

2015 Alamance County Community Assessment

Working Together to Improve the Health & Well-being of Alamance County



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In memory of Barry Bass –

A native of Charlotte, Barry was a veteran of the U. S. Air Force serving during the Vietnam War. Barry earned his Master of Social Work degree from the University of North Carolina at Chapel Hill and received his undergraduate degree from UNC at Charlotte.

Barry was a dedicated public servant to the State of North Carolina. He retired as Health Director for Alamance County in 2014. He was a member of the NC Alliance of Public Health Agencies, Inc., the NC Association of Local Health Directors, the NC Institute of Public Health Accreditation Site Visitor Team and the NC Institute of Public Health Accreditation Standards Review & Revisions Task Force.

Barry achieved many honors and awards such as President (1988-1989) of the Western North Carolina Public Health Association, Health Director of the Year (2000) Recipient for the North Carolina Association of County Commissioners, President (2005-2006) of the North Carolina Public Health Association, and the Glaxo Smith Kline Local Health Department Child Health Recognition Award (2013). Barry's memory is cherished by all in this community who admired his dedication, spirit, humor, and love for all children.

Acknowledgements

This assessment would not be possible without the assistance and support of many individuals and groups who live and work in Alamance County. The Community Assessment Team (Alamance County Health Department, Alamance Regional Medical Center, United Way of Alamance County, Alamance Community College, Cardinal Innovations Healthcare Solutions, Impact Alamance, and Healthy Alamance) would like to recognize the following individuals and groups for their generous assistance:

- Community participants in surveys, focus groups, and community forums
- Agencies which supported the facilitation of surveys, focus groups, and community forums
- Elon University Poll students and faculty; Professor Kenneth Fernandez, Director
- Elon-Alamance Health Partners for their dedication to revising this document

Please see **Appendix A: Acknowledgements** for a list of team members' responsibilities and community partners and their contributions. Please see **Appendix B: Additional Data and Information** and **Appendix C: Citations and Resources page** for a complete list of data and references. Links are found within the Tables and contents of this document for ease in accessing information.

The action plans developed from this assessment will be a direct response to the needs identified by the residents of Alamance County – A sincere thank you to all residents for your willingness to share your opinions and experiences related to living in Alamance County.

Disclaimer: At the time this report was compiled, all data cited was current. Please note some sources may have published new data; please check the data source for the most up-to-date information.

Executive Summary

This community assessment is a collaboration of many organizations, and is a testament to our community's strength in collective problem solving. From this assessment, new and challenging areas for improvement have been identified, and work has already begun to address these concerns.

Data collection for the assessment included a random-sample survey conducted by the Elon University Poll, two focus groups conducted in Spanish to reach residents potentially excluded, secondary data, including sources such as the United States Census and the NC State Center for Health Statistics, and public forums in which over eighty community leaders discussed, debated, and identified issues of importance for our county. Community leaders ranked these issues based on three criteria: the magnitude of the issue in Alamance County, the level of concern for the issue in the county, and the feasibility of improvement on the issue. Three priorities emerged: **education, economic issues, and access to care.**

Just as pollution entering a river causes illness among those who drink the water farther down the stream; these issues of education, access to care, and economic inequality have real and lasting effects on the well-being of individuals and communities. "Upstream" inputs affect the "downstream" results, from birth weight to graduation rates to living in safe, affordable housing. Lower educational achievement is linked to high risk of income instability, which in turn lowers one's ability to care for one's self. The economic status of communities has strong links to health outcomes, and because of this, income inequality exacerbates differences in life expectancy and other measures of well-being.

Education: The Board of Education, along with more than 50 business and community leaders, is taking strategic action toward reaching their "Vision for Public Education". Community funders, such as the United Way and Impact Alamance, are joining together with organizations such as Alamance Community College and The Children's Executive Oversight Committee, to form a collective impact model of shared data analysis and continuous improvement to address challenges in kindergarten readiness, literacy skills, graduation rates, and career initiation.

Economic Issues: The unemployment rate in Alamance County has recovered significantly from the worst of the recession figures, yet average earnings are significantly less than both the state average and the calculated Living Income Standard for our community. The wage needed to afford the fair market rent for a 2-bedroom house in Alamance County is 1.8 times higher than the minimum wage. In addition to public programs for income support, many organizations in Alamance County provide emergency assistance, literacy tutoring, adult education, job training, workforce development skills, and childcare support. New industries are entering the community or expanding operations and recent projects include retail, distribution and manufacturing sectors.

Access to Care: Uninsured adults in Alamance County face difficulties in accessing mental health and dental care. However, Alamance County has made strides in addressing other barriers to health care, such as implementation of an expanded public transportation system, insurance coverage through the Affordable Care Act, the development of an innovative early child mental health program in pediatric offices, and support for free and subsidized clinics.

This assessment presents its methods and findings in a concise format in its first fifty pages. Chapters 1-3 offer background on Alamance County and the assessment process. Chapter 4 examines each of the priority concerns in greater depth. Chapters 5 and 6 compile data on health and well-being in Alamance and comparison counties. Readers who seek greater detail on these topics can find additional information, references, and links to resources in the appendices.

It will take a comprehensive, innovative, and collaborative approach involving many residents and organizations to move forward in education, economic issues, and access to care. Improving these upstream factors of health and well-being will create the foundation for a prosperous and sustainable community, in which residents of Alamance County can thrive.

Chapter 1: Background and Introduction

The Community Assessment in Alamance County is a collaborative process that has earned the respect and attention of business, education, health, human services, philanthropic, and faith community leaders as well as elected officials across our community. They have been active participants in the open community forums, focus groups, and priority-setting sessions that form the basis of this assessment. The random selection methodology employed by the Elon University Poll allows this assessment to reflect a cross-section of resident concerns in our community.

Because of its high quality and comprehensive nature, this assessment is a well-used document. Previous assessments have been instrumental in helping local agencies and businesses to plan strategically, to understand the multi-faceted nature of health and social challenges, and to bring additional resources to our community through grants and programs.

The Community Assessment is led by a team with experience in and a passion for data collection and analysis. The team is comprised of leaders at Alamance Community College, the Alamance County Health Department, Alamance Regional Medical Center, Cardinal Innovations Healthcare Solutions, Elon University, Healthy Alamance, Impact Alamance, and the United Way of Alamance County. Together, these leaders realized the following accomplishments for this 2015 assessment:

- Development of a survey tool to assess community opinions on health and social issues
- Completion of a randomized telephone survey of 744 residents, a representative sample of Alamance County residents
- Completion of two focus groups with 34 total participants, focused on concerns of Spanish-speaking residents (who were not served by the Elon University Poll, which was conducted in English only)
- Collection of secondary data at the county-level, including sources from publicly-available state databases as well as local agency-specific data
- Development of a methodology to compare emerging priorities gleaned from the Elon University poll, focus groups, community forums and secondary data
- Convening of community forums with over 80 participants and a cross-section of 30 community leaders from all sectors to agree on top three priority areas for focus within the next three years
- Creation of this written assessment documenting these processes and the data collection

A clear consensus emerged that the focus of our planning and implementation for the next three years lies in three key areas: **access to care, education, and economic issues**. While access to care is a familiar topic that has traditionally been a concern in past assessments, the turn towards social determinants of health (education and economic issues) represents, in some ways, new ground for the partnership. It is a testament to the team's level of experience, collaboration and trust that we accept the challenge that progress in these areas is vital to improvement in the community's health and social well-being.

The next phase of this collaboration is dissemination of the major findings of this assessment. That process will include the printing and posting of the assessment in key agencies and at local libraries, the development of a website for downloading the assessment, and presentations to civic organizations, elected officials, and other community groups. Action Plans will be developed for the next three years, a process led by Healthy Alamance, which will involve convening leaders and the community in setting strategic plans to address priorities. Alamance County residents and leaders of local agencies are invited to join one of our action teams, which review available evidence-based interventions and develop

strategic plans for implementation. Information about how to participate is available at the Healthy Alamance website, www.healthyalamance.com.

Chapter 2: Brief County Description

Geography: Alamance County’s 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. The 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.

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 20 miles west of Greensboro, and the Raleigh/Durham International Airport, located 45 miles to the east. The county is served by Norfolk Southern Railway, and the Burlington station is a stop on the Amtrak Passenger Railway System.

There are six public high schools, seven middle schools, nineteen elementary schools, and three special schools (Alamance-Burlington Middle College, Ray Street Academy and Career and Technical Education Center) that serve students across the Alamance-Burlington School System. Their distribution reflects the population density in the Interstate/railroad/US 70 central corridor.

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

History: Formed in 1849 from Orange County to the east, Alamance County has been the site of significant historical events, textile manufacturing and agriculture in North Carolina. Alamance County was named after Great Alamance Creek, site of the Battle of Alamance in 1771. By the 1840s several mills were set up along the Haw River and near Great Alamance Creek and other major tributaries of the Haw. Between 1832 and 1880, there were at least 14 major mills powered by these rivers and streams. But by

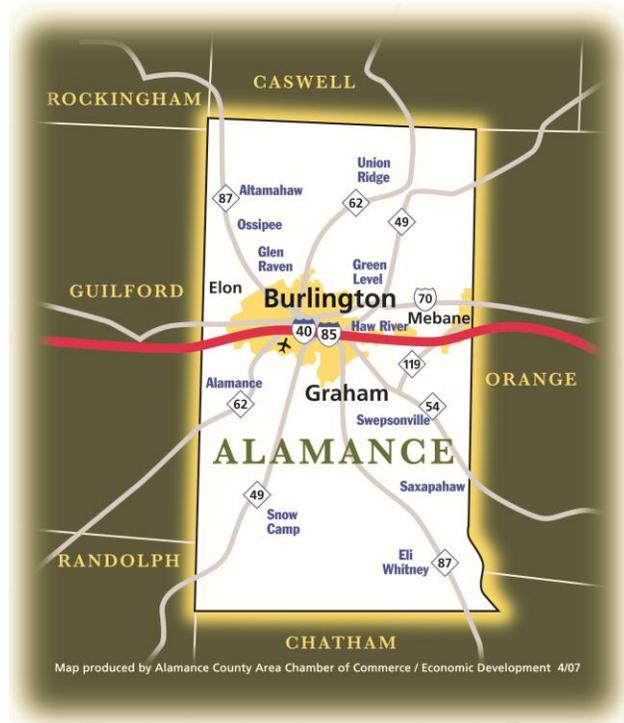


Figure 1

the late 20th century, most of the plants and mills had gone out of business, including the mills operated by Burlington Industries, a company that was at one time the world's largest textile manufacturer.

Alamance County Demographic Characteristics

- Part of the population can be traced to an influx of Hispanic residents over the past decade, which nearly doubled
- According to US Census Bureau 2010 data, the growth of the Hispanic population from 2000 to 2010 is 53 percent
- Alamance County is experiencing similar national trends with an increase in the average age of population being 65 years and older.

Education

The Alamance-Burlington School System serves schoolchildren and families in all nine municipalities and other areas of the county. Two institutions of higher learning, Alamance Community College, (over 5,000 students) and Elon University, a private liberal arts institution (6483 students), are located here. In 2015, the most recent data available, the county achieved its highest graduation rate; at 76 percent it reflects strong improvement yet remains below the state average of 82 percent.

Political Environment

According to the Board of Elections, there are 97,455 registered voters in Alamance County. There is a larger percentage of registered Democrats (43 percent) than Republicans (33 percent) in Alamance County; however, the majority of the county's elected officials are Republican. Approximately 24 percent of voters are registered as Libertarian.

Economy

The leading industries in Alamance County continue to be manufacturing, professional and technical services and retail trade. The unemployment rate has significantly decreased since 2010, and is lower than the state average. Please see **Appendix B Figure 2** for more detailed economic indicators.

Chapter 3: Community Assessment Process

The 2015 Community Assessment process included four methods for collecting data on the health status, needs, and perceptions in Alamance County:

1. Community survey via Elon University Polling Center
2. Secondary data from external sources
3. Focus groups Latino population
4. Key informant expertise via Community Leaders Forums

This method is implemented so that broad based community input is obtained first and as the process continues the base narrows thereby narrowing the priorities. This process allows the community assessment team to obtain overall concerns in the community and then drill down to identify top priorities for the county.

Collaboration among various community partners and agencies representing both health and social disciplines allows for this robust and comprehensive assessment process. Lead agencies include Alamance County Health Department, United Way of Alamance County, Alamance Regional Medical Center, Healthy Alamance, Alamance Community College, Impact Alamance, and Elon University.

Elon University Poll	Secondary Data	Focus Groups	Community Leaders Forum
<ul style="list-style-type: none"> ● 744 English-speaking adults surveyed ● Stratified random sample, statistically valid ● Over 50 questions 	<ul style="list-style-type: none"> ● U.S. Census ● NC State Center for Health Statistics ● Local data ● Agency data 	<ul style="list-style-type: none"> ● 2 Latino groups, Spanish-speaking ● Received specific input on important issues ● Analyzed data and created report 	<ul style="list-style-type: none"> ● 2 sessions hosted ● Presented findings and received feedback ● Created forum report

Elon University Poll

In collaboration with the Elon University Polling Center, the community assessment team developed a survey to be administered through the community via telephone. Elon University Polling Center conducted the survey using a random sample of Alamance County households using both landline telephone numbers and wireless telephone numbers. Elon University Polling Center systematically stratified telephone numbers according to subpopulation in order to obtain an accurate and statistically sound cross-section of Alamance County residents for the poll. Additional information regarding the selection of participants and methods used, refer to Elon University Poll website: https://www.elon.edu/docs/e-web/elonpoll/040314_ElonPoll_summary.pdf. From February 21-February 23, 2014, 744 individuals 18 years and older were interviewed for the survey by phone. The survey was conducted in English and calls were made at various times throughout the day. The poll has a margin of error of 3.58 percentage points. Results of the poll were distributed by Elon University Poll through a press release.

Secondary Data

In addition to primary data collection from within the community, the community assessment team obtained various data points and trend information from secondary statistical sources. The secondary data provided additional information about the health and well-being status of those living in Alamance County. The U.S. Census was used for economic, social and environmental climate of the county. The most current and relevant data was used in the creation of the assessment.

The primary source of health related data was the N.C. State Center for Health Statistics (NC SCHS). The NC SCHS compiles morbidity incidence and prevalence as well as mortality data. Health and social data is contained in the County Data Book and is updated each year. The most recent data available is from 2013. The County Data Book can be found at <http://www.schs.state.nc.us/schs/data/databook/>. In the past, the Behavioral Risk Factor Surveillance Survey (BRFSS) has been a primary source of data for the community assessment. The BRFSS, prior to 2011 in addition to state and regional data on health behaviors, also provided county level data. In 2011, the BRFSS changed sampling practices, and county-level data are not currently available. As a result of this change, counties, including Alamance, have begun using the County Health Rankings as a source of local level health outcomes and data. County Health Rankings are readily available at <http://www.countyhealthrankings.org/>. One limitation of the County Health Rankings remains the lag in current data being available online; typically the rankings are two or

more years behind current year. *Throughout the assessment, data is reported in comparison to both neighboring counties and a demographically comparable “peer” county. See **Appendix B Table 5** for additional discussion of our comparison counties.*

For a complete list of secondary data sources, consult **Appendix B: Additional Data and Information**. **All tables are linked to the Appendix throughout the document.**

Focus Groups

The Community Assessment team conducted two focus groups both with Alamance County Latinos. The primary purpose and function of the focus groups was to obtain the opinions, beliefs and perspective of individuals that may have been missed in the community-wide survey. The community survey conducted via the Elon University Poll was completed in English only thereby potentially excluding Spanish-speaking individuals living in Alamance County that did not speak English. In order to capture those voices, two focus groups were conducted in Spanish. The Community Assessment team collaborated with bilingual parent educators from the Alamance Partnership for Children to complete the focus groups. Please see **Appendix A: Acknowledgements** for a complete list of parent educators and summary.

Leader Forum

The final component of data collection included a community leader forum. The forum brought together approximately 80 community stakeholders to discuss key findings from the community poll, secondary data, and data from the focus groups. Leaders were asked to discuss the issues facing the county and their context within the well-being of the community. Participants were asked to then rank issues in importance and those that would have the most impact on Alamance County for the next three years. The specific issues from the forum rankings were then “coded” into broader priority themes, including Chronic Disease, Education, Access to Care, Economic Issues, Crime and Safety, and Socio-Cultural Issues. The dates of the community forums were November 17 and 18, 2014.

Priority Setting

After collecting data from the community and secondary sources, a group of key community leaders were convened to assist in setting priorities using a composite analysis process. The group included elected officials, funding agencies, health care providers, public service agencies, business leaders, education leaders, private industry leaders, and faith based leaders. More than 30 leaders participated in the priority setting event.

The community assessment team presented the group with six broad priority themes: Chronic Disease, Education, Access to Care, Economic Issues, Crime and Safety and Socio-Cultural Issues. Primary data from the community poll and secondary data from external data sources was presented on each of the areas. After discussion of data, participants were asked to assess each area on the magnitude of the issue in Alamance County, the level of concern in the county, and feasibility to make change in the area. Participants were asked to rate each topic based on each of the criteria using a Likert scale of 1 being less likely/less important to 10 being very likely/very important. For example, Access to Care may receive an 8 for magnitude of the problem, an 8 for the level of community concern and a 7 for the feasibility to make change. The participants’ rankings were averaged, range and mode was determined for each criteria area. The final priority score was calculated by taking the average magnitude for each topic and adding two times the community concern average then multiplying by the feasibility of the issue. Please see **Appendix B Table 4** for breakdown of magnitude, feasibility, and raw scores.

Chapter 4: Community Concerns and Priorities

“Social determinants of health” describe factors that impact individuals’ and populations’ well-being directly and indirectly but significantly. This assessment identifies three priority areas for improving well-being in Alamance County: **access to care, education, and economic factors**.

Access to care includes such problems as lack of transportation or insurance, and difficulty finding a provider. Level of education has been directly linked to health outcomes, with lower education generally indicating higher risk for poor health. Income and economic factors impact nutrition, personal safety, and environmental hazards, among many other factors than can influence individual and community well-being.

Access to Care in Alamance County

Why is this issue important?

Access to care is a perennial concern throughout our area of the country, and was also a priority area in the 2011 Alamance County Community Assessment. Regular contact with a trusted medical provider allows individuals to receive preventive health care, such as vaccinations and screenings. For people with chronic conditions, such as diabetes, consistent medical care is critical for them to adjust to medication or make lifestyle changes to improve their health. People who have an enduring relationship with a primary care provider are usually more satisfied with their care and have fewer hospitalizations than those without a regular provider.

Specific barriers that result in a lack of access to health care include a lack of health insurance or sufficient income to pay for the costs of care, or inadequate numbers of specific types of medical professionals in the community. Even a person who has insurance may not have transportation to a medical clinic, or may speak a language other than English and need interpreter services. Often, people work hard to overcome these barriers. Sometimes, though, a person who has minor conditions may dismiss a little pain or other symptoms due to the extensive barriers to seeking medical care. They may not see a doctor until their conditions are serious, sometimes leading to chronic illness, permanent disability, or advanced and irreversible disease.

When this happens, their medical needs can be very expensive; these costs, and their pain and suffering, are prevented in communities that have removed barriers to accessing care. Landmarks of such communities include robust public transportation services, appropriate numbers of primary care providers, specialists, and mental health professionals, and high rates of high quality insurance coverage and “safety net” providers who work with the uninsured. Access to care can be conceived as “Getting There” (transportation), “Having Somewhere to Go” (sufficient providers) and “Paying for It” (insurance coverage). The following sections will give a more in depth review of these issues over time and in comparison with neighboring counties.

How does Alamance Compare to Other Counties?

Transportation: In any given community, approximately 1/3 of residents do not drive their own vehicle, because of age, cost or personal preferences. In the Elon University Poll of Alamance County, 75 percent rated the lack of alternative transportation (such as buses, bike lanes and sidewalks) as “important” or “very important”. Additionally, the following groups in Alamance County have even higher percentages rating transportation as important or very important, including people earning less than \$25,000 annually

(83 percent), people with graduate school education (89 percent) and African-American residents (90 percent).

Recent additions to transportation options include the PART Route 4 Express service and the fixed route service in Burlington and Gibsonville. The fixed route system is still in development and intends to begin service in 2016 and initially consist of four routes, with Monday through Friday service. These additions are important improvements to medical access, allowing people in Alamance County to access medical “hubs” around Alamance Regional Medical Center, the Graham-Hopedale area with its many safety net providers, and connect to MedCenter Mebane, UNC Hospitals and Duke University Medical Center to the east and Cone Health hospitals and Wake Forest Baptist Medical Center to the west. Please find available lists of local and regional transportation resources in Alamance and surrounding counties in **Appendix B Table 6**.

Medical Provider Ratios: Lack of sufficient providers of care, whether primary care or specialists, can be a barrier to good health. Long wait times for appointments or the need to travel to other communities to find providers may result in delays in seeking care, missed appointments, and sometimes even giving up on finding the right treatment. For provider-to-population ratios, *lower* numbers are *better* because it means that we have more providers per number of people living in Alamance County. Alamance has better ratios than Caswell County, but lags behind Guilford, Orange and the state average in these professions.

Provider ratios may not tell the whole story of access, because each provider accepts different forms of insurance and payment. While the provider ratio for dentists in Alamance County (2,199:1) is close to the state average (2,022:1), about 20 percent of Elon University Poll respondents could not get dental care for adults, usually because of issues with insurance or overall cost of care. In **Appendix B Table 7**, we see that Alamance County (1,272:1) lags far behind the state average (696:1) in its numbers of mental health providers. About half of all Elon Poll respondents reported that they had a close friend or family member dealing with a mental health issue such as depression or anxiety. Approximately 1 in every 10 Elon University Poll respondents reported not being able to get mental health care for themselves in the past year. People with low incomes and those with a high school or lower education level reported more difficulty in finding mental health care. Focus group respondents reported difficulties finding mental health providers who could offer treatment in Spanish. They noted that low income or undocumented immigrants may not be able to purchase insurance and often cannot afford to pay for these services out-of-pocket. In many cases, Spanish-speaking therapists and counselors are not available. Some participants reported issues with being able to understand and participate in English-language therapies and services that their children may be receiving.

In addition to determining provider ratios, a health resources inventory was compiled by using the United Way 211 database of community resources <http://www.nc211.org/>.

Insurance: In North Carolina, people may access health insurance through employer-sponsored coverage, by individual purchase, or through public programs such as Medicaid (low income), Medicare (seniors) and NC Health Choice (children in working families). Some people fall into an income gap where their incomes may be too large to qualify for Medicaid, but are not large enough to afford insurance in the private market. To address this gap, the Affordable Care Act of 2010 (known as the "ACA") provided subsidies to states to expand Medicaid eligibility to include families with income levels twice the federal poverty level, required more employers to provide coverage as a benefit of employment, and created

health insurance marketplaces (sometimes called "exchanges") to help people find appropriate coverage and apply for subsidies from the federal government.

Appendix B Table 8 compares enrollment numbers in the first two years of the health insurance marketplace, and shows the most recent tallies of participation in Medicare and Medicaid, as well as overall percentage of residents with some form of health insurance, by county. The most recent verified numbers for overall insurance enrollment is from 2015 (far right column), and would be expected to improve because of ACA programs. Alamance is slightly lower than the state average rate and the rates of surrounding counties in overall insurance coverage.

While overall, about 17 percent of Alamance County residents are uninsured (according to latest available estimates from 2013), there are some groups of people who are less likely to be insured. This includes people ages 19-25 (about 30 percent uninsured, as compared to 6 percent for children and 3 percent for people over 65); residents who are not United States citizens (66 percent are uninsured); people earning less than \$25,000 a year (33 percent are uninsured) and people who did not graduate from high school (39 percent are uninsured). In the first enrollment for the ACA exchanges, 50% of those eligible enrolled (n=5,000). In the second enrollment, 7,000 enrolled. North Carolina is one of 20 states that have, to date, declined to expand Medicaid under the Affordable Care Act. Were that to change in 2016, an additional 300,000 North Carolinians would gain health insurance, including approximately 5,242 Alamance County residents.

How does Alamance trend over time regarding access to care?

↑Transportation: The development of the fixed-route bus system in Burlington and Gibsonville, and the PART Route 4 Express expansion into Alamance County are significant recent developments. Because neither is fully realized at the time of this writing in summer 2015, analysis of their effect on health care access is only speculative, but is likely positive. Alamance County residents will have access to additional affordable resources to seek care both at medical centers here and in neighboring counties.

↔ Provider Ratios: As **Appendix B Table 7** indicates, Alamance County has been steadily increasing its physician-per-person ratio, from 14.9 physicians per 10,000 residents in 2006 to 18.1 per 10,000 in 2012. Dentist and psychologist ratios have remained roughly the same over this time span, with dentists keeping pace with state rates while psychologists ratios in Alamance County are barely a quarter of the state average. Rates of primary care physicians rose and then dropped back to 2006 levels in 2012. Because NC ranks near the bottom nationally for supply of health professionals (for example, the state's average dentist ratio of 4.2 is 47th in the nation), this may be an opportunity for improvement in Alamance County, especially in mental health.

↑Insurance: There is a significant lag in most recent data on insurance rates, so the gains in insurance rates from the Affordable Care Act have not yet been fully analyzed. However, the ACA exchange enrollment increases between 2014 and 2015 and increased awareness and attention to the issue will likely result in improvements in health insurance rates, and consequently access to care, for Alamance County residents.

Who is working in Alamance County to Increase Access to Care?

Alamance County's "safety net" medical providers are a combination of many different entities including private organizations and practitioners that provide care to patients with Medicaid and/or uninsured patients at an economic loss, including many mental health practices; the four Federally-Qualified Health Centers run by Piedmont Health Services; Alamance Regional Medical Center, which offers emergency services regardless of ability to pay, and a 50 percent discount to all uninsured patients; free clinics for

people without insurance such as the Open Door Clinic and Medication Management Clinic; and the Alamance County Health Department. These medical providers are joined by organizations, such as the United Way and FAST (Friends and Advocates for Sustainable Transportation), who support the expansion of transportation services. Legal Aid of NC has an important role in expanding access to care through their health insurance navigators who assist people in finding affordable health insurance appropriate to their needs (see **Appendix B Table 10** for more information). We have realized significant improvements in transportation and insurance coverage in recent years. In our community, decreasing the disparities in insurance coverage across all groups and increasing the number of primary care and mental health providers are clearly identified opportunities for improvement.

Education

Why is this issue important?

Low education levels are linked with poor health, more stress, and poverty. An individual's health is highly correlated with his or her social position, and success in school and educational achievement are major factors in determining social and occupational status in adulthood. The NC Institute of Medicine's report on Prevention for the Health of North Carolina (2009) states that people with higher incomes, more years of education, and who live in a healthy and safe environment have, on average, longer life expectancies and better overall health outcomes. Education among adults is also linked with children's health. Babies of more-educated mothers are less likely to die before their first birthdays, and children of more educated parents experience better health.

Education not only affects the health of the individual, but that of the entire community. Communities that have high rates of people who have finished high school or college are more attractive to businesses that are seeking a skilled workforce. Additionally, higher education attainment translates to better employment opportunities as seen in **Appendix B Table 11**. Communities that attract and retain businesses have a healthier economy, are able to employ more people and can provide sustainability for community growth. Below are the effects predicted by the Common Good Forecaster, if adults (age ≥ 25) in our county achieved one higher level of education than they currently have:

- Life expectancy would increase 1.8 years from 77.2 years to 79.0 years
- Median personal earnings would increase \$7,266 (23 percent) from \$30,873 to \$38,139
- Unemployment rate would decrease from 9 percent to 6.1 percent, resulting in 2,254 fewer people
- Poverty rate would decrease from 13.0 percent to 7.7 percent, resulting in 5,266 fewer people living in poverty - to learn more, <http://apps.unitedway.org/forecaster/indexnowrapper.html> .

How does Alamance County compare to other counties/the state?

In Alamance County, 83 percent of people have no schooling beyond high school and 21.7 percent are college graduates. Alamance County has lower degree attainment, percentages of students taking the SAT, and SAT scores than Orange, Guilford, and Chatham Counties as well as North Carolina. Caswell and Rowan Counties have a lower percentage than Alamance in attainment of high school and bachelor degrees. The same pattern is true in the percentage of graduates who took the SAT, as well as average cumulative SAT scores. These score trends in Alamance County, compared to most of our peer/neighborhood counties, past local support for public schools, availability and accessibility of alternative school options, poverty levels, and social supports for students. Please see **Appendix B Table 13** for scores.

The 2012-2013 North Carolina School Report card showed that Alamance County falls below the state percentages of students who scored at or above their grade level on the reading and mathematics End-of-Grade test in every grade (3rd – 8th). The North Carolina Report website also indicates that the Alamance Burlington School system receives less funding per pupil from the local and state governments than the statewide average as seen in **Appendix B Table 15** 📄. The local per pupil spending amount is also less than surrounding counties (with the exception of Caswell). The State of North Carolina recently launched letter grade report cards for state schools. In Alamance County, only three of the district's schools received an A or B grade. Seventeen schools received C grades, and 14 schools received a D or F. Those schools with the lowest letter grades have the highest level of free and reduced lunch participation, an indicator of income insecurity.

How does Alamance County trend over time regarding education?

Over time, Alamance County has generally scored below the state averages on end-of-grade testing for grades 3-8 in reading. The percentages of students reading at or above their grade level have increased over the years as seen in **Appendix B Table 16** 📄. Alamance has, in the past, had very similar percentages of students scoring at or above their grade level in math to those percentages of the state. That percentage has also trended upward over time as well, and is generally about 15 percent higher than the reading percentages.

NC collects and publishes data on high school achievement for Biology, Algebra I and English I. In biology before 2009, Alamance County scored below the state in percentages of students at grade level; however, it did increase from 56 to 69 percent from 2005 to 2009. After 2009 Alamance County had generally the same or higher percentage of students testing at or above their grade level in biology as the state average. Over time, Alamance County has followed a similar pattern as the state in percentages of students scoring at or above grade level in English I, with scores increasing since 2006. However, Alamance County consistently averages about 3 percent lower than the state in English I scores.

