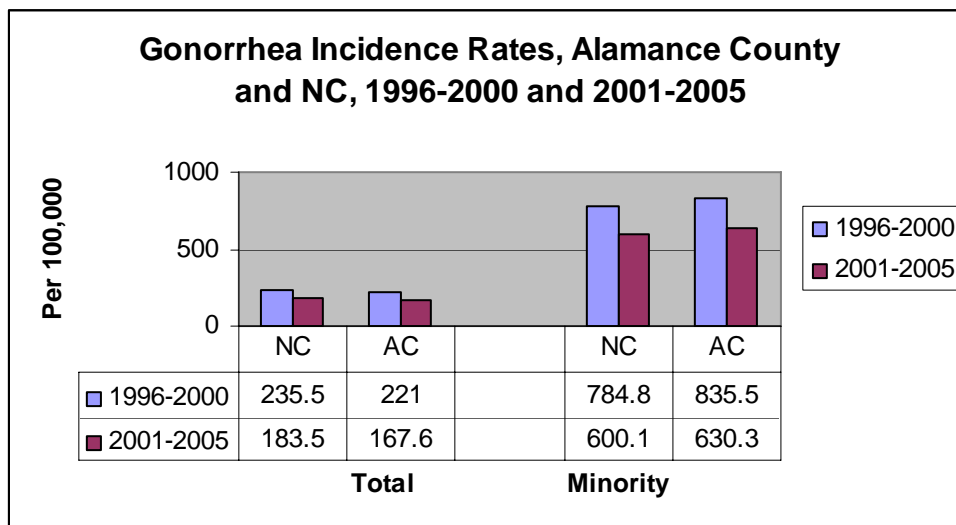
Overview

An infectious (synonym for 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.

Health professionals are required to report cases of certain communicable diseases to the North Carolina Department of Health and Human Services through their local health department.

Gonorrhea

Both Alamance County and statewide rates of gonorrhea have decreased substantially over the past five years. While Alamance County's total rate of 167.6 per 100,000 is lower than the state total rate of 183.5 per 100,000, the minority rate is higher at 630.3 per 100,000 compared to the state rate of 600.1.

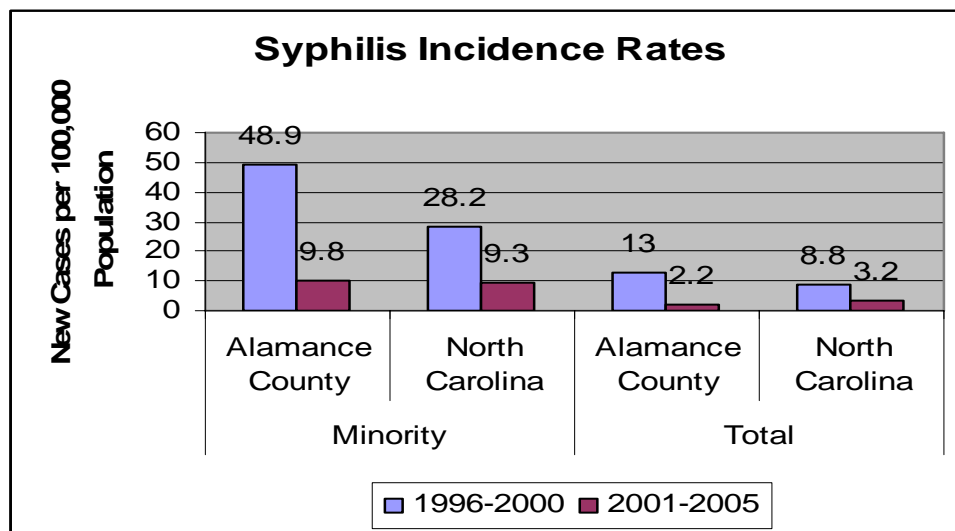


In Alamance County, the incidence rate of gonorrhea is almost four times higher among minorities than the total rate.

Source: North Carolina State Center for Health Statistics

Syphilis

The incidence of syphilis in Alamance County (as in North Carolina) has dropped dramatically in the five-year period ending in 2005, compared with the prior five-year period. The incidence rate improved by more than 40% (dropping from 48.9 to 9.8%) among minorities, who are the most heavily affected group. Alamance County's overall syphilis rates also dropped and continue to be lower than the state rate.

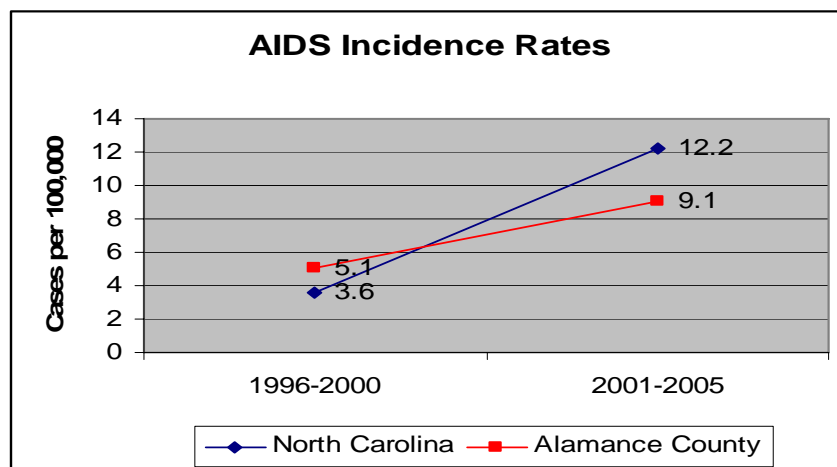


- Alamance County's minority syphilis rate is about five times higher than the total syphilis rate.
- Overall, syphilis rates are dramatically declining among all groups

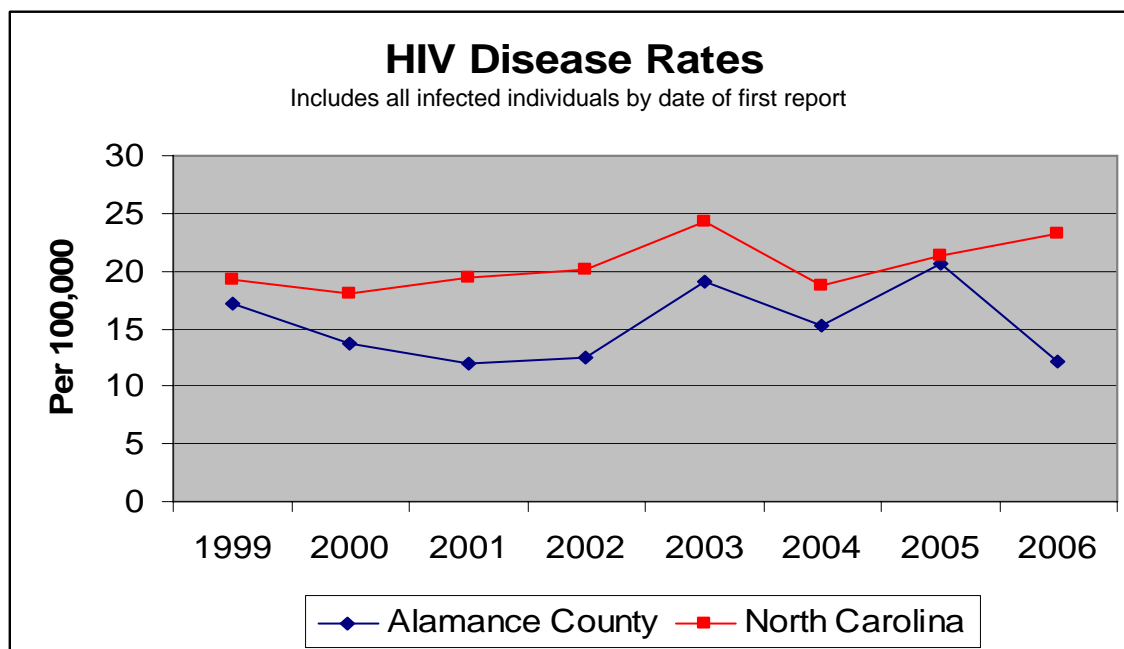
Source: North Carolina State Center for Health Statistics

HIV/AIDS

The rate of new AIDS cases in Alamance County and in North Carolina has increased between the most recent multi-year intervals (1996-2000, 2001-2005). Higher AIDS incidence rates do not necessarily mean that more people are becoming infected with HIV. A diagnosis of AIDS indicates a worsening in health for a person who has been infected for some time with the HIV virus. A person may be infected with HIV and not yet have AIDS. The AIDS incidence rate is affected by HIV screening and early treatment, by access in general to medical care, and by effectiveness of treatment options after HIV diagnosis.



Source: North Carolina State Center for Health Statistics



HIV Disease Rates								
	1999	2000	2001	2002	2003	2004	2005	2006
Alamance County	17.1	13.7	12	12.5	19	15.2	20.6	12.1
North Carolina	19.3	18	19.4	20.2	24.2	18.8	21.3	23.3

Source: North Carolina State Center for Health Statistics

- The HIV disease rates in Alamance County have decreased since 1999.
- Alamance County's HIV disease rates have been lower than the state rate for the past eight years.
- Alamance County is 35th out of 100 counties in the state for the number of HIV disease cases.
- According to the 2005 BRFSS survey, 59.1% of Alamance County respondents reported they had not been tested for HIV disease.

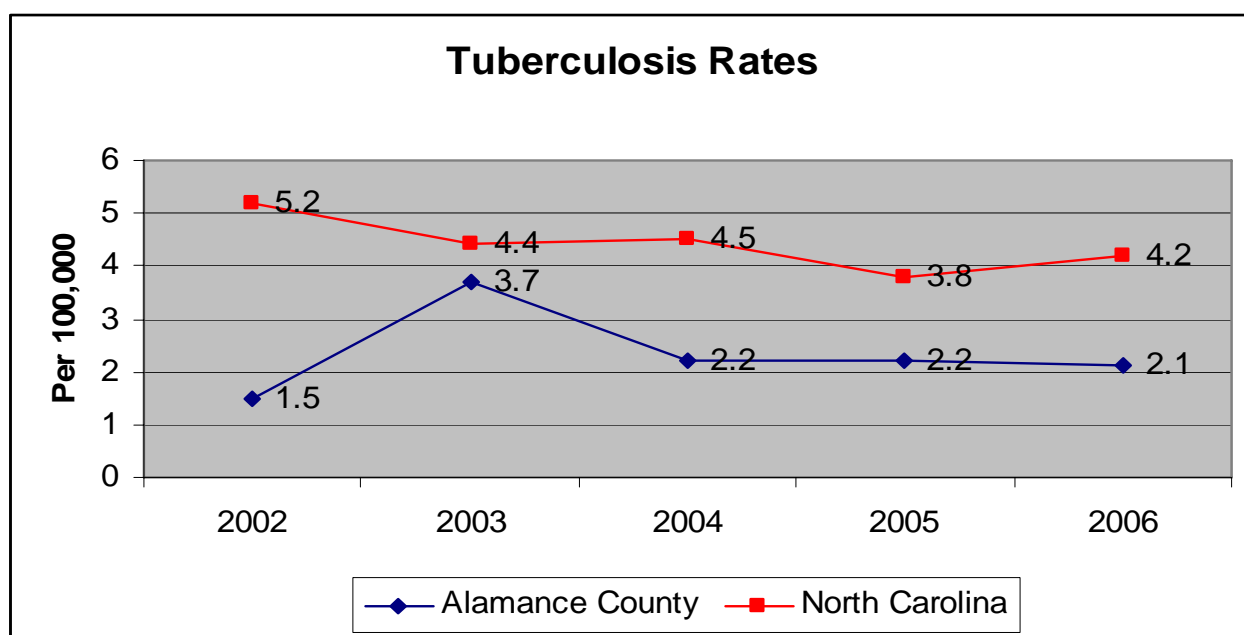
According to Alamance Cares, the only agency in the community that does HIV/AIDS outreach, there are 275 known HIV cases as of mid 2007. HomeCare providers, through Alamance Cares, provide case management to approximately 50 people in Alamance County who have HIV. In June 2007, more than 50 people were discharged from HomeCare providers due to new Ryan White guidelines at the federal level, because those patients no longer met the guidelines for case management services. Not every one who has HIV needs case management, but for those who do, it is often a lifeline for them. The NC Disease Intervention

Specialist (DIS) contacts newly diagnosed clients. In January 2008 Alamance Cares have received referrals on 3 newly infected people. There is not a waiting list for services. Alamance Cares is a portal of entry for not only people who are infected with HIV but also their family and friends who are affected with HIV.

Tuberculosis (TB)

The incidence of TB has remained steady in Alamance County for the past three years. Alamance County's overall incidence rate has continued to be significantly lower than the state rate for the past three years.

Alamance County has had a total of 16 cases of TB from 2002-2006.



Oral Health

Oral Health refers to hygiene of the mouth. The mouth includes the teeth, gums, and supporting tissues. The most common oral health problems include cavities and gum disease. According to the US Department of Health and Human Services, by the time most people are adults, 85% will have had a cavity. Gum disease is evident from infection and commonly leads to tooth loss, because un-removed plaque hardens and causes the gums to pull away from the teeth. When oral hygiene is poor it can lead to problems in overall health. On the other hand, taking good care of the mouth can prevent diseases throughout the body. Disease such as diabetes, HIV, and some eating disorders show their first signs as symptoms in the mouth, thus why it is important to have annual exams and cleanings.

According to the American Dental Association recent research suggests that there is a link between gum disease and other health problems. For example, by having gum disease you may be more likely to develop cardiovascular problems and if you have diabetes you may be more likely to get gum disease. The Office on Women's Health encourages women to pay special attention to their oral health, because as a woman changing hormone levels during puberty, your monthly period, and menopause causes changes in the mouth. If you are pregnant it is especially important to practice good oral hygiene (eating healthy, brushing, and flossing).

Recently over 200 Alamance County residents were surveyed at random and information was collected on various issues, when asked the last time participants had been to a dentist for a routine checkup (not because you were having a problem) the following was reported.

	Number	Percentage
Within the past year	127	57%
1-2 yrs	33	15%
2-5 yrs	29	13%
Over 5 yrs	30	14%
I have never had a routine check-up	1	0%
Don't know/Not sure	2	1%
Total	222	

These same residents were also asked if there was a time that they needed to see a dentist in the last 12 months, but had trouble getting to one for some reason.

	Number	Percentage
Yes	42	22%
No	137	73%
N/A	9	5%
Total	188	

In order to compare state statistics to county data information was used from The Behavioral Risk Factor Surveillance System (BRFSS). Below are some examples of how Alamance County compares to the state of North Carolina in terms of oral health.

How many of your permanent teeth have been removed because of tooth decay or gum disease 2006?

	Total	1-5	6+	All	None
NC	15,392	29.2%	12.6%	6.6%	51.6%
Alamance	385	39.8%	14.7%	6.8%	38.7%

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

	Total	1-12 Months	1-2 Years	2-5 Years	5+ Years
NC	14,007	65.7%	11.8%	8.3%	9.9%
Alamance	345	60.2%	12.4%	11.2%	13.4%

Source: BRFSS, 2005

Specifically looking at children's oral health the Action for Children of NC collected data in 2006 on the percentage of eligibles receiving dental services by age and ranked each county. Below is a summary of how Alamance County measured up.

Alamance	Ranking	Percent
Age 0-5	2 nd Best	31%
Age 6-14	5 th Best	54%
Age 15-20	19 th Best	34%

Source: Action for Children

The Alamance County Health Department has a Children's Dental Health Center that accepts Medicaid or bases charges on family income. Appointments can be made for those birth to age 21, currently the hours are weekdays between 8am-5pm. The services available include: Preventive Care (cleaning, polishing, fluoride treatment, education, infant oral care, tooth brushing/flossing instruction, and nutrition counseling); Sealants; Operative Treatments (fillings, crowns, and extractions); as well as Emergency Treatment.

According to the NC Health Professions Data System compiled in 2006 by the Cecil G. Sheps Center for Health Services the number of Health Professionals per 10,000 of the population classified as Dentists is as follows:

	Population	Dentists per 10,000
NC	8,860,341	4.4
Alamance	139,786	4.6

Maternal & Child Health

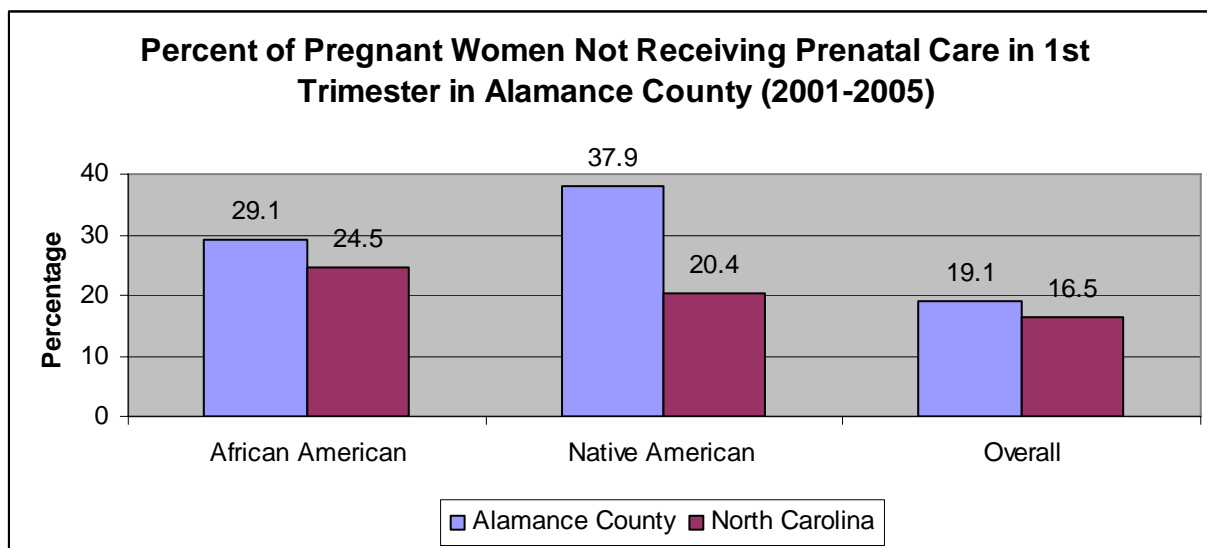
Overview
Pregnancy and Prenatal Care
Adolescent Pregnancy
Low Birth Weight
Birth by Cesarean Section
Breastfeeding
Infant, Fetal, and Child Deaths
Other Child Health Issues

Overview

Maternal health and especially infant mortality are often cited as the foremost indicators of a country's or community's general state of health and of the strength of its health care and support systems. A number of conditions and maternal behaviors have been linked to preterm birth and low birth weight, which are strongly correlated with infant mortality. These factors include but are not limited to: beginning prenatal care in the first trimester, maternal smoking during pregnancy, mothers having less than a 12th grade education, and births to adolescent women (under age 20).

Pregnancy and Prenatal Care

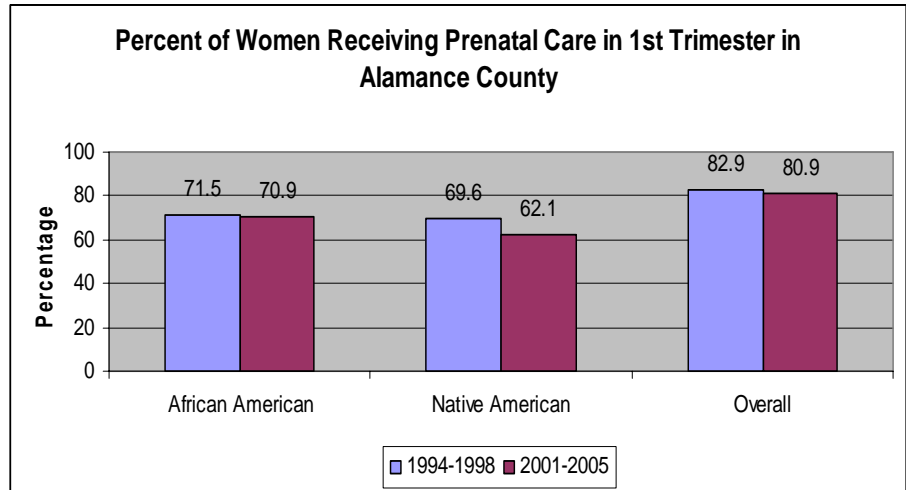
Beginning prenatal care in the first trimester of pregnancy has been shown to result in healthier babies. North Carolina's objective for 2010 is for no more than 10% of pregnant women to begin prenatal care no later than their first trimester of pregnancy.



Source: NC State Center for Health Statistics

The percentage of women not receiving prenatal care in the first trimester is higher in Alamance County (19.1%) compared to the percentage statewide (16.5%). The percentage is also higher among African Americans (29.1% Alamance/ 24.5% NC) and Native Americans (37.9% Alamance/20.4% NC).

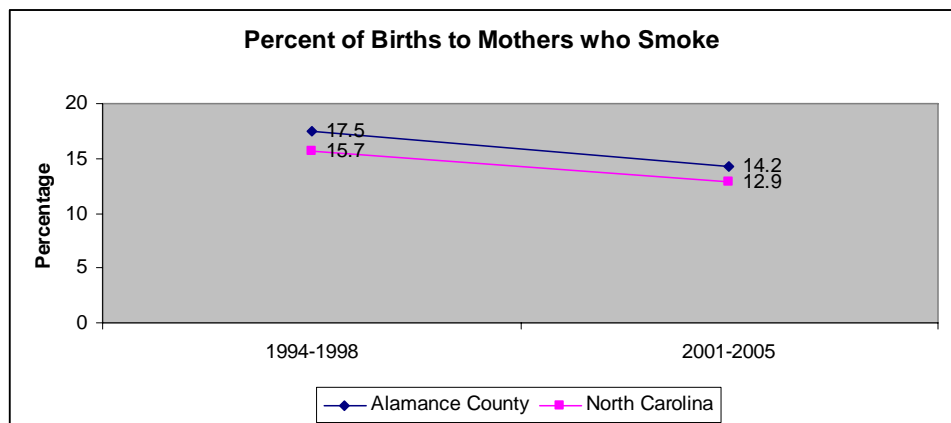
A lower proportion of pregnant women in 2001-2005 did not receive prenatal care in the first trimester compared to women during 1994-1998, among all women in Alamance County.



Smoking During Pregnancy

Smoking during pregnancy is a major factor in prenatal deaths and preterm and low birth weight babies. Compared with the prior five-year period, fewer Alamance County and North Carolina women are smoking during pregnancy.

- 14.2% of Alamance County residents are considered smokers between 2001 and 2005. This is compared to 12.9% of North Carolina residents

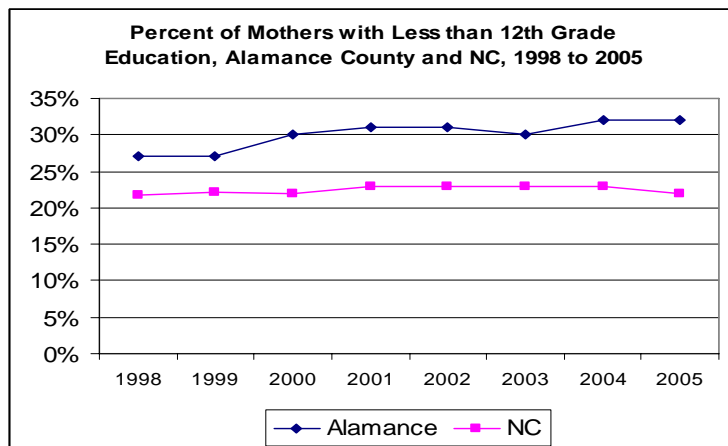


Source: NC State Center for Health Statistics

However, Alamance County's rate is still higher than the state's rate. A 2005 chart audit performed in the Health Department's Maternity Clinic indicated that 30% of pregnant clients that utilize Health Department services were current smokers. The Health Department received a grant from the Office of Minority Health to conduct public awareness campaigns targeted towards preconceptional and pregnant women who smoke. North Carolina also has a new toll free number (1-800-QUIT-NOW) that is promoted throughout the community as a resource for residents who are interested in smoking cessation.

Mother's Education

A mother's level of education has been shown to be a good predictor of birth outcome (birth weight and gestational age). This effect may be due, at least in part, to associations with other important factors affecting birth outcome: prenatal care, smoking, parity, and likelihood of being married.



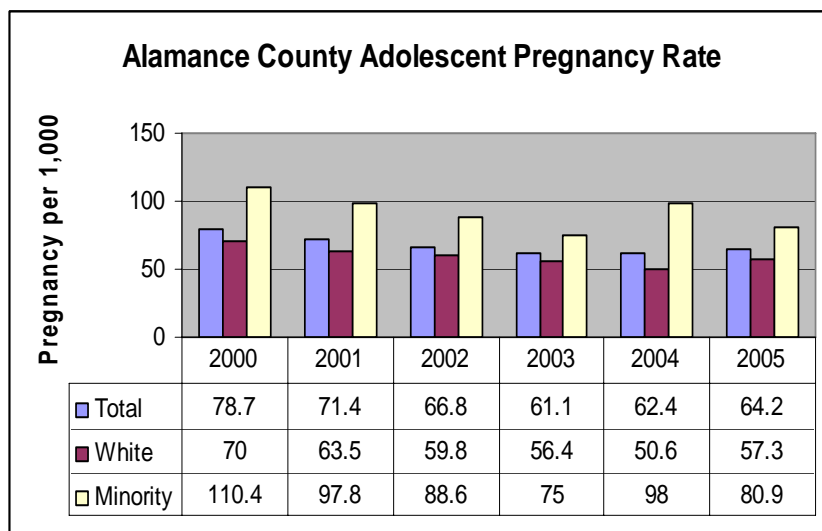
- The percentage of Alamance County mothers without a 12th grade education has risen since 1998. From 27 percent in 1998, to 32% in 2005.
- North Carolina's rates are more stabilized between 21-23% throughout this time period.
- In 2003 the US average was 21.6%.

Source: NC State Center for Health Statistics, Baby Books.

Adolescent Pregnancy

The teen pregnancy rate in North Carolina has decreased over the past ten years. Alamance County has seen a slight increase in teen pregnancy rates over the past two years according to the NC State Center for Health Statistics. In 2005, the Alamance County teen pregnancy rate increased to 64.2 pregnancies per 1,000 teens aged 15-19 compared to the state rate of 61.7 per 1,000 teens.

Alamance County has followed state and national trends since the mid-1990s in reducing adolescent pregnancy rates among both white and minority teens.



- Alamance County's overall teen pregnancy rate has been higher than the state rate since 2000.
- There was a larger decrease in the pregnancy rate for minority teens (30%) than for whites (12.7%).
- The overall teen pregnancy rate has decreased by 15% since 2000.
- There were a total of 345 teen pregnancies in Alamance County among females 10-19 in 2005; eight of those were among females ages 10-14.

Source: North Carolina State Center for Health Statistics



Three key informants stated that Teen Pregnancy was a major health concern for the county.

Source: 2007 Community Assessment Key Informant Interviews

According to the National Campaign to Prevent Teen Pregnancy, teens that become pregnant are more likely to drop out of school and live in poverty. Children of teen mothers are more likely to be born at low birth weight, grow up poor, experience abuse and neglect, and enter the child welfare system. But when there are repeat births to teen mothers the likelihood of being raised in extreme poverty rises dramatically.

Risk Factors for Teen Pregnancy

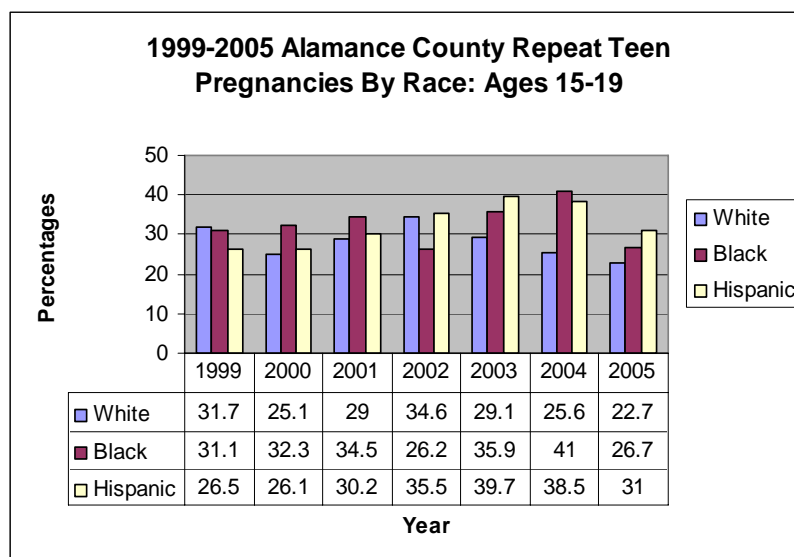
- Friends who are teen mothers
- Larger family size
- Higher levels of unemployment
- Alcohol abuse or substance use
- Gang membership
- School with high minority enrollment
- Socio-economic status

Nationally, 50% of adolescents who have a baby become pregnant again within two years of the baby's birth and 25% of adolescents who have one baby have a second baby within two years of the first baby's birth. The second baby born to an adolescent mother is at higher risk to be low birth weight than the first baby. (Source: Marianne E. Felice, M.D., Professor of Pediatrics, University of Massachusetts, Board of Directors, Campaign For Our Children, www.cfoc.org). Since 1999 almost 30% of Alamance County's teen pregnancies were repeat pregnancies.



Twenty-eight percent of survey respondents reported they have not talked with their children about their views and beliefs about sexual activity.

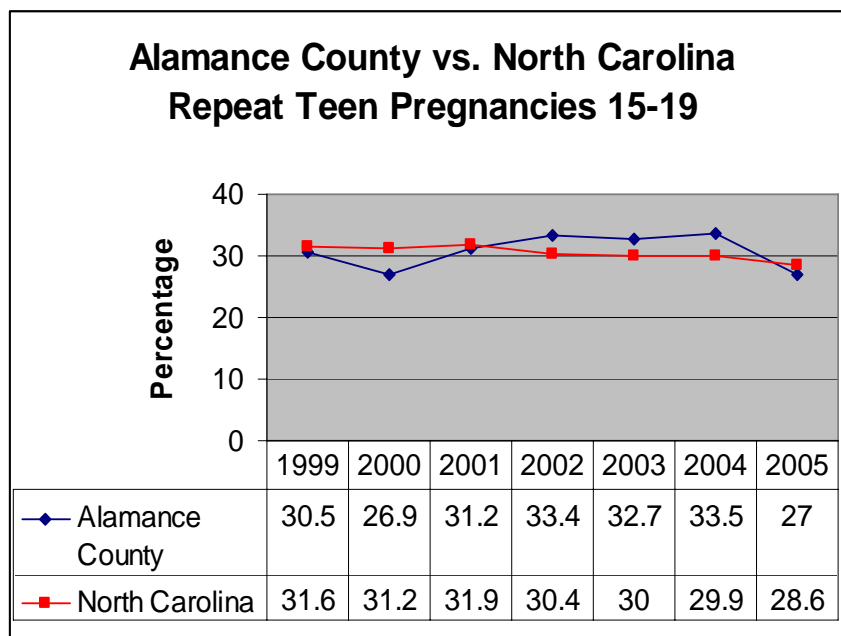
Source: 2007 Community Assessment Household Survey



Source: North Carolina State Center for Health Statistics

- Since 2001 the percentage of repeat teen pregnancies among Hispanics in Alamance County has been higher compared to the State.
- The percentage of repeat teen pregnancies among Hispanics has decreased in Alamance County by 8.7% since 2002.

- The percentage of repeat pregnancies in Alamance County has slowly declined since 2001.
- Alamance County's repeat pregnancy rate was higher than the state rate from 2002-2004.



Source: North Carolina State Center for Health



Teen Pregnancy was identified as the 10th most important Social Issue to Alamance County residents.

Source: 2007 Community Assessment Household Survey

Reducing the rates of teen pregnancy and repeat teen births can assist in lessening the significant health and socio-economic risks to young women and their infants associated with teenage childbearing. Teen pregnancy cost North Carolina taxpayers at least \$312 million in the year 2004 (www.appcnc.org).

According to the North Carolina Parent Opinion Survey of Public School Sexuality Education, October 2003:

- 90.5% thought sexuality education should be taught in North Carolina public schools.
- Of the 90.5% of parents: More than two-thirds of parents thought sexuality education should start by the 6th grade.
- Parents of all demographic groups thought sexuality education should be taught in public schools.



"Dropping out of school can go from one generation to the next. Women get pregnant younger, because of lack of education about protection or abstinence. And then they must stay home to care for the kid."

- *Latino focus group participant*

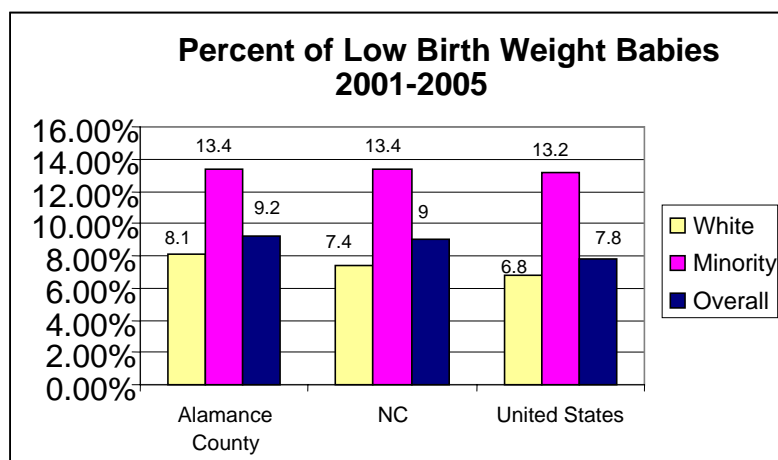
Source: 2007 Community Assessment Focus Groups

Low Birth Weight

Low birth weight is defined without regard to the duration of the pregnancy, as:

- **Low Birth Weight (LBW)** = <2500 grams or about 5.5 pounds
- **Very Low Birth Weight (VLBW)** = <1500 grams or about 3.3 pounds

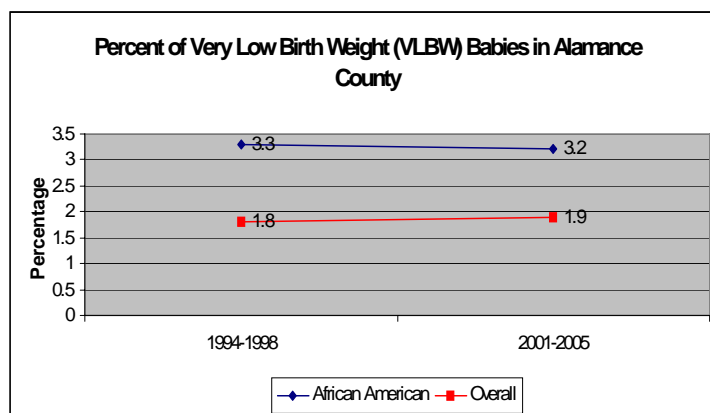
Babies born preterm (prior to 37 weeks of pregnancy) are usually also LBW or VLBW. However, full term babies (born at 37 or more weeks of pregnancy) can also be born at a low birth weight, usually indicating some health problem. Good quality, comprehensive prenatal care and support services reduce the incidence of babies born at a low birth weight. Low birth weight is a significant health issue in the United States and a significant factor in infant death.



Source: NC State Center for Health Statistics

- North Carolina's objective is for no more than seven percent of infants to be born LBW.
- The "Healthy People 2010" target is no more than five percent of all births to be considered LBW.
- North Carolina's rate of nine percent during 2001-2005 ranks the state 41st of the 50 states. Only nine states have a higher proportion of LBW babies.
- Alamance County's overall rate is essentially the same at nine percent.

- White LBW rates are higher in Alamance County than in the state or US. Minority LBW rates are the same as in the state and US.
- Alamance County's Minority LBW rate is (13.4%) is 65% higher than the white rate (8.1%).
- Infants born at very low birth weight (VLBW) face even larger, sometimes lifelong health challenges.

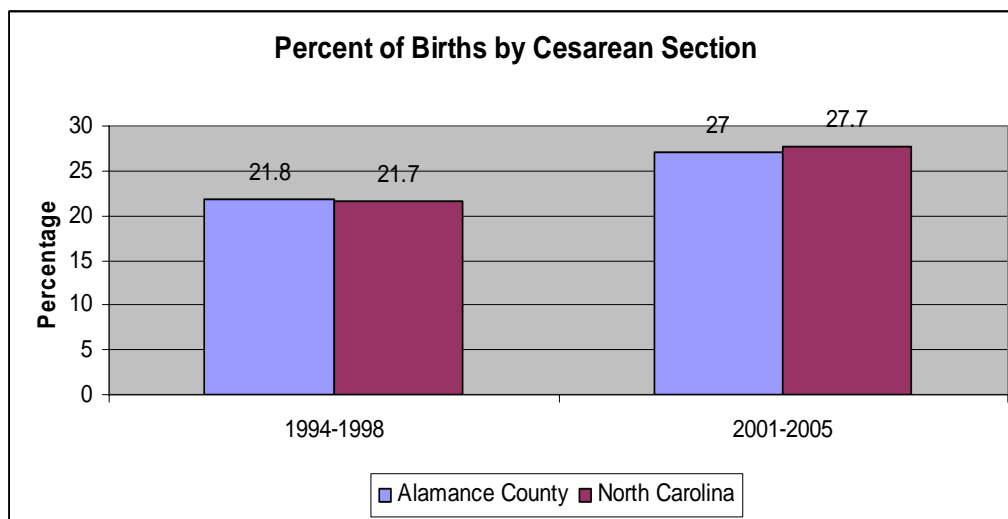


Source: NC State Center for Health Statistics

- Alamance County's 2001-2005 VLBW rate of 3.2% for African Americans is slightly lower than the minority 1994-1998 VLBW rate of 3.3%.
- The overall VLBW has slightly increased from 1.8% during 1994-1998 to 1.9% during 2001-2005.
- Neither the county or state rates have reached the North Carolina 2010 target of 0.9%.

Birth By Cesarean Section

Increasing rates of surgical delivery (“cesareans”) in low risk pregnancies have been of growing concern in the United States. Cesarean delivery can save lives or improve outcomes, but only when used in response to certain specific medical indications of risk. The procedure is major abdominal surgery, and as such it introduces significant risks of its own to mother and baby. Nationally, the cesarean rate among women with low-risk pregnancies increased by one-third between 1996-2003. The Healthy People 2010 objective is that cesareans occur in no more than 15% of births where the mother is giving birth for the first time and her pregnancy is considered low risk.



Source: NC State Center for Health Statistics

Cesarean birth rates are rising in Alamance County and in North Carolina.

- In the period 1994-1998, 34 counties had lower cesarean birth rates than Alamance County.
- During the period 2001-2005, only 19 counties had lower cesarean rates than Alamance County.
- Alamance County's cesarean rate rose 24% between 1994-1998 to 2001-2005.
- North Carolina's cesarean rate rose 28% in the same time period.

Breastfeeding

A desirable outcome at childbirth is that the baby be breastfed. Breastfeeding is known to offer extensive health benefits to both baby and mother.

Healthy People 2010 target that:

- 75% of babies begin breastfeeding
- 50% of babies are still breastfeeding at six months of age

Breastfeeding Rates 2004-2005		Alamance County	NC
Source: Alamance County WIC Program			
Breastfeeding initiation rate		48.1%	49.7%
Breastfeeding at 6 weeks of age		32%	29.1%
Breastfeeding at 6 months of age		17.6%	15.3%

Historically, breastfeeding has been less common among lower-income women, who often face additional barriers in undertaking breastfeeding. WIC (Women, Infants & Children) is a national program that provides nutritional support to low-income women and their young children. For more than a decade, WIC has intensified efforts to support and enable participating women and their babies to enjoy the benefits of breastfeeding. The Alamance County program still has a milestone to reach before meeting the general population target for initiating breastfeeding (48.1% vs. 75%). However, this rate has continued to increase over the past ten years, in 1995-1996 the breastfeeding initiation rate was only 25% in Alamance County.

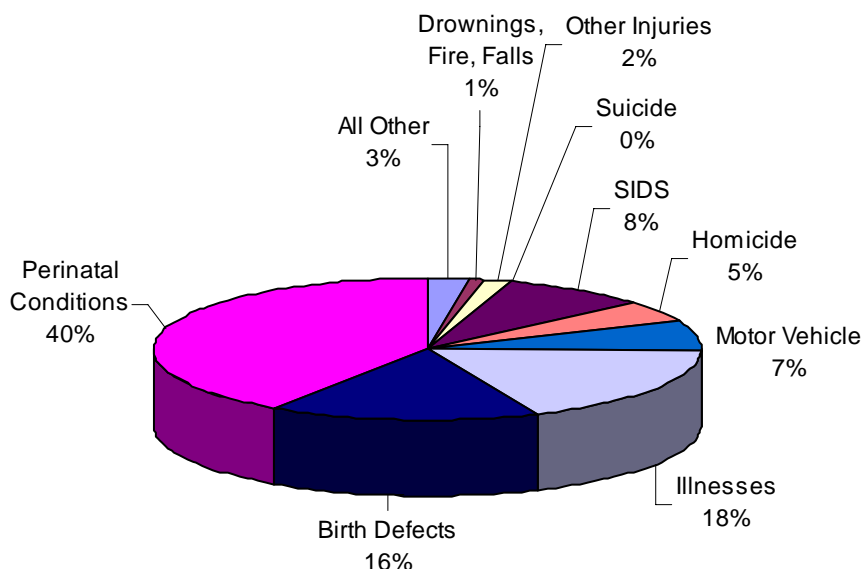
Infant, Fetal, and Childhood Deaths

Of the 119 deaths to children 0-17 that occurred in the county between 2001 and 2005, 86 of these, or 72%, were deaths in infancy (under one year of age). More than 40% of childhood deaths were due to perinatal conditions (medical circumstances around the time of birth).

Infant and Child Deaths in Alamance County, 2001-2005

Total Deaths: 119

Source: NC State Center for Health Statistics



Three key informants stated that infant mortality was a major health concern in Alamance County.

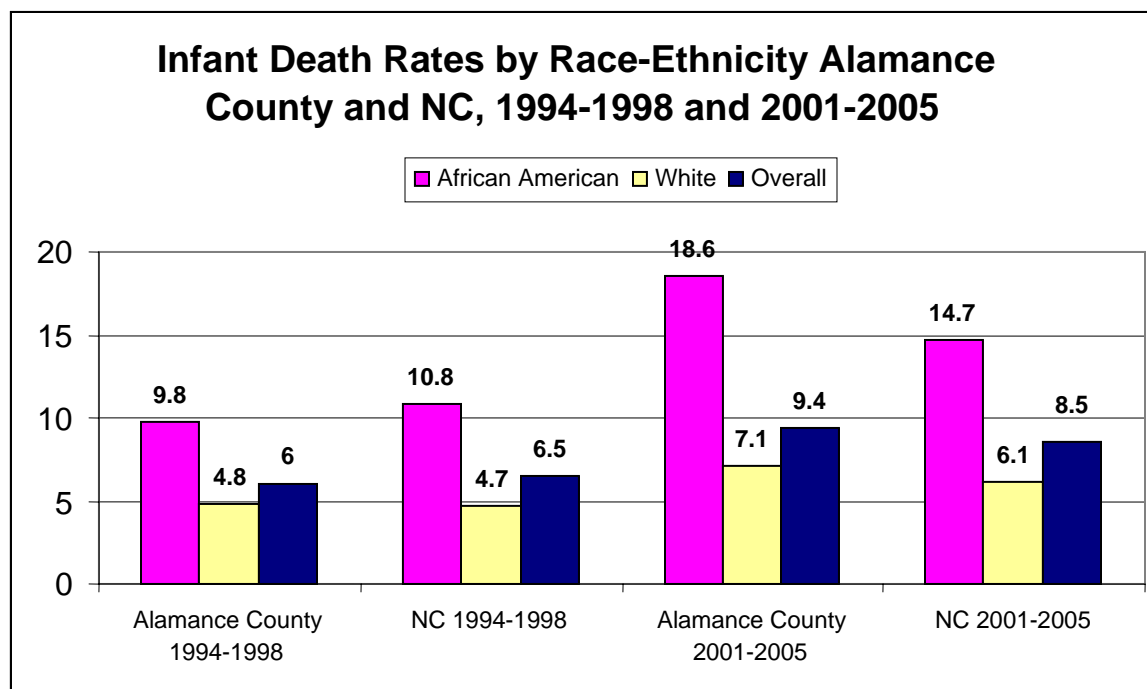
Source: 2007 Community Assessment Key Informant Interviews

The infant mortality rate is the number of deaths of infants under one year of age per 1,000 live births in a given population. Infant mortality rate is one of the key indicators of a nation, state and county's health status. It is a useful indicator of the nation's health because it is often

associated with other health factors such as maternal health, quality and accessibility of medical care, and socio-economic conditions.