The percentages of students scoring at or above grade level in Algebra I in Alamance County has trended very close to the state averages. In past years, Alamance has had some significantly higher percentages than the state; however since 2011 the state has generally shown higher percentages. Mirroring the English scores, since 2006 the percentages generally increased in both the state and county.

Over time, Alamance County's graduation rate has increased steadily. Since 2009 we have lagged behind the state graduation average, seeing a larger gap each year, as seen in **Appendix B Table 17** 📄. In 2014, 79 percent of Alamance students graduated after 4 years of high school, according to the State Board of Education Cohort Graduation Rate report. This is almost 5 percentage points *below* the state 4 year graduation rate. The five year graduation rate of Alamance County is only 1 percentage point below the state average. While North Carolina's average graduation rate has risen 12 percent over the past five years, Alamance County's rate has only increased about 8.5 percent.

Who is working in Alamance County to Improve Education?

Alamance County is known throughout the state for its collaborative work approach. The community is small enough that all of the key players know one another and all are committed to the work of improving our school system, and outcomes for children. The Children's Executive Oversight Committee (CEOC), is a group of leaders (recognized at the state/national level) that has been meeting over the past 7-years to make timely decisions and implement a System of Care approach for children and families in Alamance County by creating community based solutions. CEOC accomplishments include: opening the Family

Justice Center, expanding Child and Family Teams, expanding Parents as Teachers/Incredible Years programming, Family Drug Treatment/Court grant, and two early-childhood mental health federal grants from the Substance Abuse Mental Health Services Administration (SAMHSA) (Alamance Alliance/Project LAUNCH). Primary results of the strategic plan include focus on alignment of agencies and efforts in our community for child well-being and improved educational outcomes.

In addition to CEOC, more than 50 business and community leaders in Alamance County came together to develop a community vision for public education. As an outcome of its September 2011 planning retreat, the Alamance-Burlington Board of Education proposed a strategic planning initiative to discuss how best to enhance the capacity of the school system to prepare students to lead in a changing world. During the 2012-2013 school year, fifty diverse community stakeholders met regularly, investing between 45 hours of vision development work per person. The process resulted in “A Vision for Public Education” in Alamance County. Community Stakeholders continue to share this vision and engage the broader community on behalf of public education. The vision statement:

“We envision a public school system that is a national model for its curriculum and community engagement to empower all Alamance County students with equal opportunity for civic engagement, a meaningful quality of life and skills for economic success – for themselves and our community.”

This vision has led to the development of the school system’s strategic plan, which is currently in the final stages of design moving toward implementation.

Impact Alamance, a new foundation formed from the merger of Alamance Regional and Cone Health, has also chosen education as one of its priority funding areas. The foundation is currently partnering with community leaders and existing groups that focus on education improvement (including CEOC, United Way, business leaders, faith community, elected officials, school officials) to explore a cradle to career model of collective impact that will focus on improving early childhood development, kindergarten readiness, 3rd grade EOG testing scores, 8th grade EOG testing scores, high school graduation rates, college attendance, and career obtainment. This approach will focus on these key milestones in a child’s life, and will improve our local schools so that every child has an equal opportunity for success.

Economic Issues

Why is this issue important in Alamance County?

Economic inequality impacts many aspects of health and well-being. Lower socio-economic status puts people at higher risk for health problems such as heart disease, obesity, mental health problems, respiration disease, and others. A lower income may mean that a family must purchase lower quality food and low-income neighborhoods are often less safe. Additionally, borrowing funds to make ends meet, especially in the case of an unexpected expense, can become a significant debt to a low income family. When crises strike, many low-income families struggle to provide the basics and have little money for savings and must make difficult choices and sacrifices. The health gap between high and low income group’s increases with age, and the effects of insufficient income are seen most severely in the health of the elderly.

In North Carolina, the problems with inadequate income are especially acute as the calculated Living Income Standard (LIS) for a family of four is \$52,275 per year, but more than a third of such families in the state earn less than that. Additionally, public income assistance eligibility is limited to those earning less than \$23,550 – the federal poverty level – though the calculated LIS in Alamance County is more than

twice that value. Eighty-four percent of aid recipients are employed, looking for work, or disabled and of the 16 percent left, many are primary caregivers to children or adults. For 2015-16, 15 Alamance-Burlington (ABSS) schools received Title I funds based on economic need. Title I funds are used in North Carolina to help at-risk students meet the state's challenging academic content and performance standards. The ABSS schools with the lowest letter grades on the recent school report cards also have the highest levels of poverty and income insecurity. Education and Financial Stability are directly tied to the overall health and vitality of our community.

How does Alamance County compare to surrounding counties?

According to the 2013 American Community Survey (US Census, 2013) Alamance County has a higher percentage of people living below the poverty level, at 18.3 percent, than the state of North Carolina, at 17.5 percent. Twenty-three percent of the population of Alamance County has an income less than 125 percent of the poverty level, and 48 percent of renters were unable to afford the fair market rent for a 2-bedroom housing unit in Alamance County.

Alamance County's average weekly wage is approximately 20 percent lower than the state's, and significantly lower than Orange, Guilford, and Rowan Counties. Median household income in Alamance County from 2013 was 6.8 percent lower than the state average household income. Since 2002, real pay in Alamance County has fallen \$2,000 while in comparable counties in the state and other surrounding counties it has stayed relatively constant. Alamance County median household income is lower than the reported Living Income Standard (LIS) by \$4,765 (**Appendix B Table 18** ). The difference between the median income and LIS in Alamance County is larger than in Chatham, Guilford, and Orange Counties. However, Caswell and Rowan counties have even larger disparities in their median income and LIS. The wealthiest 5 percent of Alamance Counties' households had an average income that was 22 times greater than that of the poorest 20 percent of households and five times greater than that of the middle range of households. Please see **Appendix B Table 19**  for more information.

The rate of children living in poverty in Alamance County, 27 percent in 2013, has exceeded the state average in recent years. There has also consistently been a higher percentage of children in poverty in Alamance County than in Chatham and Orange counties over the past 10 years (**Appendix B Table 20** ). Insufficient wages often lead to food insecurity, and in Alamance County approximately 16.7 percent of the population, or 25,450 individuals, are considered food insecure. This rate is lower than Guilford, Caswell, and Rowan but higher than Chatham and Orange. However, 26 percent of children in Alamance County experience food insecurity, a higher percentage than Chatham, Guilford, and Orange Counties. Alamance County experiences a lower unemployment rate than most surrounding counties and the state. (**Appendix B Table 22** )

How does Alamance County trend over time regarding economic issues?

Alamance County's unemployment rate in January 2014 was 6.7 percent, a significant improvement from 9.3 percent in January 2013. Over this time period, however, only about 2 percent of previously unemployed workers found employment while the rest of the decrease in the unemployment rate can be attributed to others "dropping out" of the labor force. There were 71,489 workers in the county's labor force in January 2014, a decline of 2,054 since January 2013. The number of employed people in the county increased by 42 from January 2013 to January 2014. Additionally, the unemployment percentage has continued to decline, and in February 2015 was at 5.1 percent. Over the past 10 years, the percentage of children living in poverty has risen over 10 percent, reaching a peak at 29 percent in 2012, and then decreasing to 27 percent in 2013, the most recent year for which data is available. This rate has

exceeded the state average in recent years and has been generally higher in Alamance County than Guilford, Chatham and Orange counties over the past 10 years.

Who is working in Alamance County to increase economic and social opportunities?

Governmental programs provide significant job training, income supplementation, and other economic assistance programs. Additionally, United Way of Alamance County administered over \$315,000 of federal Emergency Food & Shelter funds (for shelter, rent, mortgage and food) and Duke Utility assistance (for utility payments) in partnership with local nonprofits. Allied Churches of Alamance County in partnership with Alamance County Interagency Council for Homeless Assistance (ACICHA) is working to promote coordination through a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families that are experiencing homelessness or at risk for becoming homeless.

Skilled individuals are needed to fill jobs, and Alamance Community College, Goodwill Industries and Alamance Burlington School System provide this needed job training as well as certification programs that are affordable for Alamance residents. Sustainable Alamance and Benevolence Farm also assist those re-entering the community from incarceration with job training and employment resources. Additionally, Alamance County is at the center of a developing corridor of commerce (Carolina Corridor) in North Carolina and the Alamance County Chamber of Commerce focuses efforts with the combined resources this location affords for expansion and relocation opportunities.

Conclusion

Alamance County has earned a reputation for being extremely collaborative. While this is true, we lack a mechanism to track progress, monitor indicators and measure outcomes in order to ensure continuous improvement. Shared data and information will inform practices, modify systems and institutionalize opportunities for learning which will improve community health outcomes.

The importance of collaboration between individuals, government, and non-government organizations cannot be overstated. These priority areas pose significant challenges, however with collective goals and strong leadership and commitment, Alamance County can begin to address these long-standing problems and improve to the health of individuals and the county as a whole.

Chapter 5: Health and Well-being Data

Mortality

The leading causes of death in Alamance County are similar to those for the state of North Carolina. As of 2013, the highest percentages of deaths were due to two primary causes; cancer and heart disease. These figures reflect age-adjustment for both the county and state of North Carolina. Overall, Alamance County is comparable to the state of North Carolina, falling just below many of the rates of death for the listed factors; however, exceptions do exist for certain causes including chronic lower respiratory diseases and nephritis, nephrotic syndrome, and nephrosis. Please see the **Appendix B Table 23** for direct comparisons between Alamance County and North Carolina rates.

Disparities exist in mortality statistics when considering the gender of Alamance County residents. Although the overall population consists of 73,726 male residents and a larger number of 80,652 female

residents, males are vastly overrepresented in mortality data. Males have higher rates of all leading causes of death, excluding Alzheimer's, despite the disproportionate gender ratio.

African Americans have higher rates of mortality from most leading causes of death, excluding Alzheimer's and Chronic Lower Respiratory diseases. One of the largest disparities that exist is in the number one cause of death, cancer, in which African American rates of death are 20 percent higher than those of White, Non-Hispanic populations. Additionally, there is no data available for African American mortality rates due to unintentional injuries, representing a gap in analysis. Data from Hispanic and other races is not available for comparison.

Although there appears to be a reduction in overall mortality rates over time since 1999, there are many causes of death that remain either consistent, or have increased in the past two decades. For example, chronic lower respiratory deaths have increased steadily since 1999-2003, and deaths from Alzheimer's continue to be on the rise.

Infant mortality rates for Alamance County decreased between the years of 2012-2013, but remain higher than the North Carolina average. When compared with neighboring counties Caswell, Guilford and Orange and peer county, Rowan, Alamance has the highest infant mortality rate.

These data, however, are somewhat distorted based on the very small sample size upon which rates are based. It is therefore also useful to observe the trends of infant mortality over time, for a more comprehensive idea of the fluctuation of data over five-year increments since 2001. In this analysis, significant improvements have been made, particularly for minority populations, in which mortality rates have fallen by more than 50 percent since 1999-2003.

Please see the **Appendix B Table 24** for detailed statistics and graphics regarding mortality by race, age, gender and time period (North Carolina State Center for Health Statistics (NCSCHS)).

Morbidity

An important factor in measuring the health of Alamance County residents is morbidity, or the health-related quality of life in the context of overall, physical and mental health. The County Health Rankings use measures to compare this indicator, and the 2015 rankings show Alamance County being 47th out of 100 counties for morbidity. This demonstrates a decline in overall quality of life since 2011, when Alamance County ranked 36th out of 100. (County Health Rankings, 2015)

In 2015, the average Alamance County resident experienced 3.8 days of poor physical health during a one month period, which is comparable to the North Carolina average of 3.6 days of poor physical health during one month. The number of poor physical health days is similar to the number of poor mental health days experienced by both Alamance County and North Carolina residents.

Another important indicator of how diseases can negatively impact quality of life is hospital utilization data surrounding time spent under care, the number of cases that are admitted under emergency situations and the medical costs incurred from treatment.

Inpatient Hospital Utilization, Alamance County, 2013

Diagnosis	Total Cases	Average Days Stay	Average charge per case
Cancer	512	6.2	\$39,372
Heart Disease	1,779	4.5	\$37,423
Chronic Lower Respiratory Disease	1,038	5.6	\$25,501
Cerebrovascular Disease	553	4.2	\$26,391
Alzheimer's Disease	*	*	*
Unintentional injuries	1,413	5.4	\$36,144
Nephritis, nephrotic syndrome & nephrosis	336	5.0	\$17,536
Diabetes Mellitus	267	4.7	\$19,972
Pneumonia and influenza	370	4.9	\$18,505
Septicemia	816	6.0	\$26,269

(Source: NCSCHS, County Health Data Book)

Chronic Disease

Cancer

Cancer is a disease characterized by the uncontrolled growth and spread of abnormal cells. Cancer can be treatable with early detection. Behaviors, genetics, hormones, immune conditions, and the environment, such as tobacco, unhealthy diet, and infectious viruses such as hepatitis B or the human papillomavirus, can increase risk for cancer. Although cancer continues to rank highest for leading cause of death in Alamance County, the total number of cancer deaths has been on the decline since 1999. Cancer should, however, continue to be a priority area for prevention and treatment, as an aging population may cause mortality rates to increase.

Age-Adjusted Cancer Incidence Rates, 2007-2011

	Total Cancer Cases	Rate per 100,000 pop.
Alamance County	4,426	518.8
North Carolina	249,128	496.1

(Source: NCSCHS, County Data Book)

Cancers caused by diet and tobacco use are preventable. For example, in 2011, lung cancer accounted for 31 percent of all cancer-related mortality in Alamance County. In 2012, the Surgeon General named tobacco products the number one cause of preventable death in the United States. By severely reducing or strictly regulating the use of tobacco products, it is possible to combat high rates of lung, throat and mouth cancers and diminish mortality rates from these conditions.

The World Cancer Research Fund has estimated that up to one-third of the cancer cases that occur in economically developed countries like the US are related to overweight or obesity, physical inactivity, and/or poor nutrition. While certain cancers are related to viruses, many of these cancers could be

avoided by preventing infection, either through behavioral changes or vaccination, or by treating the infection.

Recommendations from the Center for Disease Control include the following encouraged preventative behaviors; avoiding tobacco use, increasing physical activity, achieving optimal weight, improving nutrition, and avoiding sun exposure.

In 2009, the estimated average years of life lost due to cancer in North Carolina was 10.2, representing a significant decrease in a health life expectancy for those diagnosed. Making cancer screening, information, and referral services available and accessible to all Americans is 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. (Center for Disease Control and Prevention)

Heart Disease and Stroke

Heart disease is a phrase that includes a number of more specific heart conditions. Heart Disease can cause heart attacks, stroke, heart failure, and an irregular heartbeat. The most common heart disease in the United States is coronary artery disease (CAD), which can lead to a heart attack when fat and other substances collect along the arterial wall and cause a hardening plaque material to buildup. This hardened plaque causes the blood vessels to become narrowed. Other risk factors that contribute to CAD are: high blood pressure, high LDL cholesterol, high triglycerides (fat), tobacco smoke, inactivity, obesity, alcohol use and diabetes mellitus. Most if not all of these risk factors are indeed controllable. (Center for Disease Control and Prevention)

A stroke (also called cerebrovascular disease) happens when the blood flow to the brain is blocked or when a blood vessel in or around the brain bursts, and part of the brain starts to die. A stroke is very serious, but treatable, by knowing the symptoms of stroke and seeking immediate attention, doctors can improve chances of recovery if you get to the hospital within three hours of symptoms appearing. According to the NC Stroke Association, every 20 minutes, someone in North Carolina is hospitalized with a stroke and every two hours someone dies from a stroke. Up to 80 percent of strokes are preventable by making healthy lifestyle changes, such as, controlling high blood pressure, losing weight, and not smoking. Strokes can cause significant disability including paralysis as well as speech and emotional problems. Please see the **Appendix B Table 29**  for more detailed data for stroke.

The average years of life lost for heart disease and stroke in North Carolina were 7.3 and 5.4 respectively in 2009. Therefore, prevention of the risk factors that contribute to these diseases will improve the length and quality of life for those diagnosed (NCSCHS, Health Profile). Please see the **Appendix B Table 28**  for more detailed data for heart disease.

Diabetes

Diabetes is a group of diseases marked by high levels of blood glucose, resulting from defects in insulin production or action in the body. In 2013, diabetes mellitus remained the 8th leading cause of death in Alamance County, and the 7th in the state of North Carolina. Incidence rates have fallen since 2009, but the burden of disease on the community remains high as patients cope with their illness. In 2013, costs in

Alamance County for treating inpatient hospital stays reached over \$5 million, with an average cost of \$19,972 for each patient admitted. Additionally, if the diabetes epidemic remains uncontrolled in North Carolina, it is estimated that annual medical and societal costs will surpass \$514.4 billion by 2025. (Institute for Alternative Futures) (Center for Disease Control and Prevention)

There are three types of diabetes as defined by the Center for Disease Control: Type 1, Type 2, and gestational. Type 1 diabetes or juvenile-onset diabetes, may account for 5 percent to 10 percent of all diagnosed cases of diabetes. Risk factors are less well defined for Type 1 diabetes than for Type 2 diabetes, but autoimmune, genetic, and environmental factors are involved in the development of this type of diabetes. Type 2 diabetes or adult-onset diabetes, may account for about 90 percent to 95 percent of all diagnosed cases of diabetes. Risk factors for Type 2 diabetes include older age, obesity, and family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. Gestational diabetes develops in 2 percent to 5 percent of all pregnancies but usually abates when a pregnancy is over. Gestational diabetes occurs more frequently in minorities, people with a family history of diabetes, or obese women. Women who have had gestational diabetes are at increased risk for later developing Type 2 diabetes. (Center for Disease Control and Prevention)

Recommendations from the American Diabetes Association to prevent or delay Type 2 diabetes are maintaining a healthy weight, eating well and being active. With these steps, you can stay healthier longer and lower your risk of diabetes. Please see **Appendix B Table 30** for more information.

Infectious Diseases

Influenza and Pneumonia

Influenza, which is most commonly referred to as the flu, is a viral illness that affects the respiratory system and can be very contagious. There are two main strains of the virus, which differ in their molecular structure, and are spread through the inhalation of droplets spread by those infected with the flu from coughing, sneezing or talking. Symptoms can include fever, cough, sore throat, runny or stuffy nose, fatigue or headaches. The severity of the illness can range from mild to life-threatening, and certain groups are at a higher risk for complications than others; these include populations ages 65 years and over, those with chronic conditions such as asthma or diabetes, pregnant women and children. The Center for Disease Control (CDC) estimates that during a regular flu season up to 90 percent of deaths occur in those who are 65 years of age or older. Pneumonia can be a potential side effect of the influenza virus, as the infection causes inflammation of vessels and worsening of cough or fever, and poses a particularly high risk for older adults and children.

The 2014-2015 flu season in North Carolina yielded 5,588 positive results for influenza strains in hospitals, and peaked in mid-December. Compared to earlier years from 2012-2014, the incidence of influenza-like illness remained much higher over time up until early April. In North Carolina, there were a total of 218 influenza-associated deaths, 83 percent of which were in populations over the age of 65.

Administering vaccines is one strategy for preventing and reducing the impact of influenza, as they allow for people to develop antibodies to protect against infection. Flu vaccines protect against the most common strains of the virus, and should be administered before the flu “season” which can begin as early as October and end as late as May, but usually peaks in December. Although it is recommended for everyone over the age of 6 months to receive a flu vaccine, there are certain groups that have coexisting

medical conditions that make it unsafe. In 2014, the Alamance County Health Department administered 3,483 flu vaccines, representing a small decrease from 3,567 in 2013. (NC Influenza Sentinel Surveillance Program, Final Summary 2014-2015)

Tuberculosis

Tuberculosis (TB) is an infection of usually the lungs caused by a bacterium and if it is not treated properly, can be fatal. TB is spread through the air from one person to another when the person with TB coughs, sneezes, speaks, or sings and others breathe in bacteria expelled into the air. It is possible to have latent TB, in which people have the bacteria in their bodies, but it is not active. People with latent TB infection do not have symptoms, and they cannot spread TB bacteria to others. However, if TB bacteria become active in the body and multiply, the person will go from having latent TB infection to being sick with active TB disease. Symptoms of active TB may include cough that last more than three weeks, pain in the chest, coughing up blood or sputum, weakness, weight loss, loss of appetite, chills, fever or night sweats. Active TB is treated through a 6-9 months regimen of medication (Center for Disease Control and Prevention). TB cases remain very low both at a local level and at the state. The 2013 rate of TB was 2.6 cases per 100,000 population. This is slightly higher than the state rate of 2.2 cases per 100,000 population. It should be noted that these rates are based on very small number of cases (<20) and should be viewed with caution. The Alamance County Health Department continues to offer TB screening and treatment and subsequently tracks known TB cases in the community. Please see the **Appendix B Table 31** for a graph highlighting TB rates over time.

Sexually Transmitted Infections

Gonorrhea

Gonorrhea is a sexually transmitted infection (STI) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is most common in young people ages 15-24 years, and can be asymptomatic. If symptoms occur, they vary in men and women, depending on which part of the body is infected. Gonorrhea can also be spread from a mother to her baby during delivery. North Carolina law requires that pregnant women be screened for gonorrhea at intervals during pregnancy and that newborns receive an antibiotic prophylactic eye ointment as a preventive measure against gonorrheal conjunctivitis. Please see **Appendix B Table 33** for detailed rates.

The gonorrhea rates for the county have steadily declined since 2011 and current rates are the lowest in the last five years for the county. In addition, 2013 marks the first year since 2010 that the county has had lower rates than the state. Gonorrhea is treated with antibiotics. As with all STIs, is best to prevent infection before it occurs rather than rely on secondary treatments. (CDC Gonorrhea Factsheet)

Syphilis

Syphilis is an STI that can cause long-term complications if not treated correctly. Symptoms in adults are divided into primary, secondary, latent, and late syphilis. The infection can be acquired through direct contact with syphilis sores during vaginal, anal, or oral sex. Syphilis can also be spread from an infected mother to her unborn baby. Please see **Appendix B Table 32** for detailed rates.

Syphilis can have very mild symptoms or none at all. The symptoms of syphilis can resemble those of many other diseases. These can include a painless syphilis sore that appears after initial exposure, or a non-itchy body rash that develops during the second stage on the palms of your hands and soles of your feet. Syphilis rates include primary, secondary and early latent cases, and have been on the decline in Alamance County since 2011. The county rates have been consistently lower than the state rates for the last five years. (CDC Syphilis Factsheet)

HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus that affects specific cells of the immune system, called CD4 cells, or T cells. Over time, HIV can destroy so many of these cells that the body cannot fight off infections and disease, which may result in acquired immunodeficiency syndrome, or AIDS, in which immune systems are severely weakened. Currently, there is no effective cure. With proper medical care, HIV can be controlled with treatment called antiretroviral therapy or ART. It can dramatically prolong the lives of many people infected with HIV and lower their chance of infecting others. Today, someone diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy. (Center for Disease Control and Prevention)

HIV infection cases have remained relatively the same for most of the last five years in Alamance County, and have been well below the state average. In 2013, however, there was a slight increase to 16.2 cases per 100,000 population, making the county rate higher than the overall state, but numbers are very small and should be interpreted with caution. The non-profit Alamance Cares, located in Burlington, also provides education, awareness and testing for HIV, syphilis and Hepatitis C. For more detailed data, please see **Appendix B Table 34**.

The following are suggestions for reducing risk of contracting all sexually transmitted infections; use condoms during all sexual acts which prevent transmission of bacteria and viruses and limit contact with sores from diseases such as syphilis, maintain a mutually monogamous relationship with a partner who has been tested and has negative STI test results, undergo regular and frequent sexually transmitted infection testing and screening, abstain from sex or reducing number of partners to prevent exposure to infections.

The Alamance County Health Department continues to offer free STI screening and treatment for individuals. From 2013-2014, the Health Department offered services to 6,161 individuals in the Sexually Transmitted Infection Clinic for screening and treatment, and offered HIV tests to 7,050 patients. In addition, Alamance County Health Department provides educational opportunities for adolescents with the Teen Outreach Program (TOP) in local middle schools. The curriculum incorporates information on sexually acquired infections and how to prevent transmission. See **Chapter 6: Promotion of Health & Well-being** for more local data.

Injuries

According to the World Health Organization, injuries are any intentional or unintentional physical damage to the body. While intentional injuries are the result of directed violence perpetrated by an individual, unintentional injuries are most commonly motor vehicle crashes and accidental poisonings, drowning, falls, and burns. While motor vehicle injuries and all other unintentional injuries account for the ninth and eighth leading causes of death in Alamance County in 2013 respectively, the social and healthcare costs of injury morbidity are even greater burden to society. As injuries have been largely perceived as

unpredictable “accidents,” little attention has been dedicated to identifying risk factors and implementing injury prevention measures. (World Health Organization, 2014)

For both Alamance County and North Carolina in 2013, other unintentional injuries continue to be the sixth leading cause of death in the general population (State of the County Health Report, 2014).

	Motor Vehicle Crash Death Rate	Unintentional Injuries Death Rate
North Carolina	17	65
Alamance County	13	63
Guilford County	11	60
Orange County	13	45
Caswell County	22	86
Rowan County	18	78
Source: County Health Rankings, 2014		

Unintentional injuries remain the top killer of children in the United States, and approximately 200 children die in North Carolina every year due to unintentional injuries. In 2012 the child death rate due to motor vehicle injuries alone was 5.1 deaths per 100,000 population. The top three causes of child death in Alamance County in 2013 were prematurity (36 percent), SIDS and unintentional suffocation (11 percent), and motor vehicle accidents (7 percent). As unintentional suffocation is included in “all other unintentional injuries,” deaths from unintentional injuries and motor vehicle injuries account for the second and third leading causes of child death in Alamance County. Child injuries account for a huge number of emergency department admissions; in 2013 over 3,000 children were admitted to the emergency department in Alamance County due to injuries. (Cobb, 2015)

The Alamance County Health Department serves as the lead agency for the Safe Kids Alamance County, a coalition of public and private agencies committed to the reduction and elimination of preventable childhood injuries in children 0-19 years of age. To prevent unintentional injury, Safe Kids Alamance County provides workshops and trainings on a variety of topics such as pedestrian safety, car seat safety, fire safety, poison prevention, bike safety, hyperthermia and the dangers of leaving children unattended in cars, and home safety. (Cobb, 2015)

Obesity

Obesity is a physical condition in which a person’s BMI, or body mass index, is above 30. It is more severe than being overweight, and poses a number of significant health threats including heart disease, stroke and type 2 diabetes. Obesity results from a combination of poor nutrition and lack of physical activity, and continues to be a significant challenge for both Alamance County and the state of North Carolina. Since 2009, age adjusted percentages of Alamance County adults who are obese has steadily fluctuated between 33 percent and 34 percent, which is above the North Carolina average of 29 percent. According to the Center for Disease Control, the prevalence of overweight and obesity has increased sharply for children since the mid-seventies. The most current obesity rate for 2-4 year olds is 15.9 percent according to 2010 NC-NPASS.

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. Please see **Appendix B Table 37**. 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. Despite the proven benefits of physical activity, more than 50 percent of American adults do not get enough physical activity to provide health benefits and 25 percent of adults are not active at all in their leisure time. (Center for Disease Control and Prevention)

Oral Health

Oral health refers to the complete state of the teeth and bone, gums, tongue, lips, and cheeks as well as other supporting tissues in the mouth in either the absence or presence of disease. Common oral health problems include cavities, gum disease, and oral cancer. Both cavities, meaning holes in the teeth, and gum infections open up the body for further bacteria. These diseases may contribute to heart and lung disease, stroke, premature births, low birth weight deliveries, and diabetes. (NC Department of Health and Human Services, Oral Health County Level Summary)

The Surgeon General's Report found that those who suffer the worst oral health are among the poor of all ages; poor children and adults over the age of 65 particularly vulnerable. Members of racial and ethnic minority groups also experience a disproportionate level of oral health problems. Individuals who are medically compromised or who have disabilities are at greater risk for oral disease, and, in turn, oral disease further jeopardizes their health.

One of the NC 2020 objectives is dedicated to increase oral health services to children enrolled in Medicaid between the ages of one to five years. Data from Alamance County from 2012-2013 demonstrates that 97 percent of children enrolled in Kindergarten underwent screenings for decay, missing or filled teeth, and that data from all negative oral health indicators including average number of decayed teeth, untreated dental decay and missing or filled teeth were below the North Carolina state average. Additionally, Emergency Department visits due to dental/oral problems have remained well below the state average since 2008, and remain below 2 percent.

Currently, there are no free dental clinics for the indigent and adult population in Alamance County. The patients at the Open Door Clinic have a great need for dental services. Of the patients surveyed, 90 percent stated that they have had a tooth ache recently, 100 percent stated they have not seen a dentist in the last several years, and 93 percent of the patients claim that they need one or multiple teeth filled or pulled. The goal is to prevent patients from using the local Emergency Department for primary care and to help patients maintain their health and avoid costly hospital admissions due to chronic disease. Planning is underway to provide this service in Alamance County. Please see **Appendix B Table 38** to learn more.

The Alamance County Children's Health Clinic accepts both private and public insurance plans and offers sliding scale payments based on family income. Appointments can be made for children ages birth through 20 years. The underserved continues to be uninsured adults who don't qualify for Medicaid. (North Carolina Department of Health and Human Services)

Lead Poisoning

Lead poisoning occurs over time as a person inhales small amounts of the toxic compound, usually from lead-based paints or contaminated dust that lingers in old buildings from before regulations existed. Children under the age of six years are particularly vulnerable to damage from lead, which can severely impair mental and physical development and be fatal at high levels (Mayo Clinic).