The leading causes of infant mortality are prematurity, low birth weight, Sudden Infant Death Syndrome (SIDS), birth defects, maternal pregnancy complications, and respiratory distress syndrome. Factors that contribute to infant mortality include: lack of prenatal care, smoking, drug use, lack of proper nutrition, lack of adequate weight gain, socio-economic factors, women over 35, women under 17, and genetic and environmental factors.

Alamance County experienced 86 infant deaths during the time period of 2001-2005, for a total infant death rate of 18.6%. Alamance County ranks as the 16th worst county in the state in regards to the infant death rate.



Source: NC State Center for Health Statistics

- The North Carolina target is 7.4 deaths per 1,000 live births.
- Alamance County's overall rate in 2001-2005 was 9.4, much greater than the state's rate of 8.5.
- Alamance County's overall rate, white rate, and African American rate has also significantly increased from 1994-1998 to 2001-2005. The overall infant death rate has increased by 57%.
- There is a dramatic disparity in infant mortality by race. An African American baby was nearly three times as likely as a white infant to die before reaching his or her first birthday during the past five years in Alamance County.

In addition to infant deaths within the first year of life, fetal deaths are also considered and defined as death that occurs before live birth but at 20 or more weeks of pregnancy.

Fetal Death Rates 2001-2005

	Alamance County	NC
White	4.2	5.3
Minority	13	11.7
Overall	6	7.1

Source: NC State Center for Health Statistics

- There were a total of 55 fetal deaths during the time period of 2001-2005
- In both Alamance County and statewide, fetal death was more than twice as likely to be experienced by a pregnant minority woman than a white woman
- Overall, pregnancies in North Carolina were 15% more likely to end in fetal death than for pregnancies in Alamance County.

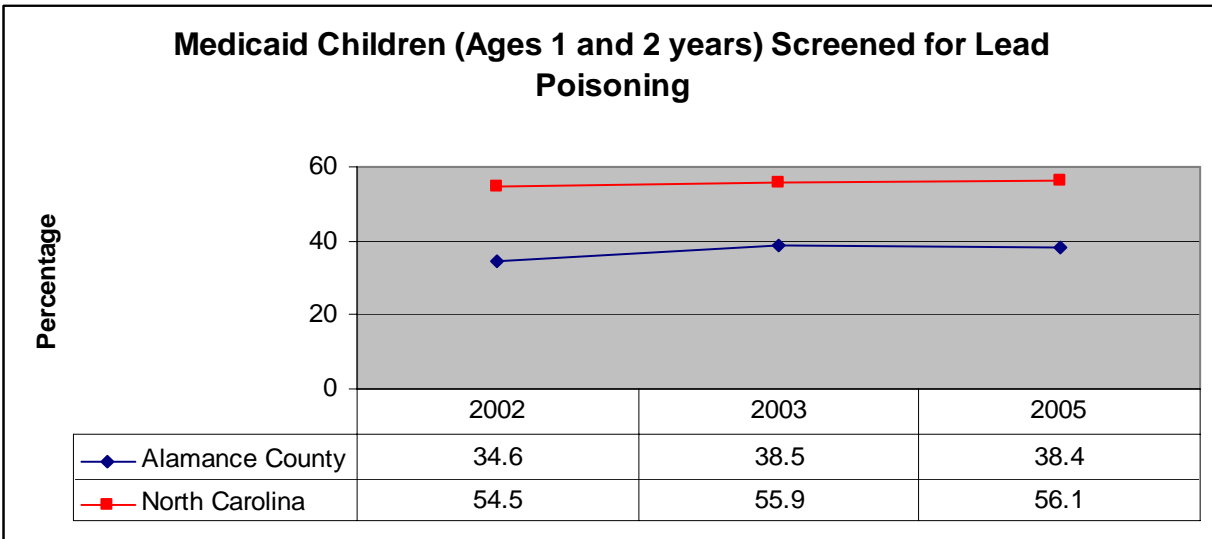
Other Child Health Issues

Lead Poisoning Prevention: Lead poisoning is the most common preventable pediatric health problem in the United States today, and is caused by exposure to lead that is eaten or breathed in the form of dust. It is one of the most serious health threats for children in and around the home. If not detected early, high levels of lead in a child can cause: damage to the brain and nervous system, behavior and learning problems (such as hyperactivity), delayed growth, hearing problems and headaches.

Babies and young children especially are susceptible to lead exposure because they have a tendency to put objects in their mouths. They may eat or chew paint chips, or their hands or other objects placed in their mouths may be contaminated with lead dust. Lead poisoning is more dangerous to fetuses, babies and children than to adults because lead is more easily absorbed into growing bodies. The tissue of children also is more sensitive to lead's damaging effects. Although lead exposure can affect any child, those who are most at risk are children who live in older housing, usually in inner city areas.

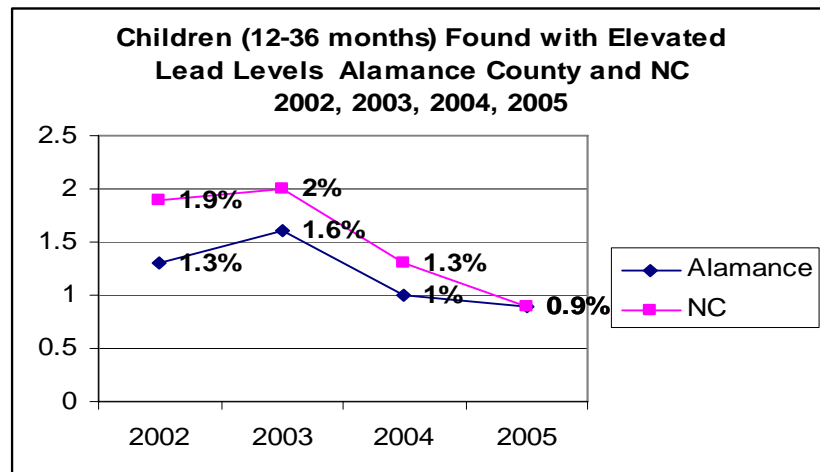
The NC General Assembly enacted the Childhood Lead Exposure Control Act, establishing a voluntary program of testing for lead in children, especially children 12-36 months. Special focus is given to ensure that children eligible for Medicaid are screened in infancy for lead exposure.

The following graph reveals that Alamance County has lagged behind the state in the percentage of Medicaid-eligible children being screened by age three. Progress is being made: the 2005 screening rate was 11% higher than the rate in 2003.



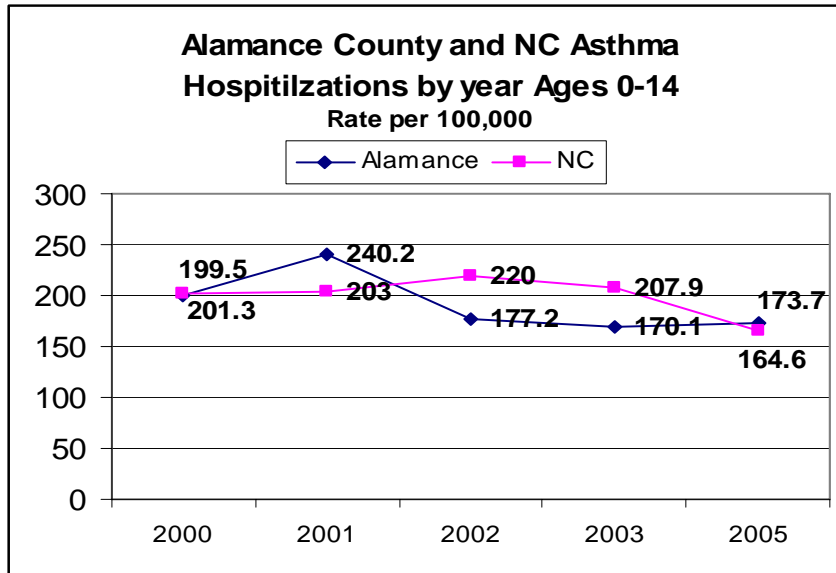
Source: NC State Center for Health Statistics

- Screening results have found fewer problems in Alamance County than elsewhere in the state.
- In 2005, the County and state rates converged at 0.9% of those tested having elevated blood lead levels.



Childhood Asthma: The NC School Asthma Survey was conducted in 2000 to assess the prevalence of asthmatic symptoms and risk factors in school-aged children. The survey sampled 2,463 Alamance County students in the 7th and 8th grades. According to the results of this survey:

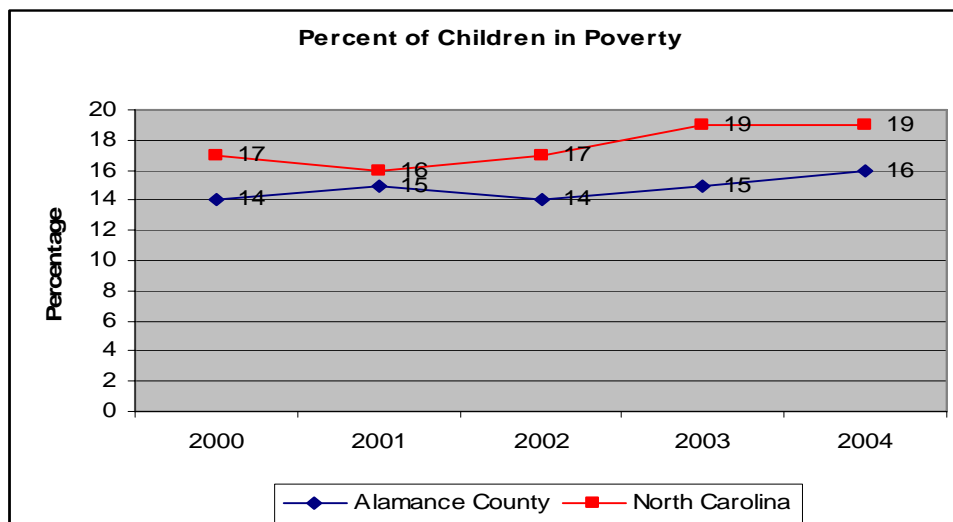
- 7.6% of school children surveyed had been diagnosed with asthma.
- Alamance County has the eighth lowest percentage of children diagnosed with asthma when compared with all counties in the state.
- 14.8% of children surveyed had experienced undiagnosed wheezing.
- The total proportion of surveyed children who experienced wheezing was 22.5%
- Alamance County has the 17th lowest percentage of total children who have experienced wheezing when compared with all counties in the state.
- Eight percent of Alamance County children have missed school, 11% have limited activities, and eight percent experience sleep disturbances due to asthma.



- Alamance County's hospitalization rates for childhood asthma steadily declined from 2001- 2003, although the County recently experienced a slight increase from 170.1 in 2003 to 173.7 in 2005.
- Alamance County's 2005 hospitalization rate for children is five percent higher than the state's rate.

Child Poverty: Considering concerns for Alamance County's children, it is important to be mindful of the impact of poverty. Research tells us that the consequences of childhood poverty, defined as children living in households below the federal poverty line, indicate: poor children are less likely to learn to read well, to test well, or to finish school. Other well-documented effects of child poverty are on nutrition and health. Research shows clearly that poor children experience diminished physical health. While few children in America actually starve, nutritional deficits have marked effects on the growth, eventual height, and possibly cognitive development of children raised in poverty. Poor children suffer from emotional and behavioral problems more often than non-poor children, although these effects are less strong than the effect of poverty on educational achievement. Source: Quality of Life in NC, NC State University, Volume 3, Number 1.

Risk factors for child poverty include: children living with a single parent, children living with a non-white single parent, children who live with parents who have low paying jobs (minimum wage), parents who dropped out of high school, parents who are unemployed or do not have full-time year-round employment.



- Between 2000 and 2004 there was a 14% rise in the number of Alamance County children living in poverty.
- In 2004, 5,323 Alamance County children were living in poverty.

Source: Community Level Information on Kids

Prevention

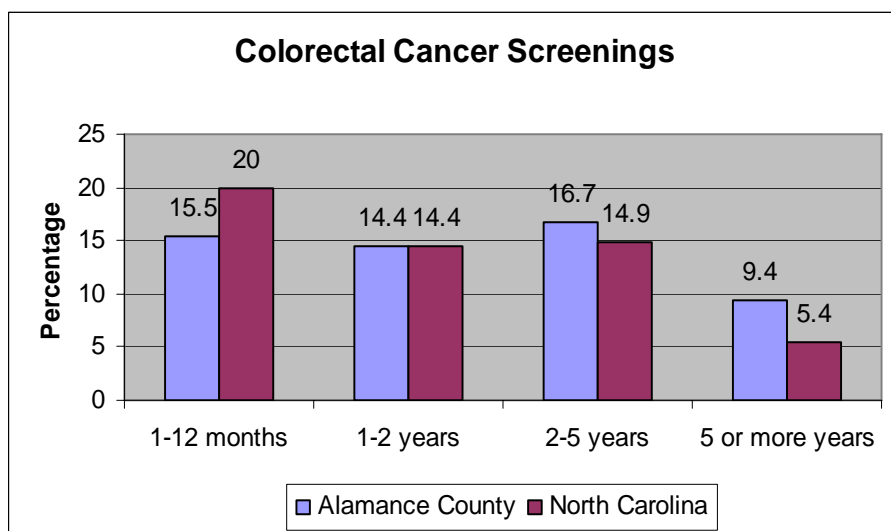
Overview
Colorectal Cancer Screening
Breast Cancer Screening
Prostate Cancer Screening
Cholesterol/Hypertension/Diabetes Screening
HIV Screening

Overview

- Early detection of disease is a form of secondary prevention, reducing the harm done.
- Early detection through health exams and screening tests typically leads to treatment before the disease or condition progresses further and can improve health outcomes.
- Early detection can also help prevent further spread of infectious diseases.

Colorectal Cancer Screening

According to the 2004 BRFSS survey results, 9.4% of Alamance County adults and 5.4% of North Carolina adults over the age of 45 reported that it had been more than five years since they had their last sigmoidoscopy or colonoscopy. A sigmoidoscopy is a visual examination that searches for polyps in the lower part of the colon, while a colonoscopy examines the rest of the colon.



- The overall percent of Alamance County residents age 50 or over who have had a sigmoidoscopy or colonoscopy in the last five years was 56 percent.

Breast Cancer Screening

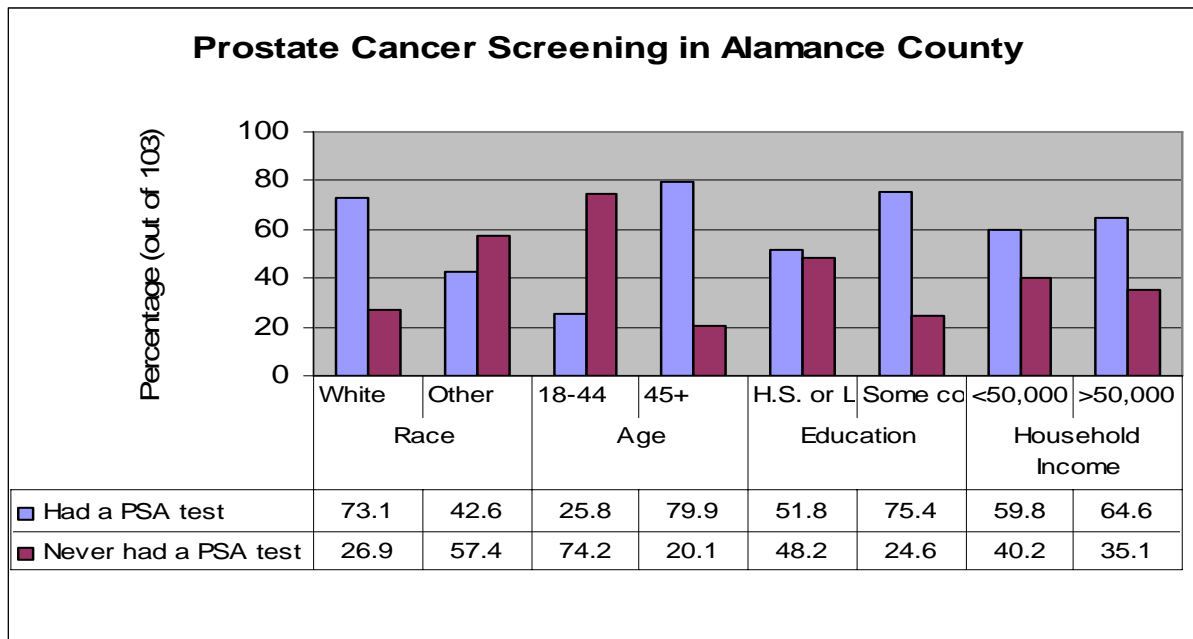
Women age 40 or older are advised to have a routine mammogram every one to two years to screen for breast cancer. The Norville Breast Care Center offers mammograms and serves low-income women with funds from the Breast and Cervical Cancer Control Program.



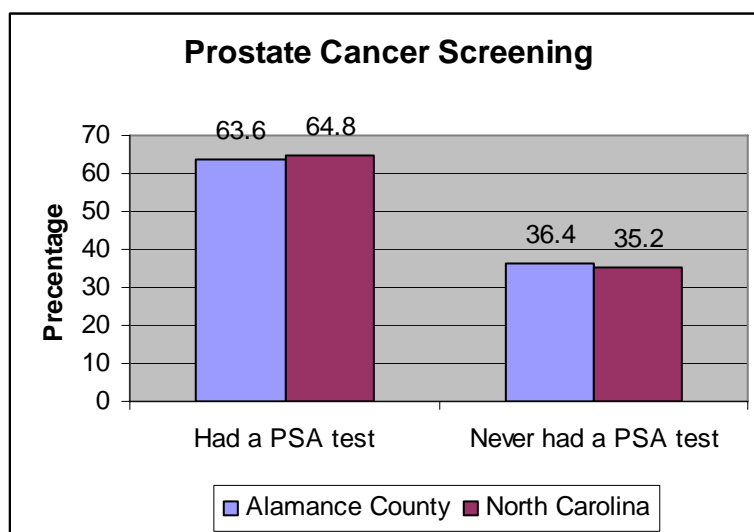
Eighty-six percent of women over the age of 40 reported that they have had a mammogram.

Source: 2007 Community Assessment Household Survey

Prostate Cancer Screening



- White men, aged 45-plus who had some college education, were more likely to have a Prostate-Specific Antigen (PSA) test, according to the 2005 BRFSS.
- In Alamance County 63.6% of men had a PSA test compared to 64.8% in North Carolina.

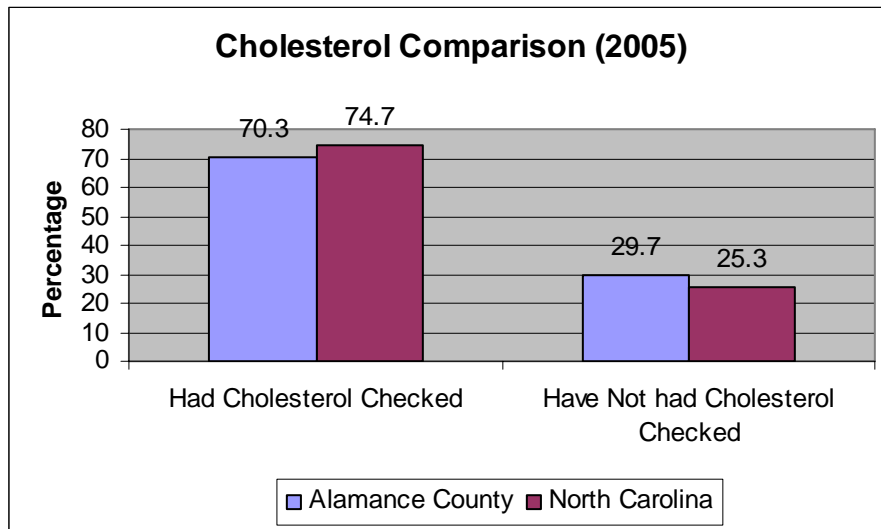




Only 59% of men over the age of 40 reported that they have had a prostate exam.

Source: 2007 Community Assessment Household Survey

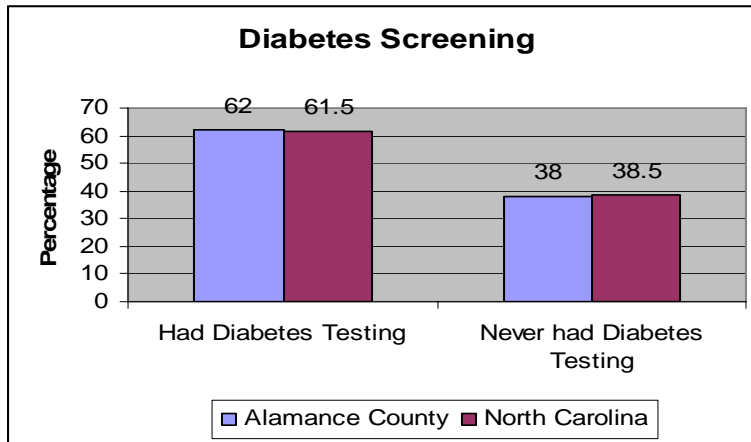
Cholesterol/Hypertension/Diabetes Screening



- In 2005, 70.3% of Alamance County residents had their cholesterol checked compared to 74.7% of North Carolina residents.
- Ninety percent of residents age 45 or older had their cholesterol checked.

According to the 2005 BRFSS, 78% of Alamance County residents have had their blood pressure checked within the past six months compared to 77% of residents statewide. Twenty-six percent of Alamance County residents reported that a doctor or other health professional had told them they had high blood pressure compared to 29% statewide. Twenty-seven percent of Alamance County residents report that they are currently taking medicine for high blood pressure compared to 23% statewide.

Diabetes has become a huge problem not only in Alamance County, but also in the United States. In 2005, Healthy Alamance implemented a program called “Being Healthy Counts to H.I. M.” This program targets African American churches and provides diabetes prevention education using a lay health advisor model.

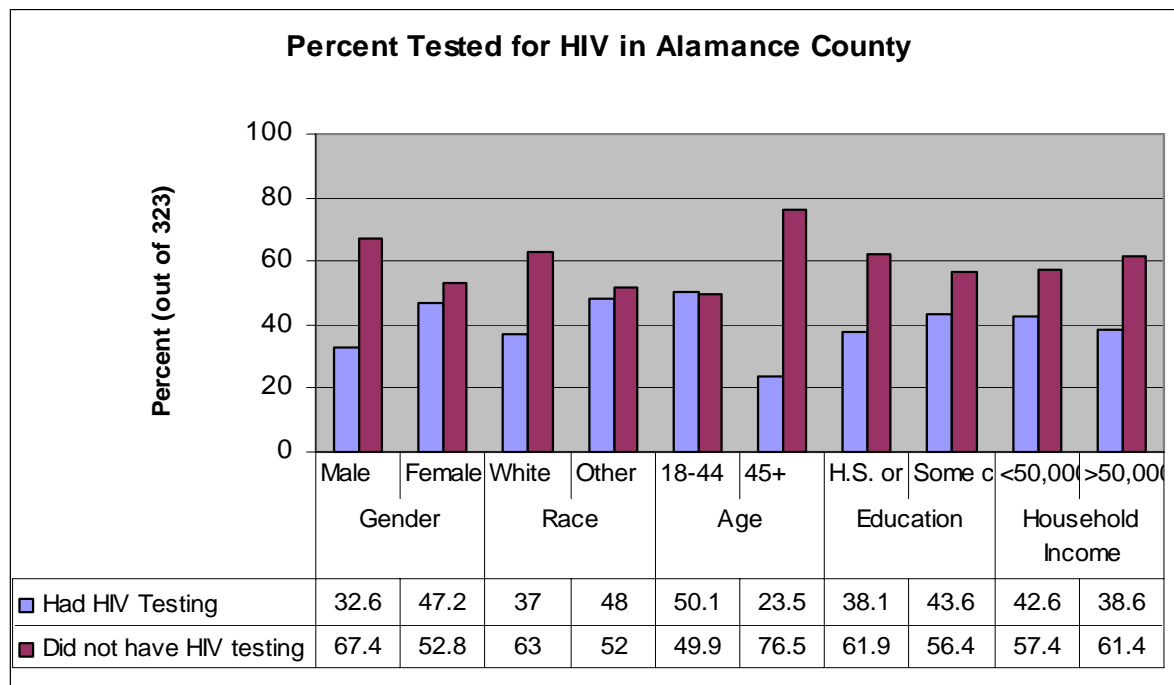


Source: NC State Center for Health Statistics

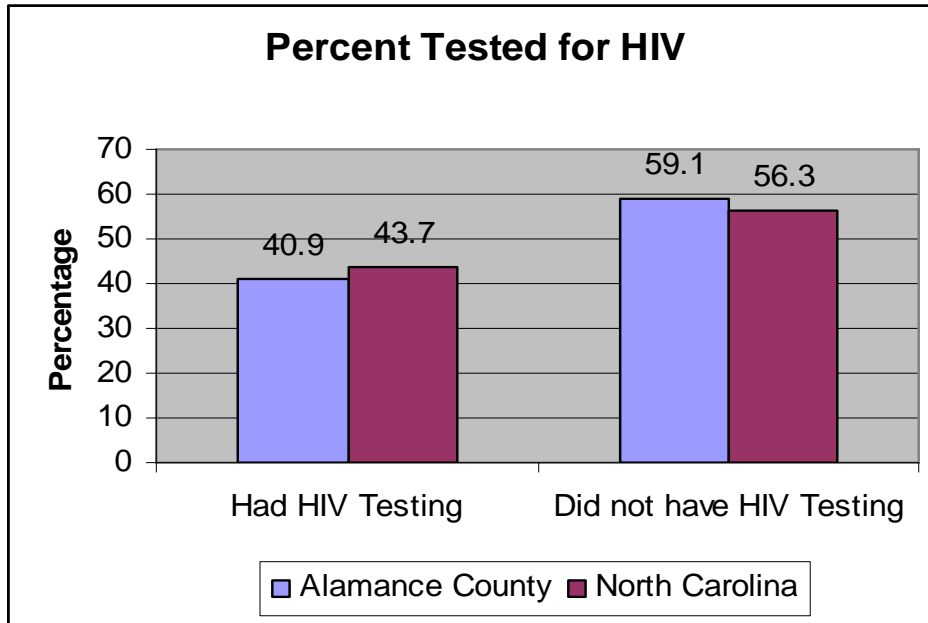
- In 2005, 62% of Alamance County residents reported that they had been tested for diabetes, similar to North Carolina's percentage of 61.5%.
- Females and people age 45 or over were more likely to be tested for diabetes.

HIV Screening

According to the 2005 BRFSS, Alamance County females age 18-44 who have some college education are significantly more likely to have been tested for HIV than those who are older or less educated. Women are usually tested if pregnant.



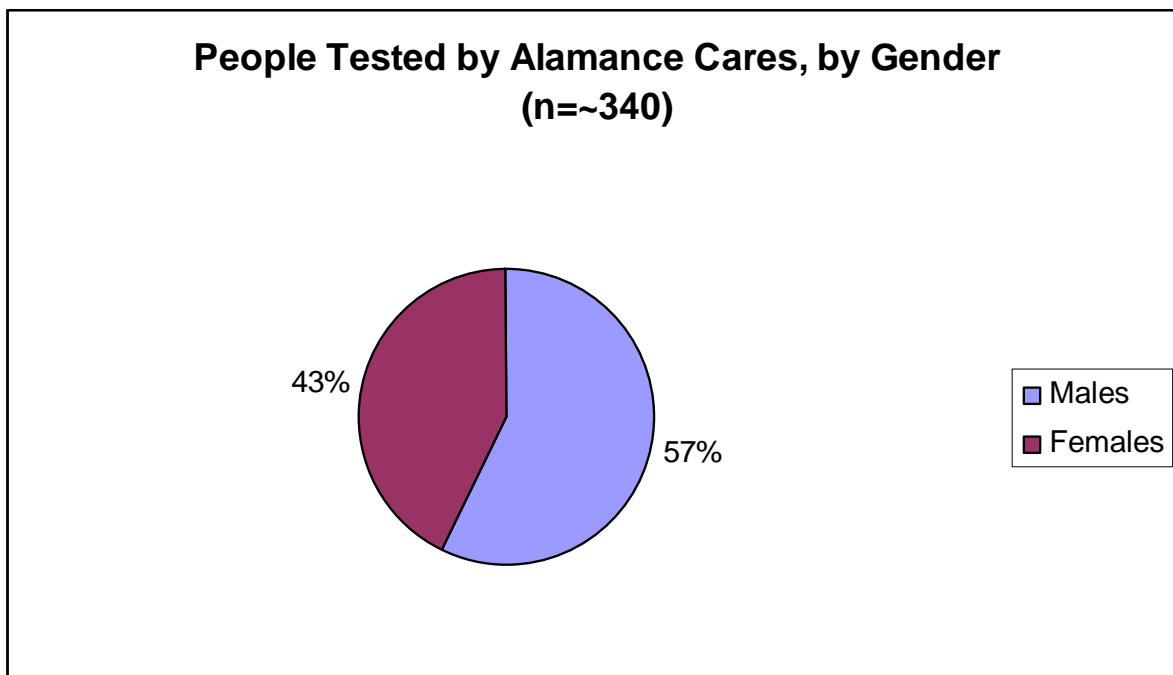
Source: NC State Center for Health Statistics, 2005 Behavioral Risk Factor Surveillance System



Over 40% of Alamance County residents have had an HIV test, less than the state average of 43.7%.

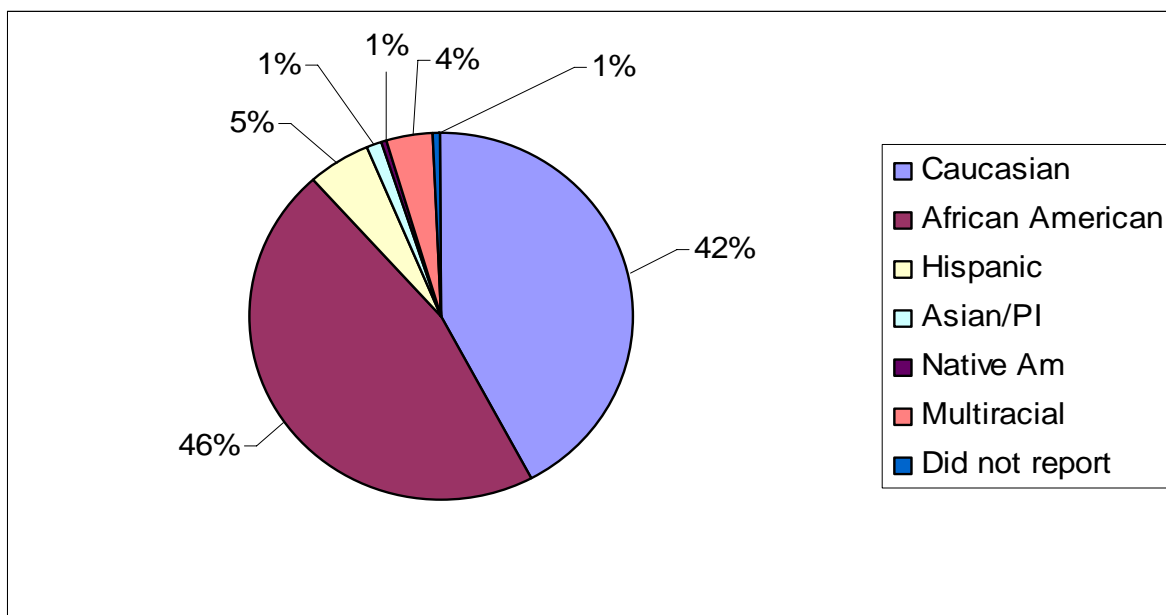
Source: NC State Center for Health Statistics

Alamance Cares, which is an agency in Alamance County that does HIV/AIDS outreach, educated over 3,000 people in the county in 2007. They tested more than 340 people in 2007 and only identified one person who was HIV positive. The following four pie charts are from Alamance Cares 2007 data.



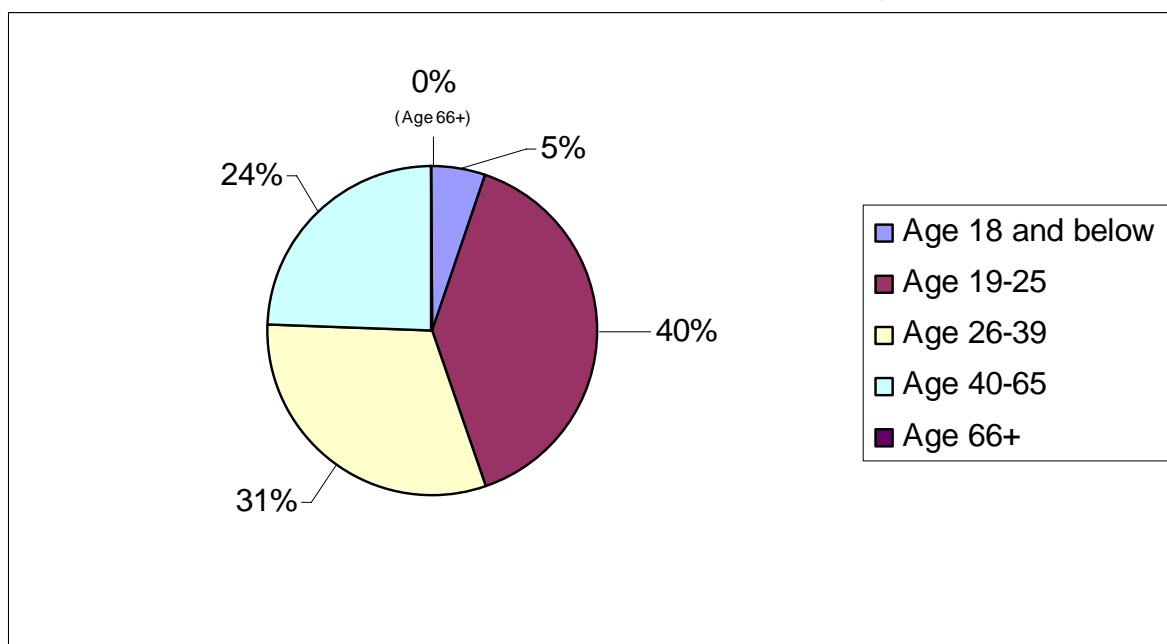
Source: Alamance Cares data, 2007

People Tested by Alamance Cares, by Race/Ethnicity (n=~340)



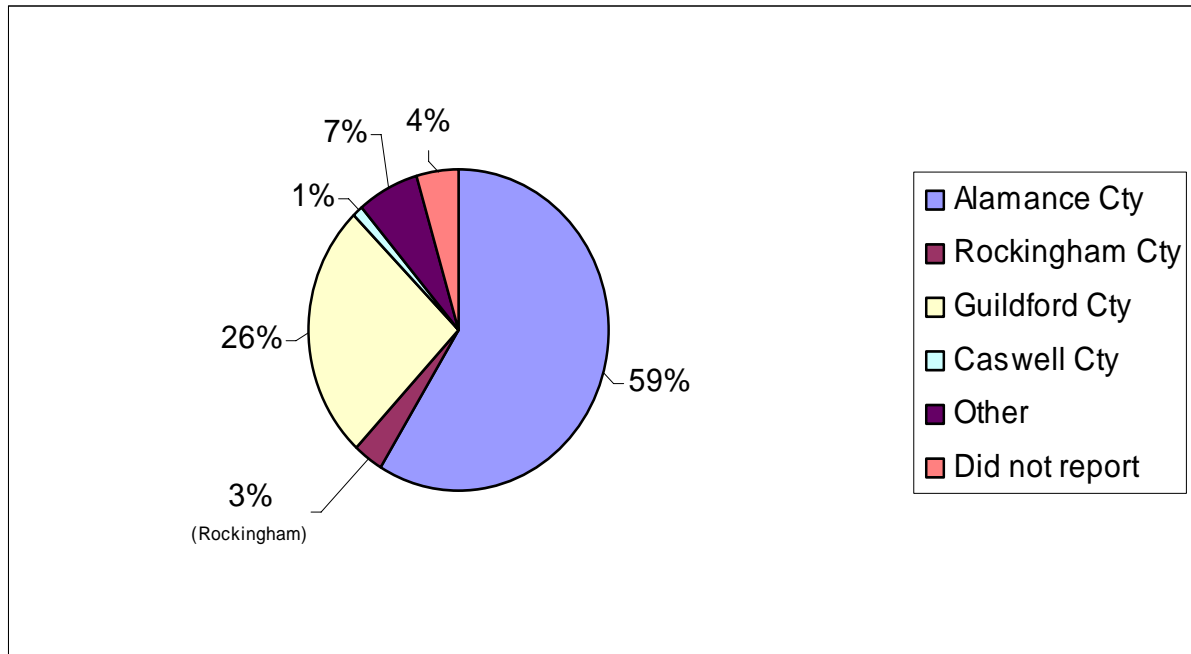
Source: Alamance Cares data, 2007

People Tested by Alamance Cares, by Age (n=~340)



Source: Alamance Cares data, 2007

People Tested by Alamance Cares, by County (n=~340)



Source: Alamance Cares data, 2007

Health Promotion

Overview

Nutrition and Physical Activity among Adults

Nutrition and Physical Activity among Youth

Tobacco Use and Policies

Alcohol Use and Policies

Community Support for Healthy Behaviors

Overview

Health Promotion refers to educational, motivational, and support activities to promote positive health behavior change that improves health. Such activities can take place one-on-one with individuals, in group-based programs, and through community wide initiatives. Nutrition and fitness, tobacco use, and alcohol and substance abuse are considered “modifiable behaviors” – factors individuals can control which have a strong impact on their health.

Nutrition and Physical Activity among Adults

The Eat Smart, Move More Program reports that North Carolina percentages for adult obesity have nearly doubled since 1990, and the state's rates for excess weight, obesity and related health problems, such as heart disease and stroke, are some of the highest in the nation, often exceeding national averages. Risk factors for obesity include: poor diet, lack of physical activity, medical conditions and medications, quitting smoking, age, genetic factors and race (Center for Disease Control and Prevention, cdc.gov). Consequences of obesity include:

- Excess weight and obesity reduce an individual's quality of life and daily productivity.
- Overweight and obese individuals are more likely to suffer from chronic diseases including high blood pressure, diabetes mellitus, osteoarthritis, asthma, heart disease, stroke and some types of cancer.
- Heart disease and stroke are the leading causes of death and disability in Alamance County and North Carolina.
- Researchers estimate that excess weight and obesity cost North Carolina taxpayers \$2.14 billion in direct medical expenses.
- \$1.1 billion of this total is financed by Medicaid and Medicare, \$662 million and \$448 million respectively.

Regular physical activity substantially reduces the risk of dying of coronary heart disease, the nation's leading cause of death, and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. It also helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications. Moreover, physical activity need not be strenuous to be beneficial; people of all ages benefit from participating in regular, moderate-intensity physical activity, such as 30 minutes of brisk walking five or more times a week.

Despite the proven benefits of physical activity, more than 50% of American adults do not get enough physical activity to provide health benefits; 25% of adults are not active at all in their leisure time. Activity decreases with age and is less common among women than men and among those with lower income and less education.

Body Mass Index* Grouping - Combined % of Overweight and Obese		
North Carolina		62.6%
Counties/Regions Ranked from Highest to Lowest	Ranking	%
Franklin, Nash, Wilson	1	73.8
Bertie, Gates, Halifax, Hertford, Northampton, Warren	2	72.6
Caswell, Granville, Person, Vance	3	69.9
Johnston	4	68.5
Davie, Rockingham, Stokes, Surry, Yadkin	5	68.2
Onslow	6	66.7
Robeson	7	66.5
Rowan	8	66.4
Anson, Hoke, Montgomery, Richmond, Scotland, Stanly	9	66.3
Duplin, Greene, Harnett, Jones, Lenoir, Sampson, Wayne	10	66.2
Beaufort, Camden, Chowan, Edgecombe, Martin, Pasquotank, Perquimans, Tyrrell, Washington	11	66
Gaston	12	65.2
Pitt	13	65
Union	14	64.4
Iredell	15	64.2
Davidson	16	63.6
Bladen, Brunswick, Columbus, Pender	17	63.2
Catawba	18	63.1
Alamance	19	62.7
Cabarrus	20	62.7
Guilford	21	62.7
Wake	22	62.7
Alexander, Burke, Caldwell, Cleveland, Lincoln	23	61.9
Carteret, Currituck, Craven, Dare, Hyde, Pamlico	24	61.8
Cumberland	25	61.3
Alleghany, Ashe, Avery, Watauga, Wilkes	26	60.9
Chatham, Lee, Moore	27	60.6
New Hanover	28	60
Randolph	29	59.9
Forsyth	30	59.2
Durham	31	59.1
Cherokee, Clay, Graham, Haywood, Henderson, Jackson, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey	32	58.2
Mecklenburg	33	55.6
Buncombe	34	55
Orange	35	51.6

Ranking compiled from 2005 Behavioral Risk Factor Surveillance System (BRFSS) Data

* Body Mass Index (BMI) was computed from self reported measures of height and weight

BMI is an intermediate variable used in defining overweight and obesity. Recommended Range = BMI 18.5 to 24.9, Overweight = BMI 25.0 to 29.9 and Obese = BMI greater than 30.0

BRFSS survey data indicates that 32.4% of adults in Alamance County are overweight compared to 36.7% statewide and 30.3% are obese in Alamance County compared to 25.9% statewide.

When adults participating in the BRFSS were asked, “During the past month, other than your regular job, did you participate in any physical activities or exercise, such as running, calisthenics, golf, gardening or walking?” Seventy-four percent of Alamance County participants said yes and 25% said no. These percentages are similar to the statewide percentages.

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	17,247	12,560	74.4	73.5-75.3	4,687	25.6	24.7-26.5
Alamance County	462	337	74.7	69.0-79.6	125	25.3	20.4-31.0

When asked, “How many days per week do you do vigorous activities for at least 10 minutes at a time?” only 3.3% said yes for everyday in Alamance County compared to 8.4% statewide; and 35% answered yes for three-four days in Alamance County (somewhat comparable to the statewide percentage of 36.2%).

	Total Respond.^	2 days	3-4 days	5-6 days	Everyday
North Carolina	6,075	21.5%	36.2%	11.8%	8.4%
Alamance County	137	21.1%	35%	3.1%	3.3%

It is recommended that adults participate in 30-60 minutes of physical activity three to five days a week. When participants were asked if they met this recommendation, 36% of Alamance County residents answered that they meet this recommendation compared to 42% statewide. Of Alamance County residents, 20.6% reported that they were physically inactive compared to 18.2% statewide.