In 2010, 50.3 percent of all children between the ages of one and two years in Alamance County were screened for elevated lead levels in their blood. Only 0.5 percent of those children screened were found to have elevated blood lead levels, which is a significant improvement from 2006-2007 when percentages were greater than 1 percent. In Alamance County, as well as surrounding counties, there are steadily decreasing rates of elevated blood lead levels. However, Alamance County still remains the highest among its neighbors and is slightly above the North Carolina state average. It should also be noted that these data represent a very small incidence of children and numbers should be interpreted with caution. (Kids Count Data, 2010)

Lead: percent of children (ages 1-2) found to have elevated blood lead levels	
County	Percent
Alamance	0.5
Caswell	0.4
Chatham	
Guilford	0.3
Orange	0.2
Randolph	0.4
Rockingham	0.3
Rowan	0.4
NC	0.4
Source: Kids Count Data, 2010	

Mental Health

About 51 percent of Alamance County residents surveyed by the Elon University Poll in 2014 reported that they or someone they know experiences mental health problems, and 9.4 percent of respondents said there was a time when they or a family member required mental health help but could not receive services. About 10 percent of participants responded that they would not know where to turn for mental health services, which is a significantly less than the 21 percent of respondents in 2011 who said they would not know how to access mental services (The Elon University Poll, State of the County Health Report 2012). Participants of the 2014 Poll responded overwhelmingly that the cost of mental health care, coupled with a lack of insurance, was a huge barrier to accessing care. Additionally, Alamance County has a poor ratio of mental health providers to clients. While Alamance has a better mental health provider ratio than Caswell, Randolph, and Rockingham, it is not comparable to its neighboring counties (Guilford and Orange) or peer (Rowan). Alamance County has a much lower ratio than the state average.

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services monitors nine progress indicators in its quarterly Community Progress Reports. These measurements portray the effectiveness of community behavioral health systems by comparing progress indicators to nationally accepted standards of care. These standards measure how well individuals can access and continue behavioral health services. The Community Advisory Council for Mental Health Services, led by

Cardinal Health Innovations and Healthy Alamance, was formed in response to the 2011 Community Health Assessment and includes mental health providers, consumers, schools, United Way, law enforcement, the health department, the local hospital, and health and human service agencies. The group has achieved the following accomplishments:

- Training related to mental health have increased for local law enforcement officers, community agencies, and business on topics such as Mental Health First Aid, Crisis Intervention Team Training and QPR (Question, Persuade, Refer), a suicide prevention training
- Increased number of trained sex offender treatment providers and a provider network council has been formed
- Introduced Community Guide to Assistance, developed by United Way, which serves to help with referral which has been distributed in bulk throughout the county to local nonprofits and businesses and posted online on the United Way of Alamance County website
- Offered the Parenting Under Two Roofs program has been introduced to reduce childhood trauma related to divorce and is being supported by the local court system
- Implemented an adult Mental Health Screening form for Non-Profits in partnership with United Way and other non-profit organizations in May 2013. An adolescent version is in development at this time for implementation in community agencies and schools
- Provided by Alamance County Health Department federal grant, Project LAUNCH, an early childhood behavioral health prevention initiative, conducted a total of ten LAUNCH-funded Triple P Level 3 trainings from 2012-2014 – a total of 194 providers trained

Mental Health Provider Ratio Comparison by Neighbor and Peer Counties	
County	Ratio
Alamance	1,272:1
Caswell	3,317:1
Chatham	1,346:1
Guilford	621:1
Orange	193:1
Randolph	1,469:1
Rockingham	1,288:1
Rowan	551:1
NC	696:1
Source: 2014 County Health Rankings	

Prenatal, Infant, & Maternal Health

Mortality

Maternal health and infant mortality are often cited as the foremost indicators for the general state of health of a country or community. The health of mothers and their children often serves as a reflection of the present health of a total population, as well as a predictor of health in the next generation. Infant and maternal mortality, in particular, are often looked to as indicators of the strength of a community's health care and support systems.

A number of maternal factors and 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: failure to begin prenatal care in the first trimester, mothers having less than a 12th grade education, and births to adolescent women (under age 20). Babies born too early and/or too small are at a greater risk for health conditions, developmental problems, neurological impairments, development of heart and respiratory

problems later in life, as well as educational and social impairments. Babies that are born too small are considered low birth weight (LBW). Low birth weight is defined, without regard to the duration of the pregnancy, as fewer than 2500 grams or about 5.5 pounds. (March of Dimes, 2014)

Pregnancy, Prenatal Care and Adolescent Pregnancy

While Alamance County's low birthweight percentage is consistent with our region and the state of North Carolina, it is worth noting that our state's percentage is higher than the national average and our region, with the exception of Orange County, is higher than the state average. As noted above, this factor is prime indicator of our community's overall health. Please see **Appendix B Table 39** for more information.

After infants are born, breastfeeding remains an important predictor for health outcomes of both the mother and child. The health benefits of breastfeeding include less risk diarrhea, ear infections, and lower respiratory tract infections, sudden infant death syndrome, diabetes, and obesity. Breastfeeding also helps protect mothers from breast and ovarian cancer. Women's, Infants, and Children (WIC) Food and Nutrition Service remains committed to the nutrition of both mothers and their children, and recipients of these services in Alamance County have remained consistently around or above the North Carolina state average for infant's breastfeeding during their first months of life. Guilford and Orange Counties, have higher rates of breastfeeding than Alamance does. Please see **Appendix B Table 43** for detail.

Prenatal care involves physical exams, weight checks, and various diagnostic tests to monitor the health of the mother and the developing child. In addition, it provides opportunities for physicians to discuss the mother's and infant's health, and answer any questions the mother may have regarding the pregnancy. Babies born too early, also known as preterm birth, are most likely to be low birth weight. Quality, comprehensive prenatal care and support services reduce the incidence of babies born at a low birth weight. (Center for Disease Control and Prevention)

It is important to note that Alamance County has a high teen pregnancy rate relative to its neighboring counties. Teen pregnancy is highly correlated to low birth weight births. Therefore, it not only important to provide education to reduce the percentage of teen pregnancy, but it is equally as important to ensure that teen mothers have access to prenatal care so that they can have the healthiest possible pregnancy. Although there have been slight reductions in the pregnancy rate per 1,000 15-19 year old women, Alamance County remains at 34.9 percent in 2013 with significant disparities for minorities, who account for roughly 83 percent of these teen pregnancies. For more detail, please see **Appendix B Table 42**.

Cesarean delivery can save lives and improve outcomes when used in response to certain specific medical indications of risk, but are linked to possible complications and less desirable birth outcomes. The procedure is a major abdominal surgery, and as such introduces significant risks of its own to mothers and babies. Since 2003, the percent of live births that are delivered by C-Section has steadily increased. Since 2006, C-Section births have made up over 30 percent of all live births in Alamance County (NC SCHS). The percentage of all births that resulted in a C-section from 2009 to 2013 was 30.2. Healthy People 2020, national health objectives, has identified reduction in C-Sections as a priority area in improving maternal and child health. The target C-Section rate in Healthy People 2020 is 23.9 percent. (North Carolina Division of Public Health)

In 2011, maternity care coordination services provided to eligible pregnant women through state funding underwent significant changes including the establishment of Pregnancy Medical Homes to serve women. In order to participate in the program, maternal health providers must agree to the following:

- Ensure that no elective deliveries are performed before 39 weeks of pregnancy
- Engage fully in the 17P project to prevent prematurity in each pregnancy medical home
- Decrease the C-section rate among first time pregnant women
- Complete a high-risk screening on each pregnant Medicaid recipient in the program and integrate the plan of care with local care/case management
- Open chart audits

Supporting Maternal and Child Health in Alamance County

Centering Pregnancy provides a group model of prenatal care for women at the Alamance County Health Department. This model allows women to participate in medical care services including weight and blood pressure measurements, as well as group discussion around prenatal topics and emotional support from women in an open, informative environment. The Alamance County WIC Breastfeeding Peer Counselor Program has targeted increasing rates of women who initiate and continue breastfeeding. The program offers training to peer counselors from certified lactation consultants in order to offer women culturally-sensitive support and relationships in both prenatal and post-partum phases.

Healthy Mothers Healthy Babies, led by the Health Department, serves to reduce infant deaths. Since 2005, the coalition has sponsored educational campaigns surrounding issues like Shaken Baby Syndrome prevention and Safe Surrender.

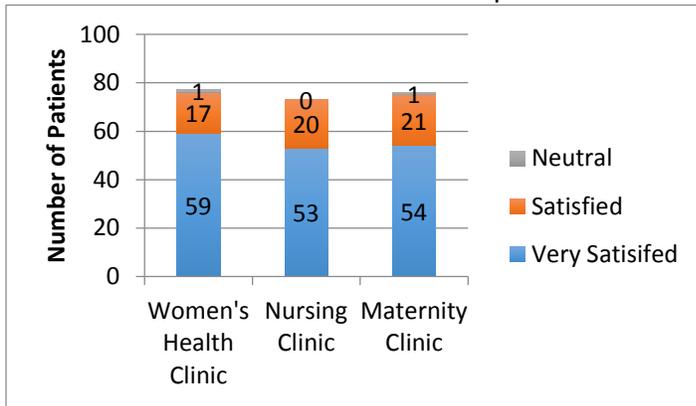
The Adolescent Parenting Program at the Alamance County Exchange Club provides additional support for adolescents who are pregnant or parenting for the first time. Through mentorship and educational opportunities, the goals of the program are to delay additional pregnancies, improve maternal and infant care, prevent abuse or neglect of self or child, and plan for future employment for parents.

Health Care

Healthcare Satisfaction

Overall, patients receiving medical services at the Alamance County Health Department were very satisfied with their experiences. Patients from the women's health, maternity, and nursing clinics consistently responded that their service from the check-in window, medical providers, and lab staff was either "very good" or "good." Nearly 100 percent of respondents said that they would recommend the Health Department to a friend.

Overall Patient Satisfaction with Health Department Services, 2013



To review the survey which contains quality measures for quality of care and patient satisfaction for Cone Health – Alamance Regional, please see the link to Medicare.gov Hospital Care <https://www.medicare.gov/hospitalcompare/profile.html#profTab=0&ID=340070&Distn=2.9&dist=50&oc=27215&lat=36.0294653&lng=-79.5041322>.

Access to Healthcare: Providers and Insurance Coverage

Access to healthcare is critical in ensuring a community’s health. Two important measures of access include the number of providers available to serve a community’s residents, and the health insurance coverage that helps residents to afford their services. The recruitment, development, and retention of primary care and specialist healthcare providers are critical factors in a community’s ability to assure access to healthcare. Many issues influence provider recruitment and retention, including location, compensation, and lifestyle. The *County Health Rankings* includes a measure of Clinical Care, or ratios by population of providers as part of its Health Factors indicator. Alamance County ranks # 28 of all 100 NC counties on this measure. The Clinical Care measure includes ratios of providers to the population. In 2014, Alamance County reflected one primary care provider to every 1,825 people in the county, with even higher ratios for dentists and has a lower primary care and mental health provider-to-population ratio than the state rate, indicating that health issues could be exacerbated by shortages of these providers. (County Health Rankings, 2014)

Some Alamance County residents report difficulty accessing health care due to cost and/or lack of health insurance. Of adults between the ages of 18-64 years, 24.7 percent were uninsured as of 2011-2013, with the highest disparities among non-citizens (69.1 percent) and those with less than a high school education (40.3 percent). Rates in Alamance County are higher than all neighboring counties, representing a definitive disparity for residents in insurance coverage. Several public programs assist specific groups in attaining health insurance coverage. *Medicare* is a federal program that provides health insurance coverage to all citizens over the age of 65 years, and a limited number of younger people with disabilities. The *Children’s Health Insurance Program (CHIP)* assists children in low-income families; in North Carolina, children with family incomes up to 216 percent of poverty (about \$50,600 for

About 1 in every 10 Alamance County residents report difficulty getting mental health care, and about 1 in every 5 have difficulty finding dental care. The top two reasons given are cost and lack of insurance. Alamance County residents with a high school education or less, and those with family income under \$50,000 have far greater difficulty getting these services.

Elon University Poll, 2014

a family of four) are eligible for CHIP or Medicaid. *Medicaid* is a federal-state partnership that shares costs of providing health care for low-income individuals. For non-disabled adults (between the ages of 18 and 64 years), Medicaid coverage in North Carolina is limited. As of January 2014, Medicaid eligibility for non-disabled adults is limited to parents with incomes below 43 percent of the federal poverty rate, or about \$10,100 a year for a family of four.

North Carolina is one of 20 states that, as of July 2015, has not expanded its Medicaid program to include income levels up to 100 percent of the federal poverty level. Medicaid expansion under the Affordable Care Act would provide health insurance to an additional 5,242 Alamance County residents who currently fall into a “coverage gap,” meaning they are not eligible for Medicaid or subsidies under the Affordable Care Act. Activity around the Affordable Care Act has recently become more prominent as the 2014-2015 enrollment period deadline nears. The first enrollment period of the Affordable Care Act proved successful for Alamance County. At the time of the first enrollment period, it was estimated that approximately 25,000 non-elderly individuals were uninsured in Alamance County (NC Institute of Medicine, 2013). Of that 25,000, roughly 10,000 were believed to be eligible for Medicaid or the federal marketplace. Through a community effort of awareness, outreach and education, and in partnership with local Legal Aid federal navigators and certified assistance counselors located at area Federally Qualified Health Centers, approximately 5,000 individuals enrolled in either Medicaid or the marketplace during the first enrollment period (Center for Medicare and Medicaid Services, 2014). This indicates that approximately 50% of those eligible successfully enrolled. As of July 2015 over 7,000 individuals had already enrolled or re-enrolled in the federal marketplace (Enroll America, 2015).

In Alamance County, 85.5 percent of residents have some type of health insurance coverage, representing a 3.5 percent increase since 2011. Of these residents, 65 percent have private insurance coverage, while 31.5 percent are enrolled in public health insurance programs including Medicaid and Medicare, and 14.5 percent of Alamance County residents are uninsured. Disparities exist for those who are unemployed, as only about one half of this group has insurance; however, this is an improvement from 2011 figures in which high unemployment rates left up to two thirds of unemployed populations without health insurance. (US Census, American FactFinder, 2013)

There are additional “safety net” programs within Alamance County to increase access to care for county residents:

- Burlington Community Health Center opened in the summer of 2014 to increase the capacity of Piedmont Health Services Federally-Qualified Health Centers (FQHCs) to provide primary care services to low-income residents.
- Project Launch and the local Health Department integrates behavioral health services and patient navigation into two pediatric practices.
- The Alamance Alliance for Children and Families connects families to mental health assessment and intervention for children ages zero to five years.
- The Alamance County Children’s Dental Health Center provides oral health services to patients with Medicaid and for low income families on a sliding scale basis.
- The Open Door Clinic and the Medication Management Clinic are free clinics that provide health services and increase access to medications.
- A community-wide coalition of health and human service providers promote enrollment in insurance exchanges through the Affordable Care Act (ACA). Enrollment participation has been increasing every year; in 2015, 7,174 residents of Alamance County chose a plan in the ACA Marketplace, representing about 46 percent of eligible individuals.

Emergency Department Usage

Emergency department (ED) usage from common causes including diabetes and pneumonia/influenza represents access to care within our county, as the Emergency Department may serve as one's primary means of receiving medical attention. Alamance County exceeds our state average and remains the highest of all of our neighbors and peer, Rowan, in 5-year trends for diagnoses of diabetes and stroke during ED visits. Usage due to pneumonia and influenza diagnoses are slightly higher than the state average (NC Detect). Injuries constitute a large portion of visits to the Emergency Department; from 2007-2009, the top five leading causes of ED Injury visits were unintentional falls, motor vehicle accidents, being struck and overexertion. Overall, these represented over 30,000 visits to emergency departments (NC SCHS). It is important to consider that many residents travel to other counties to reach regional hospitals, including UNC, Duke or Moses Cone, and this can affect emergency department data. Please see **Appendix B Table 47** for more information.

SOCIAL DETERMINANTS

According to Healthy People 2020, Social Determinants of Health are conditions (social, economic and physical) within the environment in which people are born, live, learn, work, play, worship and age that affect a wide range of health outcomes, risk factors, basic functioning and overall quality of life. Health starts in homes, schools, workplaces, neighborhoods and communities; health outcomes are determined in part by access to social and economic opportunities.

Examples of Social Determinants include: availability of resources to meet daily needs (such as safe housing and local food markets); access to education, economic and job opportunities; access to health care services; quality of education and job training; availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities; transportation options; public safety; social support; social norms and attitudes (such as discrimination and racism); exposure to crime, violence and social disorder; socioeconomic conditions; residential segregation; language and literacy; access to mass media and emerging technologies (such as cell phones, internet and social media); culture.

Examples of Physical Determinants include: natural environment and weather (such as green space and climate change); built environment (such as buildings, sidewalks, bikes lanes and roads); worksites; schools; recreational settings; housing; community design; exposure to toxic and physical hazards; physical barriers (especially for people with disabilities); aesthetic elements (such as lighting, trees and benches).

By working to establish policies that positively influence social and economic conditions while supporting changes in individual behavior we can improve population health in ways that can be sustained over time. This framework has been used to identify evidence-based resources.

The 5 Key Areas of Social Determinants of Health



Healthy Days and Disability

On average, Alamance County residents experience 4 poor physical health days per month, and 4 poor mental health days per month. 18 percent of residents perceive their health status as “fair” or “poor.” (County Health Rankings, 2014). Please see **Appendix B Table 48** for more information.

In Alamance County, 10,208 adults, ages 18-64 (11 percent) have a disability and 8,726 older adults 65 years of age and over (42.4 percent) have a disability. The American Community Surveys (ACS) defines a cognitive disability as a physical, mental, or emotional condition that causes a person to have serious difficulty concentrating, remembering, or making decisions. Please see **Appendix B Table 50** for breakdown of disabilities.

Education

Higher levels of education are linked to higher incomes, better employment opportunities, and increased social support that all allow for healthier choices. Literacy also vastly improves individuals’ abilities to make healthcare choices. For more information about education statistics including graduation rates and SAT scores, please see **Appendix B Table 17** and **Table 13** respectively for details. The following offers a snapshot of Alamance County’s elementary to higher education systems. Please visit each website for more information about programs and services.

The Alamance-Burlington School System (ABSS) was created in 2011 as a result of the Board of Education’s desire to enhance the capacity of the Alamance County schools. In partnership with the Chamber of Commerce, the Board of Education convened 50 community stakeholders who met regularly during the 2012-2013 school to envision the future of ABSS. “A Vision for Public Education in Alamance County,” the vision statement which can be found below, guides the ABSS strategic plan and all ABSS advocacy efforts. The link to the strategic plan can be found in **Appendix C: Citations and Resources**. ABSS encompasses 20 elementary schools, seven middle schools, six high schools, and three specialty schools serving ABSS students from the middle and high schools. These specialty schools include Ray Street Academy, which takes both middle and high school students who have been recommended for

long term suspension from their home schools, as well as the Career and Technical Education Center (CTEC) and the Alamance-Burlington Middle College. CTEC students split their time between their home high schools and CTEC, where they take specialty classes in either health science, culinary arts, computer science, engineering, and networking, scientific visualization, digital media, or automotive technology. The Alamance-Burlington Middle College is located on the campus of Alamance Community College, and aims to graduate students with definite academic post-secondary plans. According to the NC Department of Public Instruction, the 2013 high school graduation rate of ABSS was 78.1 percent compared to the state rate of 82.5 percent. It is important to note that the four-year cohort graduation rate in 2013 for African-Americans was 73.8 percent compared to 67.6 percent for Hispanics and 82.3 percent for whites. In addition to the Alamance-Burlington Middle College, Alamance Community College also offers qualified junior and senior high school students the opportunity to pursue college courses tuition-free while in high school. College courses are offered through Alamance Community College at Eastern Alamance High School, Williams High School, and Rivermill Academy. In the fall of 2014 there were 504 students enrolled in this program, a 45% increase from the 348 students enrolled in the fall of 2013. Please see **Appendix B Table 54** for more information.

Alamance Community College also has unique programs to provide adult education and job training services to local businesses and industry. Alamance Community College has many programs, such as child care and a stop on the PART bus route, to make continuing education opportunities accessible. The workforce development courses are a significant part of local economic development efforts. To increase accessibility and offer flexibility, Alamance Community College has special transfer agreements with East Carolina University, Guilford College, NC A&T State University, UNC Chapel Hill, and UNC Wilmington. Additionally, Articulation Agreements are in place between all of the state’s community college systems and the 16 UNC institutions in North Carolina.

Workforce Development Enrollment

	2009-10	2010-11	2011-12	2012-13	2013-14
Customized Industry Training	93	564	441	598	877
Lean/Six Sigma Training & Certification Series (part of Open Enrollment Courses)*		98	210	284	248

**Six Sigma enrollment is a duplicated count, as individuals may sign up for multiple courses within the series.*

	2009-10	2010-11	2011-12	2012-13	2013-14
Adult High School	49	45	77	30	31
GED	260	235	217	294	285

Source: ACC Datatel/Informer

Finally, Alamance County is home to Elon University. Founded in 1889, Elon University is a mid-sized private liberal arts university composed of 5,782 undergraduate and 701 graduate students from 49 states and 47 nations. Elon University is grounded in engaged and experiential learning, and has been recognized nationally for its commitment to undergraduate research, internships, service, leadership, and study abroad. Elon’s Kernodle Center for Service-Learning and Community Engagement plays a vital role in Alamance County, serving as a liaison between the greater community and the university. As much as

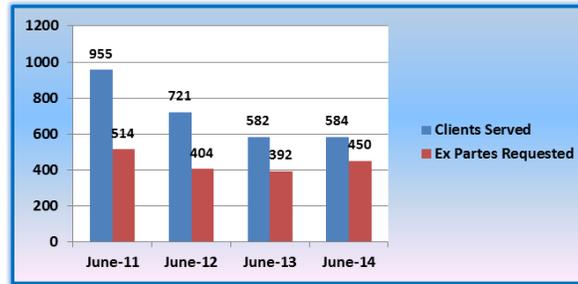
86 percent of all students engage in volunteer opportunities throughout the community, and many academic service-learning programs partner with local businesses and agencies to expose students to in-the-field experiences.

In addition to the undergraduate colleges of arts and sciences, business, communications, and education, Elon also offers two graduate colleges: the School of Health Sciences and the School of Law.

Families

The Family Justice Center (FJC) is a partnership of agencies dedicated to helping families by providing victim-centered services in a single location. Under the umbrella of Alamance County Department of Social Services, the agency has an active advisory board made up of key Domestic Violence (DV) leaders within our community. This graph illustrates the number of clients served since the opening date in July 2010, as well as utilization of protective orders as a tool for safety.

Number of Clients Served 2010 to 2014



Alamance County also has two nonprofits: Family Abuse Services and CrossRoad’s Sexual Assault Response & Resource Center that serve children and adults experiencing trauma. These programs provide those victimized a resource to seek safety and maintain safety for themselves and their family. Both offer programming which meets not only the logistical needs which traumatic experiences create short term, but the long term repercussions which arise from being a victim of trauma.

According to the Elon University Poll 2014, as shown below, more residents know someone that has been a victim of Domestic Violence (since 2011).

	<u>2011 Poll</u>	<u>2014 Poll</u>	<u>Difference*</u>
Yes	20%	22.7%	2.7%
No	79.7%	75.7%	-4%
Don't Know	0.3%	1.6%	1.3%

According to the Elon University Poll, as shown below, there has been a slight decrease of residents that know someone that has been raped or sexually abused (since 2011).

	<u>2011 Poll</u>	<u>2014 Poll</u>	<u>Difference***</u>
Yes	10.5%	9.8%	-0.7%
No	89.2%	87.9%	-1.3%
Don't Know	0.3%	2.3%	2%

Department of Social Services (DSS) Annual Report FY'13-'14:

- Documented 1,643 reports of abuse, neglect or dependency were assessed or investigated and involved approximately 4,107 children
- Of those, 97.7 percent of abused/neglected children were not repeat victims of maltreatment known to Alamance County Department of Social Services
- A total of 440 families were provided In-Home Services through DSS to prevent abuse/neglect and prevent the need for DSS to assume custody and place in foster care. In-Home Services increased 37.5 percent over previous fiscal year, '12-13
- Currently 110 children in foster care—35 percent increase from FY '12-'13
- A total of 23 children left custody due to establishment of a permanent placement
- A total of 20 adoptions were completed this fiscal year
- Within the county, 40 licensed family foster homes were identified

Adverse experiences (such as child abuse and domestic violence), rated using Adverse Childhood Experiences Study (ACES), can disrupt normal child development, negatively impacting children's social, emotional and cognitive development. This leaves children vulnerable, causing many of them to adopt risky health and social behaviors such as drinking, overeating, smoking and sexual promiscuity as a means of coping with the traumas they have experienced. These risky behaviors translate into poor health, disease, disability and early death. (Center for Disease Control and Prevention ACE Study)

According to Prevent Child Abuse NC, Alamance County investigated 839 reports of child abuse and neglect during 2013-2014. This is a decrease from 2011-2012 in which there were 909 cases investigated.

The Area Agency on Aging, a division of the Piedmont Triad Regional Council, serves 12 counties in central North Carolina, including Alamance County.

Alamance County			
Growth Rate Trends Between Decades 2010-2030			
	2010-2020	2020-2030	
Total Population	6.7%	6.0%	Slightly Decreasing
Age 60 +	25.4%	17.1%	Decreasing
Age 60-64	20.1%	1.2%	Decreasing
Age 65-74	41.1%	17.2%	Decreasing
Age 75-84	12.3%	38.4%	Increasing
Age 85 +	14.2%	12.7%	Decreasing

Source: US Census Bureau, 1990, 2000, & 2010 Census of Population & Housing. NC Office of State Budget & Management, State Demographer, projections for 2020 & 2030 issued in May 2012. Numbers compiled by the PTRC Regional Data Center.

Caring for the elderly in Alamance County: 1,890 individuals age 65 and older who are living below the Federal Poverty Level; 1,777 households with an individual 65 years of age and over (12.6 percent) do not have access to a vehicle; as many as 1,754 senior citizens face food insecurity but do not qualify for federal food assistance; 8,726 older adults 65 years of age and over (42.4percent) have a disability.

Family Composition/Households in Alamance County:

- Alamance County has approximately 59,960 households
U.S. Census Bureau, 2010 Census
- 452 Older Adults (60 or older) are responsible for their grandchildren in Alamance County
U.S. Census Bureau, (2011). 2010 American Community Survey, 5-Year Estimates 2006- 2010, Table S1002
- 10,719 Veterans living in Alamance County (aged 18 and older)

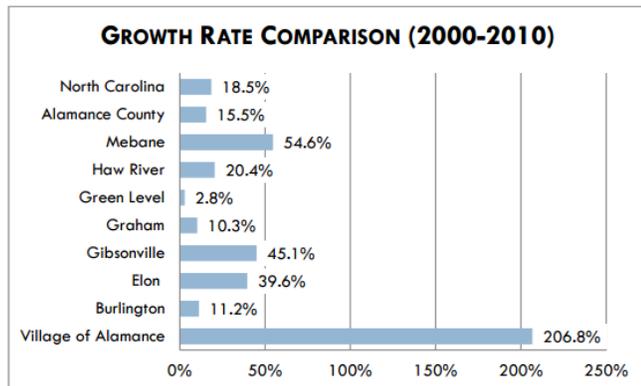
(U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates)

Neighborhoods

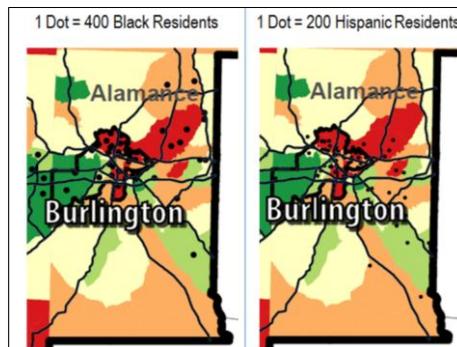
Community planning has become an important strategy for addressing chronic disease and health disparities. Research increasingly shows that opportunities for access to physical exercise and health food (built environments) play a crucial role in the health of its residents. Many of these communities have recently been updating or conducting plans with the intention to improve neighborhoods through built environment initiatives that support access.

Specifically, Burlington completed a technique known as “Opportunity Mapping” where a geographic footprint of opportunity and inequality are quantified and projected onto maps. Black and Hispanic residents of Burlington are more likely clustered in low-opportunity areas, which contain less access to basic amenities and resources for upward mobility. The following maps illustrate the location of Black and Hispanic residents against the backdrop of opportunity areas. Areas with low opportunity scores are shown in red, while areas with high opportunity scores are shown in green. Moderate opportunity areas are shown in the intermediate colors.

FIGURE 9: GROWTH RATES OF ALAMANCE COUNTY AND MUNICIPALITIES 2000-2010



Source: U.S. Census Bureau, Decennial Census 2000-2010



Analysis of Impediments and Assessment of Fair Housing - Piedmont Triad region, 2014:

<http://www.ci.burlington.nc.us/DocumentCenter/View/7201>

Crime/intentional Injuries

Community safety can drastically reduce the life-expectancy of its residents not only in terms of crime, but also the stress of feeling unsafe. It can be assessed in a variety of ways, including calculating the violent crime and injury death rates in a community. Violent crime per 100,000 population includes murder and non-negligent manslaughter, rape, robbery, and aggravated assault. In 2015, Alamance County experienced a significantly higher rate of violent crime than North Carolina overall, and these rates were similarly reflected in 2014. The injury death rate measures the number of deaths from injuries per 100,000 population, and Alamance County remains relatively consistent with state averages. Please see the **Appendix B Table 57** for specific rates.

When looking specifically at crime rates in Burlington (the largest city in the county) the following is reported:

- In Burlington, NC the crime rate is 68 percent higher than the North Carolina state average and 88 percent higher than the national average. In fact, Burlington has a violent crime rate that is 105 percent higher than the North Carolina average and 91 percent higher than the national average
- The year over year change in crime helps to understand whether crime in Burlington, NC is on the rise or declining
- Burlington has decreased by 6 percent with regards to total crimes year over year

According to The North Carolina Department of Public Safety’s 2015 Juvenile Crime Prevention Council Report, Alamance County is home to 1,128 youths who have either already been through the juvenile justice system or are at risk to do so. That number is the third highest number out of all North Carolina counties. Alamance County has a delinquency rate of 36.45 offenders per 1,000 youths, according to a 2013 N.C. Department of Public Safety study, which is significantly higher than the state average of 22.91 delinquents per 1,000 youths. The North Carolina Department of Public Safety’s 2015 Juvenile Crime Prevention Council Report, which provides county-by-county statistics on juvenile crime and crime prevention in the state for 2014, sheds light on the high number of offenders in Alamance County and details the promising programs the community has put in place to rehabilitate, not prosecute, its offenders such as: the teen court, run by the Alamance County Dispute Settlement and Youth Services.

Intentional Injuries

Safety is often marked by how comfortable people feel walking in their neighborhood, the data from the Elon University Poll shows a decrease in perceptions of safety due to fear of crime.

When Walking in Your Neighborhood, How Safe Do You Feel?			
	<u>2011 Poll</u>	<u>2014 Poll</u>	<u>Difference</u>
Very Safe	67.5%	61.3%	-6.2%
Somewhat Safe	27%	34.7%	7.7%
Not Safe At All	4.5%	3.1%	-1.4%
Don’t Know	0.6%	0.8%	.02%
Refused	0.5%	0.1%	-0.4%

If Answered “Not Safe At All”, Why?			
	<u>2011 Poll</u>	<u>2014 Poll</u>	<u>Difference</u>
Fear of Crime, Events	1.7%	16%	14%
Poor Lighting, Illumination	0.7%	4%	3%
Traffic	1.4%	4%	3%
No Sidewalks	1%	4%	3%
	[Large Margin of Error for 2011: +/- 16.2]N = 38	N = 25	

Social Support/Civic Engagement

A resurgence in civic engagement is occurring across the nation in response to a growing disconnect between citizens and local government. This takes many forms, from the incorporation of community feedback during the municipality planning process to the efforts of non-profits to utilize community engagement to guide program development. This assessment is an example of the tools utilized to involve citizens in the process of determining priorities. Please review **Appendix C: Citations and Resources** [↗](#) to learn more about planning and civic engagement in Alamance County.

Religion

While many social factors are obvious social determinants of health, religion is a part of the culture. As such, it can contribute to a sense of connectedness or to a sense of isolation depending on the person's beliefs and where they live. Many of Alamance County's settlements were originally defined by religious affiliation. While local data is difficult to obtain, national trends are available at The Pew Forum which outlines the percentage of residents per denomination statewide. Please review link below to learn more. (Pew Forum: Religious Landscape Study, 2014)

It is important to note that many health care organizations focusing on care coordination utilize community churches as a means to offer screenings and education opportunities. This strategy connects members to services with the intent to reduce chronic health conditions in underserved areas.

Financial & Economic Factors

Over the past 20 years, the cost of living in the United States has increased by almost 90 percent, drastically outpacing income growth. When people are able to live financially stable lives, they and their children are more likely to enjoy healthy lives and succeed in school.

A North Carolina family of two adults and two children must earn \$52,275 annually to afford housing, food, child care, health care, transportation, taxes and other necessities, based on the Budget & Tax Center's Living Income Standard (LIS) for 2014. More than a third of two-adult, two-children families in North Carolina earn less than that, and more than three-fourths of families with one adult and two children fall below the standard, which varies by family size.

Achieving greater financial stability allows lower income working families to move toward financial independence. A good indicator of financial stability is the percentage of family income spent on housing, typically the biggest expense. Anything over 40 percent carries a significant risk of instability. Yet today, more than one one-third of lower-income working families spend more than that on housing. Financial sustainability is significant because it promotes access to health care, education, and allows individuals to contribute to the local economy.

Financial Assistance

Alamance County Department of Social Services provides a variety of support services for individuals and families in need. (Alamance County Department of Social Services)

Medicaid - Medicaid is a health insurance program for low-income individuals and families who cannot

afford health care costs. Medicaid serves low-income parents, children, seniors, and people with disabilities. Alamance County Department of Social Services reports For FY'13-14':

- 15,477 applications were taken for medical assistance, including Family & Children's programs as well as Adult programs providing essential coverage for medical coverage for doctor visits, prescription drugs, hospitalization and preventative care
- 13,443 Family & Children's Medicaid—Medicaid for Pregnant Women
- 1,029 applications received through Affordable Care Act
- 1,597 elderly or disabled adults living in Long Term facilities or assisted living facilities within the county and cannot afford cost of care. The State Special Assistance program provides funds to ensure they can stay in the facility with the daily care and services they require
- 1,295 financially needy elderly and disabled adults receive help in paying Medicare premiums
- In order to make Medicaid expansions more affordable for states, the federal government is covering 100 percent of the costs of Medicaid eligibility expansions between the years 2014 and 2016. Since Medicaid was not expanded in 2014, North Carolina is already experiencing economic repercussions

Work First - Alamance County Department of Social Services administers Work First Employment Services, where clients receive job skills training and job search or work experience to assist in becoming employed and self-sufficient. For FY'13-'14:

- Monthly average of Work First cases receiving employment services= 133
- 41percent of program participants successfully completed program compliance
- Total child only cases = 295. *In most child only cases, the child receiving the benefit is in the custody of an individual other than the birth parent—such as is the case with grandparents raising grandchildren—an ever increasing demographic within our community*
- The average monthly payment amount for Work First was \$203.00

Child Care Subsidies -Alamance County Department of Social Services receives Child Day Care Subsidy Funds and Smart Start Funds to assist working families and teen parents with the cost of child day care to support employment and education—both essential for maintaining self-sufficiency. The total Budget of State Subsidy and Smart Start for FY '13-'14 is \$5,269,251:

- Average monthly payment per child provided = \$379.00
- Average # of children served monthly to support employment = 959
- Average number of families with employment and education = 34
- Average # of Special Needs children served monthly = 15
- Average # of Teen Parents served to support education = 11

Food and Nutritional Services (SNAP: Supplemental Nutrition Assistance Program/Food Stamps)

- 12,007 families or 25,055 individuals who are food insecure in our county received assistance in FY '13-'14 through Food & Nutrition Services
- 65 percent increase over the last 5 years
- 24 percent of Food and Nutrition participants are working
- The average monthly payment is \$243.32
- 2,133 individuals age 60 and over receive Food & Nutrition benefits

The National School Lunch program, an affiliation of federal and state level government, provides free and reduced lunch in schools to children in low-income families. Children with families whose incomes fall below 130 percent of the poverty level, or below \$33,615 (2013-2014) qualify for free lunch, and children below 185 percent, or below \$43,568 (2013-2014) of the poverty level are eligible for reduced price lunch, which can cost no more than \$0.40. Alamance-Burlington School System has 57.4 children eligible for this program.

Alamance-Burlington Public School System has ten schools which are eligible under the Healthy Hunger-Free Kids Act to provide free breakfast and lunch to all students because greater than 50 percent of their students are identified as needy. Schools nationwide have seen a significant increase in the number of students eating breakfast and lunch, presumable because they do not have to fill out paperwork, and students are not at risk for stigma associated with receiving free meals.

Of SNAP, WIC, and Free School Meal, 75 percent of recipients are at or below 200 percent of the poverty line in Alamance County. (Feeding America)

Transportation

Lack of public transportation impacts access to resources and challenges counties which have rural histories to address. Americans took 10.8 billion trips on public transportation in 2014, which is the highest annual public transit ridership number in 58 years according to a report released by the American Public Transportation Association (APTA). After more than 8 years of local advocacy efforts and data supporting the need, the City of Burlington is taking the lead to bring fixed route public transportation to parts of Alamance County in 2016. Gibsonville is the only municipality that has voted to participate in the system to date (May, 2015). A Transit Advisory Commission will be appointed (June, 2015) by Burlington City Council. A \$5.00 Annual Municipal Transit Vehicle Tax (July, 2015) will generate local funds in Burlington for the system; Federal Grant Funds will be utilized for capital and overhead costs; Fare Rates have not been finalized to generate income for the system; and United Way of Alamance County has allocated \$100,000 to the system (March, 2015). The only available transit options (currently in operation) for the Burlington/Alamance County area include the following:

- Private Vehicle or Taxi
- ACTA (Alamance County Transportation Authority)
- PART (Piedmont Authority for Regional Transportation)
- Elon Biobus

According to the Elon University Poll, 1.9 percent of Alamance County residents had used ACTA in the past month, and 1.4 percent had used the Elon Biobus in the past month. Please [see Appendix B Figure 8](#) to learn more.

Individual Behavior

Income/Poverty Levels

An increase in income will improve mortality rates. This increase has a ripple-effect – for the individual and immediate family, the neighborhood the individual resides within, and the community that contains

the neighborhoods. Within Alamance County, 28.5 percent of children live in poverty. In 2015, 27 percent of all children living in Alamance County lived below the poverty line. This is greater than the North Carolina average of 25 percent of children living in poverty, however it is less than in 2014 when 29 percent of Alamance County children lived in poverty. The income inequality ratio measures how equitably wealth is distributed throughout a community by calculating the ratio of household income at the 80th percentile with household income at the 20th percentile. In 2015, the income of the 20th percentile households was 4.5 times greater than the income of the 80th percentile.

Although Alamance County has a higher percentage of children living in poverty than children throughout the state of North Carolina, the percentages of children receiving social security and supplemental security income are the same for both Alamance County and for North Carolina at 6.3 percent. This suggests that there may be children in Alamance County living in poverty who may qualify for social security or supplemental security income that are not being served.

From 2011-2013, it is estimated that 19.3 percent of Alamance County residents lived below the poverty level. Of those, 23 percent were less than 125 percent of the poverty level, which is above the North Carolina state estimates. Please see **Appendix B Figure 9** to learn more.

The county's weekly wage of \$688 equaled 82.3 percent of the statewide wage of \$836 in 2013. Median household income was \$41,394, which is below the statewide household income of \$45,195 in 2012. The richest 5 percent of the county's households had an average income 22 times greater than the poorest fifth of households, and five times greater than that of the middle fifth of households on average from 2010 to 2012. Alamance County has consistently had a lower median household income than North Carolina, except 2010. There has been a downward trend in median household income in Alamance County between 2008 and 2012. For more detailed figures on unemployment and trends in median income, see **Appendix B Table 57**. (American Community Survey, 2010-2012)

Employment Rates

The percentage of unemployed persons has continued to fall in both Alamance County and in North Carolina. In 2014, 9.4 percent of the civilian work force ages 16 and older in Alamance County was unemployed, which is similar to North Carolina's unemployment rate of 9.5 percent. In 2015, Alamance County had a 4.9 percent unemployment rate. Please see **Appendix B Table 60** for more information.

Homeownership Rates

From 2009-2013, 67.1 percent of Alamance County occupied households were owned by their residents. The Elon University Poll reflects an increase from 2011 in the number of Alamance County residents that know someone who has lost or is about to lose their housing. Please see **Appendix B Table 62** for more information.

Access to stable housing is often the foundation for an individual's success and is a critical component for family stability; without safe, affordable and permanent housing in place it is often challenging to make ends meet or thrive. Stable housing provides the basis for obtaining job training and keeping food on the table while also reducing the stress that often lead to substance abuse. In Alamance County there is not a lack of housing, but there is a lack of affordable housing. The minimum wage falls far short of what's

needed to afford the fair market rent for a 2- bedroom housing in Alamance County; the housing wage needed is 1.8 times higher than the minimum wage. In 2013, 48 percent of renters were unable to afford the fair market rent for a 2-bedroom housing unit. (National Low Income Housing Coalition, 2013)

Food Insecurity/Access to Healthy Foods

Food security means access by all people at all times to enough food for an active, healthy life. Both nationally and statewide, one in six people face hunger. According to the USDA, a “food desert” is defined as an urban neighborhood or a rural town without ready access to fresh, healthy, and affordable food. Instead of super markets or grocery stores, these communities may have no food access, or are served only by fast food restaurants or convenience stores that offer few healthy options. Low-access communities are defined as at least 33 percent of the population live more than one mile from a supermarket or large grocery store, ten miles in a non-metropolitan census.

According to statistics from Feeding America, 17.9 percent of Alamance County’s total population is food insecure, or 26,290 residents. Of this group, roughly 68 percent are income-eligible for federal anti-hunger programs, leaving 32 percent who are dependent on charitable food assistance. Based on the percentages above, a conservative estimate of 5,481 individuals age 60 and older experience food insecurity in the county on a regular basis. (Feeding America) Please see **Appendix B Table 63** and **Table 64** for data on food pantries and prepared meal programs in Alamance County.

According to the Elon University Poll, Alamance County has not seen any improvements in accessing food between 2011 and 2014 in which about 50 percent of Alamance County residents have had to cut back on food due to cost. (Elon Poll, 2014)

Substance Use

While abusing mind- and behavior-altering substances such as alcohol and illicit drugs may be presented as a factor of individual choice, there is emerging evidence to suggest that it is a chronic disease with genetic and biological foundations. Substance use and abuse is a particularly pertinent issue among adolescents. Please see Chapter 6 for more detailed information. Please see **Chapter 6: Promotion of Health & Well-being**.

Overweight and Obesity

The Center for Disease Control and Prevention (CDC) define overweight and obesity as both labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and health problems.

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number call the “body mass index” (BMI). BMI is used because, for most people, it correlates with their amount of body fat. To calculate BMI, see **Appendix C: Citations and Resources** for tool.

According to the 2014 SOTCH, at the time of the 2011 Community Assessment, 18.5 percent of Alamance County children and adolescents were obese according to the North Carolina Nutrition and Physical

Activity Surveillance System (NC-NPASS, 2009). Unfortunately, 2009 was the last year county level data was available for all child age groups on NC NPASS. Obesity rates of 2-4 year olds from 2009 and 2012 are still available through the data set. In 2009, 17.8 percent of young children ages 2-4 years were identified as obese in Alamance County. According to the 2012 NC NPASS, the most current obesity rate for 2-4 years old is 17.5 percent, indicating no significant change. Adult obesity rates for Alamance County are no longer available through the NC Behavioral Risk Factor Surveillance Survey; however, data is available from the County Health ranking site. According to the 2014 County Health Rankings, 34 percent of Alamance County’s adult population is obese. This has slightly increased compared to the 2011 rankings in which 31 percent of adults in the county were obese.

Physical Activity and Nutrition

Regular physical activity can significantly lower the risk of coronary heart disease, stroke, colon cancer, diabetes, and high blood pressure. While 77 percent of Alamance County residents have access to exercise opportunities, at least 1.8 percent of children ages 2-4 years old in Alamance County are considered obese. Please see Chapter 6 for more detailed information. Please see **Chapter 6: Promotion of Health & Well-being**.

Family Planning

In order to evaluate the need for family planning in Alamance County, it is important to identify maternal outcomes representing timing of births, abortion rates, fertility rates and high parity, or a high number of pregnancies carried to gestation.

Measure (2009-2013)	Alamance County	NC
Short Interval (less than 6 mo. from last delivery to conception), percent of all births	12.7	12.6
Abortion Rate, per 1,000 pop.	11.2	11.8
High parity birth rate, mothers under age 30, per 100,000 pop.	1,019	
High parity birth rate, mothers over age 30, per 100,000 pop.	719	
Fertility Rate, per 1,000 pop.	57.8	62.1

These figures represent a need for access to family planning services, including contraception, preconception, interconception, and counseling. The Alamance County Health Department offers a number of services including pregnancy testing, physical exams, pap tests for cancer screening and sexually transmitted disease counseling and testing as well as health education surrounding women’s health. Additionally Alamance County Health Department offers the Medicaid Family Planning Waiver program, which assists men and women with obtaining free family planning services regardless of qualification for other medical services.

Motor Vehicle Injuries

County Comparison of Motor Vehicle Injuries (2011-2013)	
County	Crash Injuries per 1,000 people (2011-2013)
Alamance County	11.43
Guilford County	14.57
Orange County	6.94
Caswell County	7.67
Chatham County	6.43
Rowan County	10.22
Source: NC SCHS, 2013	

In Alamance County a vehicle crash happens every 2 hours, with an injury every 5 hours and a fatality every 21 days. Our motor vehicle injury rate is lower than the state average, but is disproportionately greater than our neighboring counties, and reflects disparities both for males, and for those under the age of 29. Alcohol plays a large role in fatality from motor vehicle injuries; 3-year averages of all reported vehicle crashes report that 4.8 percent of total motor vehicle injuries involved alcohol, but that 31 percent of fatal crashes were alcohol related (NC SCHS).

Health Screenings Overview

Please see [Chapter 6: Promotion of Health & Well-being](#)

Physical Environment

Pollution & Air Quality

Air quality both inside and outside has a direct impact on the respiratory health of residents. Air pollution outside and indoor irritants can make breathing difficult, cause eye irritation, and trigger asthma attacks. There are several initiatives in place to raise awareness about the effects of air pollution on respiratory health. Air quality flags are placed throughout Alamance County at all public elementary, middle, and high schools to inform the public about air quality. Four different colors indicate the Air Quality Index from the North Carolina Division of Air Quality and indicate how clean or polluted the air is and serve as a reminder of what precautionary measures should be taken to avoid health effects that may be a concern for residents, especially children. The Healthy Alamance Child Asthma Coalition (HA CAC) observes World Asthma Day by displaying small flags in front of all elementary and middle schools in the Alamance-Burlington School System. Each flag displayed outside of the school represents the number of children at that school living with asthma. Each year, over 1,200 flags are displayed near the main entrance in front of each school. The HA CAC was formed after the 2000 Community Assessment and has remained active through 2014/2015 (even though asthma has not been a priority area in recent years). The coalition has been successful in implementing awareness campaigns, initiating sustainable programs and policies throughout the community and school system in order to decrease school absenteeism,

emergency room visits and increase work productivity. These programs continue to assist those living with asthma.

The Healthy Homes Program is a coordinated response to preventing serious illness among children with asthma. It is based on the knowledge that good child health begins at home. When requested, a Registered Environmental Health Specialist will visit the home, assess conditions that may trigger an asthma attack in a child, and provide detailed written action steps that can be taken to lower the risk of an attack. Learning what may trigger a child's asthma and taking action in reducing those triggers are an important part of an effective Asthma Action Plan. Asthma cannot be cured, but it can be controlled. An Asthma Action Plan includes taking medication as directed by the doctor, avoiding triggers, and knowing a child's warning signs. Since April 2013, Alamance County Environmental Health has received 45 referrals from public health nurses, school health nurses and social workers, and physician's offices to conduct a Healthy Home Assessment and during the same time period has received almost 200 phone calls or in person visits about mold problems in homes.

Through increased awareness of air quality outside and increased knowledge of indoor irritants the goal is to decrease hospital emergency room visits, hospitalizations, and reduce the number of asthma episodes due to factors related to indoor and outdoor air quality.

Solid Waste

Solid Waste is generally described as garbage, yard trash, refuse, and other material that is either discarded or being accumulated, stored or treated prior to being discarded, or has served its original intended use and is generally discarded. Improper disposal and storage of solid waste can result in groundwater contamination, fly, rodent and mosquito breeding, fire hazards, and injuries due to contact with corrosive chemicals and sharp objects.

The Alamance County Health Department investigates complaints, provides education, issues violation notices and initiates criminal proceeding when necessary to encourage the proper disposal of waste

Water Quality

Alamance County contains a portion of the Haw River and Deep River watersheds, nutrient sensitive waters that have been associated with nutrient-related algal blooms and fish kills. 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 main stressors to surface and ground waters in Alamance County, are from nonpoint sources. Nonpoint pollutants include sediment run-off from improperly managed agricultural, construction, and logging sites as well as bacteria and nutrients from livestock, fertilizers, herbicides, insecticides, oil, grease, toxic chemicals, pet wastes, and faulty septic systems. During the years 2010-2014, Alamance County Health Department provided an average of 217 on-site septic services, including new, existing, and repair permits for sanitary disposal and treatment of wastewater. In 2014, Environmental Health responded to 29 complaints related to wastewater systems, installed 107 new wastewater systems, and repaired 91 existing wastewater systems.

The Jordan Lake Nutrient Management Strategy became effective August 11, 2009. These rules, aimed at restoring and maintaining water quality, draw attention to private landowners' potential contributions to water quality impairments from nonpoint sources.

The City of Burlington relies on Lake Macintosh and Stoney Creek Reservoir for drinking water, and analyzes water quality each year to ensure safe drinking water. Potential contaminants include chloramines, pesticides and synthetic organic compounds, lead, copper, radioactive contaminants, microbiological pathogens, and others. In 2014, there were zero violations of drinking water quality standards. To learn more, see [Appendix C: Citations and Resources](#).

Recreation

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

Each of the local recreation and parks departments offer unique programs. In 2015, Green Level announced the new Metro League Horseshoe Complex adjacent to Green Level Municipal Park. To learn more, see [Appendix C: Citations and Resources](#).

Chapter 6: Promotion of Health & Well-being

The goal of prevention and promotion programs is to address upstream factors of well-being. It encompasses an educational, environmental, and social foundation to promote positive health behavior change that improves one's health. The activities and initiatives involved in prevention and promotion can be conducted with individuals, in group-based settings, or through community-wide programs. Health Promotion has remained a component of the Healthy North Carolina 2020 objectives. The Healthy North Carolina 2020 project was a collaborative effort of the NC Institute of Medicine (NCIOM), Governor's Task Force for Healthy Carolinians, the NC Department of Health and Human Services- Division of Public Health, the Office of Healthy Carolinians and Health Education, and the State Center for Health Statistics. The goal of the Healthy North Carolina (HNC) 2020 project was to develop the state's 2020 health objectives. This work began in late 2009 and culminated with the release of the 2020 objectives in January 2011. (North Carolina Institute of Medicine) (North Carolina Division of Public Health)

North Carolina has a movement working to reverse the rising tide of obesity and chronic disease that promotes increased opportunities for healthy eating and physical activity wherever people live, learn, earn, play and pray called Eat Smart, Move More NC through improving policies, built environments and programming. (Eat Smart, Move More NC) Alamance County has a local nonprofit initiative called Healthy Alamance that focuses on connecting communities to health opportunities that reduce disparities. Healthy Alamance works hand-in-hand with other local public health organizations to improve the health status of residents in the areas of nutrition, physical activity, tobacco use and substance abuse, to name a few.

The Healthy Mothers Healthy Babies Coalition of Alamance County created the Alamance Baby Closet (ABC) located at the Alamance County Health Department designed to promote active participation in prenatal care among pregnant women, as well as engaging in healthy behaviors during pregnancy through education. Clients can earn points to spend in the Baby Closet by keeping their prenatal appointments, participating in Centering, bringing their baby in for well-baby check-ups after delivery, breastfeeding, and coming in for their postpartum visits.

Safe Kids Alamance County is a coalition of public and private agencies committed to the reduction and elimination of preventable childhood injuries in children 0-19 years of age. Beginning in 2014, the Alamance County Health Department now serves as the lead agency for the Safe Kids Alamance County Coalition. Around the world, a child dies from an unintentional injury every 30 seconds, and millions of children are injured in ways that can affect them for a lifetime. Safe Kids Alamance County is dedicated to preventing injuries in children, the number one killer of kids in the United States. Every year in North Carolina, approximately 200 children die from accidental injuries and another 45,000 visit a doctor's office for treatment of such injuries (Safe Kids Worldwide, 2015).

In 2014, the Alamance County Health Department implemented Literacy-Rich Waiting Rooms for children and families served. The implementation was based on the Reach Out and Read national model. The first five years of a child's life are critical in the growth and development of emotion and cognition. Children that experience little or insufficient exposure to language and reading are more likely to arrive at kindergarten without basic literacy skills and those arriving to kindergarten not ready are more likely to perform poorly in school. The long reaching effects of poor school performance can have a lasting impact on social, emotional, financial and physical health for individuals and families. The literacy rich waiting rooms provide children and families an opportunity to explore books and materials that promote parent-child relationships, support early literacy, and supports healthy brain development. Children and families are provided age appropriate books at well-child visits and are also encouraged to take books home that they enjoy. In 2014, more than 552 books were distributed to children through the health department's program.

While these individual health concerns and chronic illnesses are important, our community has recognized that a broader public health approach is necessary to first address the social determinants of health, such as access to care, education, and economic disparities, which will ultimately impact the health of the community. It is only through the entire community coming together, regardless of individual roles and status, that we can fully realize our motto of "EveryWhere. EveryDay. EveryBody."

Overview of Educational Programs & Policies

Cancer

Cancer of all types remains the #1 leading cause of death in Alamance County, according to the NC State Center for Health Statistics' 2009-2013 Leading Causes of Death report. Alamance County residents are encouraged to participate in yearly screenings in order to increase the likelihood of early detection.

Female Breast & Cervical Cancer Screening

Women age 40 years and older are advised to have a routine mammogram every one to two years to screen for breast cancer. The Norville Breast Care Center, located at Alamance Regional Medical Center, serves low income women through funding from the Breast and Cervical Cancer Control Program (BCCCP). In 2011, the center saw 15,000 patients, 16,000 in 2012, and 17,000 in 2013. The Breast

Center screened 479 women through BCCCP in 2013 and provided 475 free mammograms and 130 pap smears. Approximately 300 free mammograms were provided through the Susan G. Komen grant and 50 through funds raised at their Pink Ribbon events. The Breast Center provided approximately 18,000 mammograms in 2014 and anticipates providing around 20,000 in 2015. Due to the increased exposure and awareness of breast cancer, Norville Breast Care Center has noticed an average increase of about 1000 patients each year.

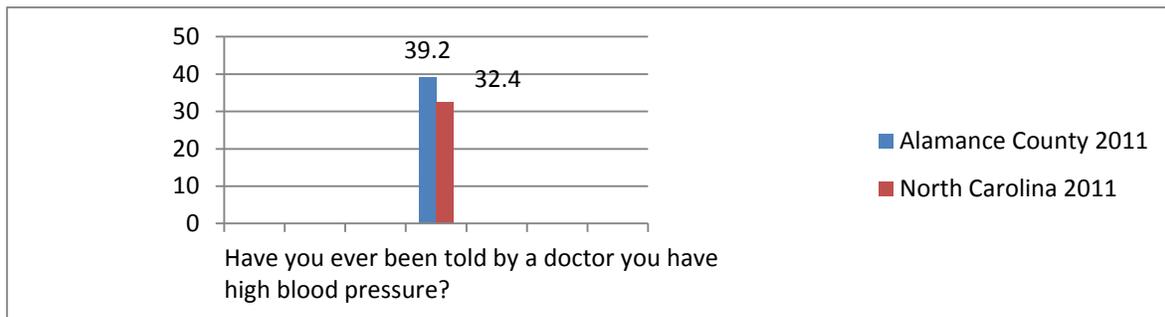
Prostate Cancer Screening

The PSA test is used primarily to screen for prostate cancer. A PSA test measures the amount of prostate-specific antigen (PSA) in your blood. PSA is a protein produced in the prostate, a small gland that sits below a man's bladder. PSA is mostly found in semen, which also is produced in the prostate. Small amounts of PSA ordinarily circulate in the blood. The PSA test can detect high levels of PSA that may indicate the presence of prostate cancer.

- There is no BRFSS data for Alamance County for PSA since 2010
- Alamance Regional Medical Center Cancer Center has been conducting yearly prostate screening and is trying to attract more African American men for this program. In September 2012, they screened 172 men, in 2013 they did not conduct a screening, and in 2014 they had 24 participants.

Cholesterol & Hypertension

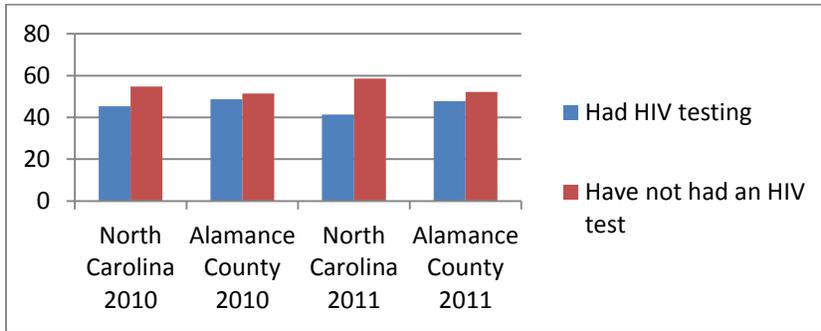
Heart disease is the second leading cause of death in Alamance County according to the according to the NC State Center for Health Statistics' 2009-2013 Leading Causes of Death report. Elevated blood pressure results can be a contributing factor to health problems such as strokes, heart disease and kidney problems. See percentages below:



Source: NC State Center for Health Statistics, 2011 BRFSS

HIV

HIV tests are used to detect the presence of the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), in serum, saliva, or urine. See percentages below:



Source: NC State Center for Health Statistics, 2010 and 2011 BRFSS

Alamance Cares is an agency in Alamance County that provides HIV/AIDS outreach, education and testing to the public. The following chart represents HIV testing data from 2011-2013 from their agency:

	<u>2011</u>	<u>2012</u>	<u>2013</u>
Tested	1061	850	861
Positive	6	3	3

Source: Alamance Cares, 2010-2013

The Alamance County Health Department provides free HIV testing and screening to the public during regular business hours. The following chart represents the number of individuals tested for HIV from 2011-2014:

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
HIV Test Duplicated	3785	4013	3567	3250
HIV Test Unduplicated	3354	3532	3238	2930

Source: Alamance County Health Department, 2014

Nutrition

Proper nutrition is extremely important in preventing chronic disease and maintaining a healthy weight. The Dietary Guidelines for Americans 2000, published by the United States Department of Agriculture (USDA) and the Department of Health and Human Services (DHHS), recommend eating 2 to 4 servings of fruit and 3 to 5 servings of vegetables each day for a total of 5 to 9 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. 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).

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 overweight, obesity and related health problems, such as heart disease and stroke, often exceeding national averages.

Nutrition Access and Environment, Alamance and Region, 2014-2015						
County	Limited Access to Food		Food insecurity		Food Index	
	2014	2015	2014	2015	2014	2015
Alamance	11%	11%	17%	17%	7	6.2
Caswell	6%	6%	20%	19%	7	6.3
Guilford	7%	7%	20%	19%	7	6.2
Orange	11%	11%	15%	16%	8	6.6

Source: County Health Rankings and Roadmaps, 2014-2015

While 48% of Alamance County residents say that obesity is an important issue for our community, 42% don't have access to fresh produce within one mile or walking distance. Additionally, 74% have not walked to a place they needed to go; such as a grocery store.
Elon University Poll, 2014

Food indices range from a score of 1 (worst) to 10 (best). The above table takes into consideration access in terms of distance from which a grocery store or supermarket is in relation to an individual. Residing in a food desert correlates with a higher prevalence of overweight, obesity, and premature death.