	Total Respond.^	Meets Recommendation	Some Physical Activity	Physically Inactive
North Carolina	16,491	42%	39.7%	18.2%
Alamance County	441	36%	43.4%	20.6%

Proper nutrition is extremely important in preventing chronic disease and maintaining a healthy weight. North Carolina’s Eat Smart, Move More: Plan to Prevent Overweight, Obesity and Related Chronic Disease, has the goal of increasing the percentage of residents in the state who consume a healthy diet. Since 1991, Americans have been advised to eat five fruits and

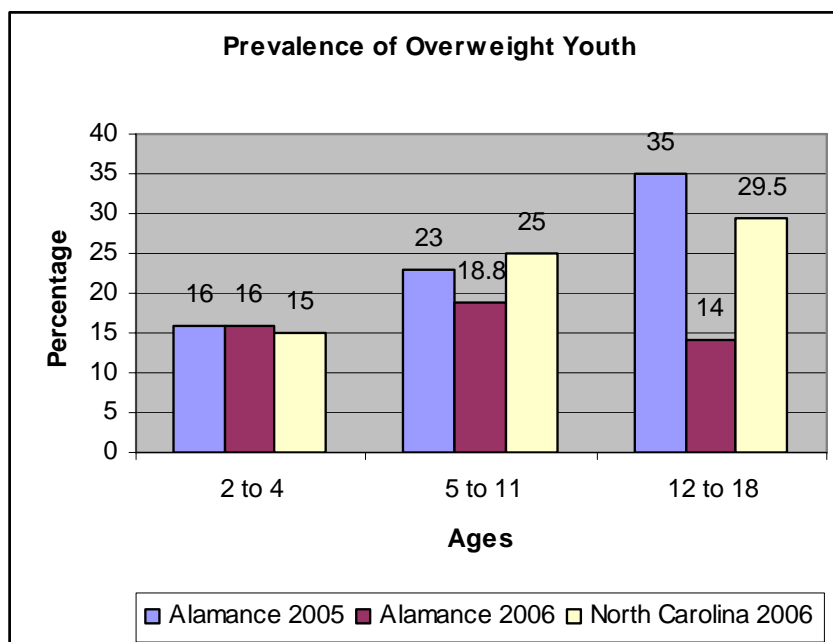
vegetables a day for better health. The Dietary Guidelines for Americans 2000, published by the United States Department of Agriculture (USDA) and the Department of Health and Human Services (DHHS) states that a person needs three to five servings of vegetables each day for a total of five to nine servings, depending on your calorie needs. In addition, science continues to support the relationship between eating more fruits and vegetables and a reduced risk for cancer, heart disease, hypertension, diabetes and other chronic diseases.

When Alamance County residents were asked how many times per day they consumed fruits and vegetables, 24.5% said they consumed fruits and vegetables five or more times a day, compared to 22.5% statewide. The majority of Alamance County respondents ate fruits and vegetables three to five times per day.

	Total Respond.^	Less than once or never	1 to less than 3 times	3 to less than 5 times	5 or more times
North Carolina	17,127	4.7	33.2	39.5	22.5
Alamance County	456	4.4	30.8	40.2	24.5

Nutrition and Physical Activity among Youth

According to the Center for Disease Control and Prevention, the prevalence of excess weight and obesity has increased sharply for children since the mid-1970s. In 2005, the North Carolina Nutrition and Physical Activity Surveillance System indicated that 16% of 2- to 4-year-olds were overweight, 23% of 5- to 11-year-olds were overweight, and 35% of 12- to 18-year-olds were overweight in Alamance County. However, it was reported by NC-NPASS that the numbers were lower in 2006. The prevalence in overweight children 2- to 4-years-old was at 15.5%, 18.8% of 5- to 11-year-olds were overweight, and 14% of 12- to 18-year-olds were overweight in Alamance County. The statewide rate in 2006 is 15.2% for 2- to 4-year-olds, 25.2% for 5- to 11-year-olds, and 29.5% for 12- to 18-year-olds.



- In 2006, Alamance County ranked below the state rates for children 5-11 and 12-18 years of age.
- However, the 2- to 4-year-olds in Alamance County (16%) are higher than the overall state rate (15%) for that age group.
- There is a decrease in the percentage of 12-to 18-year-olds in Alamance County who were overweight in 2005 (35%) compared to 2006 (14%).

Source: NC State Center for Health Statistics

Excess weight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates.

Risk Factors for Overweight and Obese Children include: high blood pressure, high cholesterol, Type 2 Diabetes, heart disease, stroke, gall bladder disease, arthritis, sleep apnea, and certain types of cancers.

Obesity is a result of a complex variety of social, behavioral, cultural, environmental, physiological, and genetic factors. Efforts to maintain a healthy weight should start early in childhood and continue throughout adulthood, as this is likely to be more successful than efforts to lose substantial amounts of weight and maintain weight loss once obesity is established.

According to the Healthy Weight Trust Fund Youth Overweight and Obesity Prevention/Reduction Initiative:

- The NC State Board of Education mandates all K-8 students receive at least 30 minutes of physical activity each school day, beginning in the 2006/2007 school year.
- North Carolina General Assembly has considered legislation related to children's nutrition that will ban soft drinks and snack vending machines in elementary schools and severely restricts soft drinks and unhealthy snacks in middle and high schools.
- A statewide legislation initiative is in effect that establishes a nutrition standard for all NC school meals, decreases food high in fats and sugar, and increase foods containing fruit, vegetables and whole grain products (House Bill 855 sponsored by Rep. Insko, found on July 26, 2007 at <http://www.ncleg.net/Sessions/2001/Bills/House/PDF/H855v1.pdf>)

Alamance County has already implemented several programs throughout the county that could help reduce the risk of obesity among its residents. The Lifestyle Center at Alamance Regional Medical Center has a **Healthy Kids** program. This is an eight-week program that teaches children and parents healthy eating and exercise habits, with a focus on lifestyle change rather than weight loss. They also have a program called **Forever Fit**. This is also an eight-week program designed to help participants make positive, lasting lifestyle changes that lead to better health. Some of the activities include, but are not limited to, creating meals and exercise routines, learning methods for dealing with stress, receiving tips for eating on the run and deciphering labels.

The Alamance County Health Department Wellness Program has implemented the **Winner's Circle Healthy Dining Program**. This is a national dining initiative designed to create and promote healthy eating environments through free and voluntary partnerships between local venues and health agencies.

The Health Department, with the help of Healthy Alamance, has also implemented the **Take 10!** Program in four area elementary schools. Take 10! is a classroom-based physical activity program for kindergarten to fifth-grade students that is taught by the classroom teachers. It integrates language arts, math, social studies, science, and health learning objectives with movement for 10 minutes.

Economics of Overweight and Obesity

Financial costs for obesity are estimated at more than \$24.1 billion annually in medical care and lost productivity in North Carolina. That means each day, every man, woman and child across the state pays \$6.80 to cover the bill. (Eat Smart Move More: Plan to Prevent Overweight, Obesity and Related Chronic Disease, found on July 26, 2007 at http://www.eatsmartmovemorenc.com/stateplan/docs/esmm_state_plan_desktop_printer_ver.pdf)

Child obesity is not only an epidemic nationally and statewide, but also in Alamance County. If this trend continues, not only will residents suffer health consequences, but the county will spend billions of dollars in healthcare costs. Be Active North Carolina reports that \$200,000 will be the healthcare cost spent on obesity for each of these 5-to 9-year-olds as they near retirement. That is a projected cost of \$19.9 billion dollars.

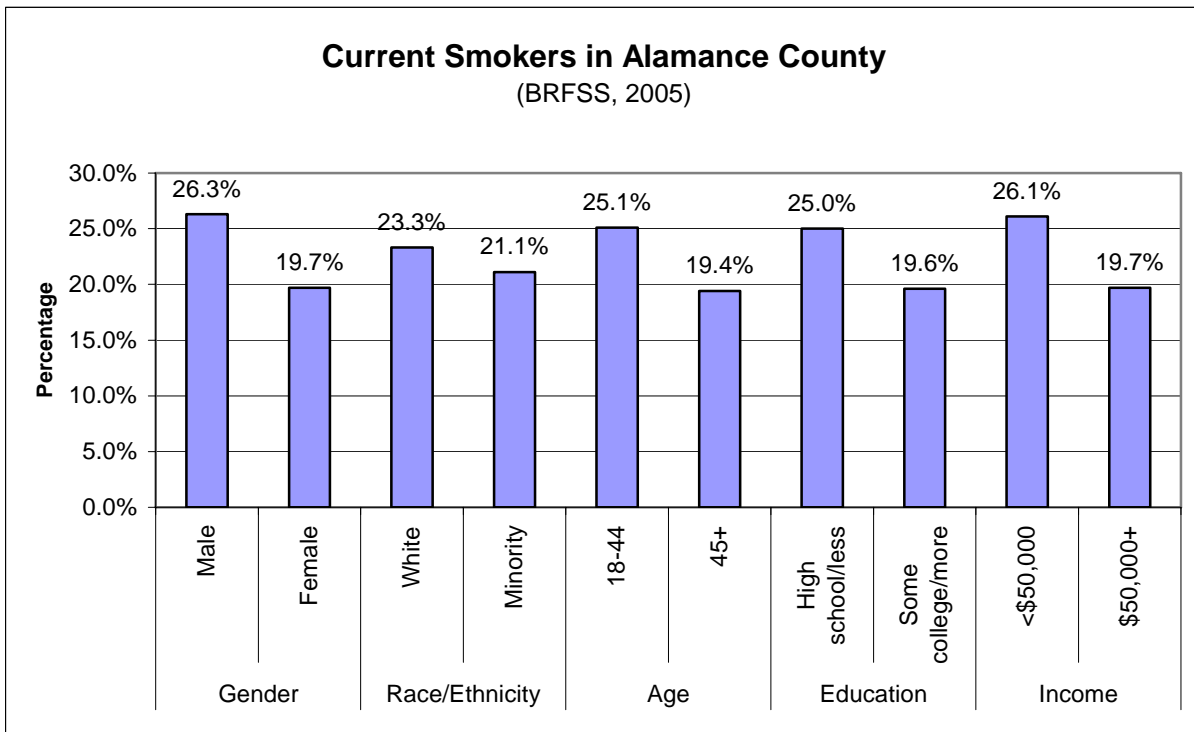
Tobacco Use and Policies

Alamance County is a recipient of a North Carolina Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation initiative grant. Statewide and within the county, the goals of this grant are to prevent youth initiation of tobacco use, promote youth access to cessation services, and eliminate youth exposure to secondhand smoke.

Most adult tobacco users began using as teens. The youth focus of tobacco prevention activities in Alamance County aims to prevent adverse health consequences such as cancer of the lungs, esophagus, larynx, lip, pancreas, cervix, bladder, kidney, and oral cavity; heart disease; and chronic lung diseases such as emphysema, bronchitis, and chronic airway obstruction.

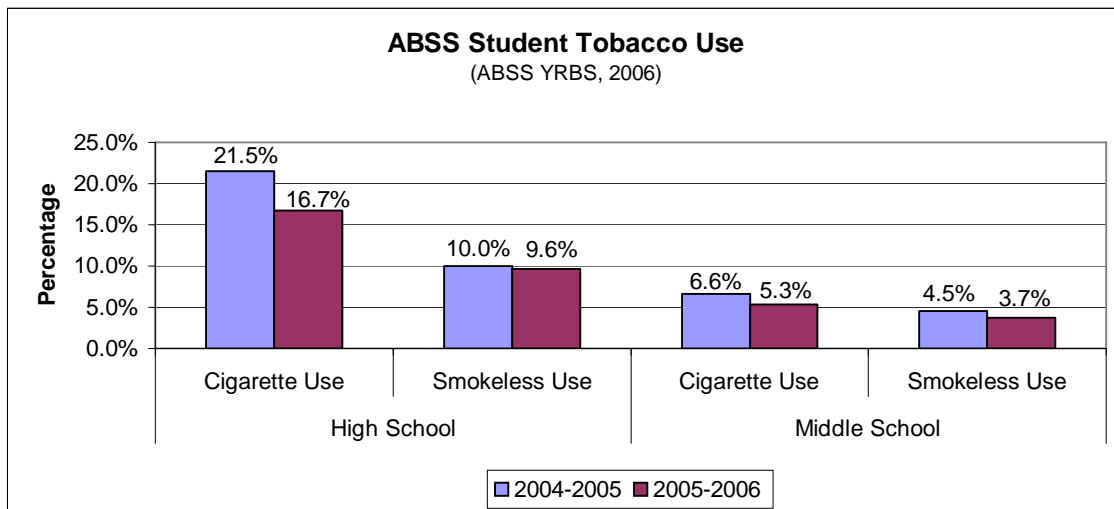
- The Alamance-Burlington School System (ABSS) currently maintains a policy prohibiting the use of tobacco products by students on school property, in school-owned vehicles, and at all school-sponsored events. Employees may not use tobacco products in the presence of or within view of students, and principals may designate employee-smoking areas outdoors on campus. Tobacco products may not be used in any seating areas at events on school property. All school systems will adopt a 100% tobacco-free policy, which will prohibit all tobacco use anytime, anywhere, by anyone on all school property and at all school-sponsored events by the 2008-2009 school year.
- Alamance Regional Medical Center is in the process of gradually becoming a tobacco-free facility. The hospital and its associated clinics have expanded their smoke-free barrier to 50 feet from all entrances, with plans to become entirely smoke-free on February 14, 2008.
- The Alamance County Human Services Center, which houses the Alamance County Health Department, Department of Social Services, and the Alamance-Caswell-Rockingham Local Management Entity, prohibits smoking within 30 feet of all entrances.
- The Health and Wellness Trust Fund Teen Tobacco Use Prevention and Cessation grantee works in conjunction with the Health Department and Healthy Alamance to encourage restaurants and other venues to become smoke-free. Between April 2002 and May 2007, the percentage of smoke-free restaurants in Alamance County rose from 34.5% to 56.1%.

According to the 2005 BRFSS, 22.5% of adults in Alamance County smoke, similar to the 22.6% statewide percentage. In Alamance County, 52.9% of all adult smokers attempted to quit in the 12 months prior to the survey.



According to the 2005 North Carolina Youth Risk Behavior Survey, 24.9% of high school students and 11.9% of middle school students reported using cigarettes within the 30 days prior to the survey. This survey does not include smokeless tobacco use.

ABSS conducts a similar survey to track student risk behaviors, including tobacco use. Alamance County rates are slightly lower than the statewide percentages.



Alcohol Use and Policies

Alcohol is a drug that causes more deaths, crime, health and behavioral problems than all illegal drugs combined. Alcohol is a primary factor in the four leading causes of death among people ages 10-24 through motor-vehicle crashes, unintentional injuries, homicide and suicide. Alcohol can also have a greater effect on an older person than on someone who is younger. Medical conditions such as high blood pressure, ulcers and diabetes can worsen with alcohol use. Heavy use of alcohol over time can cause certain cancers, liver cirrhosis, immune system disorders and brain damage. Alcohol can also make some medical problems more difficult for doctors to find and treat.

“At some time in a person's life, 30% of the population in the U.S. will develop alcohol dependence or alcohol abuse,” said Bridget Grant, Chief of the Laboratory of Epidemiology and Biometry at the National Institute on Alcohol Abuse and Alcoholism. Alcohol abuse can cause interpersonal problems, financial problems and problems in daily living.



Substance Abuse was identified as the second leading health problem in Alamance County.

Source: 2007 Community Assessment Household Survey

Dr. James Garbutt, a professor of psychiatry at the University of North Carolina at Chapel Hill adds, “Most troubling is that only about 24% of those with alcohol dependency receive treatment. The findings speak to the continued lack of adequate awareness and treatment of these disorders and the devastating consequences this has for public health.”

In 2004, 112 Alamance County residents received treatment in NC Alcohol and Drug Treatment Centers. In 2005, 84 residents received treatment. These numbers reflect the total number of persons who were active at the start of the state's fiscal year. Multiple admissions of the same client are counted multiple times (LINC-NC Department of Health and Human Services).

According to the BRFSS conducted in 2005, 40.9% of 462 Alamance County residents who participated in the telephone survey reported that they had at least one alcoholic drink such as beer, wine, a malt beverage or liquor in the past 30 days. Of this group, 39.6% reported they had only one drink, 37.5% reported having two drinks, 8.4% reported having three drinks, 5.9% reported having four drinks and 8.6% reported having five or more drinks. In addition, 78.8% reported they had not consumed more than five drinks on an occasion, 9.4% reported having consumed five or more drinks once, 2.5 reported twice, 8% reported 3-7 times and 1.3% reported 8-30 times.



Three key informants stated that Substance Abuse was a major social concern for the county.

Source: 2007 Community Assessment Key Informant Interviews

Drinking and driving is a serious public health problem. In 2005, there were 61,324 Driving While Impaired (DWI) charges made to individuals in North Carolina. Of these 1,180 were in Alamance County (North Carolina Alcohol Facts (NCAF); website-created by the Highway Safety Research Center at the University of North Carolina at Chapel Hill).

Before the age of 18, approximately one in four children is exposed to alcoholism, addiction or alcohol abuse in their family, according to information published in 2005 by the Alcohol Free Children Organization founded by the National Institute on Alcohol Abuse and Alcoholism and the Robert Wood Johnson Foundation. Children of alcoholics are significantly more likely to initiate drinking during adolescence and to develop alcohol disorders. Parents' drinking behaviors and attitudes about drinking have been associated with adolescents' initiating and continue drinking. Studies indicate that children are less likely to drink when their parents are involved with them or drink less and have fewer alcohol-related problems when parents set clear expectations. In addition to modeling alcohol use, parents are one of the main sources of how teens acquire alcohol.

Alcohol use can also relate to other risky and unhealthy behaviors in teens. In a 2003 analysis of the National Youth Risk Behavior Survey, the Centers for Disease Control and Prevention reported that teen drinkers in general were more than twice as likely as nondrinkers to be sexually active and to have been in a physical fight. They also are more than 4 times as likely to smoke cigarettes. These rates were even higher for binge drinkers. The binge drinkers were more than five times as likely as nondrinkers to be sexually active, more than four times as likely to have been in a physical fight, and more than 18 times as likely to smoke cigarettes. They were also far more likely to smoke marijuana and attempt suicide. Alcohol is the most frequently used drug by high school students.

The **2006 Youth Risk Behavior Survey** administered to middle and high school youth in Alamance County shows that:

- 10.5% of middle school and 34.4% of high school students have used alcohol in the past 30 days
- 33.3% of middle school and 60.5% of high school students believe most of their peers use alcohol
- 4.2% of middle school and 21% of high school students report binge drinking in the past 30 days

The percentage of high school students who reported binge drinking in the past 30 days has remained unchanged since 2005. There is, however, a large disconnect between the actual use and perceived use of alcohol among middle and high school students where 60% of high school students perceive their peers to be using alcohol when the actual use is 34.4%. Middle school students perceive the use to be nearly 3 times the actual percentage of use.

Three county-wide alcohol purchase surveys were conducted between May 2006 and May 2007. This involved two 21-year-old students accompanied by an adult chaperone who attempted to purchase alcohol at randomly determined outlets across the county. The goal was to determine which merchants would sell to the students without determining legal age to purchase by asking for proper identification. The first survey was conducted in May 2006. Fifty-one retail outlets that sold alcohol were randomly chosen representing 35% of all outlets in Alamance County. Of the attempted purchases, 52% would have sold to these young adults without age verification.

It is also important to note that in July 2006, Burlington Police conducted an undercover alcohol sting in the city. Seventeen out of 35 alcohol retailers, including local clubs and entertainment establishments, were charged with selling alcohol to a minor. These results are very similar to results of the first survey.

The second survey was conducted in December 2006. Using an increased random sample, 84 retail sites were attempted and 66 alcohol surveys were attained. Overall, 30% of the retailers would have sold to the students, an improvement over the first survey.

The third survey was conducted in April/May 2007 and more than 91 retail establishments were attempted. Forty percent of the retailers would have sold to the students. While this survey showed a lower number than the first survey, it was higher than the second.

The local Alcohol Law Enforcement (ALE) has been involved in addressing the sale of alcohol to underage youth by local merchants. They regularly offer BARS (Be A Responsible Seller) classes to all local merchants. Those merchants that sell or would have sold to underage youth are targeted for this training.



Three focus groups – Parenting/Pregnant teens, Unemployed, and High School Teenagers – chose Alcohol Use as an important issue in the county.

Source: 2007 Community Assessment Focus Group

The issue of underage drinking is a complex problem, one which can only be solved through a sustained and cooperative effort between parents, schools, community leaders and children themselves. There are three areas that have proven to be effective in preventing underage drinking: 1) curtailing the availability of alcohol to underage populations; 2) consistent enforcement of existing laws and regulations regarding alcohol purchases; and 3) changing cultural misconceptions and behaviors about alcohol use through education.

Community Support for Healthy Behaviors

As the average American's lifestyle grows less active and more isolated, the results of a public-health check-up are not encouraging. The biggest indicator of an overall slowdown in physical activity is the obesity rate. It is surging nationwide, most alarmingly among children, 30% of whom are overweight. Obesity, along with heart disease and diabetes, is exacerbated by a sedentary lifestyle. All of these diseases dramatically affect older people, among who over 60% are inactive; this age group also suffers overwhelmingly from depression and mental illness, which can be heightened or prolonged by social isolation.

Most researchers agree that even a moderate amount of regular physical activity and social interaction could have a dramatic effect on these statistics. However, there are a number of disincentives to Americans being active more often - and recent studies from both the planning and public health professions locate many of them in the places where people live and work. The way these places look (boring) and the ways in which they function (they don't) do not create the need, the desire, or the opportunity for people to walk - let alone get more active types of exercise.

Instead, Americans now devote a majority of their time to relatively isolated, private activities. For instance, studies show that larger numbers of hours spent watching television, playing video games and surfing the Internet have eaten into what was formerly social and active time for both children and adults, and these activities could therefore be tied to depression and other diseases related to inactivity and isolation.

How can neighborhoods be safer and people's lifestyles more active and engaged? Studies abound on the "public health/community design connection," as it is becoming known. Until recently, the focus of such research has been on establishing the connection. Proactive solutions coming out of this research are limited to suggestions such as constructing sidewalks, transit facilities, recreation facilities and greenways closer to people's homes; in this way, people can more easily incorporate exercise into their daily routines, and children can safely walk or bike to school. However, in order for these solutions to be successful two critical factors should be incorporated. First, the design of communities should focus on creating social, public places -- destinations that are accessible in a multitude of ways. Second, communities should be involved from the outset in planning and design, making changes, and generating a vision for a place. (Project for Public Spaces, www.pps.org/issue_papers/Health_and_community_design.htm).

According to the 2006 NC BRFSS (NC Behavioral Risk Factor Surveillance System):

- 76% of Alamance County residents believe they would eat healthy foods and beverages more often if these were readily available when dining out.
- 56% of Alamance County residents believe they would increase their physical activity if their community had more accessible sidewalks and trails for walking or bicycling.

Healthy Alamance and the Alamance County Health Department have implemented many programs to support behavior change in the community. Some of these include:

- **Alamance Walks and Graham Walks-** A six-week community walking program in downtown Burlington and Graham that is implemented every fall and spring to increase physical activity. Funds for these programs originated through state grants.
- **Winner's Circle Program-** The Alamance-Burlington School System has implemented this healthy dining initiative in all its school cafeterias.
- **Smoke-free restaurants-** More than 56% of restaurants in the county are smoke-free. To see a complete list of these restaurants go to www.alamance-nc.com or www.healthyalamance.com.
- **Sidewalks-** An increase in the number of sidewalks in the county has occurred. The City of Graham and the City of Burlington have passed ordinances requiring new businesses to put sidewalks in front of their establishments.
- **Greenways and Trails-** The City of Burlington has 10 miles of greenways and trails at local parks. The Health Department and Healthy Alamance added 1.1 miles of marked walking paths in downtown Burlington with the Alamance Walks Program. Through a Health and Wellness Trust grant via the Graham Walks Program, 1 ½ miles of marked walking paths were added in downtown Graham.

Parks, trails, and greenways can be used to get to destinations of interest, such as schools, shops, community centers, or workplaces. Greenways are interconnected networks of green space that vary in size and can traverse urban, suburban or rural areas. A greenway system is an ideal way to link people to destinations of interest and recreation. They provide an alternate means (non-motorized) of transportation that allows users to be physically active. All three can help promote active living, a way of life that integrates physical activity into daily routines. Active Living by Design promotes environments that offer choices for integrating physical activity into daily life. (www.activelivingbydesign.org)

"To my knowledge there are no true greenways in Alamance County. My understanding of greenways are that they have a definite point of origin and a destination. We have trails at Cedarock Park, but they will not get you anywhere outside of Cedarock...One of our department's goals for next fiscal year is to plan out a Greenway Master Plan for the county. It would be great if the Health Department and other health agencies have an interest in this happening, and can help us with acquiring funds. As for trails, we have approximately 12 miles of trail at Cedarock Park."

~ Bryan Hagood, Alamance County Parks and Recreation

Access to Healthcare

Healthcare Providers

Healthcare Providers

Utilization of healthcare can be impacted by a number of variables from transportation, language, culture, insurance, and amount of medical professionals in a region. The distribution of health care professionals in Alamance County according to data collected in 2006 by the Cecil G. Sheps Center for Health Services Research includes the following total and primary care physicians:

NC Health Professionals in Alamance County, 2006

Total Physicians	208
Total Primary Care	97
Family Practice	32
General Practice	1
Internal Medicine	31
OB/GYN	10
Pediatrics	23
Other Specialty	111
Federal	0
Dentist	64
Dental Hygienists	67
Registered Nurses	855
Nurse Practitioners	25
Certified Nurse Midwives	6
Licensed Practical Nurses	183
Chiropractors	20
Occupational Therapists	30
Occupational Therapy Assistants	6
Optometrists	17
Pharmacists	109
Physical Therapists	70
Physical Therapist Assistants	12
Physician Assistants	21
Podiatrists	4
Practicing Psychologists	11
Psychological Associates	4
Respiratory Therapists	25

Hospital

Alamance County is served by Alamance Regional Medical Center (ARMC), a not-for-profit facility located in West Burlington that offers a full-range of hospital and health services. This 238-bed (182 general, 44 psychological, 12 substance abuse) healthcare provider is licensed by the state of NC. ARMC is committed to improving the health status of citizens through the provision of a continuum of high quality clinical, educational, preventive-wellness, and support services. Some of the services residents have access to at ARMC include: Behavioral Health, The Birthplace, Cancer Center, Cardiac Care Center, Emergency Services, LifeStyle Center, Norville Breast Care Center, Orthopedic Services, Pain Center, Rehabilitation Services, Surgical Services, and many more. Alamance Regional has been an integral leader, partner, and sponsor in community health initiatives such as Healthy Alamance. Healthy Alamance is an affiliate of Healthy Carolinians, a statewide network of partnerships that address health and safety issues at the community level. Healthy Alamance was organized in 1997 by Alamance Regional, Alamance County Health Department, Alamance-Caswell-Rockingham Local Management Entity, and Alamance County Department of Social Services to work on issues that are selected based on the findings of the Community Assessment.

Alamance Regional has the vision to be the desired hospital for Alamance County residents and surrounding communities due to the caliber of service, modern facilities and equipment, skilled and compassionate staff, friendly environment, and strong relationship with other healthcare organizations.

Alamance Regional is located off the I85/40 corridor in Burlington which is nearby to several hospitals. Other nearby hospital facilities include Duke University Medical Center, which is located 35 miles to the east in Durham County, and UNC Hospital, located 30 miles to the east in Orange County. Moses H. Cone Memorial Hospital is also a local hospital in Guilford County approximately 20 miles to the west of Alamance County.

Health Department

The Alamance County Health Department is located in East Burlington. The mission of the Alamance County Health Department is to protect and improve the health of Alamance County residents. In pursuing the public health mission the Alamance County Health Department values: excellence, responsiveness, accountability, integrity, and teamwork. The vision of Healthy Choices, Healthy Communities is strategized by a commitment to work on the following community health objectives: teen pregnancy prevention, chronic disease prevention, infant mortality prevention, youth tobacco use prevention, environmental hazards control, and unintentional injury prevention.

Some of the services offered by the Alamance County Health Department include: Children's Dental Clinic, Family Planning or Women's Health Clinic, Health Education, Immunizations, Child Health Clinic, Maternity Care Coordination, Pregnancy Testing, Sexually Transmitted Disease Clinic, Tuberculosis Clinic, Communicable Disease, Environmental Health, Immunizations, Women-Infant-Children Program, Child Service Coordination, Post-Partum Home Visits, CPR/First Aid Training and many others. Spanish interpreters are available.

Community Health Centers

Charles Drew Community Health Center is located in East Burlington. This healthcare facility offers primary care to Alamance County residents of all ages from birth to geriatric, minor

surgery, cardiac stress tests, laboratory, EKG, immunizations, hospital care, and physical exams. The hours of operation include two evening in which the facility is open late and a half day service on Saturday. In order to receive services proof of address is required, picture identification, insurance card, and proof of income. The cost of services received is based on a sliding scale and insurance is accepted, along with Medicare and Medicaid. Minors seeking care must have parent or guardian's consent. Spanish is available upon request.

Open Door Clinic of Alamance County is located in East Burlington. This acute care and chronic care clinic takes appointments and walk-ins is open two evenings per week. Patients seeking care must have no insurance nor receive public assistance. No payment is required for care, but donations are accepted. Volunteer Spanish interpreters are available upon request.

In 2006 the Behavior Risk Factor Surveillance System collected information on access to healthcare for NC and Alamance County.

Do you have any kind of health care coverage including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

	Total	Yes	No
NC	15,620	82.2%	17.8%
Alamance	392	77.5%	22.5%

Do you have one person you think of as your personal doctor or health care provider?

	Total	Yes	No
NC	15,619	68.9%	21.9%
Alamance	391	62.3%	28.6%

Was there a time during the last 12 months when you needed to see a doctor, but couldn't because of the cost?

	Total	Yes	No
NC	15,623	16%	84%
Alamance	392	16.4%	83.6%

How long has it been since you last visited a doctor for a routine checkup?

	Total	<12 months	Within 2 years	Within 5 years	5+ Years	Never
NC	15,453	71%	13.5%	7.5%	6.5%	1.5%
Alamance	384	64%	15.8%	12.5%	6.0%	1.6%

Social Assessment

Basic Needs

Overview
Housing/Shelter
Employment Opportunities
Education
Food/Nutrition
Transportation
Financial Assistance/Crisis Situations

Overview

According to the NC Justice Center, a family with one adult and one child must earn \$30,012 annually, and a family of two adults and two children must earn \$48,348, annually, to make ends meet in Alamance County. Living Income Standards (LIS) developed by the NC Justice Center are comprised of the amount of income necessary to purchase basic needs such as housing, food, childcare, healthcare and transportation. **In 2005, 63% of Alamance County households had incomes of less than \$49,999 per year, 28% had less than \$29,999 and 10% had incomes of less than \$10,000. More than half of Alamance County households don't earn enough money to pay for their basic needs.**



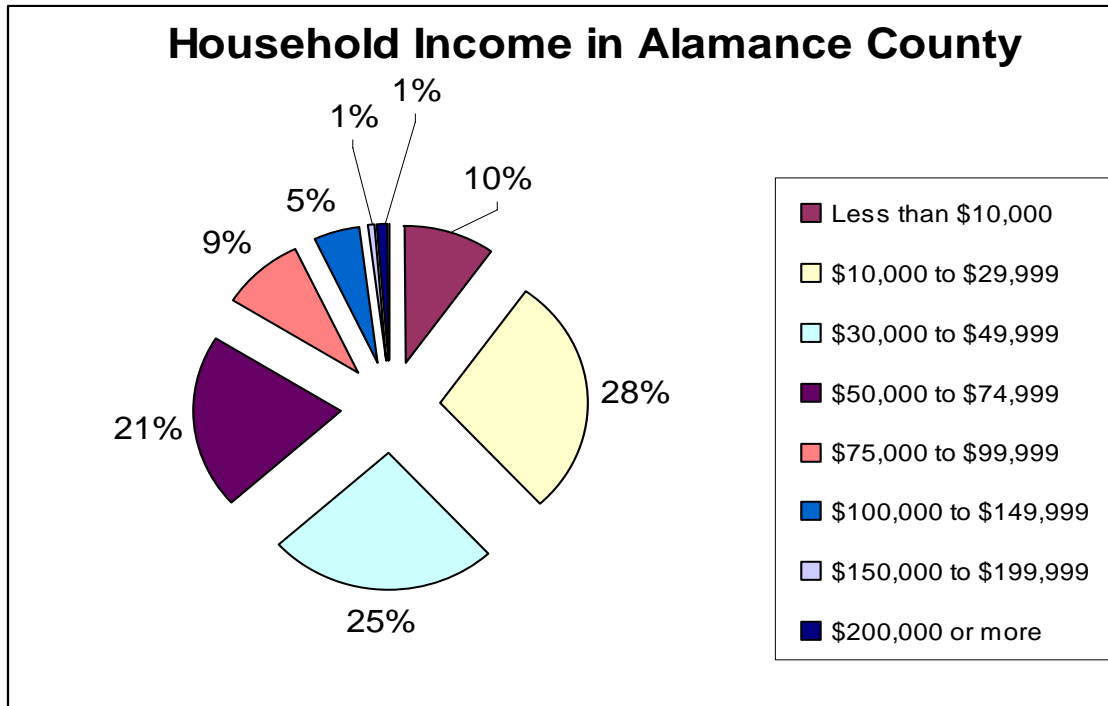
Not having enough money to pay their bills was identified as the number one most important social issue to Alamance County residents.

Source: 2007 Community Assessment Household Survey

The 2005 North Carolina Living Income Standard (LIS) for Alamance County

Monthly Expenses	Adult and infant	Adult and infant, preschooler	2 Adults and infant	2 Adults and infant, preschooler
Housing	\$593	\$593	\$593	\$818
Food	\$267	\$359	\$517	\$617
Child Care	\$417	\$932	\$932	\$932
Health Care	\$280	\$319	\$389	\$430
Transportation	\$349	\$349	\$490	\$490
Taxes	\$328	\$401	\$296	\$297
INCOME				
Annual LIS	\$30,012	\$38,976	\$42,732	\$48,348
Federal Poverty Threshold	\$12,682	\$14,824	\$18,660	\$21,959
Annual LIS > FPL	\$17,330	\$24,152	\$24,072	\$26,389
WAGES				
LIS Wage per parent	\$14	\$18	\$10	\$11
LIS > Min. Wage	\$9	\$13	\$5	\$6

Source: NC Justice Center

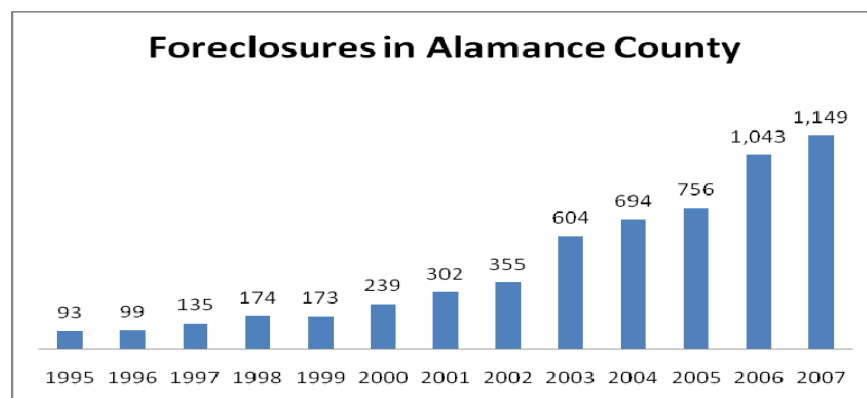


Source: US Census Bureau

Housing/Shelter

In 2005, Alamance County had 55,000 occupied housing units – 39,000 (71%) owner occupied and 16,000 (29%) renter occupied. The median monthly housing costs for mortgaged owners was \$1,028, non-mortgaged owners \$306, and renters \$641. **Thirty-one percent of owners with mortgages, 12% of owners without mortgages, and 47% of renters in Alamance County spent 30% or more of household income on housing according to the US Census Bureau, 2005 American Community Survey.**

According to a Times-News article dated 12/26/07, **the number of foreclosures in Alamance County has risen from 93 in 1993 to 1,149 in 2007, an increase of 660%.** The negative impact of foreclosures include displaced families and children; destruction of credit, consumption of assets and savings, an, crime, drug use and gangs, lower property values, a negative impact on the tax base, increases in the need for police protection and increase in homelessness.



Source: Times-News article 12-26-07, "County Sets Record for Foreclosures"

It is worthy to note that, according to the “Homeless Community of Alamance County” (See Appendix) report of May, 2007 from the Department of Health Behavior and Health Education – School of Public Health at UNC-Chapel Hill, **“About one-fourth of the single adult homeless population in the United States has a serious and persistent mental illness, compared to five to seven percent of the adults in the overall U.S. population.”**

According to the NC Division on Aging, 82.5% of Alamance County residents over the age of 65 are homeowners. With ownership comes the burden of upkeep and maintenance. Many individuals believe that homeowners are able to tap into the equity of their home; but across the U.S. nearly 1.5 million seniors own homes worth less than \$40,000. There are 104 households without complete plumbing in Alamance County where a person 60 years of age or older lives. Many seniors also struggle to pay rising property taxes and increasing gas and electricity costs. It is estimated that 70% of homeowners utilizing the Alamance County Community Services Weatherization Program and the Rural Development program through the Cooperative Extension office are senior homeowners. In Alamance County, 42.1 out of 1,000 people over age 65 lives in a nursing home; 39.7 out of 1,000 lives in an adult care home.



Thirty-nine percent of Alamance County residents surveyed report they pay from one-third to one half of their paycheck for housing.

Source: 2007 Community Assessment Household Survey

Rent and mortgage assistance is provided on a limited basis by The Department of Social Services and nonprofit organizations in Alamance County. For example, in 2006 Alamance County Community Services Agency had 276 requests for rent/mortgage payment assistance. Sixty-six requests were fulfilled. The average monthly income of clients requesting assistance was \$903.60 per month.

Low-income housing is available through local housing authorities in Graham and Burlington. Burlington Housing Authority owns, manages, and maintains seven communities (five multi-family and two elderly), totaling 468 units. Additionally they manage a 40-unit complex for elderly and handicapped individuals. All low-income individuals and families as established by the US Department of Housing and Urban Development (HUD) (single, elderly, handicapped or disabled) are eligible.

Graham Housing Authority has 170 public housing units located on 13 scattered sites in Graham; 100 units of elderly, disabled housing; 1,005 Housing Choice vouchers for income-eligible applicants to use throughout Alamance County, 33 Shelter Plus Care vouchers for program-eligible applicants and five HOPWA (Housing Opportunities for Persons With AIDS) vouchers for program-eligible applicants.

Other alternatives for housing are targeted toward special populations. The homeless shelter in Alamance County, operated by Allied Churches, has a women’s dorm room with 22 beds for women and children. The men’s room has 44 beds. Guests can stay for up to three months. Residential Treatment Services (RTS) provides shelter for persons with a history of mental health issues or alcohol and drug abuse issues. They also offer detoxification and serve as a halfway house. Family Abuse Services’ (FAS) Shelter Program provides immediate emergency housing for victims of domestic violence and their children who qualify. Clients find housing in a six-bedroom home supervised by staff 24 hours a day, seven days a week. FAS’ Transitional Housing Program is income-based housing for women transitioning into self-

sufficient lifestyles free from domestic violence. It is a 24-month program for women and children who are homeless due to domestic violence. The purpose of this program is to provide long-term support services in order to address the complex needs of women in transition.

Employment Opportunities

Between January 2003 and December 2006, 2,723 people were displaced from their jobs due to closings and layoffs. Alamance County's unemployment rate averaged 5.5% in 2006, compared to a statewide figure of 4.8%. The unemployment rate was higher in 2006 than in 2000. 3,866 people were unemployed and actively seeking work in Alamance County in 2006, up from 2,197 people in 2000. Per the NC Budget & Tax Center, the Alamance County area is expected to add 56,208 jobs between 2004 and 2014. Most of the jobs expected to add the most positions offer low wages, few benefits and little upward mobility. Jobs expected to grow most in percentage terms, such as in the health field, average 22.29 an hour, but require some type of postsecondary training.

According to the Regional Partnership Workforce Development Board, the following employment trends have been identified by major industry for a 10-year period between 2002 and 2012.

**North Carolina Occupational Trends
Regional Partnership WDB
(Alamance County, Orange County, Randolph County)
Employment by Major Industry Groups in 2002 and Projected to 2012**

Major Industry Group	Total Employment 2002	Total Employment 2012	Annualized Growth Rate
Construction	7,465	11,980	4.84
Education and Health Services	44,814	56,905	2.42
Financial Activities	6,609	7,394	1.13
Goods-Producing	45,236	44,736	-0.11
Government	8,526	10,181	1.79
Information	1,637	1,903	1.52
Leisure and Hospitality	13,987	18,411	2.79
Manufacturing	36,008	32,007	-1.17
Natural Resources and Mining	1,763	749	-8.2
Other Services (Except Government)	4,407	5,908	2.97
Professional and Business Services	14,857	24,018	4.92
Services-Providing	121,475	160,808	2.84
Trade, Transportation and Utilities	26,638	36,088	3.08

Source: North Carolina Employment Security Commission/Regional Partnership Workforce Development Board

The fastest growing occupations by job growth will be:

- truck drivers
- cashiers
- retail salespersons
- food preparation/service workers

- nursing aides, orderlies and attendants

The highest decline is predominately in textiles and includes:

- sewing machine operators
- textile knitting and weaving machine setters
- textile winding, twisting and drawing out machine operators
- pressers
- upholsterers
- industrial machinery mechanics

A total of 11,956, or 20%, of Alamance County residents filed for an Earned Income Tax Credit in 2003 indicating that many working poor live in the local community.

Education

More than 400 high school students dropped out of the Alamance-Burlington School System (ABSS) during the 2005-06 school year. Statewide, more than 22,000 students dropped out of high school in 2006, the highest number in six years.

Most of the students who drop out in the local public schools do so in the ninth grade. The majority who drop out are males between 16 and 18 years old. The overwhelming reason that the students cited for dropping out are problems with attendance. Other reasons given include academic problems, suspension from school, and choosing work over school.

According to educators, a dropout is twice as likely to be unemployed, three times more likely to commit a crime and six times more likely to become an unwed teen parent. Dropouts from the class of 2006 cost the state more than \$9.8 billion in lost wages, taxes, and productivity over their lifetimes, per the Alliance for Excellent Education.



Four Focus Groups - Parenting/Pregnant Teens, Parents of Teenagers, High School Teens, and Latinos - chose dropping out of school as an important issue in the county.

Source: 2007 Community Assessment Focus Group

Approximately sixty-seven percent of Alamance-Burlington's ninth graders earn a diploma within four years, according to the NC State Board of Education. This is slightly lower than the state rate of 68.1%. The graduation rate for Caucasian students is 73.9% locally and 73.6% statewide. The rate for African-American students is 58.1% compared to 60% for the state. The local rate for Latinos is 43.3% versus 51.8% for the state. The graduation rate is 44.8% for ABSS low-income students and compared to 55.3% for state rate.

2006 Cohort Graduation Rate for Alamance-Burlington School System

	NC	ABSS	Cummings	Eastern	Graham	Southern	Western	Williams
All students	68.1%	66.7%	58.8%	73.3%	57.0%	71.0%	84.3%	71.0%

Source: NC Department of Public Instruction

Twenty-nine percent of Alamance County residents over the age of 25 have earned an Associate's Degree or higher. The average earnings of someone with an associate degree are \$26,722 or 112.1% more than someone without a high school diploma or GED, or 35.6% more than a student with a high school diploma or GED (Source: Alamance Community College). For persons earning a Bachelor's Degree, average earnings increase to \$52,200.

EDUCATIONAL ATTAINMENT		
Population 25 years and over	89,841	
Less than 9th grade	6,874	8%
9th to 12th grade, no diploma	10,091	11%
High school graduate (includes equivalency)	28,237	31%
Some college, no degree	18,981	21%
Associate's degree	7,721	9%
Bachelor's degree	13,063	15%
Graduate or professional degree	4,874	5%

Source: US. Census Bureau, 2005 American Community Survey



Dropping out of School, which has been linked to lower employability and lower wages when employed, was ranked among the top three issues for four focus groups – Latinos, Parenting/Pregnant Teens, Parents of teens, and High School Teens.

Source: 2007 Community Assessment Focus Group

Our understanding of what constitutes literacy and what kinds of literacy are needed have changed. For example, 100 years ago people were said to be literate if they could sign their names. Today, people must be able to read, write, do math and think critically in the contexts of their work, families, and communities at levels far more advanced than even a generation ago.

Thus, levels of literacy are determined by degrees of proficiency in prose literacy (the knowledge and skills needed to understand and use information from texts that include editorials, news stories, poems and fiction), document literacy (the knowledge and skills required to locate and use information contained in forms, schedules, tables, etc.), and quantitative literacy (the knowledge and skills required to apply arithmetic operations, either

alone or sequentially, using numbers embedded in print materials). While establishing rates of literacy is difficult, **Results of the 1998 edition of “Literacy in North Carolina” report project that 51% of individuals in Alamance County perform at the lowest levels of literacy.** This is the most current data available.