Alamance County has worked to combat these trends by supporting programs which aid accessibility to healthier options for the community:

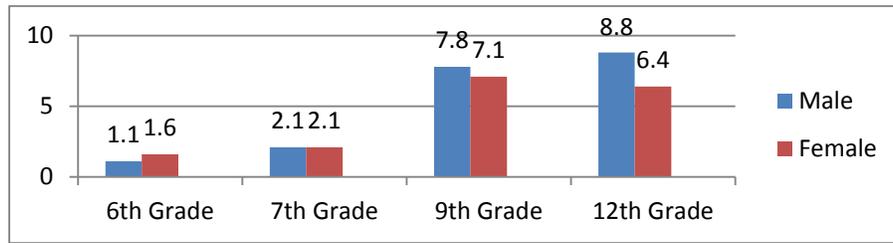
- The Community Transformation Grant (CTG) funded supplies to enhance 10 local Farmer’s Markets and provided promotion
- Interest in a local Food Council was explored. A Community Garden was developed and planted at Hawfield’s Child Care Center through a United Way grant
- The Health Department’s WIC nutritionist wrote healthy eating and healthy recipes articles featured in The Times News
- The Wellness Nurse provided Eat Smart, Move More, Weigh Less coupons to County Employees interested in weight loss along with an onsite Weight Watcher’s at Work program, Quit Smart Smoking Cessation classes, and onsite exercise classes

Tobacco, Alcohol, and Substance Abuse

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Alamance County school system conducted the PRIDE Risk Behavior Survey in 2013 and found that alcohol remains the number one drug of choice among youth followed by tobacco and marijuana. Middle school and high school age youth report that the primary place they use alcohol, tobacco and marijuana is at a friend’s house, followed by in their own home or in a car. They also report that they use these

substances, especially alcohol, on a weekend, followed by after school and on a weeknight. For those who responded "yes" to usage, see PRIDE Survey 2013 Results below for usage by gender and grade:



Source: PRIDE Risk Behavior Survey, 2013

This data strongly supports the value of parent and community involvement in reducing alcohol, tobacco and marijuana use by middle and high school age youth in our community. Youth that are not supervised or positively engaged in school, work or community activities are more likely to use substances. These specific times, targeting the transition points when students move from elementary to middle school and from middle to high school as well as where and how students access substances also provide opportunities for intervention.

ED Visits Due to Unintentional Medication & Drug Poisoning (2011-2013)				
County	2011	2012	2013	Total
Alamance	139	142	128	409
Caswell	13	12	12	37
Guilford	211	310	407	928
Orange	101	86	65	252

Source: NC Injury and Violence Prevention, 2014

Healthy Alamance and the Alamance County Health Department have implemented not only programs which influence behavior change in the community related to the reduction of chronic diseases, but programs meant to encourage community involvement for families. Some of these include: The Burlington Royals ballpark has decided to go Tobacco Free on their grounds and have obtained Community Transformation Grant funding to pay for signage and tip cards, while the City of Burlington adopted an ordinance that prevents smoking in children’s areas in all of their city parks and playground areas. Additionally, two local multiunit housing areas have adopted a tobacco free policy effective November 1, 2014.

Oral Health

Oral health is paramount to overall well-being, and includes the complete state of the teeth and bone, gums, tongue, lips, and cheeks. Cavities and gum infections may contribute to heart and lung disease, stroke, premature births, low birth weights, and diabetes. Please see Chapter 4 for more detailed information. Please see **Oral Health** 

Physical Activity among Youth in Alamance County

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. Despite the proven benefits of physical activity, more than 50 percent of American adults do not get enough physical activity to provide health benefits. 25 percent of adults are not active at all in their leisure time.

*Of the households surveyed, 68% had not used a nature trail in the last 3 months for recreational purposes - 12% indicated they did not due to poor physical health and 11% stated they did not know where they were located.
Elon University Poll, 2014*

According to the Center for Disease Control, the prevalence of overweight and obesity has increased sharply for children since the mid-seventies. In 2009, 17.8 percent of young children ages 2-4 years old were identified as obese in Alamance County. No significant change has occurred in the four years since the 2011 assessment. The most current obesity rate for 2-4 year old is 17.5 percent according to 2012 NC-NPASS. Since research indicates children's activity level drops at the onset of adolescence, it is imperative to not only examine adult physical activity level, but make programming which encourages overall family activity levels a priority.

County	Percentage of population with access to exercise opportunities-2014
Alamance	77%
Caswell	32%
Guilford	88%
Orange	79%
Source: County Health Rankings, 2014	

Access to exercise opportunities considers how many people in a county live close to a location for physical activity. According to County Health Rankings, "the role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise" (2014).

COUNTY DATA BOOK

Appendix A: Acknowledgements

Community Assessment Acknowledgements

Lead Agency Team Meetings

Meeting Space, Agendas, Minutes, Reminders & Facilitation:

April Durr, United Way of Alamance County
Ann Meletzke, Healthy Alamance

Community Assessment Acknowledgements – Latino Focus Group

Team Lead/Coordination:

United Way of Alamance County, April Durr

Planning Team:

Martha Krall, Consultant Alamance Alliance for Families & Children / Alamance Partnership for Children Board Member

Jessica Johnson, Alamance Partnership for Children

April Durr, United Way of Alamance County

Supplies / Refreshments / Incentives for Focus Group Participants:

April Durr, United Way of Alamance County

Focus Group Space:

Church of the Holy Comforter (donated)

Space Coordination – Martha Krall, Consultant Alamance Alliance for Families & Children / Alamance Partnership for Children Board Member

Conducted Training for Facilitators / Materials / Food:

April Durr, United Way of Alamance County

Focus Group Facilitation / Note Takers (Bilingual):

Jessica Johnson, Alamance Partnership for Children

Jessy Estrada, Alamance Partnership for Children

Dale Cryan, Alamance Partnership for Children

Nelgi Moreno, Alamance Partnership for Children

Gaby Quinteros, Alamance Partnership for Children

Participant Recruitment, Invitations & Registration:

Jeremey Ireland, Centro la Comunidad

Martha Krall, Consultant Alamance Alliance for Families & Children / Alamance Partnership for Children Board Member

Jessica Johnson, Alamance Partnership for Children

United Way Community Council

Summary Report: April Durr, United Way of Alamance County

Forum

Created Power Point Slides & Presented Data: April Durr, United Way of Alamance County

Facilitated Group Discussion & Prioritizing Process: Kathy Colville, Alamance Regional

Invitations & Registration: Kim Gilliam, Alamance Regional

Space & Food: Alamance Regional

Hanlon Method

Facilitation & Materials:

Kathy Colville, Alamance Regional

Ann Meletzke, Healthy Alamance

Space & Food: Alamance Regional

Data Collection, Document Writing & Editing

- Kathy Colville, Alamance Regional
- April Durr, United Way of Alamance County
- Arlinda Ellison, Alamance County Health Department
- Marcy Green, Impact Alamance
- Jessica Harrell, Alamance Community College
- Ann Meletzke, Healthy Alamance
- Heidi Norwick, United Way of Alamance County
- Meredith Peffley, Cardinal Innovations
- Stacie Turpin Saunders, Alamance County Health Department
- Hannah Allen, Alamance Regional Health Partner
- Cat Palmer, Healthy Alamance Health Partner
- Shelby Smith, Alamance County Health Department Health Partner
- Maria Restuccio, Impact Alamance Health Partner

Appendix B: Additional Data and Information

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Chapter 1

Chapter 2

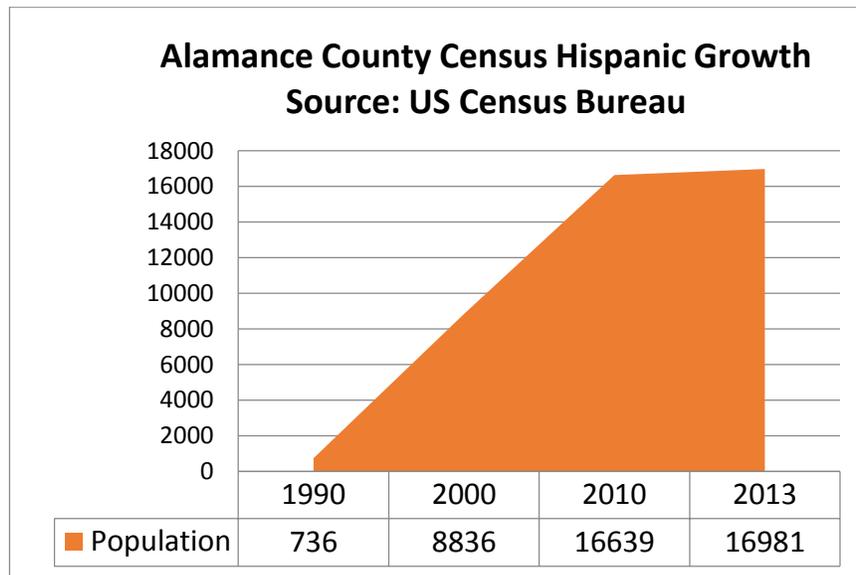
Demographic Data

Table 1

Rank	Company	City	Employees
1	Alamance-Burlington School System	Burlington	3260
2	Laboratory Corporation of America	Burlington	3200
3	Alamance Regional Medical Center	Burlington	2057
4	Elon University	Elon	1290
5	Alamance County	Graham	1100
6	Wal-Mart Stores (3 locations)	Burlington	1000
7	City of Burlington	Burlington	875
8	Alamance Community College	Graham	664
9	Honda Power Equipment Mfg	Swepsonville	600
10	GKN Driveline North America	Mebane	500
11	Glen Raven, Inc.	Altamahaw	450

Source: Alamance Chamber of Commerce

Table 2



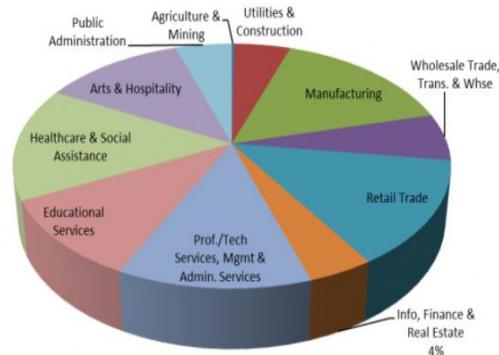
Source: Census.gov and Kids Count Data Center

Table 3

Demographics	Alamance County	North Carolina
Population (2013 estimate)	154,378	9,948,060
White (2013)	75.8%	71.7%
African American (2013)	19.3%	22%
Hispanic/Latino (2013)	11.8%	8.9%
Asian (2013)	1.5%	5.3%
American Indian and Alaska Native (2013)	1.4%	1.2%
Median Household Income (2008-2012)	\$41,394	\$45,195
Per Capita Income (2012)	\$23,17	\$25,285
Population Below Poverty Level (2008-2012)	17.43%	16.8%
Persons without Health Insurance (2011)	17.6%	18.9%
Children Living in Poverty (under 18yrs) (2012)	29.2%	25.8%
Households that Received Food Stamps (October 2010)	10,317	686,890
Unemployed (Sept 2012)	9.4%	9.5%
Students Eligible for Free & Reduced School Lunch (2011-2012)	55.6%	56%

Figure 2

Alamance County 2012 Employment By Industry



Chapter 3

Latino Focus Groups Summary

To supplement the Elon Poll, which reached English-speaking residents, two focus groups were held in Spanish for Latino residents. These focus groups were held at Holy Comforter Church, and moderated by Dale Cryan, Nelgi Moreno, Gaby Quinteros, Jessica Johnson, and Jessy Estrada, who represent the Alamance Partnership for Children Parents as Teachers program. Each group identified ten issues currently facing the Latino community, which have been distilled into the top three Latino priority areas.

While the top issues identified by the Latino focus group are similar to the education, access to care, and income priorities set by the community at large, this population has unique characteristics that make their priorities slightly more specific than the three community priority areas. The Latino focus groups identified a lack of interpretation services as one of the top three issues facing the Latino population, which in turn affects all three of the general community priority areas. The lack of bilingual services or interpreters creates a need for bilingual educational and tutoring services, prevents Latino individuals from receiving the medical care they require, and creates barriers to employment.

Apart from interpretation services, access to care was specifically identified as one of the top three issues facing the Latino community. While Latinos have difficulty accessing health care and dental care in general, the focus groups identified the lack of Spanish counselors and health services as the number one barrier to accessing mental health care.

Another topic of concern for the Latino community is identification. Without recognized photo IDs, such as a driver’s license, Latinos face challenges such as filing government paperwork, like birth certificates, and cannot drive to their workplaces, grocery stores, or afterschool and recreational activities.

Latino community members feel that there is a resistance to offering information and services in Spanish due to the popular idea that Spanish-speakers should “just learn Spanish.” While many Latinos do know, or are learning, English, there are not enough programs available to prepare bilingual people to become qualified interpreters. Furthermore, many focus group participants felt that the professional interpreters who are available are not culturally competent.

There was a strong perception that many of the issues affecting the Latino population stem from racism, and participants expressed that they want to have their voices heard and become a more valued part of the community.

Forum Summary

Alamance County Community Assessment, Community Forum

Held November 17th and 18th at Alamance Regional Medical Center/ Cone Health Cancer Center

Total Participants: 80

Evening 11/17: 30

Morning 11/18: 50

Summary:

Invited community leaders across numerous public sectors assembled and introduced themselves and their area of concern for the county to the room. After presentation of a slideshow consisting of the 2011 Community Assessment priority areas and updates, each of the 10 priority assessment areas were presented to the audience. Demographics of the county, Elon Poll data, results of the Spanish speaking forum, county school assessment and county health assessment data were presented to the audience. Once the slideshow was complete the audience was prompted for 30 minutes to have open discussion on what they feel is the most important issue facing Alamance County.

At the end of this discussion participants were asked to think about the magnitude of these issues, how important these issues are to the individual, and how feasible addressing these issues would be. Then the audience was given score cards where they were to allot 3 stamps on the areas of most importance. Each participant was free to place all 3 stamps on one issue, or disperse their three stamps based on importance if the issue/issues. The results are summarized as follows:

Choices for most important issue:

Education, Poverty, Jobs and Employment, Mental Health, Public Transportation, Healthcare, Physical Activity and Healthy Foods, Crime/Safety/Drugs, Disparities and Inequality, Chronic Disease

Note: The choices were presented on the voting card in random order with 3 versions of the voting card with choice order changed. Additionally, participants were free to write other concerns on the back of the scorecard. Only stamps placed on the 10 issues presented were counted.

Totals	Edu	Pov	Jobs	Mental	Transport	Healthcare	Physical Activity	Crime	Disparities	Chronic Disease	Total
Evening 11/17	25	13	18	9	9	4	4	5	2	1	90
Morning 11/18	37	31	20	25	6	8	7	6	6	4	150
Totals	62	44	38	34	15	12	11	11	8	5	240

Appendix

11/17 Community Dialogue Highlights

- Concerns over employment and transportation. “Strides have been made and there are new employment opportunities, but how are people going to get to these new employment opportunities”
- Concern over gap between cost of living and median income
- Educational Concerns:
 - Teacher turnover and teachers leaving the Alamance School System
 - Education for adults: basic literacy skills, tools to aid in filling out job applications
 - Highlighted opportunity for change with leadership turnover in most recent election
 - Making schools accessible: busing and free lunch programs
- Poverty:
 - Highlight that poverty rate for children is nearing that of the 50’s
 - Children living in poverty and with trauma have a lack of access to mental health services
 - Concern over people not knowing how to cook, return to farming
- Mental health services are needed, especially for children so that mental health can be addressed before it becomes a concern
- Major concern that the community members being generalized are not at this conversation, need for conversation to include more of the community
- Political Climate focused greatly on education, which made education a hot topic at the forum
 - Need to provide support for the new leaders and make sure community voices are heard

Priority Setting Event

After collecting data from the community and secondary sources, a group of key community leaders were convened to assist in setting priorities using a composite analysis process. The group included elected officials, funding agencies, health care providers, public service agencies, business leaders, education leaders, private industry leaders, and faith based leaders. More than 30 leaders participated in the priority setting event.

The community assessment team presented the group with six broad priority themes: Chronic Disease, Education, Access to Care, Economic Issues, Crime and Safety and Socio-Cultural Issues. Primary data from the community poll and secondary data from external data sources was presented on each of the areas. After discussion of data, participants were asked to assess each area on the magnitude of the issue in Alamance County, the level of concern in the county, and feasibility to make change in the area. Participants were asked to rate each topic based on each of the criteria using a Likert scale of 1 being less likely/less important to 10 being very likely/very important. For example, Access to Care may receive an 8 for magnitude of the problem, an 8 for the level of community concern and a 7 for the feasibility to make change. The participants’ rankings were averaged, range and mode was determined for each criteria

area. The final priority score was calculated by taking the average magnitude for each topic and adding two times the community concern average then multiplying by the feasibility of the issue

Priority Areas Rankings

Table 4

		A Magnitude	B. Community Concern	C. Feasibility	Priority Score (A+2B)C
Access to Care	AVG	8.85	8.08	7.79	194.8279
	RANGE	4 to 10	5 to 10	5 to 10	
	MODE	10	8	8	
Economic Issues	AVG	8.76	8.9	7.5	199.2
	RANGE	5 to 10	5 to 10	4 to 10	
	MODE	10	10	8	
Education	AVG	9.2	8.6	8.4	221.76
	RANGE	5 to 10	5 to 10	5 to 10	
	MODE	10	9 and 10	10	
Socio-Cultural Issues	AVG	9.9	6.4	6.2	140.74
	RANGE	3 to 10	4 to 9	3 to 10	
	MODE	5 and 8	5	6	
Crime, Public Safety, Drugs	AVG	7	7.24	7.3	156.804
	RANGE	5 to 10	3 to 10	5 to 10	
	MODE	6	9	9 and 5	
Chronic Disease	AVG	8.2	7.02	8.06	179.2544
	RANGE	5 to 10	4 to 10	5 to 10	
	MODE	9	7	8 and 9	

Peer/Neighboring Counties

Many of us look to our neighbors for comparison, to gauge whether we are leading, keeping up with or falling behind the group. For this reason, Alamance’s neighboring counties (Caswell, Chatham, Guilford and Orange) are included in many of the data tables in this assessment.

However, in some cases these comparisons are complicated. For example, some counties have a high percentage of younger people, and would consequently have fewer cases of cancer or heart disease than would be expected in a county with a high percentage of older residents. When a county’s demographic groups are very different, this can be like the proverbial “comparing apples and oranges”.

For that reason, the NC Division of Public Health has identified demographically comparable counties within North Carolina, classified as “peer counties” although they may be many miles apart. This assessment includes Rowan as our demographically comparable “peer” county, in addition to our neighboring counties. The table below lists some key demographic characteristics that will help to put data in this assessment into context.

Table 5

	Peer or Neighbor?	Population Size	Percentage of individuals living below poverty level	Population under 18 years (and as a percentage of the total population)	Population 65 years and over (and as a percentage of the total population)	Population density (people per square mile)
Alamance	--	155,792	18.3	35,359 (22.7)	24,271 (15.6)	304.2
Caswell	neighbor	23,082	22.6	4,466 (19.3)	4,333 (18.8)	55.3
Chatham	neighbor	68,698	12.4	13,766 (20.0)	15,151 (22.1)	72.2
Guilford	neighbor	512,119	18.1	115,801 (22.6)	68,039 (13.3)	648.3
Orange	neighbor	140,420	17.8	28,789 (20.5)	15,215 (10.8)	295.7
Rowan	peer	138,630	18.8	31,697 (22.9)	22,106 (15.9)	254.9

Source: United States Census, American Community Survey.

Chapter 4

Table 6

County	Public Transportation Resources
Alamance	<p>Alamance County Transit Authority (ACTA)¹ M-F, 5am – 5:30 pm. Point-to-point van service, \$10 round trip.</p> <p>Elon BioBus² Downtown/East Burlington Loop runs M-F , 2:30pm – 6:30 pm during Elon University fall and spring semesters. Free.</p> <p>PART Route 4 Express³ bus connects the Triad to the Triangle with stops at Park-and-Ride lots in Burlington (coming late 2015), Graham and Mebane (connecting to Triangle Transit Authority) and Alamance Community College.</p> <p>Fixed-Route Bus Service in Burlington and Gibsonville⁴ coming in 2016.</p>
Caswell	<p>CATS⁵ (Caswell County Area Transportation Services) M-F 8am – 5pm.</p>
Chatham	<p>Chatham Transit Network⁵ cross-county routes between Pittsboro, Chapel Hill, and Siler City, \$3/trip; point-to-point van service in Siler City and Pittsboro, M-F 8am - 5pm</p>
Guilford	<p>Greensboro Transit Authority (GTA)⁷ 7 days a week, 16 bus routes, \$1.50/trip.</p> <p>SCAT Paratransit Services⁸ 7 days a week, shared ride service for people with disabilities that prevent them from riding GTA.</p> <p>Hi tran⁹ High Point Bus 6 days a week, 13 routes, \$1/trip. Includes Dial-A-Lift paratransit services for people with disabilities.</p> <p>Guilford County Transportation and Mobility Services (TAMS)¹⁰ primarily serving people without access to GTA or Hi tran.</p> <p>Piedmont Authority for Regional Transportation (PART)¹¹ Hubs in Greensboro and High Point connect to local transit and to regional routes in 10 counties.</p>
Orange	<p>Orange County Public Transportation¹² serves the elderly and those needing medical transportation outside the fixed route system.</p> <p>Chapel Hill Transit¹³ 7 days a week, 25 routes, free fares for all. Includes EZ Rider paratransit services for people with disabilities.</p> <p>Triangle Transit Authority (TTA)¹⁴ regional service to Wake and Durham counties.</p>
Rowan	<p>Rowan Individual Transportation Assistance¹⁵ M-F 7am – 5pm, individually scheduled, limited point-to-point transport service, \$2/trip</p> <p>Salisbury Transit Operations¹⁶ 3 fixed bus routes, M-Sat, \$1/trip</p> <p>Rowan Express¹⁷ 7 days a week, between Amtrak stations in Kannapolis and Salisbury, also Landis and China Grove, \$1/trip</p>

1. (Alamance county transportation authority, 2015)
2. (Elon University, 2015)
3. (Piedmont Authority for Regional Transportation,2014)
4. (McGowan, M., 2013, Apr 13; City of Burlington North Carolina, 2015, March 17)
5. (Chatham Transit Network, 2015)
6. (Caswell County North Carolina, 2014)
7. (City of Greensboro NC, 2015, *The way to move*)
8. (City of Greensboro NC, 2015, *SCAT paratransit services*)
9. (City of High Point, NC, 2015)
10. (Guilford County, 2015)
11. (Piedmont Authority for Regional Transportation,2014)
12. (Orange County, 2015)
13. (Town of Chapel Hill, 2015)
14. (Go Triangle, 2015)
15. (Rowan Transit System, 2014)
16. (The City of Salisbury, 2015)
17. (Rowan County, NC, 2014)

Table 7

Provider-to-Population Ratios for Selected Healthcare Professions, Alamance and Surrounding Counties					
Primary Care Provider		Dentist		Mental Health Provider	
County	Ratio	County	Ratio	County	Ratio
Alamance	1,825:1	Alamance	2,199:1	Alamance	1,272:1
Caswell	23,453:1	Caswell	7,739:1	Caswell	3,317:1
Chatham	2,214:1	Chatham	4,398:1	Chatham	1,346:1
Guilford	1,342:1	Guilford	1,897:1	Guilford	621:1
Orange	505:1	Orange	552:1	Orange	193:1
Rowan	2,300:1	Rowan	2,709:1	Rowan	677:1
NC	1462:1	NC	2,022:1	NC	696:1

(Robert Wood Johnson Foundation, 2014; UNC Cecil Sheps Center, 2013)

Table 8

County	ACA Enrollment (2014)	ACA Enrollment (2015)	Medicaid (April 2015)	Medicare (2012)	Private Insurance (2013)	% Insured (2013)
Alamance	4490	7174	30,678	29,935	95,070	83.4
Caswell	503	1037	5,374	5,547	12,764	85.2
Chatham	2488	3893	28,912	14,660	43,568	85.4
Guilford	20026	31854	96,711	83,645	318,605	83.7
Orange	4732	6978	13,718	18,594	104,992	88.2
Rowan	4764	7788	28,618	28,975	79,060	82.4
NC	352,628	555,802	1,842,217	1,935,562	6,053,781	83.8

(Enroll America, 2015; NC Department of Health and Human Services, 2015; Centers for Medicare and Medicaid Services, 2012; U.S. Census Bureau, 2013)

Table 9

Number of Providers per 10,000 Residents for Selected Healthcare Professions, 2006 - 2012					
		2006	2008	2010	2012
All Physicians	Alamance	14.9	15.5	16.5	18.1
	NC	20.8	21.2	21.7	20.3
Primary Care Physicians	Alamance	6.9	7.2	7.5	6.9
	NC	9.0	9.0	9.4	7.6
Dentists	Alamance	4.6	4.4	4.2	4.6
	NC	4.4	4.3	4.4	4.5
Psychologists	Alamance	0.8	0.6	0.5	0.6
	NC	2.0	2.0	2.1	2.2

(UNC Cecil Sheps Center, 2013)

Table 10

“Safety net” Medical Providers and other groups improving access to care in Alamance County	
Organization	Website
Piedmont Health Services	http://www.piedmonthhealth.org/
Alamance Regional Medical Center	http://www.conehealth.com/patients-visitors/financial-information/patient-financial-services/financial-assistance-programs/
Open Door Clinic	http://www.opendoorclinic.net/
Medication Management Clinic	http://www.armc.com/armc-main/community/community-partners/medication-management-clinic/
Alamance County Health Department	http://www.alamance-nc.com/health/
FAST (Friends and Advocates for Sustainable Transportation)	https://www.facebook.com/pages/FAST/172341839541188?sk=timeline&ref=page_internal
Legal Aid of NC	http://www.legalaidnc.org/public/learn/projects/health-care-navigators/default.aspx

Table 11

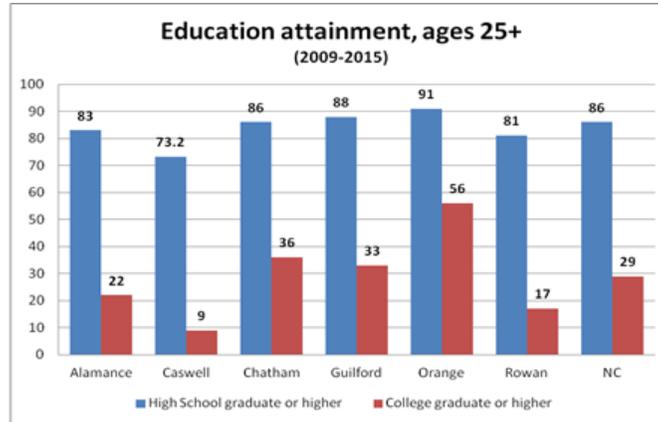
Alamance County Community Profile – relation of education to unemployment and earnings

Educational Attainment	% of Population in Alamance county	Unemployment Rate	Median Earnings
Alamance County 2012			
Less than high school	17%	10.3%	\$17,931
High School graduate	30%	7.8%	\$26,386
Some college or Associate’s degree	31%	6.1%	\$31,884
Bachelor’s degree	15%	3.4%	\$44,819
Graduate or professional degree	7%	No Data	\$57,346

(Alamance County Planning, 2014; Common Good Forecaster – United Way)

Table 12

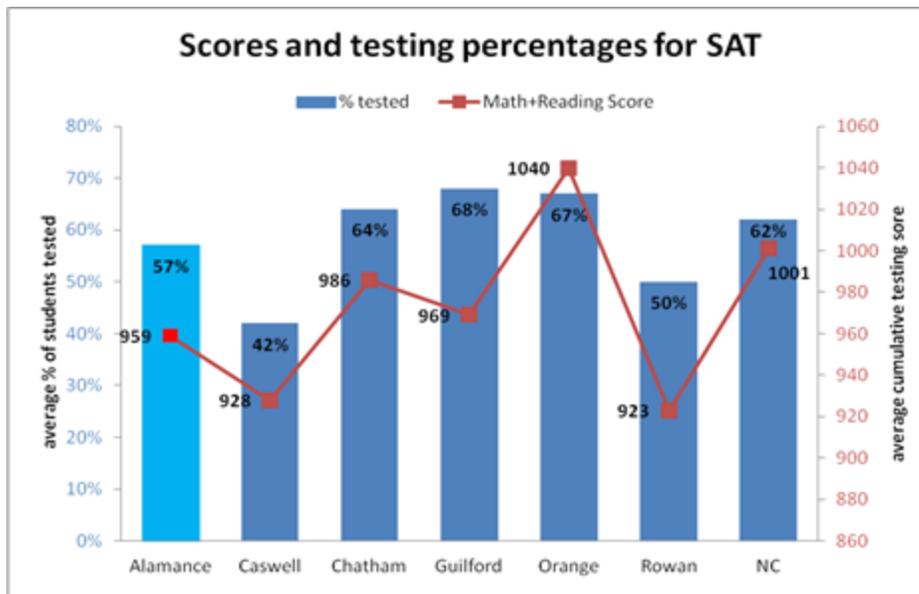
Education Attainment, ages 25+ (2009-2015)



(U.S. Census Bureau, 2009-2013)

Table 13

Comparison between Alamance County and NC: Percent of students testing at or above their grade level in EOG testing



(NC Department of Public Instruction, 2014)

Table 14

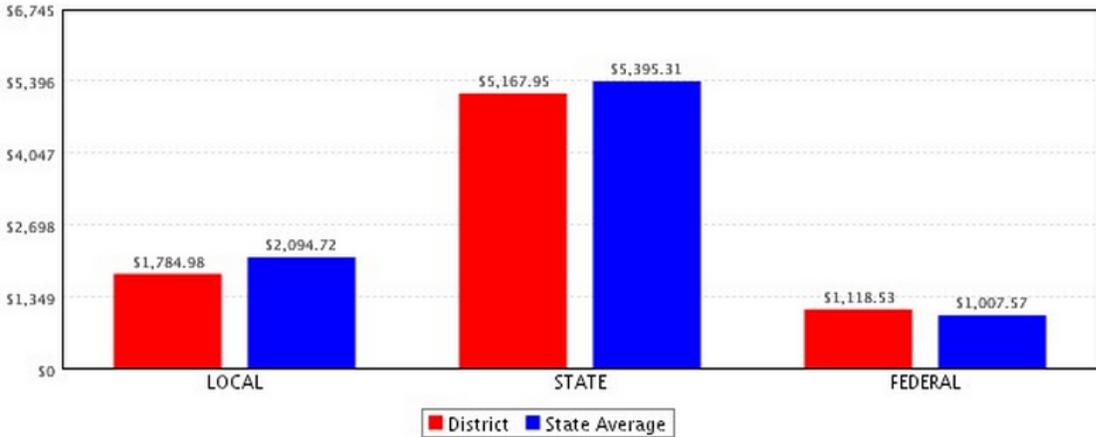
2012-2013 NC School Report Card

	Grade 3		Grade 4		Grade 5		Grade 6		Grade 7		Grade 8		OVERALL	
	Reading	Math												
District	41.9%	43.6%	38.3%	42.7%	34.3%	46.9%	41.0%	35.4%	39.4%	31.9%	33.6%	29.9%	38.0%	38.2%
State	45.2%	46.8%	43.7%	47.6%	39.5%	47.7%	46.4%	38.9%	47.8%	38.5%	41.0%	34.2%	43.9%	42.3%

* If the number of students in a category is fewer than five, then results are not shown and are represented by a N/A.

Table 15

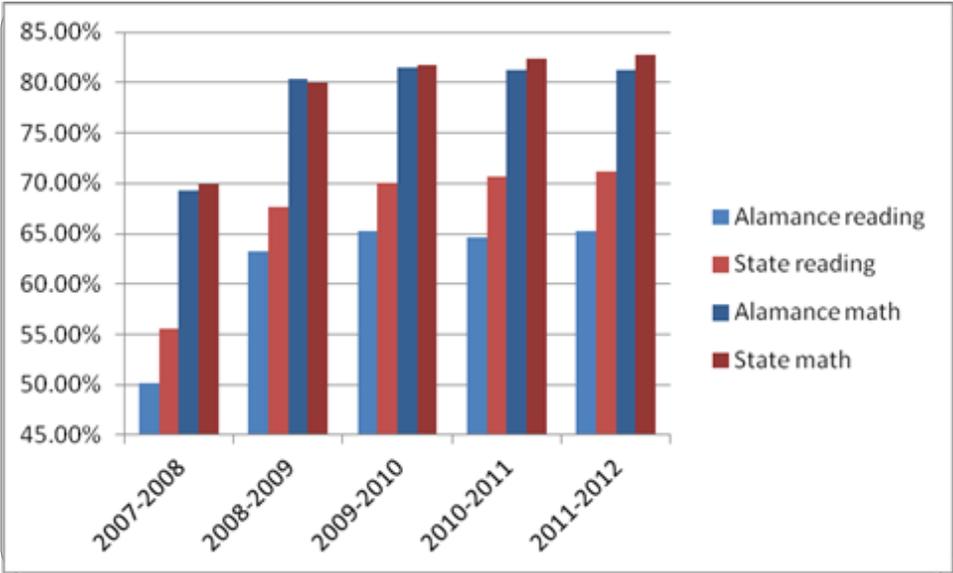
Funding sources comparing Alamance School District to state averages



Source: NC Department of Public Instruction, 2014

Table 16

Difference between Alamance County and NC in percentages of students performing at or above grade level (grades 3-8) in math and reading. (Evaluation measures were changed in 2012-2013 and are not comparable to previous years.)

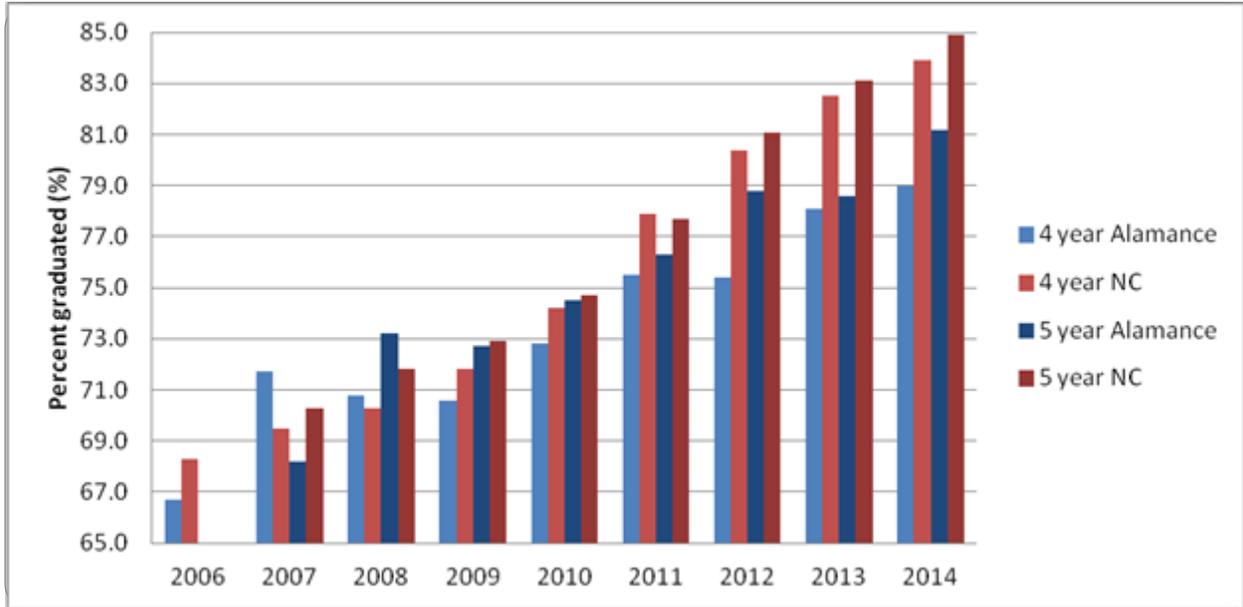


(NC school report card, 2014)

Alamance County graduation rates compared to North Carolina graduation rates, 2006-2014

(no data for 5 year rates in 2006)

Table 17



(NC Public Schools, 2014)

Table 18

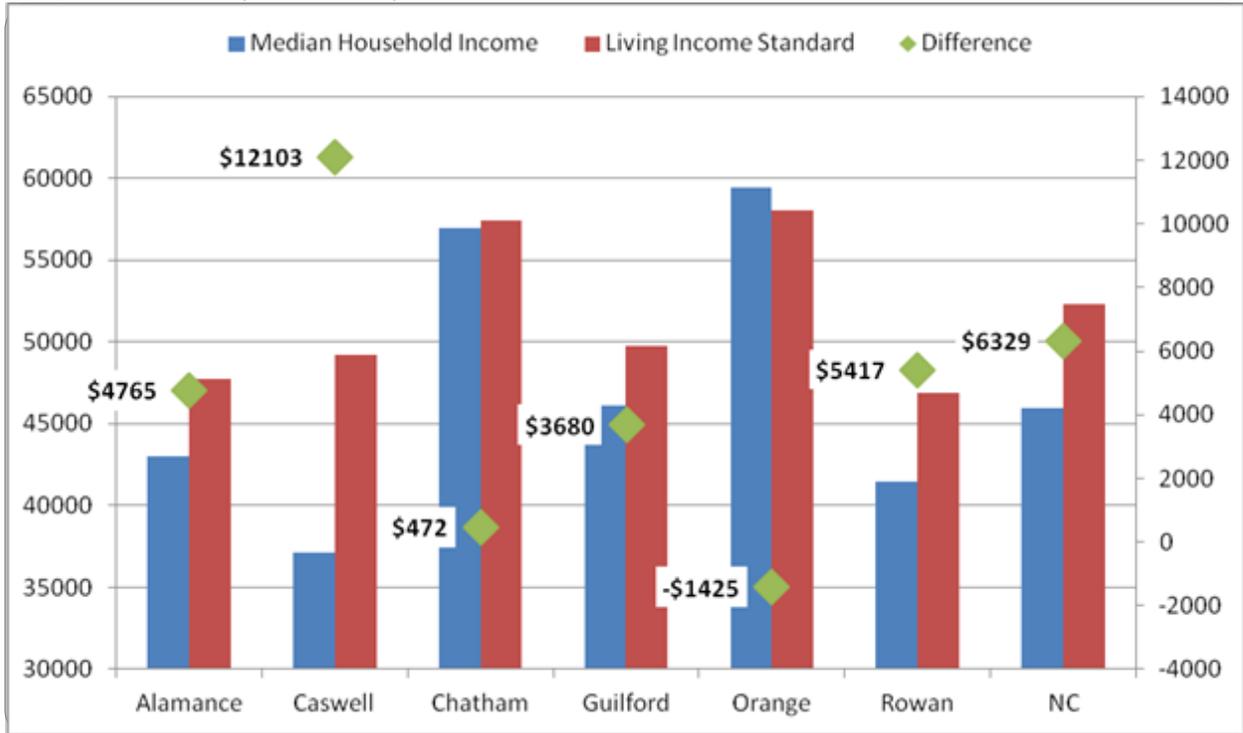
Comparison of counties' and NC's income and wages for Fiscal Year 2014 as reported by the US Census

County	Average Weekly Wage	Median Household Income
Alamance	\$695	\$43,001
Caswell	\$561	\$ 35,315
Chatham	\$633	\$ 57,091
Guilford	\$857	\$46,093
Orange	\$974	\$59,472
Rowan	\$764	\$41,475
NC	\$842	\$ 46,334

Source: Bureau of Labor and Statistics, 2015; US Census, 2014

Table 19

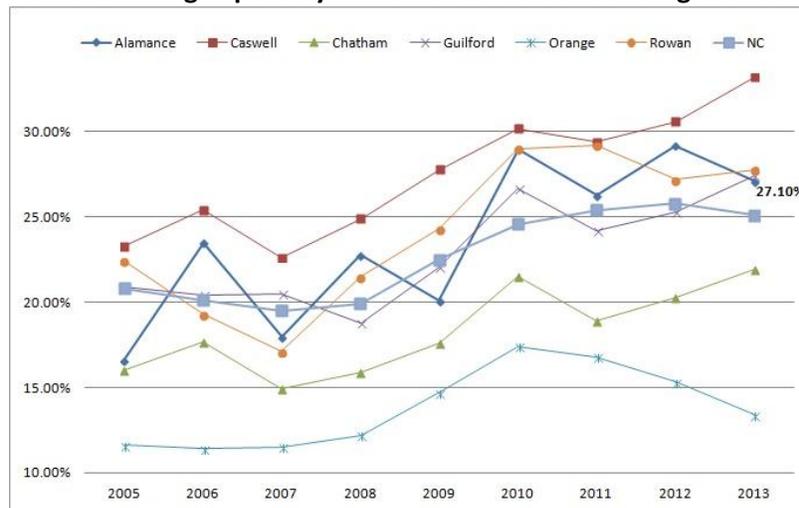
Comparison of Median Household income and Living Income Standard in comparison counties and the state. Living Income Standard (LIS) is calculated and reported for each county by the NC Budget and Tax Center and represents the income required to pay for adequate housing, food, transportation, health care, etc. for a four-person family.



Source: NC Budget and Tax Center, 2014

Table 20

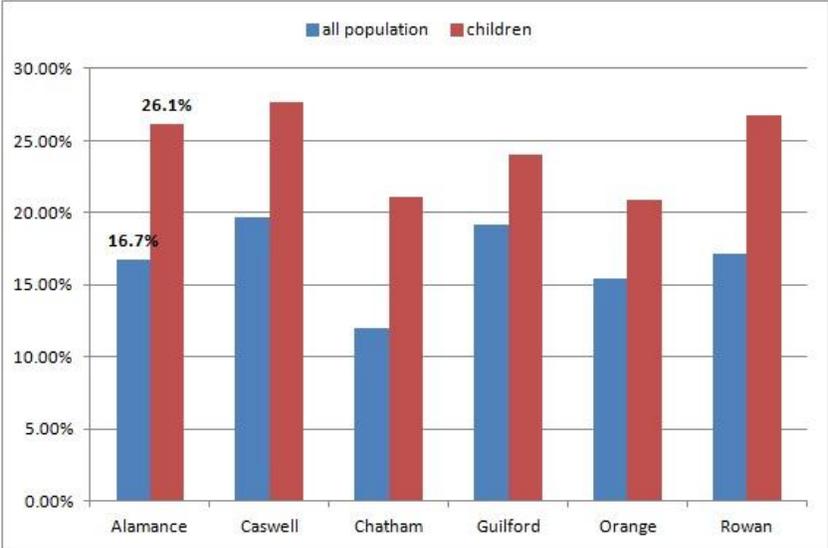
Percent of children living in poverty in Alamance and surrounding counties over time



Source: Kids Count, 2012

Table 21

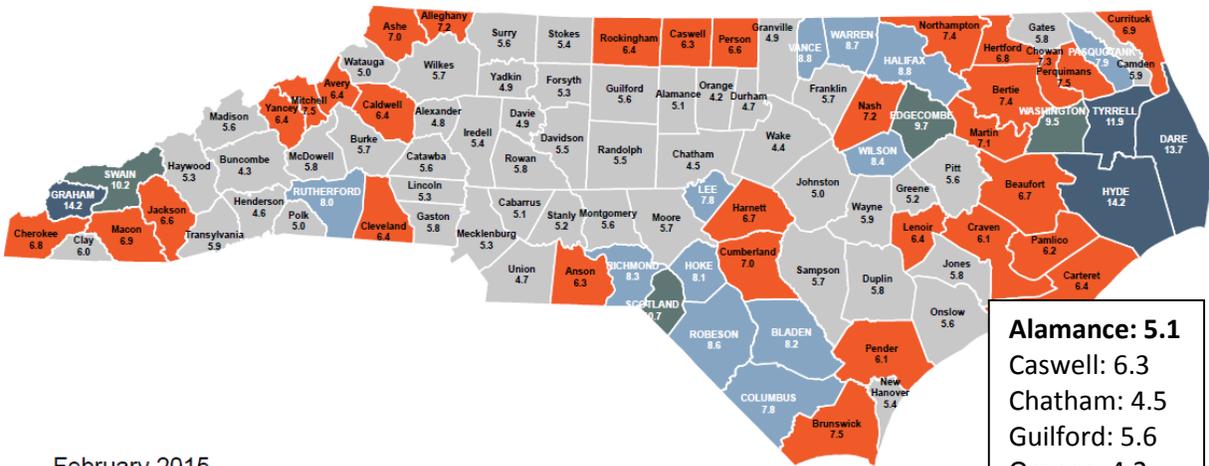
Percentage of total population and children considered food insecure in Alamance and Comparable Counties



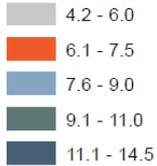
Source: Feeding America, 2014

Table 22

North Carolina Unemployment Rates by County February 2015



February 2015



- 5 Counties Higher Than Previous Month
- 89 Counties Lower Than Previous Month
- 6 Counties Same as Previous Month

Alamance: 5.1
 Caswell: 6.3
 Chatham: 4.5
 Guilford: 5.6
 Orange: 4.2
 Rowan: 5.8

North Carolina Rate 5.7%
 Not Seasonally Adjusted

Note: February 2015 data are preliminary.
 Prepared by Labor & Economic Analysis Division, North Carolina Department of Commerce 4_2015

Chapter 5

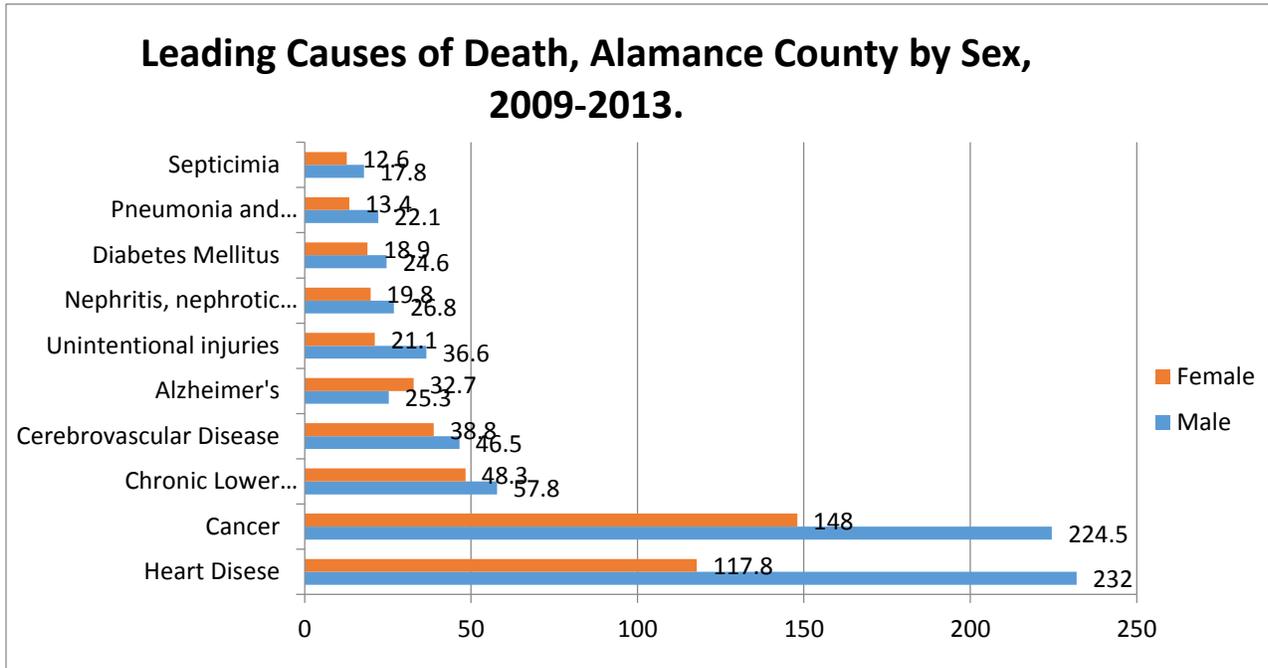
MORTALITY

Table 23

Leading Causes of Death in Alamance County, Rate per 100,000 (2013)			
Rank	Cause of Death	Alamance	NC
1	Cancer	180.0	173.3
2	Diseases of Heart	165.8	170.0
3	Chronic lower respiratory diseases	51.7	46.1
4	Cerebrovascular diseases	42.2	43.7
5	Alzheimer's disease	30.2	28.9
6	All other unintentional Injuries	28.6	29.3
7	Nephritis, Nephrotic Syndrome, and Nephrosis	22.6	17.6
8	Diabetes Mellitus	21.6	21.7
9	Pneumonia and Influenza	16.7	17.9
10	Septicimia	14.8	13.3

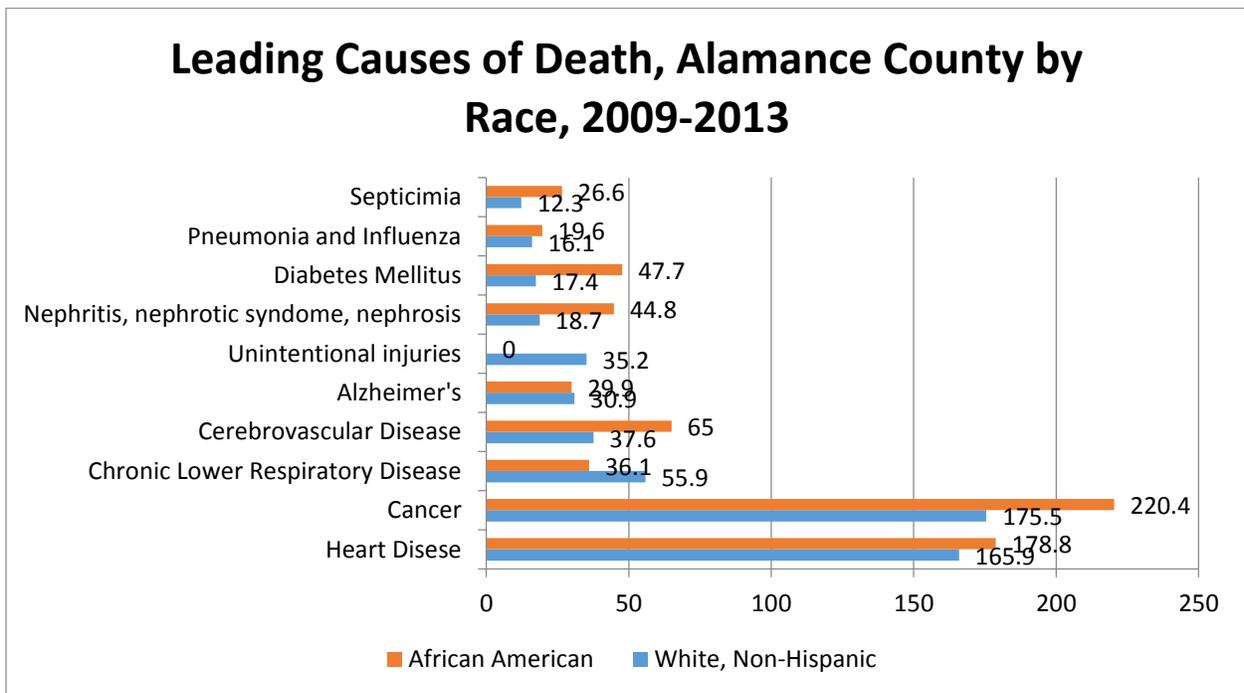
Source: State Center for Health Statistics, North Carolina

Table 24



Source: NC SCHS

Table 25



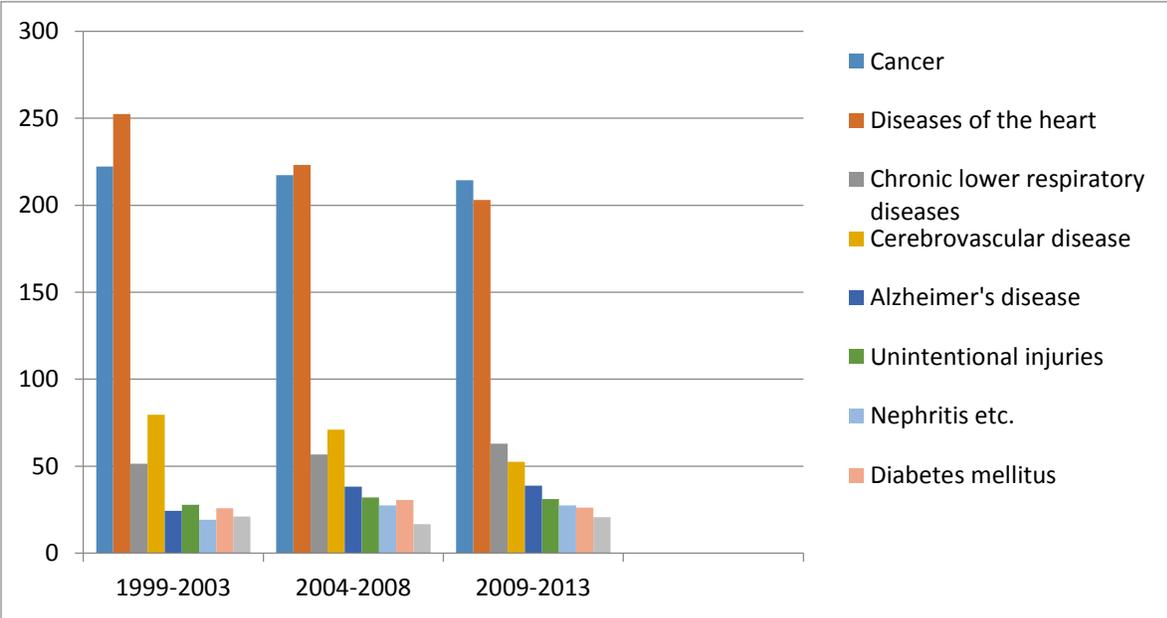
Source: NC SCHS

Table 26
Leading Causes of Death, Alamance County by Age, 2009-2013

Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	85+	All ages
1	Conditions originating in prenatal period	Other unintentional injuries	Cancer	Cancer	Diseases of the heart	Cancer
2	Congenital abnormalities	Motor vehicle injuries	Disease of the heart	Diseases of the heart	Cancer	Diseases of the heart
3	Motor vehicle injuries	Suicide	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Alzheimer's disease	Chronic lower respiratory disease
4	Other unintentional injuries	Homicide	Other unintentional injuries	Cerebrovascular disease	Cerebrovascular disease	Cerebrovascular disease
5	Suicide SIDS	Diseases of the heart	Diabetes mellitus	Nephritis, Nephrotic syndrome & Nephrosis	Chronic lower respiratory disease	Alzheimer's disease
6		Cancer	Cerebrovascular disease	Alzheimer's disease	Nephritis, Nephrotic syndrome & Nephrosis	Other unintentional injuries
7	Homicide	Aortic aneurism and dissection, Chronic liver disease and cirrhosis	Chronic liver disease and cirrhosis	Diabetes mellitus	Pneumonia and influenza	Nephritis, Nephrotic syndrome & Nephrosis
8	Cancer, Diseases of the heart, Chronic lower respiratory diseases		Suicide	Septicimia, Pneumonia and influenza	Diabetes mellitus	Diabetes mellitus
9		Cerebrovascular disease, Nephritis, Nephrotic syndrome & Nephrosis	Septicimia		Other unintentional injuries	Pneumonia and influenza
10			Nephritis, Nephrotic syndrome & Nephrosis	Other unintentional injuries	Pneumonitis due to solids and liquids	Septicemia

Source: NC SCHS

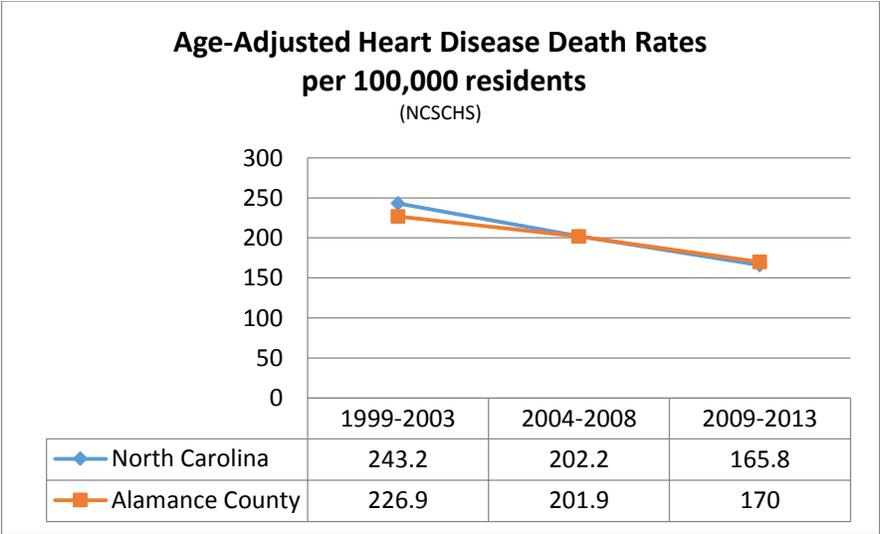
Table 27



Source: NC SCHS

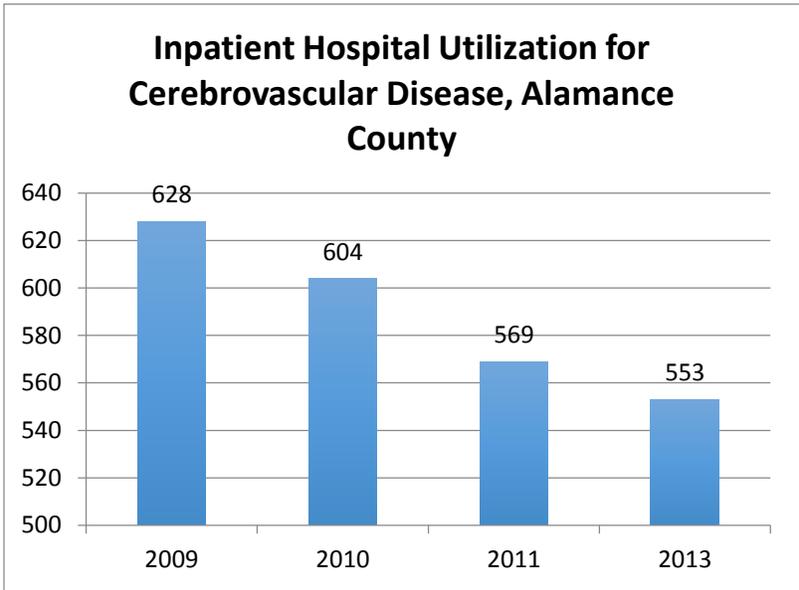
MORBIDITY: CHRONIC DISEASE
Heart Disease and Stroke

Table 28



Source: NC SCHS

Table 29



Source: NC SCHS

Diabetes

Incidence of diagnosed diabetes, age-adjusted per 1,000 population in Alamance County