Food/Nutrition

Based on the number of families and individuals who seek assistance with food through non-profit agencies and other resources, hunger continues to be a major problem in Alamance County. Contributing factors may include a change in family dynamics, unexpected emergency crisis situations, unemployment or underemployment. Some of the food and nutrition services provided in Alamance County: Salvation Army has served 348 families and 891 individuals for 2006; Loaves and Fishes has served 1,600 families and 6,000 individuals for 2005; Alamance County Community Services served an average of 900 families and 2,100 individuals with food bags for 2006; Alamance County Community Services Congregate Meals has five different sites serving 300 people with 75% fellowship participants and 25% low-income participants. Allied Churches’ homeless shelter feeding program provided 27,853 in 2006 averaging 110 meals a day. Also, the number of people receiving food stamps increased from 4,405 in fiscal year 2005-2006 to 5,036 in fiscal year 2006-2007. Despite this increase, the number of people applying for food stamps is below what the state says the local population should be receiving, according to Alamance County Department of Social Services.



Forty percent of Alamance County residents surveyed reported cutting back on food due to costs.

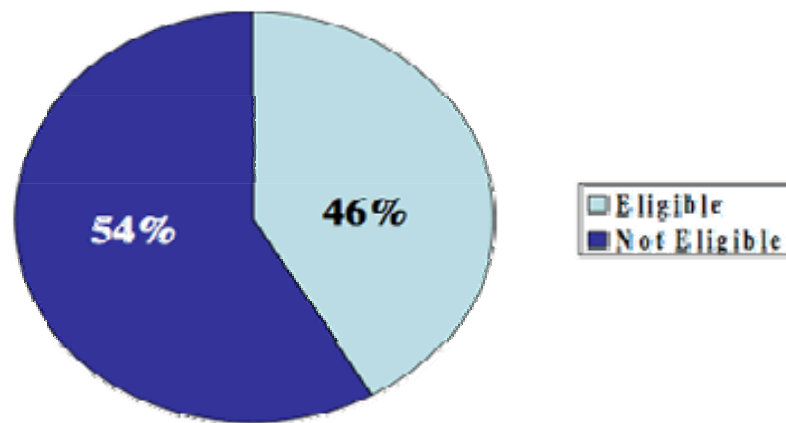
Source: 2007 Community Assessment Household Survey

Subject	Total	Households receiving food stamps
Households	55,187	3,969
With one or more people 60 years and over	33.40%	27.00%
With children under 18 years	34.50%	62.30%
POVERTY STATUS IN THE PAST 12 MONTHS		
Below poverty level	13.40%	57.10%
DISABILITY STATUS		
With one or more people with a disability	32.30%	47.70%

Source: U.S. Census Bureau, 2005 American Community Survey

Also, 46% of Alamance Burlington School System students are eligible for free and reduced-price lunch. Seventy-six percent of those eligible for free and reduced-priced meals participate in lunch service and 55% participate in breakfast service. The child nutrition operating budget totals \$11,000,000. Federal reimbursement for meals served to students qualifying for the free and reduced-priced meals totaled \$4,407,967 for the year ending May 2006.

ABSS Students Eligible for Free and Reduced Lunch



Senior nutrition is a growing concern. According to the Mayo Clinic, it is estimated that over half of seniors who live in a personal dwelling suffer from under-nutrition or malnutrition - having low or even dangerously low levels of protein and other nutrients (<http://mayoclinic/health/senior-health/HA000066>). In Alamance County there are 942 persons over age of 60 who receive food stamps at this time with an average monthly allotment is \$64.00. Some seniors receive as few as \$10. According to the NC Division on Aging, the rate of persons over age 60 receiving home-delivered meals in 1999 was 45.7 compared to a state rate of 18.6. A recent survey, conducted by Alamance County Meals On Wheels, noted that of the 400 clients they serve each day, almost 50% save half or more of their noon-time meal to eat at dinner or the weekend. Currently, there is no meal delivery for evenings and weekends. Anecdotal information from Loaves & Fishes states that many seniors have chosen to eat only one or two meals a day rather than three meals due to their limited financial means.

Transportation

Transportation remains a critical issue in Alamance County especially for populations that cannot travel independently and for individuals who don't own private automobiles.

As stated in the Public Transit Feasibility Study – Final Report (see in Appendix) submitted by Parsons Brinckerhoff and Cherry Consulting of the Carolinas to the Burlington-Graham Urban Area, "In April 2003, the Alamance Board of County Commissioners adopted the *Destination 2020 Strategic Plan* as a guide for the future growth and development of the county. The Plan included the following implementation action related to public transportation: "Consider

working closely with the MPO, the Piedmont Authority for Regional Transportation, and the newly created Alamance County Transit Authority to establish a combination of flexible and fixed-route bus service for the area.”

Through a series of interviews with 15 community leaders, the following weaknesses of existing public transit operations were cited:

- No regularly scheduled, fixed-route services
- High cost to customer (\$6.00 for a one-way trip) of Alamance County Transit Authority’s (ACTA) door-to-door transportation
- Lack of citizen awareness of ACTA’s existing services
- ACTA’s existing demand-responsive services require calling 24 hours in advance of the trip
- Long waiting times for return trips to home when using ACTA services

During stakeholder interviews, the following motivations for expanding public transit services in the urban area were mentioned:

- Increasing elderly population with growing desire to access community services
- Promoting economic development by improving access to employment, re-training, and shopping
- Leveraging federal and state transit grant funds to improve the quality of life for residents in the urban area
- Increasing gasoline prices which make the cost of operating a car more expensive, particularly for citizens on fixed incomes
- Increasing Latino population needing transportation to community services
- Parking constraints at Elon University and Alamance Community College



Four key informants stated that transportation was one of the challenges facing the county, and two of those informants stated that traffic issues have significantly changed in the last four years.

Source: 2007 Community Assessment Key Informant Interviews

As part of the Public Transit Feasibility Study, representatives of 19 major employers and agencies completed surveys. These respondents ranked “beginning public transportation” as the most important transportation priority. The transportation priority rated second-highest was “improving transportation services for the elderly and persons with disabilities.”

A survey used during the study was also distributed to residents of the Burlington-Graham urban area. Highlights of the survey include:

- Approximately 25% of the respondents indicated there was a person in their household over the age of 16 who did not have a car or a driver’s license.
- The highest-rated purpose for a public transit system was to help people get to and from work.
- Over 40% of survey respondents would primarily use the bus to commute to and from work while 20% indicated they would never use public transit.
- Over 70% of persons indicated a willingness to use bus service, with 50% being very willing to try the bus. A smaller number of Burlington-Graham residents, 46% are willing to try carpools and vanpools.

- Respondents indicated a willingness to pay more for bus service than what is being charged in North Carolina cities.
- Support for an increase in taxes to begin fixed-route bus operations in the Burlington-Graham urban area was evenly divided among respondents:
 - Very willing 26%
 - Somewhat willing 24%
 - Not sure 23%
 - Not willing 27%
- About two-thirds of the 1,200 persons completing the survey were female
- Nearly half the respondents were over the age of 55, including 28% over 65.

Additionally, it was concluded in the May 24, 2007, report “Homeless Community of Alamance County,” completed by students from the Department of Health Behavior and Health Education at the University of North Carolina at Chapel Hill, that “Community members and service providers agreed that the lack of transportation in Burlington and Graham is a barrier to obtaining employment, maintaining employment, and reaching needed resource and support services.”



Six key informants stated that Lack of Transportation is a barrier to accessing services in the county.

Source: 2007 Community Assessment Key Informant Interviews

Financial Assistance/Crisis Situations

The poverty rate in Alamance County for 2004 is 11.8%, compared to a state rate of 13.8%. For the more than 16,000 impoverished people in the community, financial assistance may make the difference in their ability to maintain fiscal stability.

For the period of November 2006 – October 2007, 3,282 individuals/families received financial or housing assistance from Alamance County Community Services Agency. Of those, 12% were elderly. The majority of requests (75%) were for assistance with energy bills.

Emergency assistance is offered by the Alamance County Department of Services through Title IV-A for very specific occurrences:

- 1) a crisis situation resulting from a catastrophic illness
- 2) emergency situation over which there was no control and left the family homeless or in immediate danger of eviction or foreclosure with a letter of intent to evict
- 3) a situation in which emergency assistance is necessary to avoid destitution of the needy child or to provide shelter for the child
- 4) mass emergencies
- 5) loss of a relative who has been responsible for support and/or care of his family members
- 6) abuse, neglect or abandonment of children
- 7) situation in which a child is at risk of removal from the home
- 8) situation in which return to the home of a child who is currently separated from his family may create an emergency

- 9) substantial loss of shelter or food due to fire, flood, or similar natural or man-made disaster, or crime of violence

Title IV-A assistance is limited to \$300 every two years for persons whose income is below established standards and who has maximum assets and resources of less \$3,000 and less than \$300 in liquid assets (ie: cash).

Disaster relief for fire victims is also available through the American Red Cross. In 2006, there were 44 house fires in the City of Burlington and 53 house fires in the county. Direct financial assistance in the amount of \$20,000 was disbursed to 152 individuals who were "burned out of their homes." Also provided by the American Red Cross are blood services. Donors in Alamance County gave **8,813** units of blood last fiscal year. **Each unit of blood can be used to help 3 individuals. Alamance Regional Medical Center used over 3,500 units of red blood cells alone.**

Other agencies that provide financial and emergency assistance include the Salvation Army, Allied Churches, El Centro Comunidad, and Loaves & Fishes.

Mental Health

Overview

Mental Illness/Developmental Disabilities/Substance Abuse – Access to
Counseling/Case Management (Adults, Youth, Elderly)
Timely Initiation and Engagement
Support Groups
Medication
Housing
Crisis Intervention
Treatment Programs

Overview

Mental health reform is under way in North Carolina with the goals of improving access to cost-effective care, choice in treatment, and system accountability. Under the state reform plan, area mental health programs have become local management entities (LMEs), separating management and clinical functions, and transitioning many clinicians to other independent or agency-based practice settings. Many services once provided directly by area programs are being offered by community-based providers contracting with the LMEs. Many patients once reliant on care at state facilities are increasingly being served by community-based programs. State funded treatment is being targeted to patients with severe mental illnesses and conditions. According to the NC Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) report for first quarter of 2006-2007, "NC has designed its public system to service those persons who have the highest need for ongoing care and limited access to privately-funded services." Less severely ill patients seek care from primary care providers, human service agencies and faith communities.

The LME manages services for citizens with mental health, developmental disabilities or substance abuse needs. LMEs are agencies of local government-area authorities or county programs who are responsible for managing, coordinating, facilitating and monitoring the provision of mental health, developmental disabilities and substance abuse services in the catchment area served. LME responsibilities include offering consumers 24/7/365 access to services, developing and overseeing providers, and handling consumer complaints and grievances. On July 1, 2006, the local LME began the management and oversight of a three county catchment area of Alamance, Caswell and Rockingham counties. The LME contracts with and works collaboratively with an array of providers of services in these counties to ensure that services are available to those in need.



Four key informants identified Mental Health as a major health concern for residents of Alamance County; specifically, the lack of mental health care and importance of early detection.

Four key informants identified Educating Citizens about Mental Health as a major social concern and three identified Substance Abuse as a major social concern for the residents of Alamance County.

Source: 2007 Community Assessment Key Informant Interviews

The NC Psychiatric Association's Report Card on the Clinical Impact of North Carolina's Mental Health Reform describes mental health reform as "Mental Health Reform ran into a 'perfect storm' of adverse events:

- unanticipated budget problems
- shortfalls in Medicaid
- increased population
- more medically indigent (non-Medicaid) consumers needing care
- less bridge funding than anticipated
- community hospital capacity not increasing (and in fact hundreds of beds being closed over the past decade)
- the loss of public sector clinicians (especially psychiatrists).

As a result, many people requiring services are not receiving them.



Alamance County residents surveyed reported that they would recommend their friend or family member to the LME or private counselor or a minister or religious official.

Source: 2007 Community Assessment Household Survey

Mental Illness/Developmental Disabilities/Substance Abuse Access to Counseling/Case Management (Adults, Youth, Elderly)

Adults

MH/DD/SAS further reports, "almost 60 out of every 1,000 adults (5.8%) in North Carolina experience a severe or severe and persistent mental illness (SMI or SPMI) in any given year. Statewide, approximately 22 of every 1,000 adults received publicly-funded MH services through (their) community service system in 2005-06." **The number of adults who receive publicly-funded mental health services from Alamance – Caswell –Rockingham LME is equal to the state average of 22 of every 1,000.** "Approximately eight out of every 1,000 adults (0.8%) in North Carolina have a developmental disability (DD) that requires supportive services. Statewide, approximately three of every 1,000 adults received publicly-funded DD services through (their) community service system in 2005-06" according to the MH/DD/SAS report." **The number of adults who receive publicly-funded DD services from the Alamance – Caswell –Rockingham LME is equal to the state average of three of every 1,000.** Sixty of every 1,000 adults (6.6%) in North Carolina experience a serious substance abuse problem in any given year. State wide, approximately seven of every 1,000 adults received publicly-funded SA services through (their) community service system in 2005-06. **The number of adults who receive publicly-funded SA services from the Alamance – Caswell –Rockingham LME is equal to the state average of seven of every 1,000.**

According to the "Homeless Community of Alamance County" report of May, 2007 from the Department of Health Behavior and Health Education – School of Public Health at UNC-Chapel Hill, **"About one-fourth of the single adult homeless population in the United States has a serious and persistent mental illness, compared to five to seven percent of**

the adults in the overall U.S. population.” Homelessness is just one of the major effects of untreated and undiagnosed mental illness. Poverty, increased crime rates, family breakups, unemployment and bankruptcy are among some of the additional effects.

NOTE: The above numbers reflect adults, ages 18 and over, who received any services [including assessments] in the community system, regardless of diagnosis. Persons not included are those served outside of the state Unit Cost Reimbursement (UCR) system, such as those receiving SA [Substance Abuse] prevention services, some geriatric services, and some services to persons as an alternative to incarceration. The state UCR system also does not include persons whose services are paid by Medicare, Health Choice, other federal, state and local agencies and private funds. Thus, total actual numbers are likely higher than reported above.



Alamance County residents would recommend a friend or family equally to the LME, minister/religious official, private counselor/therapist or a support group.

Source: 2007 Community Assessment Household Survey

Youth

According to the NC Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) report for first quarter of 2006-2007, “Sixty of every 1,000 children and adolescents (6.6%) in North Carolina experience severe emotional disturbances (SED) in any given year. Statewide, approximately 22 of every 1,000 children and adolescents received publicly-funded MH services through (their) community service system in 2005-06.” **Thirty of every 1,000 children and adolescents received publicly-funded mental health services from Alamance – Caswell –Rockingham LME, which is below the state average.**

MH/DD/SAS further reports, “Over 30 out of every 1,000 children and adolescents (3.4%) in North Carolina have a developmental disability that requires supportive services. Statewide, almost five of every 1,000 children and adolescents received publicly-funded DD services through (their) community service system in 2005-06. **Approximately four out of every 1,000 children and adolescents received publicly-funded DD services from Alamance – Caswell –Rockingham LME, which is below the state average.**

The report continues, “Over 60 out of every 1,000 adolescents (6.6% of those ages 12-17) in North Carolina experience a serious substance abuse problem in any given year. Statewide, approximately five of every 1,000 adolescents receive publicly-funded services through (their) community service system. **Approximately eight of every 1,000 children and adolescents received publicly-funded SA services from Alamance – Caswell – Rockingham LME, which is above the state average.**

NOTE: The numbers reflect children and adolescents, ages 0-17, who received services [including assessments] in the community system, regardless of diagnosis. Persons not included are those served outside of the state Unit Cost Reimbursement [UCR] system, such as those receiving SA [Substance Abuse] prevention services and some services to persons as an alternative to incarceration. The state UCR system also does not include persons whose services are paid by Medicare, Health Choice, other federal, state and local agencies and

private funds.) Therefore actual numbers of children and adolescents who experience emotional disturbances for the area are higher than reported above.

Elderly

Major depression, a serious medical illness, occurs in about 15% of the population over age 65, more than double the rate of the younger population at 5-8% of the general population. It is estimated that 13.8% of Alamance County's population is over age 65 with the fastest growing segment over age 85. Using these national averages, approximately 2,700 adults over age 65 experience depression, but only a small percentage (10%) seek professional help. The data also tells us that depression in nursing home residents can reach as high as 25%.

Depression occurs twice as frequently in women as in men and the majority of people over 65 are women. More than half of those who experience a single episode of depression will continue to have an episode that occurs as frequently as once or twice. Without treatment the frequency of depressive illness, as well as the severity of symptoms, tends to increase over time. Left untreated, depression can lead to serious and sometimes fatal consequences. The highest rate of suicide is among older white men even though older adult women experience depression more often than their male counterparts.



Five focus groups – Latinos, Seniors, Unemployed, Parenting/Pregnant teens, and High School teens – stated that drug and/or alcohol use could be a result of mental health issues, such as depression.

Source: 2007 Community Assessment Focus Group

While depression is not a normal part of the aging process, there is a strong likelihood of it occurring when other physical health conditions are present. Research tells us that there are varieties of indicators that correlate with mental health and perceived quality of life, as well as indicative of risk for substance abuse. Studies show that poor mental health can be detrimental to the treatment of other health-related conditions and can also lead to behaviors that increase health-related risks. The results of the 2004 BRFSS showed that 8.4% of Alamance County residents over age 45 reported that physical health, which included physical illness and injury were not good 1-2 days out of the past 30 days. Further, 5.8% reported that physical illness was not good for 3-7 days and 5.9% reported that it was not good for 8-29 days in the past 30 days.

In addition, the literature tells us that 25% of hospitalized medical patients have noticeable depressive symptoms and about five percent are suffering from major depression. Chronic medical conditions associated with depression that are very common to older adults include heart disease, cancer, vitamin deficiencies, diabetes, and hepatitis. Depression also is a common effect of neurological disorders, including Parkinson's and Alzheimer's diseases, multiple sclerosis, strokes, and brain tumors. Even moderate depressive symptoms are associated with a higher than average rate of arteriosclerosis, heart attacks, and high blood pressure.

Most of the mental health issues in the county's elderly population, particularly depression, are treated by personal physicians. Diagnosis and treatment are most often handled at that personal level, so agencies fail to get referrals for mental health treatment or case management as it relates to mental health. Even though the local mental health center is available for intervention and treatment, due to the recent reorganization of that agency, its population is comprised of those most compromised by their mental health condition, excluding

the elderly with mild to moderate depression. In addition, the elderly population is often reticent to seek help at the mental health center due to the stigma associated with that agency.

Another concern of mental health in the elderly is the problem of misdiagnosis. Symptoms of memory loss and poor nutrition/hydration can mimic signs of depression. Since the origin of intervention is usually in the doctor's office, the physician must make a diagnosis based on minimal interaction with the person, rather than having an agency with a long term relationship that has observed the person over time.

Timely Initiation and Engagement

The MH/DD/SAS Annual Report for fiscal year 2006 reports that “approximately 34% of NC residents (all age groups) who receive mental health services have two visits in the first 14 days of care (the standard for prompt initiation of care). Approximately 19% of mental health consumers have an additional two visits within 30 days, making a total of four visits in the first 45 days (the standard for full engagement in care).” **The Alamance-Caswell-Rockingham LME reports approximately 25% of residents who receive mental health services have two visits in the first 14 days and approximately 18% of mental health consumers have an additional two visits within 30 days. Less than half the mental health consumers are receiving what is mandated as the standard for prompt initiation and full engagement in care in the Alamance-Caswell-Rockingham LME.**

The report continues “About 58% of North Carolina residents (all age groups) who receive substance abuse services have two visits in the first 14 days of care (the standard for prompt initiation of care). Approximately 40% of substance abuse consumers have an additional two visits within 30 days, making a total four visits in the first 45 days (the standard for full engagement in care). **The Alamance-Caswell-Rockingham LME reports approximately 58% of residents who receive substance abuse services have two visits in the first 14 days and approximately 40% of substance abuse consumers have an additional two visits within 30 days. This is comparable to the state average, however many consumers are not receiving the treatment they need in a timely manner according to mandated standards.**

While recent statewide data from MH/DD/SAS for the third quarter of the 2006 shows improvement in starting care promptly, namely; mental health services 36%, developmental disabilities 64% and substance abuse services 66%, many consumers are not receiving timely treatment.

Source: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Inpatient Treatment

MH/DD/SAS reports for the first quarter of 2006-07 that “Statewide, 11 out of every 10,000 NC residents were hospitalized for 1-7 days and six out of 10,000 were hospitalized for 8-30 days. **The Alamance-Caswell-Rockingham LME reported approximately 18 out of 10,000 were hospitalized for 1-7 days and approximately nine out of 10,000 were hospitalized for 8-30 days.** The report continues, “**Almost 90% of NC’s admissions to state psychiatric hospitals in 2006-07 were for stays of 30 days or less. As local capacity to provide crisis services increases, the Division expects the number short-term hospitalizations in state facilities to decrease.**

In Alamance County, Residential Treatment Services (RTS) provides shelter for persons with mental health, alcohol and drug abuse issues. They also offer detoxification and serve as a halfway house. Treatment programs include both short-term (30 days or less), and long-term (more than 30 days) care. Services are available for all citizens of Alamance and surrounding counties with mental health and/or substance abuse diagnosis.

Program Services:

- 24 hour services include non-hospital medical detoxification, mental health crisis stabilization as an alternative to hospitalization.
- Supervised living for individuals suffering from mental illness, alcoholism and/or addiction
- Transportation, medication administration, individual and group counseling, recreation, education, and life skills training.

Support Groups

According to the United Way Resource Directory for Alamance County support groups exist for alcoholism (both adults and teens), Alzheimer's family support, substance abuse, mental illness family support, grief, and depression.

Medication

The AlaMAP program is designed to improve access to medications for financially needy individuals and provide education and follow-up. Individuals under the age of 65 living at 150% of the poverty level who have chronic diseases, including mental health issues, and no coverage for prescription drugs can also be assisted. AlaMAP also offers prescription assistance and medication management through the NC Senior Care Program. Wal-Mart's \$4 generic drugs are available for persons without prescription coverage for antidepressant, antipsychotic or anxiety medications according to their website.



Fifteen percent of Alamance County residents over age 65 surveyed reported that they have split pills to make medication last longer.

Source: 2007 Community Assessment Household Survey

Housing

The Shelter Plus Care Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. Shelter Plus Care (S+C) is a program designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities. **For 2005, the local LME received \$128,545 in federal funds to provide this program locally.**

Crisis Intervention

According to the Department of Health and Human Services website (http://www.dhhs.state.nc.us/mhddsas/ivc/ivccrisisresponseunits_7-26-07.pdf) only one Crisis Portal Entry exists for Alamance County, Alamance Regional Medical Center (ARMC). ARMC is also the only Involuntary Commitment Facility in Alamance County.

Treatment Programs (Residential/ Prevention/Support Groups)

List of Endorsed Services for Alamance County

<u>County</u>	<u>Service</u>	<u>Number of Services</u>
Alamance	Assertive Community Treatment Team	4
	CAP-MR/DD Waiver Services	11
	Child Residential Treatment Services	1
	Community Support Team	9
	Community Support-Adults	19
	Community Support-Child and Adolescent	14
	Detox Services	1
	Diagnostic Assessment	14
	Facility Based Crisis	1
	Intensive In-Home	10
	Methadone Treatment(Opioid treatment)	1
	Mobile Crisis	1
	Multi-Systemic Therapy (MST)	3
	Psychosocial Rehabilitation	1
	Residential Treatment Level II - Family Type	1
	Residential Treatment-Level III	16
	Substance Abuse Intensive Outpatient	1
	Supported Employment	2
	Targeted Case Management	7

Financial Security

Overview
Credit Counseling
Budget Counseling
Continuing/Postsecondary Education/Life Skills Training
Elderly Support

Overview

Many families in the community rely on a dual income family structure. With a 60% divorce rate in Alamance County, more and more families are suddenly faced with a reduction or loss of financial support due to separation, divorce, disability or death of their spouse. As new heads of households, they struggle to earn enough to support themselves and their families.

With the family breakup and the loss of the spousal income, generally this population in Alamance County faces financial hardship. The changed circumstances often result in an emotional crisis and immediate financial consequences: loss of housing, foreclosures, repossession of cars, mounting debt, and ruined credit rating.

Single Heads of Household

Male householder, no wife present	3,724
With own children under 18 years	2,093
Female householder, no husband present	8,010
With own children under 18 years	4,902

PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL

All families	10.5%
With related children under 18 years	15.5%
With related children under 5 years only	15.7%
Married couple families	4.4%
With related children under 18 years	4.0%
With related children under 5 years only	0.0%
Families with female householder, no husband present	29.1%

With related children under 18 years	36.6%
With related children under 5 years only	33.2%
All people	12.2%
Under 18 years	15.7%
Related children under 18 years	15.7%
Related children under 5 years	12.0%
Related children 5 to 17 years	17.2%
18 years and over	11.1%
18 to 64 years	11.8%
65 years and over	7.7%
People in families	9.8%
Source: US Census: American Community Survey, 2005	

Credit Counseling

Financial literacy activities provided through education and counseling target individuals and families who are seeking affordable housing or who are over-extended and seeking avenues of relief to prevent delinquencies and foreclosures. Based on The Mortgage Bankers Association, new foreclosure rates surged to a record level. The late payment rate for sub prime loans jumped to 13.33% (14.44% for Adjustable Rate Mortgages) in the fourth quarter of 2006. Gina Martin, economist at Wachovia Corporation Economic Group was quoted as saying “unfortunately, it appears delinquency rates will likely worsen before they improve.”

Community Concerns:

- Credit over-obligation and fiscal mismanagement
- Predatory loans
- Housing delinquency, foreclosures and evictions
- Unemployment
- Bankruptcy - alternatives, consequences and avoidance
- Lack of wealth accumulation and asset building – home purchase, savings, etc.

In examining local data from 2000-2006, Alamance County concerns are clearly evidenced with foreclosures growing by **46%** and bankruptcy filings have grown by **163%**. Many families are facing evictions, judgments, and liens on property. These situations are a result of

poor credit ratings, high cost loans, credit card over-obligation, identity theft and/or a lack of knowledge to make sound financial decisions.

Budget Counseling

A number of community agencies provide budget counseling to assist families with self-sufficiency, avoiding bankruptcy and foreclosures, and asset accumulation. They include but are not limited to:

- Consumer Credit Counseling (no eligibility requirements or cost). Services also include Debt/Management Counseling
- Women's Resource Center (for displaced homemakers). Services also include life skills assessment & coaching, job counseling, training, and placement, health education and referral, and problem-solving for the multiple issues that need addressing.
- Habitat for Humanity (Classes on budgeting for families working toward homeownership). Income requirements related to federal poverty guidelines.
- Alamance County Community Services Agency (provides budget management through self-sufficiency program for low income families).



One focus group stated that it would be nice to have more information about resources and easier accessibility to financial counseling and tax services.

Source: 2007 Community Assessment Focus Group

Continuing and Postsecondary Education/Life Skills Training

According to the Alamance Community College's 2005-2006 President's Report to the People, "Nearly \$18,000 was spent in 2005 ... to provide financial aid to Continuing Education students who were unemployed but wanted computer training or other courses to help them with new job skills."

Continuing Education served nearly 15,000 students involving more than 19,000 registrations. The unduplicated headcount was up 19% over the previous year (Alamance Community College's 2005-2006 President's Report to the People). Additionally, the report states, "From 2004 to 2005, the FTE (full-time enrollment) in Occupational Extension (job-related courses) jumped 42%.

Alamance Community College is the primary provider of education for older family members. Total enrollment for the 2005 -2006 academic year was 10,389. ACC offers a full range of coursework that result in AA degrees, certificates, or that are preparatory for further educational opportunities programs. In addition, ACC offers academic programs, with a special focus on literacy that target special populations, including low income students, single parents, displaced homemakers, workers, those with mental disabilities and those with limited English proficiency. These classes and others are offered on campus and at locations throughout the community as requested. The below table describes the recent enrollment in these programs.

Program Area	2005-2006
Adult Basic Education (ABE)	1,459
GED/AHS	524
English as a Second Language (ESL)	953
Total	2,936

Elon University is the third largest private university in North Carolina. Elon offers over 45 fields of study for students. Elon University has been named one of the nation's top three universities for community service, earning a Presidential Award in the first President's Higher Education Community Service Honor Roll, announced by the Corporation for National and Community Service. They were recognized for a high level of innovation and effectiveness in their service programs.

"Elon's commitment to an ethic of service is reflected daily through the work of our students, faculty and staff," said Elon President Leo M. Lambert. **Nearly 90% of Elon students participate in service, working through the Kernodle Center for Service Learning, academic service learning courses, the student run Elon Volunteers, fraternities and sororities and 27 other student organizations. More than 2,800 Elon students participated in a variety of community service projects during the 2005-2006 academic year, contributing more than 88,000 hours of service.**

Elderly Support

Currently in Alamance County, 13.8% of the population is over the age of 65 and 15.8% are between 50 and 64 years old. The elderly population in Alamance County is skyrocketing. The state average for seniors 65 years old or older is 12%, but Alamance County is almost 14%. One of the most vulnerable groups of older adults includes the individuals who are "in the gap". These individuals have more than \$817 in monthly income (the current Medicaid-eligibility limit which is anticipated to increase to \$851 on April 1), but not enough to privately pay for some of the basic things they may need. It is estimated that this gap is where the vast majority of the citizens will find themselves as they age and retire.

According to the North Carolina Division on Aging (NCDOA) 2003-2007 Aging Services Plan – Economic Security:

- Over 337,000 (36%) of older North Carolinians are considered or near poor (within 200% of the poverty level).
- Without federal initiative, many seniors will continue to lack adequate drug assistance and long-term care protection, requiring the state to respond.
- A part of the Medicare-Aid program, which helps seniors with low incomes pay for Medicare premiums, has a uncertain future without reauthorization of the Balanced Budget Act of 1997, and over 11,000 North Carolina seniors may lose benefits.
- 15% of North Carolinians between ages 50 and 64 are uninsured.
- Many retirees and workers lack knowledge and skills for financial planning and management.

A NCDOA focus perceived the economic security of older North Carolinians and aging baby boomers revolves around three major areas:

- Managing health and long-term care costs

- Maximizing older adults' productivity
- Improving individuals' capacity to manage their financial responsibilities through information, education and planning.



Eighty-six percent of Alamance County residents over age 65 surveyed reported that they or their spouse manage their own money.

Source: 2007 Community Assessment Household Survey

Several challenges for financial security exist for the elderly. The NCDOA states “Today, the notion of living on “fixed” or “guaranteed” retirement income is becoming rapidly obsolete, and many older adults are finding that an increasing portion of their income and assets depends on choices they make in the market economy. **Experts point out that the need for long-range financial planning is more evident now than at any other time (AARP, 2001).”**

Another significant factor in retirement planning involves the age at which older adults start receiving Social Security benefits. **Nationally, 72% of older beneficiaries start receiving benefits prior to age 65 at reduced rates. Women (75%) are more likely to receive reduced benefits than men (69%), according to AARP (2001). This trend appears contrary to the gradual delay in the Social Security’s eligible age with full benefits for 67 year old people.**

The extent of pension coverage has barely changed over the past two decades. According to the Survey of Consumer Finances, 41% of families had some type of pension coverage in 1998 through the family head or partner’s current job (Federal Reserve Board, 2001). Although there is no comparable information for North Carolina, it is likely that the rates are similar or possibly lower because of the prevalence of people in occupations that do not typically offer pensions (e.g., agriculture, fishing, forestry, fishing sales and service).

An important issue that affects the retirement income of many older women involves their rights to benefit from their husband’s pension in the event of divorce or his death. The federal Retirement Equity Act of 1984 requires that private pension plans have an option for surviving spouses. However, this protection of spousal claims on pension benefits applies only on private pensions. The majority of states, including North Carolina, do not have legislation or administrative policy governing spousal disclosure or consent regarding retirement benefits.

Nationally, fraud and scams are one of the highest growing crimes. The trusting and courteous nature of the older citizens can sometimes put them at increased risk for fraud. Vulnerable seniors, particularly those with financial issues, are also at-risk to predatory lenders.

Lastly, **Older adults and baby boomers must become knowledgeable about public and private resources available to assist them with their needs that have implications for their health and economic security. This is particularly true for public assistance programs, because it is believed that older adults consistently underuse the programs for which they are qualified.**

Judicial Assistance and Services

Crime
Family Law
Mediation
RESOLVE/Conflict Resolution
Custody/Child Support
Guardian ad Litem

(See also Victim Assistance/Community Violence)

Crime

Total index crime for 2006 was 6,494 offenses, an increase of 6,241 in 2005. Of the crimes listed in the 2006 total, 9% were aggravated assault, 22% were burglary and 61% were larceny. The following table is a profile of Alamance County crime for the last ten years.

County Offenses, Ten-Year Trend

County	Offense Category	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
	Murder	9	9	17	2	7	9	6	2	8	6
	Rape	23	40	27	35	19	19	23	20	31	29
	Robbery	147	174	141	118	137	119	124	131	125	145
	Agg. Assault	390	373	278	305	299	295	324	371	535	569
	Burglary	1,272	1,285	1,233	1,250	1,372	1,592	1,396	1,235	1,451	1,451
	Larceny	3,136	3,535	3,919	3,574	3,844	4,143	4,041	3,404	3,818	3,932
	MV Theft	272	260	274	265	270	276	285	259	273	362
Total		5,249	5,676	5,889	5,549	5,948	6,453	6,199	5,422	6,241	6,494

Juvenile arrests in Alamance County totaled 1040 in 2006 compared to 980 in 2005. Of the 2006 arrests, 29% were related to alcohol or drugs, 21% were for assaults, and 16% were for larceny,

Family Law

Almost two out of every three marriages end in divorce in Alamance County. Family law includes the area of law related to separation, divorce, child custody, alimony, adoptions and guardianships. Unlike criminal law, where indigent clients may be assigned a free attorney, family law is civil with costs being paid by each party in the case. **Access to equitable representation is not available to many residents, primarily women. From July 2007 to December 2007, 51 the of 181 (29%) of the displaced homemakers receiving services from Women's Resource Center needed legal services, resources and/or information. Options for access include Legal Aid of North Carolina or mediation.**

Mediation

Mediation is a confidential problem-solving process that is facilitated by “mediators” who have completed at least 60 hours of mediation training. A mediator acts as a neutral third-party by setting guidelines for communication and hoping parties discuss their issues in a non-threatening manner. Mediators don’t provide solutions; the parties make the decisions. Mediation services are provided by the Alamance County Dispute Settlement Center free of charge. In fiscal year ending June 2007, 40 juvenile mediation cases and 259 adult mediation cases were resolved.

RESOLVE/Conflict Resolution

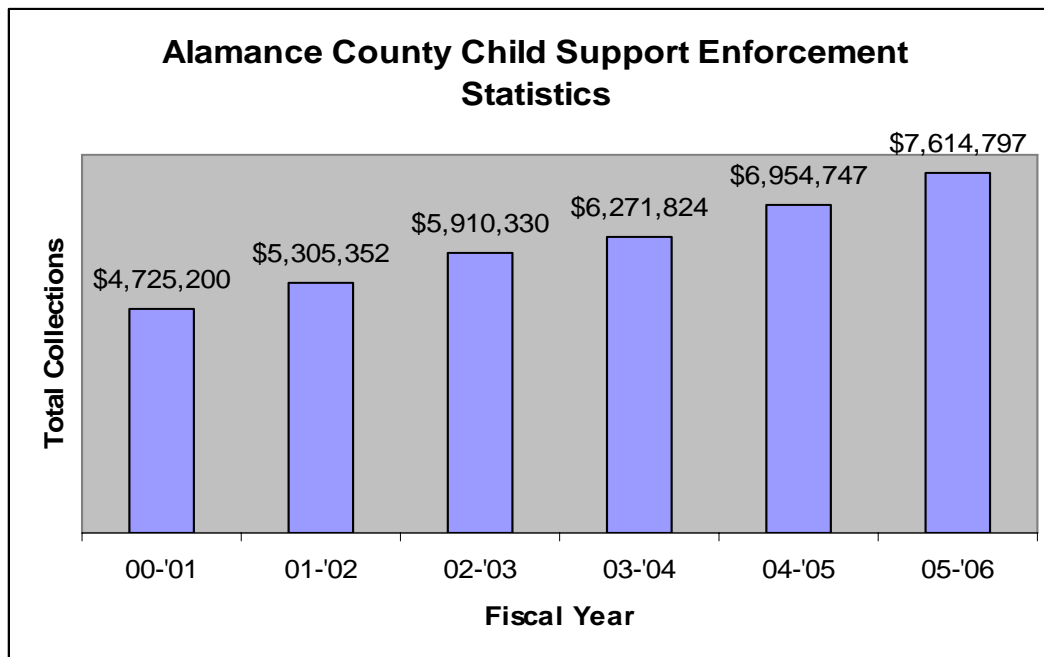
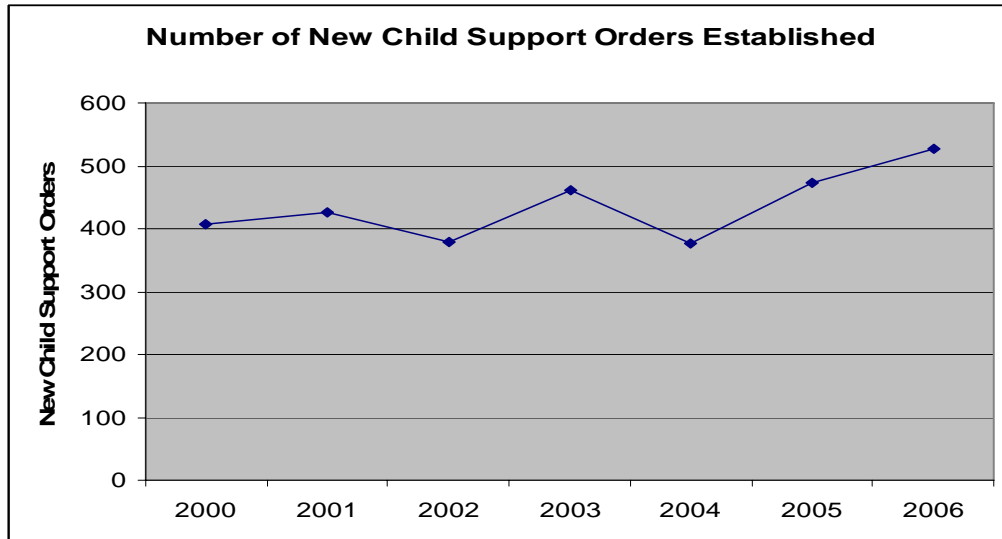
RESOLVE classes teach whole families together the new skills needed to resolve conflicts at home and in the community. Classes run for 6 to 8 weeks and teach things like problem solving in positive ways, choices and consequences, anger management, strong communication models, and management of emotions. When the family learns the new skills together (“best practices”), the family can begin to function better, which reduces community problems as well. In fiscal year ending June 2007, 113 people participating in RESOLVE through Alamance County Dispute Settlement Center. Also available is Family Conflict Resolution Services.

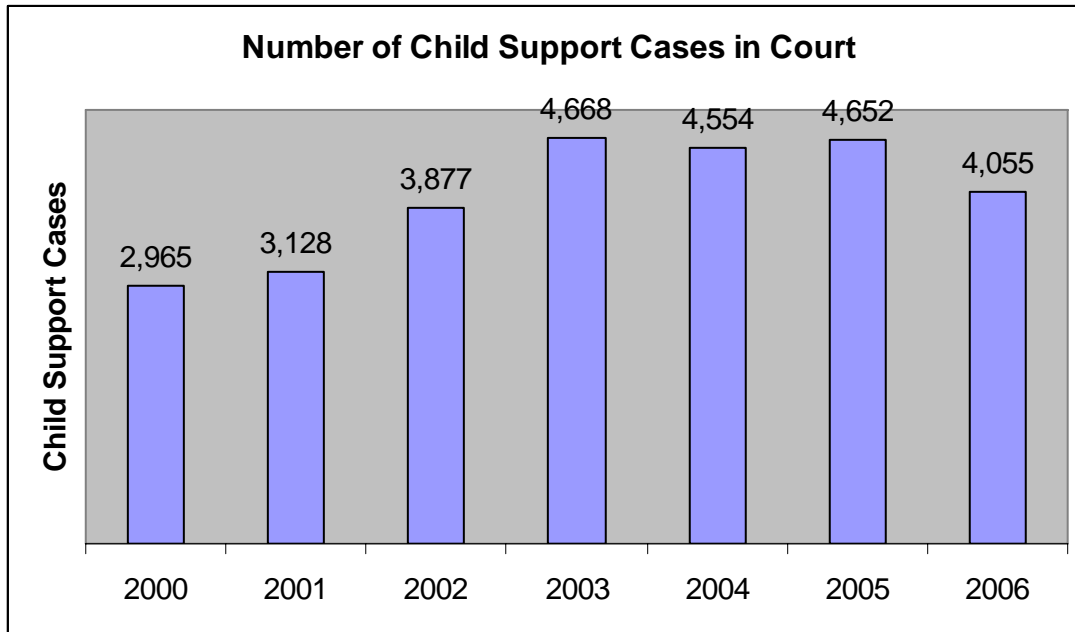
Custody/Child Support

“North Carolina law requires that both parents support their children until they are 18 or complete high school. Both parents are required to support their children even if the parents have never been married.” (Family Law in North Carolina, 5th Edition, June 2007) In Alamance County, the child support program is administered by the Department of Social Services.

Child Support Services can be provided to any North Carolina parent or custodian regardless of income level. Individuals receiving Work First Family Assistance and Medicaid are automatically referred to the local child support enforcement agency. Persons receiving public assistance are required to cooperate with child support enforcement as a condition of their eligibility for assistance. Persons not receiving public assistance may apply for and receive child support services upon the payment of a \$25.00 application fee. This fee may be reduced to \$10.00 based on income guidelines from the Federal Register. This can include other family members, such as aunts, uncles, grandparents, or court-appointed guardians. Basic Services provided by Child Support Enforcement:

- Location
- Establishment of Paternity
- Establishment of a Support Order
- Collection of Child Support Payment
- Enforcement of Child Support Payment





Guardian ad Litem

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

Family Preservation

Education/Prevention

Childcare

Recreation

Education/Prevention

Alamance Burlington School System: The Student Support Services Department of the Alamance-Burlington School System assists schools in identifying and helping students experiencing difficulties academically, emotionally and socially. Staff members in this department include school counselors, social workers, school nurses, and intervention specialists. As a group, these trained professionals serve as an advocate, coordinator, consultant, and liaison between school, home, and the community.

Parenting Classes: There is a general consensus among service providers that many parents lack basic parenting skills related to child development expectations, discipline, setting limits, communication, managing conflict and anger and, building self-esteem. The court commonly mandates that parents involved with Child Protective Services (children found to be at risk for abuse or neglect) or the Department of Juvenile Justice enroll in these courses. At present, the Exchange Club Family Center of Alamance is the only agency offering these classes in Alamance County. **Although classes are free to participants and child care is provided, enrollment is limited and classes are only offered on a quarterly basis.**

Parental Involvement: Child-serving agencies in Alamance County are presently in the process of culture change focused on becoming more “family-centered.” Families are being engaged as partners with agency personnel in developing and implementing service plans for themselves and their children. In addition, parents are being asked to share leadership roles in determining how agencies work with families and what programs are most effective and should be funded. Presently, parents are being recruited to sit on boards and committees, become co-trainers, and to become “Parent Partners.” Parent Partners are parents who have successfully navigated a child-serving system (e.g. have had their children removed by Social Services and have made the necessary changes to have custody returned) and will work directly with parents who are just entering one of these systems. This change in community philosophy is being driven by the System of Care initiative which is a holistic, family-centered approach to working with children and their families identified as “high risk.”

Childcare

The availability of quality child care is an important component of any community. The Alamance County Partnership for Children, which administers Smart Start funds evaluates, monitors and provides education for daycare staff; and, works to prevent child abuse and neglect and increase school readiness for children up to age five. In 2003, Alamance County had 10,076 children under five years old (North Carolina Division of Child Development website). Of these, 2,805 children were cared for in licensed day care facilities. This is approximately 28% of all children in Alamance County under five years old.

The Alamance County Department of Social Services administers subsidized day care services. In February 2007, 1,265 children were receiving subsidized day care. It is estimated that there are 5,989 children eligible for this service. It is estimated that \$5,509,879 will be spent on subsidized child care for the 2006 – 2007 fiscal year. At present (April 2007), there is not a waiting list for this service.



Nineteen percent of Alamance County residents surveyed reported having children in childcare or after-school care.

Source: 2007 Community Assessment Household Survey

Recreation

Residents of Alamance County have a variety of public and private options to choose from when it comes to recreational activities. The Alamance County Recreation and Parks Department manages several parks and recreation centers. In addition, Burlington, Gibsonville, Graham, Haw River, and Mebane all have their own departments of recreation and parks. All together, there are nearly 30 parks and recreational facilities throughout the county.

Largest Recreational Facilities Operated by Each of the Four Parks and Recreation Departments in Alamance County

Largest Parks	Acreage	Location	Facilities
Alamance County – Cedarrock Park	414 acres	Highway 49, Burlington	Historical farm, hiking/nature trails, bike trails, horseback riding, picnic facilities, fishing, camping, ball fields, and playgrounds.
Burlington – Burlington City Park	76 acres	South Church St. & Overbrook Rd.	Amusement area, aquatics center, tennis complex, trails, picnic areas, playground, and softball fields.
Graham – Graham Municipal Park	45 acres	Town Branch Rd.	Tennis court, baseball fields, basketball court, picnic area, walking trails, and playground.
Mebane – Lake Michael Park	200 acre park w/ 59 acre lake	Lebanon Rd.	Nature trails, fishing, boating, picnic areas, volleyball, and playgrounds.

Sources: Brochures for each Parks and Recreation Department, 2001

Each of the local recreation and parks departments offer unique programs and facilities. For example, Burlington Recreation and Parks operate City Park, which includes a recently renovated fitness trail with durable outdoor fitness equipment and a small amusement park, with an historic Dentzel carousel. There are several days during the year when the carousel and

other rides are free for children and their families. In addition, other Burlington park offerings include an Aquatics Center, Golf Course, Lake, and Marina. Graham recreation and parks runs a skateboard park with nominal fees of \$5 to \$10 for 6 to 8 hour sessions. Gibsonville runs the Kid's Council volunteer group and plans on opening an aquatics center in May 2007 at Northeast Park. Mebane Arts and Community Center offers a 31,000 square foot indoor facility that includes two basketball courts, a stage, conference rooms and kitchen facilities and four baseball/softball fields in adjacent space.

Many of the Recreation and Park divisions offer specialty programs for adults with disabilities, senior citizens and families with children. These include activities such as Special Olympics training and a program called *Heartfelt* for adults with physical disabilities. All of the county park facilities are accessible for residents with physical disabilities. The senior adult program is for anyone over 55 and includes exercise classes, luncheons, movie outings, day trips and some overnight trips. There is also a Senior Golf Association and the Alamance/Burlington Senior Games, which are Olympic-style competitions (Chapel Hill White Group Community Assessment, 11).

Most departments also offer day camps for children during the summer in addition to standard athletic programs for children and adults. The local softball program for adults offers a wide range of skill levels from more recreationally focused church leagues to competitive leagues. There are several tournaments held in Burlington at City and Springwood parks throughout the year.

Other traditional recreation focused agencies include the local YMCA. The YMCA offers a variety of programs and notes that no one is turned away from its programming due to an inability to pay. The local YMCA is involved with many collaborative events in the community including Healthy Kids Day celebration. Alamance County also has the three-College Observatory located in southern Alamance County. While primarily used for academic classes at three area colleges, there are many public nights throughout the year with availability for public viewing.

In addition to all of the city and county recreational facilities, there are several private fitness centers located in Alamance County, as well as a country club with a golf course on the western side of the county (Chapel Hill White Group Community Assessment, 11). There is also a bowling alley in Burlington and two movie theaters, one in West Burlington and one in Graham. Alamance County residents also have access to live theater events through several venues. The Paramount Theater is a facility run by the City of Burlington and hosts the Gallery Players, a local community theater group and Alamance Children's Theater as well as touring events. Elon University also allows for access to events from national touring productions to free student-directed shows. Other small groups, such as Imagination Theater use space in local facilities to produce theater events. In Snow Camp, the *Sword of Peace*, an outdoor drama is produced each year. Most of these facilities are used for a variety of children's shows throughout the season too.

The county has a strong library system that not only adds to educational choices, but gives county residents additional choices for recreational activities. Graham Public Library offers Free Movie Fridays, *Knitting Club* and *Books over Coffee*. Mebane Public Library is the home of *Knit and Read*, *Mebane Book Club* and bilingual story time. May Memorial, the largest of the public libraries is able to offer the following programs: Kids Book Club, *Lunch Bunch* book club, *Stitch It*, a needle-works group, monthly poetry readings, independent films meant for mature audiences and teen movie Fridays, all programs that are free to county residents.

For sports activities there is a minor league baseball team, the Burlington Royals, along with many middle and high school related events. Tickets to the Burlington Royals range from \$3.50 to \$6.00. Elon University has a full range of varsity sports and offers a variety of these events free to the public, including soccer, baseball and softball.

Other local groups are also becoming more creative with pairing opportunities for recreation with other events. For example, in Saxapahaw, the Saturday Farmer's market has added a variety of musical entertainment and activities for children and families.

Local calendars of events are available in several publications available free of charge. *Piedmont Escapes* is published four times per year and covers events in Alamance County and the surrounding area. *Piedmont Parent*, a monthly publication, prints a calendar of events that includes Alamance and Guilford County events. Burlington Parks and Recreation publishes the *Leisure Living Guide* that lists facilities and events in the local area.



Professionals in their 20s Focus Group suggested that Alamance County should have more opportunities to have activities, such as live music or outdoor movies, as a way to attract more people outside the county to the area, as well as build a stronger sense of community.

Source: 2007 Community Assessment Focus Group

Quality of life is especially important to Alamance County seniors. **Senior citizens can easily become lonely and feel as though they have no purpose. It is estimated that two million seniors nationwide have a depressive illness and another five million may have depressive symptoms (<http://www.nimh.nih.gov/publicat/elderlydepsuicide.cfm>).** The North Carolina Aging Services Plan, prepared by the North Carolina Division of Aging Advisory Group, defines healthy aging as the development and maintenance of optimal physical, mental, and social well-being and function in older adults. It goes on to say that individuals, government, and communities share responsibilities in promoting and maintaining attitudes and behaviors known to advance and preserve health and well-being among older adults. The John Robert Kernodle Senior Activities Center and other county recreation services are used by thousands of elderly individuals who are seeking recreation. **These county services provide a place for health and wellness so that they can maintain or improve good physical health, a place for socialization because many of their family and friends have passed away, a place to attend classes designed for them to maintain mental skills and development, and a place to have fun and to laugh.** In addition to the senior centers, Alamance County also offers multiple social programs and activities, including the Friendship Center which provides adult daycare for citizens with special needs, various senior clubs, Senior Games, garden clubs, and recreation centers that offer education, leisure courses, and trips. Alamance County offers a dynamic array of services to promote physical, mental, and social well-being in older adults which could be expanded as funds are available.

Youth

Education
Tutoring/Mentoring/After-School/Summer Programming

According to the U.S. Census Bureau's American Fact Finder, Alamance County's youth population, those under the age of 19, is 36,686

Alamance County, North Carolina General Demographic Characteristics: 2005

Total population for County	136,552
BY AGE	
Under 5 years	9,343
5 to 9 years	9,991
10 to 14 years	8,869
15 to 19 years	8,483

Education

According to the Alamance-Burlington School System (ABSS) 2007 Information Guide, over the past five years enrollment has increased by 949 students for a growth rate of almost five percent. Currently, the student population is growing by 200 to 250 students annually, and it is anticipated that the school system's enrollment will continue to grow for the next four years. With a current student enrollment in excess of 22,400 students, the Alamance-Burlington School System ranks as the 16th largest school district in North Carolina, and its 35 schools include the following:

- 20 elementary schools
- 7 middle schools
- 7 high schools
- 1 alternative school

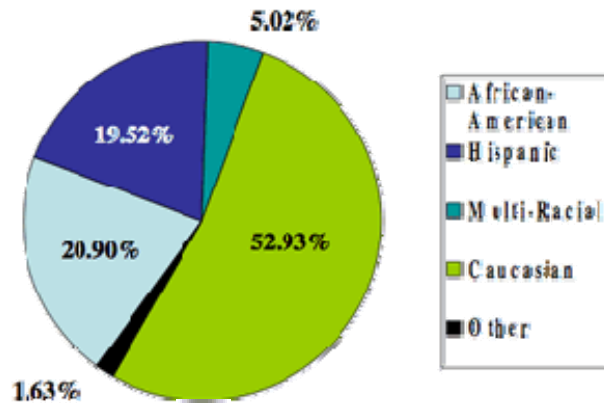


Public education and Preparing Children for their Future (School Readiness) was identified by four key informants as one of the challenges that the county faces and a need that is not being addressed.

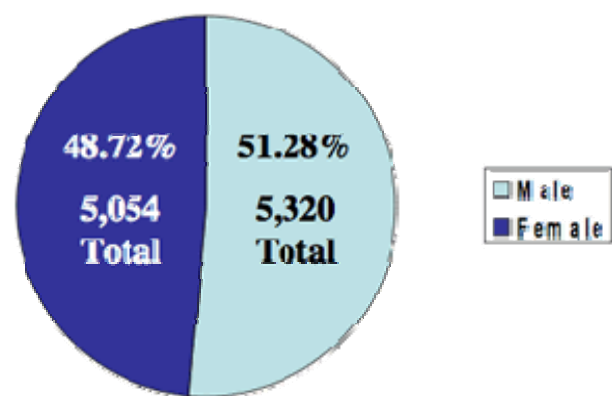
Source: 2007 Community Assessment Key Informant Interviews

Elementary Enrollment Data

Ethnic Breakdown



Gender Breakdown



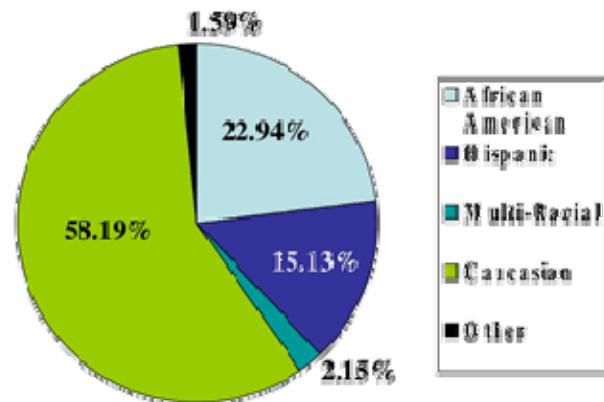
10, 374 students enrolled in grades K-5:

African American	2168 students
Hispanic	2025 students
Multi-Racial	521 students

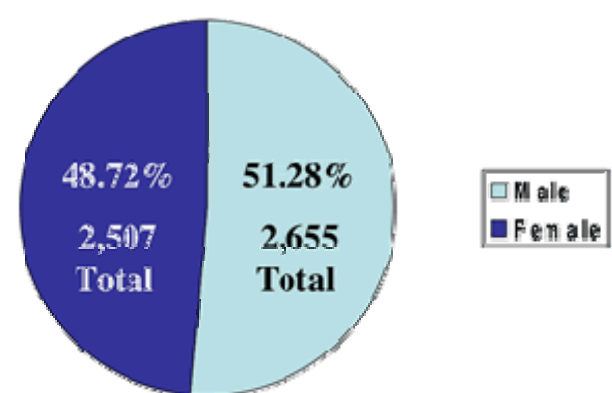
Caucasian	5491 students
Other Ethnic	169 students

Middle School Enrollment Data

Ethnic Breakdown



Gender Breakdown



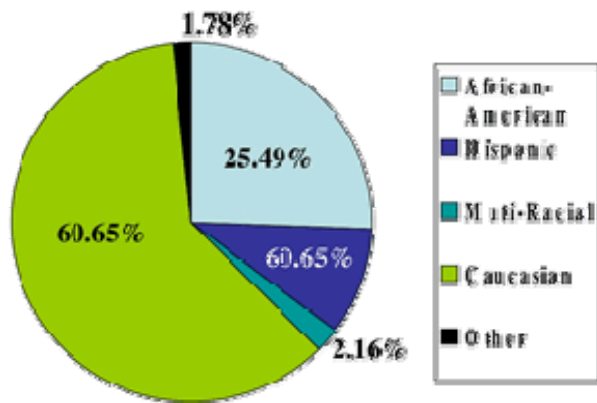
5,162 students enrolled in grades 6-8:

African American	1184 students
Hispanic	781 students
Multi-Racial	111 students

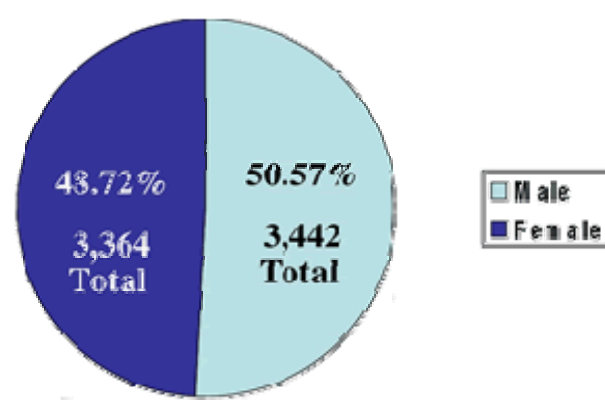
Caucasian	3004 students
Other Ethnic	82 students

High School Enrollment Data

Ethnic Breakdown



Gender Breakdown

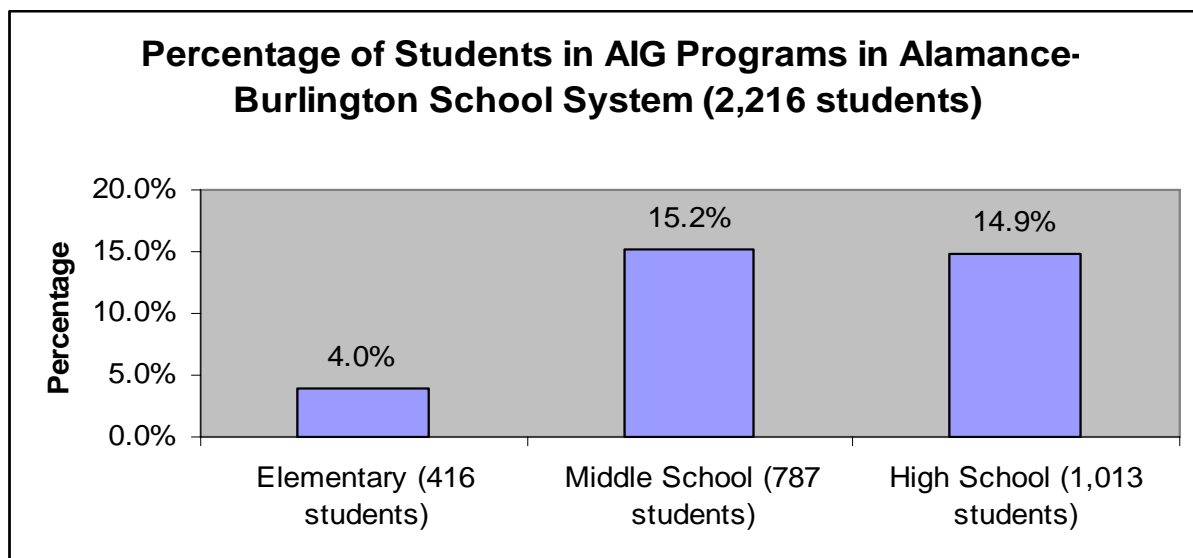


6,806 students enrolled in grades 9-12:

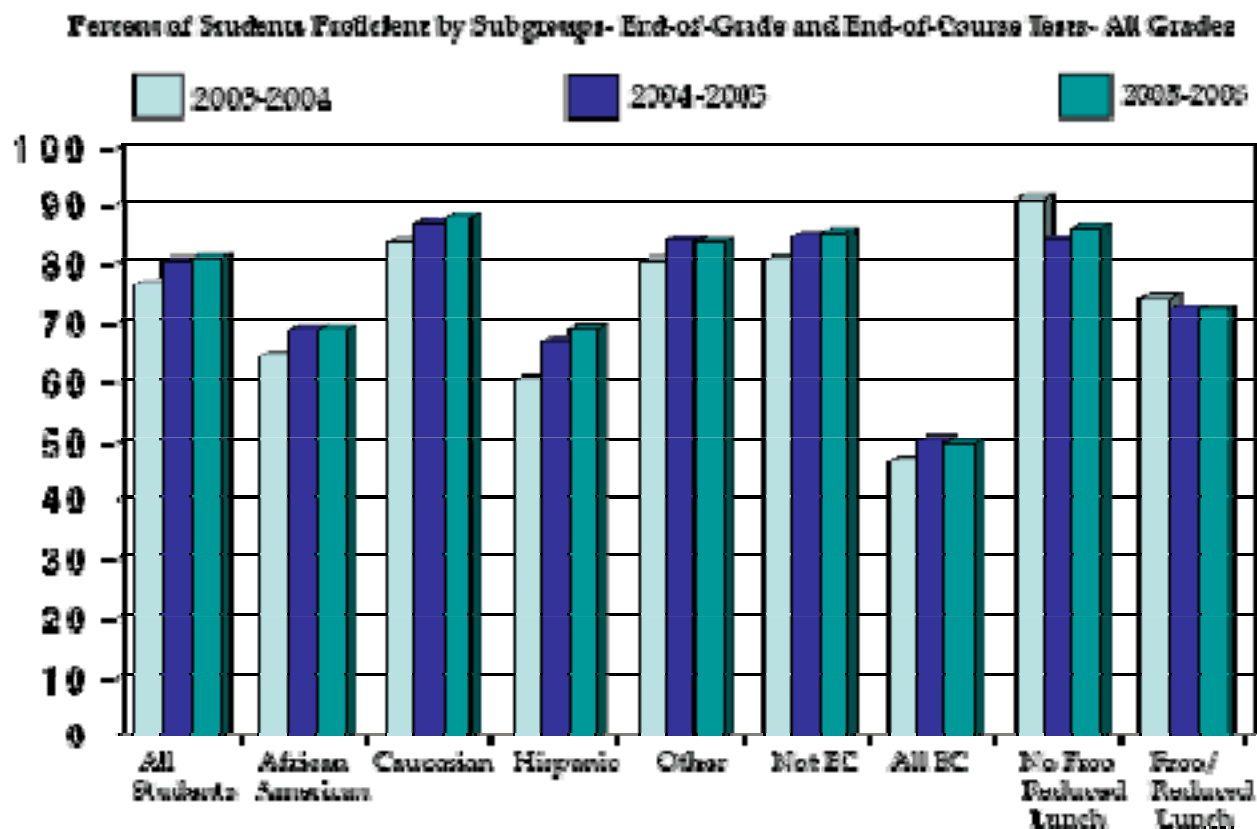
African American	1735 students	Caucasian	4128 students
Hispanic	675 students	Other Ethnic	121 students
Multi-Racial	147 students		

Curriculum division special programs for the ABSS include **Arts Education, At-Risk Services, Career-Technical Education, Grant Development, Media and Technology, Academic Need and What's After High School.** Other programs include:

Academically/Intellectually Gifted



Closing the Achievement Gap



Two key informants identified Gangs in Schools as a major social concern for Alamance County.

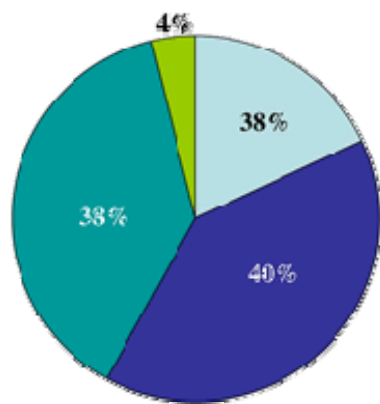
Source: 2007 Community Assessment Key Informant Interviews

Exceptional Children - More than 300 teachers, therapists and teacher assistants serve 3,275 students with disabilities in the Alamance-Burlington School System. In addition, over 224 preschool students with disabilities receive services through the district's pre-kindergarten disabilities program. ABSS also manages the Governor's More-at-Four program in Alamance County and provides services for more than 165 four-year-olds at risk for academic problems.

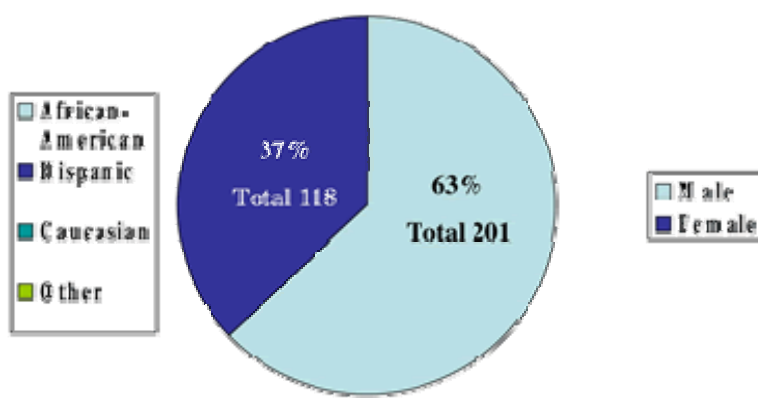
Pre-kindergarten

Pre-kindergarten Enrollment Data: 319 students in 17 Title I/More-at-Four classes

Ethnic Breakdown



Gender Breakdown



Title I - Title I is the largest single federal investment in education and provides money to schools nationwide to improve educational outcomes for students at risk of educational failure. The goal of Title I is to identify students at-risk of academic failure early and to intervene before academic failure becomes a reality. For the school year 2006-2007, Alamance-Burlington School System received three million dollars in federal Title I funds. The amount of funds allocated to ABSS is based upon 2000 census data on the number of families in the county in poverty. Funds must be used to serve students at-risk of academic failure in eligible schools.



Fifty-three percent of Alamance County residents who responded were somewhat satisfied with the Alamance-Burlington School System and thirty-five percent were very satisfied.

Source: 2007 Community Assessment Household Survey

Alamance County Private Schools consist of:

School	Grades
Alamance Christian School	K-12
Bible Wesleyan Church School	K-12
Blessed Sacrament Catholic School	K-8
Burlington Christian Academy	K-8
Burlington Day School	K-8
Friendship Christian School	K-12
The Elon School	9-12
Total Enrollment (Private Schools)	1,215

Alamance County Charter Schools

School	Grades
Clover Garden	K-12
New Century	9-12
River Mill Academy	K-12
Total Enrollment (Charter Schools)	937

Tutoring and Mentoring/After-School/Summer Programming

Alamance Citizens for Education has a Tutoring and Mentoring Program that began November 2006. Tutoring and mentoring is also an integral part of many after-school programs in the county such as Positive Attitude Youth Center, Salvation Army Boys and Girls Club, YMCA, area churches, county and local Parks and Recreation Departments and multiple sites at ABSS schools. Many of these programs offer summer programs and transportation as well. **Various agencies that work with at risk-youth have expressed a need for more mentoring with this population.**

After school in North Carolina, according to the After School Alliance:

- 22%, or 313,398 children, are unsupervised after school
- Only 10%, or 142,454, of North Carolina's K-12 youth are able to participate in after school programs
- 28% of all children not in after school would be likely to participate if an after school program were available
- 78%, or 1,116,304, are in households where one or both parents work outside the home;
- 30% of these children have no adult supervision after school but only 14% are able to benefit from after school programs

21st Century Community Learning Centers (21st CCLC) in North Carolina provides funds for after school programs that serve primarily Title I students. Eligible applicants include schools, community-based organizations, public or private organizations.

Latino Population

Overview
Language and Cultural Barriers
Health
Education
Business Community
Religion
Recreation

Overview

The Latino population of North Carolina is growing at a more rapid rate than any other state in the country, increasing 394% from 1990 to 2000, from 1.04% to 4.7% of the state's population (NC Institute of Medicine). The NC Institute of Medicine Report, which looks at national census data, also states that in Alamance County the growth is especially significant. From 1990 to 2000 the population growth of Latinos was 1,100.4% in Alamance County, or 8,099 people, making it the county with the third greatest increase, behind Cabarrus and Tyrrell Counties (Source: <http://demog.state.nc.us/>). The growth trend has continued in Alamance County since 2000, as the 2006 census data recorded 15,210 Hispanics, or over 10% of the county population. In many ways, the growing Latino community has become one of the most significant changes in Alamance County in the past 15 years.

Language and Cultural Barriers

According to the Times-News (August 30, 2007, Roselee Papandrea, "We Would Still Have Crime"), "There is no doubt that the county's Hispanic population has grown. In 1990, there were 736 Hispanic residents in Alamance County, according to the US Census. By 2006, the number was 14,123." The article continues, "the influx of Hispanic immigrants has made law enforcement officer's jobs more difficult due to the language barrier..." The number of multi-language officers in law enforcement agencies are:

- **Burlington Police Department – 10; 63** who have taken training or Spanish immersion, or speak another language other than Spanish or English. Burlington has **10 employees** who are fluent in Spanish and **1** who speaks Russian and French. In addition, **6 officers** understand Spanish.
- **Alamance County Sheriff's Department – 7**
- **Mebane – 1**
- **Alamance County magistrates, District 15A – 1**
- **Graham – 0**
- **Haw River – 0**
- **Elon – 0**
- **Elon University – 0**
- **Central Communications – 0**

"Hospital (Alamance Regional Medical Center) spokeswoman Tracy Grazyer says providing a staff of translators and a service from AT&T to have translators on call for more exotic languages costs the hospital about \$200,000 a year out of its at least \$164 million budget. The need for translators has been great enough that the hospital had a Spanish-speaking X-ray

technician leave that job to become a medical translator.” (Times-News, August 26, 2007, Isaac Groves, “In Need of a Checkup”).

Health

In 2006, 650 Latinos were admitted to Alamance Regional Medical Center out of 10,000 patients. Out of 50,000 people treated in the emergency room of Alamance Regional, 3,000 were Latino. According to healthcare providers in Alamance County, “The Hispanic population make up 6.5% of in-patients, or those admitted for treatment (at ARMC), and 6% of emergency room patients.”

In 2007, Latinos account for more than 30% of the clients at the Alamance County Health Department. Latino children receive about 30% of the services at the county’s child dental health clinic. According to Alamance County DSS, \$1.6 million in Emergency Medicaid dollars were spent locally on 430 non-citizens in 2006.

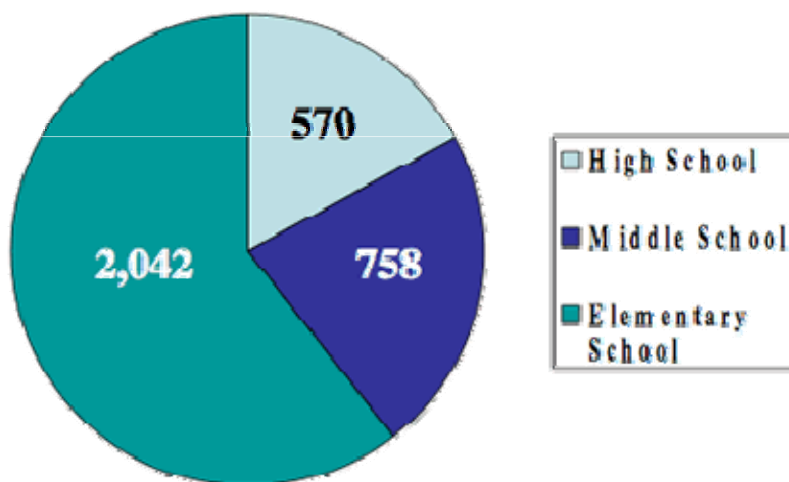
Education

In the 1991-1992 school year, 86 out of 10,358 students in the Alamance-Burlington School System were Latino students. For the 2006-2007 school year, Latino students number 3,477 out of 22,431. 385 out of 410 Latino kindergartners were born in the United States.

There are 49 different languages spoken by students in the Alamance-Burlington School System. Ninety percent of the ESL students for 2006-2007 are Latino. 288 new ESL students were enrolled at the intake center last year, compared to 394 for 2005-2006. It takes three to five years for students to achieve language proficiency at their academic level.

The English as a Second Language (ESL) school population in ABSS has grown from 192 students in 1992 to 3,370 in 2006. Within this number, 2,344 students, or 70%, are limited English proficient (LEP).

ABSS Population of English as a Second Language Students



Source: Alamance-Burlington School System 2007 Information Guide

Alamance Community College offers ESL classes as well. In 2005-2006, 953 people participated in ESL classes at Alamance Community College.

Business Community

A 2006 report by the University of North Carolina at Chapel Hill reported that between 1995 and 2005 Latinos accounted for 35.1% of the state's overall work-force increase, with the construction industry absorbing most of the increase. In those 10 years the Latino work force increased by 241,602, with workers filling one in three jobs created in the state. In Alamance County, there were 4,265 Latino workers in 2000, according to census figures.

The study also found that between 1995 and 2005 the percentage of Latinos who were self-employed in North Carolina increased by 426% while non-Latino self-employment grew 9.8%. More than 4,636 Latino entrepreneurs worked in the professional and business sector while more than 4,284 worked in the field of construction and industry. Combined, these two areas made up more than 76% of the Latino self-employment growth. This has had a great impact on the overall economy in both Alamance County and North Carolina.

According to a 2002 US Census survey of business owners, there were 9,043 Latino-owned businesses in North Carolina, which earned \$1.8 billion in receipts. In 1997, there were 7,270 Latino-owned businesses with an earning of a little over \$1 billion.

In Alamance County, there are about 50 Latino-owned businesses, from convenience stores, bakeries, hair salons and restaurants to accounting firms, medical centers, real-estate agencies and even a taxi cab company. (Times-News, August 28, 2007, Karen Rivas, "Hispanic Entrepreneurs Make Headway")

According to the Times-News article, Hispanic buying power is expected to rise from \$7.4 million in 1990 to \$205 million in 2006, a 119% increase.

Religion

"The Protestant churches are typically small, while a large number of Hispanics are behind part of the rapid growth at Blessed Sacrament Catholic Church in Burlington." "Inglesia de la Comunidad (church) began as a ministry of First Baptist Church on Broad Street in Burlington. The effort grew to involve three other churches: First Baptist of Elon, First Baptist of Graham and First Baptist of Mebane. At Blessed Sacrament Church, the Hispanic population is behind part, though not all, of the explosion of growth the church has seen. About 50% of the church is Hispanic and 50% is Anglo. (3,200 people attend church each weekend at Blessed Sacrament – 50% are Hispanic)" (Times-News, September 2, 2007, Mike Wilder, "Foundation in Faith") "Most...of the Hispanic members at Blessed Sacrament are from Mexico.

Ebenezer United Church of Christ provides space for ESL classes offered by Alamance Community College as part of its community outreach to Hispanics. They also have plans for a community wellness center and will include Hispanics in its vision for the future. Latino children also attend summer camp and pre-school programs at Ebenezer.

Recreation

According to Tony Laws, Burlington's Director of Burlington Recreation and Parks states that, "I see a lot of Latinos using our parks." "Picnic shelters, the City Park playground, and the Mebane Street walking track are the most popular spots. " (Times-News, September 1, 2007, Robert Boyer, "Parks Look to Help Immigrants Feel Part of the Community") Haw River estimates that one out of every six people who utilize the Haw River Park are Hispanic. Since 1990, overall traffic at Mebane's recreational facilities has doubled. Hispanics account for roughly 25% of the increase (of overall traffic in parks.)

Victim Assistance/Community Violence

Domestic Violence
Sexual Assault
Child Abuse and Neglect
Elderly Abuse
Juvenile Crime and Prevention
Safe Exchange

Domestic Violence

In 2005, Family Abuse Services housed 115 unduplicated women and children which is the equivalent of 869 shelter nights. For 2006, they sheltered 136 unduplicated women and children which is the equivalent of 687 shelter nights. Family Abuse Services received 432 crisis calls in 2005 and 448 crisis calls in 2006. The number of clients increased between 2005 and 2006. A recent national survey was done on November 2, 2006 to report domestic violence episodes for that day. North Carolina had 51 out of 90 counties participate in the survey. There were a total of 1,639 victims served on this day, 582 of those victims received emergency shelter and 111 were in transitional housing.

Family Abuse Services is the only agency in Alamance County that provides shelter to domestic violence victims. The staff and volunteers offer 24 hour support to victims of domestic violence and insure the safety of the shelter and its residents.

Sexual Assault

Sexual violence is a serious problem that affects millions of people every year. Its victims are at increased risk of being abused again. Sexual violence perpetrators are also at increased risk of perpetrating again. Statistics about sexual violence vary due to differences in how it is defined and how data is collected. Available data greatly underestimate the true magnitude of the problem. Rape is one of the most underreported crimes. Reporting rates for rape also vary across studies.

The National Violence Against Women Survey (NVAWS) found that only 1 in 5 adult women (19%) reported their rapes to police (Excerpt from CDC, 2006). Thus, the 31 police reported rapes in Alamance County for 2005 indicates that 162 were likely assaulted, based on the rate of underreporting. National data also estimates that 1 in 5 women and 1 in 33 males will be sexually assaulted in their lifetime. Using census data for 2005, it can be approximated that **12,546 female residents, and 1,828 male residents, have or will experience sexual assault in their lifetimes. Nearly 62% (7,754) of the 12,546 Alamance County female victims have or will be assaulted between the ages of 12 and 24.**

In order to develop services for a sexual assault victim it is important to understand the impacts that sexual assault has on an individual, her/his family, friends, and community. First, rape can have serious effects on a victim's physical health and lifestyle choices (Center for Disease Control [CDC], 2006; Cloutier, Martin, & Poole, 2002; Konradi & DeBruin, 2003):

Forty percent of completed rapes result in nongenital physical injuries, approximately 16% result in genital injury, and 3% result in overnight hospital stays. Researchers from the Center for Disease Control and Prevention estimate that from 3.65% to 30% of rape victims acquire

sexually transmitted infections (STIs)...Unwanted pregnancy is another by-product of sexual assault (Konradi & DeBruin, 2003, p33).

Second, short and long-term psychological consequences have been evidenced by sexual assault victims as well (CDC, 2006; Faravelli, Giugni, Salvatori & Ricca, 2004; Konradi & DeBruin, 2003). Faravelli, Giugni, Salvatori & Ricca's 2004 study confirmed that "raped women showed a significantly greater prevalence of post-traumatic stress disorder, as well as sexual, eating, and mood disorders".

Third, physical and psychological effects reach beyond the victim and touch the lives of family and friends. Significant others may be affected by the victim's increased struggle with interpersonal relations, bearing witness to "emotional detachment, sleep disturbances, flashbacks, and mental replay of assault" (CDC, 2006, p. 3). Family members may also be affected by "strained relationships" and "less frequent contact" with the victim that can result from a sexual assault incident (CDC, 2006, p.3).

Last, sexual assault also affects communities in personal ways. Members of a community who are aware of sexual violence, and believe that it is tolerated to some extent, are likely to be at risk for further assaults within the community (CDC, 2006, p.7) and are less likely to seek help. In addition, the psyche of a community riddled with sexual violence is prone to fear, distrust, and disconnectedness as members attempt to protect themselves from a dangerous world. When sexual violence is combined with other forms of violence i.e., drug use or severe illness, as is common in highly poverty stricken communities, children may develop "behavior problems, depression, and anxiety" (Reynolds, 2005, p. 281), while parents may feel "trapped, disempowered, and rage" (Reynolds, 2005, p. 281).

Child Abuse and Neglect

Child sexual abuse is any sexual contact between a child and an adult (or older child) that results in sexual gratification for the adult. Since most children seek approval from adults, they are vulnerable to abuse. The use of physical force is rarely necessary to draw a child into sexual activity. It is generally believed that 1 in 4 girls and 1 in 6 boys will be abused before age 18. The average age at which children are sexually abused is between 7 and 13.

According to the Department of Social Services in Alamance County, 17.6% of 204 substantiated cases in the 2005-2006 fiscal year were sexual abuse cases. That number is likely an underrepresentation due to underreporting; 90% of the time, the child knows her/his abuser and is unlikely to disclose. In addition, the Department of Social Services only investigates abuse perpetrated by a caretaker, which also deflates the reported number. In 2006, CrossRoads served nearly 240 children, which surpasses the number of DSS substantiated cases. Overall child abuse reports increased from 1583 in 2005-2006 to 1790 in 2006-2007.

Elderly Abuse

Last year, Alamance County had a substantiation rate of 21% for adult protective services visits, which is slightly higher than the state average of 18%. This means that there are disabled and elderly adults who do not have the services they need to remain safely in their homes while having their basic needs met. Providing in-home services for vulnerable seniors continues to be a challenge because of the limited resources available for those living at home.

Alamance County has experienced a 100% increase in disabled and elder abuse, neglect and exploitation cases over the past 5 years. According to the NC Division of Health and Human Services Division of Social Services Adult Protective Services Report, the total number of reports accepted for evaluation in Alamance County increased from 37 in Fiscal Year 2001-2002 to 126 in Fiscal Year 2005-2006. The numbers decreased somewhat for fiscal year 2006-2007, with the Alamance County Department of Social Services accepting 75 reports of elder abuse for evaluation. Of those 39 were confirmed mistreatment, 32 were confirmed neglect and 6 were exploitation. As the population ages, a continued increase is expected in the incidence of these reports. Alamance County's population of adults over age 60 is currently at 18%; this rate is expected to increase at least 2% over the next 10 years. In Alamance County, as well as statewide and nationally, most Adult Protective Services (APS) cases confirm self-neglect by females who are over the age of 60. NC Department of Health and Human Services statistics and the Adult Protective Services (APS) 2007 Task Force Report to the NC Study Commission on Aging show a trend of increasing exploitation cases. In North Carolina and Alamance County, exploitation reports now outnumber reports of abuse.

In response to this growing concern, Alamance County has an Adult Mistreatment Awareness Team, of providers that assesses community needs, educates the community and works to increase awareness of these protective services issues. Also, proposed legislation is currently before the General Assembly in Raleigh to enhance the system of protection for vulnerable adults who are at substantial risk. This proposed legislation, if adopted, will strengthen APS service delivery and increase numbers of those receiving protective services, as well as allow for the increase in the number of appropriate referrals to other community based service providers and resources.

Juvenile Crime and Prevention

Incidents of Violence Per 1,000 Students

00-01	01-02	02-03	03-04	04-05	05-06
7.35	6.54	8.37	11.79	7.67	6.2

Source: Alamance-Burlington School System Fast Facts About Our Schools

According to George Sweat, Secretary, NC Department of Juvenile Justice and Delinquency Prevention, in his letter found within the Department's 2006 Annual Report, "Calendar year 2006 was characterized by a number of key highlights, including the beginning of construction for our smaller, more therapeutic replacement facilities and the implementation of a new Department-wide training approach which will transition our current facilities to therapeutic environments for all committed youth."

State Offense & Juvenile Crime Rates by County (Central Area, 2006)

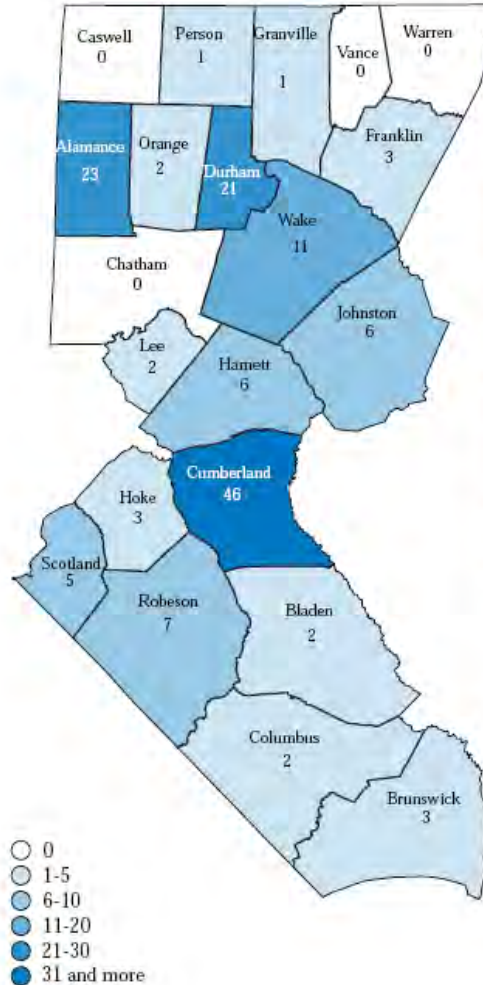
County	Undisciplined Rate Per 1000 Age 6-17	Delinquent Rate Per 1000 Age 6-15	Detention Center Admissions
Alamance	2.19	51.72	165
Bladen	1.88	38.48	67
Brunswick	3.44	54.32	99
Caswell	2.72	33.29	18
Chatham	0.74	16.96	13
Columbus	7.29	37.79	37
Cumberland	2.82	41.68	684
Durham	3.72	25.50	285
Franklin	6.76	46.75	42
Granville	3.89	41.74	44
Harnett	1.08	44.57	58
Hoke	6.16	31.33	90
Johnston	0.66	22.03	40
Lee	4.67	35.17	29
Orange	1.76	27.17	22
Person	4.12	29.40	28
Robeson	4.09	35.17	166
Scotland	9.23	38.74	74
Vance	7.77	26.11	44
Wake	2.23	28.14	703
Warren	5.88	36.36	14
Totals	3.01	33.61	2,722

Top 25 Juvenile Crimes of 2006

Offense	Delinquent Complaints	Percentage of Delinquent Complaints
Simple assault	4,550	11%
Larceny - Misdemeanor	3,341	8%
Injury to personal property	2,446	6%
Simple affray	2,206	5%
Chapter 90 Misdemeanor Drug Offenses	2,179	5%
Injury to real property	2,110	5%
Breaking and / or entering (f)	1,794	4%
Disorderly Conduct at School	1,678	4%
Communicating threats	1,504	4%
Weapons on educational property / aid (m)	1,436	3%
Larceny after breaking or entering	1,234	3%
Resisting public officer	1,066	2%
Assault government official / employee	971	2%
Break or enter a motor vehicle, boat, or aircraft	845	2%
Breaking or entering (m)	826	2%
Felony Drug Offense	748	2%
Second degree trespass	718	2%
No operators license	712	2%
Shoplifting concealment goods	684	2%
Felony Possession of Stolen Property/Goods	678	2%
Possess stolen goods / property (m)	674	2%
Deface grave / grave site (m)	645	2%
Other Class 1-3 Misdemeanors or Local Ordinance	629	1%
Felony larceny	603	1%
Chapter 20 Other Motor Vehicle Offenses	516	1%
Totals	34,793	83%

Youth Development Center Commitments by County in 2006

Area Total: 144



Program Participation*

County	JCPC	SOS	Eckerd	MPJH**	One-on-One
Alamance	538	55	6	4	0
Bladen	73	138	3	0	9
Brunswick	261	548	8	0	0
Caswell	97	54	1	0	6
Chatham	82	77	0	0	11
Columbus	200	74	2	0	10
Cumberland	1,215	0	24	0	34
Durham	374	1,077	4	0	43
Franklin	160	94	3	0	0
Granville	108	0	7	0	0
Harnett	306	72	3	0	21
Hoke	127	29	0	1	0
Johnston	204	115	3	0	0
Lee	98	65	0	0	14
Orange	352	1,074	1	1	6
Person	184	83	3	0	1
Robeson	274	72	7	14	1
Scotland	298	50	1	2	12
Vance	105	55	4	0	0
Wake	1,116	618	51	0	13
Warren	21	47	2	0	5
Totals	6,193	4,397	133	22	186

*Program participation calculated by 2005-2006 school year.

**Multi-Purpose Juvenile Homes

Youth development center commitments reflect the number of youth assigned to one of the State's five secure residential facilities. These facilities provide long-term education, treatment, and rehabilitative services to delinquent youth committed by the court to the Department.