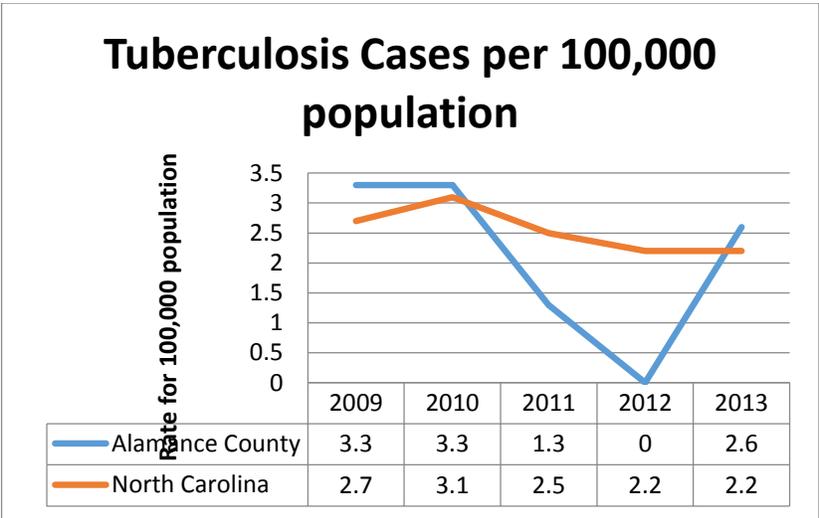
Table 30

Year	Incidence
2009	11.1
2010	12.2
2011	10.9
2012	9.3

Source: CDC

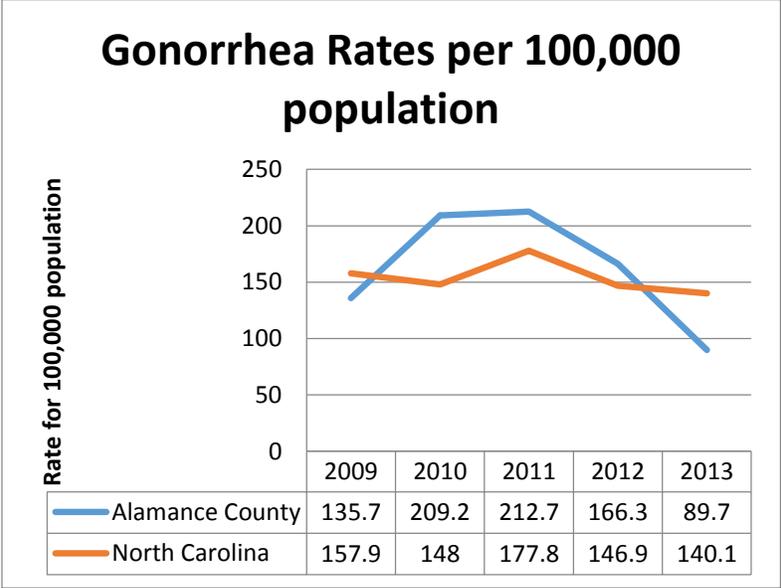
MORBIDITY: INFECTIOUS DISEASE
Tuberculosis

Table 31

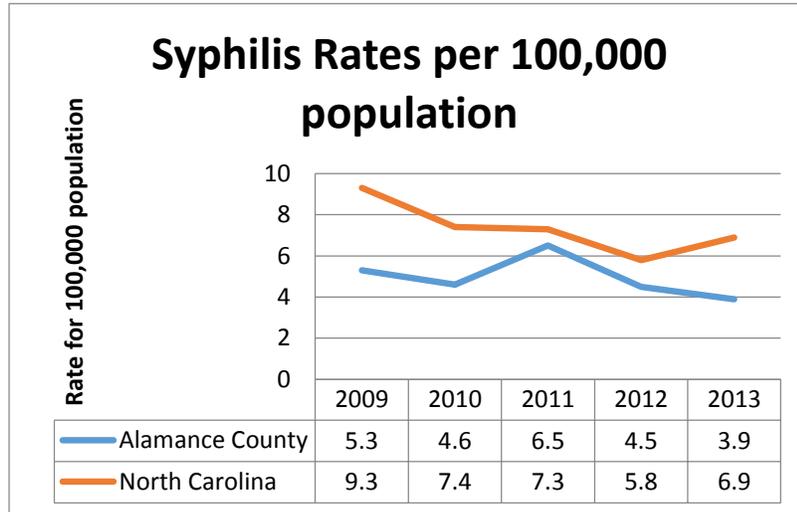


MORBIDITY:
SEXUALLY TRANSMITTED INFECTIONS
Gonorrhea

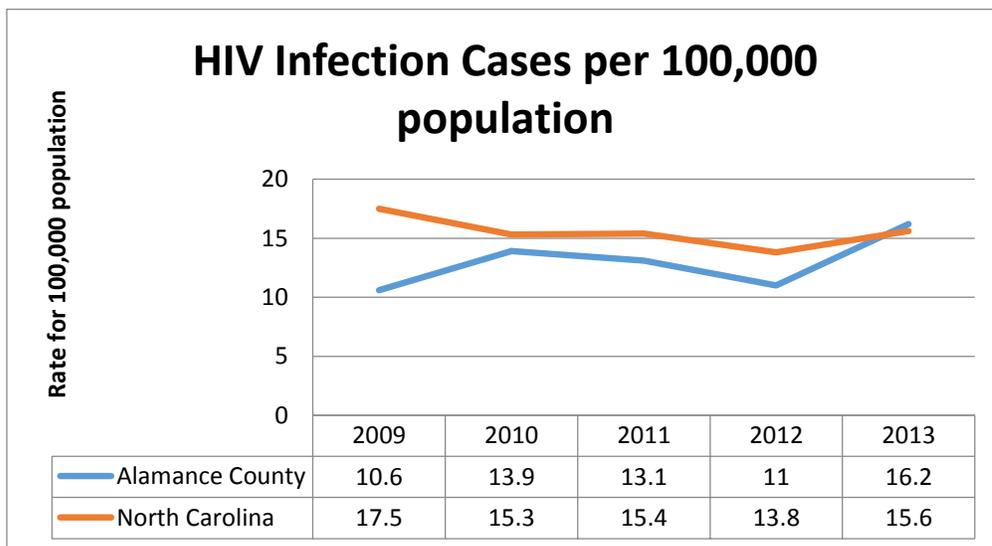
Table 32



Syphilis
Table 33



HIV/AIDS
Table 34



MORBIDITY: INJURIES
Table 35

	Alamance County		North Carolina	
	2014	2015	2014	2015
Violent Crime Rate	426	421	372	355
Injury Death Rate	63	61	65	64

Source: NC SCHS

North Carolina 2013 Traffic Crash Facts

Table 36

Alamance County												
	2009		2010		2011		2012		2013		5 Year Avg.	
Reportable	Crashes	Injuries	Crashes	Injuries	Crashes	Injuries	Crashes	Injuries	Crashes	Injuries	Crashes	Injuries
Fatal	16	16	18	20	15	15	13	13	21	23	17	17
Non Fatal Injury	1,054	1,645	1,090	1,640	1,035	1,607	1,092	1,669	1,136	1,731	1,081	1,658
PDO	2,256		2,331		2,240		2,157		2,349		2,267	
Total	3,326	1,661	3,439	1,660	3,290	1,622	3,262	1,682	3,506	1,754	3,365	1,676
Alcohol Related Crashes												
Fatal	5	5	6	7	8	8	3	3	4	4	5	5
Non Fatal Injury	82	122	92	117	94	143	95	136	95	140	92	132
PDO	94		71		89		61		109		85	
Total	181	127	169	124	191	151	159	139	208	144	182	137
Percent Alcohol Related												
Fatal	31.3%	31.3%	33.3%	35.0%	53.3%	53.3%	23.1%	23.1%	19.0%	17.4%	31.3%	31.0%
Non Fatal Injury	7.8%	7.4%	8.4%	7.1%	9.1%	8.9%	8.7%	8.1%	8.4%	8.1%	8.5%	7.9%
Total	5.4%	7.6%	4.9%	7.5%	5.8%	9.3%	4.9%	8.3%	5.9%	8.2%	5.4%	8.2%
Pedestrian Crashes												
Fatal	3	3	4	4	3	3	2	2	4	4	3	3
Non Fatal Injury	10	15	17	20	15	21	31	32	23	24	19	22
PDO	0		1		2		0		1		1	
Total	13	18	22	24	20	24	33	34	28	28	23	26
Bicycle Crashes												
Fatal	0	0	1	1	1	1	0	0	0	0	0	0
Non Fatal Injury	5	5	13	13	3	3	8	8	7	7	7	7
PDO	0		2		2		0		0		1	
Total	5	5	16	14	6	4	8	8	7	7	8	8
Motorcycle Crashes												
Fatal	3	3	5	5	1	1	2	2	3	4	3	3
Non Fatal Injury	34	39	36	44	41	48	30	39	27	31	34	40
PDO	6		5		4		4		6		5	
Total	43	42	46	49	46	49	36	41	36	35	41	43
County Ranking	81		66		64		67		53			
General Information												
Population (2012)			153,033	18	18							
Registered Vehicles (2012)			141,282	18	19							
Estimated Avg. Annual Miles Traveled (100 MVMT) (2012)			15.75	19	17							
Crash Rates												
<i>(Based on a 3 Year Average of All Reported Crashes)</i>												
Total Crash Rate (/100 MVMT)			280.71	30	25							
Fatal Crash Rate (/100 MVMT)			1.06	84	77							
Non Fatal Injury Crash Rate (/100 MVMT)			71.96	32	26							
Crash Injuries Per 1000 People			11.43	38	29							
Fatal Crash Injuries Per 1000 People			0.11	84	82							
Crashes Per 1000 Reg. Veh.			31.30	35	31							
Fatal Crashes Per 1000 Reg. Veh.			0.12	82	75							
Percent Alcohol Related Crashes			4.8%	64	61							
Severity Index			3.64	66	71							
Comprehensive Crash Cost												
<i>(Based on a 3 Year Average of All Reported Crashes in 2012 Dollars)</i>												
Average Annual Cost			\$160,482,133	24	21							
Average Cost Per Crash			\$36,289	81	82							
Average Cost Per Person			\$1,049	75	65							
Average Cost Per Vehicle			\$1,136	71	58							
Average Cost / 100 Miles Traveled			\$10.19	74	65							
Time To Next....												
Crash			2.0	Hours								
Fatal Injury			505.4	Hours								
Injury			5.0	Hours								
Crash Cost Per Hour			\$18,320									

Source: Dept. of Transportation

MORBIDITY: OBESITY

Table 37

Age-adjusted percentage of obese adults in Alamance County

Year	Alamance County	NC
2009	33.6	29.4
2010	34.3	29.4
2011	33.4	29.1
2012	33.8	29.6

Source: <http://stateofobesity.org/adult-obesity/>

Table 38

Oral/Dental problems as any diagnosis, percent of overall Emergency Department Visits, 2008-2013

Year	% of ED Visits
2008	1.62
2009	1.57
2010	1.64
2011	1.82
2012	1.79

Alamance County

Source: NC Detect

Mental Health

The following data is from 2013 and is measured by number of persons, not the number of persons per thousand. Alamance County data is aggregated with Caswell County data, and thus may not be an accurate representation of mental health, developmental disabilities, and substance abuse experiences in Alamance County.

	Operating Center	Alamance County	State Average
Substance Abuse and Early Intervention	3.6%	No county-level data	6%
Timely Access to Care		No county-level data	
Urgent	81%		76%
Routine	36%		69%

Services to Persons in Need			
Adult MH	50%	51%	46%
Child/Adolescent MH	42%	42%	49%
Adult DD	43%	42%	37%
Child/Adolescent DD	14%	15%	17%
Adult SA	10%	10%	10%
Adolescent SA	7%	7%	8%
Timely Initiation & Engagement in Service			
MH: 2 Visits within 14 days	62%	64%	44%
MH: 2 Add'l Visits within next 30 days	27%	28%	25%
SA: 2 Visits within 14 days	84%	83%	71%
SA: 2 Add'l Visits within next 30 days	22%	23%	43%
SH/DD: 2 Visits within 14 days	75%	70%	41%
MH/DD: 2 Add'l Visits within next 30 days	33%	30%	26%
MH/SA: 2 Visits within 14 days	79%	81%	65%
MH/SA: 2 Add'l Visits within next 30 days	21%	21%	45%
Timely Support for Persons With I/DD	100%	100%	36%
Short-Term Care in State Psychiatric Hospitals	11%	<i>No county-level data available</i>	18%
Psychiatric Hospital Readmissions			
State Hospitals: Readmitted within 30 days	0%	<i>No county-level data available</i>	6%
State Hospitals: Readmitted within 180 days	0%	<i>No county-level data available</i>	16%
Community Hospitals: Readmitted within 30 days	10%	10%	11%
Timely Follow-up After Psychiatric Inpatient and Crisis Care			
ADATCs: Seen in 1-7 Days	6%	<i>No county-level data available</i>	26%
State Hospitals: seen in 1-7 Days	25%	<i>No county-level data available</i>	35%

Community Hospitals: Seen in 1-7 Days	47%	49%	34%
Crisis Services: Seen in 0-5 Days	18%	18%	31%
Medical Care Coordination	89%	88%	90%

Substance Abuse Prevention and Early Intervention

Mental health care providers encourage youth who are at an elevated risk of developing a substance abuse to complete a substance abuse prevention program during one year. This indicator measures how many at-risk youth complete this program during a one-year period.

Timely Access to Care

To provide appropriate care and to promote client engagement, timely access to clinical care is imperative. This indicator tracks how often urgent care appointments and routine care appointments are kept.

Services to Persons in Need

This indicator measures how many people who were in need of MA, DD, and SA services in a given year actually received those services. Alamance County met or exceeded the operating center for almost all age groups, but fell one percentage point below the operating center for adult DD.

Timely Initiation & Engagement in Service

This indicator tracks how many persons seeking services for mental illness, developmental disabilities, and substance abuse have continued care after originally seeking services. More clients seeking services for MH and SA in Alamance County continue care after originally seeking care as compared to the state average. This means that more people in Alamance County receive two clinical visits within 14 days of seeking services, as well as two clinical visits within the next 30 days after the first visit as compared to the state average. However, fewer Alamance County residents than the state average seek additional visits besides the standard two visits per 14 days.

Timely Support for Persons with I/DD

This indicator measures the percent of new consumers with intellectual or developmental disabilities who receive service within 30 days of screening. Alamance County met the 100 percent operating center in 2013, which is far above the state average of 36 percent.

Short-Term Care in State Psychiatric Hospitals

The state aims to serve individuals in crisis in settings that are as close to home and as least restrictive as possible. This indicator measures the percent of patients discharged from psychiatric hospitals each quarter who stayed 7 days or less. Although there is no data on how many patients are released into the Alamance-Caswell local management entity, the state rate of 18 percent must be lowered to match the operating center of 11 percent.

Psychiatric Hospital Readmissions

This indicator measures the percentage of persons returning to either state or county-level psychiatric hospitals within 30 and 180 days after discharge. A low readmission rate indicates that a community is successfully reintegrating persons at-risk for reentry, and is accepted as the national standard of care. Although there is no data on how many patients in Alamance County reenter state hospitals 30 and 180 days after discharge, the percent of patients in Alamance County reentering community hospitals meets the operating center and out-performs the state average.

Timely Follow-up after Psychiatric Inpatient and Crisis Care

This indicator measures the percentage of persons discharged from state-operated alcohol and drug abuse treatment centers and state psychiatric hospitals that then receive follow-up care in their local management entities. This ensures proper recovery and continued care for persons in crisis and inpatient care. Existing data for Alamance County shows the county to be meeting the operating center. However, Alamance County has a notably lower percentage of persons discharged from crisis services who receive local care than the state average.

Medical Care Coordination

This is the most recent indicator to be added to the NC MHDDSAS Community Progress Report, and encourages integrating delivery and management of behavioral and physical health services in order to control spending and achieve greater health outcomes. It is currently measured by how many Medicaid patients received both a behavioral health service and a primary or preventive health service during a rolling one-year period. Alamance County falls one percentage point below the operating center of 89 percent and two percentage points below the state average of 90 percent.

PRENATAL, INFANT, AND MATERNAL HEALTH

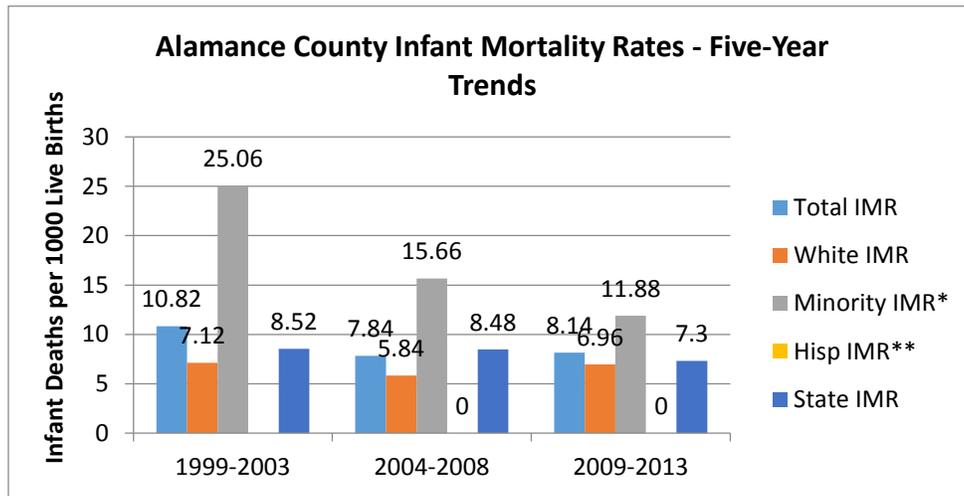
Infant (<1 yr) Mortality - Rates per 1,000 live births

Table 39

	Infant Mortality Rates, 2012	Infant Mortality Rates, 2013
Alamance	8.9	10.1
Caswell	8.3	*
Guilford	7.9	8.6
Orange	5.4	3.4
Pitt	11.5	9.9
Gaston	9.6	9.0
Davidson	13.8	4.1
Randolph	7.3	8.2
NC	7.4	7.0

Source: NCSHS

Table 40



Source: NCSHS

** Data from Hispanic populations has not yet been differentiated in the collection of demographics for these years; therefore, it is possible for these infants to have been categorized under either “White IMR” or “Minority IMR.”

Table 41

Low Birth Weight

County	%LBW
Alamance	9.2%
Caswell	10.4%
Guilford	9.5%
Orange	7.8%
NC	9.1%
US (2014)	8.0%

Source: www.kidscount.org

Table 42

2013 Teen Pregnancies	Alamance	Caswell	Guilford	Orange
Teen pregnancy rate per 1,000 15-19-year-old girls	34.9	*	30.3	9.6%
Percent of Repeat Pregnancies	21.3	23.1%	23.4	26.5%
NC County Ranking (out of 100 counties):	53	*	62	75
Change since 2012	-5.9%	*	-11.1%	-35.1

Percentages denoted with a (*) are not reported because they are too small to be significant.

Source: <http://www.shiftnc.org/data/map>

Table 43

Percent Infants Enrolled in WIC Breastfeeding				
	2005-2007	2008-2010	2011-2013	2014
BF Initiation Rate				
Alamance	47.3	50.1	61.8	69.6
Caswell	45.1	52.4	57.4	62.8
Guilford	59.9	64.6	63.6	65.3
Orange	63.5	67.3	70.6	70.9
Chatham	63.5	67.3	70.6	70.9
Rowan	49.8	51.0	53.2	54.5
North Carolina	51.1	54.7	57.2	58.6
BF at 6 weeks				
Alamance	32.1	32.1	36.1	37.0
Caswell	22.3	28.2	32.2	36.3
Guilford	34.1	38.0	41.4	44.0
Orange	50.2	53.5	53.4	54.3
Chatham	50.2	53.5	53.4	54.3
Rowan	29.7	28.7	30.1	33.5
North Carolina	29.5	32.4	34.0	36.1
BF at 6 months				
Alamance	16.9	18.8	19.7	19.7
Caswell	8.4	9.1	13.3	13.7
Guilford	18.3	22.8	24.7	25.0
Orange	29.7	33.6	33.4	34.1
Chatham	29.7	33.6	33.4	34.1
Rowan	12.2	12.0	12.5	14.9
North Carolina	15.3	17.1	18.7	

Source: NC WIC

<http://nutritionnc.com/wic/wicLAR.htm#agreementAddendaData>

Table 44

Table: Percent Cesarean Delivery Births, 2009-2013	
Alamance	30.2
Caswell	29.4
Guilford	31.1
Orange	25.9
Chatham	27.7
Rowan	31.2
North Carolina	30.9

Source: NCSCHS

HEALTHCARE
Access to Healthcare: Providers and Insurance Coverage

Table 45

Clinical Care Rankings and Provider-to-Population Ratios for Selected Healthcare Professions, Alamance and Region

Clinical Care Overall		Primary Care Provider		Dentist		Mental Health Provider	
County	Rank	County	Ratio	County	Ratio	County	Ratio
Alamance	28	Alamance	1,825:1	Alamance	2,199:1	Alamance	1,272:1
Caswell	62	Caswell	23,453:1	Caswell	7,739:1	Caswell	3,317:1
Guilford	12	Guilford	1,342:1	Guilford	1,897:1	Guilford	621:1
Orange	1	Orange	505:1	Orange	552:1	Orange	193:1
		NC	1,462:1	NC	2,022:1	NC	696:1

Primary care: general practice medicine, family medicine, internal medicine, and pediatrics.

Mental Health: psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.

Source: 2014 County Health Rankings

Table 46

Percentage of Adults ages 18-64 with No Health Insurance, Alamance and Region, 2011-2013 3-Year Estimates

Overall		Less than High School Grad		Not a Citizen		Income under \$25,000	
Alamance	24.7	Alamance	40.3	Alamance	69.1	Alamance	27.8
Caswell	21.6	Caswell	15	Caswell	53.6	Caswell	17.5
Guilford	22.7	Guilford	34.7	Guilford	53.5	Guilford	26.7
Orange	13.7	Orange	42.7	Orange	44.1	Orange	20.3

Source: U.S. Census, American Community Survey

Figure 3

December 2014

THE COSTS OF NOT EXPANDING MEDICAID FOR ALAMANCE COUNTY

To date, North Carolina has declined to join the majority of states in expanding Medicaid eligibility for low-income residents. North Carolina's income limits for Medicaid are among the lowest in the country (about \$10,000 for a parent with two children; no coverage for childless adults). Almost one in five North Carolina adults under 65 remains uninsured.

Analyses by the Center for Health Policy Research at George Washington University indicate that not expanding Medicaid is already hindering job creation and economic growth for 2014 and 2015 because North Carolina is not capturing billions in federal matching dollars that would otherwise flow into the state economy to make expansions more affordable.

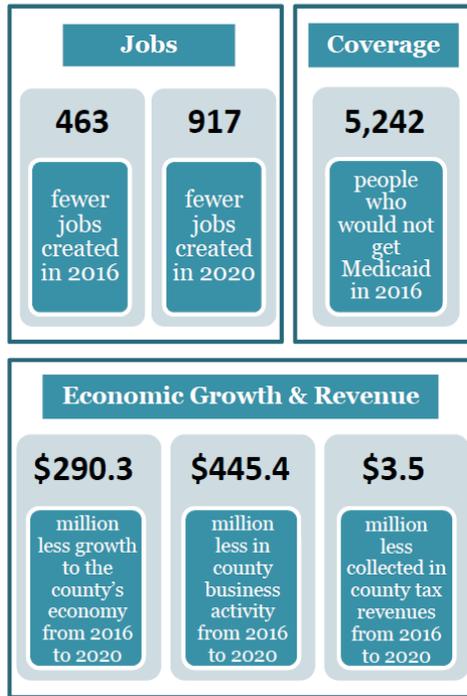
The analyses also examine the potential effects if the state continues to decline the opportunity to expand Medicaid in the coming legislative session, so that it could be implemented by 2016. If North Carolina does not expand Medicaid by 2016, \$21 billion in federal matching funds will be lost between 2016 and 2020, stifling economic and employment growth.

Expansion of Medicaid will not only help more people get access to affordable health care, it can serve as an engine of economic development and job creation.

Statewide, about half the jobs not created would be in health care (such as hospitals or clinics); almost half would be in other sectors, such as construction or retail and wholesale trade. This ripple effect occurs because Medicaid funding received by hospitals, clinics or drug stores is used to pay workers' salaries and to buy other goods and services. The economic benefits multiply as these funds are, in turn, used to pay for mortgages or rent, buy food and pay state and county taxes.

For more information, see the full report at: www.NCMedicaidExpansion.com

In **Alamance County**, not expanding Medicaid by 2016 would lead to:



(All data are compared to levels attained if Medicaid expands)



Emergency Department and Hospital Usage

Table 47

Cause of ED Visit	County	Percent 5-year trend (2009-2013)
Diabetes	Alamance	9.78
	Caswell	8.58
	Chatham	7.39
	Guilford	4.58
	Orange	8.49
	Rowan	6.59
	NC	8.34
Stroke	Alamance	1.63
	Caswell	1.26
	Chatham	1.56
	Guilford	1.01
	Orange	1.81
	Rowan	1.15
	NC	1.21
Pneumonia and Influenza	Alamance	2.49
	Caswell	2.74
	Chatham	3.00
	Guilford	2.49
	Orange	2.48
	Rowan	2.93
	NC	2.35
Heart Disease	Alamance	10.54
	Caswell	8.63
	Chatham	9.65
	Guilford	5.17
	Orange	11.05
	Rowan	6.98
	NC	8.98

Source: NC Detect

SOCIAL DETERMINANTS
Healthy Days and Disability

Table 48

Perceived Health Status

County	# Resident Respondents	Percent rating health "fair" or "poor"
Alamance	2189	18%
Caswell	192	21%
Guilford	3508	12%
Orange	2196	13%

Source: County Health Rankings, 2014

Table 49

Poor Health Days

County	Sample Size	# Poor Physical Health Days	Sample Size	# Poor Mental Health Days
Alamance	2133	4	2153	4
Caswell	188	5	188	5
Guilford	3446	3	3468	3
Orange	2162	3	2178	3

Source: County Health Rankings

Source: County Health Rankings, 2014

Table 50

Alamance County				
Type of Disability	Population 18 - 64 years	Percent	Population 65 years and over	Percent
With a hearing difficulty	2,108	2.3%	3,567	17.3%
With a vision difficulty	2,170	2.3%	2,120	10.3%
With a cognitive difficulty	3,767	4.1%	2,794	13.6%
With an ambulatory difficulty	5,059	5.5%	5,225	25.4%
With a self-care difficulty	1,715	1.9%	2,322	11.3%
With an independent living difficulty	3,524	3.8%	4,170	20.3%

Source: ACS 2008-2010 3-year estimates (Table S1810)

Education

Table 51

Education Levels

	2014		2015	
	Alamance County	North Carolina	Alamance County	North Carolina
High School Graduation Rate	76%	79%	76%	81%
% of Population with Some College	57.8%	63.1%	57.5%	63.8%

Source: County Health Rankings, 2014
County Health Rankings, 2015

Table 52

SAT Scores

	Alamance County	North Carolina
SAT Scores (out of 1600)	976	997

Source: County Health Rankings, 2014

A vision for Public Education in Alamance County:

[file:///C:/Users/adurr/Downloads/Vision for Public Education Final Online Version Optimized.pdf](file:///C:/Users/adurr/Downloads/Vision%20for%20Public%20Education%20Final%20Online%20Version%20Optimized.pdf)

Most recently Alamance Burlington School System has embarked on a strategic planning session.

ABSS Strategic Plan 2014-2019:

<http://www.abss.k12.nc.us/cms/lib02/NC01001905/Centricity/Domain/1562/alamance-burlingtonschoolsstrategicplan.pdf>

Table 53

Post High School Education, 2008-2012

Bachelor's degree or higher % of persons age 25+	Alamance 21.8%	NC 26.8%
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Source: U.S. Census

Elon University - Enrollment 2014-15

Undergraduate: 5,782

Graduate: 701

Total: 6,483

On-campus residents: 62%

Male/female ratio: 41%/59%

Ethnic diversity: 16%

Table 54

Alamance Community College Annual Unduplicated Headcount, 2009-10 to 2013-14

	2009-10	2010-11	2011-12	2012-13	2013-14*
Curriculum	7,352	7,214	6,877	6,299	6,109
Continuing Education	9,280	8,967	8,932	9,354	8,662
Unduplicated Total	16,206	15,768	15,497	15,261	14,346

*2013-14 figures are estimates *NCCCS Annual Statistical Report*

Source: ACC Datatel/Informer

*unduplicated count of students graduating from curriculum programs.

**duplicated count of students receiving a credential(s); includes Associate’s Degree, Certificate and Diploma.

Basic Skills Graduates

Table 55

Graduation Year	Number of Graduates*	Number of Credentials**
2009-10	669	837
2010-11	715	942
2011-12	814	1,098
2012-13	648	816
2013-14	635	799

Families

Child Support Collections:

Child Support Cases Open to DSS—5,911

Cases with court order in place—5,117 (86.5%)

Total Collections for FY ‘13-’14—\$10,686,598.00

Note: *Alamance County Child Support was one of only 18 counties statewide who met all its incentive goals for FY ‘13-’14. The agency also had record collections of over \$10.6 million dollars that went to support dependent children in this county.*

Domestic Violence:

The Family Justice Center (FJC) has lead collaborative initiatives to improve services to domestic violence victims FY'13-'14:

• Volunteer Court Navigator Program offers a trained volunteer to help navigate the civil and criminal legal system. To date, persons with a volunteer to accompany them to court are 10 percent less likely to dismiss their domestic violence protective order (Goal—6 percent).

• Electronic Protective Order System (EPOS)—Automates the Domestic Violence Protective Order (DVPO) process and permits the victim to obtain an order without having to leave the FJC. The first in the state and one of the first in the nation; since the June 2013 “go live” date, outcomes for EPOS are remarkable:

*Only 6 percent of victims fail to follow through, compared to 12percent before EPOS.

*The collective processing time has been reduced from 10-12 hours to 3-5 hours.

*Referrals within the Family Justice Center have doubled, meaning victims are receiving more services.

DV Referrals Received: 51 from Criminal Court; 2 from DSS; 71 from Probation.