Program admission data reflect admissions to DJJDP funded programs in the community. The Juvenile Crime Prevention Councils (JCPCs) partner with the State to develop community-based services in the following categories: guided growth; counseling; home-based family; psychological; treatment center; restitution; and restorative justice. To learn more about our

The North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP) partners with Juvenile Crime Prevention Councils (JCPC) in each county to galvanize community leaders locally and statewide to reduce and prevent juvenile crime. Alamance County JCPC Board Members are appointed by the Alamance County Board of Commissioners and meet monthly. The meetings are open to the public and all business is considered public information. DJJDP allocates approximately 23 million dollars to these councils annually. Funding is used to subsidize local programs and services. Programs currently funded in Alamance County include:

- **Alamance County Dispute Settlement & Youth Services:** Resolve – Teen Court - Juvenile Work Restitution – Mediation
- **Alamance-Burlington School System:** Summer Achievement Program: Reading Enrichment
- **Positive Attitude Youth Center:** Teen Achievers: After-School Tutoring & Mentoring
- **Alamance County Health Department:** Teen Outreach Program (TOP): Prevention of High Risk Behaviors
- **Easter Seals – UCP:** Volunteer Families for children: Short-Term Respite
- **Christian Adventurers:** Found in Him Ministry: Skill Building Youth At-Risk or Gang Involved
- **Salvation Army:** Street Smart : Life Skills/Gang Prevention
- **Psychological Services: Testing**

Safe Exchange

Family Abuse Services' Visitation Center provides a program of monitored exchanges and supervised visitation.



Child neglect/abuse was chosen as a top concern among two focus groups – Professionals in Their 20s and Latinos - as a major concern in Alamance County.

Source: 2007 Community Assessment Focus Group

Monitored exchange is supervision of the transfer of the child from one parent to the other. **Supervised visitation** is the supervision of visits between non-custodial parents and children when a history of domestic violence, child abuse, or other harmful behavior is present, alleged or undergoing investigation. Monitored Exchange and Supervised Visitation is provided at the Visitation Center, which is a partnership of Family Abuse Services, Healthy Alamance, Burlington Police Department and Department of Social Services. The Visitation Center is also a member of the Supervised Visitation Network. Ninety-seven percent of referrals are from the court system.

In fiscal year ending 2007, 489 safe exchange events and 160 supervised visits occurred at the Visitation Center for over 100 clients. In addition, 727 people received help navigating the legal system and arranging visitation.

Appendix

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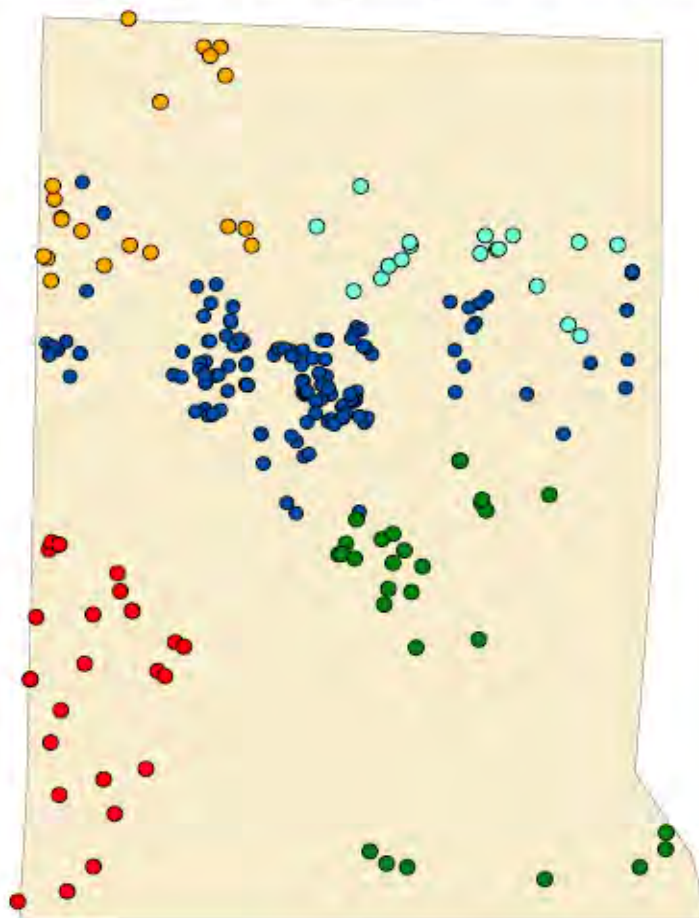
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Survey Statistics

Alamance County Community Assessment Surveys (n=228) by Location



Area of the County

- Southeast (n=28)
- Southwest (n=25)
- Within City Limits (n=136)
- Northeast (n=19)
- Northwest (n=20)

Question 1

Age:

	Number	Percentage
<18	9	4%
18-25	15	7%
26-39	52	23%
40-54	67	30%
55-64	32	14%
65 and older	52	23%
Total	227	

Question 2

Gender:

	Number	Percentage
Male	102	46%
Female	121	54%
Total	223	

Question 3

Race:

Check all that apply

	Number	Percentage
African American/Black	43	18%
Asian/Pacific Islander	2	1%
Hispanic/Latino	15	6%
Native American	8	3%
White/Caucasian	164	70%
Prefer Not to Answer	1	0%
Other	2	1%
Total	235	

Question 4

Marital status:

	Number	Percentage
Married	138	62%
Not Married/Single	49	22%
Divorced	14	6%
Widowed	20	9%
Committed Relationship	0	0%
Prefer Not to Answer	2	1%
Total	223	

Question 5

Highest Education achieved:

	Number	Percentage
Less than High School	29	12%
High School diploma or GED	71	30%
Some College	67	29%
College Degree or Higher	55	24%
Other	11	5%
Prefer Not to Answer	0	0%
Total	233	

Question 6

Household income:

	Number	Percentage
Less than \$20,000	44	20%
\$20,000 to \$39,999	46	21%
\$40,000 to \$59,999	42	19%
\$60,000 to \$79,999	22	10%
Over \$80,000	23	10%
Prefer not to Answer	43	20%
Total	220	

Question 7

Are you currently employed?

	Number	Percentage
Yes	132	64%
No	75	36%
Total	207	

Question 8 **Check all that apply**

If yes, is your employment:

	Number	Percentage
Part-time	20	15%
Full-time	110	80%
More than one job	7	5%
Total	137	

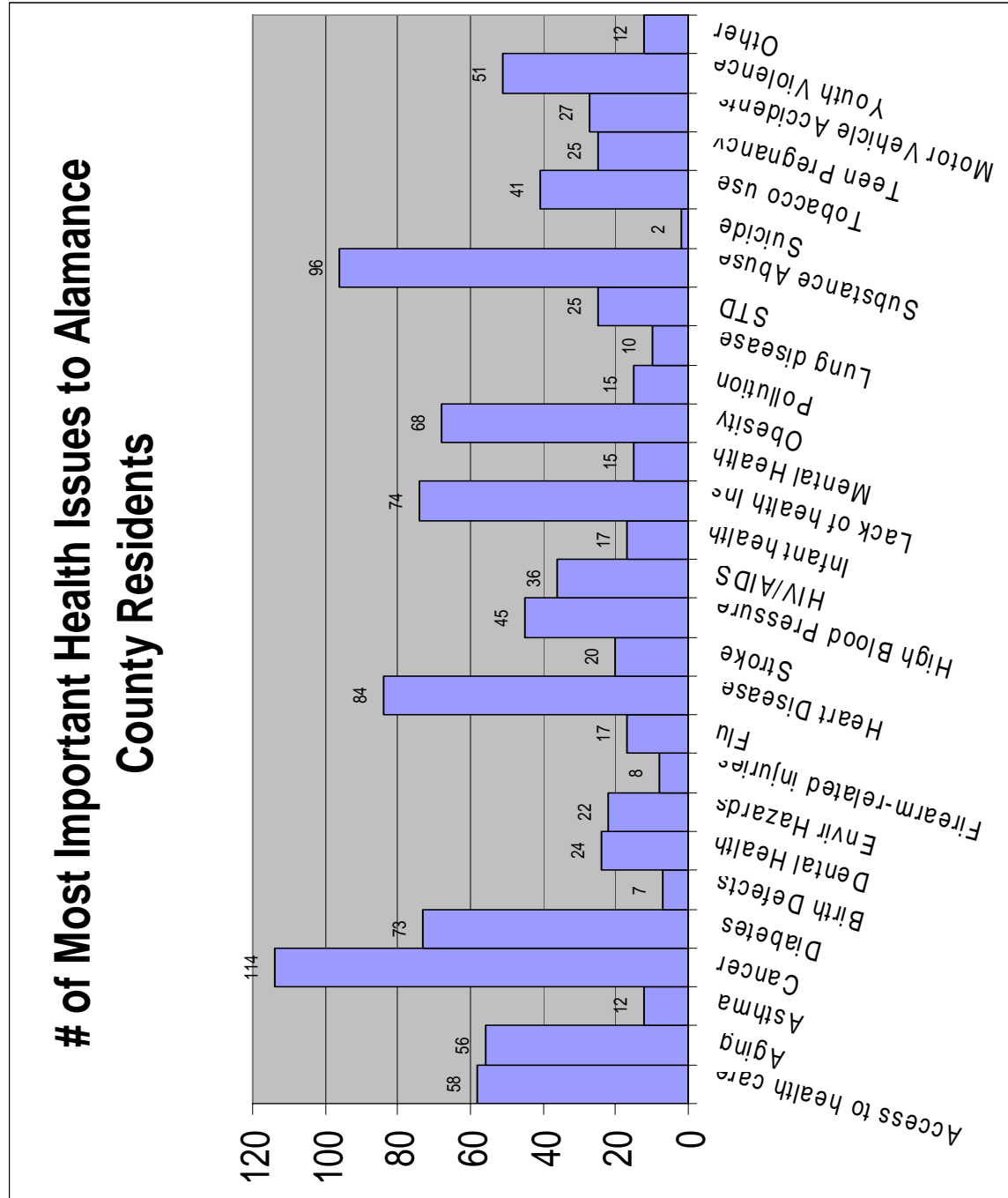
Question 9

Do you:

	Number	Percentage
Rent your home	51	23%
Own your home	147	67%
Live with a relative	21	10%
Live in a shelter or temporary housing	0	0%
Total	219	

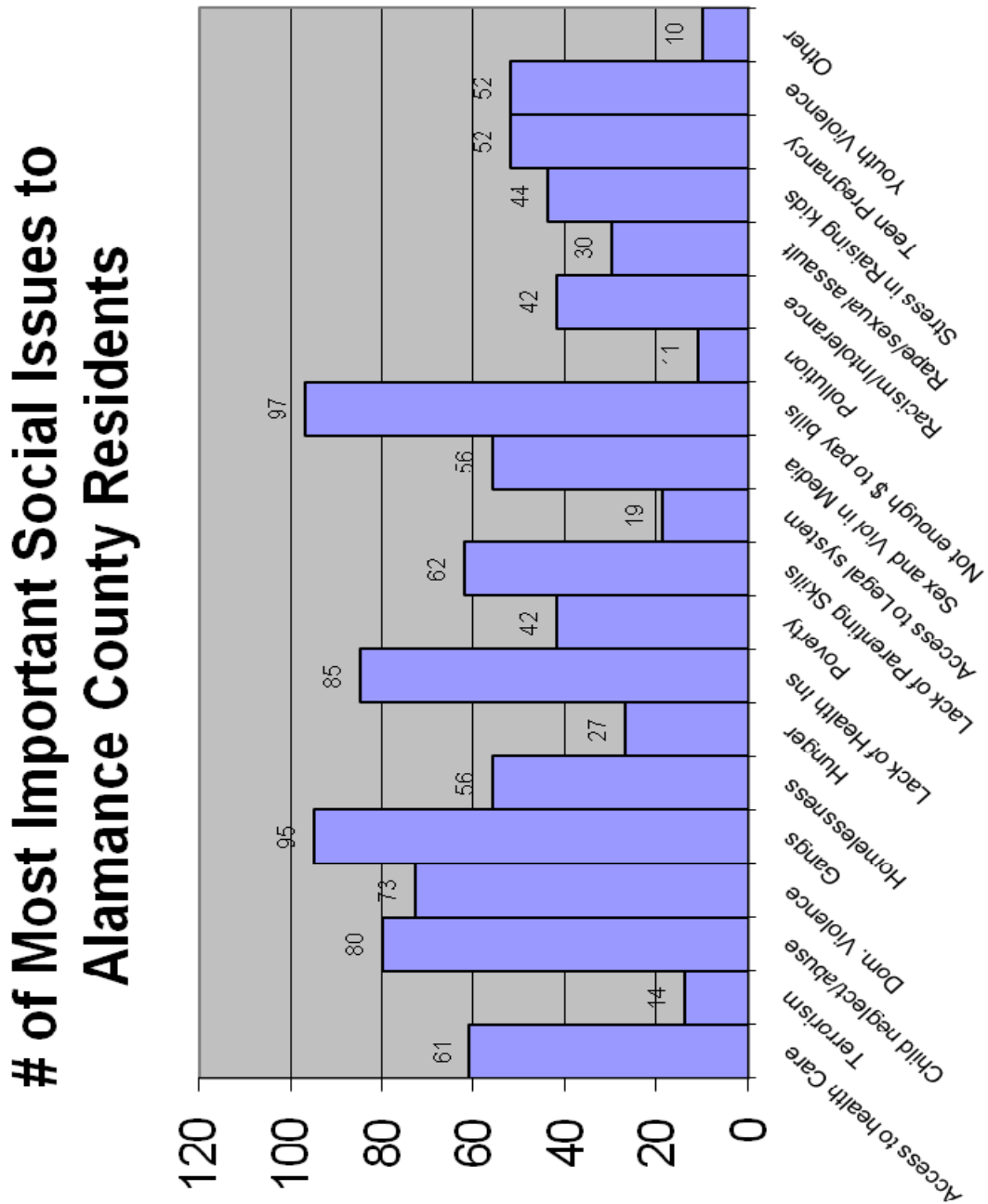
Question 10

The next few questions deal with specific issues. Please look at this list of health issues. **Hand them the laminated sheet #1.** I would like for you to choose the top 5 most important health issues for Alamance County. This question is not asking about you and your family, but which five of these issues most affect our community as a whole. Remember, your answers will not be linked to you in any way. If you think of an issue that is not on the list, let me know and we can type it in. Also, if you prefer me to read the list to you, I can do that as well.



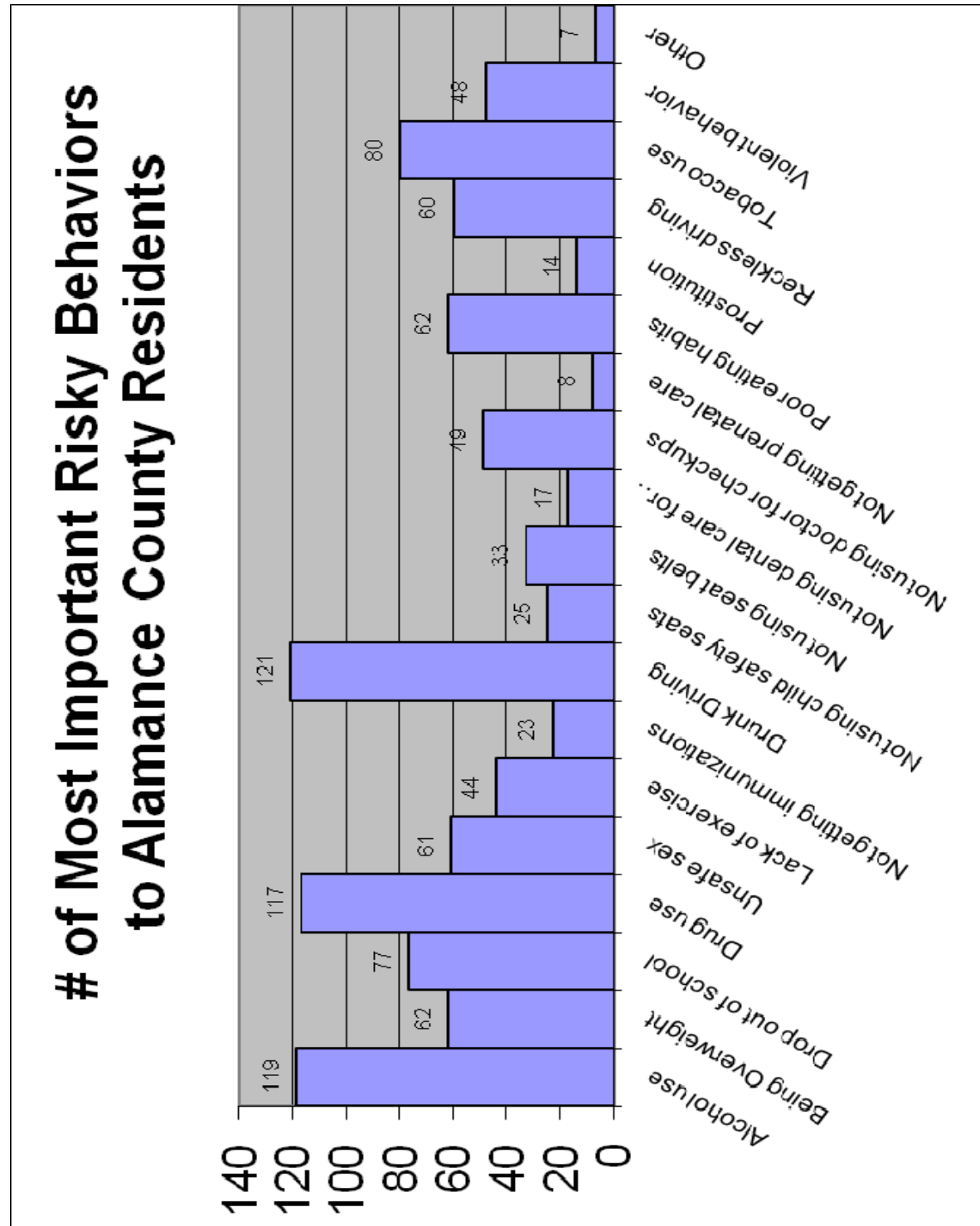
Question 11

Please look at this list of social issues. **Hand them the laminated sheet #2.** Which of these things stand out for you as important social issues in Alamance County? Choose the top five. Again, if you think of an issue that is not on the list, let me know and we can type it in. If you prefer me to read the list to you, I can do that as well.



Question 12

Please look at this list of risky behaviors. **Hand them the laminated sheet #3.** Which of these things stand out for you as significant risky behaviors in Alamance County? Choose the top five. If you think of an issue that is not on the list, let me know and we can type it in. If you prefer me to read the list to you, I can do that as well.



Question 13

How do you pay for health care, for example, when you go to the doctor or emergency room? *If they ask what kind of doctor, reply any kind except dental or eye.* I will read the choices. Let me know which ones you usually do. **Check all that apply**

	Number	Percentage
I pay in full with cash, check, or credit card	32	10%
I pay in installments with cash, check, or credit card	26	8%
Private health ins. I bought for myself	22	7%
Private health ins my employer or my spouse's employer provides	125	41%
Medicaid	26	8%
Medicare	51	17%
Veterans Administration Benefits	10	3%
Other	15	5%
Total	307	

Question 14

About how long has it been since you last visited a doctor for a **routine checkup**?

	Number	Percentage
Within the past year	170	76%
1-2 yrs	22	10%
2-5 yrs	19	9%
Over 5 yrs	10	4%
I have never had a routine check-up	1	0%
Don't know/Not sure	1	0%
Total	223	

Question 15

About how long has it been since you last visited a dentist for a **routine checkup**? ***Do not include times you visited the dentist because you were having problems.***

	Number	Percentage
Within the past year	127	57%
1-2 yrs	33	15%
2-5 yrs	29	13%
Over 5 yrs	30	14%
I have never had a routine check-up	1	0%
Don't know/Not sure	2	1%
Total	222	

Question 16

Was there a time during the past 12 months when you needed to see a dentist, but had trouble getting to one for any reason?

	Number	Percentage
Yes	42	22%
No	137	73%
N/A	9	5%
Total	188	

Question 17

Women: Have you ever had a mammogram?

*	Number	Percentage
Yes	74	86%
No	11	13%
Don't Know	1	1%
Total	86	
*among women over age 40		

Question 18

Men: Have you ever had a prostate exam?

*	Number	Percentage
Yes	34	40%
No	23	27%
Don't Know	1	1%
	58	
*among men over age 40		

Question 19

If a friend or family member needed counseling for a mental health problem, like depression, whom would you recommend they see? **Check all that apply**

	Number	Percentage
Local Mental Health Program	78	21%
Minister/Religious Official	70	19%
Private Counselor or Therapist	77	21%
School Counselor	17	5%

Doctor	64	18%
Support Group	18	5%
Don't know	33	9%
Other	6	2%
Total	363	

Question 20

If a friend or family member needed counseling for problems with alcohol or drugs, whom would you recommend they see? **Check all that apply**

	Number	Percentage
Local Mental Health Program	70	20%
Minister/Religious Official	60	17%
Private Counselor or Therapist	67	19%
School Counselor	9	3%
Doctor	52	15%
Support Group	67	19%
Don't know	20	6%
Other	13	4%
Total	358	

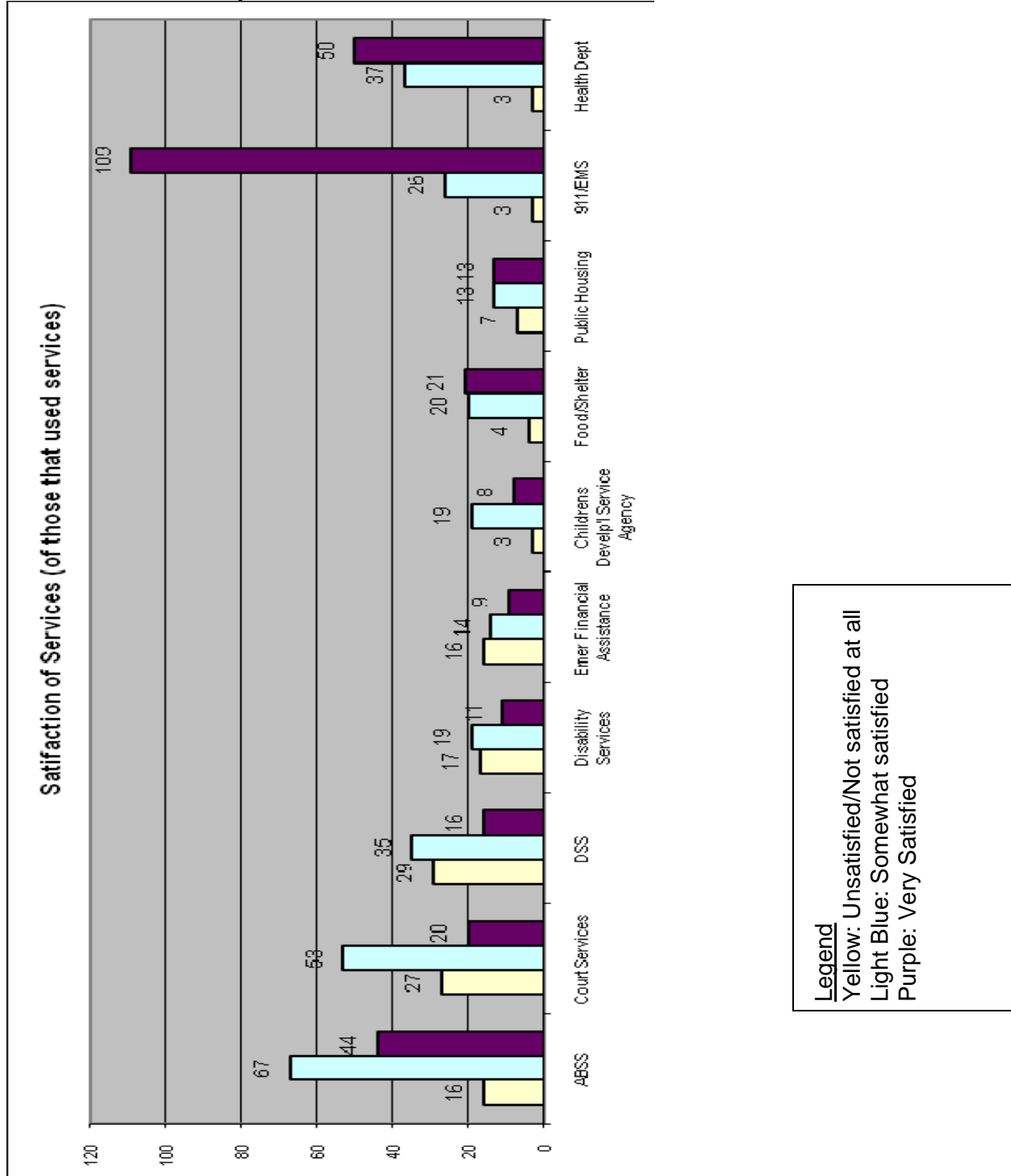
Question 21

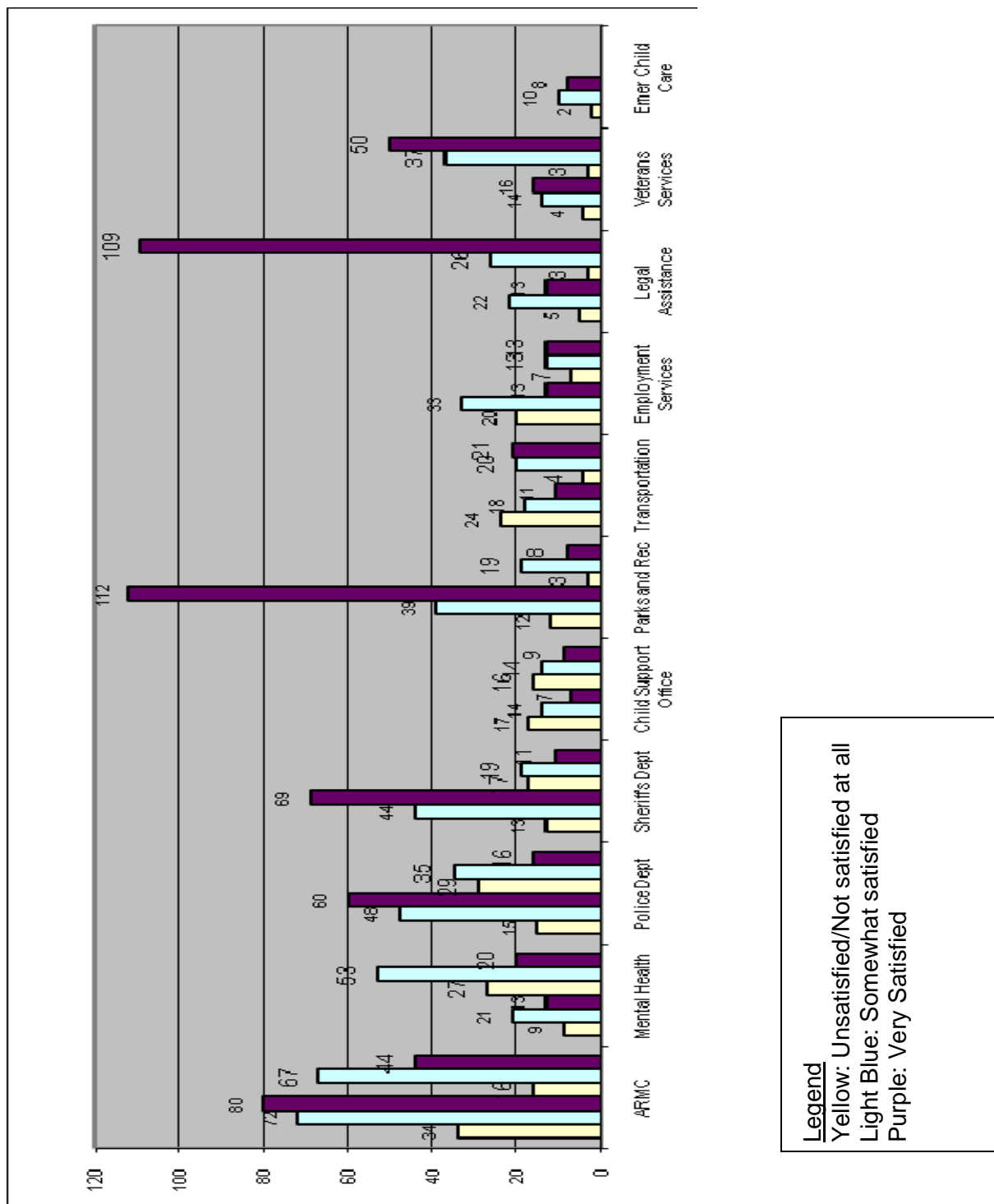
Are you currently caring for:

	Number	Percentage
Elderly or disabled Parent	16	7%
Disabled spouse	3	1%
Disabled child	6	3%
Other elderly or disabled relative	9	4%
None of the above	189	85%
Total	223	

Question 22

Now I will hand you a list of different services within our community. Please rate only services with which you have direct experience. 1 is 'not satisfied at all,' 2 is 'unsatisfied,' 3 is 'somewhat satisfied,' and 4 is 'very satisfied.' **Hand them laminated sheet #4.**





The following questions are specifically for persons over the age of 65. If the person you are interviewing is under 65, please skip to question 29. If you are not sure if they are 65 or older, say: "These next few questions are for people over the age of 65. Does that include you?"

Question 23

If you have grandchildren, do they live with you?

*	Number	Percentage
Yes	2	5%
No	39	91%
N/A	2	5%
Total	43	

*among those over 65 years old

Question 24

Are you the primary financial support for your grandchildren?

*	Number	Percentage
Yes	0	0%
No	29	81%
N/A	7	19%
Total	36	

*among those over 65 years old

Question 25

Who manages your money?

*	Number	Percentage
Self	34	71%
Spouse	7	15%
Sibling	0	0%
Child	4	8%
Grandchild	0	0%
Attorney	0	0%
Financial Advisor	2	4%
CPA	0	0%
Other	1	2%
Total	48	

*among those over 65 years old

Question 26

Are you currently enrolled in Medicare Part D?

*	Number	Percentage
Yes	27	53%
No	23	45%
Don't Know	0	0%
N/A	1	2%
Total	51	

*among those over 65 years old

Question 27

Since you said yes to the last question, how does Medicare part D affect the cost of your prescriptions?

*	Number	Percentage
Made them cheaper	11	42%
Made them more expensive	6	23%
No change	6	23%
Not sure	3	12%
Total	26	

*among those over 65 years old

Question 28

Have you ever split pills to make your medication last longer?

*	Number	Percentage
Yes	7	15%
No	41	85%
Don't Know	0	0%
N/A	0	0%
Total	48	

*among those over 65 years old

Now, this next section is about people with disabilities. If they do not apply to you, we will skip to the next section (question 33). These questions will not be linked back to you in any way, and your answers will be confidential.

Question 29

Do you have a disability?

	Number	Percentage
Yes	28	18%
No	130	82%
Total	158	

If they answered 'no' to the last question, please skip to question 42.

Question 30

Do you require assistance with daily activities of living?

	Number	Percentage
Yes	10	31%
No	22	69%
Total	32	

Question 31

Does the person who cares for you live in your home?

	Number	Percentage
Yes	11	37%
No	8	27%
Don't Know	1	3%
N/A	10	33%
Total	30	

Question 32

Who manages your money?

	Number	Percentage
Self	30	86%
Spouse	1	3%
Sibling	0	0%
Child	1	3%
Grandchild	0	0%
Attorney	0	0%
Financial Advisor	1	3%
CPA	0	0%
Other	2	6%
Total	35	

The following section talks about childcare, teens, and their behaviors. Many of these questions are asking for your opinion or specifically related to your children. If you do not have children we can skip to the next section, (question 39).

Question 33

Do you have children or grandchildren under 18 living in your home?

	Number	Percentage
Yes	81	43%
No	106	56%
Don't Know	0	0%
N/A	2	1%
Total	189	

Question 34

Do you have children in childcare or after-school care outside your home?

	Number	Percentage
Yes	14	19%
No	53	73%
Don't Know	0	0%
N/A	6	8%
Total	73	

Question 35

How much of your paycheck goes for childcare?

	Number	Percentage
More than half	3	6%
Half	4	8%
Less than half	22	42%
None	24	45%
Total	53	

Question 36

In the past year have your children ever not worn a helmet when riding a bicycle?

	Number	Percentage
Yes	30	37%
No	28	35%
Don't Know	3	4%
N/A	20	25%
Total	81	

Question 37

Now I will ask if you have talked about your views and beliefs with your children about certain topics. Have you talked with them about:

*	Number	Percentage
Drugs	72	89%
Alcohol	72	89%
Tobacco	72	89%
Sexual Activity	58	72%
Drunk Driving	55	68%
*out of 81 persons reporting children under 18 in the home		

Ok, we have a few more questions for you. These questions are geared towards every day living issues – this is a mix of questions on a wide variety of topics – we want your opinion.

Question 38

Do you cut back on food due to costs?

	Number	Percentage
Yes	78	40%
No	116	60%
Total	194	

Question 39

Have you planned or spoken with anyone about end of life care or a living will?

	Number	Percentage
Yes	97	49%
No	101	51%
Don't know	1	1%
Total	199	

Question 40

How much of your paycheck do you pay for housing?

	Number	Percentage
Less than Half	0	0%
Almost Half	10	5%
More than Half	6	3%
Half	36	16%
About a third	44	20%
About a quarter	37	17%
Less than a quarter	21	10%
None	55	25%

Don't know	10	5%
Total	219	

These next few questions have to do with the health of animals and nature in Alamance County. Again, just answer as honest as possible. Your answers will not be connected to you.

Ask this only if they own a dog or cat.

Question 41

Is your dog or cat spayed or neutered?

	Number	Percentage
Yes (cat)	38	31%
No (cat)	27	22%
Don't know (cat)	59	48%
Total	124	
Yes (dog)	65	46%
No (dog)	47	34%
Don't know (dog)	28	20%
Total	140	

For the following question, DO NOT read the options. Mark only the ones they say. If the person is having trouble coming up with an answer, feel free to read the answers out to them at that time.

Question 42

If not spayed or neutered, why not?

	Number	Percentage
Cost of spay/neuter	11	27%
Transportation	0	0%
Don't know any local vets	0	0%
Fear pain in my pet	1	2%
Fear personality change in male dogs	2	5%
Want to breed my pet	14	34%
Don't care to spay/neuter	13	32%
Total	41	

Question 43

Is each one of your dog and cats rabies vaccinations up to date?

	Number	Percentage
Yes	105	82%
No	7	5%
N/A	11	9%
Don't know	5	4%
Total	128	

Question 44

If not vaccinated, why not?

	Number	Percentage
Cost of vaccination	2	40%
Transportation	0	0%
Don't know any local vets	1	20%
Fear pain in my pet	0	0%
Don't care to vaccinate	2	40%
Total	5	

Question 45

Where do you dispose of your unused household chemicals?

	Number	Percentage
Landfill	62	27%
Backyard	2	1%
Creek	0	0%
Field	2	1%
Ditch	0	0%
Garbage	76	33%
Other	46	20%
Don't know	40	18%
Total	228	

Question 46

Have you ever in the past year burned your trash?

	Number	Percentage
Yes	48	26%
No	139	74%
	187	

Question 47

Do you have a septic tank?

	Number	Percentage
Yes	114	56%
No	90	44%
Don't Know	8	4%
	204	

Question 48

If so, how often do you have it pumped?

	Number	Percentage
Once per year	9	11%
Once every 3 years	23	28%
Once every 5 years	18	22%
Once every 10 years	18	22%
Once every 20 years	13	16%
	81	

Question 49

Do you have well water?

	Number	Percentage
Yes	97	48%
No	105	51%
Don't know	2	1%
Total	204	

Question 50

If so, have you ever had it tested?

	Number	Percentage
Yes	75	71%
No	9	9%
Don't Know	8	8%
N/A	13	12%
Total	105	



Focus Groups

The second phase of the community assessment consisted of seven focus group discussions conducted with Alamance County community members. The discussions allowed county residents who did not have had the opportunity to participate in the survey phase of the health assessment to express their ideas about pressing issues in the community. Focus group participants were drawn from seven different types of citizens:

- Latinos
- Parenting or Pregnant Teenagers
- Seniors (People over the Age of 65)
- Professionals in Their 20s
- Parents of Teenagers
- High School Teenagers
- Persons who are Unemployed

Each phase in the community assessment is meant to dig a little deeper and get a different perspective on issues affecting the quality of life and the health of Alamance County and its residents. Focus groups are conducted to voice opinions and elaborate on them regarding a specific issue or issues. In this case, seven groups met at different times, between April and May of 2007, to express concerns, strengths, and challenges for the County. Participants ranged in age, race, education, and amount of time living in Alamance County.

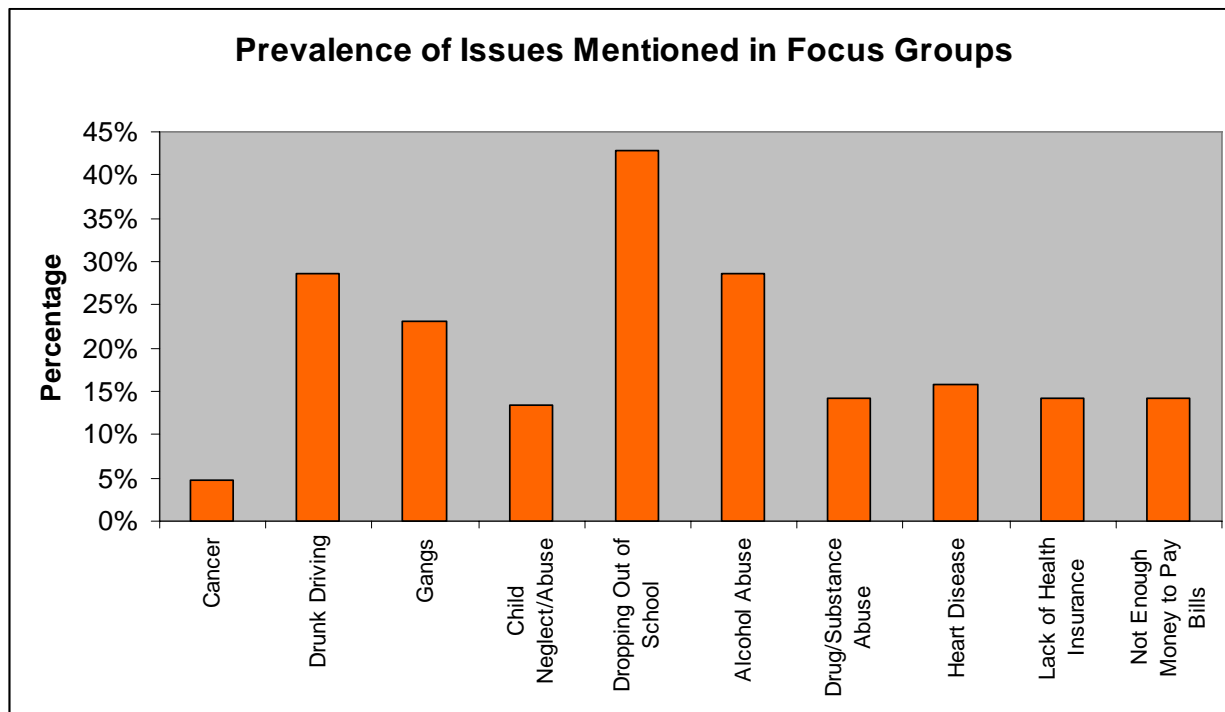
Various topics struck each group differently. As you can see upon reading the results of each focus group, while priorities may vary, some issues were more consistent than others (Table 1). Initially, it was mentioned to try and cross analyze themes between groups. This can be done, yet the results would have to be used with caution. It is not good practice to attempt and generalize themes overall when conducting qualitative (objective) interviews with only seven groups. Instead of looking for themes across groups that have such diverse needs and wants within the community, it is more important to look at themes *within* groups. Yet, there are certain issues that were mentioned more than others, although the context of that issue and how to approach it often varied (Chart 1).

Table 1: Focus Groups and the Top Three Issues They Chose to Discuss

	Seniors	Latinos	High School Teens	Parenting/Pregnant Teens	Parents of Teens	Unemployed	Professionals in Their 20s
1	Gangs	Dropping out of School	Alcohol Use	Dropping out of School	Heart Disease	Not Enough Money to Pay Bills	Child Neglect/Abuse
2	Drunk Driving	Lack of Health Insurance	Dropping out of School	Drunk Driving and Alcohol Use*	Substance Abuse	Alcohol and Drug Use *	Drunk Driving
3	Cancer	Child Neglect/Abuse and Drunk Driving*	Gangs	Drug Use	Dropping out of School	Lack of Health Insurance	Gangs

* Indicates where two issues had the same number of responses.

Chart 1



Focus groups were moderated by community volunteers who had been trained beforehand on proper facilitating techniques. A professional within Alamance County, who has conducted over 300 focus groups herself, led the half day training, and then allowed volunteer facilitators to practice and refine their skills in a setting where they could get constructive feedback. Ideally, all focus group participants would have been randomly selected from the population that they identify with, yet through time constraints there is a selection bias as to how groups were chosen. In most cases, convenience was the number one way of selecting groups; for example, the Latino focus group was conducted during an English as a Second Language (ESL) class that regularly meets anyway.

The following is a systematic approach to looking at the qualitative (opinion) data. The reports can help policymakers and service groups to better understand the opinions and motives that may drive their specific target group. While these are the opinions of a few members of each group and should not be generalized to everyone, it is a good starting point to analyze and implement programs that may affect a specific population.



Focus Group – Latinos

Introduction

Alamance County, like most of North Carolina, has experienced a sizable growth in the Hispanic/Latino population. According to the Census, Latinos make up 10.1% of the county population, a 49% increase since 2000 and a 60% greater proportion than the state. This rapidly growing demographic group has been received with mixed reaction.

On May 5, 2007, a focus group was conducted at the Mosaic Center in Saxapahaw. The group consisted of eleven participants, all of which identified as being Latino/Hispanic. Participants knew one another as it was a group that meets regularly for English as a Second Language (ESL) classes sponsored by Alamance Community College (ACC). The group was lead by one of the ESL instructors, and the group seemed to feel comfortable, which helped to elicit discussion.

It is important to note that this focus group and their responses are should not be generalized to all persons in the Hispanic/Latino community. Although they were enrolled in an ESL class, most of the participants spoke fluent English, which may affect their perceptions of Alamance County differently than those that may not understand English. Similarly to most of the other focus groups, this group was meant to target a minority group that is considered marginalized. If we are to assess the community, it is important to hear the opinions of those that often do not have a voice. Of the eleven participants, six were male and five were female.

Methodology

The participants were all members of ACC's ESL class and were not required to contribute, as this particular meeting was not affiliated with the normal class. Approximately two-thirds of the group participants were new residents to the county – those that had lived here for less than five years. The group was intended to gain a more in depth understanding from the Hispanic/Latino community to some of the issues that were derived from the community surveys. Fourteen concerns – chosen from the top five responses in Questions 10, 11, and 12 in the survey – were posted in order to guide the discussion:

- Alcohol use
- Cancer
- Child neglect/abuse
- Diabetes
- Domestic Violence
- Dropping out of school
- Drug use
- Drunk driving
- Gangs
- Heart disease
- Lack of health insurance*
- Not enough money to pay bills
- Substance Abuse
- Tobacco use

*Lack of health insurance was listed as a top Health concern and Social concern.

Nominal group technique was used quickly to involve all participants and elicit discussion. Participants were given three stickers and asked to identify three of the 14 issues that were

most important to them by placing a sticker next to the issue. After every participant had placed their stickers next to three issues, the three that received the most stickers were extrapolated and discussed. All groups were asked the same four questions, in the following order, and one question specific to the group:

1. Why do you feel these are the most important issues in the county?
2. What are some of the causes of these three issues?
3. How do they affect you and your family?
4. What are some ways to address these issues locally?
5. The community assessment for Alamance County is trying to find out not only how the community is doing, but how we can improve the community. Can you all think of services in the community that are not currently available that would be beneficial to Latinos and feasible to create?

Results

The top concerns chosen by the Latino group were:

- Dropping out of school
- Lack of health insurance
- Child neglect/abuse and Drunk driving (had equal number of stars)

Why do you feel these are the most important issues in the county?

Dropping out of school

- Leads to gangs and unemployment
- This is not always encouraged

Lack of Health Insurance

- Forces people that already have little funds to pay out of pocket for medical care
- Those with small problems do not get them checked initially and the problems end up worse and they have to pay more later
- The school system is where I get most of my information on health care – from the information my children bring home

Child neglect/abuse

- People do not speak up to law enforcement about others they know that abuse children
- Wives/children do not know the legal implications; they may not say anything for fear of not being protected by police, yet they do not want their spouses or partners to go to jail or get deported and leave them alone with no support to raise children, so they say nothing

Drunk driving

- Those that do this seem to think they know what is best for them; they do not pre-plan how they will get themselves home

What are some of the causes?

Dropping out of school

- Lack of information about why it is important to stay in school
- There is little pressure from parents to stay in school
- The culture some of us are from does not encourage school; work is more important
- Government in Mexico is less likely to reward people with better careers, so there is little motivation
- Do not fit into “normal” American society, so they get into gangs
- Lack of opportunity when they are not legal

Lack of Health Insurance

- Simply put, it's very expensive
- Child neglect/abuse
- Stress

How do they affect you and your family?

Dropping out of school

- Some people think that when they finish high school there will be more competition for jobs that they will not get, so they take jobs as they come – to get a jump start on that competition
- It can go from one generation to the next. Women get pregnant younger, due to lack of education about protection/abstinence, and must stay home to care for children.
- Childcare is expensive, older siblings must stay home to care for younger siblings

Lack of Health Insurance

- Get sicker and cannot get out of medical bill debt

Child neglect/abuse

- Younger mothers and fathers that have unwanted pregnancies and do not know how to raise children, and this causes more stress

What are some ways to address these issues locally?

Dropping out of school

- Need to place more bilingual persons in positions that would help understand feelings from a different culture
- There can be more opportunities to give local scholarships for Alamance County children to go to college

Lack of Health Insurance

- Need more free clinics in Alamance County
- Need more information to navigate the health care field
- Education about why preventive check-ups are important

Child neglect/abuse

- Help people to learn more self-respect and deal with personal stresses better

Drunk driving

- Get people more information about other forms of transportation home and harder restrictions

Specific question: Services to benefit Latinos?

- Distribute information through churches and grocery stores; these are good locations
- There seems to be a glass ceiling for persons in the minority to get good jobs
- It would be nice to have a one-stop-shop to get information in regards to health, fire, police, school, etc.
- Saving money seems hard to do, and it would be nice to understand and know how to do this
- Access to tax services; even English-speaking persons have a hard time navigating the systems set up in this country
- More access to ESL classes

Discussion

Simply navigating services is often difficult for those that do not consider English their primary language. It is important to recognize that this group, who is learning English, may have a common conceptual framework of what is important in order to reside in Alamance County that may go beyond learning the language. Also, this cohort may have greater access

to resources that are not transferable to the entire demographic they represent by the sheer fact that they are present at this group. Again, this group's motivation to learn English may also explain answers that they felt were important in this focus group discussion that may be different than what another group of Latinos in Alamance County may consider important.

There are themes that emerged from this focus group. Many of the answers could be attributed back to cultural differences from their home country to the United States. Very few responses were targeted at Alamance County, specifically, and many seemed to address the struggle to maintain their identity and culture from their country of origin while simultaneously living and experiencing life in Alamance County.

This information is interesting to keep in mind for organizations that are serving this community, as well as others from different cultures. Education and navigating resources were the underlying issues, rather than creating new programs. This group was not speaking for the entire Latino population, but it is important to recognize their concerns about culture when implementing services that are meant to serve Alamance County residents.



Focus Group – Parenting/Pregnant Teens

Introduction

The United States has far more teen pregnancies than any other industrialized nation in the world. Very few of these pregnancies are planned, and while this is a national problem, it is important to take vital steps locally to address it. There has been an increase in the number of teens in Alamance County who have become pregnant in the past two years, according to the North Carolina State Center for Health Statistics. For those ages 15-19 years old, there are 64.2 pregnancies per 1,000 teens in the county. This is slightly higher than the state rate, which is 61.7 pregnancies per 1,000 teens. Trends have shown that teen pregnancy rates have declined in the U.S. since 1990 by approximately 28 percent. Fortunately, the birth rate, abortion rate, and pregnancy rate among teens has decreased in North Carolina since 1988. While these rates have dropped, this does not mean that teenage parenting is no longer an important issue in Alamance County.

A focus group was administered on April 17, 2007 at the Exchange Club Family Center of Alamance. There were nine participants that were either teen mothers or pregnant at the time the group was held. About half of the participants were African-American and the other half were Caucasian. Most of the participants in this group knew one another prior to meeting for this group. They all seemed comfortable with one another and group “norms” had all been established prior to this focus group.

While this group is a diverse group of teens within Alamance County it is important to understand that their opinions and responses to these questions are not necessarily true for all teens experiencing pregnancy or those that are parenting. The purpose of focus groups is to draw out common themes among a specific population; this group, in particular, was brought together to talk about issues that concern pregnant and parenting teens. Information from this focus group can also help organizations to work towards preventing teenage pregnancy, as well as help those that are currently experiencing teen pregnancy and teen parenting.

Methodology

All focus group participants were enrolled in school and met monthly as a parenting skills group. These participants were not required to attend this group, and it was not mandatory for them to express their opinions. The group was intended to learn about how teenage parents prioritize issues affecting the county. Fourteen concerns – chosen from the top five responses in Questions 10, 11, and 12 in the community survey – were posted in order to guide the discussion:

- | | | |
|-----------------------|--------------------------|---------------------------------|
| • Alcohol use | • Dropping out of school | • Lack of health insurance* |
| • Cancer | • Drug use | • Not enough money to pay bills |
| • Child neglect/abuse | • Drunk driving | • Substance Abuse |
| • Diabetes | • Gangs | • Tobacco use |
| • Domestic Violence | • Heart disease | |

*Lack of health insurance was listed as a top Health concern and Social concern.

Nominal group technique was used quickly to involve all participants and elicit discussion. Participants were given three stickers and asked to identify three of the 14 issues that were *most important to them* by placing a sticker next to the issue. After every participant had placed their stickers next to three issues, the three that received the most stickers were extrapolated

and discussed. All groups were asked the same four questions, in the following order, and one question specific to the group:

1. Why do you feel these are the most important issues in the county?
2. What are some of the causes of these three issues?
3. How do they affect you and your family?
4. What are some ways to address these issues locally?
5. Statistics have shown that teens that have had one pregnancy are at a higher risk to have a repeat pregnancy. Why do you feel this is the case?

Results

The top concerns chosen by the Parenting/Pregnant Teens group were:

- Dropping out of school
- Drunk driving/alcohol use
- Drug use

Why do you feel these are the most important issues in the county?

Dropping out of school

- It does not help the county to have a successful future as a whole, as well as for the individuals
- A person is a lot less likely to receive a good job when they drop out of school

Drunk driving/Alcohol use

- Adults purchase alcohol for their children. They say it is ok as long as it is supervised; this is a problem
- It's more common
- Alcohol causes other problems and leads to other bad, sometimes worse, behaviors
- People use this as a way to escape from their problems and their lives

Drug use

- People can lose everything when they are addicted to drugs
- The behaviors of the person changes and they are willing to do anything for money to support their drug habit
- One can lose self-respect
- Drugs can lead to jail or death
- This can lead to health issues

What are some of the causes of these three issues?

Dropping out of school

- Having a baby
- Problems at home, such as domestic violence issues, that are more immediate to deal with than school
- Laziness
- Having the wrong group of friends
- Drug use
- Stressed teachers do not want to deal with "harder" students, so they sometimes encourage students to drop out

Drunk driving/Alcohol use

- Peer pressure from friends
- Depression or other mental health problems
- People around here start at a young age and they become dependent on it

Drug use

- Peer pressure
- One use can lead to addiction
- People may not have a feeling of self-worth

How do they affect you and your family?

Dropping out of school

- Less people in the community will know how to read, as well as know other more common [life] skills
- One is more likely to have children that will follow in their footsteps and also drop out of school
- If you do not set a good example, and are lazy, others will also be lazy and quit school
- One participant had a friend that dropped out and is now a waitress and doing the homebound program, which she feels is not as good of an experience as staying in school

Drunk driving/Alcohol use

- There are a lot of people in Alamance County that drink and drive
- Many of the participants' friends drink and drive often
- People often make stupid decisions when they drink
- It ends up being negative on the entire family, not just the one individual
- Can lead to drug use, pregnancy
- Affects all people that are on the road

Drug use

- One participant's mother had to give up her children because she was so addicted to drugs
- My child's father cannot help support his child because all of his money goes to drugs
- This issue affects everyone
- Your kids may follow in your footsteps; you should want to do the best for yourself and your family

What are some ways to address these issues locally?

Dropping out of school

- Talk to friends and convince them to stay in school
- If people put you down, use that as motivation to stay in school
- Find friends that will want you to stay in school
- Teachers need to be more positive and encouraging, they are sometimes just as bad as friends and family about putting students down
- Teachers need to learn not to give up on students, sometimes when they label us bad or troubled, it later ends up being true
- Provide daycare at school
- A better homebound program while a person is out for six weeks having a baby, currently the transition back into school is hard

Drunk driving/Alcohol use

- Teach more adolescents to turn down alcohol, this will make it less likely they will drink and drive
- There should be limits to how much alcohol you can buy at one place or at one time
- Stores should have stricter regulations on selling alcohol

Drug use

- Create easier access to rehabilitation services and better advertising for these treatment services
- Have more police patrolling streets and catching those who sell drugs
- Have friends and family step up and say something before the problem gets out of control
- Instead of simply stigmatizing those that use drugs, take action to get them help
- Think about each individual as a family member

Specific Question: Repeat Pregnancy?

- One participant knows a girl who has three babies and she is 21 years old and thinks she is pregnant again.
- One needs to protect oneself
- Teens get pregnant again because they do what guys want them to do, they get pressured to have sex
- Not staying on birth control
- Some girls did not learn anything from the first experience and are just not responsible in general
- Some girls think that they need a man to raise their child, so they are willing to have sex in order to keep a guy around
- They need someone to support their baby
- Some people simply get pregnant easier than others because of hormones

Further questioning: What can be done about the issue of repeat pregnancies?

The father needs to be involved in the baby's life

- I think that everyone needs a mother and father figure in their life
- A good father can be an example of the boys that girls should pursue
- It is important to keep in mind that all people come from different types of homes and some people have just been put into harder situations than others
- People could volunteer to keep teen's babies so they can get out - but we would need to trust them
- All agreed education will help them provide for their kids to give them better
- One shared about teaching their kids that they should feel good about themselves so they won't give in to guy's pressures and compliments

Discussion

The parenting/pregnant teen's focus group examines the perspectives of Alamance County issues and teen issues through the perspective of those experiencing pregnancy or parenting as a teenager. Teen pregnancy and parenting create noteworthy social problems within any community, as the severity of the consequences is greater for both the teens as well as their children. Parenting and pregnant teenagers are a vulnerable population that often requires more support networks. Rather than "punishing" pregnant or parenting teens as a way of deterring other adolescents from becoming pregnant, it is important to educate children before they engage in sexual activity and clearly explain the risks and consequences.

The focus group was a good source of empowerment for these teens, as the group came together in expressing their voice. As the discussion went on and everyone felt comfortable speaking, participants began to express stronger emotional responses. Throughout most of the discussion, participants said relatively little about the importance of family involvement until the final question about repeat pregnancy.

The participants represent only a subsection of Alamance County's pregnant/parenting teen population. Unfortunately, there were not any Latino participants or teen fathers present in the group. This would have given a more diverse and distinctive perspective being mindful of cultural and gender differences.

Those that have one pregnancy are often at greater risk to have a second. This phenomenon can be attributed to a person's attitudes about contraception or structural barriers to information about pregnancy prevention. Some believe that repeat pregnancy risks are greater because that teen may feel a sense of hopelessness, or "it's too late for me" attitudes. The themes following this question seemed to focus on pressures to have sex and self-esteem issues. These participants also spoke a lot about teachers' influences and the importance of talk about it. Education starts with family and teachers. Friends have a large influence on behaviors, but if educating teenagers about appropriate decision-making begins early, they may make more informed decisions when certain situations arise. Regardless of whether that education focuses on abstinence or practicing safe sex, building one's self-esteem will help them make more positive choices.



Focus Group - Seniors

Introduction

On April 5, 2007, a focus group was conducted at the Kernodle Senior Center (KSC). The group consisted of nine participants over the age of 65. Participants were welcomed by the facilitators and told briefly about the community assessment. Most mentioned that they had lived in Alamance County all of their lives, while a few had moved there within last three to five years. This group was selected because in Alamance County, person's over 65 represent 13.2% of the total population (11.7 % for North Carolina, according to the 2005 Census), and this group is growing. As the Baby Boomer generation continues to age, it is important to understand current services and issues of those in this age group.

It is important to note that this focus group and their responses should not be generalized to all persons in the over 65 cohort group. All of the members of this group seemed in relatively good health. Most all of the participants led independent lifestyles and at the time of the focus group were able to make time to participate. Research has shown that social isolation, whether by choice or otherwise, affects many people over 65 years old. Of the nine participants, one was African-American and eight were Caucasian; also, one was male and eight were female.

Methodology

After the group assembled, everyone stated their name and how they had heard of the focus group. Most of the participants used the KSC resources prior to the group and were invited by a friend to the group, while others were interested in Alamance County. The group was intended to gain a more in depth understanding from those over 65 to some of the issues that were derived from the community surveys. Fourteen concerns – chosen from the top five responses in Questions 10, 11, and 12 in the survey – were posted in order to guide the discussion:

- | | | |
|-----------------------|--------------------------|---------------------------------|
| • Alcohol use | • Dropping out of school | • Lack of health insurance* |
| • Cancer | • Drug use | • Not enough money to pay bills |
| • Child neglect/abuse | • Drunk driving | • Substance Abuse |
| • Diabetes | • Gangs | • Tobacco use |
| • Domestic Violence | • Heart disease | |

*Lack of health insurance was listed as a top Health concern and Social concern.

After seeing the list of 14 issues, they had expressed additional concerns about three subjects in particular: animals not being properly cared for; trash in the yards; and neighbors that do not keep their houses and yards clean.

Nominal group technique was used quickly to involve all participants and elicit discussion. Participants were given three stickers and asked to identify three of the 14 issues that were *most important to them* by placing a sticker next to the issue. After every participant had placed their stickers next to three issues, the three that received the most stickers were extrapolated and discussed. All groups were asked the same four questions, in the following order, and one question specific to the group:

1. Why do you feel these are the most important issues in the county?

2. What are some of the causes of these three issues?
3. How do they affect you and your family?
4. What are some ways to address these issues locally?
5. Of the people we surveyed that were over the age of 65, 52% of them are enrolled in Medicare part D. What are your thoughts about Medicare part D?

Results

The top concerns chosen by the people over 65 group were:

- Gangs
- Drunk driving
- Cancer

Why do you feel these are the most important issues in the county? And what are some of the causes?

Gangs

- Drug dealers have found a haven in Burlington
- Gangs destroy property and post graffiti around town
- Law enforcement needs to tighten up in order to deal with gangs
- Drugs and gangs seem to be filtering into the schools
- Children are not getting support from family, and neighborhood gangs substitute where families fail.
- This is all coming in beyond the county, from the interstate

Drunk Driving

- Drug use is getting bad and those involved with drugs have no regard for other people
- Many people that get pulled over are repeat offenders

Cancer

- Seems like number of people with cancer has mushroomed
- Did not hear so many people having it 30 years ago. Technology has helped to detect it earlier
- Pollution is a problem. We need to all be more mindful about our driving. Factories also are a factor. It will take everyone.
- Everyone knows at least someone with cancer. It makes me worry about passing those things on to family members.
- Many employees at local industries got cancer

How do they affect you and your family?

Gangs

- We have established a high tolerance nowadays with what is acceptable from our children
- The children know that parents cannot punish them as harshly, so they are more likely to get away with a lot more
- Goes back to how we train and teach our children

Drunk driving

- This could impact any of us at any time on the highway
- If these people are not punished harshly the first time, they are liable to do the same again

Cancer

- Hereditary plays an important role in cancer and it is important for family members to get checked

- Do not ignore the signs of cancer, and be sure to let family members know

What are some ways to address these issues locally?

Gangs

- Have specific police officers working solely on gang related issues
- Need more support from the community members
- Collaborating with neighboring counties
- Elect officials that see the importance of this issue

Drunk driving

- Stiffer fines and/or jail time
- Take away car and license
- Use power as a senior to petition
- Give those convicted community service duties
- Close bars earlier

Cancer

- Be proactive about getting screened
- Need more money put in research
- Eat better and be aware of additives to food and water.

Specific question: Medicare Part D?

- Government can negotiate – there are political ties with congress and pharmaceutical companies
- Pills are too expensive
- Medicare Part D is only beneficial if you do a lot of research; it was confusing at first but it gets better if you have time to learn about it
- It is hard to know who's advice to take for certain plans
- Long term care health insurance is high

Discussion

This group consisted of older citizens who seemed to have adequate access to resources and enjoy generally good health. As such, they represent only a subsection of Alamance County's elderly population. Participants were not asked to reveal their political affiliation, religious beliefs, or their economic status; although this information would have been interesting to further understand their points of view.

There are themes that arose from this focus group. Many of the issues and stories that were discussed seemed to give the impression that many of the problems in our community come from outside the county. In regards to drunk driving, this group stated that there needs to be stricter laws. At this time, gangs are a growing issue in Alamance County and the surrounding areas. This focus group states that gangs need to be stopped before they can come into our community. When asked to discuss cancer, this group agreed that prevention and more money need to be placed in research.

It is interesting that of the three issues this group chose to discuss, only one of those was directly related to health (Cancer). Again, one may assume that these participants were experiencing better health at this life stage than some. Research states that as a person gets older, they often become more socially isolated and introspective. The discussion seemed to suggest otherwise as the group seemed socially aware of activity in the community. It is nice to hear that the population that has the highest voting percentage is also knowledgeable about their home, Alamance County.



Focus Group – Professionals in their 20s

Introduction

Persons in their 20s (from ages 20-29) make up 13.5% of Alamance County's population. The 2005 Census shows that those ages 25-29 compose the second smallest group of working adults in Alamance County behind persons 55-59 years old. There are two schools for secondary education in the county, Alamance Community College (ACC) and Elon University. The perception in the county is that many professionals in their 20s are more likely to go to neighboring communities, such as the Triad or the Triangle for employment after finishing school. In order to diversify the workforce in the community, as well as keep local residents from moving to other areas, this focus group was conducted to hear the opinions of young professionals in the county.

The focus group was conducted on April 25, 2007 at the May Memorial Library in downtown Burlington. The group consisted of six participants, all of which were Caucasian females and the ages ranged from 25-29 years old. Half of the participants were raised in Alamance County while the other three had moved here during their late teens or 20s.

It is important to note that this focus group and their responses should not be generalized to all professionals in their 20s in Alamance County. This group's perceptions of Alamance County may be very different than another group of residents that are of this age group and in the labor force. This population is a group that may be at an age to start a family or consider settling into a community they can call "home." While professionals in their 20s is not necessarily seen as a vulnerable group in the county, this group was conducted to hear potentially innovative or creative ideas that may appeal to all ages. Their perceptions of the county, along with what they may value and prioritize in a place to live, are important in considering activities and programs that focus on quality of life issues.

Methodology

The participants were recruited through the Community Council listserv as well as word-of-mouth through the Community Assessment team asking colleagues and friends who may know someone that fits the criteria to participate in this group. This group had been rescheduled on two different occasions due to lack of participant sign-up.

There was one facilitator and two note takers present in this focus group that recorded participant's responses. The group was intended to learn more about those working and/or living in Alamance County that are in their 20s based on some of the initial responses from the community surveys. Fourteen concerns – chosen from the top five responses in Questions 10, 11, and 12 in the survey – were posted in order to guide the discussion:

- Alcohol use
- Cancer
- Child neglect/abuse
- Diabetes
- Domestic Violence
- Dropping out of school
- Drug use
- Drunk driving
- Gangs
- Heart disease
- Lack of health insurance*

- Not enough money to pay bills
- Substance Abuse
- Tobacco use

*Lack of health insurance was listed as a top Health concern and Social concern.

Nominal group technique was used quickly to involve all participants and elicit discussion. Participants were given three stickers and asked to identify three of the 14 issues that were *most important to them* by placing a sticker next to the issue. After every participant had placed their stickers next to three issues, the three that received the most stickers were extrapolated and discussed. All groups were asked the same four questions, in the following order, and one question specific to the group:

1. Why do you feel these are the most important issues in the county?
2. What are some of the causes of these three issues?
3. How do they affect you and your family?
4. What are some ways to address these issues locally?
5. What do you feel like can be done to help retain people in their 20s to stay in Alamance County? What do you see as pros and cons to being a resident at this stage in your life?

Results

The top concerns chosen by the Professionals in their 20s group were:

- Child Abuse/Neglect
- Drunk Driving
- Gangs

Why are these important issues in Alamance County?

Child Abuse/Neglect

- There were 263 new cases of child abuse in the county last year
- Once the cycle starts it is hard to stop
- Feeds into other areas of concern
- DSS had 63 cases of abuse case that were substantiated last year, which is different from what another person stated
- That is almost one per day between the two agencies

Drunk Driving

- Because many people drive to Greensboro or Chapel Hill to go out for drinks, they do not always plan for ways to get back to Alamance County, so they drive themselves
- Many participants know some people that drink and drive
- People do not always see the harm in it; one person knew someone who was pregnant and drank and drove

Gangs

- There is a specific high school that gangs have become a big issue
- Kids are starting to fear going to school
- Gangs are a growing problem, some due to influx of new demographics
- Graffiti is noticeable
- Seems that Hispanic kids feel like they have to join.
- One participant says there are 15 identified gangs in Alamance County
- Kids feel so much more pressure now to join gangs
- There are empty industrial buildings that are often used for graffiti
- This issue is only going to get worse

What are the causes of these issues in Alamance County?

Child Abuse/Neglect

- Low income families do not educate kids about birth control, then they have kids, and cannot take care of them
- No insurance for kids that are unplanned, but they are human beings and they require a lot of money to take care of them properly
- Lack of education to kids on how to protect themselves, studies show education can help

Drunk Driving

- There is not enough to do locally, so many people drive distances to drink alcohol
- People see a lot of this type of behavior in the media and feel it is not that big of a deal
- Young people think they are invincible.

Gangs

- There is a new skate park that is a potential haven for gangs
- Population getting larger, Latino Population growing, which leads to gangs growing and kids feeling like they need to fit in
- Gangs can be a sense of family to some kids who don't come from strong families
- Going to park is dorky nowadays

How do these issues affect your family?

Child Neglect/Abuse

- Child abuse can affect all families
- A child who is abused can have certain behaviors that they will take with them to school and have the potential to affect other students
- This can impact all kids, indirectly

Drunk Driving

- One participant's younger sister admits to drinking and driving which adds an extra stress on the family
- Anyone who drinks and drives can hurt others that are on the road by running into them

Gangs

- Where is it safe to send kids?
- What schools and what areas in the community are safe?
- One participant who works with a middle schooler states that most people would be shocked by what kids know and do at school these days

What are some ways to address these issues?

Child Neglect/Abuse

- This is a hidden issue, people need to see who the offenders are in the newspaper
- Those who do it are often repeat offenders
- Educate parents, children, and teens
- Creating focus groups helps get people aware
- More activities in the community that are family oriented

Drunk Driving

- When caught, need strict guidelines of what is going to happen such as losing one's license
- Put people's names in the newspaper who get caught
- Need something other than a breathalyzer in a person's car if they have been convicted of drunk driving

- How many chances should people get? It is currently too easy to get out of it
- Have someone who has been convicted to speak to groups and teach them not to do it

Gangs

- We need to get back to being a community, it takes a community to raise a child, which can help all issues
- Kids are going to gangs for things that they cannot get elsewhere; we need to address this at a community level
- Awareness and education
- Volunteering and mentoring
- Town needs something for kids to do, be active in positive stuff verse negative stuff
- Jail Visits for students
- More police force involvement in the school system
- Getting more churches back involved might help

Specific Question: Retaining young professionals in Alamance County

- Arts Around the Square and the Carousel Festival used to be big events in the area but are not any longer
- In Raleigh and Charlotte they have bands and picnics or videos in the park
- Arts are leaving the schools and music, get people together for an outdoor concert
- Other towns have done other community activities such as showing old movies on the side of buildings that attracts all ages
- Mebane and Graham have some music things occasionally
- The decisions made in the county are not always progressive in thinking about future families and things that may appeal to younger families
- One participant states that Charlotte has a reputation as a place to be if you are single while Alamance County has many persons in their 20s that are not in professional jobs
- One participant states that there are not places to go out in Alamance County for this age group, such as restaurants or clubs, and those that are in existence do not appeal to this group
- It is possible to have these without creating a risky environment in town
- To put down stakes one needs a good job that are not as prevalent in the county as in neighboring counties
- Another way to retain professionals is to have a better transportation system that goes to Guilford and Orange Counties
- Alamance Crossing will bring young professionals to the area, so potential is there for group to increase, but how to keep them is questionable.
- Moving back to Alamance County after living in Greensboro is more affordable for housing and taxes, but still commuting for work
- Alamance County is a good place to live to be close to cities but not necessarily to work in

Additional areas that this group would have liked to discuss further:

- Non-smoking restaurant campaign, it was a big idea that recently has been a success we could take the same approach with some of these issues
- Sexual violence is a huge issue for this county, one shared surprised it wasn't on the list of issues.

Discussion

There were some significant themes and a few drawbacks to this focus group. All of the participants were Caucasian and female, which may influence the answers and opinions that may not accurately represent all professionals in their 20s working in Alamance County. Through the language that the participants used, many of them did not seem “included” in the community. Most of their social networks had them traveling to neighboring counties for entertainment activities. Educating community members and making them aware of social issues seemed to be the first steps this group suggested to make.

Another theme that this focus group talked about was the importance of focusing on children and adolescents in the county. According to the participants, children and teenagers are an at-risk population that needs more attention. Many of the solutions proposed by the participants to the three issues they focused on included community activities and getting people involved in Alamance County.

Younger generations are much more globally and spatially minded in how they communicate with other people. Retaining 20-somethings in Alamance County, as suggested by the participants, will include bringing more professional jobs to the area, entertainment, and easy access to other neighboring towns. This is applicable for the county to consider when attracting business to the area and other planning projects.



Focus Group – Parents of Teenagers

Introduction

Research has shown that children raised with supporting parental figures are more likely to do better in school, have better self-esteem, and less likely to get involved with drugs and other risky behaviors. As one administrator for the Alamance-Burlington School System stated, “teens mirror the community and one can determine how the county is doing by how we treat the youth.”

This focus group was conducted to gain a better understanding of parental concerns surrounding issues of teenagers in Alamance County. Community agencies are constantly assessing the support resources to better serve their populations. Hearing the perceptions of teen lifestyles from parents gives service agencies more insight into what is important to parents. This does not always fall in line with what are important issues to the teenagers, but it helps to know what programs are or would be useful – with the encouragement from parents. Teenagers, as a group, face many pressures and influences that can lead to negative decisions regarding their own health and social behaviors. Parents play a key role in enforcing positive activities and teaching their children to make good choices for themselves.

Families that have teenage children in the household vary, as far as social support, upbringing, family size, access to services, and socioeconomic status. In fact, the term “family” has been redefined and can mean many different things, while the functions and roles of certain family members can also be very diverse. Studies do show that immediate family plays an important role in influencing an individual’s decisions; second only to the individual themselves. Within the past fifteen years, high school teenagers are experiencing a greater sense of competition to do better in and outside of school. Teenagers are often trying to juggle school work with part-time jobs and/or extracurricular activities. Family support is important to manage these tasks and help teenagers deal with pressures, yet at the same time, parents are working longer hours resulting in less time to spend with their family. Parents of teenagers have their own pressures of coping with work, managing one or more children at home, and the adjustment of their adolescent’s development as well as their own developmental changes in midlife.

This small group of parents cannot be representative of all parents/guardians of teenagers, yet their discussion and responses are still important to consider when working with parents of teens, or with teenagers themselves.

Methodology

The participants were recruited by word of mouth in the community and in the school system to attend this focus group. Recruiting efforts for this group were difficult, as it was rescheduled two times due to poor attendance. The Alamance County Community Assessment Committee tried recruiting through listservs of their specific businesses, yet there was little to no response. Finally, the Community Assessment Committee decided to move forward with the group, although only three participants attended. This group consisted of three parents – all mothers – of high school teenagers. Participants were not asked to state the number of children they had in the household or the age(s) of their children. Members were not required to attend and there were no incentives for participants to comment or speak. The group was intended to gain a more in depth understanding from the perspective of parents raising high school aged children to the issues that were derived from the community surveys. Fourteen concerns – chosen from the top five responses in Questions 10, 11, and 12 in the survey – were posted in order to guide the discussion:

- Alcohol use
- Cancer
- Child neglect/abuse
- Diabetes
- Domestic Violence
- Dropping out of school
- Drug use
- Drunk driving
- Gangs
- Heart disease
- Lack of health insurance*
- Not enough money to pay bills
- Substance Abuse
- Tobacco use

*Lack of health insurance was listed as a top Health concern and Social concern.

Nominal group technique was used quickly to involve all participants and elicit discussion. Participants were given three stickers and asked to identify three of the 14 issues that were *most important to them* by placing a sticker next to the issue. After every participant had placed their stickers next to three issues, the three that received the most stickers were extrapolated and discussed. All groups were asked the same four questions, in the following order, and one question specific to the group:

1. Why do you feel these are the most important issues in the county?
2. What are some of the causes of these three issues?
3. How do they affect you and your family?
4. What are some ways to address these issues locally?
5. Of the people we surveyed that have kids in the home, 77% of them state they talk to their kids about drugs and alcohol use. How do you feel about Alamance County teens surrounding the issue of drugs and alcohol?

Results

The top concerns chosen by the Parents of teens group were:

- Heart Disease
- Substance Abuse
- Dropping out of school

Why do you feel these are the most important issues in the county?

Heart Disease

- Nationally a problem, obesity is a problem
- People need to get more involved in physical education
- People's eating choices are not good
- Schools are seeing that nutrition in schools is an important issue to focus on

Substance abuse

- Other problems stem from this – such as crime, young mothers, and drunk driving
- Seems easy for kids to obtain drugs
- It is a form of entertainment for some

Dropping Out of School

- Everyone needs to graduate
- They need to teach about the importance of education in order to survive
- Not graduating increases the crime rate
- This can lead to many other problems as well

What are some of the causes?

Heart Disease

- Recreational activities help parenting issues
- TV
- Computer use
- No one goes outside as much anymore

Substance Abuse

- There are not enough activities in the area to keep our children busy
- There are programs for when children get in trouble, but nothing to address it before it becomes a problem
- Seems to be a lack of role models for our kids
- Some parents allow their kids to drink at home

Dropping Out of School

- There are a lot of programs for high achievement students and low achievement students, but few for middle ground students
- Big gaps between honors classes and regular classes
- Family issues come first
- Not having the resources at home for homework and projects, like computers
- Teenage pregnancy

How do they affect you and your family?

Heart Disease

- People need to make a decision to do something about your own weight
- YMCA family membership offers classes
- Parents should lead by example
- Parents need to inspire children to care about health
- If parents have problems such as cholesterol, kids see the steps the family take to control that problem

Substance Abuse

- It is always important to talk to kids about this, even if you do not think it is an issue
- It can destroy your life and other's lives
- Media shows this type of behavior all over the place
- Every choice affects your entire life
- Parents that allow alcohol even when underage can only lead to other bad decisions when the parent is not around
- Even when people are of age, need to not make it a temptation, moderation is okay
- Responsibility is key

Dropping Out of School

- One participant has told her child it is not an option
- Show kids different careers – good and bad – and tell them that their choices now determine choices later
- Too hard to live if you drop out
- Important to show what things cost
- One idea is to have the child make a budget with pretend professions and salaries, then they will see the reality of basic expenses

What are some ways to address these issues locally?

Heart Disease

- Pedometer—county-wide student incentive
- Like reading programs, except for jumping rope like the presidential fitness test
- Kids listen to doctors – have them send the message
- TV commercials are a problem

Substance Abuse

- Good role models, mentors- someone who is older but not parent
- Good programs already in schools
- Parent and peer influences – recognize how you act around your kids
- Know where your kids are going – most parents just drop kids off
- Has to start with parents
- Struggles occur when there is only one parent present
- Educating us parents is important on what is going on
- While sometime you do not want to address things until the kids are older, it may be too late

Dropping Out of School

- Guidance at school does not seem to have enough manpower
- More programs like middle college
- Magnet programs, although it seems the county is not currently interested
- Need more resources for our school system
- Need other creative solutions
- Do not need more 'cookie cutter' schools
- Disconnect between middle and high school, especially with science
- Big leap at such a critical age
- Better communication between middle and high schools
- Have programs that link trades with school credit
- It seems to be tougher to graduate in North Carolina – this is both good and bad
- Address those kids that will be more likely to drop out if there is a hunch

Specific Question: Feeling about teens in Alamance County concerning drugs and alcohol?

- Participants all felt that they addressed this question in above responses

Discussion

The dynamics between parents and kids often change as the children go through their teenage years. It is a time when family relationships shift and boundaries are redrawn. As Stephen Small and Gay Eastman state in "Rearing Adolescents in Contemporary Society: A Conceptual Framework for Understanding the Responsibilities and Needs of Parents," parents of teenagers are likely to feel inadequate and more anxious as their children develop their own personalities and often are establishing their independence.

This focus group only consisted of three participants. As stated in the Methodology, the recruitment for this group was difficult. Many parents that showed interest in attending simply could not due to conflicts with their own schedule or their kid's activities. Strangely enough, this information from the "non-participants" can give us further insight into the lifestyles of many parents of teens. They still had some common themes that they concentrated on. One theme emphasized the importance of parents to take an active role in their child's life. This has become a tougher assignment as parents are working longer hours to keep up with their children and be available to them. And dual wage earner families are not different.

Another theme was the role of education to address their top three important issues they selected. This group stated that heart disease should be addressed in a preventive way, by asking more doctors to talk with kids about heart health. Substance abuse issues could be addressed by offering mentoring services to teens at risk or those already dealing with drugs or alcohol. Some of the solutions the group selected for addressing dropping out of school are currently in place, yet many could be reinforced and strengthened, such as the magnet programs, middle college, and more options for vocational advancement.

One of Alamance County's greatest strengths, according to the Key Informant Interviews and other community members, is the sense of community and kinship. Research will show that the traditional household, of a mother-figure and father-figure, seems to have the most positive outcomes on adolescents. Yet, as the family definition continues to change and parents and teenagers rely on other person's to be role models and support, this community has the resources to readily adapt to these changes. Using what is known in research and what is known about Alamance County, programs can be developed that continue to support both the parents of teens as well as the teens themselves.



Focus Group – High School Teenagers

Introduction

Teenagers, those between the ages of 13-18, make up approximately 9.4% of the population in Alamance County. This population has not seemed to grow at the same rate as the overall population. More is expected of youth nowadays; many teenagers balance jobs, school, and other extracurricular activities while at the same time trying to make appropriate choices that will affect their future. In Alamance County, gangs are a growing problem, and pressures from family and friends create more stress for teens to make good decisions.

A focus group consisting of eight teenagers, seven females and one male, was conducted on April 24, 2007 at the Health Education building next to the Health Department. Four Alamance County high schools had a representative at this focus group. While this cross section of teenagers from different parts of the county is helpful to create a clearer picture of high schoolers' concerns in the county, these responses cannot be oversimplified to explain the issues affecting all high school teenagers in Alamance County. Those that attended this group could potentially have commonalities as to how they perceive the world around them that other teenagers experience differently.

This cohort group was chosen to better understand the concerns and opinions of the teenagers in Alamance County.

Methodology

The participants were recruited by school counselors and other faculty in the school system to attend this focus group. Members were not required to attend and there were no incentives for participants to comment or speak. The group was intended to gain a more in depth understanding from the high school age population to the issues that were derived from the community surveys. Fourteen concerns – chosen from the top five responses in Questions 10, 11, and 12 in the survey – were posted in order to guide the discussion:

- Alcohol use
- Cancer
- Child neglect/abuse
- Diabetes
- Domestic Violence
- Dropping out of school
- Drug use
- Drunk driving
- Gangs
- Heart disease
- Lack of health insurance*
- Not enough money to pay bills
- Substance Abuse
- Tobacco use
-

*Lack of health insurance was listed as a top Health concern and Social concern.

Nominal group technique was used quickly to involve all participants and elicit discussion. Participants were given three stickers and asked to identify three of the 14 issues that were *most important to them* by placing a sticker next to the issue. After every participant had placed

their stickers next to three issues, the three that received the most stickers were extrapolated and discussed. All groups were asked the same four questions, in the following order, and one question specific to the group:

1. Why do you feel these are the most important issues in the county?
2. What are some of the causes of these three issues?
3. How do they affect you and your family?
4. What are some ways to address these issues locally?
5. The community assessment for Alamance County is trying to find out not only how the community is doing, but how we can improve the community. Can you all think of services in the community that are not currently available that would be beneficial to teens and feasible to create?

Results

The top concerns chosen by the High School Teens group were:

- Alcohol use
- Dropping out of school
- Gangs

Why do you feel these are the most important issues in the county?

Alcohol use

- Peer pressure to drink/Trying to fit in/It's tempting
- "Cool thing to do"
- Boredom, have to travel to Greensboro or Durham to do anything
- Alcohol relieves stress
- Easy access for minors to obtain alcohol
- People think alcohol equals fun

Dropping out of school

- This affects the person's life and their future
- Have to go to college nowadays to get a good job

Gangs

- This is a family away from a family
- If there are problems at home, one may seek out inclusion through gangs
- Everyone desires to be a part of a group
- Members have people they can depend on in a crisis

What are some of the causes?

Alcohol use

- There is not much else to do
- Parents who just do not care or who are not around much

Dropping out of school

- People drop out for the smallest reasons, like over a girlfriend or boyfriend; and parents are not around to encourage them to stay in school
- Some students **and** teachers do not care about being at school
- Lack of parent involvement

Gangs

- This is a way for kids to fit in and feel included in high school
- If you are not accepted at school you are more likely to drop out
- Feeling unsupported at home
- People in the same neighborhoods want to feel supported and safe

How do they affect you and your family?

Alcohol use

- It is addicting if you let it be
- Can lead to date rape, death, drunk driving, domestic violence
- It seems like all special occasions, like prom or graduation, include partying, which includes alcohol
- All participants know people who drink and drive
- Can ruin potential scholarships to college
- Athletic abilities/overall health is affected
- Loss of parent's trust
- Alcohol leads to use of other drugs

Dropping out of school

- Lose friends
- Have to support those who drop out later
- It's a big decision and families sometimes do not help talk through the decision

Gangs

- Influences how people act at school and you must be aware of it
- One participant states it makes them feel unsafe
- It is important to be accepted at school, but you do not want to give involved in the wrong crowd

What are some ways to address these issues locally?

Alcohol use

- Educate teens to be aware of the risks they take if they drink alcohol

Dropping out of school

- Offer more night classes
- Offer more programs to encourage students to stay in school
- Talk up the benefits of an education more
- Needs to be more alternative and creative learning styles for some students
- Have teachers be more invested in the students who may be at risk
- Teachers can only do so much, must educate parents too

Gangs

- More police that focus only on gang prevention
- Get involved with extracurricular activities; stay busy
- Surround yourself with other people that will be good influences – this idea needs to be taught more

Specific question: Services to benefit Teens?

- The participants state they are unaware of too many services specifically to teens
- Need to know more of what is out there
- The YMCA is a nice place to go, there could be more options like that
- There seem to be many good programs, but need to do more outreach to get to the people that do not typically use those services
- Need more tourist-type attractions that teenagers also enjoy
- If there were more opportunities for fun activities (like go-carts and miniature golf) people might be less likely to drink or do drugs
- Even with little or no money there are opportunities, but one has to seek them out
- Elon has many programs for youth, but need to know more about what is offered

- Doing sports and extracurricular activities through the schools will make people more interested in school
- Have clubs in the communities that kids organize, rather than adults, such as rapping, poetry, drawing classes, dodge ball tournaments, field days, etc.
- More family and community activities
- Make these programs somehow linked to school, since it is hard to get around without a license

Additional comments

One participant states that her high school has a problem with smoking in the bathroom. Some teachers allow you to go outside and smoke if you are 18 years old. One participant said that students should not smoke on school property - teachers can go a whole day, and students should be able to as well. One solution would be to lock the bathrooms so people cannot go smoke in them. There seems to be very little enforcement on the "Tobacco free schools" campaign.

Another participant wished to discuss healthier eating choices in schools.

Discussion

G. Stanley Hall, the first president of the American Psychological Association, argued that adolescence is a time of great turbulence and tumult, while others state that the teen years can be a great time of peaceful transition into adulthood.

Teens are often overlooked at the table when decisions are made about policies or rules concerning them, whether that is related to school, events in the county or extracurricular opportunities. The participants that comprised this focus group came from four of the area high schools. Ideally, the group would have had participants from different socioeconomic backgrounds, racial diversity, as well as different levels of involvement in school activities. Presumably, many of these students were volunteered to come to this group by persons in their schools that assumed they would participate and already involved in other functions. This being said, their input about community issues should still be recognized as they represent a portion of high school teens in Alamance County.

The themes of this focus group emphasized the importance of family and friends in decision making, and also focused on the stress of teens today. Being a teen in today's environment means that the stakes are higher to make the correct decisions, whether that has to do with choosing the right classes in school or being part of a particular group. Positive role models and family structures can directly and indirectly guide teens towards making the appropriate decisions.

This group offered solutions to give teens more choices: staying in school may mean offering more non-traditional classes, positive recreational activities should be more readily available that is safe places for teens to socialize without worrying about gangs or feeling they need alcohol to have fun. Currently, there are a lot of teenagers in Alamance County that are excelling in many different areas, and there are always more opportunities to engage a greater number of teens in positive activities that will benefit them now and in the future.



Focus Group - Unemployed

Introduction

Of the persons in the labor force in Alamance County, 6.7% are unemployed. North Carolina's unemployment rate, according to the US census is 7.1%. The number of unemployed persons in Alamance County has been on the rise since 2000. There has been a fluctuation of industry in and around the community that has caused many to feel a sense of insecurity when it comes to employment.

The Unemployed Focus Group was conducted on April 25, 2007. There were seven participants, all of which have been in or are currently enrolled in Alamance Community College's (ACC) job training program. This group was led by the Career Transitions instructor at ACC, who has worked with this group before. The ages of this group ranged from mid-30s to 60s, four participants were men and three were female, and two were African-American while the other five were Caucasian.

It is important to note that this focus group and their responses should not be generalized to all persons experiencing unemployment in Alamance County. This group's perceptions of Alamance County may be very different than another group of residents dealing with unemployment. Similarly to most of the other focus groups, this group was meant to target a group that is considered marginalized. Ideally, all persons in the labor force in Alamance County would have employment. In order to pursue that goal, it is important to hear from those experiencing unemployment as to better the services in the community.

Methodology

The participants were all members of ACC's Job Training class and were not required to contribute, as this particular meeting was not affiliated with the normal class. The group was intended to gain a more in depth understanding from the unemployed community to some of the issues that were derived from the community surveys. Fourteen concerns – chosen from the top five responses in Questions 10, 11, and 12 in the survey – were posted in order to guide the discussion:

- Alcohol use
- Cancer
- Child neglect/abuse
- Diabetes
- Domestic Violence
- Dropping out of school
- Drug use
- Drunk driving
- Gangs
- Heart disease
- Lack of health insurance*
- Not enough money to pay bills
- Substance Abuse
- Tobacco use
-

*Lack of health insurance was listed as a top Health concern and Social concern.

Nominal group technique was used quickly to involve all participants and elicit discussion. Participants were given three stickers and asked to identify three of the 14 issues that were *most important to them* by placing a sticker next to the issue. After every participant had placed their stickers next to three issues, the three that received the most stickers were extrapolated and discussed. All groups were asked the same four questions, in the following order, and one question specific to the group:

1. Why do you feel these are the most important issues in the county?
2. What are some of the causes of these three issues?
3. How do they affect you and your family?
4. What are some ways to address these issues locally?
5. Of the people we surveyed under 65 years old that are not currently employed, about 30% of them had not finished high school. What do you think are some possible barriers to employment and educational services in Alamance County?

Results

The top concerns chosen by the unemployed group were:

- Not enough money to pay bills
- Alcohol use and Drug use (had equal number of stars)
- Lack of health insurance

Why do you feel these are the most important issues in the county?