Family Abuse Services June 2012-June 2013

Crisis or support calls received on hotline: **1,202**

Number of women and children served in the shelter: **104**

Number of clients helped through the Court Advocacy program: **980**

Family Abuse Services July 2012-December 2012

Crisis or support calls received on hotline: **1,104**

Total number of individuals served in person: **999**

Number of days the shelter was full during the last year: **52**

Number of women and children served in the shelter: **100**

Number of Educational Presentations: **67**

Number of Professional Trainings: **25**

Figure 4

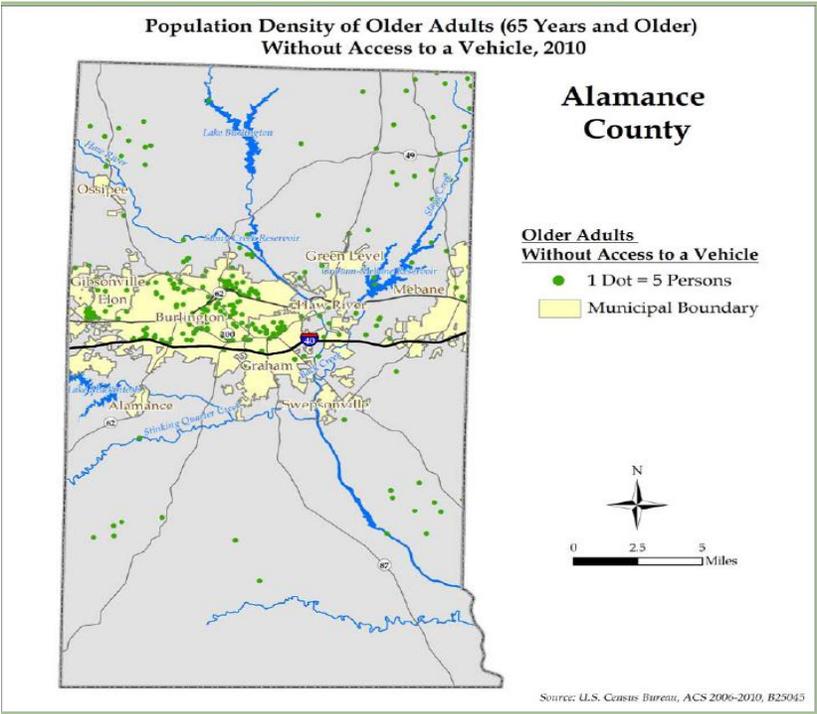
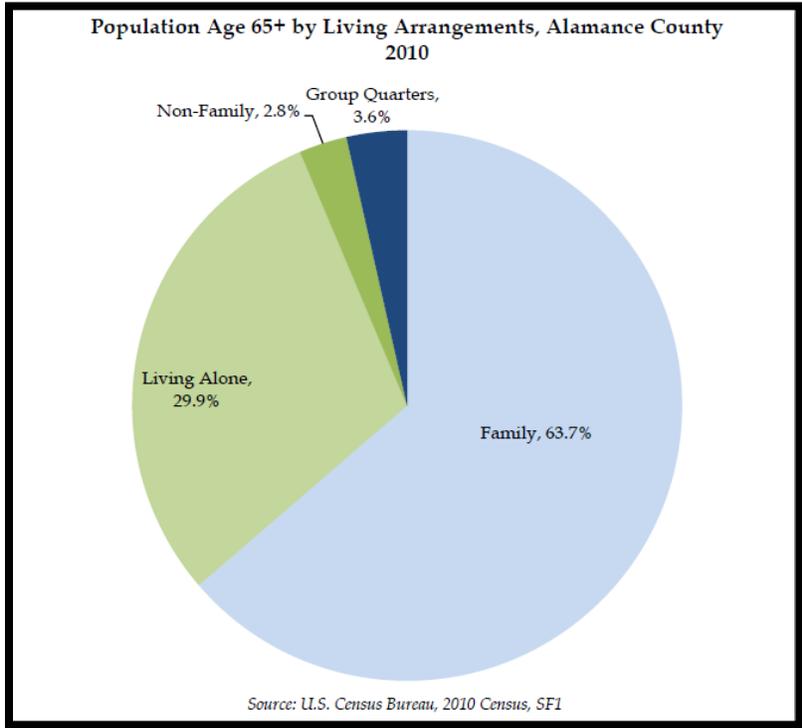


Figure 5



Adult Protective Services

Safeguarding the physical, financial, and emotional health of the elderly and disabled population in Alamance County is a priority for Alamance County Department of Social Services.

	FY '13-'14	FY '12-'13
Reports Received	405	418
Reports Accepted	235	219
Cases substantiated/protective services initiated	69 (30%)	77 (35%)
Screened out*	170	199

**did not meet criteria, yet outreach and information/referral provided in many cases*

Note: Volume of reports overall consistent, percentage substantiated/needing services has increased. Financial exploitation cases particularly are on the rise.

Table 56

Family/Household Composition

Subject	Number	Percent
HOUSEHOLD TYPE		
Total households	59,960	100.0
Family households [1]	39,848	66.5
Male householder	26,677	44.5
Female householder	13,171	22.0
Nonfamily households [2]	20,112	33.5
Male householder	8,690	14.5
Living alone	6,808	11.4
Female householder	11,422	19.0
Living alone	9,868	16.5
HOUSEHOLD SIZE		
Total households	59,960	100.0
1-person household	16,676	27.8
2-person household	20,401	34.0
3-person household	10,284	17.2
4-person household	7,473	12.5
5-person household	3,303	5.5
6-person household	1,151	1.9
7-or-more-person household	672	1.1
Average household size	2.45	(X)
Average family size	2.98	(X)
FAMILY TYPE AND PRESENCE OF RELATED AND OWN CHILDREN		
Families [3]	39,848	100.0
With related children under 18 years	19,370	48.6
With own children under 18 years	17,487	43.9

Subject	Number	Percent
Under 6 years only	3,798	9.5
Under 6 and 6 to 17 years	3,567	9.0
6 to 17 years only	10,122	25.4
Husband-wife families	28,313	100.0
With related children under 18 years	11,881	42.0
With own children under 18 years	11,080	39.1
Under 6 years only	2,325	8.2
Under 6 and 6 to 17 years	2,388	8.4
6 to 17 years only	6,367	22.5
Female householder, no husband present families	8,690	100.0
With related children under 18 years	5,774	66.4
With own children under 18 years	4,917	56.6
Under 6 years only	1,070	12.3
Under 6 and 6 to 17 years	930	10.7
6 to 17 years only	2,917	33.6

Source: U.S. Census Bureau, 2010 Census

Table 57

Reported Annual Crime In Burlington				
Statistic	Reported incidents	Burlington /100k people	North Carolina /100k people	National /100k people
Total crime	2,997	5,831	3,470	3,099
Statistic	Reported incidents	Burlington /100k people	North Carolina /100k people	National /100k people
Murder	0	0	5	5
Rape	16	31	24	25
Robbery	100	195	95	109
Assault	246	479	218	229
Violent crime	362	704	342	368
Burglary	546	1,062	921	610
Theft	1,977	3,846	2,059	1,899
Vehicle theft	112	218	148	221
Property crime	2,635	5,126	3,128	2,731

Source: <http://www.areavibes.com/burlington-nc/crime/>

Neighborhoods

Crime/Intentional Injuries

AreaVibes Livability Score was designed to help individuals find the best place to live. It uses a unique algorithm that takes into account dozens of characteristics in seven different categories including nearby amenities, cost of living, crime rates, education, employment, housing, and weather. A total Livability Score is then calculated out of 100 for any area across the United States

When looking specifically at crime rates in Burlington (the largest city in the county) the following is reported:

In 2013, Burlington police and citizens became more aware of the crime in their areas through the online mapping system, RAIDS Online: <http://www.raidsonline.com/?address=Burlington%2CNC>

Since it was formed in 2011, the Alamance City-County Gang Crime Task Force has succeeded in halving the number of gangs in the area. But gang activity remains prevalent in troubled neighborhoods and high schools throughout the county, which is considered a High Intensity Drug Trafficking Area by the U.S. Drug Enforcement Administration. The taskforce is an alliance between the Burlington Police Department and the Alamance County Sheriff's Department formed in response to an increase in gang-related activity in the county. At the time of the group's establishment, Alamance County was home to about 24 gangs, according to a 2011 study by the North Carolina Department of Public Safety. (http://cdonohue.com/burlington-crime-community/?page_id=253)

Sexual Assault/Rape:

According to the NC Council for Women/Domestic Violence Commission the reported number of calls and clients (sexual assault) are as follows (per self-report, law enforcement and emergency department). <http://www.councilforwomen.nc.gov/>

Between 2004-2008 incidences rates remained fairly consistent; then in 2009 a marked increase was noted and since that time it has fluctuated year to year.

2009-10	170 Calls; 958 Clients
2010-11	297 Calls; 376 Clients
2011-12	476 Calls; 644 Clients
2012-13	254 Calls; 723 Clients
2013-14	149 Calls; 282 Clients

FINANCIAL AND ECONOMIC FACTORS

The Components of a Living Income Standard (LIS) uses local costs for essential goods and services to establish how much income a family needs to afford those goods and services. The LIS is based on the lowest cost estimate for expenses including housing, food, child care, health care, transportation, taxes, etc. In North Carolina, Alamance is listed among the five least expensive counties for a family of four.

Most & Least Expensive Counties for Family of Four, NC

Table 58

Most Expensive		Least Expensive	
Currituck	\$61,261	Alamance	\$47,766
Wake	\$60,177	Forsyth	\$47,359
Orange	\$58,047	Rowan	\$46,892
Chatham	\$57,453	Davidson	\$45,875
Durham	\$57,057	Catawba	\$45,659

Financial Assistance

Figure 6

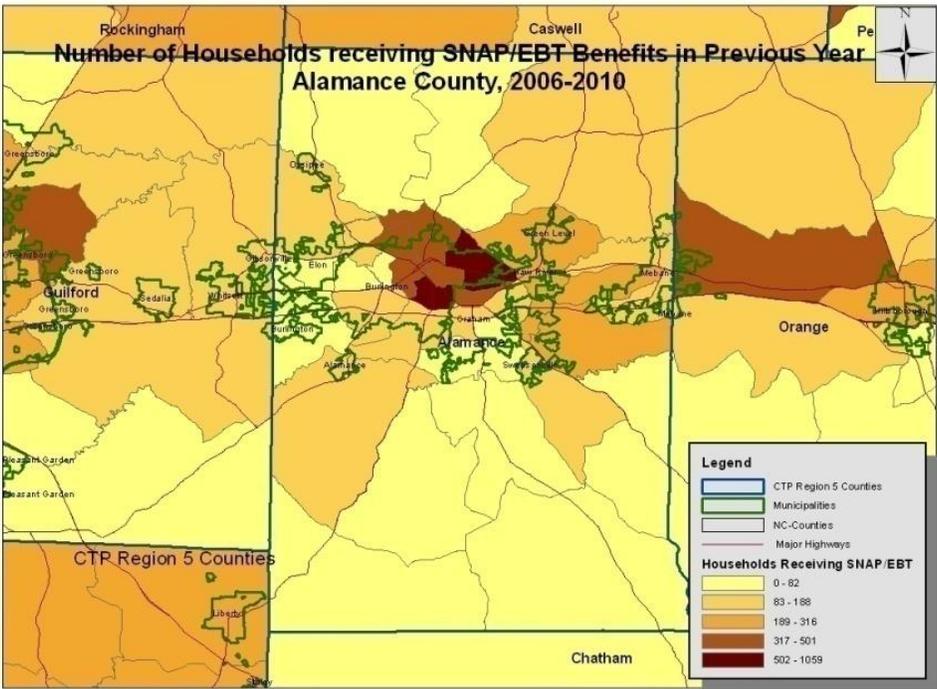


Table 59

Temporary Aid to Needy Families; Food Stamps; SSI

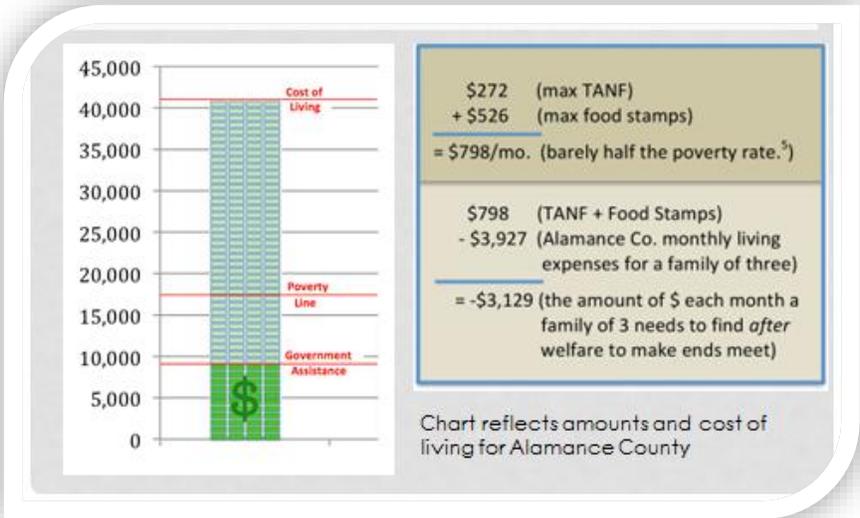


Figure 7

99.1percent of TANF (Temporary Aid to Needy Families), Food stamps and SSI (Supplemental Security Income) combined go to families with children.

Other Assistance:

In FY '13-'14, United Way of Alamance County administered the following assistance programs for those that qualify in partnership with local nonprofits:

Emergency Food & Shelter Program (federal)

- Mass shelter – \$15,465 – 2,062 nights stayed
- Rent/Mortgage – \$38,584 – 75 bills paid
- Utility Assistance - \$996.62 – 8 bills paid
- Served meals – \$10,500 – 5,250 meals served
- Other Food - \$5,500 – 9,684 meals

TOTAL SPENT: \$72,167.62

Duke Energy Funds:

Cooling funds (2013)

- 1 bill - \$160.00
- 55 bills - \$6,919.02

TOTAL SPENT: \$7,079.02

Share the Warmth

- 31 Duke Energy bills - \$4,542.49
- 107 other utility, i.e. Piedmont Natural Gas bills - \$16,679.06

TOTAL SPENT: \$21,221.55

Shareholders Funds (year 2 of 3)

- 554 Duke Energy bills - \$92,440.55
- 94 Duke Energy deposits - \$15,278.95

TOTAL SPENT: \$107,719.50 **Note: these funds will no longer be available after the third year.*

Merger (year 1 of 3)

- 659 Duke Energy bills - \$98,186.79
- 53 Duke Energy deposits - \$8,662.59

TOTAL SPENT: \$106,849.40

Duke Energy Total = \$242,869.47

GRAND TOTAL = \$315,037.09

Transportation

Four routes have been recommended for the new public transportation system, as pictured below, with connections to Alamance Regional's Park & Ride to Alamance Community College and other destinations served by PART's Route 4-Alamance Burlington Express. Schedules will be coordinated for transfers at downtown Burlington transit center near Amtrak station; routes based on ¼-mile walking distance to stops; Gibsonville customers can transfer at Holly Hill Mall to reach ARMC, Huffman Mill & Alamance Crossing.

- 28' Gasoline-Powered Light Transit Vehicle (4 buses)
- Operating hours – 5:30AM to 6:30PM
- Monday – Friday service
- 45-minute travel time from end of route to downtown Burlington
- 90-minute service frequency (headway)
- <http://www.bgmpo.org/>

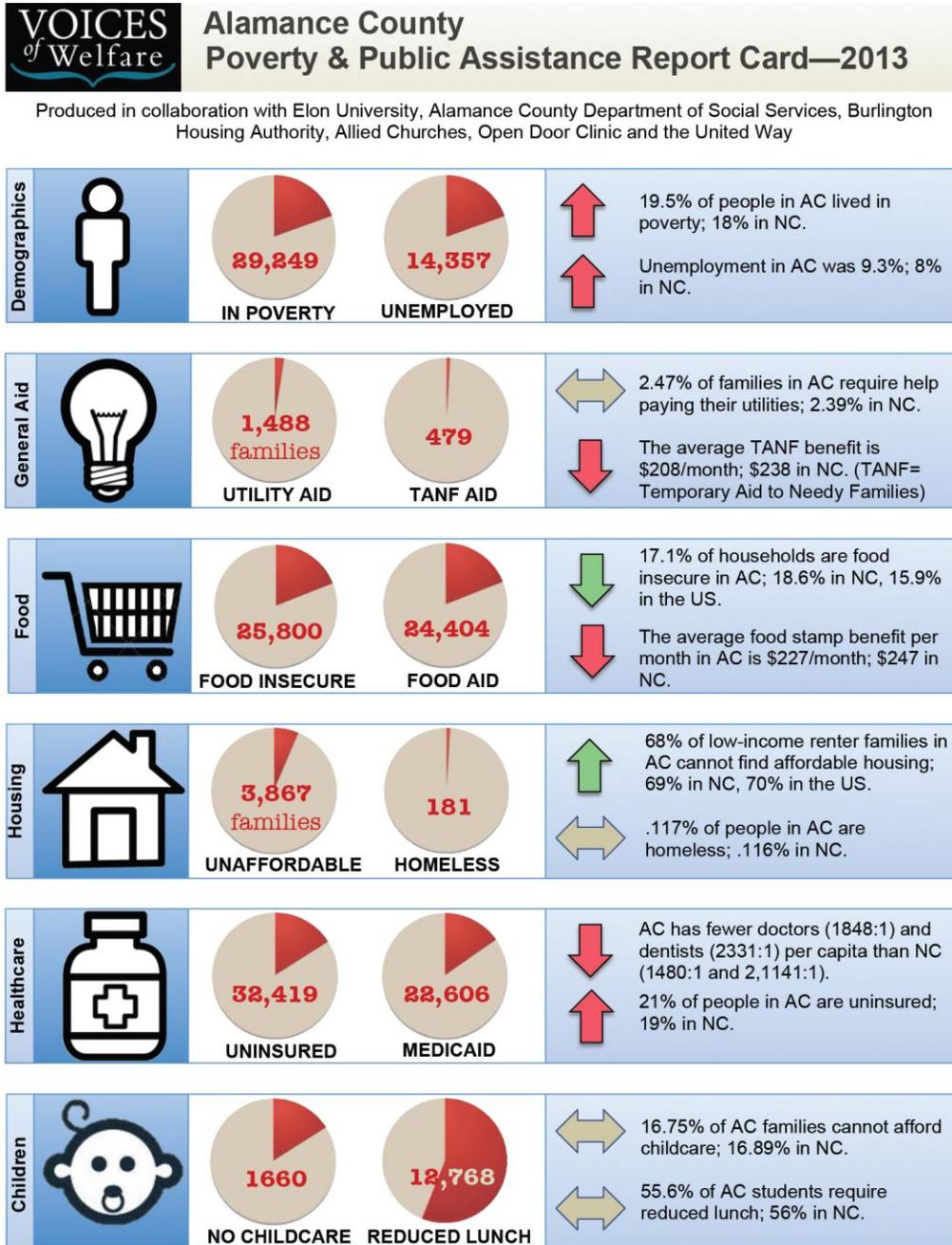
PART (Piedmont Authority for Regional Transportation)

The Piedmont Authority for Regional Transportation was created in 1997. The existence of PART is based on regional cooperation and the improvements to the transportation systems in the Piedmont Triad Region of North Carolina. PART Express is the regional bus system connecting the major cities of the Piedmont and bringing people from the outlying counties into the urban areas. 13 PART Express Routes are offered during weekdays with one Route running on the weekend. PART vehicles drive 1,202,331 revenue miles per year. There are 28 Park & Ride lots scattered across the Piedmont Triad. PART served 551,167 passenger trips in FY '12. Route 4 Alamance Burlington Express provides service to Greensboro, Whitsett, Graham, Alamance Community College, Mebane, and UNC Hospitals for \$3 one-way.

INDIVIDUAL BEHAVIOR

Income/Poverty Levels

Figure 9



<http://blogs.elon.edu/voicesofwelfare>



How Healthy Are Alamance Children?



A woman's health and well-being before pregnancy sets the stage for her baby's future health outcomes.



1 in 15 births in Alamance County (6.8%) is to a woman who received very late or no prenatal care, putting both mother and baby at higher risk for pregnancy complications or poor birth outcomes.

Low birth weight has been found to be the strongest predictor of infant mortality. **1 in 10 Alamance babies** is born at a low birth weight.



28.5% of Alamance children live in poverty. Poverty is linked to greater risk for health challenges like:

- Diabetes
- Heart Disease
- Obesity
- Developmental delays



Health insurance coverage helps children achieve and maintain their best health. **1 in 15 Alamance** children (6.5%) is uninsured, 2,213 of whom may be income eligible for Medicaid or NC Health Choice.



A baby born today in Alamance County would live 4.2 less years than a baby born in the county with the highest life expectancy.

We can improve child health



- Expand Medicaid to cover adults below 138 percent of the federal poverty line.
- Support interventions to reduce infant mortality, like the CFTF Healthy Babies Bundle.
- Invest in early intervention services to reduce the effects of developmental delays

To view data sources and notes, visit www.ncchild.org.

2014 Child Health Snapshot

Figure 10

Table 60

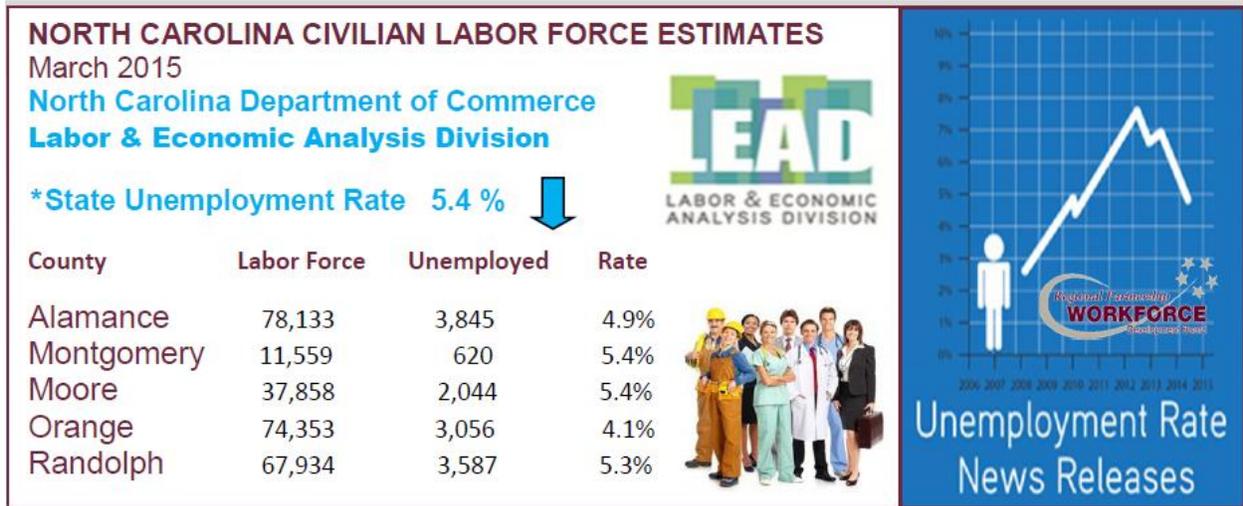
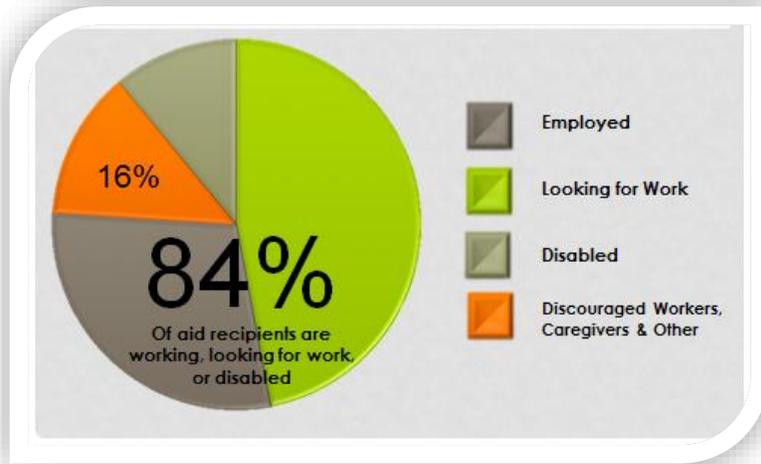


Table 61



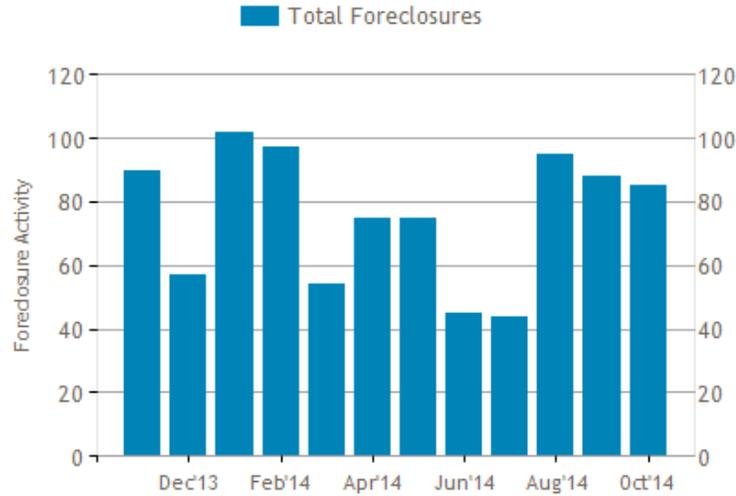
84 percent of aid recipients are employed, looking for work, or disabled.

Of the 16 percent left, many are primary caregivers. Conservatively, that leaves only about 10 percent of recipients who have been on the job market for so long without finding work that they have become discouraged and are at the moment not actively seeking employment or who are not looking for work for other reasons.

Homeownership Rates

Table 62

Foreclosure Activity, Alamance County



Source: www.realytrac.com

Allied Churches - Emergency Homeless Shelter Housed:

638 people (2013/2014)

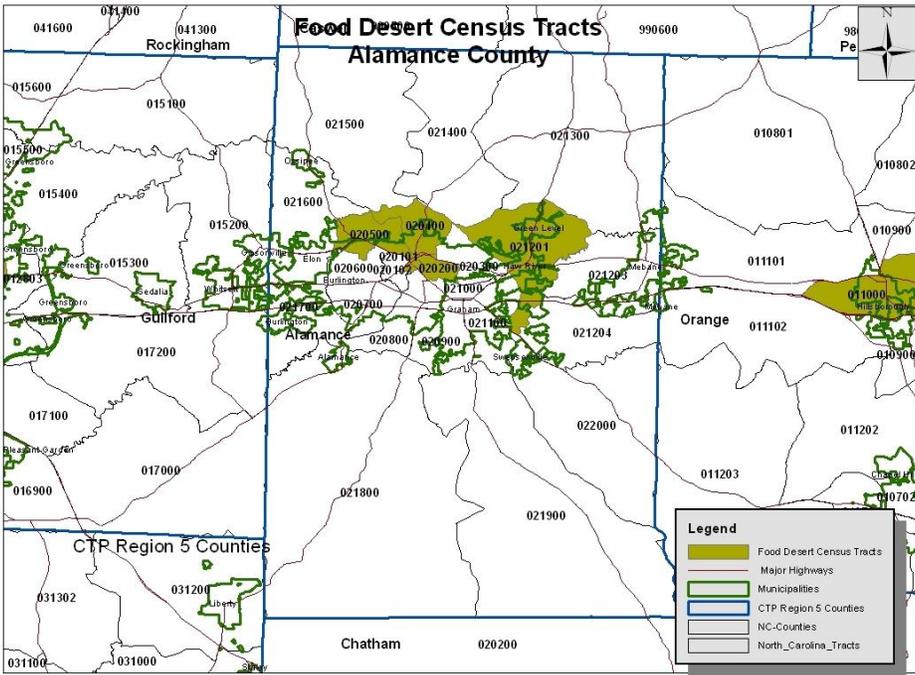
349 Males 196 Females

32 Families, including 61 Children

The Balance of State Continuum of Care (BoS COC) was created in 2005 in order to help rural communities apply for Continuum of Care funding from HUD. CoC funding serves homeless populations through permanent supportive housing, transitional housing, rapid re-housing, supportive services, and HMIS projects, and is accessed through an annual application process. The BoS is one of twelve COCs in North Carolina, representing 79 out of 100 counties in the state. Alamance County is part of the Balance of State. (www.ncceh.org)

Food Insecurity/Access to Healthy Foods

Figure 12



Several of the larger food pantries/prepared meal programs in Alamance County are detailed below:

2013-2014 Annual Figures:

Table 63

Agency	Food Pantry	Prepared Meals
Meals on Wheels	n/a	100,000 (delivered)
Allied Churches	19,126	76,293
Salvation Army	35,552	n/a
SAFE	3,562	n/a
Dream Align	13,335	n/a
Rescue Mission	4,200	unavailable

Table 64

2013-2014 Monthly Averages:

Agency	Food Pantry	Prepared Meals
Meals on Wheels	n/a	300 (delivered)
Allied Churches	1,594	6,357
Salvation Army	2,700-3,000	n/a
SAFE	312	n/a
Dream Align	1,275	n/a
Rescue Mission	350	unavailable

Appendix C: Citations and Resources

Chapter 2

Alamance County Chamber 2014-17 Strategic Plan

http://issuu.com/alamancechamber/docs/strategic_plan_with_cover_to_print

ABSS Strategic Plan 2014-2019

<http://www.abss.k12.nc.us/cms/lib02/NC01001905/Centricity/Domain/1562/alamance-burlingtonschoolsstrategicplan.pdf>

ACC Strategic Plan 2014-16

<https://www.alamancecc.edu/about-acc-site/files/2014/02/Strategic-Plan-FINAL.pdf>

Alamance County Parks and Recreation

<http://www.alamance-nc.com/recreation/parks/>

Destination Burlington

<http://www.burlingtonnc.gov/DocumentCenter/View/7442>

Burlington Trails

<http://www.burlingtonnc.gov/DocumentCenter/View/6452>

CDC BMI Calculator

http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

Graham Growth Management Plan

http://www.cityofgraham.com/wp-content/uploads/2013/06/graham_gmp_s.pdf

Equitable Growth Profile of Piedmont Triad

http://www.policylink.org/sites/default/files/Piedmont_Triad_Final.pdf

Mebane Bike and Pedestrian Plan

http://www.cityofmebane.com/pdfs/mebane_full_plan.pdf

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https://www.elon.edu/docs/eweb/elonpoll/040314_ElonPoll_summary.pdf

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