Not enough money to pay bills

- Lead to other problems like drug and alcohol abuse, depression
- Crime is also an effect of not enough money
- Health issues are also neglected because people do not have the money to go to the doctor
- Child abuse and domestic violence becomes more prevalent because of the stress that comes with living without enough money

Alcohol and Drug abuse

- Everybody seems to know someone that has a problem with this
- Leads to crime and makes the community feel unsafe
- Often occurs because of depression or other mental illness
- Being laid off or not having enough money creates a downward spiral that can lead to potential alcohol or drug abuse

Lack of health insurance

- Strain on the economy because many people simply go to the emergency room
- If people do not see a doctor when they get sick, they are more likely to make others sick
- Insurance companies should be regulated more
- Insurance costs are very high and people cannot afford to go to the doctor

What are some of the causes?

Not enough money to pay bills

- Layoffs, underemployment
- Jobs going overseas
- Undocumented persons taking jobs for lower pay and no benefits
- Higher energy bills
- Increased cost of living without pay increasing at the same rate
- Many Alamance County residents travel outside the county to get paid more

Alcohol and Drug abuse

- Poor upbringing, family life, how your family uses or refuses use of drugs/alcohol
- Poverty, lack of jobs
- Lack of education
- Depression, mental illness, addictive personalities

Lack of health insurance

- People that do not have jobs cannot afford COBRA or personal health insurance
- People in the medical field get paid too much and insurance costs also cost too much
- The health care system is not streamlined – one doctor sends you to another and another through referrals
- Insurance companies also have middle men that get a piece of the costs
- There are different insurances for different specialties now: dental, eye, medical, etc.

How do they affect you and your family?

Not enough money to pay bills

- Can cause additional life stress
- Depression affects everyone in your family
- Cannot focus on children's lives, cannot afford school functions
- Affects your health insurance

Alcohol and Drug abuse

- Tears families apart, potentially risks lives
- Makes you feel insecure or unsafe
- Emotional affect is bad; long-term affects of those who have since cleaned themselves up is just as draining

Lack of health insurance

- Health insurance is commonly needed for the whole family
- Potentially cannot qualify for assistance because of the little bit of help you receive after being laid off

What are some ways to address these issues locally?

Not enough money to pay bills

- The community needs to step in and help one another
- Government needs to offer additional aid and realize they cannot support the way the system is currently set up
- Need to contact our local representatives and congress persons and let them know how people are truly being affected by these issues.

Alcohol and Drug abuse

- Need more volunteers, offer help at no cost
- Educate in advance – prevention should be a top priority
- Start with your own family
- The government should not step in, they are already too involved, but it is the community's responsibility.
- Drugs and alcohol are both too available; need to get it out of our community

Lack of health insurance

- Government needs to focus its resources more on domestic issues rather than those abroad
- Put restrictions on undocumented persons getting too much free assistance
- Need to try universal health insurance
- Cut down on production of products that make people sick, such as environmental dangers

- Need to encourage preventive measures, such as exercise first thing at work

Specific question: Barriers to education and employment?

- Need more on-the-job training
- Felony convictions, needs to be readdressed currently the system is not fair
- Many people will drive to neighboring counties for jobs because of the low wage jobs in this county
- Public school education is not that great in Alamance County, teachers are underpaid
- Education has become expensive and people cannot afford to go into the field they may want

At the end of this focus group, gangs were also mentioned as a problem.

Discussion

Emerging themes came out of this focus group. Mental health concerns seemed to carry through much of the discussion around alcohol and drug use, as well as not having enough money to pay bills. This group stated that poor mental health can either be a cause or result of these issues. Lack of health insurance was also a prime concern, and this group made it apparent to recognize that it is not only the “bread-winner” of the family that is affected by not having the money to pay for health insurance.

Another theme that transpired was the interconnection of all the issues to one another. As one participant called the “downward spiral,” and how persons react to unemployment. While it can not be assumed that all unemployed persons share these opinions, this information will be important for service providers in Alamance County to acknowledge the severity and family instability that is created from being unemployed.



Key Informant Interviews

In the months of June and July of 2007 short interviews were conducted with 17 community leaders in Alamance County. Members of the Community Assessment Team each volunteered to conduct one to three interviews. Most were done face to face, but in three cases, that was not possible and they were done over the phone or through email contact.

Many of the interviewees are leaders of local health and service agencies, but leaders from other key sectors, such as business, government, and education were interviewed as well. Each agency's interviewee was asked the same set of eight questions. Those questions focused on strengths and challenges facing the county, barriers to services, significant changes they have seen, and areas for improvement. In addition, respondents were asked to identify the health and social issues they felt were most important in the county. The interviewees' responses are summarized below.

Key informant interviews are important to get a better understanding of the political climate of the community. Perceptions around these issues are different among leaders and it is important to recognize these differences. In some cases, many answers were repeated multiple times, and in other cases, leaders in the community had many different opinions on the same question.

Agencies Represented in Community Leader Interviews

Alamance Community College
Alamance County Chamber of Commerce
Alamance County Department of Social
Services
Alamance County Health Department
Alamance County Office
Alamance County Sheriff's Office
Alamance Partnership for Children
Alamance Regional Medical Center
Alamance-Burlington School System
Alamance-Caswell Area Mental Health
Alamance-Caswell Medical Society
Burlington Fire Department
Burlington Police Department
Community Representative
Elon University
North Carolina House of Representatives
North Carolina Senate

1. What are some of the barriers that residents face in accessing your services (or the services offered in your community)?

- Educational outreach services; people just do not know about services (6)
- Lack of Transportation (6)
- Stigmas that are associated with services provided by interviewee's agency (4)
- It is hard to provide sufficient services when funding for our programs becomes a barrier to residents (3)
- Availability and affordability of prescription coverage (3)
- Language barriers (2)
- Need to gain access to all places in the county (2)
- Difficulties for persons to find providers of services
- The hours of operation at the interviewee's agency
- Emergency rooms being used as primary care
- Cost of services that interviewee's agency provides
- Obtaining proper sewage and water in certain areas of the county
- Prejudices that are still prevalent in some services
- Limited Spanish language medical practices in the county
- Perceived inability to pay for college
- Lack of knowledge about access to educational services – for adult or child
- Capacity in the Emergency Rooms
- Access to mental health and psychiatric care in the county
- Immediate needs for elderly care
- Awareness that residents can have a voice through their state political leaders
- Hard to reach out to the rural population of Alamance County

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

2. How do you think the county has changed in the past four years?

- Growing Hispanic population (6)
- Demographic and cultural changes (5)
- Population growth (4)
 - Stretches resources, causes strain on all services and it is hard to provide them adequately (2)
- Has become more of a bedroom community to the Triad and the Triangle (3)
- Many more homes being built (2)
- Traffic issues (2)
- Influx of national chains - restaurants and department stores (2)
- Nature of the economy (2)
 - Unemployment in manufacturing jobs has been on the rise
 - Types of jobs available – growing demand for health service jobs as population increases
 - More low wage jobs with less benefits
- Physical environment changes
 - explosion of residential and commercial areas (2)
 - extraordinary development, mostly along interstate corridor and Highway 54
- More engagement in community from previously uninvolved persons
- The population is getting older
- Decrease in general wellness
- Increase gang problem
- More abandon houses and buildings
- Greater sense of awareness of Alamance County activities and how they match up to neighboring communities
- More empty lots
- More pressure for the county to not rely on the state for assistance
- No longer considered a rural area

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

3. What would you consider to be some of Alamance County's greatest strengths?

- Location (9)
 - Easy commute to larger cities on the East and West of Alamance County
 - Close to major airports, interstates, schools, and hospitals
 - Midpoint in the state
 - Access to higher education – many colleges and universities nearby (2)
- Partnership among health care providers (4)
- Coalitions and programs that have good interdisciplinary collaboration (4)
- Community resources: the county is big enough to provide services, but small enough to collaborate well (3)
- Generally people are good and have good moral values (3)
 - People are very faith-based which serves as a community protective factor (2)
- Sense of community (2)
- Reasonable cost of living (2)
- Low taxes (2)
- Growth in population (2)
- Abundance of natural resources, such as water (2)
- Rich in history, people have a sense of pride about their county
- Strong organizations, such as LabCorp, ARMC, United Way, and community non -profit agencies
- Good combination of urban and rural areas
- Partnership with area colleges and universities
- Lots of potential for recreation, arts and other quality of life attractions
- Transportation layout is excellent
- Easier to coordinate efforts when the county only has one hospital
- Really good organizations
- Community is family oriented
- Incorporates other counties in its services
- Good legal services
- Individual municipalities seem to understand the importance of fiscal responsibility
- Overall attitude of the public

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

4. What are some of the challenges the county faces? Are there needs that you think are not being addressed?

- Public education and preparing children for their future/School readiness (5)
- Transportation (4)
- Lack of vision for the future – cannot simply go on thinking things will stay the same, change is inevitable - Alamance County needs to have a plan (4)
- Needs of Hispanics are not being addressed in the community, ultimately creating a larger problem for the entire community (3)
- High percentage of the population is overweight – need to increase prevention and awareness, but obtaining resources is an obstacle (2)
- The political environment is more reactive instead of being proactive (2)
- Investment in local infrastructure (2)
- Growth and urbanization (2)
- Changing demographics of the population (2)
- Providing services to everyone with quick response times (2)
- There are not enough providers for the number of residents that need specific services
- High dropout rate – this has a trickle affect in all of the community (2)
- Competition with neighboring counties for companies to locate here
- There is a large gap between the “haves” and the “have nots”
- Teacher turnover in the school system – leaving due to salary issues
- Need to address young mothers – high risk infants and needs as kids get into preschool
- Commerce and economic activity needs rebalancing
- Infant mortality is directly related to the overall health and quality of life in the community
- Need to reach more elderly – difficult to get to them in their homes
- It is hard to navigate services for new persons to the area
- No revitalization of downtown Burlington
- Changing economy from manufacturing to service-based industry
- Funding issues in order to assist people with home buying
- Not enough funds to improve public organizations and infrastructures
- Growing number of grandparents raising grandchildren
- Change in the economy
 - Moving away from furniture and textiles, but there is not a clear sense of where we are going
- Lack of planning
- Gangs coming into the county – results in more crime
- Population growth in a short amount of time
- Air quality
- Not taking advantage of new energy

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

5. How do you stay informed about issues in Alamance County?

- Newspaper - local (13)
- The television news (9)
- Talking to community leaders (6)
- Serve on Committees or Coalitions (6)
- Talking and listening to citizens (4)
- Talk to employees and staff (3)
- Local radio stations (2)
- Community missions in churches and meeting with the faith community (2)
- Informal networks in the community (2)
- Research the Census information and other websites that provide research data (2)
- Chamber of Commerce
- Community Council
- The Public Information Officer for the Health Department
- Alamance County Civilian clubs
- Community forum
- Alamance Magazine
- Blue pages
- United Way information

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

6. If we look specifically at health, what are the major health concerns for the citizens of Alamance County?

- Cost of health insurance and healthcare (5)
- Lack of health insurance (4)
- Mental health (4)
 - Lack of mental health care (2)
 - Early detection
- Access to health services (4)
- Teen pregnancy (3)
- Obesity (3)
- Elderly (2)
- Injury Prevention (2)
- Infant mortality (2)
- Environmental health risks (2)
 - Sewage
 - Soil issues
- Children's health/prenatal care (2)
- Alcoholism
- Chronic diseases
- Diabetes
- Industrial growth
 - Pollution from these building
 - Old buildings that are often left standing
- Lack of transportation to facilities
- Asthma
- Child seat safety
- Lung disease
- Tobacco use in the county
- Pulmonary problems
- Constantly improving our local hospital system
- Dental needs for the elderly
- High blood pressure
- Availability of adequate number of physicians
- Unhealthy lifestyles: we need to change the way we view health, otherwise the same problems such as obesity and chronic disease will continue to stay in our community

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

7. If we look specifically at social concerns, what are the major social concerns for the citizens of Alamance County?

- Immigration issues (5)
- Educating citizens about mental health (4)
- Substance abuse (3)
 - among men and youth
- Integrating the Hispanic influx into the local culture (2)
- There is a large gap between the “haves” and “have nots” (2)
- The way citizens in Alamance County accept the expansion of a diverse population (2)
- Teen pregnancy (2)
- Lack of education (2)
- Supporting our elderly population (2)
- Gangs in schools and graffiti (2)
- Education
- Poverty
- Allocation of resources
- Growth of undocumented immigrants
- Affordable childcare
- Domestic violence
- County falls within drug corridor – by way of interstate
- Intolerance to diversity
- People lack the money and education to know how to keep themselves safe (i.e. injury prevention devices)
- Need strong leadership that will place priorities on health issues and services
- Homelessness
- Lack of jobs that provide health insurance benefits, particularly for people of low socio-economic status
- Child abuse
- Sexual activity of young people
- Little community involvement in activities that benefit the community
 - Lack of participation of low income in political process
- Not much availability of low-cost housing options
- The growing population puts a strain on the schools, health services, and other social services
- Overloaded social service system

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

8. What would be the first three things you would do in Alamance County if funding was not an issue?

- Public transportation system (5)
- Expand staff, create higher level positions for interviewee's agency (3)
- Meet the needs of social services and increase funding (3)
- More focused planning on improving infrastructure to attract economic development (2)
- Upgrade the school system and increase funding (2)
- Bring in new industry (2)
- [Physical] Infrastructure improvements for interviewee's agency (2)
- Affordable housing for all people (2)
 - Seniors, in particular
- More educational materials for the public
- Universal health care system
- Implement physical fitness activities all over the county
- Pass ordinance to ban all smoking in public places
- Add primary care services to serve uninsured that operates on a sliding scale
- Conduct an in depth study on poverty and those who come from impoverished backgrounds
- Change the mindset of how we operate Alamance County; we need to focus on moving forward and not going back to the way things used to be
- Equal opportunity for all children to education
- Implement policies that all domesticated animals be registered and licensed in the county
- Revitalization of downtown Burlington
- Allow input from more diverse populations in leadership roles throughout the county
- Early identification and intervention with infants and young children including school readiness and reading
- Better services for juveniles
- Have more time to spend with clients/consumers of services
- Improve water and sewer throughout the county
- Put health centers in each of the schools and provide vaccinations free of charge
- Prenatal care including case management, social and education services, and mental and health care
- Basic level of health insurance for everyone
- Historic preservation – there is a rich history in Alamance County that is being pushed aside
- Help everyone to see that education should be a top priority
- Change mental health system: current changes are not working
- Help those that are experiencing homelessness
- Develop a working dress code for schools
- Comprehensive community plan for dealing with social issues
- Cultural enrichment

*Numbers in parentheses after a response notates the number of respondents that stated the same answer.

Homeless Community

Homeless Community of Alamance County

An Action Oriented Community Diagnosis

May 24, 2007

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Mel Piper
Kim Russell

Preceptors:

Bill Adams, Executive Director of the Allied Churches of Alamance County
Karen Webb, Alamance-Caswell-Rockingham Local Management Entity

Completed during the years of 2006-2007
in partial fulfillment for HBHE 740 and HBHE 740

Department of Health Behavior and Health Education
School of Public Health
The University of North Carolina at Chapel Hill

Executive Summary

This document contains an analysis of interviews, focus groups, and relevant background information on the homeless community in Alamance County. The data were compiled by a group of five graduate students from the University of North Carolina at Chapel Hill's School of Public Health, as part of a community assessment, also known as Action-Oriented Community Diagnosis (AOCD). An AOCD is a process through which a student team works with a community to identify strengths and challenges, presents the findings at a community forum, and facilitates the development of tangible action steps to help the community address the identified challenges. The process involves both research and practice.

Bill Adams, executive director of the Allied Churches of Alamance County, and Karen Webb, of the Alamance-Caswell-Rockingham Local Management Entity (formerly the Alamance-Caswell Area Mental Health Program), requested the AOCD in order to learn more about homelessness in the county. Another goal of the assessment was to examine the assets and challenges of service providers who work with individuals experiencing homelessness. The information presented in this document is intended for use as a reference and a resource, and may inform program planning, grant writing, and future community forums.

The first section of this report contains background information on homelessness and Alamance County. The second part of the document contains a description of the AOCD methods and a summary of community strengths and challenges, including eight domains that emerged from interviews and focus groups with service providers and individuals experiencing homelessness. These eight domains are: mental health, employment, housing, transportation, substance abuse, reentry from prison or psychiatric facilities, perceptions of homelessness, and communication among service providers or between service providers and homeless individuals.

The third part of the document contains a description of the community forum, planned by the community and student team, during which project findings were presented and tangible action steps were generated to address the challenges that emerged during the AOCD process. Finally, the student team's recommendations conclude the report.

The scope of this report is limited to the adult homeless community in Graham and Burlington because that is where most services are concentrated. For the purposes of this AOCD, the homeless population is defined broadly, but most interviewees are shelter guests and many are new residents of Alamance County.

The student team presented their findings at a community forum, called Homelessness: Creating Community Change, held on April 27, 2007 at the First Christian United Church of Christ in Burlington. The event brought together more than 160 homeless and formerly homeless individuals, service providers and general community members with an interest in homelessness, to identify and discuss action steps related to the identified themes. The action steps and key discussion points from the forum are listed in Appendix C, and a general presentation of the forum planning process and schedule of events is contained in the body of this document.

To conclude, this document describes the AOCD process and analyzes the experiences, perceptions, and frustrations of people experiencing homelessness, and the people who serve them, in Alamance County. The primary data, secondary data, recommendations, and action steps contained in this report may be used to guide future program planning and grant-writing.

The student team thanks the people of Alamance County for the challenging work they have done already, and the action steps they have committed to take in the future, to improve the lives of people experiencing homelessness.

For the full document and further information:

http://www.hsl.unc.edu/phpapers/Alamance_2007.pdf

NC Division of Aging Report

Demographics of Aging
Healthy Aging
Long-term Care and Aging
Economic Security
Senior-friendly Communities
Sources of Information

Demographics of Aging

	<u>County</u>				<u>NC</u>					
Total population, 2002	136,160				8,323,946					
Projected total population, 2020	181,031				10,966,139					
Population age 60+, 2002	24,356				1,338,075					
Population age 85+, 2002	2,400				116,922					
Baby boomers (as % of total population), 2000	27.2%				27.2%					
Rural population for all ages (as % of total population), 2000	30.6%				39.8%					
Persons age 65+ without HS diploma (as % of age group), 2000	42.1%				41.6%					
Persons age 45-64 without HS diploma ("), 2000	19.3%				19.9%					
Persons age 65+ with graduate school education ("), 2000	3.5%				5.5%					
Persons age 45-64 with graduate school education ("), 2000	6.7%				8.8%					
Persons age 65+ with limited or no English ("), 2000	0.8%				0.5%					
					79,810					
Grandparents raising grandchildren age less than 18, 2000	1,220				26.8%					
Veterans age 65+ (as % of age group), 2000	26.3%									
Distribution by Age	<u>0-17</u>		<u>18-49</u>		<u>50-64</u>		<u>65-84</u>		<u>85+</u>	
	(%)		(%)		(%)		(%)		(%)	
Age groups, 2002 (NC)	24.3	(24.5)	46.2	(47.6)	15.8	(16.0)	12.0	(10.5)	1.8	(1.4)
Projection for 2020 (NC)	24.1	(23.1)	43.3	(43.0)	17.9	(18.8)	12.7	(13.3)	1.9	(1.7)
Growth, 2002-2020 (NC)	132.1	(124.3)	124.6	(119.2)	150.9	(155.5)	141.0	(166.8)	147.1	(162.4)
Distribution by Race/ Hispanic Origin	<u>White</u>		<u>African American</u>		<u>Native American</u>		<u>Asian</u>		<u>Hispanic/ Latino</u>	
	(%)		(%)		(%)		(%)		(%)	
Population age 60+ (as % of age group), 2000 (NC)	84.3	(82.0)	14.5	(16.0)	0.2	(0.7)	0.3	(0.5)	0.7	(0.7)
Population age 45-59 ("), 2000 (NC)	78.6	(77.2)	18.1	(18.9)	0.3	(1.1)	0.8	(1.2)	2.2	(1.7)

Healthy Aging

	<u>Status</u>	
<i>Health Professionals Shortage Areas</i>		
Whole county designated as Primary Medical Care Shortage Area as of September, 2003		No
Whole county designated as Dental Care Shortage Area as of September, 2003		No
	<u>County</u>	<u>NC</u>
Persons age 65+ in community with 0 disabilities* (as % of age group), 2000	52.6%	54.3%
Persons age 65+ in community with 1 disability* ("), 2000	23.0%	20.6%
		25.1%
<i>Persons age 65+ in community with 2 or more disabilities* ("), 2000</i>	24.4%	
* The US Census Bureau defines disability as "a long-lasting physical, mental, or emotional condition. This condition can make it difficult for persons to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering."		
		43.5%
<i>Medicare beneficiaries immunized for influenza, 2000</i>	49.7%	28.3%
<i>Persons age 65+ living alone ("), 2000</i>	27.6%	

Long-term Care and Aging

	<u>County</u>	<u>NC</u>
Men age 65+ in nursing homes, 2000	202	11,207
		33,630
<i>Women age 65+ in nursing homes, 2000</i>	732	
Persons age 65+ in nursing homes per 1000, 1999	42.1	42.2
Persons age 65+ in adult care homes per 1000, 1999	39.7	36.5
CAP/DA* clients age 18+ per 1000 Medicaid eligibles, 1999	14.4	36.0
PCS** clients age 18+ per 1000 Medicaid eligibles, 1999	46.7	57.7
Adult day care/health clients age 60+ served per 1000, 1999	1.3	1.0
In-home aides clients, age 60+ per 1000, 1999	2.0	9.9
*Medicaid Community Alternatives Program for Disabled Adults **Medicaid Personal Care Services		
		152,300
<i>Medicaid-eligible persons age 65+, SFY 2002</i>	2,437	
Total Medicaid expenditures for persons age 65+, SFY 2000	\$27,651,884	\$1,665,538,382
The amount Medicaid spent on home-based care ((CAP/DA, CAP/MR, home health, and PCS) for every \$100 spent in nursing homes for clients age 60+, SFY 2002	\$16.0	\$41.5
Special Assistance (SA) expenditures for persons age 60+ in adult care homes, SFY 2002	\$1,837,510	\$90,695,940

Economic Security

County in **Burlington, NC, Metropolitan Statistical Area**

				<u>County</u>	<u>NC</u>	
Median household income for age group 55-64, 1999				\$43,791	\$42,250 \$28,521	
Median household income for age group 65-74, 1999				\$29,617		
Median household income for age group 75+, 1999				\$19,963	\$19,303	
		<u>Age 55-64</u>	<u>Age 65-74</u>		<u>Age 75+</u>	
		(%)	(%)		(%)	
Persons below poverty (as % of age group), 1999 (NC)	8.1	(9.5)	11.2	(10.5)	15.1	(16.9)
Persons in 100-199% of poverty ("), 1999 (NC)	11.2	(12.9)	17.5	(20.4)	28.9	(27.1)
				<u>County</u>	<u>NC</u>	
Total Social Security (SS) benefits for beneficiaries age 65+, 2000				\$15.0 million	\$722 million 94.8%	
SS beneficiaries age 65+ (as % of age group), 2000				98.7%		
Average monthly SS amount received by beneficiaries age 65+, 2000				\$823	\$786	
					77.0%	
Medicare Part A enrollees age 65+ (as % of all enrollees), 2000				79.9%		
					140,535	
Medicare/Medicaid dually eligible persons age 65+, 2001				2,275		
					27.7%	
Persons age 45-59 in labor force* (as % of total labor force), 2000				27.8%		
Persons age 60-64 in labor force* ("), 2000				3.9%	3.6%	
Persons age 65+ in labor force* ("), 2000				4.0%	3.5%	
					14.4%	
Persons age 65+ In labor force* (as % of age group), 2000				14.9%		
Unemployed persons age 65+ (as % of population age 65+ in labor Force*), 2000				10.7%	8.3%	

*Include both employed and job seekers

Senior-Friendly Communities

County in Triad Ozone Forecast Region

Number of Code Orange (unhealthy for sensitive groups) days in 2002			26
Number of Code Red (Unhealthy for All) days in 2002			5
	<u>County</u>		<u>NC</u>
Homeowners age 45-64 (as % of age group), 2000	79.9%		80.3%
			82.0%
<i>Homeowners age 65+ ("), 2000</i>	82.5%		
Households with persons age 60+ and without complete plumbing, 2000	104		8,184
Home-delivered meals served to persons age 60+ per 1000, 1999	45.7		18.6
Food Stamp clients age 60+, SFY 2001	614		66,832
			\$39,628,877
<i>Total Food Stamp expenditures for clients age 60+, SFY 2001</i>	\$274,623		
			\$49
<i>Monthly Food Stamp expenditure per client age 60+, SFY 2001</i>	\$37		
Householder age 55-64 without car (as % of age group), 2000	3.9%		6.0%
			9.0%
<i>Householder age 65-74 without car ("), 2000</i>	6.4%		
Householder age 75+ without car ("), 2000	18.7%		21.3%
Persons providing regular care for adults age 60+ (as % of age group), 2000 (NC)*	<u>Age 18-44</u> (%) – (14.5)	<u>Age 45-64</u> (%) – (23.8)	<u>Age 65+</u> (%) – (15.7)

*Only statewide information available at present

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Public Transit Feasibility Study

Submitted to
BURLINGTON-GRAHAM URBAN AREA



Submitted by
PARSONS BRINCKERHOFF
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August 2006

Purpose of the Public Transit Feasibility Study

The purpose of the Public Transit Feasibility Study is to evaluate the feasibility of operating a regularly scheduled public transportation program within the Burlington-Graham urban area, including coordination with existing services provided by Alamance County Transit Authority (ACTA) and the Piedmont Authority for Regional Transportation (PART).

The study covers the Burlington-Graham urbanized area and its member jurisdictions of Burlington, Graham, Gibsonville, Elon, Mebane, the Village of Alamance, and Alamance County.

The study included the design of transit routes and schedules, a review of operational data from similar-sized systems in North Carolina, stakeholder interviews, questionnaire design and the analysis of results from surveys of agencies, companies and individuals regarding public transportation, and regular presentations to the Burlington-Graham Technical Coordinating Committee (TCC) and the Transportation Advisory Committee (TAC).

The Need for Expanding Transit Service Options

In April 2003, the Alamance Board of County Commissioners adopted the *Destination 2020 Strategic Plan* as a guide for the future growth and development of the county. The Plan included the following implementation action related to public transportation:

Consider working closely with the MPO, the Piedmont Authority for Regional Transportation, and the newly created Alamance County Transit Authority to establish a combination of flexible and fixed-route bus service for the area.

Through a series of interviews with 15 community leaders, the following weaknesses of existing public transit operations were cited:

- No regularly scheduled, fixed-route services
- High cost to customer (\$5.00 for a one-way trip) of ACTA's door-to-door transportation
- Lack of citizen awareness of ACTA's existing services
- ACTA's existing demand responsive services require calling 24 hours in advance of the trip
- Long waiting times for return trips to home when using ACTA services

During stakeholder interviews, the following opportunities for expanding public transit services in the urban area were mentioned:

- Increasing elderly population with growing desire to access community services
- Promoting economic development by improving access to employment, re-training, and shopping
- Leveraging federal and state transit grant funds to improve the quality of life for residents in the urban area
- Increasing gasoline prices which make the cost of operating a car more expensive, particularly for citizens on fixed incomes
- Increasing Hispanic population needing transportation to community services
- Parking constraints at Elon University and Alamance Community College (ACC)



Patrons at transit hub in Springfield, OR

In order to learn more about the need and possible design of public transit services for the Burlington-Graham urban area, representatives of 19 major employers and agencies completed surveys. These respondents ranked “beginning public transportation” as the most important transportation priority from a list of multi-modal options. The transportation priority rated second-highest was “improving transportation services for the elderly and persons with disabilities”.

Agency or employer representatives completing the survey identified a willingness to provide the following three incentives to encourage persons to use public transit:

- Provide space to prominently display transit information and schedules.
- Offer persons flexible scheduling so that work schedules coincide with public transit schedules
- Provide preferential parking for persons who carpool or vanpool

Over 75 percent of the social service agency and employer representatives replying to the questionnaire expressed support for a slight tax increase if the money was used for public transit operations.

A second survey used during the study was distributed to residents of the Burlington-Graham urban area to obtain citizen input in the design of public transit services for Alamance County. Nearly 1200 surveys were received from residents of the urban area. Highlights of the survey include:

- Approximately 25 percent of the respondents indicated that there was a person in their household over the age of 16 who did not have a car or a driver's license.
- The highest rated purpose for a public transit system was to help people get to and from work.
- Over 40 percent of survey respondents would primarily use the bus to commute to and from work while 20 percent indicated that they would never use public transit.

- Over 70 percent of persons indicated a willingness to use bus service, with 50 percent being very willing to try the bus. A smaller number of Burlington-Graham residents, 46 percent, are willing to try carpools or vanpools.
- Respondents to the Burlington-Graham Urban Area survey indicated a willingness to pay more for bus service than what is being charged in North Carolina cities.
- Support for an increase in taxes to begin fixed-route bus operations in the Burlington-Graham urban area was evenly divided among survey respondents:
 - Very willing 26 percent
 - Somewhat willing 24 percent
 - Not sure 23 percent
 - Not willing 27 percent
- About two-thirds of the 1200 persons completing survey forms were females.
- Nearly half of the respondents were over the age of 55 including 28 percent over 65.



Charlotte Area Transit System operates community-based transit service called EZRider

Preliminary Service Plan

The design of a preliminary fixed-route transit system covering Burlington, Graham, Mebane, Gibsonville, and Elon included the following steps:

- Considered areas where the density of residences of persons 65 years and older are greatest based on U.S. Census data.
- Considered areas which have concentrations of homes of “transit dependent” persons.
- Identified housing densities from three to four dwelling units per residential acre, which can support the operation of a minimal level of fixed-route bus service (service provided every hour).
- Reviewed preliminary system concepts at TCC and TAC meetings; considered feedback from committee members.
- Reviewed system options in light of stakeholder survey responses.
- Considered possible phasing of transit services.

The initial design of transit system for the Burlington-Graham urban area includes five routes operating every hour and one route operating at a 30-minute frequency. Eight vehicles would be needed for system operation. By interconnecting routes at a major transit system hub in downtown Burlington, passengers could travel from as far west as Gibsonville to as far east as Mebane without having to transfer between buses.

Transit service would operate from 5:30AM to 6:30PM, Monday to Friday. These operating hours are typical for transit systems in small to medium-sized cities in North Carolina. Weekday service only is generally the preferred manner for starting-up transit service in a new location and is supported by survey responses from residents in the Burlington-Graham urban area.

The preliminary six routes for the urban area include:

- A route connecting downtown Gibsonville with downtown Burlington that also serves new shopping destinations located at Exit 140 on I-40 and commercial developments along Huffman Mill Road such as Wal-Mart and Colonial Mall. This route serves the Twin Lakes retirement community off of Church Street in Elon and key passenger generators such as the Employment Security Commission and the Senior Center. The route also operates to Alamance Regional Medical Center, a location often cited by survey respondents and stakeholders.
- A route, which could be interconnected with the aforementioned Burlington to Gibsonville route, operating between downtown Burlington and downtown Mebane, with a connection to Alamance County government facilities located in downtown Graham. Direct service is provided between the Burlington campus of ACC and the community college's main campus. The route also serves Burlington Outlet Center located near Chapel Hill Road in Burlington.
- A route operating primarily in Burlington which is designed to serve commercial developments along West Church Street such as Colonial Mall and Koury Center. Transit service is operated to Burlington Williams High School and the Brookwood retirement community. The end-of-the-line for the route is Twin Lakes, providing a second transit route for this major retirement center.
- A route serving the eastern portion of Burlington which could be interconnected with the previously mentioned route operating along West Church Street to provide direct service for passengers traveling from one side of Burlington to the other. The route serves residential areas along Rauhut Street and Alamance County offices on Graham-Hopedale Road, including the Department of Social Services. Transit service is provided to Burlington Cummings High School and to commercial areas located along East Church Street.
- A route connecting downtown Burlington with Elon University. Transit service is operated to Glen Raven Mills, Carolina Biological and Labcorp, three major Burlington employers. The route loops through the Elon campus by traveling along

- Lebanon and Haggard Avenues. The Vocational Trades Center on West Webb Street in Burlington also is served by this route.
- During discussions with Elon University officials, frequent, direct bus service between the campus and the new businesses at Exit 140 surfaced as a transit need from the University's perspective. The route loops around the Elon campus and travels along Williamson Avenue and Saint Marks Church Road to access Target and other retailers at Exit 140. Service would operate every 30 minutes.

Figure E-1 is a system map showing the six routes proposed for start-up of a transit system in the urban area.

Transit Capital Program

The start-up of a new public transportation system requires an investment of public funds for capital assets and ongoing financial assistance for annual transit operations. Although the extent of the capital program would depend on the size of the transit system implemented in the Burlington-Graham urban area, the following capital assets will be needed:

- Vehicles.** Based on transit operations in other North Carolina cities similar in size to the Burlington-Graham urban area, a 30-foot, low-floor vehicle could be appropriate. This diesel-powered bus has a seating capacity of 28 passengers, costs about \$280,000, and can be delivered in 12 to 18 months.



Tar River Transit bus in Rocky Mount, NC

- Transportation Hub.** The preliminary transit service plan includes construction of a transportation hub located in downtown Burlington. Creation of a pulse system from this hub necessitates provision of passenger amenities for those transit users transferring between routes. A small transportation center also benefits passengers traveling to downtown Burlington to work or shop.
- Bus shelters.** Shelters at major passenger generators provide a place for customers to wait for their bus out of the weather.
- Bus stop signs.** The installation of bus stop signs is an important start-up activity from both operations and marketing perspectives. The designation of passenger boarding and alighting locations promotes customer safety and facilitates efficient route operating speeds.



*Bus stop signs used by
Charlotte
Area Transit System*

- Fareboxes.** Transit systems like the one which could be started in the Burlington-Graham urban area use a secure fare collection system that includes low-maintenance, non-registering fareboxes.
- Communications System.** A communications system is a critical element to ensuring efficient and effective transit operations. This is particularly true for a pulse service design in which all routes meet regularly throughout the day in order to facilitate passenger transfers.

Projected Transit Grant Revenues

Funding is available through Federal and State grant programs for start-up and operation of local transit systems.

Federal Section 5303 Grant Program Metropolitan Planning (\$25,000)

The Section 5303 Metropolitan Planning Program, administered by the Federal Transit Administration (FTA), provides financial assistance to local governments for conducting transportation planning activities in urban areas with populations greater than 50,000. Member jurisdictions of the Burlington-Graham urban area could include transit-oriented tasks in the Planning Work Program (PWP) for funding under the Section 5303 program following approval by the TCC and the TAC. Section 5303 funds must be matched by state and local funds.

Federal Section 5307 Grant Program Urbanized Area Formula Program (\$934,150)

The FTA also administers the Section 5307 Urbanized Area Formula Program. For urbanized areas with populations greater than 200,000, such as Burlington-Graham, federal funds are distributed directly to the designated recipients. The Section 5307 program provides funding for planning and capital items at 80 percent of their cost. The program also provides 50 percent of the net annual deficit for transit operations in an urbanized area. The FY 2006 allocation for the Burlington-Graham urban area is \$934,150. This federal apportionment must be matched by state and local funds.

State Start-up Capital Grant Program

NCDOT will provide funds to enable an urbanized area to purchase the vehicles, shelters, signs, fareboxes, and other equipment to get transit service underway. The funding is available when other urbanized areas in North Carolina do not use their full Federal apportionment and will cover 90 percent of

eligible capital costs for system start-up. These funds must be matched with local revenues.

State Maintenance Assistance Grant Program (\$50,000)

NCDOT administers the State Maintenance Assistance Program (SMAP) to assist urban and rural areas with operating costs for fixed-route and demand-responsive public transportation that are not covered by Section 5307 program funds. SMAP funds cannot be used to match federal funds or serve as local matching funds for other state programs.

The Burlington-Graham urban area could receive SMAP funds from NCDOT once fixed-route transit services are implemented. In the first year of transit system operation, Burlington-Graham would be eligible for \$50,000 in SMAP funds. In the second year, the share would increase to about \$130,000, and this annual allocation could grow to about \$150,000 in future years as SMAP's performance and local commitment provisions become applicable for the Burlington-Graham urban area transit service. The state's SMAP funding cannot exceed the amount of local assistance being contributed to annual transit operations.

System Operating Expense/Revenue Forecasts and First Year Budget

The estimation of annual operating expenses for the preliminary transit system for the Burlington-Graham urban area was based on information from North Carolina peer cities. Annual operating expenses for fixed-route service were estimated at an hourly cost of \$55. This amount is comparable to the rates being charged to PART and the City of Concord by private companies, which operate their transit services. Projected operating expenses also were increased to include the provision of transit services to the disabled as required by the Americans with Disabilities Act.

Operating revenues were estimated using a fare recovery ratio of 10 to 12 percent. This recovery factor is consistent with recent experience of the North Carolina peer transit systems and reflects expected transit patronage during system start-up.

As mentioned above, this NCDOT program provides a maximum of \$50,000 during the initial year of operation of a new transit system. In future years, the Burlington-Graham urban area could receive between \$125,000 and \$150,000 annually.

A source of local funding for public transit systems which has been approved by the North Carolina General Assembly is found in Section 20-97 of the State's General Statutes. Subsection (b) permits the levy of a tax of not more than \$5.00 per year on each vehicle within the jurisdiction to be used for any lawful purpose. Subsection (c) allows cities or towns to levy a municipal vehicle tax of not more than \$5.00 for financing, constructing, operating and maintaining local public transportation systems. This municipal vehicle tax for public transportation can be in addition to the tax authorized under subsection (b).

Based on estimated vehicle ownership in Alamance County jurisdictions, a \$5.00 municipal vehicle tax yields the following annual amounts:

Burlington	\$185,000
Graham	\$ 60,000
Mebane	\$ 40,000
Elon	\$ 30,000
Gibsonville	<u>\$ 20,000</u>
TOTAL	\$335,000

The estimated first year budget for operating the preliminary transit system in the Burlington-Graham urban area is:

Revenues

Passenger	\$150,000
SMAP (State)	\$ 50,000
Federal Government	\$675,000
Local Government	<u>\$675,000</u>
TOTAL	\$1,500,000

Expenses	\$1,500,000
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Next Steps

Establishing a new public transit system for the Burlington-Graham urban area requires completing a number of key steps in transit governance/administration, transit system operations and transit system funding.

Determine Transit Organization

The organizational structure establishes an entity that has the legal right or authority to provide transit service. It includes political jurisdictions, public transportation authorities, and other organizations that have been granted (by some entity) the authority to operate transit service within a specified geographical area.

The City Councils of Salisbury, Hickory, Gastonia, Wilson, Concord and Greenville make policy decisions for public transit as a service provided by local government. This organizational arrangement may be appropriate where a majority of the service is being operated in a single jurisdiction.

ACTA is an existing authority which includes representatives of local governments in the Burlington-Graham urban area and has the sole mission of providing transit services to Alamance County residents. ACTA operates human service transportation and general public transit services throughout the county.

PART is a regional transportation authority which includes Alamance County. This organization is currently operating regional transit services between Greensboro, Winston-Salem and High Point and is a designated recipient of Federal and State transit funding.



PART bus used for Triad Regional Service

Determine Service Delivery Approach

Burlington-Graham's decision on how to organize transit operations within the urban area will affect how transit service could be delivered. If the City of Burlington assumes responsibility for the service, it could be operated by City personnel or by employees from a private contractor hired by the City. If ACTA assumes oversight for the new fixed-route system in the Burlington-Graham urban area, this organization's employees could operate the service. PART's regional transit services are operated by a private contractor so new services in the Burlington-Graham urban area could be added to this company's existing agreement with PART.

Identify Transit System Funding

Discussions should continue with NCDOT's Public Transportation Division (PTD) on the availability of start-up capital funds and operating assistance from Federal and State sources. Any certifications or assurances that are required for the use of Federal or State

funds should be clarified for elected officials. PTD staff can identify the requirements for the SMAP program, verify expected funding levels, and discuss procedures for obtaining State operating assistance.

Obtaining Federal and State transit grants will require local matching funds of 10 to 20 percent for planning and capital items and 50 percent for transit operations. Start-up of transit operations in the Burlington-Graham urban area depends on the identification of a transit revenue source that has local support.



RIDER bus used in Concord-Kannapolis, NC

Figure E-2 outlines the sequence of steps required to get public transit operations underway in the Burlington-Graham urban area. Concord and Kannapolis followed a similar process in 2003 and 2004 in order to begin RIDER, the bus system serving the two cities, in April 2004.

Figure E-1: Preliminary System Map

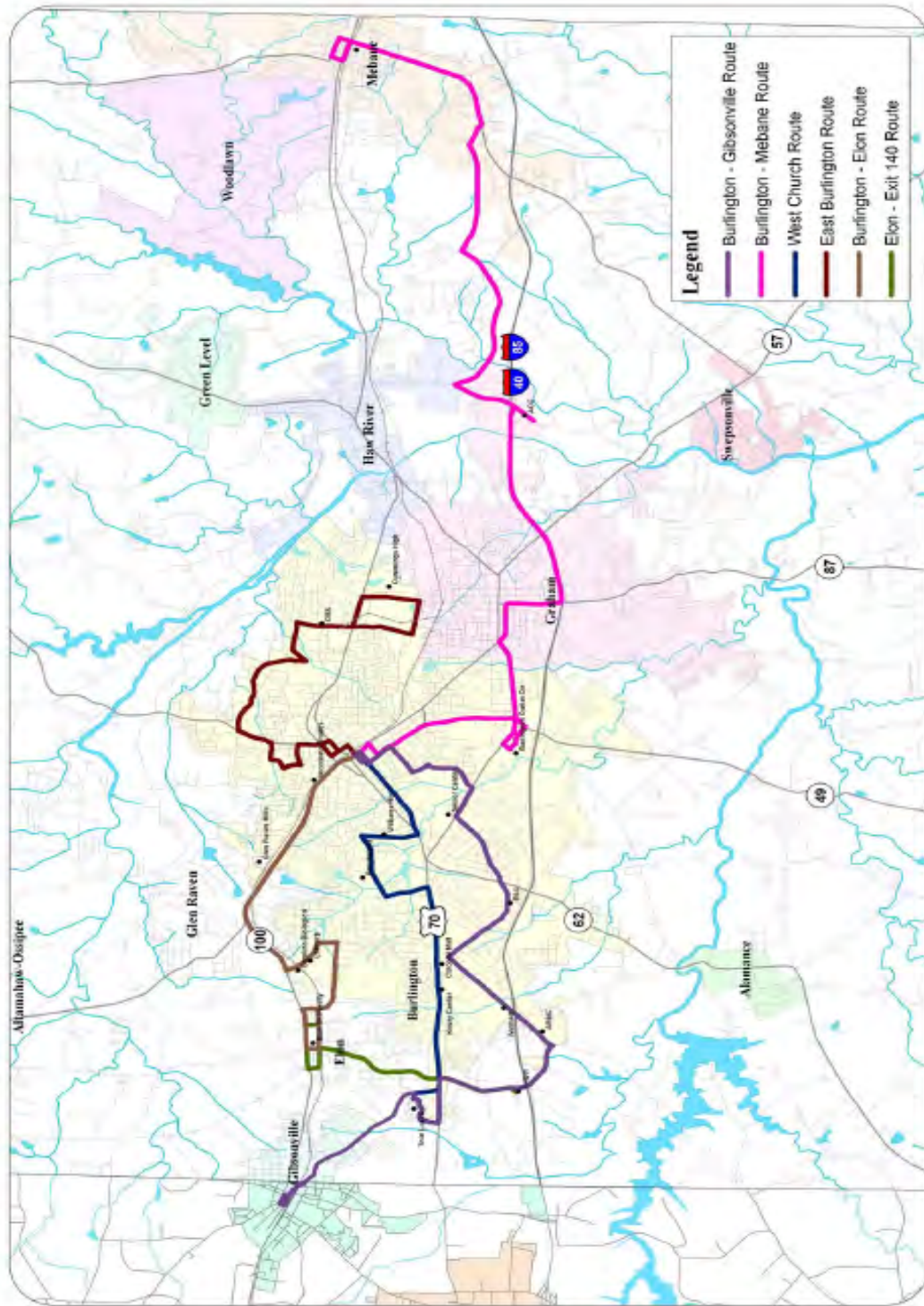


Figure E-2: Transit System Development Process

